

MaineHealth Virtual Care Perinatal Behavioral Health

RMOMS

January 2024

Services

- **Treatment phase 1: talk therapy/counseling and psychiatric assessment**
 - Now accepting referrals and scheduling appointments
- **Treatment phase 2: psychiatric medication management**
 - Referrals TBD

Conditions that the Virtual Care Maternal Behavioral Health Team can help treat include:

- Anxiety (mild-severe)
- Panic
- Depression
- Trauma, PTSD
- Grief and loss
- Mood disorders
- Relationship Issues
- Comorbid nonactive substance use disorder
- Child-related issues, ADHD, impulse control
- Gender Identity and LGBTQIA+ Issues
- Sleep disturbances
- Co-dependency Issues
- Co-morbid medical illnesses
- Behavioral health-related ASD issues
- Psychosis / Thought Disorders

* Virtual Care Perinatal Behavioral Health does not prescribe controlled substances.

Program Specifics

- Length of treatment – short-term model
 - Patients can be referred and followed from pregnancy through 52 weeks postpartum
 - After 52 weeks postpartum, patients need to connect with their PCP or OB to take over psych med management
- Hours of operation
 - 9:00 am – 6:00 pm Monday – Thursday and 10:00 am – 2:00 pm Friday **LCSW**
 - TBD **psych NP**
- Local resources to connect patients with:
 - SUD – We will partner with MaineMom to provide a pathway to appropriate SUD treatment for patients who lack existing support. We recognize the importance of strengthening support for substance use disorders in the state, and we will continue collaborating with our partners on this goal.
 - SDOH – Patient Access Line (PAL) referral and Find Help

Eligibility Criteria

Chief Inclusion Requirement	The patient is pregnant, within 52 weeks postpartum, or has had a perinatal loss (prioritize 6 months postpartum)	
	Inclusion - automatic referral	Currently depressed or anxious ≥ 9 on the Edinburg Postnatal Depression Scale (EPDS) screening tool
	Inclusion - automatic referral	19 years old or younger
	Inclusion - automatic referral	A history of depression or anxiety
	Inclusion - refer to ED as indicated then refer to Array	Answers "Yes" to question 10 (thoughts of harm to self) on the Edinburg Postnatal Depression Scale (EPDS) screening tool
	Inclusion - refer to ED as indicated then refer to Array	Psychotic symptoms
Exclusion	Patients with an existing behavior health clinician relationship (unless the prescriber is not comfortable prescribing medications the during pregnancy and breastfeeding period - medications only)	
Exclusion	Does not have the ability to conduct virtual appointments or does not have a private space for virtual appointments	
Exclusion	Patient does not have the ability to consent	

