

Welcome



RI MomsPRN Practices

Maternal Psychiatry Resource Network

Cohort 3



BLACKSTONE VALLEY
COMMUNITY HEALTH CARE



CCAP

COMPREHENSIVE COMMUNITY ACTION PROGRAM

YOUR COMMUNITY'S HELPING HAND



Doctors

An Innovative Family Medicine Practice



Landmark Medical Center

**Full Circle Health &
RI Women's Health and Midwifery**



RI HOME BIRTH
hope family health &



**Tri-County
Community Action Agency**
Helping people. Changing lives.



**WOMEN
& INFANTS**

**Division of Maternal-
Fetal Medicine**

Agenda

Topic <i>Presenter(s)</i>	Duration
Welcome Remarks <i>Deborah Garneau, RIDOH</i>	5 minutes
Alcohol Use in Perinatal Women <i>Mary Velasquez Ph.D, The University of Texas at Austin Steve Hicks School of Social Work</i>	40 min
Q&A	5 min
Practice Report-Outs: Data and PDSA's <div><div><div>1. <i>Direct Doctors –PDSA</i></div><div>2. <i>Landmark –PDSA</i></div><div>3. <i>CCAP –PDSA</i></div><div>4. <i>Tri-County – Data and Reactions</i></div></div><div><div>5. <i>BVCHC – Data and Reactions</i></div><div>6. <i>RIHB – Data and Reactions</i></div><div>7. <i>VICTA – Data and Reactions</i></div><div>8. <i>WIH MFM – Data and Reactions</i></div></div></div>	35 min
Closing Remarks & Next Steps <i>Jim Beasley, RIDOH</i>	5 min

Women and Alcohol: Screening and Brief Intervention and Referral to Treatment (SBIRT) in Medical Settings

Mary M. Velasquez, Ph.D.

Centennial Professor in Leadership for Community, Professional and
Corporate Excellence

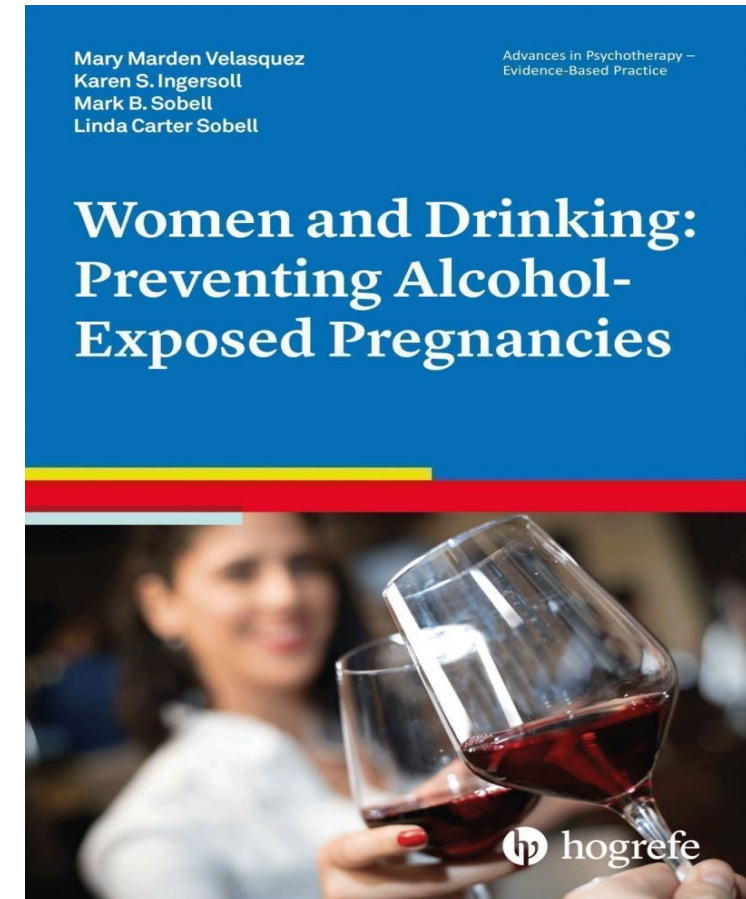
Director, Health Behavior Research and Training Institute,
Steve Hicks School of Social Work, The University of Texas at Austin

NO DISCLOSURES

I have no actual or potential conflict of interest in relation to this presentation.

