**CARE TRANSFORMATION COLLABORATIVE (CTC)**

**COLLABORATIVE AGREEMENT SCOPE OF SERVICE/WORK**

**Consisting of 16 pages**

**RI MOMSPRN**

1. Introduction/Purpose

The Rhode Island Department of Health (RIDOH), the Care Transformation Collaborative of Rhode Island (CTC-RI) and the Center for Women’s Behavioral Health (CWBH) at Women and Infants Hospital have selected your practice to participate in the clinical quality improvement initiative to increase the identification, early intervention and treatment of depression, anxiety and substance use among pregnant and postpartum patients. To support you in this effort, RIDOH and CWBH have established the Rhode Island Maternal Psychiatry Resource Network (RI MomsPRN) which is a free consultation service available to your practice team to help answer clinical questions and /or provide resources and referrals regarding perinatal depression, anxiety and substance use. The RI MomsPRN participants will receive on-site Clinical Quality Practice Facilitation over a 15-month time period and a quarterly peer learning collaborative facilitated by content experts in the field. The Collaborative Agreement Scope of Work outlines the mutual responsibilities of each party as outlined in the RI MOMSPRN application process.

Strategic Goals:

The goal of this new statewide program is to help health care practices identify, diagnose, and manage depression, anxiety, and substance use in pregnant and postpartum women (the 12-week period after giving birth).

RI MomsPRN Perinatal Behavior Health Quality Improvement Initiative Objectives:

1. Support prenatal care practices in screening, identification, and management of perinatal depression, anxiety and substance use;
2. Improve prenatal care provider confidence and skills in managing mild-to-moderate cases of perinatal depression, anxiety, and substance use;
3. Improve universal screening rates of eligible pregnant and postpartum patients for perinatal depression, anxiety, and substance use using evidenced-based screening tools

Services to Be Provided

Participating Prenatal Care Practices will receive monthly on-site consultation and coaching from a trained Clinical Quality Improvement Facilitator; Data Management Training and Support; In-person professional education presented quarterly by Perinatal Behavioral Health Specialists including Best Practice Sharing;

Assumptions:

* Systems of care will provide practices with IT support needed to effectively capture and report screening rates for perinatal depression, anxiety, and substance use

Practice Responsibilities and Requirements:

MomsPRN Practices will participate from October 2019 through December 2020 with expectation that practice will participate in October 2019 Orientation Program, and quarterly learning collaborative. Practice QI Team will participate in monthly meetings with Practice QI Facilitator. All Clinical Providers to complete Self-Efficacy Surveys at beginning and end of initiative. (*Please see Attachment A*). Practices will submit baseline and quarterly reports of Screening Rates as outlined in *Attachment B)*

3-Month Preparation Period QI Initiative Activities (October – December 2019):

* Participate in October 2019 Orientation Program;
* Identify members of the practice quality improvement (QI) team. The team should consist of 3 to 4 staff in different roles and include a practice clinical champion and an IT/EHR staff member;
* Practice QI team participation in monthly meetings with the practice QI facilitator;
* Practice QI team attendance and participation at in-person kick-off learning session;
* Plan and test practice workflows to implement screening for perinatal depression, anxiety and substance use with validated screening tool(s);
* Test EMR system to determine workflow for documentation of screening results;
* Submit a baseline report of screening rates for perinatal depression, anxiety, and substance use;
* Complete baseline clinical provider self-efficacy survey within 45 days of award notification;
* In conjunction with the QI practice facilitator, identify quality improvement activities to optimize perinatal behavioral health screening, treatment and referral

QI Initiative Performance Period (January 2020 – December 2020):

* Implement screening for perinatal depression, anxiety and substance use with validated screening tool(s);
* Utilize the RI Moms PRN provider teleconsultation line as needed;
* Report de-identified practice screening rates and proportion of positive screens quarterly and by zip code;
* Practice QI team participation in monthly meetings with the practice QI facilitator;
* Practice QI team attendance and participation in quarterly in-person learning network meetings;
* Complete provider self-efficacy surveys on an annual basis

Practice Compensation:

Practices will be eligible to receive:

* Infrastructure payment of $5,000 that practices can use to offset costs associated with EMR modifications, staff time, and participation in quality improvement activities;
* $5,000 of incentive payments based on increasing perinatal depression, anxiety, and substance use screening rates using evidenced-based tools

CTC will make incentive payment to the practice at the end of the Performance Period (December 2020). CTC reserves the right to delay/withhold payments if Practice fails to meet any of the practice requirements as outlined in Milestone Document *(Please see Attachment C).*

Care Transformation Collaborative of RI Prenatal Care Practice name.



