POLICYLAB POLICY BRIEF | SPRING 2021
INFORMING CHILDREN'S HEALTH POLICY THROUGH RESEARCH

ADDRESSING POSTPARTUM DEPRESSION IN PEDIATRIC SETTINGS: INVESTING IN INNOVATIVE CARE DELIVERY AND PAYMENT POLICY

Untreated postpartum depression *drives* health disparities among women and children and *costs* the United States over $14 billion annually.

Postpartum depression is ***common*** and if left untreated, a wealth of ***research*** shows it can negatively interfere with a caregiver's attachment, engagement, and energy, affecting the mental health, development and safety of their child. Evidence-based treatments ***exist***, but too few birthing individuals* can access care, particularly those of color.

The pediatrician's office ***enjoys*** a consistent, positive connection to families and their young children, and is often relied on by adults in under-resourced communities, where adult care can be ***inaccessible*** to women. Despite the unique position of pediatrics, the way care is currently delivered and paid for in this setting is not designed to meet the mental health needs of postpartum women. While it is essential to address this, and this brief lays out options on how to do so, it must also be done in tandem with improving the adult health system.

This brief puts forward recommendations and a vision for a pediatric health system that complements that of adults to address health disparities in the postpartum period and ensure that all women and their children have access to the care they need during this critical time. Delivering on this vision requires overcoming significant operational challenges through changes in reimbursement policy, augmenting staffing and training, building out referral systems and partnerships with adult care providers, and motivating and supporting stretched pediatric provider systems.

Pediatric providers cannot be expected to do more without additional supports and resources, which is why PolicyLab recommends leveraging state reimbursement policy to finance evidence-based care delivery that can increase postpartum depression treatment rates. The recommendations offer a layered approach and, if taken together, would increase treatment rates for women diagnosed with postpartum depression, improving health equity and the well-being of women and their children.

**While the word "women" is used throughout this brief, not all birthing individuals identify as women. The recommendations set forth in this resource apply to all those who give birth.*

POSTPARTUM DEPRESSION IS COMMON AND OFTEN GOES UNTREATED

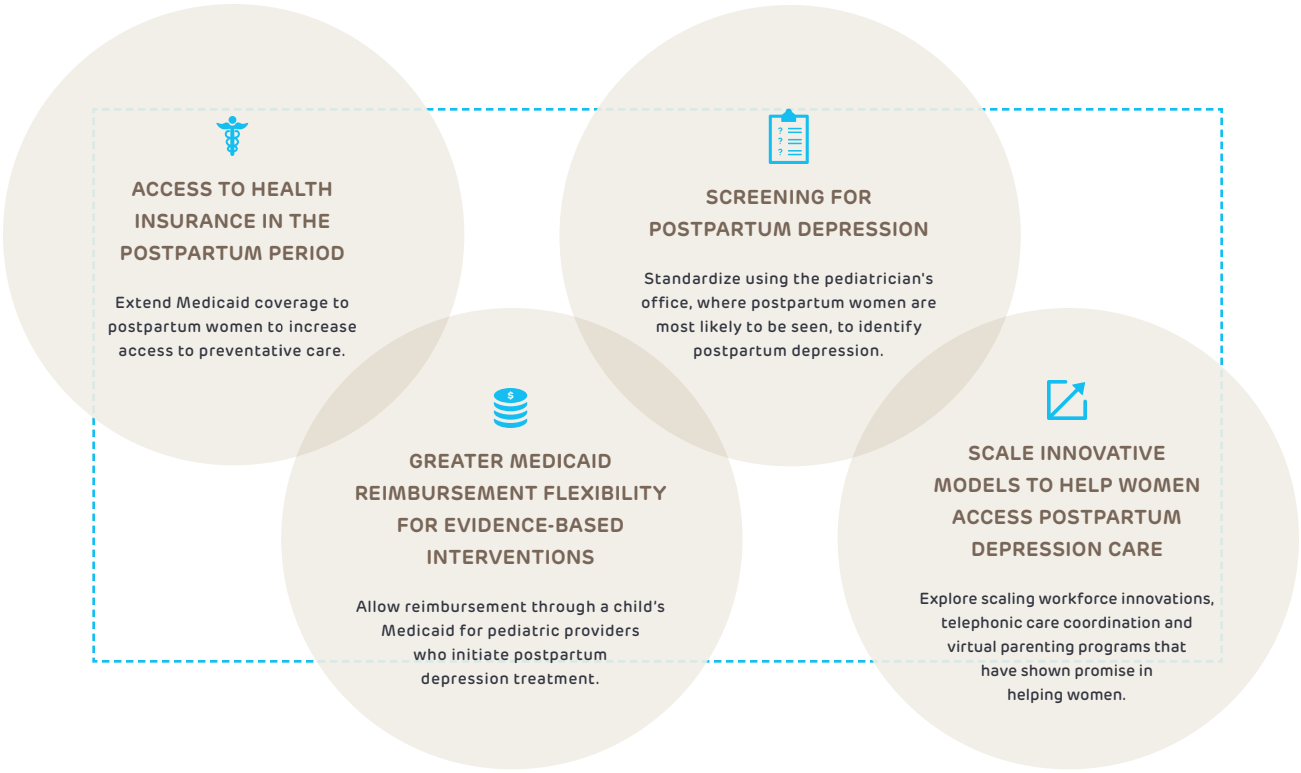
1 in 7
Medicaid beneficiaries experience depression after delivery.