Objectives

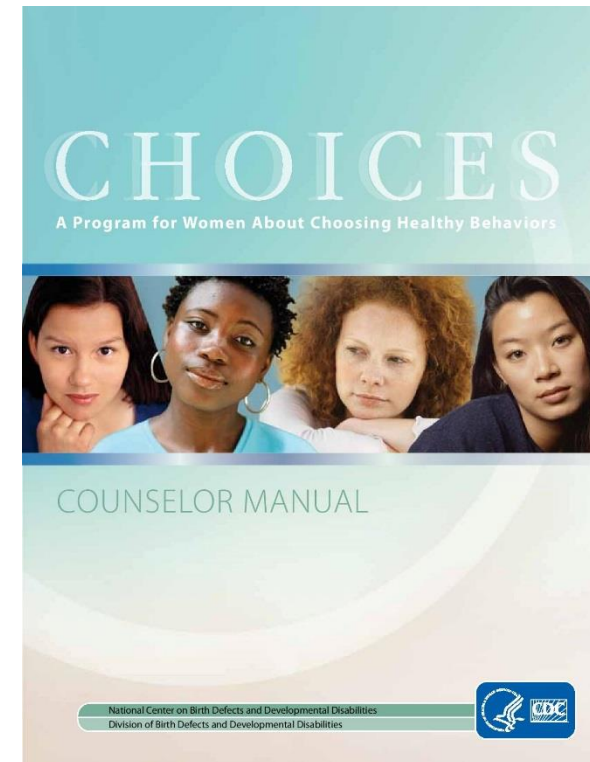
- Understand the most recent data on drinking trends for women.
- Recognize the need for effective strategies to address harmful substance use among women, and the impact of brief interventions delivered in medical settings.
- Learn best practices for screening, brief intervention and referral to treatment (SBIRT).



Project CHOICES Studies

NIH and CDC-funded body of studies (1997 to date) focused on preconception approach to prevention of alcohol- and substance-exposed pregnancy.

- Epidemiology Survey
- Feasibility Study
- Project Choices Efficacy Trial
- CHOICES *Plus*
- CHOICES4Health

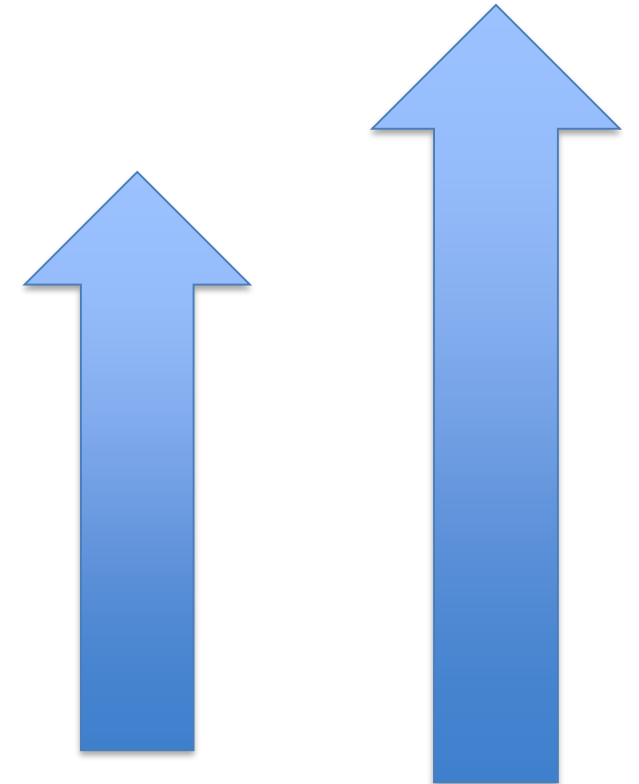


Alcohol consumption in the U.S

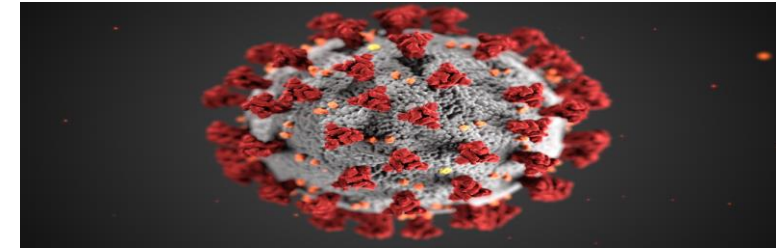
- About 70% of the US population aged 18 or older consumed alcohol in 2018, and more than half drank alcohol in the past 30 days
- About 27% of the adult population reported binge drinking in the past month

