



THE HIGH TOUCH, HIGHTECH (HT²) PROGRAM

Innovative Model and Partnerships to Support Peripartum Women's Health

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The Problem

- Perinatal depression & anxiety is the **#1 complication** of pregnancy and childbirth
- **Suicide/overdose deaths** are **#1 cause** of maternal mortality in the US and account for up to 20% of mortality in the first year after childbirth
- ***Less than 50%*** of women screened for anxiety/depression
- ***Less than 15%*** of perinatal patients receive treatment

Cox EQ, Sowa NA, Meltzer-Brody SE, Gaynes BN.
The Perinatal Depression Treatment Cascade:
Baby Steps Toward Improving Outcomes. *Journal of Clinical Psychiatry*. 2016;77(9):1189-1200





High Touch: Integrated telebehavioral health and connection with the MQ program



Prenatal Care is access point for mental health care

- 94% of women in the US receive prenatal care
- Pregnant women want their **OB providers (NP, CNMs, MDs, MFMs)** to treat mental and behavioral health problems (and not a psychiatrist)
- Access to perinatal mental and behavioral health is highly variable and
 - For some patients (e.g., Medicaid) access is limited
 - Some regions have limited trained workforce
 - There are not enough perinatal psychiatrists available across US

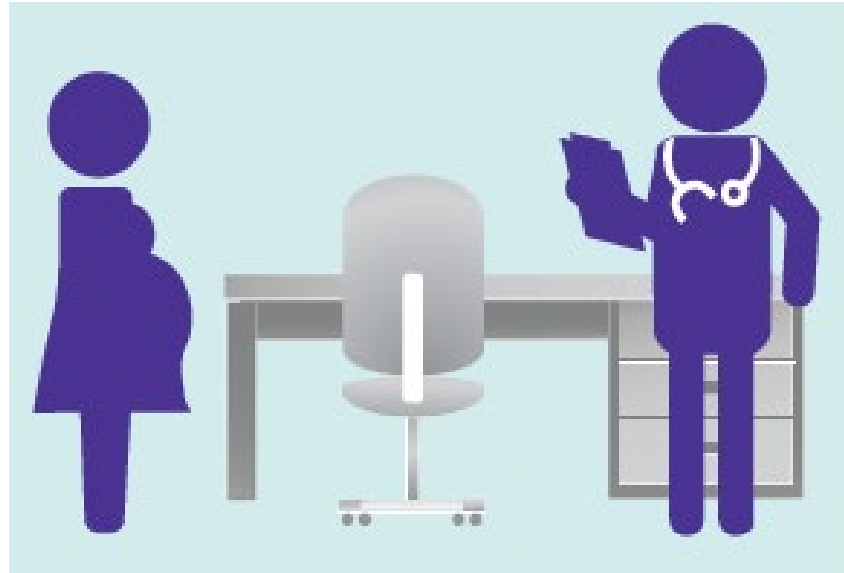
2 Step-Solution

Simultaneous Support for Provider and Patient

Patient Support

Screening & Therapy Access.

- ✓ Self-screening waiting room
- ✓ Instant connection to remote therapy with BHC
- ✓ Monitoring across first year postpartum



Physician Support

Support OBs.

- ✓ Same-day Phone Consultation
- ✓ Trainings/Webinars
- ✓ Toolkits

High Touch- High Tech



A Comprehensive Care Model for Moms

Perinatal Consultation Program



Physician Support

Are you a primary care provider (PCP)
or OB/GYN treating
perinatal women in Michigan?

ENROLL TODAY!



Scan the QR code above or visit
<https://mc3.depressioncenter.org>
to enroll now.