Referral Workflow

Sites without an Integrated Behavioral Health Clinician

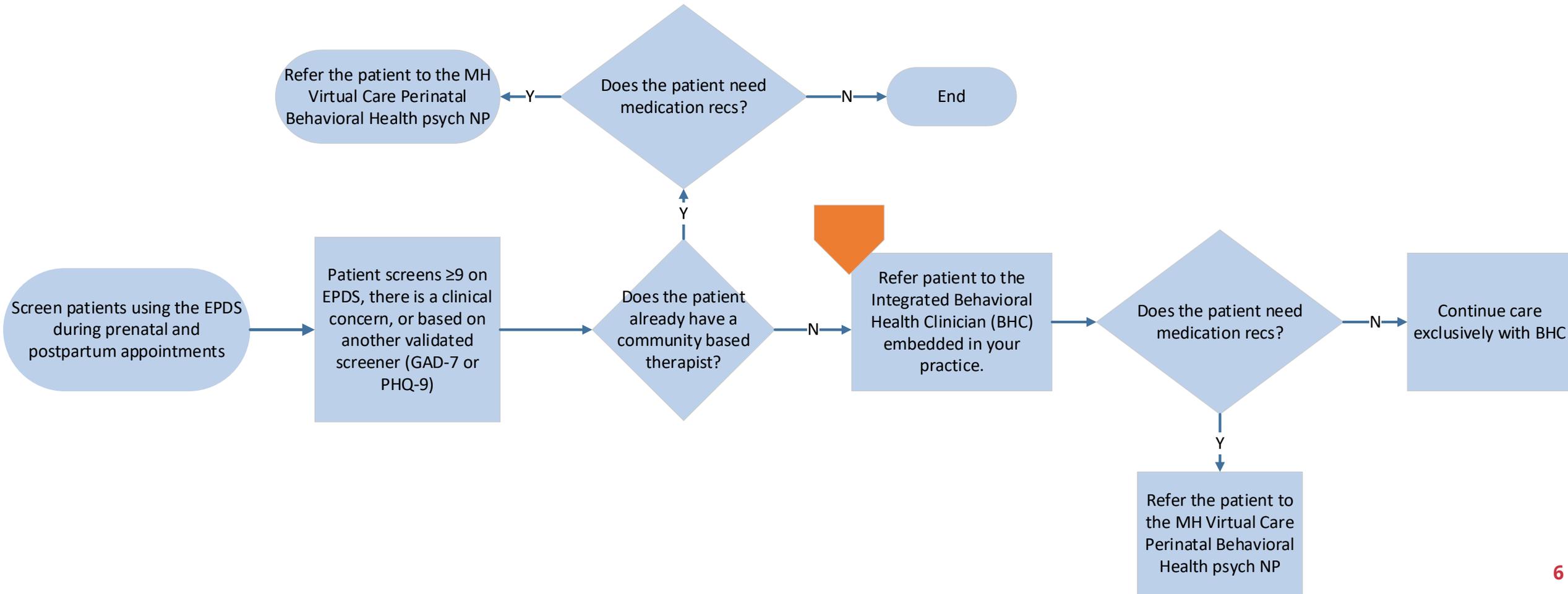
Prenatal Appointments	Postpartum Appointments	Referral	Perinatal Behavioral Health Appointment
Patients are screened for depression and anxiety using the EPDS	Patients are screened for depression and anxiety using the EPDS	OB, FM, or midwife places the referral	Appointment made with MH Virtual Care Perinatal Behavioral Health clinician
<p>Prenatal screening schedule:</p> <p>Minimum:</p> <ul style="list-style-type: none"> 1st screener during initial intake or first OB visit 2nd screener during prenatal visits (potentially the visit following glucose tolerance test) Additional screening, as needed <p>Ideally:</p> <ul style="list-style-type: none"> Screen at each visit 	<p>Postpartum screening schedule:</p> <p>High-risk patient</p> <ul style="list-style-type: none"> 2 weeks postpartum <p>Everyone</p> <ul style="list-style-type: none"> 6 weeks postpartum 	<p>Patients are flagged if their EPDS scores ≥ 9 and/or there are behavioral health concerns, a history of depression, suicidal ideation, or other risk factors</p> <p>OB or midwife obtains patient consent and makes the referral</p> <p>*Referrals can also be placed based on other validated screeners (GAD-7, PHQ-9) or without a screener based on clinical concern</p>	<p>Referrals come to the Perinatal Behavioral Health clinicians embedded in the MH Virtual Care Department</p> <p>Virtual Care Perinatal Behavioral Health MA helps to schedule their initial assessment</p> <p>Patients will meet with LCSW and psych NP as needed to determine a treatment plan, receive treatment, and schedule follow-up appointments</p>

Referral Workflow

Sites with an Integrated Behavioral Health Clinician

Refer to your Integrated Behavioral Health Clinician as a first step to aid in gathering information and sorting details.