Alcohol and Public Health

- The number of deaths related to alcohol use **more than doubled** from 1999 to 2017.
- Rates of death involving alcohol increased more for women (**85% increase**) than men (35%).
- Alcohol-related harms are increasing at multiple levels (e.g. ED visits and hospitalizations); more than 88K Americans die each year as a result of excessive drinking.



And then...COVID-19



- 44 US states enacted stay-at-home orders
- All states closed bars. Most restricted dine-in service at restaurants
- With stay-at-home orders, states relaxed curbside and/or delivery restrictions for alcohol
- Permitted mixed drinks to go
- Alcohol sales increased
- More people drinking while working from home (Day Drinking, Stress Drinking, Zoom Happy Hours, More Leisure Time, Response to Stress).

February through April
(www.rti.org)

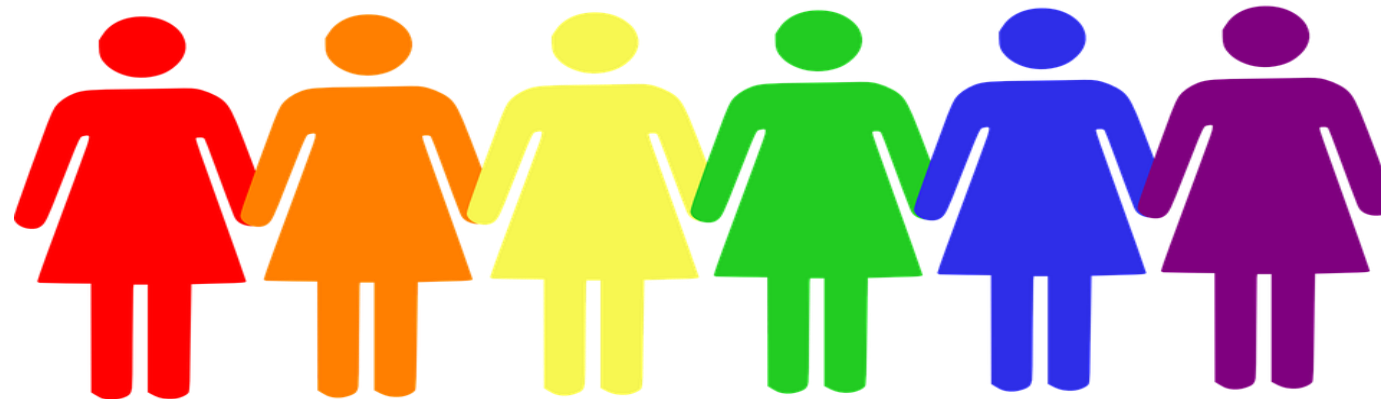
- Percent of US Adults exceeding drinking guidelines increased significantly
- Average number of drinks per day increased significantly

Women's Drinking During the Pandemic

- 41% increase in heavy drinking days among women since pandemic (7% increase for men) (Pollard et al., 2020)
- 51% increase in alcohol-related ED visits for suicide attempts among young women (4% increase for young men) (Yard et al., 2021)
- Pandemic stressors e.g. caregiving, job loss and health issues may be contributing factors

Alcohol Use by Women

- Over half of U.S. women (**53.6%**) of reproductive age report using alcohol.
- **Binge drinking** reported by women varies by age group:
 - overall rate is 18%
 - up to 29% of women aged 21-24 report binge drinking.