Only 10%
of mothers referred to treatment for depression received care.

3 in 4
mother–infant pairs had more preventive care visits in pediatric settings than in adult settings in the year after delivery.

2 in 5
Medicaid beneficiaries received no preventive care in adult settings in the year following a birth.

A LAYERED APPROACH TO ADDRESSING POSTPARTUM DEPRESSION IN THE PEDIATRIC SETTING



TREATMENT RATES ARE LOW, BARRIERS TO TREATMENT ARE NUMEROUS AND DISPARITIES PERSIST

Over the last decade, pediatrics has made strides in screening for postpartum depression. Although there remain challenges to operationalizing screening in the pediatric setting, more women are being ***screened*** for perinatal depression in their pediatrician's office and ***many state Medicaid*** plans are recommending and reimbursing for this service, with ***private payers*** following suit. These improvements are promising, yet pediatrics must continue innovating to ensure that women are effectively screened for postpartum depression and those who screen positive are able to benefit from treatment.

Postpartum depression is treatable. The United States Preventive Services Task Force (USPSTF) ***recommends*** counseling interventions, like cognitive behavioral therapy and interpersonal therapy, based on strong evidence that these treatments are effective in preventing and treating depression both during pregnancy and in the postpartum period. Despite this recommendation and evidence, treatment rates are ***low***.

Untreated postpartum depression drives health disparities, disproportionately affecting racial and ethnic minorities and ***adolescent mothers***. Women of color experience postpartum depression symptoms at ***significantly higher rates***, but are ***less likely*** to start postpartum depression treatment and to receive follow-up care.

Common barriers to postpartum depression treatment include:

- **A lack of *continuous* insurance coverage and *a lack of parity* between insurance coverage for mental and physical illness**
- **A lack of *mental health providers* in the community and a *fragmented* care delivery system**
- **Patients experiencing *judgment, mistrust and stigma***
- **Accessibility barriers that include child care, transportation, language services and technology**
- **A lack of *paid leave* and high prevalence of *nonstandard* work hours among parenting women**

RECOMMENDATIONS FOR STATE POLICYMAKERS TO LEVERAGE THE PEDIATRIC SETTING AND IMPROVE PATHWAYS TO CARE

→ Ensure access to health insurance coverage in the postpartum period.

Extend Medicaid eligibility to one-year postpartum for all birthing individuals who do not have alternate coverage.

Coverage is a ubiquitous need and can enable access to care in both adult and pediatric systems. ***Research*** shows that expanding postpartum Medicaid coverage increases use of outpatient preventive care by new mothers and significantly ***decreases the share*** of new mothers with unmet medical needs due to cost.