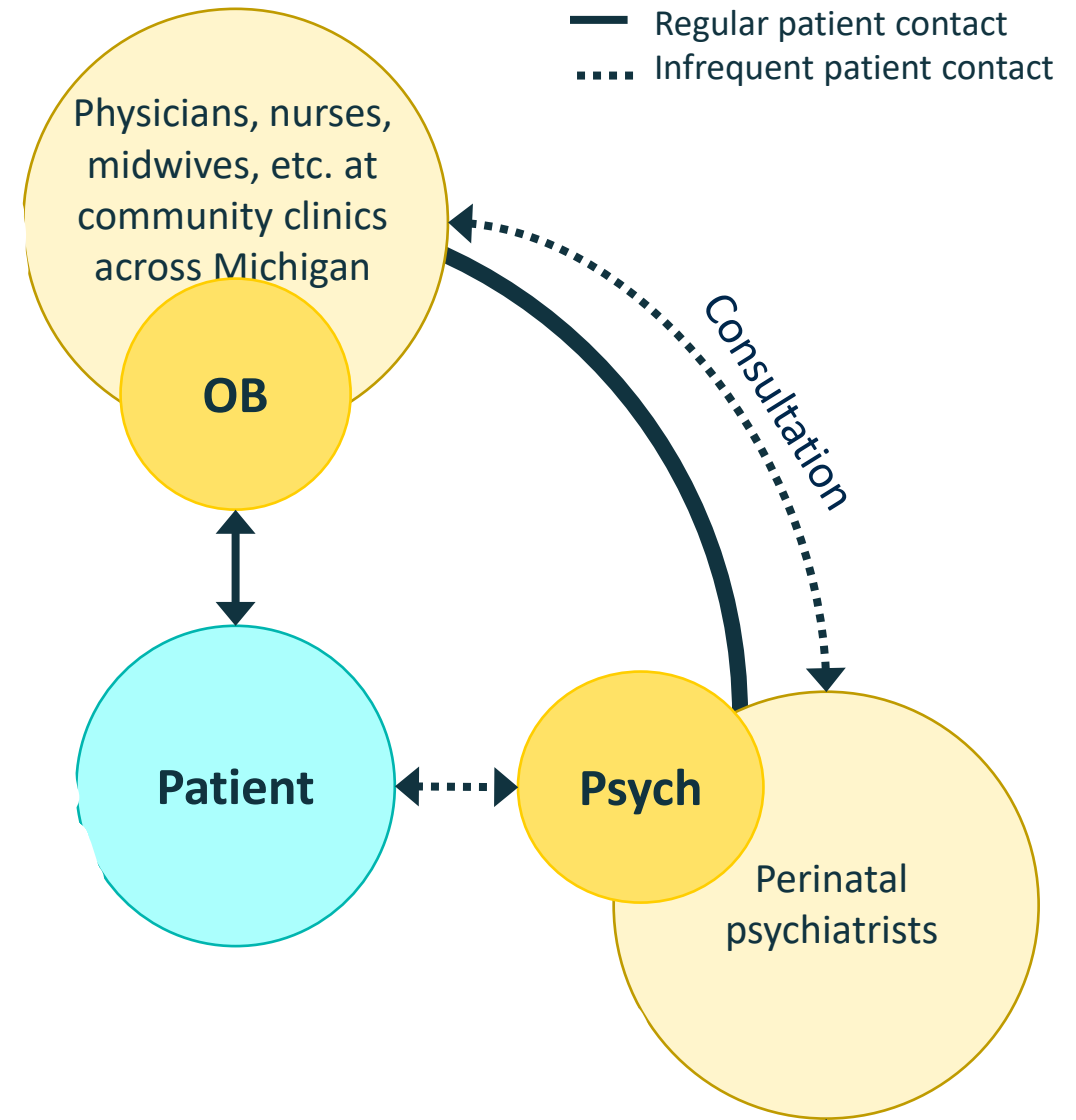


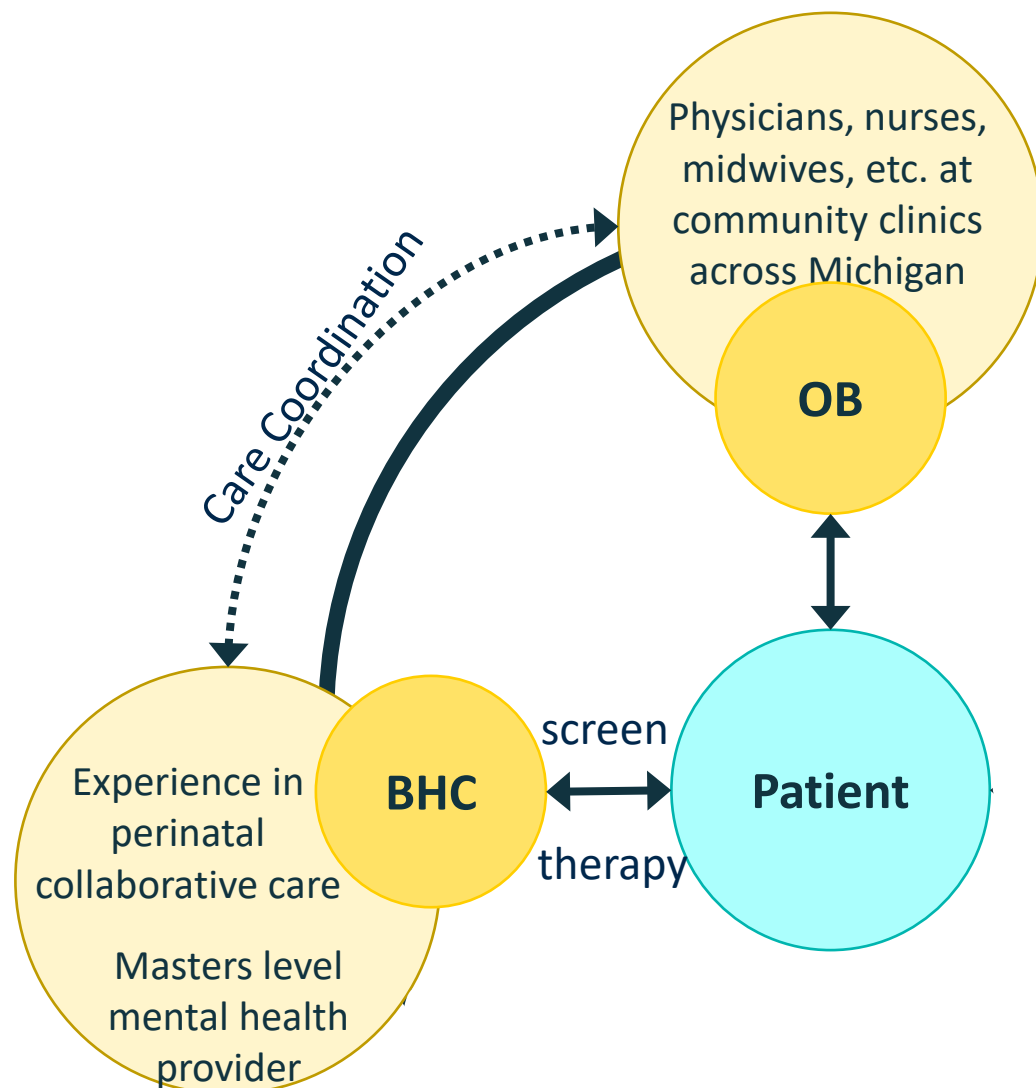
MC3 Perinatal is a perinatal psychiatry consultation program that offers same-day phone consultation to answer your questions about resources, treatment, medicines etc.

How does it work?

- You call or make online consult
- BHC takes the call –triages – answers resource questions
- connect you for consult with perinatal psychiatrist