Alcohol Use by Women

- Drinking in moderation: limiting intake to 1 drink or less in a day.
- Binge drinking for women = 4 or more drinks in one occasion or 8 or more in a week
- High-risk (binge) drinking among U.S. women has increased significantly over the past decade and is linked to serious adverse health and reproductive outcomes.
- Women who are pregnant or may become pregnant should avoid alcohol completely
- CDC's Initiative to Engage Health Professionals in Prevention of Fetal Alcohol Spectrum Disorders

Alcohol Use by Women



- **Among pregnant women**, 9.8% report drinking alcohol, while 4.5% report binge drinking.
- **Drinking while pregnant** is highest among:
 - women in their first trimester (19.6%)
 - Black, non-Hispanic women (13.7%)
- Counseling women who are pregnant or might be pregnant is crucial to reducing alcohol-exposed pregnancies and fetal alcohol spectrum disorders (FASDs).

Alcohol Use by Women, cont'd

Older women

- Large increase in both binge drinking and alcohol use disorders for women 50 and older between 2005 and 2014 (Han et al., 2017)
- Rate of binge drinking among women 60+ increased an average of ~4% per year between 1997 and 2014, while rates remained stable for men (Breslow et al., 2017)
- Between 2000 and 2015, deaths from chronic liver disease and cirrhosis increased 57% for women ages 45-64, compared to 21% for men (CDC, 2017)



Women's Motivations for Alcohol Use

- Social Norms
- Women report being more likely to drink in response to **stress** and **negative emotions**.
 - men report being more likely to drink to enhance positive emotions or conform
 - women substance users experience higher rates of mood and anxiety disorders than men



Women's Motivations for Alcohol Use

- Differences in how women and men perceive/present their problem can make it more difficult to identify women's SUDs.
 - men tend to identify substance use as a source of problems
 - women identify **health/mental health concerns** (anxiety/depression) rather than substance use



Telescoping Effect

Women progress to dependence more quickly than men and experience more health problems with fewer years of drinking, including:



- **poorer physical functioning**
- **poorer physical health**

disproportionately **more impairment**

More susceptibility to **comorbid affective disorders**

Barriers to Care for Women with AUDs

- Low social support for treatment
- Role-related barriers (e.g., childcare)
- Co-morbidity (anxiety, depression, suicide attempts, victimization, domestic violence)
- Stigma, guilt, social withdrawal
- Poor “fit” between women’s needs and program
- Vulnerable to legal and child welfare systems

Health care providers should screen every adult patient, including pregnant women, for risky drinking. You can help women avoid drinking too much, including avoiding alcohol during pregnancy, in 3 steps.*

1 Screening

- Ask women about their drinking to identify those who drink at risky levels (4 or more drinks on any day or 8 or more drinks per week for women).
- Use a validated screener (such as the AUDIT-C) during a routine session.*

2 Intervention

- Build rapport and show compassion before going over screening results and provide a clinical recommendation to women who are drinking too much.
- Ask if your patient would like your help. If she wants to change, help set a goal and make a plan, and let her know there will be a follow-up discussion.



3 Referral

If a patient can't stop drinking on her own, but wants to change:

- Provide information on local programs or suggest she use the SAMHSA treatment locator: <https://findtreatment.samhsa.gov>
- Consider referral to treatment or recommend Alcoholics Anonymous: www.aa.org
- If she refuses treatment, respect her decision, make a short-term follow-up appointment, and assure her you will welcome her back.



*Learn how to do alcohol screening and brief intervention at www.cdc.gov/ncbddd/fasd/alcohol-screening.html

SBIRT

Brief Motivational Intervention (BMI)

- Combines Brief Intervention with Motivational Interviewing;
- Targets patients who have not sought help for alcohol or drug problems; included as part of normal healthcare services

Three Components:

1. Screening for heavy drinking
2. Feedback and advice about cutting back
3. Motivational interaction to assess readiness, talking about change based on readiness, and goal setting if the patient is ready.

How much time does it take?

- Approximately 7- 10 minutes.
- Five minutes of advice and discussion (following screening) **can be as effective** as more extended counseling when using BMI
and
- **A single session is effective**
(as are multiple sessions)

Core MI Strategies

O = Open-ended Questions

A = Affirmations

R = Reflections

S = Summary



Eliciting Change Talk

D = Desire for change

A = Ability to change

R = Reasons for change

N = Need for Change

C = Commitment to Change



Adapting Alcohol SBI to Your Practice

- The U.S. Preventive Services Task Force recommends alcohol SBI for all adults in primary care settings.
- It may be helpful to incorporate an initial screen into an existing health and wellness form used at client intake.



