



Issue Brief

eConsult for Psychiatrists Treating Perinatal Women with Serious Mental Illnesses: A Los Angeles County Pilot Project

Nearly 17% of California's pregnant and postpartum women suffer from depression, anxiety, or other severe illnesses such as bipolar disorder. Most of these perinatal mood and anxiety disorders (PMADs) are undetected and untreated, in part because of challenges related to screening, referral, and physician access to expert consultation.

Psychiatrists, just like many other medical providers, often have questions when their perinatal patients experience serious PMADs. Should psychiatric medication be used? If so, which are safe? How should these decisions be made? Psychiatrists typically receive little to no training in reproductive psychiatry, the specialty area focused specifically on PMADs. Because of psychiatrists' lack of training in this specialty, access to expert consultation in medication management for these patients is extremely limited.

A number of mechanisms have been developed to support psychiatrists in caring for perinatal women with PMADs. This paper looks at a pilot test of one such initiative in Los Angeles County, the Reproductive Psychiatric eConsult Pilot Project. The goal of the project was to increase capacity of psychiatrists within the Los Angeles County Department of Mental Health (DMH) to provide medication management to women with severe PMADs. The project included conducting in-person trainings on reproductive psychiatry and launching an electronic consultation (eConsult) portal specifically for psychiatrists' questions regarding mental health care management for perinatal patients.

While psychiatrists actively participated in trainings and changed practice accordingly, they were reluctant to use the eConsult platform itself. One policy proposal emerging from these findings is the use of technologies that are familiar to psychiatrists, such as phone or email, to provide access to expert support in managing perinatal women, while using an eConsult-type system to record

documentation and facilitate communication across health systems.

The Cost of PMADs and the California Landscape

Without appropriate treatment, PMADs can lead to immediate and long-term consequences for both mother and child. These include an increased risk of substance use and poor medical care in the mother, preterm delivery and low birthweight for the newborn, decreased duration and frequency of breastfeeding, poor bonding between mother and baby, and negative emotional and cognitive results for the child.¹ Notably, suicide is a common — and often preventable — cause of death among women in the first year after delivering an infant.²

There is also a significant financial cost. It is estimated that an untreated PMAD for one mother-infant pair for a six-year period (pregnancy and first five years of the child's life) costs \$35,000.³ For California, the total financial burden is at least \$816 million annually.

In response to rising awareness of the health and economic consequences of PMADs, the California Assembly passed AB 2193, Maternal Mental Health, in 2018. It took effect on July 1, 2019, and mandates that all health care providers (including obstetricians, midwives, and family practice doctors) working with perinatal women screen for depression.

Even if a woman's depression screen is positive, however, many prenatal care providers have little access to the specialized information and referrals that would benefit their patient. The fact that psychiatrists themselves often lack the training to work with perinatal women only makes referring to mental health services even more difficult for prenatal care providers.⁴ This puts prenatal care providers in a professional and ethical quandary and can also

open them up to liability. In fact, some providers have chosen not to screen rather than to detect a positive result that they may be unprepared to properly address.⁵

The Reproductive Psychiatry eConsult Pilot

The Los Angeles County pilot test is one effort to remedy the situation for perinatal patients, their prenatal care providers, and the psychiatrists they refer to. The eConsult portal is an asynchronous, web-based, HIPAA-compliant system that allows for provider-to-provider specialty consultation or referral. eConsult launched in 2012 within Los Angeles County’s Department of Health Services (DHS), the county agency responsible for primary and specialty medical care. The eConsult system has met with success within DHS, though primarily for referrals to specialists, not consultations.⁶

