**CARE TRANSFORMATION COLLABORATIVE (CTC)**

**COLLABORATIVE AGREEMENT SCOPE OF SERVICE/WORK**

**Consisting of 15 pages**

**RI MOMSPRN – Cohort 3 Extended Participation Agreement**

**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 continue 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 virtual Clinical Quality Practice Facilitation over a 12-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 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. Continue to 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 continue to be provided via zoom platform

Practice Responsibilities and Requirements:

RI MomsPRN Practices will participate from June 2022 through May 2023 with expectation that practice will participate via zoom in June 2022 Orientation Program (scheduled for June 28 2022: 7:30 to 9:00 am). Practice QI Team will participate in quarterly 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 2022 (*Please see Attachment A*). Baseline surveys will only be required from providers who are new to the program/did not participate in Cohort 2 or did not complete a Cohort 2 follow-up survey but are part of current efforts. Practices will also submit baseline and quarterly reports of Screening Rates as outlined in *Attachment B.*

QI Initiative Performance Period (June 2022-May 2023):

* Identify/confirm members of the practice quality improvement (QI) team, which should include a provider champion, practice leader, and an IT staff member;
* Practice lead to meet with CTC-RI facilitator quarterly to review progress and next steps once a quarter for project and performance improvement with the practice facilitator. Additional staff may be invited to attend based on agenda items;
* Clinical team to meet once a quarter with subject matter experts to assist your team with developing continued capacity and confidence with patient engagement, screening, treatment, and use of resources;
* Continue to collaborate 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 welcome to request practice-specific professional education training and/or attendance at relevant practice meetings);
* Recommended attendance at practice reporting meeting with RIDOH and CTC staff to discuss screening data parameters, timeline to test IT plans and data submission expectations (relevant QI team members are welcome to attend);
* Relevant new and/or outstanding staff complete baseline clinical self-efficacy surveys within 45 days of award notification if they did not participate in Cohort 2 or did not complete a follow-up survey from Cohort 2 *(Please see Attachment A);*
* Develop an updated performance improvement plan (P-D-S-A) and workflow by 9/9/2022
* Utilize the RI MomsPRN provider telehealth consultation line for clinical consultation based on patient/clinical needs as well as to address emergent training needs;
* Submit quarterly de-identified practice screening reports, including demographic data, and number of positive screens by zip code (Provisional reporting deadlines are August 5 2022, October 14 2022, January 13 2023, and April 14 2023.). *(Please see Appendix C for details and note that RIDOH/CTC will provide reporting assistance.)*
* Attend virtual best practice learning sessions at month 7 and closeout;
* Complete provider and practice follow-up self-efficacy surveys and other evaluation surveys from HRSA and/or about outcomes (i.e., treatment/referral) as required;
* Submit completed P-D-S-A May 9 2023;

Practice Compensation:

Practices will be eligible to receive:

* Total Practice infrastructure payment of $6,000.00 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 ($3,000) 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 provider self-efficacy surveys.
  + Practice team eligible to receive second infrastructure payment ($1,500) with team attendance at 7-month learning sessions, submission of quarterly screening reports, and submission of complete P-D-S-A (05/09/2023) and HRSA survey;
  + Practice team eligible to receive final payment ($1,500) with final submission of quarterly screening reports demonstrating continued improvement in screening across all domains (depression, anxiety, and substance use disorder along with demographic data) at least once during the performance period, submission of practice/provider self-efficacy surveys, submission of final PDSA which includes documentation on intended area of improvement, and team attendance at the final learning collaborative session.

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/2YHYXWM>

*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 2023. Providers do not need to complete another survey if they submitted a follow-up survey from Cohort 2.*

**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  Behavioral Health Provider  Other (Specify)   1. How many years have you been in practice?   (skip if you are a resident or fellow)   1. 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* | *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. |  |  |  |  |  |  |
| I am able to transition my patient for ongoing substance use disorder 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. |  |  |  |  |  |  |
| I am able to transition my patient for ongoing substance use disorder follow-up if needed. |  |  |  |  |  |  |

Attachment A:

**Annual Practice Self-Efficacy Survey  
Follow-up Questionnaire**<https://www.surveymonkey.com/r/DP8XGPL>

*This practice baseline self-efficacy survey will need to be completed by a practice leader, 1 per practice in the last quarter of 2023.*

**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 Medical Fellows \_\_\_\_\_\_\_\_\_\_  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  other (please specify)   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 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  AUDIT-C  NIDA Quick Screen  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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 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 the validated screening tool(s) they would like to use. If needed, advice about screening tools is available from RI MomsPRN practice facilitators and clinical staff. RIDOH and CTC-RI will assist with zip code and de-duplication reporting and analysis for each measure, including optional data.