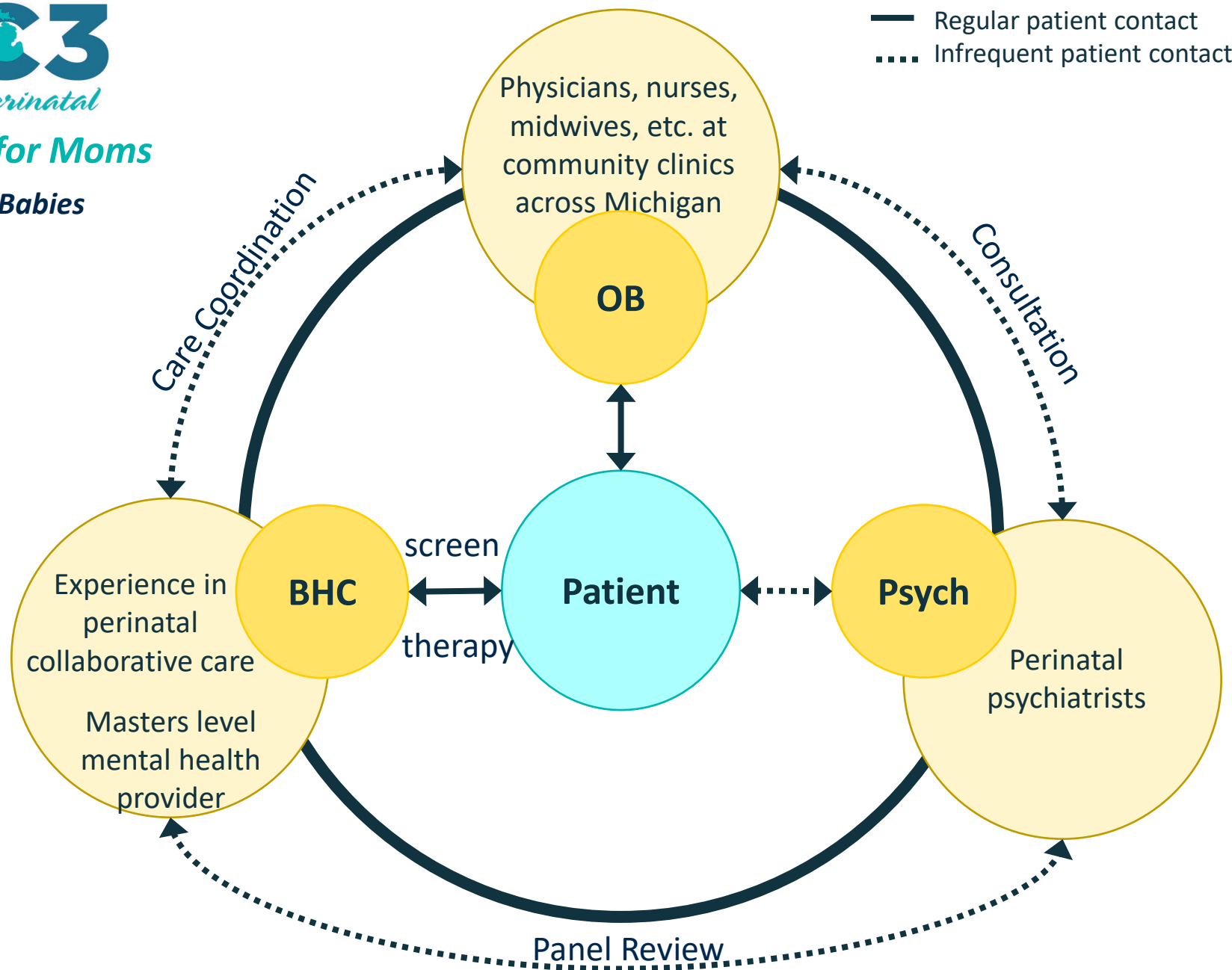


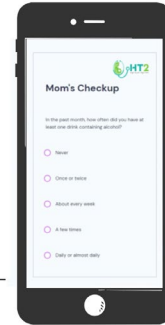
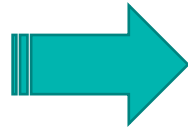
— Regular patient contact
.... Infrequent patient contact



A Comprehensive Care Model for Moms

Funded by Healthy Moms, Healthy Babies
Grant from MDHHS





**“Mommy Check Up”
Self-screen
+
Brief video Intervention
within app**

High Tech



- ✓ **Instant connection to remote live therapist through app**
- ✓ **Mental health monitoring across first year postpartum**
- ✓ **Access to MC3 Perinatal Psychiatrists**
- ✓ **Access to collaborative care model (CoCM) with report back to provider**



High Touch

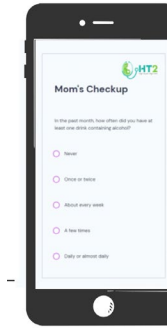
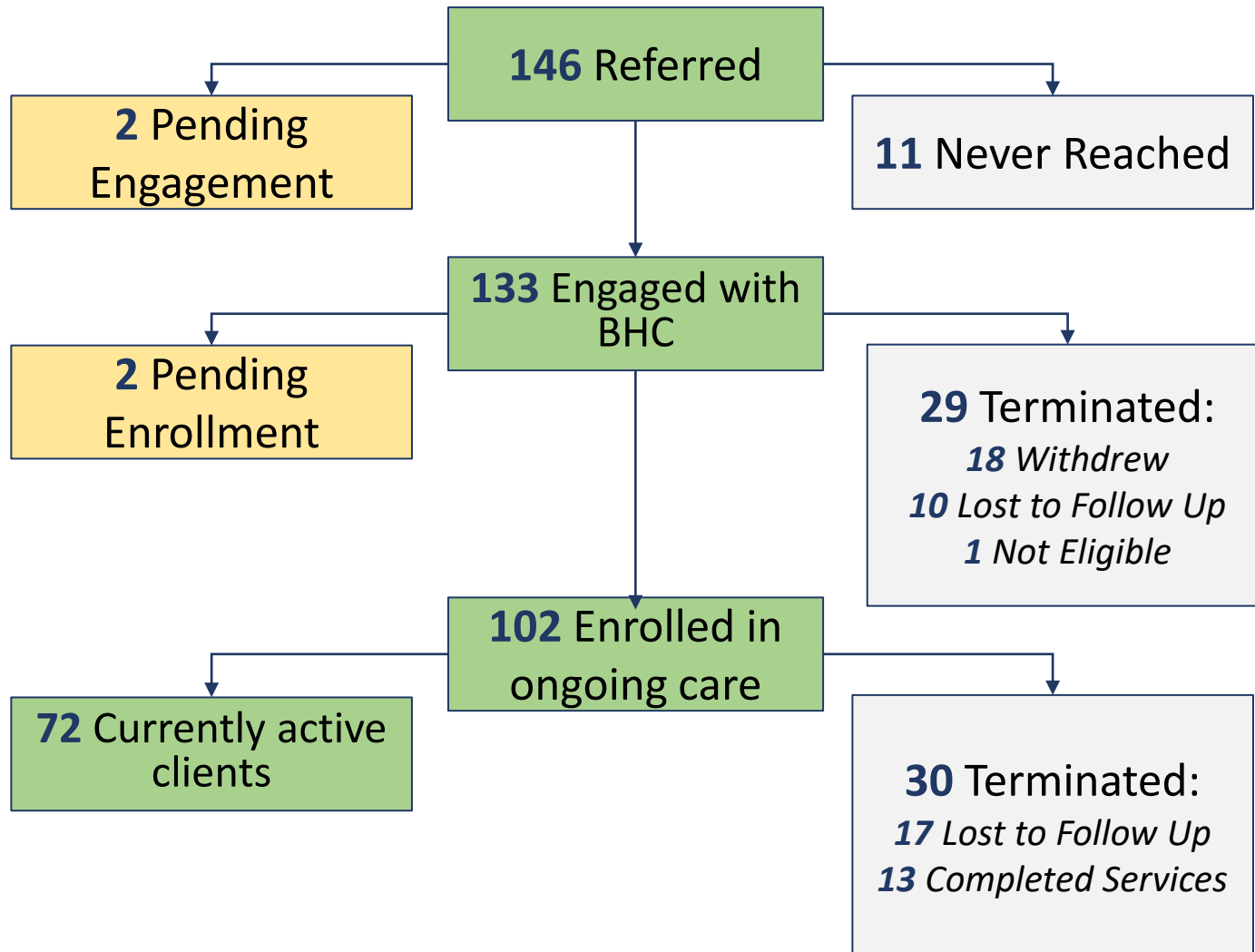
+
MC3
Perinatal