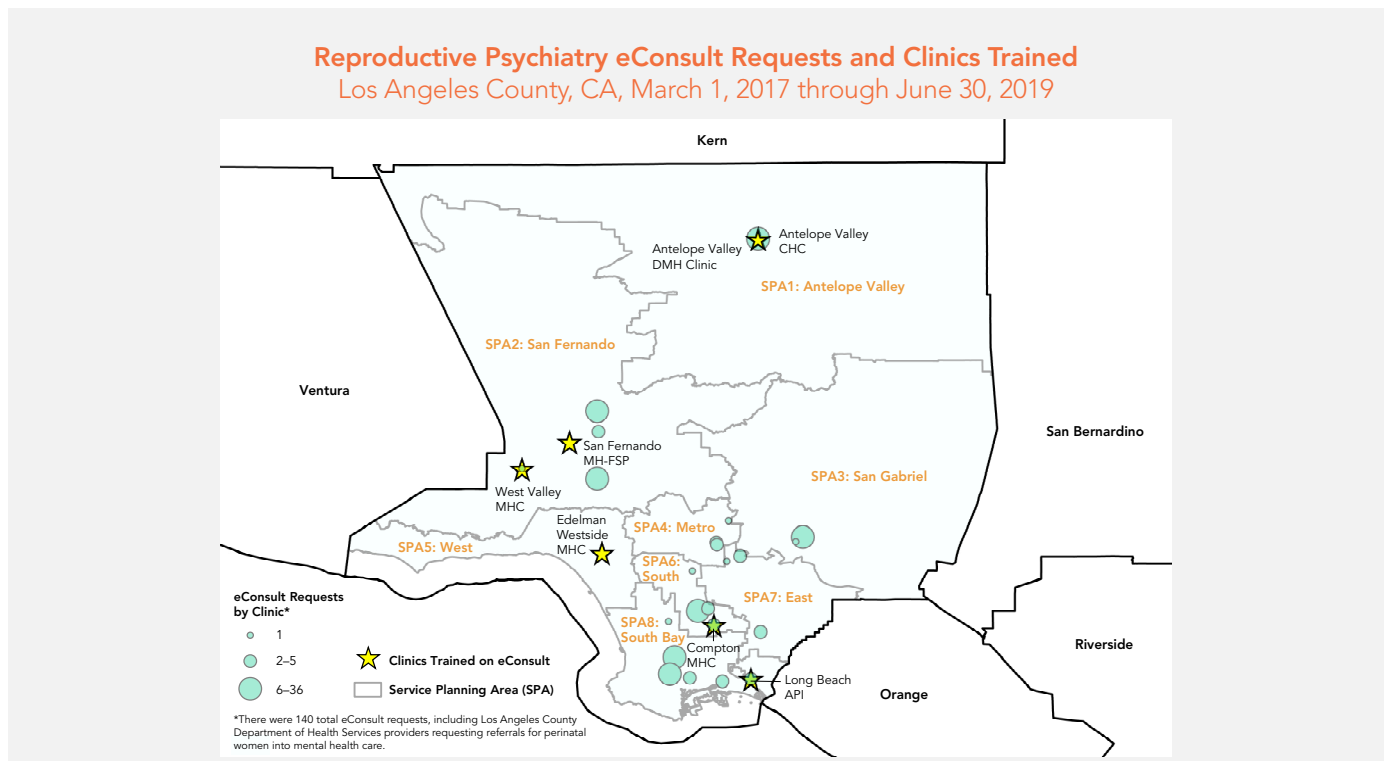
The Department of Mental Health — a separate agency from DHS — was rolling out eConsult as the Reproductive Psychiatry eConsult Pilot Project began in 2017 with six DMH clinics in Los Angeles County. Implementation included prelaunch training to provide basic knowledge of the eConsult system and of reproductive psychiatry

principles. After training, approximately 60 DMH psychiatrists had access to electronic consultation from a reproductive psychiatrist with a 48-hour turnaround time for responses.

The researchers predicted that the eConsult program would be acceptable to DMH’s community psychiatrists and that the explicit combination of training and technology could successfully reduce the gap between the need for informed reproductive psychiatric care for severe PMADs and the current dearth of capacity for Los Angeles County’s safety net to provide it.

Methodology

The program evaluation employed usage data, survey responses, and participant interviews to assess the effects of the interventions. Pretest surveys were administered to 60 psychiatrists total in July and August 2017 as part of training at six clinics. When the researchers returned to the clinics in February 2019 to administer the posttest surveys, only 28 of the original psychiatrists were still practicing at that location. The remainder had either retired or changed clinics, or had been temporary employees whose short-term contracts had expired.



Project Findings and Lessons Learned

The project's three objectives and their results follow.

Objective 1. Increase capacity of DMH psychiatrists to achieve competency in appropriate management of perinatal women with serious mental illness.

The project demonstrated that psychiatrists' self-assessment of their ability to manage PMADs improved significantly after the intervention, based on pre- and post-surveys. On a scale of 0 (none) to 5 (high), meaningful improvements included the psychiatrists' comfort level providing informed consent regarding psychiatric medication, using antidepressants in pregnant or breastfeeding women, and using mood stabilizers, antipsychotics, and other non-SSRI (selective serotonin reuptake inhibitor) medications with pregnant or breastfeeding women (Figure 1).