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Signature: Debra Hurwitz, Signature of authorized staff:

Executive Director, CTC-RI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Positon: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment A

**Annual Provider Self-Efficacy Survey**

**Baseline Questionnaire**

*For selected practices, this baseline self-efficacy survey will need to be completed by all providers within 45 days of being selected and once again in the last quarter of 2020.*

**Thank you for taking a few minutes to complete this questionnaire. The following questions address your experiences with perinatal mental health.**

Provider name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. What is your primary medical specialty?  Obstetrics only   Gynecology only  General Obstetrics and Gynecology  Maternal-Fetal Medicine Specialist  General Psychiatry  Perinatal Psychiatry  Primary Care/Family Medicine  Other (Specify)   1. How many years have you been in practice? 2. Which of the following best describes your practice location?  Urban – inner city   Urban – non-inner city  Suburban  Mid-sized town (10,000-50,000)  Rural  Military  Other (Specify)   1. Which of the following best describes your type of practice?   Solo Private Practice  Partnership or Group Practice  Multi-Specialty Group  HMO/Staff Model  University Full-Time Faculty and Practice  Military  Other (Specify) | 1. What is your gender?  Female   Male  Other (Specify)  Prefer not to answer   1. What race do you consider yourself? (select all that apply)  American Indian/Native American   Alaska Native  Asian/Asian American  Black/African American/African  Native Hawaiian/Other pacific Islander  White/Caucasian   Other (Specify)  Prefer not to answer   1. What ethnicity do you consider yourself?  Hispanic or Latino   Non-Hispanic or Latino  Prefer not to answer   1. What is your professional title?  Physician   Attending  Fellow  Resident  Certified Nurse Midwife  Nurse Practitioner  Nurse Manager  Social Worker or Case Manager  Other (Specify) |

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| **At the following time points, which of the following do you consistently screen for (using a validated screening tool)?** | | | | | | | |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Not applicable* |
| **Depression?** | | | | | | |
| Early pregnancy *(0-20 wks. GA)* |  |  |  |  |  |  |
| Late pregnancy *(21 wks. or more GA)* |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum *(0-3 months PP)* |  |  |  |  |  |  |
| Late postpartum *(4-12 months PP)* |  |  |  |  |  |  |
| **Anxiety?** | | | | | | |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Bipolar disorder?** | | | | | | |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Substance use disorders?** | | | | | | |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Trauma/PTSD?** | | | | | | |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |

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| **Please consider the following statements regarding your pregnant and postpartum patients and indicate the most appropriate response:** | | | | | | |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Not applicable* |
| I am able to provide education around depression and anxiety to my patients. |  |  |  |  |  |  |
| I discuss depression and anxiety and their treatment options with my patients. |  |  |  |  |  |  |
| I discuss the risks and benefits of antidepressant use during pregnancy and postpartum. |  |  |  |  |  |  |
| I discuss the risks and benefits of other psychiatric medications during pregnancy and postpartum. |  |  |  |  |  |  |
| I am able to treat my patients with antidepressant medications. |  |  |  |  |  |  |
| I am able to treat my patients with other psychiatric medications. |  |  |  |  |  |  |
| I am confident determining when to refer for therapy vs. when to start medications for depression or anxiety in my patients. |  |  |  |  |  |  |
| I am able to adequately access non-medication treatments for my patients with depression and anxiety. |  |  |  |  |  |  |
| When I need a perinatal psychiatric consultation, I am able to receive one in a timely manner. |  |  |  |  |  |  |
| I can facilitate referrals for my patients to depression/anxiety treatment. |  |  |  |  |  |  |
| I am able to ensure that my patients with depression and anxiety receive treatment in a timely manner. |  |  |  |  |  |  |
| I am confident monitoring depression/anxiety and adjusting medications for depression/anxiety in my patients. |  |  |  |  |  |  |
| When my patient’s care is complete, I am able to transition her for ongoing depression or anxiety follow-up if needed. |  |  |  |  |  |  |