Evaluation Data 9-month pilot

9/1/2021-5/31/2022



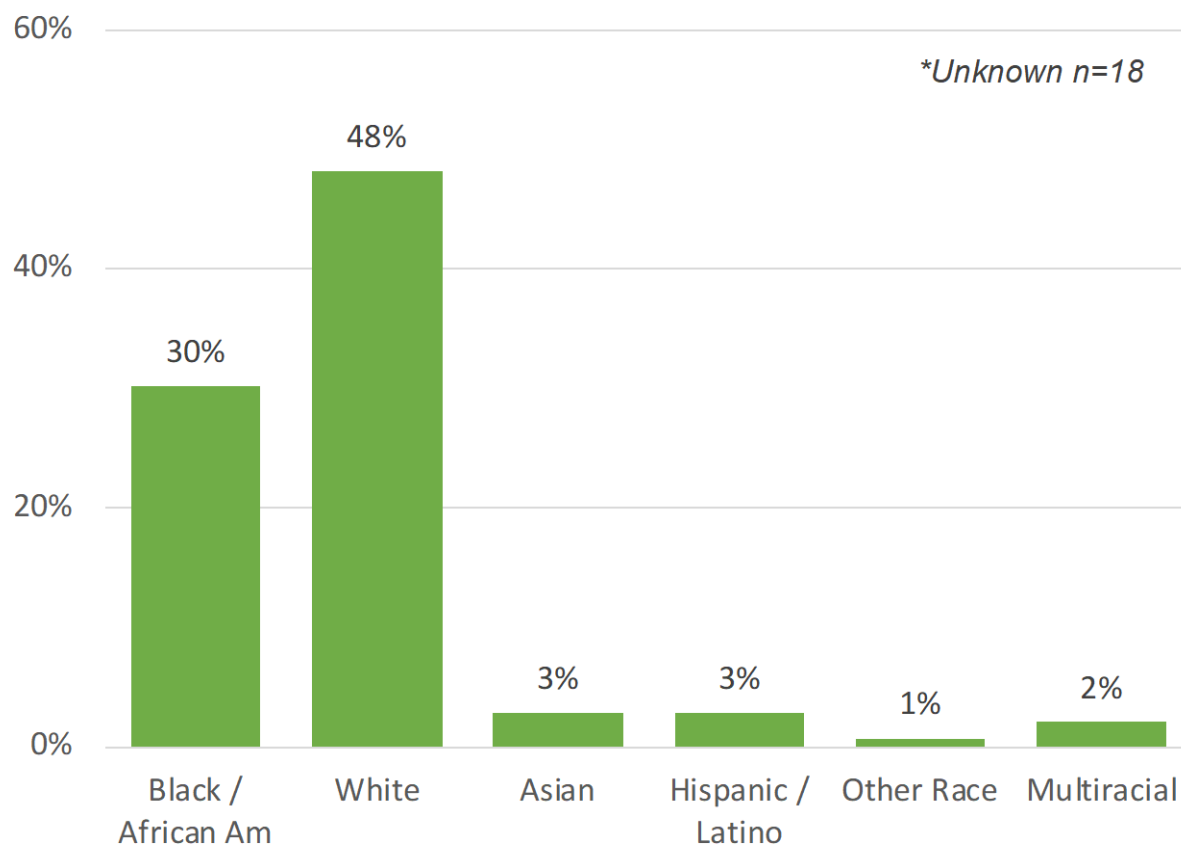
Select pilot clinics
in Wayne, Macomb,
Oakland, Genesee,
and Ingham



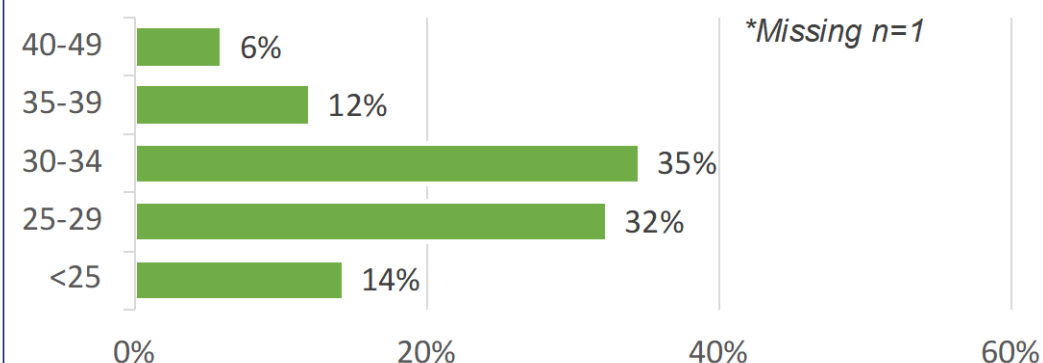
Demographics

Collected from patients who engaged with BHC (N=133)