AUDIT CPlus-2 Screening Questionnaire

Alcohol and Substance Use Screening Questionnaire

Patient Label

Once a year, we ask all our patients to complete this form on conditions that affect their health. Please help us provide you with the best medical care by answering the questions below.

Please **circle the best response** to each question.

In the past 3 months...

1. How often did you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month		2-3 times a week	4+ times a week
	0	1	2		3	4
2. How many drinks containing alcohol did you have on a typical day when you were drinking?	Never	1 or 2 drinks	3 or 4 drinks	5 or 6 drinks	7, 8 or 9 drinks	10 or more drinks
	0	0	1	2	3	4
3. How often did you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly		Weekly	Daily or almost daily
	0	1	2		3	4
4. How often have you used marijuana?	Never	Not monthly	Monthly		Weekly	Daily or almost
	0	1	2		3	4
5. How often have you used an illegal drug or a prescription medication for non-medical reasons*?	Never	Less than monthly	Monthly		Weekly	Daily or almost daily
	0	1	2		3	4

* if patient needs further explanation, "for example, for the feeling or experience it caused."

Interpreting CPlus-2 Screening Results

Screening Measure	Screening Results	Interpretation	Clinical Guidance
AUDIT-C (0-12 points)	Women: < 3 points Men: < 4 points	Negative Screen — lowest risk (if no contraindications for drinking or cannabis use)	<ul style="list-style-type: none"> Consider offering positive feedback and educating patients who drink and use cannabis about: <ul style="list-style-type: none"> Recommended drinking limits²⁷ Low-risk cannabis use.²⁸ Health risks of alcohol (e.g. cancers, driving after drinking, pregnancy or planning)²⁹ and cannabis use (e.g. impaired driving, use disorder).²⁸
Cannabis question (0-4 points)	0-1 points (0 or < monthly)		
Other drugs question (0-4 points)	0 points (no use)		
AUDIT-C (0-12 points)	Women: 3-6 points Men: 4-6 points	Positive Screen — drinks or uses cannabis regularly, at levels that can impact health	<ul style="list-style-type: none"> Brief counseling per Key Elements in a patient-centered manner consistent with motivational interviewing: <ul style="list-style-type: none"> Begin conversation, build rapport Provide feedback on screening Provide advice or recommendation Support patient in setting a goal and/or making a plan
Cannabis question (0-4 points)	2-3 points (monthly or weekly)		
AUDIT-C (0-12 points)	≥ 7 points ^{30, 31}	High Positive Screen — drinks, uses cannabis and/or other drugs at a level that is more likely to impact health and therefore needs further assessment	<ul style="list-style-type: none"> Elicit symptoms (Change #2) Ongoing brief counseling (Change #3) Manage alcohol and/or other drug use disorders (Change #4) Follow-up monitoring of use and symptoms and progress towards goal (Change #5)
Cannabis question (0-4 points)	4 points (daily or almost)		
Other drugs question (0-4 points)	1-4 points (any use)		

Brief Negotiated Interview (BNI)

STEP 1:	Building Rapport
STEP 2:	Pros and Cons
STEP 3:	Information & Feedback
STEP 4:	Readiness Ruler
STEP 5:	Action Plan

Alcohol and Substance Use Screening Questionnaire

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3. How often did you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly		Weekly		Daily or almost daily
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4. How often have you used marijuana?	Never	Not monthly	Monthly		Weekly		Daily or almost
	0	1	2		3		4
5. How often have you used an illegal drug or a prescription medication for non-medical reasons*?	Never	Less than monthly	Monthly		Weekly		Daily or almost daily
	0	1	2		3		4

* if patient needs further explanation, "for example, for the feeling or experience it caused."