The results demonstrated a notable practice change in the likelihood of psychiatrists to advise pregnant women to stop all psychiatric medications. This decreased significantly (Figure 2), from an average of 2.61 at pretest to 1.75 at posttest, on a scale of 0 (not likely) to 5

(very likely). The decrease is significant because simply advising perinatal patients with serious persistent mental illness to stop all psychiatric medications — instead of carefully assessing which can be safely continued and which should be tapered off — leads to significant relapse for 70% of women.⁷ Instead, the recommended approach consists of an individual conversation around informed consent and what is best for each woman's unique situation.

Figure 2. Psychiatrist Likelihood of Advising Pregnant or Nursing Woman to Stop Her Psychotropic Regimen
Pretest vs. Posttest, Los Angeles County, 2019

How likely are you to advise a pregnant or nursing woman to stop her psychotropic regimen?

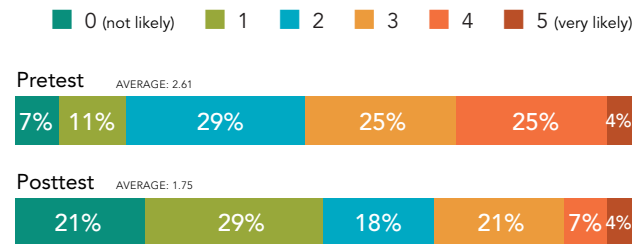
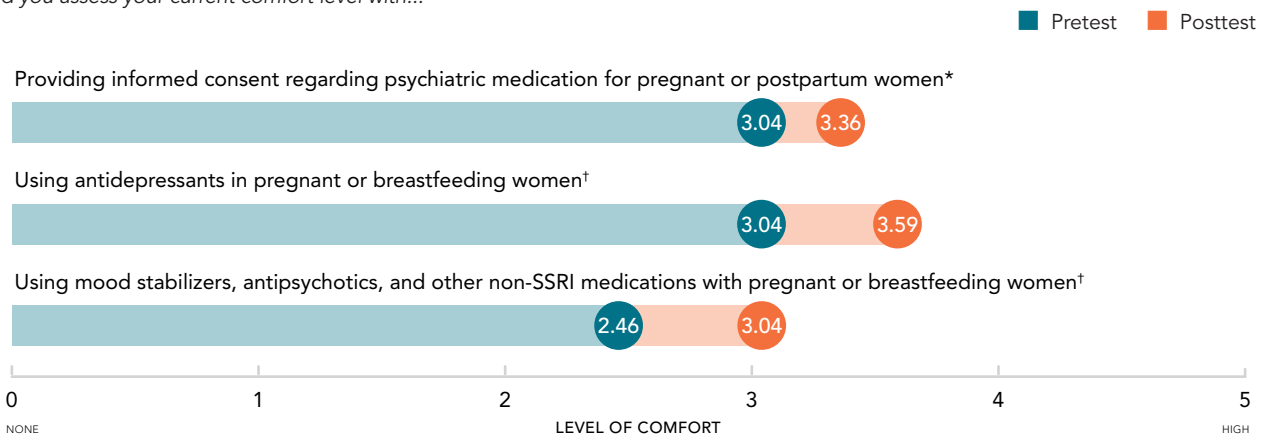


Figure 1. Psychiatrist Comfort Level with Psychiatric Illness Treatments in the Pregnant and Postpartum Population
Pretest vs. Posttest, Los Angeles County, 2019

How would you assess your current comfort level with...



*Statistically significant difference in mean scores at $p = .10$.

†Statistically significant difference in mean scores at $p = .05$.

Note: SSRI is selective serotonin reuptake inhibitor.

Sources (Figures 1 and 2): "Reproductive Psychiatry eConsult Pilot Project Psychiatrist Assessment 'Pre' Survey" conducted July and August 2017; and "Reproductive Psychiatry eConsult Pilot Project Psychiatrist Assessment 'Post' Survey" conducted February 2019, a survey of 28 Los Angeles County Department of Mental Health psychiatrists participating in the eConsult pilot.