Starting in spring 2022, the federal government will allow states to use a State Plan Amendment (SPA) to extend pregnancy-based Medicaid eligibility to up to one year. This is an essential step, but there will still be gaps. Individuals who recently gave birth and who are undocumented will not be covered by the extension. States can offer these populations coverage using state funds that are not eligible for federal matching dollars.

Ensuring adequate, continuous health insurance coverage in the postpartum period is an important first step and must go hand-in-hand with investing in the health system.

→ Ensure screening for postpartum depression.

States should implement and enforce a requirement to screen for postpartum depression during well-child visits and explore opportunities to reward providers that adhere to the requirement.

Screening, whether in adult or pediatric settings, is the first step in identifying postpartum depression. The USPSTF, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists ***recommend*** screening for postpartum depression in the pediatric setting, and the Centers for Medicare & Medicaid Services (CMS) ***allows*** providers to claim maternal depression screening as a service for the child, providing reimbursement through a child's Medicaid coverage.

State-level mandates to conduct postpartum depression screenings should be established, monitored, and enforced in both the adult and pediatric care settings. Providers must be sufficiently reimbursed for the time and resources necessary to deliver this service, and the monitoring system must consider logistical challenges around non-birthing caregivers—who do not require screening—accompanying children to pediatric appointments. Furthermore, keeping issues of equity in screening as a primary consideration, providers should use a validated screening instrument that is appropriate for specific populations.

State Medicaid programs can reimburse providers for each screening performed, should explore using Healthcare Effectiveness Data and Information Set (HEDIS) metrics to monitor postpartum depression screening and should not impose limits on the frequency of screenings. States should also explore models for closed-loop referrals through which providers and policymakers can track whether referrals into the adult care system are leading to treatment.

Research shows that expanding postpartum Medicaid coverage increases use of outpatient preventive care by new mothers and significantly decreases the share of new mothers with unmet medical needs due to cost.

→ Explore greater flexibility in Medicaid reimbursement to fund evidence-based interventions in the pediatric setting.

States should take advantage of existing flexibility in the Medicaid program, making it easier for pediatric providers to bill and be reimbursed for interventions delivered to caregivers with postpartum depression and their children.

Dyadic treatment

Dyadic services offer an opportunity for pediatric providers to deliver services to the parents of their patients, leveraging the pediatric setting to create a care delivery infrastructure for women with or at risk of postpartum depression. ***Many*** state Medicaid programs take advantage of flexibility offered by CMS to cover dyadic services under a child's insurance, but few state Medicaid programs allow for reimbursement based on a caregiver's risk factors or diagnosis, such as for postpartum depression. California recently ***modified*** their Medicaid reimbursement codes to reimburse for ***evidence-based*** dyadic treatment—including child–parent psychotherapy and the Triple-P Positive Parenting Program—based on a child's or caregiver's risk factors. Providers only need to bill Medicaid for one family member, child or caregiver, to be reimbursed for the treatment.

Other state Medicaid programs should follow the model of California and reimburse for evidence-based dyadic services based on a caregiver's risk for postpartum depression, with a reimbursement structure that considers the full complement of services needed for screening, service delivery, referral management and health system navigation. Without this holistic payment structure pediatric providers cannot scale up interventions to address postpartum depression. States should also consider incentive payments—for example, a pay-for-participation model can provide financial incentives to pediatric providers who coordinate and/or deliver care to a mother who screens positive for postpartum depression and their child.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

State Medicaid programs should bolster the capacity of pediatric providers to deliver Screening, Brief Intervention, and Referral to Treatment (SBIRT) to women with a positive postpartum depression screen and reimburse pediatric providers through a child's Medicaid coverage for delivery of the SBIRT. The SBIRT is an ***evidence-based*** means of addressing postpartum depression that can raise treatment initiation rates, help postpartum women overcome several barriers to treatment and motivate treatment follow-up.