- Patient is not interested in medication
- Seeking diagnostic clarity
- Complex presentations – sorting out concerns, diagnostic complexity, SUD issues, etc.
- Patient has never been to behavioral health services



Referral Template

Emergency Situations – Send Patients Directly to the Emergency Department

1. The patient has suicidal ideation with a plan
2. The patient is suicidal with thoughts of hurting their baby
3. Psychosis

Required within a referral	Proposed Details
The specific clinical question the OB, FM, or midwife has about a patient	<ul style="list-style-type: none"> - Assess for bipolar - Assess for depression - Assess for anxiety - Assess following a high EPDS score - Assess following a validated mental health screener - Assess for behavioral health concerns
Include results from screeners administers (as available)	<ul style="list-style-type: none"> - EPDS (refer patients with scores ≥ 9) <ul style="list-style-type: none"> o GAD – 7 per clinical judgment o PHQ-9 per clinical judgment o 4 Ps screener for SUD per clinical judgment
Basic medical history	<ul style="list-style-type: none"> - Allergies - Prior hospitalizations - Prior behavioral health history
Up-to-date medication list	<ul style="list-style-type: none"> - All current medications - Any psych medications trialed and failed - Preferred pharmacy location
Lab data	Include relevant lab data
<i>As needed</i> – Note high acuity patients	<ul style="list-style-type: none"> - A positive score on question 10 (thoughts of harm to self on EPDS without intent or plan - EPDS score of 13 or greater
Practices that do not use Epic should include a patient face sheet to enable the creation of a new patient record in Epic.	Include in the patient face sheet: <ul style="list-style-type: none"> - Patient’s name - Date of birth - Insurance - Address

Sending Referrals

- Hospitals not on Epic EMR:
 - Send an electronic fax to the MaineHealth Virtual Care Perinatal Behavioral Health Program

Fax number: 207-910-4412

Sending Referrals

Hospitals on Epic EMR:

Send an “Ambulatory Referral to Telehealth” through Epic

Amb Referral to Telehealth [Accept] [Cancel]

Process Instructions: As part of a system-wide initiative to simplify the referral process, ALL referral orders to this specialty, whether "Internal" (within MaineHealth) or "External" (outside of MaineHealth), will now originate from this single procedure record (prefix: REF). Please follow these instructions:
1) Set the "Class" field to "Internal Referral" or "External Referral" depending on whether you want to refer to a practice within or outside of MaineHealth.

Additional Comments: [If Reason for Referral is "Other", select EXTERNAL class.](#)

Program referred for: **Maternal Behavioral Health Program** Other (Please enter comment)

Clinical Question/Reason for Referral (REQUIRED if no additional questions above)

Referral Priority: Routine Routine Urgent Emergency (within 24 hrs)

Class: **Internal Referral** External Referral

Referral: To Department: **MaineHealth Virtual Care**
By Provider:
To Provider:

Number of Visits: 12

Comments:

[Next Required] [Accept] [Cancel]

