**CARE TRANSFORMATION COLLABORATIVE (CTC)**

**COLLABORATIVE AGREEMENT SCOPE OF SERVICE/WORK**

**Consisting of 16 pages**

**RI MOMSPRN**

**Practice/Organization Name: \_\_\_\_\_\_\_\_\_\_\_**

1. Introduction/Purpose

The Rhode Island Department of Health (RIDOH) and 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 peer learning collaborative meetings 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 but can extend to one-year post-delivery).

RI MomsPRN Perinatal Behavior Health Quality Improvement Initiative Objectives:

1. Improve universal screening rates of eligible pregnant and postpartum patients for depression, anxiety, and substance use using evidenced-based screening tools with the goal that 100% of women will be screened at least once for all three conditions during the prenatal/postpartum period;
2. Support prenatal care practices in taking a performance improvement population health approach in addressing perinatal depression, anxiety, and substance use through skill training, peer learning opportunities and in collaboration with the RI MOMSPRN Behavioral Health Consultation Team;
3. Improve provider and team confidence and skills in managing mild-to-moderate behavioral health matters;

Services to Be Provided

1. **A free phone consultation service** that is staffed by perinatal behavioral health experts at the CWBH at Women and Infants Hospital. Any health care provider treating a pregnant or postpartum patient who is looking for help with a behavioral health diagnosis, treatment planning, medication management, as well as identification of an appropriate resource and/or referral are welcome to call **(401) 430-2800, Monday through Friday, between 8 a.m. and 4 p.m.** For more information about this free teleconsultation service, please visit, [www.womenandinfants.org/ri-momsprn](http://www.womenandinfants.org/ri-momsprn)
2. **On-site practice coaching** **and clinical quality improvement assistance** that is provided by CTC-RI to establish practice workflows to screen pregnant and postpartum patients at least once for depression, anxiety, and substance use using validated screening tools of the practice’s choosing. Assistance will include funding as well as training and education in screening tools, workflow development and improvement, electronic health record (EHR) documentation and reporting, and developing protocols for addressing positive screens. Note: During COVID-19, practice facilitation support will be practice specific and may be provided via zoom platform

Practice Responsibilities and Requirements:

MomsPRN Practices will participate from February 2021 through April 2022 with expectation that practice will participate via zoom in February 2021 Orientation Program (tentatively scheduled for February 23, 2021: 7:30 to 9:00 am). Practice QI Team will participate in monthly meetings, and customized practice specific learning network meetings and periodically scheduled collaborative meetings that bring together the other learning collaborative practice teams. All Clinical Providers are to complete Self-Efficacy Surveys at beginning and end of initiative and a HRSA survey at the end of 2021 (*Please see Attachment A*). Practices will also submit baseline and quarterly reports of Screening Rates as outlined in *Attachment B.*

3-Month Preparation Period QI Initiative Activities (February-April 2021):

* Identify members of the practice quality improvement (QI) team, which should include a provider champion, practice leader, and an IT staff member;
* Meet with CTC-RI facilitator monthly to develop practice workflows and identify quality improvement activities related to screening for perinatal depression, anxiety and substance-use disorder using validated tools selected by the practice that can be documented/reported in the EHR system;
* Attend a virtual orientation kick-off learning session\* with CWBH staff to learn about evidence based behavioral health screening tools and use of the teleconsultation supports (with all practice providers and other relevant staff expected to participate);
* Attend a practice reporting meeting with RIDOH staff to discuss screening data parameters, timeline to test IT plans and data submission expectations (relevant QI team members are expected to attend);
* Relevant staff complete baseline clinical and practice-level self-efficacy surveys within 45 days of award notification *(Please see Attachment A);*
* Develop an initial performance improvement plan (P-D-S-A) and AIM statement by 3/31/2021
* Submit baseline report for depression, anxiety, and substance use screening tentatively due by 4/9/2021;
* Develop draft workflows to implement screening for perinatal depression, anxiety and substance use disorders and train staff by 04/30/2021;
* Utilize the RI MomsPRN provider telehealth consultation line for clinical consultation based on patient/clinical needs as well as to address emergent training needs;

QI Initiative Performance Period (May 2021-April 2022):