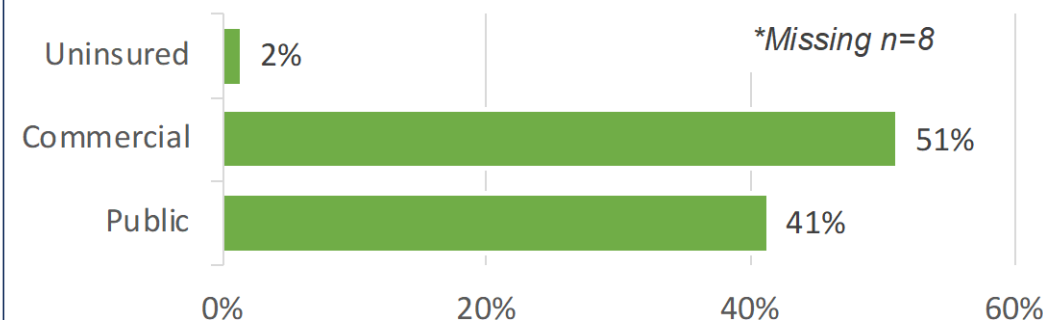
Race/Ethnicity of Patients (N=133)*



Age of Patients (N=133)*



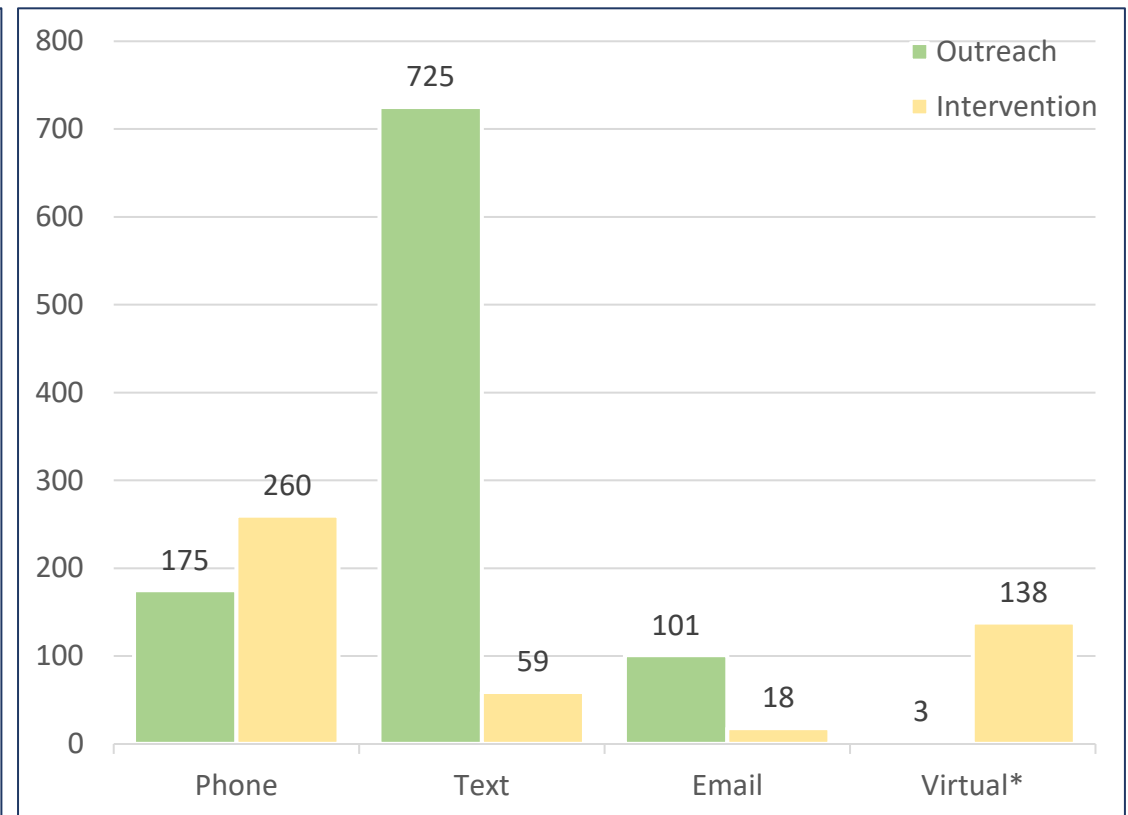
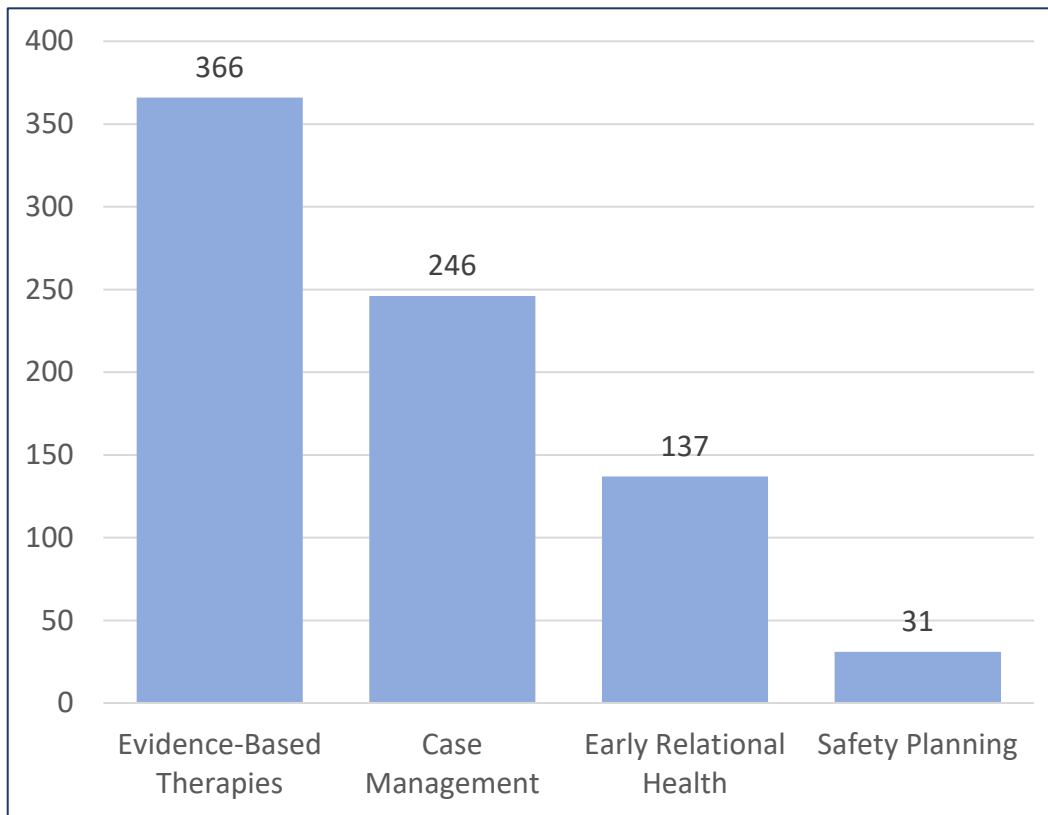
Insurance Type of Patients (N=125)*





Type and Modality of Services

Collected from patients who engaged with BHC (N=133)



**n=3 virtual outreaches included providing information about services*

Access and psychiatric diagnoses

Collected from patients in ongoing care (N=102)