Key Elements of Brief Counseling (the “brief intervention” in SBIRT)

1. Begin the conversation—build rapport

The first task is to build rapport and communicate caring, concern, and non-judgment. Elements included are:

- Ask patients if it is okay with them to discuss alcohol and/or other drug use. This can be repeated with each step below (“Is it okay if I provide some information on results of your screening?”).
- Ask open-ended questions about how alcohol and drugs fit into the patient’s life. Explore what types of alcohol they drink and/or which other drugs they use, with whom, when, where (“Tell me about...”).

Key Elements of Brief Counseling (the “brief intervention” in SBIRT)

2. Provide feedback on results of screening and assessment

The next task is to share with the patient the relevance of alcohol and/or other drug use to his/her health, while making it clear the clinician respects the patient to make the choices that are right for him/her.

- Explore the patient’s experience (“When you completed our form you mentioned sometimes you are drinking more than you want. Can you tell me about that?”).
- Connect alcohol and/or other drug use to health: specifically link alcohol and/or other drug use to any symptoms or conditions the patient has or is concerned about, if possible. (“While I hear that drinking is a critical part of your social life, I’m concerned it may be raising your blood glucose.”)
- Elicit patients’ thoughts (“What do you make of this information?”)

Key Elements of Brief Counseling (the “brief intervention” in SBIRT)

3. Provide advice or a clinical recommendation

- Recommendations depend on the patient, drug(s) used, severity of use and symptoms, the foundation of ongoing management.
- For alcohol, all patients should be advised about recommended drinking limits that decrease the risk of developing or re-developing adverse consequences due to drinking.
- For patients with alcohol and/or other drug use disorders, stopping use improves outcomes. Give patients the opportunity to express desires, reasons, commitment, and ability to change (called “change talk” in Motivational Interviewing).

Key Elements of Brief Counseling (the “brief intervention” in SBIRT)

4. Support the patient in setting a goal and making a plan

- Explore options that the patient feels are realistic and obtainable.
- Arrange follow-up to monitor and adapt management





Step 1: Building Rapport

Establishing partnership, trust, positivity

TASKS:

Emphasize partnership

“We are now talking to each patient, no matter why they are here, about their alcohol and drug use. We know these things can have a significant impact on your health, and we care about your health and want to help our patients make informed healthcare decisions that they think are best for them. Would it be okay if we took some time together to discuss your thoughts around your _____ use?”

Establish interest and curiosity

“Tell me about a typical day in your life. Where does your current _____ use fit in?”

REFLECT AND AFFIRM



Step 2: Pros and Cons

TASKS:

Elicit pros:

“Help me understand, through your eyes, the good things about using _____?”
“What else?”

Elicit cons:

“What may be some of the not-so-good things about using _____?”
“What else?”

Provide summary

“On the one hand (what’s good about the behavior), and on the other hand (what’s not so good about the behavior).”



Step 3: Provide Information and Feedback

(Elicit-Provide-Elicit)

Tasks:

Elicit

“I have some information on low-risk guidelines for drinking and drug use that may be helpful as you continue to think about these behaviors. Would it be okay if I shared them with you?”

Provide

*“We know that drinking...
4 or more (F)/5 or more (M) drinks in 2 hours
or more than 7 (F)/14 (M) drinks in a week
having a BAC of ____
... and/or use of illicit drugs such as _____
...can put you at risk for social or legal problems, as well as illness and injury. It can also cause health problems like ____ {insert medical information here}. ”*

Elicit

“What do you make of this information?”

SUMMARIZE and REFLECT

Step 4: Readiness Ruler

Readiness Ruler



Tasks:

Support autonomy

“You have thought a lot about what is best for you and it is absolutely your choice what you decide.”

Ask scaling question

“Thinking about where you are right now, on a scale from 1-10, with 1 being not ready at all, and 10 being completely ready, how ready are you to change your _____use?”

Ask follow-up questions to elicit change talk

“You marked _____. That means you are ____% ready to make a change. Why did you choose that number and not a lower one like a 1 or a 2?”

“What, if anything, would help raise your readiness up the scale a couple of numbers?”

REFLECT CHANGE TALK; SUPPORT SELF-EFFICACY



Step 5: Action Plan

Tasks:

Summarize discussion:

“What are some steps/options that will work for you to stay healthy and safe? What will help you to reduce the things you don ’t like about using ____?”