* Begin screening for perinatal depression, anxiety, and substance use with evidence-based validated tool(s) of your choosing starting in May, test workflows, and submit finalized workflow descriptions by July 30, 2021.
* Participate in monthly meetings with CTC-RI practice facilitator with the goal of developing internal capacity for implementing behavioral health screenings, obtaining and using teleconsultation clinical support, and generating and using practice performance screening reports to improve population health;
* Submit quarterly de-identified practice screening reports and number of positive screens by zip code (provisional reporting deadlines are July 15, 2021, Oct 15, 2021, January 15, 2022, April 15, 2022). *(Please see Appendix C for details and note that RIDOH will provide reporting assistance.)*
* Submit an interim P-D-S-A performance improvement plan by 08/31/2021\* (completed with support from the CTC-RI practice facilitator);
* Attend virtual best practice learning sessions at month 6 and closeout;
* Relevant providers participate in one relevant continuing medical education session with RI MomsPRN promoting various options;
* Complete provider and practice follow-up self-efficacy surveys and other evaluation surveys about outcomes (i.e., treatment/referral) as required;
* Submit completed P-D-S-A March 15, 2022;
* Utilize the RI MomsPRN provider telehealth consultation line for clinical consultation based on patient/clinical needs;

Practice Compensation:

Practices will be eligible to receive:

* Total Practice infrastructure payment of $5,000.00 (two $2,500.00 payments) that practices can use to off-set costs associated with EMR modifications, staff time, and participation in quality improvement activities;

	+ Practice team eligible to receive first infrastructure payment ($2,500) with team 1) attendance at the orientation meeting (including provider champion, practice lead, it staff and other staff members as applicable; 2) team attendance at initial practice facilitation meeting and 3) completion of practice and provider self-efficacy surveys.
	+ Practice team eligible to receive second infrastructure payment ($2,500) with team attendance at 6-month learning sessions, submission of quarterly screening reports, and submission of complete P-D-S-A (08/31/2021);
* Practice team eligible to receive final payment ($5,000) with final submission of quarterly screening reports demonstrating continued improvement in reaching the goal of 100% screening for each patient for each area (depression, anxiety and substance use disorder) at least once during the performance period and submission of follow-up practice/provider self-efficacy surveys and HRSA evaluation survey and attendance of continuing medical education event by relevant staff;

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment A:

 **Annual Provider Self-Efficacy Survey**

**Baseline Questionnaire**

<https://www.surveymonkey.com/r/MC6RPX3>

*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 2022.*

 **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 yourpractice 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 typeof 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 answer1. What race do you consider yourself? (select allthat 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 answer1. What ethnicity do you consider yourself?[ ]  Hispanic or Latino

[ ]  Non-Hispanic or Latino[ ]  Prefer not to answer1. 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* | *Don’t know/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:

**Annual Practice Self-Efficacy Survey
Baseline Questionnaire**<https://www.surveymonkey.com/r/GHJ3Z89>

*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 2022.*

 **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 specialist1. 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 # locations1. Number of locations in the larger practice where prenatal services are provided:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # births for the larger practice1. What is the total number of births per year for all providers/clinicians in this location?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # of births across all providers1. 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 disoders care for pregnant and postpartum women? [ ]  Yes [ ]  No

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| 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 Tool Resource**

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| --- |
| Required Measure 1: Screening for Perinatal Clinical Depression, Anxiety, & Substance Use |
| Description: | The percentage of pregnant and postpartum patients screened for clinical depression, anxiety and substance use using an age-appropriate standardized tool  |
| Age  | The eligible population are patients aged 11-55 years at the time of encounter  |
| Numerator Statement: | Patients seen for a prenatal or postpartum visit during the reporting period**-AND-**Screened for clinical depression, anxiety and substance use at least once during the reporting period using an age appropriate standardized tool. **Stratification by Zip Codes**: List of zip codes for patients seen for a prenatal or postpartum visit during the reporting period and were screened for clinical depression, anxiety and substance use at least once during this reporting period.  |
| Denominator Statement: | Patients seen for a prenatal or postpartum visit during the reporting period.  |

All contracted practices will be provided with access to data management platforms to assist with the quarterly submission of required de-identified screening data detailed below. 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. RIDOH will assist with zip code and de-duplication reporting and analysis for each measure. A detailed measure specification document will be forthcoming.

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| Required Measure 2: Screening Positive for Perinatal Clinical Depression, Anxiety, & Substance Use |
| Description: | The percentage of pregnant and postpartum patients who were screened for clinical depression, anxiety and substance use, and screened positive, using an age-appropriate standardized tool |
| Age  | The eligible population are patients aged 11-55 years at the time of encounter |
| Numerator Statement: | Patients seen for a prenatal or postpartum visit during the reporting period**-AND-**Screened for clinical depression, anxiety and substance use at least once during this reporting period using an age-appropriate standardized tool. **-AND-**Screened positive for clinical depression, anxiety and substance use at least once during the reporting period**Stratification by Zip Codes**: List of zip codes for patients seen for a prenatal or postpartum visit during the reporting period and were screened for clinical depression, anxiety and substance use at least once during this reporting period.  |
| Denominator Statement: | Patients seen for a prenatal or postpartum visit during the reporting period **-AND-**Screened for clinical depression, anxiety and substance use at least once during the reporting period using an age-appropriate standardized tool.  |