- Average length from self-referral to engagement with BHC

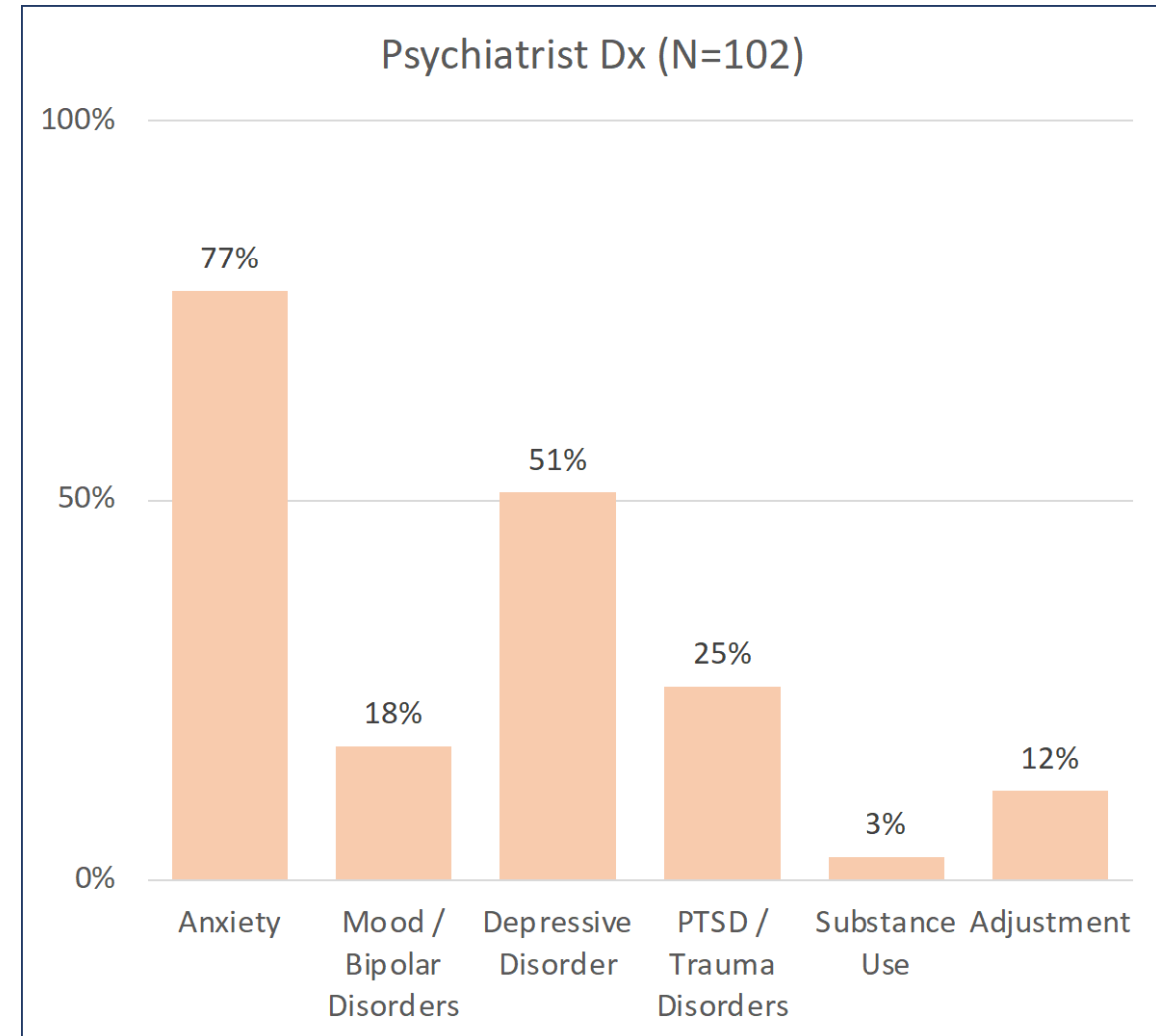
- *1.3 days*

Average # of therapy sessions:

3 sessions (range 1-16)

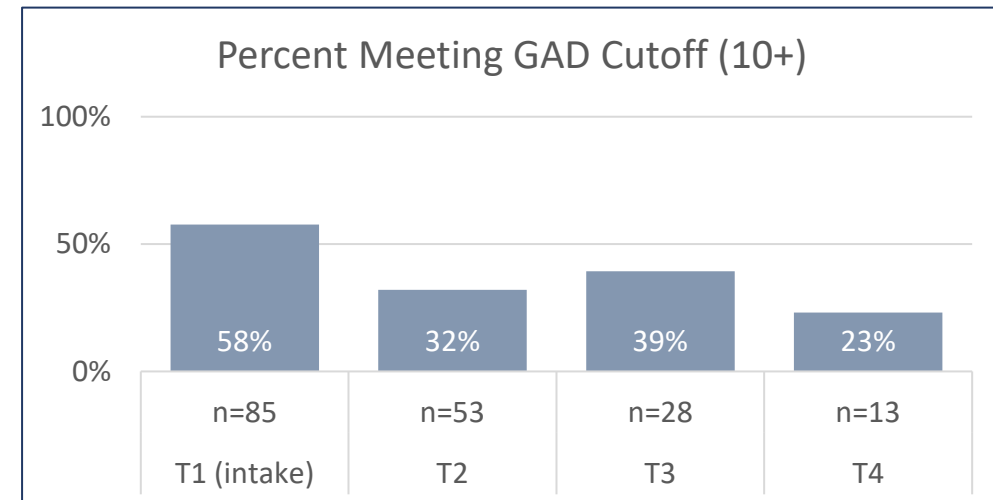
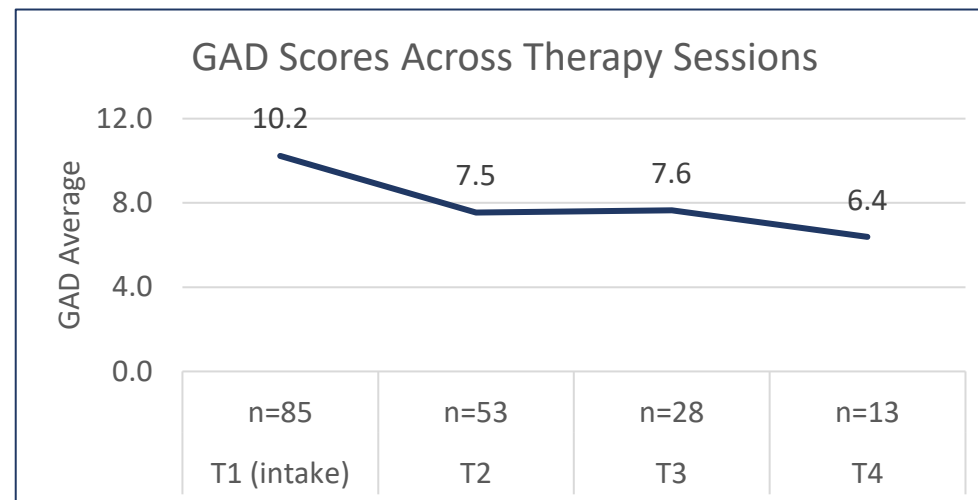
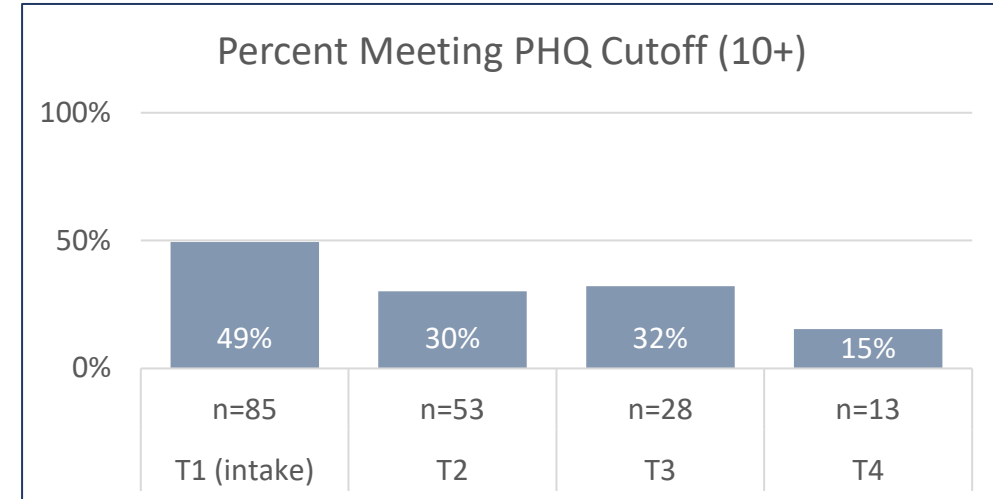
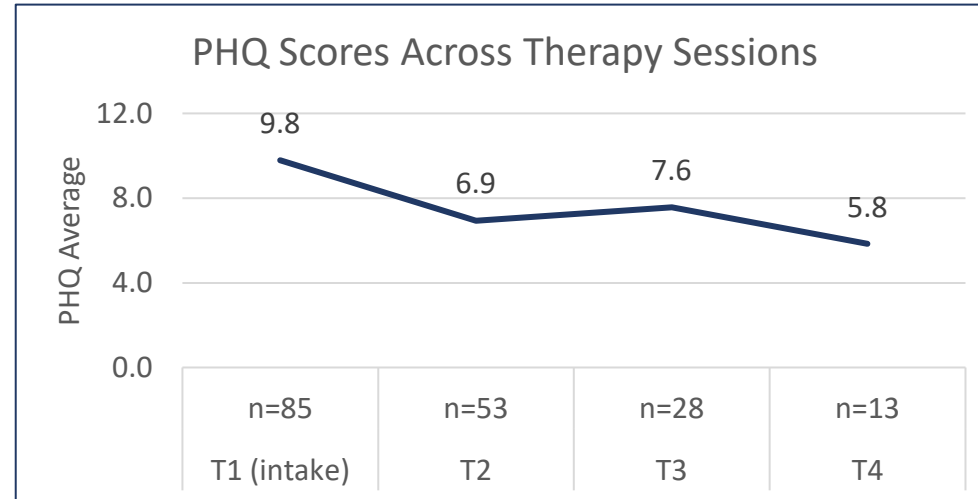
- Panel reviews with psychiatrist per patient