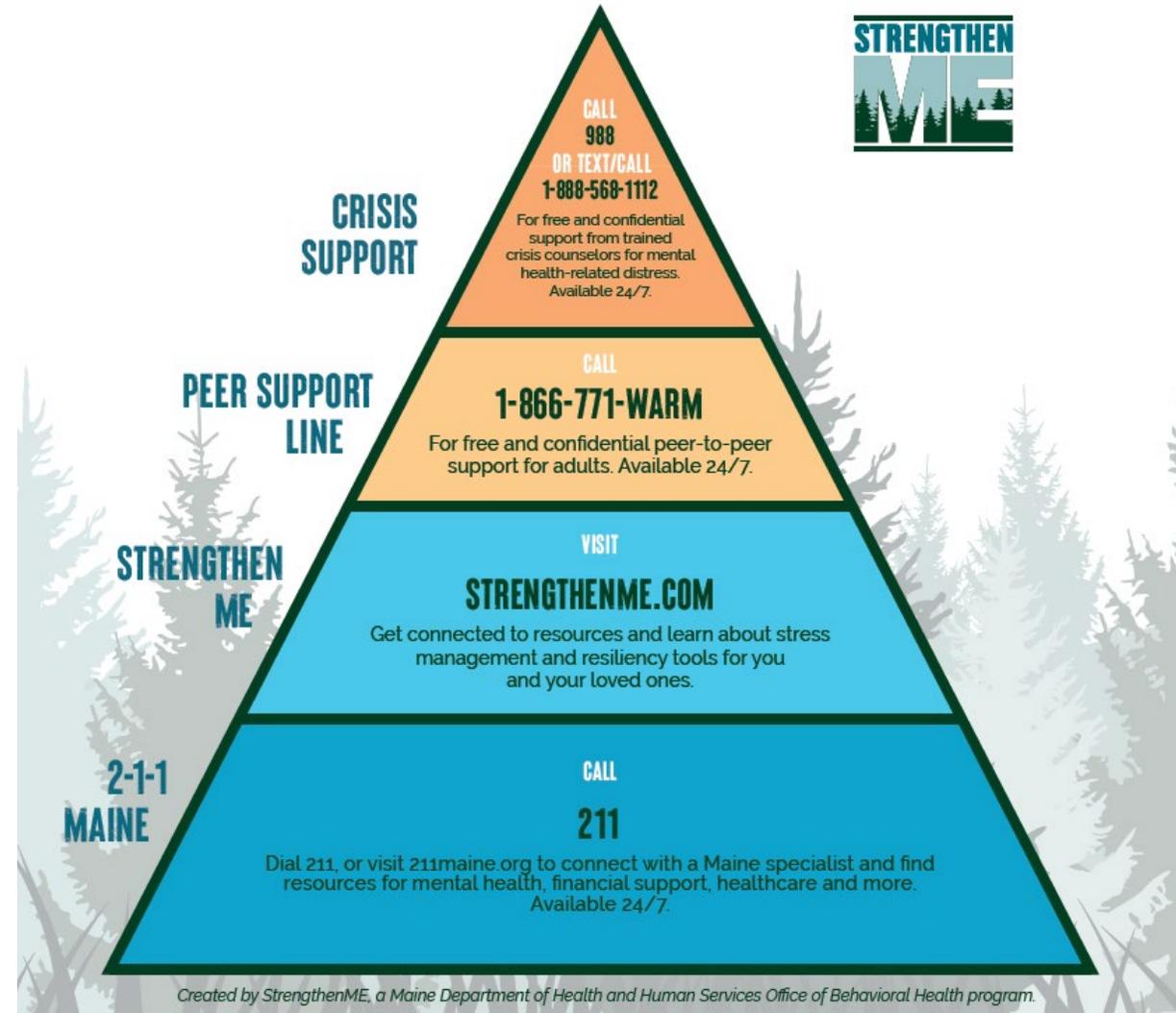
No Show Policy

- No shows to a scheduled appointment
 - 3 no-show maximum for scheduled appointments
 - If after 3 no-shows – Virtual Care Perinatal Behavioral Health clinicians talk to the referring physician or midwife to assess readiness and barriers as well as determine the next steps
- Outreach to newly referred patients
 - 3 outreach attempts to new patients
 - If after 3 unsuccessful attempts – notify the referring physician or midwife

Off Hours Expectations

Outside of regular operating hours for the:

- **LCSW** 9:00 am - 6:00 pm, Mon – Thurs & 10:00 am – 2:00 pm Fri
 - When patients are trying to connect with the LCSW outside of their regular hours, they should call their local OB/GYN or family medicine office for the on-call provider.
 - Provide patients with additional resources:
 1. **Emergency Hotline: National maternal mental health hotline (24 hours), 1-833-TLC-MAMA**
 1. **Texting available**
 2. Maine Crisis Pyramid (provided to patients at their first appointment)