Ask follow-up question:

*“What support do you have for making this change?
Tell me about a challenge you overcame in the past. How can you use those supports/resources to help you now?”*

Offer appropriate resources

AFFIRM AND REFLECT

*“Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder?
Will you summarize the steps you ’ll take to change your ____use?”*

Thank patient

“I have some additional resources that people sometimes find helpful. Is it okay if I share them with you?”

“Thank you for talking with me today. ”

Motivation Rulers

Demonstration and Practice

Importance



- **How important would you say it is to cut back below risky drinking limits?**
- Why did you pick a ____ and not a (lower number)?
- What concerns do you have about your drinking?

Confidence

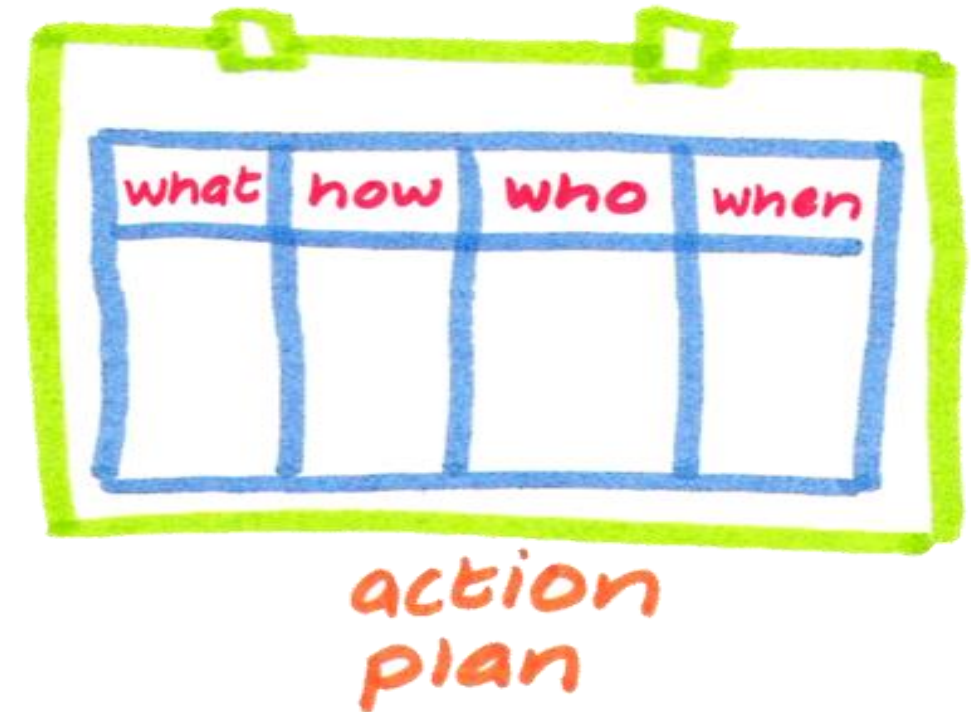


- **If you were to decide right now to cut back, how confident are you that you could succeed?**
- Why did you pick a ____ and not a (lower number)?
- What would help you to have a higher number?

Adapting Alcohol SBI to Your Practice

Key parts of an alcohol SBI screening plan:

- Who will be screened;
- How often you will screen clients;
- Which screening instrument you will use;
- How and where you will screen; and
- How you will store and share screening results.



The Keys to Success

**Be Present,
Compassionate
and Listen....
And Never Give Up**

Recommended Resources

Velasquez, M. M., Ingersoll, K., Sobell, M., & Sobell, L.C. (2015). [Women and Drinking: Preventing Alcohol-Exposed Pregnancies](#). Series: Advances in Psychotherapy – Evidence-based Practices, vol. 34. New York, NY: Hogrefe Press.

CHOICES: Preventing Alcohol Exposed Pregnancies.

<https://www.cdc.gov/ncbddd/fasd/choices-importance-preventing-alcohol-exposed-pregnancies.html>

[Implementing Care for Alcohol and Other Drug Use in Medical Settings: An extension of SBIRT](#)

https://integration.samhsa.gov/sbirt/Implementing_Care_for_Alcohol_and_Other_Drug_Use_In_Medical_Settings_-_An_Extension_of_SBIRT.pdf

Centers for Disease Control and Prevention. Fetal alcohol spectrum disorders (FASDs) training and resources. <https://nccd.cdc.gov/FASD/>.