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| **Please consider the following statements regarding your pregnant and postpartum patients and indicate the most appropriate response:** | | | | | | |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Not applicable* |
| I am able to provide education around substance use disorders to my patients. |  |  |  |  |  |  |
| I discuss substance use disorders and treatment options with my patients. |  |  |  |  |  |  |
| I am able to treat my patients with opioid use disorders by prescribing medications such as buprenorphine or methadone. |  |  |  |  |  |  |
| I am confident determining when to refer for therapy vs. when to start medications for substance use disorders in my patients. |  |  |  |  |  |  |
| I am able to adequately access non-medication treatments for my patients with substance use disorders. |  |  |  |  |  |  |
| When I need a perinatal substance use consultation, I am able to receive one in a timely manner. |  |  |  |  |  |  |
| I can facilitate referrals for my patients to substance use disorder treatment. |  |  |  |  |  |  |
| I am able to ensure that my patients with substance use disorders receive treatment in a timely manner. |  |  |  |  |  |  |
| I am confident monitoring substance use disorders and adjusting medications for substance use disorders. |  |  |  |  |  |  |
| When my patient’s care is complete, I am able to transition her for ongoing substance use disorder follow-up if needed. |  |  |  |  |  |  |

Attachment A:

Practice Self Efficacy Tool

**Annual Practice Self-Efficacy Survey**

**Baseline Questionnaire**

*For selected practices, this practice baseline self-efficacy survey will need to be completed by a practice leader, 1 per practice within 45 days of being selected and once again in the last quarter of 2020.*

**Provider name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of assessment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person responding to the interview:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. Type of Practice:   Private with no health system or university affiliation   Private with health system or university affiliation  Health system with no university affiliation  Health system with university affiliation  Academic medical center  Federally qualified health center  Public clinic with no university/academic affiliation  Public clinic with university/academic affiliation  Other (Specify)   1. Please enter the number of the following staff in this practice:   Number of Obstetrics/Gynecology (OB/GYN) providers \_\_\_\_\_\_\_\_\_\_  Number of Obstetrics (OB) only providers \_\_\_\_\_\_\_\_\_\_  Number of Gynecology (GYN) only providers \_\_\_\_\_\_\_\_\_\_  Number of Family Medicine providers \_\_\_\_\_\_\_\_\_\_  Number of Primary Care providers \_\_\_\_\_\_\_\_\_\_  Number of Medical Residents \_\_\_\_\_\_\_\_\_\_  Number of Licensed independent practitioners (PAs, RNCS, NPs) \_\_\_\_\_\_\_\_\_\_  Number of Nurse midwives \_\_\_\_\_\_\_\_\_\_  Number of MAs, RNs, PCAs, CIPs \_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_   1. Does the practice have an onsite behavioral health professional available?  Yes  No   If yes, is this a:  Psychiatric prescriber  Psychotherapist  Masters’ level clinician  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Does the practice have a system in place to facilitate access to a behavioral specialist?  Yes  No   If yes, which one?  co-located behavioral health specialist  case manager to assist with referral  access to telephone consultation with mental health specialist  ensure that all patients are referred to a behavioral health specialist   1. Is this location part of a larger practice with multiple locations?  Yes  No   If yes, name of the larger practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Number of locations in the larger practice where prenatal services are provided:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total # locations**   1. Number of locations in the larger practice where prenatal services are provided:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total # births for the larger practice**   1. What is the total number of births per year for all providers/clinicians in this location?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total # of births across all providers**   1. **Approximate payer mix:** *For the list of payers that follows, regarding the approximate payer mix for this practice location/office, list the percent for each payer. Please provide an estimate if the exact percent is not known. The total percentage of all payers cannot be greater than 100%.*   Tricare/Other Military \_\_\_\_\_\_\_\_\_\_%  Medicaid \_\_\_\_\_\_\_\_\_\_%  Other Public \_\_\_\_\_\_\_\_\_\_%  Private or Commercial \_\_\_\_\_\_\_\_\_\_%  Self-Pay \_\_\_\_\_\_\_\_\_\_%  Other \_\_\_\_\_\_\_\_\_\_%  Other – Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%   1. **Observed or reported ethnicity of first prenatal care visit patients:** *For the first prenatal care visit patients at this medical practice location/office, please indicate the percent of those patients with the following observed or reported ethnicity. Please provide an estimate if the exact percent is not known.*   Hispanic, Latina, or Spanish origin \_\_\_\_\_\_\_\_\_\_%   1. **Observed or reported primary race of first prenatal care visit patients:** *Using the following categories, list the observed or reported primary race of patients at this medical practice location/office. Again, the focus is on patients seen at the first prenatal care visits. Please provide an estimate if the exact percent is not known.*   Black/African American/African \_\_\_\_\_\_\_\_\_\_%  White/Caucasian \_\_\_\_\_\_\_\_\_\_%  Asian/Asian American \_\_\_\_\_\_\_\_\_\_%  Native Hawaiian/Other Pacific Islander \_\_\_\_\_\_\_\_\_\_%  American Indian/Native American \_\_\_\_\_\_\_\_\_\_%  Alaska Native \_\_\_\_\_\_\_\_\_\_%  More than one race \_\_\_\_\_\_\_\_\_\_%  Other \_\_\_\_\_\_\_\_\_\_%    Other - Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown/not reported \_\_\_\_\_\_\_\_\_\_%   1. **Observed or reported primary language preferred by first prenatal care visit patients:** *Using the following options, indicate the reported primary language preferred by first prenatal care visit patients at this medical practice location/office. Please provide an estimate if the exact percent is not known. The total percentage of all languages cannot be greater than 100%.*   English \_\_\_\_\_\_\_\_\_\_%    Spanish \_\_\_\_\_\_\_\_\_\_%  Other \_\_\_\_\_\_\_\_\_\_%  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. How well do you feel you know this practice?   Extremely well  Quite well  Fairly well  Not very well |