Communication Plan to Practices

Events	Program Team Member	Preferred mode of communication AND to who in the referring practice
Patient referred to or seeking hospital-level care	MA	Phone call to OB or family medicine practice, or Epic communication as available
Labs that need additional follow-up	Psych NP	'Provider to Provider' to the OB/midwife/family medicine physician Call the OB office or Epic communication as available
Referral to a higher level of behavioral health care	Psych NP	'Provider to Provider' to the OB/midwife/family medicine physician as appropriate Call the OB office or Epic communication, as available
New psychiatric medication was added for the patient	Psych NP	Cc chart to the Virtual Care Maternal Behavioral Health LCSW Epic hospitals: Cc chart to the OB/midwife/family medicine physician Non-Epic Hospitals: electronic fax chart to the OB/midwife/family medicine physician & call
Low engagement (3 no-shows)	MA	Staff message to OB/midwife/family medicine physician through Epic, as available or phone call to the OB or family medicine practice
No engagement (not being able to reach the patient to schedule an appointment after 3 outreach attempts)	MA	Staff message to OB/midwife/family medicine physician through Epic, as available or phone call to the OB or family medicine practice
Higher-risk SDOH barriers	MA	Referral to MaineHealth Patient Assistance Line (PAL) OB/FM practices not updated on PAL referrals
Patient with dual diagnosis for SUD	MA	<i>Referral to MaineMom</i> Staff message to OB/midwife/family medicine physician through Epic, as available or phone call to the OB or family medicine practice

MaineHealth Virtual Care Perinatal Behavioral Health Rollout Referral Sources

- **Wave 1** - Rural Maine OB practices
 - January 2025, LCSW go-live (currently accepting referrals and scheduling appointments)
 - TBD psych NP go-live
- **Wave 2** – Staggered urban Maine OB practices
 - Summer 2025
 - Allows room for calibrating FTEs as new sites are added
- **Wave 3** – Pediatric practices
- **Wave 4** – Community health programs (Public Health Nursing and Maine Families)





Appendix

What is the RMOMS Grant?

- The Rural Maternity and Obstetrics Management Strategy (RMOMS) grant is a 4-year HRSA cooperative agreement awarded to MaineHealth in September 2022 to administer across all rural birthing hospitals in the state.
- The RMOMS grant team includes Dora Mills, Caroline Zimmerman, Kate Crothers, Eric Swan, Anna Gilbert, and Lori Travis
- Clinical Leads include Dr. Leora Rabin and Dr. Andie Betz
- **Purpose:** Improve access to and continuity of maternal and obstetrics care in **rural** communities.



Pillar 1
**Assess Rural Hospital
Obstetric Services**

- Analyze the sustainability and viability of rural obstetric services in Maine



Pillar 2
**Capacity Building and
Coordination**

- Identify interventions to address chronic disease management
- Build capacity across rural perinatal and OB workforce



