



RI MomsPRN

Maternal Psychiatry Resource Network

- The goal of this evaluation work is help practices ensure **all perinatal patients are screened** for depression, anxiety, and substance use at least once during the performance period and that patients screening positive are **responded with appropriate treatment and referral**.
- **CTC-RI** is offering de-duplication, aggregation, and/or zip code analysis support for required quarterly reporting. Practices can opt to perform needed analysis internally as well. Last cohort all practices opted to send secure de-identified files to CTC-RI.
- **RIDOH** is also offering practices the opportunity to earn up to an additional \$3,000 of funding for supplemental data reporting along with required quarterly screening reports.



ADVANCING INTEGRATED HEALTHCARE



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Required Screening Measures

Each quarter, practices are required to either report aggregate de-duplicated counts or provide de-identified data in an excel sheet of the following:

- perinatal patients attributed to practice during the specified time period;
- perinatal patients who were screened for each domain (depression, anxiety, and substance use) during said time period;
- perinatal patients who screened positive for each domain (depression, anxiety, and substance use) during the time period;
- perinatal patient zip code information so that medically underserved/rural designation stratification/cross cuts can be conducted either internally or by CTC-RI for all the above measures during the time period.



Performance Period & Deadlines

	Date Range	Report Due
Baseline Report	02/01/20 01/31/21	April 9, 2021
Project Report 1	04/01/21-5/31/21	July 9, 2021
Project Report 2	04/01/21-08/31/21	October 8, 2021
Project Report 3	04/01/21-12/31/21	January 14, 2022
Project Report 4	04/01/21-03/31/22	April 8, 2022

- On April 9, practices are required to report the number of de-duplicated perinatal patients attributed between 02.01.20 - 01.31.21 and any readily available de-identified screening data for depression, anxiety, and substance and if available, any positive screen data.
- If your practice was not using a validated screening tool for any domain (depression, anxiety, or SUD) between 02.01.20 – 01.21.21, the count reported will be zero. If the practice was using a validated tool and data is available, the practice would report the number of de-duplicated patients screened for each domain along with any positive screening data.
- The April 9 figures reported for each domain will serve as your baseline rates and will be used to track progress toward reaching the goal of ensuring all perinatal patients are screened at least once for depression, anxiety, and substance use during the performance period (04.01.21-03.31.22).



Defining Perinatal Patients

- RIDOH defines perinatal patients as those between 11-55 years of age.
- RIDOH defines postpartum as up 12 months.
- RIDOH is not recommending any exclusions of any perinatal patients (i.e., include those whose pregnancy did not continue for any reason).
- Data source options for helping identify perinatal patients and/or prenatal or postpartum visits include but are not limited to:
 - E & M codes: 59425; 59426; 59430; or 99201-99215 which needs to be paired with a diagnosis code (ICD-10) of pregnancy supervision; or
 - Relevant pregnancy and postpartum “problem code designations” in electronic health record system; or
 - Any other code, including telemedicine, or field that the practice uses to define prenatal and postpartum visits and/or perinatal patients.



Defining Validated Screening

- As a reminder, practices choose the validated screening tools to use for each domain (i.e., depression, anxiety, and substance use) and are only required to screen attributed perinatal patients at least once during the performance period for each domain.
- **Women and Infants staff recommend** using the PHQ-2/9 and/or EPDS for depression, GAD-7 for anxiety, and either the NIDA Quick Screen or a combination of the DAST-10 & AUDIT-C for substance use. They also recommend that practices screen for all three domains at least once each trimester and at least once again within 2 months postpartum. **For a more in-depth clinical conversation regarding screening tools and frequency, please call the RI MomsPRN teleconsultation 401-430-2800.**
- Please note that If using the DAST-10 and Audit-C or any other combination of validated SUD screening tools, it is recommended that practices track and report each tool to ensure all are administered. For purposes of this evaluation for those practices performing the analysis on their own, the administration of any SUD validated tool (i.e., even just one) will result in that patient being counted as “screened” for SUD.