FASD online training and resources for healthcare professionals

<https://www.cdc.gov/ncbddd/fasd/training.html>

On-Demand Learning: Using SBIRT to Talk to Adolescents & Young Adults about Substance Use: 4-Part Series <https://sbirt.webs.com/talking-2-adolescents-series>

Training Curriculum Learner's Guide to Adolescent SBIRT Training Guide and Slide Deck <https://sbirt.webs.com/curriculum>

Questions?



Thank you!

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HEALTH BEHAVIOR
RESEARCH & TRAINING
INSTITUTE



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Yard, E., Radhakrishnan, L., Ballesteros, M. F., Sheppard, M., Gates, A., Stein, Z., ... & Stone, D. M. (2021). Emergency department visits for suspected suicide attempts among persons aged 12–25 years before and during the COVID-19 pandemic—United States, January 2019–May 2021. *Morbidity and Mortality Weekly Report*, 70(24), 888.

Direct Doctors

- **Aim:**

- Develop the intake form that will be emailed to patients booking their 16 week prenatal, 1 month WCC and 6 month WCC

- **Plan:**

- Try DotForm and Survey Monkey
- When data is received it will be entered by me into the flowsheet and EMR as opposed to connecting directly

- **Do:**

- Previous PDSA revealed that integrating electronic surveys into EMR was not possible, and that patients had a lower response rate to emailed surveys than expected.

- **Study:**

- I expected that I would have a near 100% response rate when surveys were emailed to patients directly from me

- **Act:**

- May need reminder system Forms need to be interactive not editable PDF form Results need to be hand entered into flowsheet and EMR Consider plan for sustainability

Landmark

- **Plan:**

- Test use of new screening tools in practice.
- Incorporate additional screenings into packet/paperwork that is given to patients at the front desk.
- Train medical assistants and providers on how to document screening results in EMR and where to view screening results.

- **Do:**

- The office staff and providers felt comfortable administering and interpreting the results of the screenings. The intended workflow has been successful logistically and patients have responded well to the required paperwork

- **Study:**

- We predicted that all patients would be screened for at least one of the three: depression anxiety and substance use. So far, without official data to confirm, it seems that all newly pregnant patients (initial OB visits) have been screened for all three of these.

- **Act:**

- Going forward we intend to start capturing the patients that were already pregnant when we implemented the new screenings, by screening every patient around the 28 week mark of pregnancy. This will either give us a mid pregnancy update on those who were already screen or screen those who were not

CCAP

- **Plan:**

- Complete workflow assessment
- Review guidelines around best practices
- Meet as team to decide on frequency of screening
- Add screenings into workflows for pregnant & post partum patients
- Begin screening

- **Do:**

- We are finding that depression screenings are happening regularly. Anxiety screenings are happening, but less consistently. Some SUD screenings have occurred, but the results were negative, and the screens were shredded rather than recorded.

- **Study:**

- We are finding that the depression screenings are being conducted regularly with perinatal patients. Screening for anxiety and SUD will require additional reminders.

- **Act:**

- We are reminding MAs about the process and anticipate that the number of screenings will increase. We have also reminded MAs to save all completed screens, whether or not they are negative.



Closing Survey

- Please take this survey to indicate your interest in CME and to gather feedback on professional education needs:
- <https://www.surveymonkey.com/r/FNTPY9W>
- *Please take this survey even if you are not interested in CME

Next Steps

- **Real-Time Clinical Support is Available:** Call the RI MomsPRN teleconsultation line at Women & Infants Hospital Monday – Friday at **401-430-2800**
- **Practice Payments:** All practice payments should be delivered by end of February for all practices. Only practices that have fulfilled the required deliverables will be getting payment. These include data/PDSA submissions, survey completions, and participation at this collaborative.
- **Update/Review Participating Provider Lists:** Updated lists should be submitted to jarruda@ctc-ri.org
- **Next Deliverable:** Next data report due March 17th
- **Next Learning Collaborative:** May 2023, TBA