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| **How consistently does the practice use a validated screening tool at the following time points to screen for…** | | | | | | | |
| **Depression?**   Please indicate tool (check all that apply):  PHQ2  PHQ9  EPDS Other-Specify:\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Don’t know/NA* |
| Early pregnancy  *(0-20 wks. GA)* |  |  |  |  |  |  |
| Late pregnancy  *(21 wks. or more GA)* |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum  *(0-3 months PP)* |  |  |  |  |  |  |
| Late postpartum  *(4-12 months PP)* |  |  |  |  |  |  |
| **Anxiety?**   Please indicate tool (check all that apply):  GAD2  GAD7  PASS Other-Specify:\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Don’t know/NA* |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Bipolar disorder?**   Please indicate tool (check all that apply):  MDQ  CIDI  Other-Specify:\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Don’t know/NA* |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Substance use disorders?**  Please indicate tool (check all that apply):  NIDA/ASSIST  4Ps  DASS  Other-specify:\_\_\_\_\_\_\_\_ | | | | | | |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Don’t know/NA* |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |
| **Trauma/PTSD?** Please indicate tool (check all that apply):  PCL-C  Intimate Partner Violence  Other-specify:\_\_\_\_\_\_\_ | | | | | | |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Don’t know/NA* |
| Early pregnancy |  |  |  |  |  |  |
| Late pregnancy |  |  |  |  |  |  |
| Hospitalization for delivery |  |  |  |  |  |  |
| Early postpartum |  |  |  |  |  |  |
| Late postpartum |  |  |  |  |  |  |

1. Does your practice have a system in place to monitor and follow up on patients who screen positive for perinatal mental health and substance use disorders?  Yes  No
2. Is it explained to patients that screening for perinatal mental health and substance use disorders will happen routinely as part of their obstetric care?  Yes  No
3. Does your practice have procedures for providing education and treatment options for patients with perinatal mental health and substance use disorders?  Yes  No
4. Does your practice have procedures for obtaining mental health and substance use disorders care for pregnant and postpartum women?  Yes  No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please consider the following statements regarding this practice and its pregnant and postpartum patients:** | | | | | | | |
|  | *Never* | *Rarely* | *Sometimes* | *Often* | *Always* | *Not applicable* |
| Providers meet the needs of patients with depression and anxiety. |  |  |  |  |  |  |
| Providers ensure that patients with depression and anxiety receive timely treatment. |  |  |  |  |  |  |
| Providers treat patients with antidepressant medications for depression and anxiety. |  |  |  |  |  |  |
| When a patient is prescribed an antidepressant, providers will follow up with the patient. |  |  |  |  |  |  |
| When a patient is prescribed an antidepressant, providers will monitor the patient’s depression and/or anxiety severity with a validated screening tool at subsequent visits. |  |  |  |  |  |  |
| Providers facilitate referrals for patients to mental health specialists. |  |  |  |  |  |  |
| This practice has standard processes for directing patients to appropriate mental health resources in the community. |  |  |  |  |  |  |
| Support staff have the knowledge and skills they need to detect and address depression and anxiety disorders. |  |  |  |  |  |  |
| Providers meet the needs of patients with substance use disorders. |  |  |  |  |  |  |
| Providers ensure that patients with substance use disorders receive timely treatment from a substance use specialist. |  |  |  |  |  |  |
| Providers facilitate referrals for patients to substance use specialists. |  |  |  |  |  |  |
| This practice has standard processes for directing patients to appropriate substance use disorder resources in the community. |  |  |  |  |  |  |
| Support staff have the knowledge and skills they need to detect and address substance use disorders. |  |  |  |  |  |  |