Attachment C:

**Milestones Summary Document**

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| Rhode Island Moms PRN Milestone Summary |
| Deliverable | **Timeframe Due Dates** | **Notes** |
| Practice QI team attendance and participation at kick-off learning session | February 23, 2021 7:30 – 9AM |  |
| 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. Complete [Provider Email List](https://www.ctc-ri.org/sites/default/files/uploads/Provider%20Email%20List%20-%20Cohort%202.xlsx). | February 28 2021 | Completed with the Practice Facilitator – details to be submitted to RIDOH@ctc-ri.org.[Provider Email List Template](https://www.ctc-ri.org/sites/default/files/uploads/Provider%20Email%20List%20-%20Cohort%202.xlsx) to be submitted to RIDOH@ctc-ri.org. |
| QI team participation in monthly meetings with the practice QI facilitator | February-December 2021January-April 2022 | N/A |
| 1. Each provider must complete survey within 45 days of award notification: [Survey Monkey](https://www.surveymonkey.com/r/MC6RPX3)
2. Complete the practice self-efficacy survey with practice facilitator
 | Due by: March 15, 2021To be completed at first practice facilitation meeting | Provider Survey:<https://www.surveymonkey.com/r/MC6RPX3> Practice Survey:<https://www.surveymonkey.com/r/GHJ3Z89> Practice survey details to be submitted to RIDOH@ctc-ri.org by Practice Facilitator  |
| Clinical team to meet with Eva Ray during first three months. * Select evidence-based tools
 | February – April 2021 | Evidence based tools needs to be incorporated in EHR. |
| IT team to meet with Monika Drogosz/Carolyn Karner within first three months. May take place at scheduled facilitation meeting. |  | [Screening Tool Resource – Measurement Information](https://www.ctc-ri.org/sites/default/files/uploads/RI%20MomsPRN%20Screening%20Tool%20Resource%2012.23.2020.docx)[Work Flow Tool](https://public.3.basecamp.com/p/taHyB9KSh7nSZW9jPRRChB4q)[Work Flow Example](https://public.3.basecamp.com/p/jETXNwgnPzzkjesqtFzrc6fM) |
| Submit a baseline report of screening rates for perinatal depression, anxiety, and substance use | Provisional DeadlineApril 9, 2021 | Submit via link at: [MomsPRN Data Reporting](https://www.tfaforms.com/4772053)Alternative: Submit using [Excel Spreadsheet](https://www.ctc-ri.org/sites/default/files/uploads/DRAFT%20Sample%20Report%20-%20MomsPRN.xlsx) and email to: jarruda@ctc-ri.org |
| Identify and test IT plan for documentation of screening results and submission of data | March 15, 2021 | See Work Flow Tool for IT components  |
| Develop draft workflows to implement screening for perinatal depression, anxiety and substance use with validated screening tool(s)  | April 30, 2021 | [Work Flow Tool](https://public.3.basecamp.com/p/taHyB9KSh7nSZW9jPRRChB4q)[Work Flow Example](https://public.3.basecamp.com/p/jETXNwgnPzzkjesqtFzrc6fM)  |
| Test workflows and submit final workflows for implementing screenings for depression, anxiety and substance use using validated screening tools | July 30, 2021 |  |
| Deliverable | **Timeframe Due Dates** | **Notes** |
| In conjunction with the QI practice facilitator, identify quality improvement activities to optimize perinatal behavioral health screening, treatment and referral | Due by: May 8 2021 *Due Month after baseline data submissions* | [Plan-Do-Study-Act (PDSA)](https://www.ctc-ri.org/sites/default/files/uploads/4.%20PDSAWorksheetforTestingChanges_0%2012%203%2020.doc) Completed with the Practice Facilitator – details to be submitted to RIDOH@ctc-ri.org |
| In conjunction with the QI practice facilitator, submitted completed P-D-S-A identifying results of improvement activities to optimize perinatal behavioral health screening treatment and referral  | Due by August 31, 2021 *Due 6 months after initial submission**With Final PDSA submitted at end of program* | [Plan-Do-Study-Act (PDSA)](https://www.ctc-ri.org/sites/default/files/uploads/4.%20PDSAWorksheetforTestingChanges_0%2012%203%2020.doc) Completed with the Practice Facilitator – details to be submitted to RIDOH@ctc-ri.org |
| Screen for perinatal depression, anxiety and substance use with validated screening tool(s) | May- December 2021January-April 2022 | N/A |
| Utilize the RI Moms PRN provider teleconsultation line as needed | February – December 2021 January – April 2022 | N/A |