*Average of 2 reviews
(~30min/patient)*



Mental Health Monthly Monitoring

Collected from patients in ongoing care (N=102)



Testimonials



“In books we read about pregnancy and women’s health....the baby goes in for wellness and mom has 1 appointment at 6 weeks. It is a big transition in society, and we need to pay attention to how women are doing. Through my life I have had more depression. I would not get out of bed with my depression, and with pregnancy I have had more anxiety. This feels more manageable. I look at small things in a more individualized way.”

“The services helped me to get more perspective, and to know that I can get through anything. I look back on how I handle things now versus in the past, and I am not as sensitive. I can get through things.”

Evaluation Data 9-month pilot

9/1/2021-5/31/2022



Key Take Home Points

- ❖ Highly successful pilot thus far, patients benefit, and providers welcome care coordination
- ❖ Patients with higher levels of risk need more outreach engagement before they “land” in ongoing care
- ❖ Providers appreciate service once getting used to flow how to integrate in their care & request streamlined communication with BHC
- ❖ Program ready to scale up
 - ❖ (e.g., target patients with OUD; pending grant application with Beaumont)



High Tech: Integrated digital screening, brief intervention, and connection to care

Behavioral Risks are Highly Prevalent and Difficult to Address in Busy Clinics

- Risks are often underreported
- Most of those who could benefit from services neither seek nor want them
- These are the problems we're trying to solve



A randomized controlled trial of screening and brief interventions for substance misuse in reproductive health



Steve Martino, PhD; Steven J. Ondersma, PhD; Ariadna Forray, MD; Todd A. Olmstead, PhD; Kathryn Gilstad-Hayden, MS; Heather B. Hov...

Computer-Delivered Screening and Brief Intervention for Alcohol Use in Pregnancy: A Pilot Randomized Trial


Steven J. Ondersma, Jessica R. Beatty, Dace S. Svikis, Ronald C. Strickler, Golfo K. Tzilos,

Computer-delivered screening and brief intervention (e-SBI) for postpartum drug use: A randomized trial[☆]

Steven J. Ondersma, Ph.D. ^{a,*}, Dace S. Svikis, Ph.D. ^b, Leroy R. Thacker, Ph.D. ^b,
Jessica R. Beatty

^a Wayne State University, D
^b Virginia Commonwealth U

Accuracy of five self-report screening instruments for substance use in pregnancy

Steven J. Ondersma¹ , Grace Chang², Tiffa
Jessica R. Beatty¹, Gregory L. Goyert⁶ & Kin

Original Investigation

A Randomized Trial of Computer-Delivered Brief Intervention and Low-Intensity Contingency Management for Smoking During Pregnancy

Steven J. Ondersma, Ph.D.,^{1,2} Dace S. Svikis, Ph.D.,^{3,4,5} Phebe K. Lam, Ph.D.,⁶ Veronica S. Connors-Burge, M.Ed.,⁶ David M. Ledgerwood, Ph.D.,² & John A. Honner, MD⁶

Watch Video [Here](#)



IMPLEMENTING HT2

Clinics can hang this flyer in their office or distribute it to patients before appointments.



The Mom's Checkup

THE MOMMY CHECKUP IS A QUICK SURVEY THAT WILL HELP YOUR DOCTOR CARE FOR YOU WHILE YOU ARE PREGNANT.

SCAN THE QR CODE BELOW, OR VISIT WWW.LINK.ORG TO COMPLETE THE CHECKUP.

How to Scan the QR code:

1. Open your phone camera
2. Point camera at QR code
3. Tap QR code to FOCUS
4. Tap the link that pops up

SCAN THE CODE TO TAKE THE SURVEY



 **HT2**
High Touch, High Tech

 Division of Public Health
College of Human Medicine
MICHIGAN STATE UNIVERSITY

 **M** MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN



Patients scan the QR code to complete the Mom's Checkup on their mobile device.