De-Duplication Analysis

- Perinatal patient counts for each screening domain are to be de-duplicated.
- CTC-RI is offering to assist with this level of analysis. Practices would send a de-identified file to them quarterly that would include various denominator and numerator variables for data analysis.
- If planning to perform this analysis internally,
 - ❑ De-duplication would have to occur for each screening domain (depression, anxiety, and SUD separately). In addition, RIDOH will need to periodically obtain counts for those receiving all three screens.
 - ❑ Be careful with this de-duplication process. With the prior practice cohort, there were issues with ensuring all screens and positive screening reports were not lost in the de-duplication process. To avoid issues with this, practices opting to report these measures internally and on their own will have to submit a de-identified file with their first performance report to CTC-RI for quality assurance purposes. CTC-RI can also provide guidance/training on this as well.



Screening Documentation

- Perinatal patients may decline a screening. They are to be included in the denominator, not counted as screened, and practices should track declines.
- Data source options for documenting screening for depression, anxiety, and substance use include but are not limited to:
 - Structured data field indicating screening performed (yes, no, declined); or
 - Structured data field indicating screening result (positive, negative, or a numeric/text score (EPDS (0-30), PHQ-9 (0-27), GAD-7 (0-21), DAST-10 (0-10), AUDIT-C (0-12), NIDA Quick Screen (any documented answer)); or
 - Screening codes: Potential codes include *CPT 96127 - Brief emotional/behavioral assessment with scoring and documentation, per standardized instrument*, which could be used for depression, anxiety and SUD screening. Use of the CPT 96127 code would need to be paired either with a structured data field or a relevant Z code to indicate a depression, anxiety or SUD specific screen. Additional codes 96160, 96161 or 99420 among others could also be used to help pull this data;

Positive Screen Reporting

- Data source options for identifying positive screens for depression, anxiety, and substance use include but are not limited to:
 - Structured data field indicating screening score (EPDS (0-30), PHQ-9 (0-27), GAD-7 (0-21), DAST-10 (0-10), AUDIT-C (0-12), NIDA Quick Screen (any documented answer); or
 - Structured data field indicating screening result (positive or a numeric score (EPDS \geq 13, PHQ-9 \geq 10, GAD-7 \geq 7, DAST-1 \geq 10, AUDIT-C \geq 3, NIDA Quick Screen = any response other than never)); or
 - Other



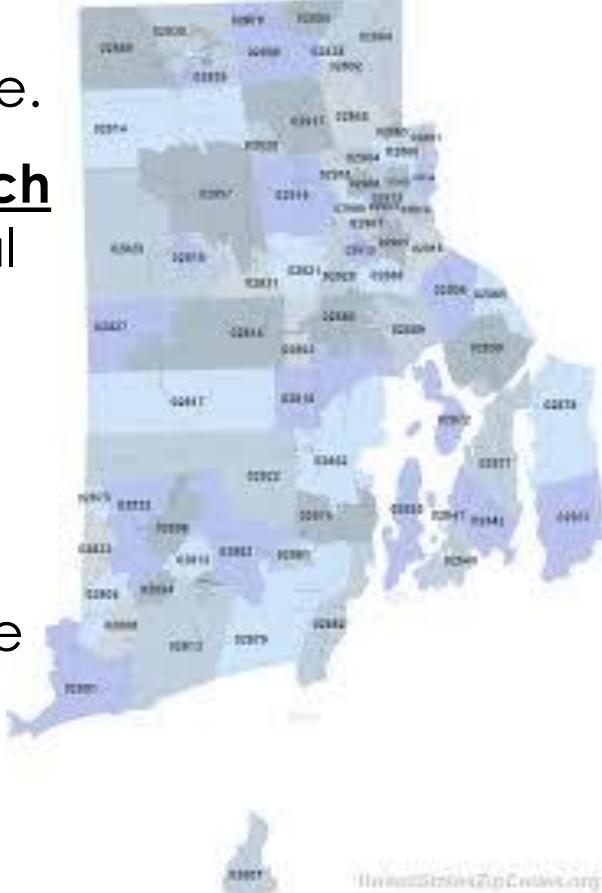
Serving providers treating pregnant and postpartum patients in partnership with Women & Infants Hospital

Call: 401-430-2800
Monday-Friday 8:00 am – 4:00 pm



Zip Code Analysis

- All data reports whether completed internally at the practice or provided to CTC-RI for analysis assistance must include patient zip code.
- For practice conducting internal analysis, **all reported measures for each domain** will need to be stratified by medically underserved and/or rural patient zip code designation. RIDOH defines medically underserved and/or rural designation as those perinatal patients residing in the following zip codes: 02807, 02809, 02814, 02825, 02828, 02830, 02839, 02852, 02858, 02859, 02864, 02865, 02882, 02885, 02893, 02895, 02896, 02903, 02907, 02914, 02917, 02918. RIDOH will also need periodic aggregate analysis of screening results for residents not residing in these zip codes as well.
- CTC-RI can help practices perform this analysis through submission of de-identified quarterly files using the **RI MomsPRN excel reporting template**.





