

The Ellen Story Commission on Postpartum Depression (PPD)
Wednesday, September 12th 2018, 5:30-7:30PM
Massachusetts State House, Room 428

Minutes

Commissioners present: Representative James O’Day (chair); Senator Joan Lovely (chair); Rebecca Butler; Jamie Belsito; Anne Boffa; Margaret Hannah; Dr. Julie Johnston; Dr. Lee Cohen; Jessie Colbert; Karin Downs; Liz Friedman; Dr. Lisa Scarfo; Timoria McQueen Saba; Liz Murphy; Gail DeRiggi on behalf of Commissioner Thomas Weber

Commissioners absent: Kristin Alexander; Karen Crowley; Dr. Janice Goodman; Peggy Kaufman; Rep. Kimberly Ferguson; Kerry LaBounty; Dr. Joshua Sparrow; Dr. Tiffany Moore Simas; Sen. Richard Ross; Dr. Alison Schonwald; Divya Kumar; Dr. Michael Yogman; Rep. Carole Fiola; Dr. Gordon Harper; Dr. Monica Le; Dr. Jayne Singer

Commission staff present: Cate McAnulty, aide to Representative O’Day; Johanna Wakelin, aide to Senator Lovely

Members of the public and other state employees were also present.

1. Welcome; approval of minutes

Representative O’Day and Senator Lovely welcomed Commission members and guests. The Commission approved the minutes from the March 28th, 2018 meeting. Senator Lovely welcomed our two newest commissioners:

- *Dr. Lisa Scarfo*, Medical Director at Neighborhood Health Plan, filling the role of Representative of MA Behavioral Health Partnership/Managed care org. contracting with MassHealth
- *Anne Boffa*, Director of Quality and Clinical Compliance at Harvard Pilgrim; filling the role of Representative of Commercial Health Insurers/Managed Care Orgs Operating in MA

Representative O’Day delivered a recap of the end of formal legislative session:

- secured \$170,000 for substance use disorder-specific expansion of the Massachusetts Child Psychiatry Access Project (MCPAP) for Moms
- secured \$200,000 for 4 postpartum depression screening pilot programs
- Rep Fiola’s PPD screening bill passed in the House, will continue to pursue next session

2. Presentation on MassHealth ACO quality metrics - Josh Twomey & Aditya Mahalingam-Dhingra (presentation not cleared for dissemination)

- Main takeaways from ACO rollout: improved coordination of care, better investment in infrastructure
- Just turned on enrollment to Community Partners Program - currently algorithm based, in the future would like to run off of referral model, doing outreach
- Quality Measures: tied to the amount of DSRIP dollars the plan is eligible for
- 2 depression measures:
 - Chronic illness prevention: screening for depression and follow up plan
 - Must use standardized psychometrically approved tool - including, PHQ-9, PHQ-2, Beck, Edinburgh.
 - there will be an NCQA PPD measure in the next few years

- Masshealth cannot deviate far from national measure stewards (CMS, NCQA) and commercial plans
 - Prenatal visit part of quality measure; postnatal lost national quality measure endorsement so it is not
 - Why is Edinburgh not on adolescent side? It is specified for 18+ population, but teenagers of course have pregnancies as well. PHQ-9, PHQ-2, and CES-D still valid for 14-17 use.
 - Integrated Behavioral Health: depression remission or response - one of the few outcome measures
 - members with depression and elevated PHQ9 who receive follow up PHQ9 6 months later & showed evidence of remission or response – controversy around 6mo time frame
- Both measures considered hybrid measures - rely on data from member's charts, unlike measures where you can just look at claims data.
 - Ex. what percentage of members are being prescribed antidepressants at the time of a positive screen?
 - Ex. what percent of women in perinatal period were screened for clinical depression?
 - Cons: higher cost, burden, data collections limited to single point in time.
- Can't capture data from ACOs until late 2019

3. Update on from DPH: Beth Buxton

- DPH doing quarterly trainings with DCF
- Currently setting up contracts for PPD Pilot programs; SJP has declined the funding, splitting evenly between other 3 sites; P
- PD regulations - require public & private health plans, OBs to report screen to DPH if they screen for PPD. Through these regulations, they have 2 choices - screen code (then can be passed along to CHIA thanks to MAHP and Medicaid) or through paper.
 - Data for last 2 years shows that of eligible women based on birth certificate data, only 6-8% of women are receiving screen.
 - Believe providers are screening at higher rate - perhaps not using the code, don't know about regulations, using different code. Same with health plans, who may not know they need to report, maybe automatically kick out code if no money attached. Liz Murphy happy to help do some research. Perinatal social workers and pediatricians use different code are not under these DPH regulations. MAHP can put out newsletters, etc.
 - Discussion of incentive & marketing: The breakdown is in the system of reporting. If we had more data, we could be doing more: there should be more investment for better systems.
 - Have to reach smaller number of individuals - most physicians are employed. Need to reach CFOs, employers, etc. Most clinicians have buy-in, but they are not in charge of their practices.

- DPH thinking to doing regional data briefs and then working with task forces in the region and find out which providers need to be targeted.

4. Update from MCPAP for Moms SUD expansion – Dr. Leena Mittal

- Hired consultants to develop new materials on substance use disorder, have a job posting for a project coordinator for expansion. Next steps will be dissemination and outreach.
 - Note: Mass PPD Fund will grant scholarships for providers who want training – want to know who strong applicants are: community health centers, etc. Southeastern Massachusetts in particular is very resource deprived.

5. Preparation for next legislative session:

- Proposals for new legislation
 - Postpartum psychosis: There is a need to address the legal culpability of women who commit criminal acts during episodes of severe postpartum mental illness. Look to Illinois law as a model:
 - define & recognize postpartum illnesses as a mitigating factor in sentencing for crimes committed when women are suffering from postpartum depression and postpartum psychosis; allow women who were convicted of a felony, but who did not have evidence of postpartum mental illness presented at their trial or sentencing, to apply for post-conviction sentence reduction.
 - PSI can be a champion for this legislation & can bring legal expertise
 - Permanent commission: Shared a working draft; sent out to Commissioners for comment
 - Diaper subsidies: Look to California as a model
 - Commissioners encouraged to continue sharing ideas

6. Other announcements

- Jamie Belsito – federal hearing on maternal mortality this Friday, Sept 14th
- Yaminette Diaz Linhart won BU Alumni Award for Outstanding Contributions to field of Social Work – event is September 22, 2018
- US Preventive Services Task Force recs on Perinatal Depression: Preventive Interventions open to public comment; will share link with commissioners

7. Adjournment

The meeting was adjourned.