States like ***South Carolina*** have put this model into practice. The SBIRT should be paired with payment models that incentivize deeper connection between adult and pediatric care systems while also reimbursing pediatrics for the resources needed to implement the SBIRT. States should also leverage pay-for-performance models to incentivize pediatric providers to deliver the intervention.

Encouraging the federal government to provide greater Medicaid flexibility

States and advocates should encourage the federal government to provide greater flexibility to use a child's Medicaid coverage to reimburse for evidence-based interventions to treat postpartum depression in caregivers, such as cognitive behavioral therapy and interpersonal psychotherapy. Reimbursing for caregiver services through a child's Medicaid coverage will make billing in the pediatric setting easier and will help patients overcome the disruptions in health insurance ***experienced*** during the postpartum period and, for those with private insurance, the ***lack of parity*** between mental and physical coverage. Allowing pediatric providers to bill through a child's Medicaid coverage for evidence-based interventions delivered to the caregiver, including community health worker (CHW) and home visiting services, will bolster the behavioral health care infrastructure in the pediatric setting.

States and advocates should encourage the federal government to provide greater flexibility to use a child's Medicaid coverage to reimburse for evidence-based interventions to treat postpartum depression in caregivers.

→ Scale innovative models for helping women access postpartum depression care.

States should make investments to scale and sustain innovative care models that address common obstacles to women accessing postpartum depression treatment.

Workforce solutions for care navigation

Innovative workforce models are essential to expand the capacity of pediatric primary care to support behavioral health needs, and also require adequate investment and reimbursement. CHW services have demonstrated ***efficacy*** in improving postpartum depression symptoms and can help women overcome the barriers to accessing treatment. State Medicaid programs can leverage several different ***models*** of CHW care integration. These include having CHWs act as a bridge between community and care providers by facilitating entry into provider settings, providing support to mental health delivery through case management and, within a stepped-care model, providing lower levels of care to patients with less intensive needs.

Similarly, ***evidence-based*** maternal and child home visiting is a means of providing screening, referral, and navigation services into treatment and social programs that mitigate circumstances known to sustain and trigger postpartum depression. Also, ZERO TO THREE's ***HealthySteps*** is an evidence-based, widely scaled model that adds developmental specialists to primary care teams to support physicians and provide patients services based on their level of need during well-child visits. The model has demonstrated success in addressing conditions such as maternal depression.

In some states, including Pennsylvania, there has been a sustained effort to expand Early Intervention services to women with postpartum depression, ***addressing*** barriers to treatment by offering greater access to community supports. Expanding Early Intervention services can offer care coordination, providing a hub to connect women with postpartum depression to treatment and helping to address barriers to care.

Telephonic consultation and referral services for postpartum women

Enhanced telephonic consultation and referral services in the pediatric setting for women with positive postpartum depression screens can improve access to treatment. Massachusetts expanded their Child Psychiatry Access Program to pregnant and postpartum women, and recent ***research*** found that the program is a sustainable approach to increasing access to evidence-based treatments for perinatal mental health disorders. Further, ***research*** shows that enhanced referral strategies can increase treatment rates among low-income women with postpartum depression.

Web-based parenting programs

Evidence-based virtual parenting programs can deliver treatment to women with less severe postpartum depression symptoms who are unable to access treatment in person. PolicyLab researchers implemented a ***pilot*** program that delivered parenting interventions to address the needs of women with postpartum depression through digital platforms. Women who were engaged in the parenting intervention showed reduced depression symptoms, greater participation compared to in-person interventions and reported greater parenting competence compared to mothers who did not participate. Scaling this program and providing it at no cost at the point of service can help women with less severe depressive symptoms overcome many of the obstacles to treatment.

VISIT BITLY.COM/ADDRESSING-PPD for a full list of references.

RELATED POLICYLAB WORK

"Addressing the Mental Health Needs of Parenting Teens"

"Mothers' Mental Health Care Use After Screening for Postpartum Depression at Well-child Visits"

"Reaching Mothers Through Intergenerational Care in Pediatric Settings"

The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

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