|  |  |
| --- | --- |
| Required Measure 1: Screening for Perinatal Clinical Depression, Anxiety, and 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 reporting period. |
| Denominator Statement | Patients seen for a prenatal or postpartum visit during the reporting period. |
| Demographic Data | Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run |

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| Required Measure 2: Screening Positive for Perinatal Clinical Depression, Anxiety, and 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 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. |
| Demographic Data | Age, race, ethnicity, health plan/coverage, and pregnancy at time of screen or data run |

Attachment C:   
**Milestones Summary Document**

\*Only applies to practices that participated in RI MomsPRN program 2019-2020 (does not apply to any practice that participated between 2021-2022

\*Only applies to practices that participated in RI MomsPRN program 2019-2020 (does not apply to any practice that participated between 2021-2022

| Rhode Island Moms PRN Milestone Summary  Cohort 1: (October 2019-December 2020)  Cohort 2: (February 2021-April 2022) | | |
| --- | --- | --- |
| Deliverable | Timeframe Due Dates | Notes |
| Practice Quality Improvement (QI) team attends kick-off meeting | June 28, 2022  7:30 - 9:00AM | Recommend Practice Lead, Provider Champion and IT lead attend meeting (with other members of team encouraged to attend) |
| Schedule QI team quarterly meetings with the practice QI facilitator | June 2022 – May 2023 | Check-ins between Provider Champion and QI facilitator should be scheduled as needed |
| Confirm (or identify\*) members of the practice QI team. Confirm (or submit\*) [Provider Email List](https://www.ctc-ri.org/sites/default/files/uploads/Provider%20Email%20List%20-%20Cohort%202.xlsx). | July 12, 2022 | Completed with the Practice Facilitator – details to be submitted to  [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org). |
| Recommended (or required\*) attendance at IT Team meeting with RIDOH/CTC | RIDOH/CTC IT Team Meeting: July 2022, date TBD |  |
| For practices that participated in Cohort 1 (October 2019-December 2020), each relevant provider must complete survey within 45 days of award notification  Practices that participated in Cohort 1 must also complete the practice self-efficacy survey with practice facilitator or independently | Due by: August 5, 2022  To be completed at first practice facilitation meeting | Provider Survey:  <https://www.surveymonkey.com/r/2YHYXWM>  (Cohort 2 practices can use the provider survey findings from June 2022)  Practice Survey:  <https://www.surveymonkey.com/r/DP8XGPL> |
| In conjunction with the QI practice facilitator, identify relevant quality improvement as detailed in your application  Submit updated workflow | Due by: September 9, 2022 | [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](mailto:RIDOH@ctc-ri.org)  Submit updated workflow to  [RIDOH@ctc-ri.org](mailto:RIDOH@ctc-ri.org)  [Work Flow Tool](https://ctc-ri.org/sites/default/files/uploads/12.%20MomsPRN%20Workflow%20Checklist%204.11.22_0.doc)  [Work Flow Example](https://www.ctc-ri.org/sites/default/files/uploads/11.%20MomsPRN%20Example%20workflow.pdf) |
| Report de-identified practice screening rates, including demographic data, and proportion of positive screens quarterly and by zip code | **Provisional Deadlines: August 5, 2022\***  **October 14, 2022**  **January 13, 2023**  **April 14, 2023** | \*Practice to determine if baseline report will be re-run based on current performance or be taken from cohort 1 last quarter data submitted Dec 2020\*  Alternative: Submit using [Excel Spreadsheet](https://ctc-ri.org/sites/default/files/uploads/RI%20MomsPRN%20Extension%20Measure%20Reporting%20Template%2004.21.22%20-%20Continuing.xlsx) and email to:  [jarruda@ctc-ri.org](mailto:jarruda@ctc-ri.org) |
| Practice QI team attends and participates at January learning session | Tentative Date:  January 11 2023  7:30 – 9AM |  |
| In conjunction with the QI practice facilitator, report on outcomes relevant quality improvement activities as detailed in your application | Due by: May 9, 2023 | [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](mailto:RIDOH@ctc-ri.org) |
| Providers complete post efficacy survey and HRSA survey  Practice team completes post efficacy survey with practice facilitator or independently | RIDOH Surveys by May 2023  HRSA survey by Fall 2022 |  |
| Practice QI team attends and participates at closing learning session | May 2023- TBD  7:30 – 9AM |  |