Step1: Clinics administer Mbm's Checkup

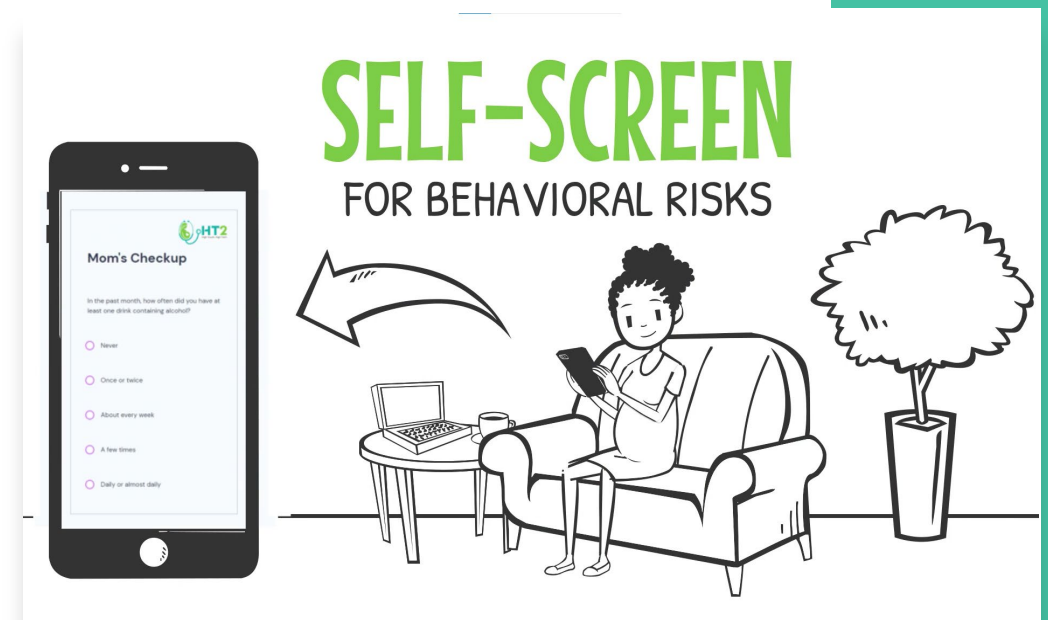
Clinics can administer the Mom's Checkup in two ways:

1. Clinics provide pregnant patients with an iPad or tablet in the waiting room; or
2. Patients access the Checkup through a link or by scanning a QR code on a flyer.

Step 2: Patients Complete the Mom's Checkup and Brief Intervention

The Mom's Checkup

- Patients complete the Mom's Checkup in the waiting room or on their cell phone before their appointment. Patients are guided through the questionnaire by the app's animated host and answer the behavioral health screeners while waiting to be seen by the medical team.

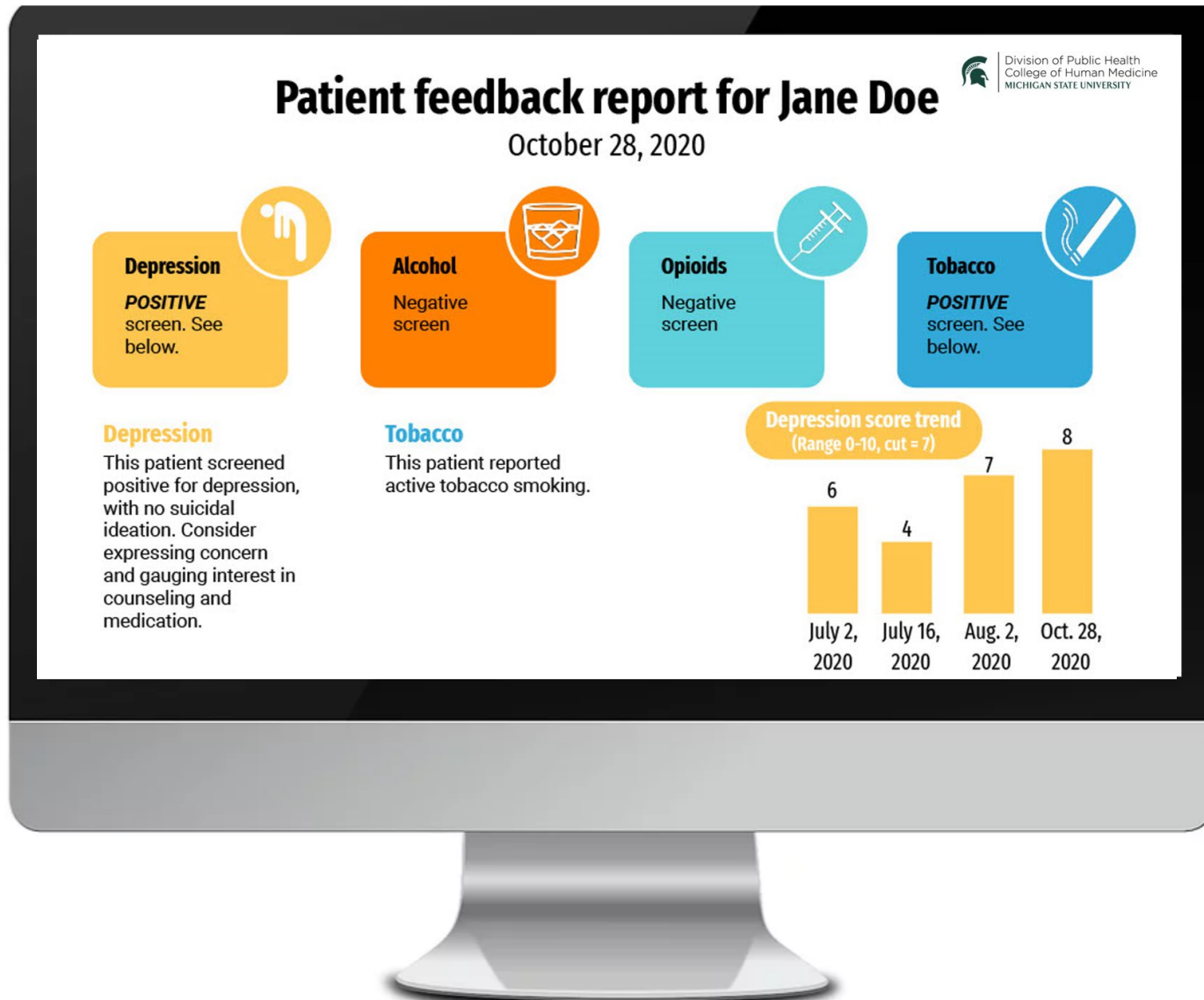


Brief Intervention within the App

- Through patients' answers to questions, the HT2 app screens for behavioral health risks such as substance use or depression and offers patients the opportunity to participate in a brief behavioral intervention related to their health risk(s).
- The HT2 app houses intervention videos for several behavioral health risks, including the examples below.



Step 3: The Medical Team Receives a Detailed Summary Report



- After patients complete the Mom's Checkup, the app sends a detailed feedback report summarizing patients' data and highlighting any behavioral health risks to the medical team.
- Medical teams also receive summary data of screeners within the Mom's Checkup.
- *NOTE: we are currently updating the design of these reports. The images below are examples of how the final revised reports might look.*

“HT2 brings us into a new era of medicine. It allows women to disclose multiple hard issues at their convenience, in their own space. It is then packaged for the provider to act on when she is ready for intervention and to the degree she feels comfortable undertaking.”

-Dr. Julia Riddle



TO LEARN MORE
VISIT WWW.HT-2.ORG
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mc3.depressioncenter.org
MC3XPinfo@umich.edu

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