Participants also self-reported improvement when faced with a series of challenges to providing perinatal mental health care. Specifically, psychiatrists reported enhancement of their self-knowledge regarding which medications are safe in pregnancy or breastfeeding, concerns about harming the fetus or baby, worry that the patient will not be able to safely and appropriately parent a child, hesitancy to take on responsibility of perinatal women’s maternal health care, and having perinatal patients who come for follow-up appointments.

Objective 2. Improve marketing and access to the eConsult system so that DMH psychiatrists can access timely consultation, support, and informed care for perinatal women with serious mental illness.

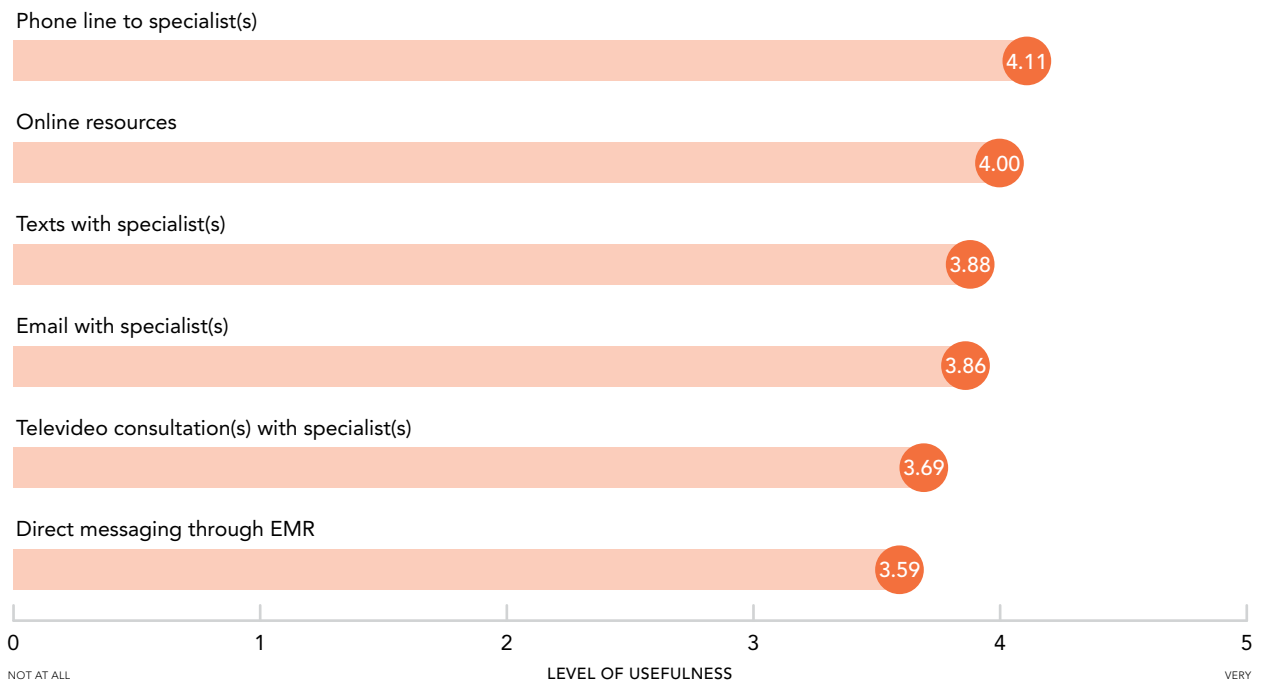
The evaluation found that while psychiatrists eagerly engaged in in-person trainings, they infrequently used the eConsult system. Over the 18-month period of the pilot, only 15% of trained psychiatrists initiated an eConsult at least once. Analysis of qualitative feedback

suggested that anxiety around using a new and unfamiliar technology constituted a major barrier to uptake. Another stated shortcoming was a lack of personal knowledge of the skills and background of the specialty psychiatry reviewers. Other barriers were more logistical: lack of integration into the DMH electronic health record (EHR), a separate login that required outside registration, and multiple steps to complete and submit the consult.

Asked what consultation technologies they would find most useful in managing perinatal women (Figure 3), respondents pointed to — on a scale of 0 (not at all) to 5 (very) — having a phone line to specialists (average of 4.11), access to online resources (4.00), texts with specialists (3.88), and emails with specialists (3.86). Close to half (46%) indicated they would prefer phone or email consultations to eConsult, if available. Interviewees explained that psychiatrists in the safety net, who already have large caseloads of complex patients, wanted access to consultations via routes with which they are already familiar.