Attachment B:

**Screening Measure Resource**

All selected prenatal care practices will be provided with access to data management platforms to assist with the submission of required de-identified screening data that is detailed below. In addition, practices will have access to data visualization tools to track their progress and measure quality improvement efforts. Practices can choose which validated screening tool(s) they would like to use. If needed, advisement about screening tools is available by RI MomsPRN practice facilitators.

|  |  |
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| **Screening Measures for Each Domain:  1) Depression 2) Anxiety and 3) Substance Use** | |
| Percent and number of pregnant and postpartum women who received at least **one** screening using a standardized validated tool during pregnancy or the first 12 months after delivery | * This measure will be analyzed quarterly and by zip code |
| Percent and number of pregnant and postpartum women who screened **positive** | * This measure will be analyzed quarterly and by zip code |

ATTACHMENT C: MomsPRN MILESTONES SUMMARY DOCUMENT

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| Rhode Island Moms PRN Milestone Summary | | |
| Deliverable | **Timeframe Due Dates** | **Notes** |
| Identify members of the practice quality improvement (QI) team. The team should consist of 3 to 4 staff in different roles and include a practice clinical champion and an IT/EHR staff member | October – December 2019  Recommend by 11/30/19 | Completed with the Practice Facilitator – details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) |
| Practice QI team participation in monthly meetings with the practice QI facilitator | November – December 2019  January – December 2020 | N/A |
| Practice QI team attendance and participation at in-person kick-off learning session | October 29, 2019  Rhode Island Quality Institute, Washington Room  7:30 – 9AM | N/A |
| Plan and test practice workflows to implement screening for perinatal depression, anxiety and substance use with validated screening tool(s) | October – December 2019 | N/A |
| Test EMR system to determine workflow for documentation of screening results | October – December 2019 | N/A |
| Submit a baseline report of screening rates for perinatal depression, anxiety, and substance use and proportion of positive screens quarterly and by zip code | Due by: November 15, 2019  (within 45 days of award notification) | Submit report to: CTC/RI DOH portal <https://www.ctc-ri.org/user> |
| 1. Each provider completes a self-efficacy survey within 45 days of award notification : Survey Monkey  (Please see Appendix D in Call for Applications) 2. Practice completes the practice self-efficacy with practice facilitator | Due by: November 15, 2019  (within 45 days of award notification) | Provider survey completed survey monkey  Practice survey details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org)  by practice facilitator |
| In conjunction with the QI practice facilitator, identify quality improvement activities to optimize perinatal behavioral health screening, treatment and referral | Due by: December 15, 2019 | Plan-Do-Study-Act (PDSA) Completed with the Practice Facilitator – details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) |
| Implement screening for perinatal depression, anxiety and substance use with validated screening tool(s) | January – December 2020 | N/A |
| Utilize the RI Moms PRN provider teleconsultation line as needed | January – December 2020 | N/A |

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| Rhode Island Moms PRN Milestone Summary continued… | | |
| Deliverable | **Timeframe Due Dates** | **Notes** |
| Report de-identified practice screening rates and proportion of positive screens quarterly and by zip code | March 15, 2020  June 15, 2020  September 15, 2020  December 15, 2020 | Submit quarterly rates to <https://www.ctc-ri.org/user> - RIDOH secured portal – access required |
| In conjunction with the QI practice facilitator, report on outcomes quality improvement activities to optimize perinatal behavioral health screening, treatment and referral | Due by: November 15, 2020 | Plan-Do-Study-Act (PDSA) Completed with the Practice Facilitator – details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org) |
| Practice QI team participation in monthly meetings with the practice QI facilitator | January – December 2020 |  |
| Practice QI team attendance and participation in quarterly in-person learning network meetings | January – December 2020  January 2020  April 2020  August 2020  December 2020 |  |
| 1. Each provider completes a self-efficacy survey (survey monkey) on an annual basis 2. Practice completes self-efficacy survey in conjunction with Practice Facilitator   (Please see Appendix D in Call for Applications | By December 15th | Provider survey completed survey monkey  Practice survey details to be submitted to [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org)  by practice facilitator |