Pillar 3
Telehealth

- Leveraging Telehealth and Specialty Care

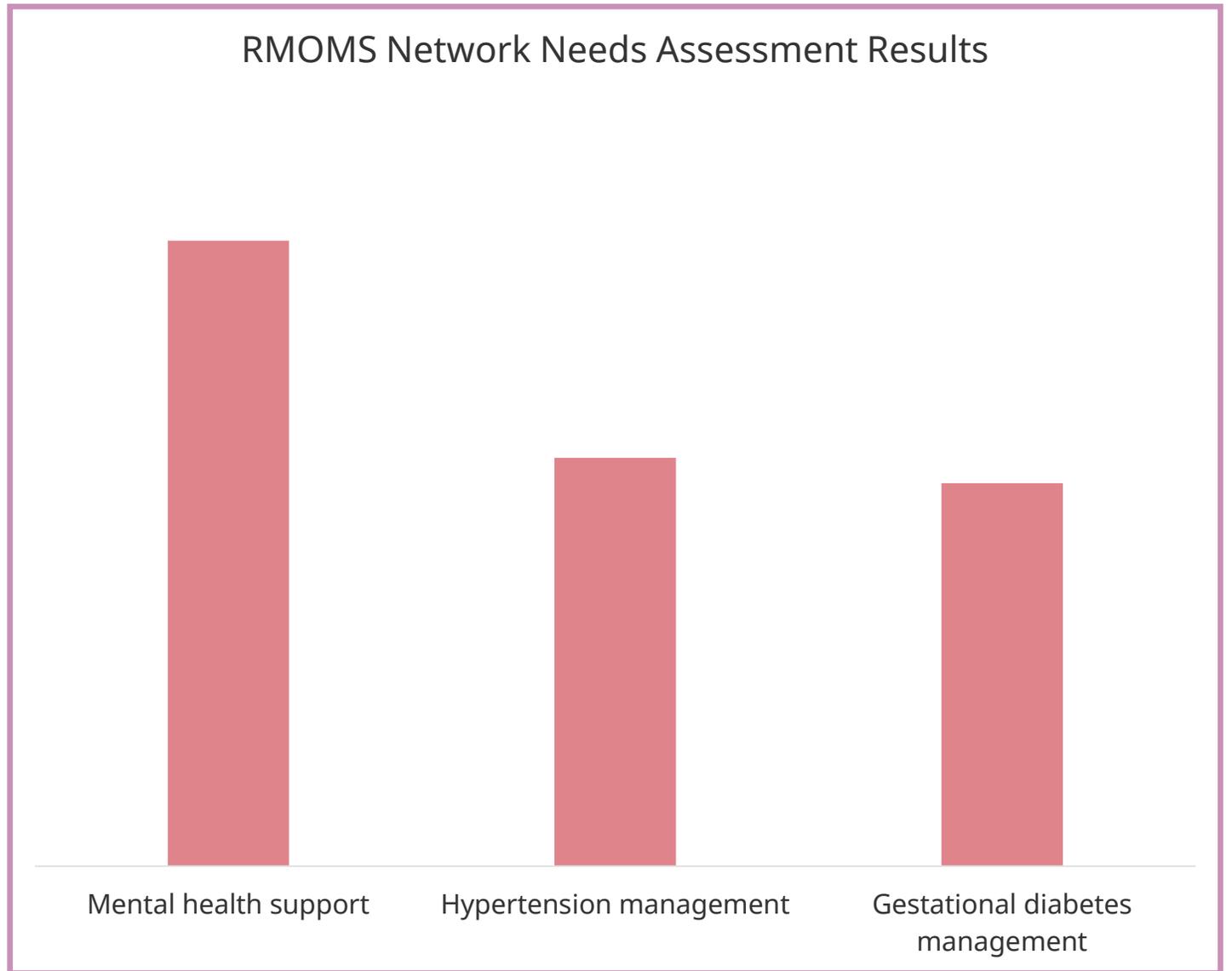


Pillar 4
Data and Evaluation

- Network-wide data collection

Defining the Need

- Following an RMOMS network-wide needs assessment, help with mental health support was identified as the top priority
- Members of the RMOMS Network expressed the greatest interest in providing synchronous behavioral health counseling and psychiatric services to their patients.



RMOMS Telehealth Perinatal Behavioral Health Process



MaineHealth Virtual Care Perinatal Behavioral Health

RMOMS + Array Behavioral Care



Team

- Virtual psychiatry - 0.5 FTE psych NP (caseload: 140 pts/year) – **recruiting**
- Virtual therapy - 1.0 FTE LCSW (caseload: 60 pts/year) – **onboarded**
- Virtual Program Support – 1.0 FTE Medical Assistant – **onboarded**



Services

- Evaluations, diagnosis, psychiatric medication management, therapy



Referrals

- Array clinicians will be embedded in the MaineHealth Virtual Care Department, which will act as a hub for referrals from OB and Family Medicine practices throughout Maine



➤ Financial model

- Array charges a flat rate for their clinicians
- We bill insurance for reimbursement, and the RMOMS grant covers any amount remaining