Optional Data Collection/Funding

- RIDOH and CTC-RI are pleased to provide enrolled RI MomsPRN practices the opportunity to earn up to \$3,000 of additional practice funding above and beyond the \$10,000 practices are already eligible to receive.
- Practices interested and able to report the following **demographic characteristics (age, race, ethnicity, health coverage/plan, and pregnancy status at time of screening or data pull)** with their required quarterly reports for attributed perinatal patients will be able to receive an additional **\$1,500** of practice payments.
- Those interested and able to report **treatment by practice and/or external referral offered** counts/data for perinatal patients screening positive for each and any domain (depression, anxiety, or substance use) will be eligible to earn an additional **\$1,500** of practice payments.
- Practices can choose to provide one or both supplemental data categories.
- To opt-in and receive this funding, digitally sign a supplemental data form CTC-RI will be sending out. There will be a mid-point payment and a contract close payment.

Optional Data: Demographics

- RIDOH is seeking to align with current electronic health record coding/reporting with this optional data collection. For any variables deemed hard to collect, RIDOH and CTC are willing to accommodate longer implementation timeframes and have follow-up discussion regarding feasibility. CTC-RI can also provide aggregation reporting support for these variables.
- The goal is to include demographic summary counts or data with each quarterly screening report. Below is a framework approach of acceptable demographic definitions in the event none are currently defined in a practice's electronic health record.
 - Age:** Month/Year of Birth preferred (please do not include day) and/or age ranges 11-14, 15-19, 20-24, 25-34, 35-44, 45-55
 - Race:** American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, More than One Race, or Unrecorded
 - Ethnicity:** Hispanic/Latino/Latinx, Not Hispanic/Latino/Latinx, or unrecorded
 - Health coverage:** the health plan name or in aggregate (Medicaid, Commercial, Uninsured, Other). Please be sure to report those without insurance.
 - Pregnancy:** Documented at either time of screen or at time of data run (Yes, No)



Optional Data: Treatment/Referral

Focused on just those perinatal patients who screened positive for each and any domain (depression, anxiety, or substance use). Data source options for treated at practice and/or referred for treatment include but is not limited to:

- Structured data field indicating **treatment at practice provided** (yes, no) or any relevant behavioral health codes, internal referrals to integrated behavioral health staff, and/or telemedicine documentation for behavioral health services/treatment/prescription provided by the practice.
- Structured data field indicating **external referral for treatment offered** (yes, no, not applicable [already in treatment]). Practices are also encouraged to specify referral type offered based on the below levels of care:
 - Outpatient services
 - Intensive Outpatient Program (IOP)/Partial Hospitalization Program (PHP)
 - Inpatient services – **[Depression/Anxiety Only]**
 - Induction on to MAT (Medication Assisted Treatment (buprenorphine, methadone)) **[SUD Only]**
 - Residential/Inpatient services **[SUD Only]**



Reporting to CTC

Reporting options:

1. Practices wishing to utilize CTC-RI for analysis support will send de-identified practice-level data using the **RI MomsPRN Excel Reporting Template** each quarter for de-duplication, aggregation, and/or zip-code analysis to jarruda@ctc-ri.org.
 2. Practices opting to perform analysis on own/internally, please reference the **RI MomsPRN Measure Specification Guide** for full description of numerator and denominator definitions. With the first performance screening report due in July, please send a de-identified data file to jarruda@ctc-ri.org for quality assurance purposes. After that report, CTC-RI will provide updated guidance on how to report aggregated and de-duplicated counts going forward.

RI MomsPRN Measure Specification Draft Reporting Template (3).xlsx - Excel

Jim Beasley



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- Please reach out to the RI MomsPRN teleconsultation line at 401-430-2800 for any clinical questions or matters.
- Contact a CTC-Practice Facilitator for other questions.
- **RIDOH Contact Information**
Jim Beasley, MPA
RI MomsPRN Program Manager
RI Department of Health
Jim.Beasley@health.ri.gov