Figure 3. Usefulness of Technologies for Psychiatrists Managing Care for Perinatal Women, Posttest, Los Angeles County, 2019

On a scale of 0 (not at all) to 5 (very), how useful could the following technologies be in managing perinatal women?



Sources: “Reproductive Psychiatry eConsult Pilot Project Psychiatrist Assessment ‘Pre’ Survey” conducted July and August 2017; and “Reproductive Psychiatry eConsult Pilot Project Psychiatrist Assessment ‘Post’ Survey” conducted February 2019, a survey of 28 Los Angeles County Department of Mental Health psychiatrists participating in the eConsult pilot.

Objective 3. *Inform local, state, and national policy on reproductive psychiatry support for maternal mental health care.*

By documenting the results of the eConsult pilot program, the authors aim to inform policymakers and other stakeholders on how to increase reproductive psychiatry support for maternal mental health care. The main lessons learned are: (1) most DMH psychiatrists readily engaged in reproductive psychiatry training and are eager for more learning in this area; (2) the current eConsult platform was less acceptable to providers for consultations than anticipated; and (3) psychiatrists preferred consultation modalities that were already familiar to them, such as telephone, online resources, email, or texting.

Looking at Alternative Options

In light of the eConsult findings, other consultation models may show promise, although they were not formally studied as part of this project. One methodology is exemplified in the Massachusetts Child Psychiatry Access Program (McPAP) for Moms, a successful program first begun in Massachusetts and now finding traction in several other states as well. This program has three components: (1) engaging providers in reproductive psychiatry training, (2) providing real-time provider-to-provider consultation via telephone, and (3) connecting patients with needed community resources. MCPAP's approach avoids the anxiety of new and complicated technology in favor of "real person" communication, and also capitalizes on the provider engagement and training that proved effective in the eConsult pilot. Importantly, MCPAP for Moms is feasible to implement across different health care systems, payers, and administrations.⁸

Potentially, the MCPAP approach could be combined with an electronic consultation portal to provide support in reproductive psychiatry. In such an arrangement, the telephone-based provider-to-provider communication could be documented and securely memorialized through the eConsult methodology. In this way, providers would have the communication modality that works best for them, and the treatment team would have enduring access to the details of the communication and recommendations.

The Takeaways

The gap between mandated prenatal depression screening and much-needed mental health follow-up services creates an ethical and practical dilemma for the provider and ongoing suffering for patients. Systemwide solutions for addressing the gap between identified need for care and accessing competent treatment are urgently needed.

The Reproductive Psychiatry eConsult Pilot Project demonstrated that psychiatrists are willing and able to change practice to manage perinatal women with serious mental illness, when provided training and easily accessible means for consultation and support. The psychiatrists expressed interest in alternative forms of consultation, such as email or a telephone line, rather than utilizing an electronic consultation platform. Alternative models deserve exploration, including access to a provider-to-provider telephone consultation line, with adjunct use of an eConsult-like platform to record documentation for better ongoing communication across myriad health systems.

About the Authors

Emily C. Dossett, MD, MTS, is a reproductive psychiatrist and serves as the assistant medical director for Women's Health and Reproductive Psychiatry for the Los Angeles County Department of Mental Health. She also serves as assistant clinical professor in the Department of Psychiatry and Biobehavioral Sciences and the Department of Obstetrics and Gynecology, Keck School of Medicine, University of Southern California Medical Center. She founded and directs the Women's Mental Health Program, a collaborative effort that integrates mental health care into prenatal care clinics.

Christopher Benitez, MD, is an associate medical director with the Los Angeles County Department of Mental Health (DMH). He directs psychiatric training programs, oversees eConsult activities for DMH, and works clinically at Olive View-UCLA Medical Center and the San Fernando Mental Health Clinic. Benitez received his MD from University of California, San Francisco, and he is board certified in psychiatry and forensic psychiatry.

Natalia Garcia, MPH, is director of community resilience at the nonprofit Para Los Niños, where she oversees an initiative to address and reduce the impact of trauma among residents and school communities in Los Angeles County District 1. Garcia earned her MPH from the UCLA Fielding School of Public Health and her bachelor's degree in history from UCLA.

Acknowledgments

The authors would like to acknowledge the time, energy, and expertise of evaluator Limor Zimskind, who was responsible for data management.

About the Foundation

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Endnotes

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