RMOMS Perinatal Behavioral Health Workgroup

This interdisciplinary and statewide workgroup has been meeting every 2 weeks since May to develop materials for the new maternal behavioral health program

- **Leora Rabin – MH Maine Medical Center**
- Andie Betz – MMP Maternal Fetal Medicine
- Natalia Hall – Northern Light Health
- Maryann Harakall – Maine CDC, DHHS
- Danielle Louder - NETRC
- Tammy Leach – NLH AR Gould
- Emily Watson - Maine Perinatal Outreach Education Coordinator
- Ray Baxter – NLH
- Katie Alberico – MH Mid Coast
- Tracy Jalbuena – MH Virtual Same Day Care Clinic
- Dory Hacker – MH Maine Behavioral Health
- Stacey Ouellette – MH Maine Behavioral Health
- Lizzy Mulcahy – MH Telehealth
- Kate Crothers – RMOMS Grant
- Anna Gilbert - RMOMS Grant
- Ashlee Crowell-Smith – MMA CQI
- Jesse Higgins – NLH Acadia
- Omm Stilwell – NLH
- Amanda Brown – NLH
- Stacey LaFlamme – Manie DHHS
- Jamie Paul – CQI
- Maggie Jansson - MaineCare
- Maxine Darling – MaineHealth
- Meaghan Smith – MMC
- Allyson Hornstein – MH OB/GYN

Patient Materials

Providing patients with the following information before their first appointment with the MH Virtual Care Perinatal Behavioral Health clinicians

Documents	Overview
Maine Crisis Support Pyramid	<i>Strengthen ME – Maine DHHS Office of Behavioral Health</i>
How to Prepare for Your First Video Visit	<i>Tips for a successful telehealth visit Prior, during, and after visit recommendations</i>
MaineHealth Virtual Care Perinatal Behavioral Health	<i>A general overview of the program, including:</i> <ul style="list-style-type: none">- <i>Services</i>- <i>Treatment team</i>- <i>Arriving late and/or missed appointments</i>- <i>Medication refills</i>- <i>Model of care</i>- <i>Communication with team</i>- <i>Safe and respectful environment</i>
MaineHealth Telehealth Consent	<i>Embedded within the MH patient consent</i>

Outcome Measures

Clinical/Utilization Patient Demographics Information	
	Comorbidities (HTN, diabetes, etc.)
Number of patients referred to the VTLCr Perintl BH clinicians who received therapy (Connectivity rate between a referral being placed by a physician or midwife and a patient being seen by the VTLCr Perintl BH LCSW)	Patients escalated to more intensive behavioral health care
Number of patients referred to the VTLCr Perintl BH clinicians who received psychiatric care (Connectivity rate between a referral being placed by a physician or midwife and a patient being seen by VTLCr Perintl BH psych NP)	EPDS scores – initial score, and readministered every 3 months
	Engagement
Number of patients referred to the VTLCr Perintl BH clinicians who started psychiatric medications	
The type of psychiatric medications that patients started following an appointment with the psych NP	Eligible and referred
Number of patients referred to the VTLCr Perintl BH clinicians who had their psychiatric medications adjusted	Adherence to scheduled appointments - show rate
Mental health diagnoses and SUD diagnoses made following referral to VTLCr Perintl BH clinicians	No show rate
Number of patients with a dual SUD diagnosis	Adherence to medication changes
Number of patients with a dual SUD diagnosis referred to resources in the community or MaineMom	Length of time patient was followed by therapist
Admission rate related to behavioral health	Length of time patient was followed by psych NP
ED visit rate related to behavioral health that did not lead to admission	Experience
OB visits and clinic utilization related to behavior health	Patient experience
Number of patients that VTLCr Perintl BH clinicians send to the Emergency Department	Referring Care Team experience
Patients who we referred to Cradle ME resources	VTLCr Perintl BH clinician experience
	Patient Demographics Information
Number of patients who still needed behavioral health services after 52 weeks postpartum	