

**CT BHP VALUEOPTIONS
POST PARTUM DEPRESSION
QUALITY IMPROVEMENT ACTIVITY (QIA)**

Date: December, 2009

Reporting Frequency : Monthly

Description: The Post Partum Depression QIA was designed to improve the identification of members who might be suffering from post partum depression. A brochure describing post partum depression along with an Edinburgh Post Partum Depression survey tool and pre-paid envelop is mailed to all HUSKY CHN members who have delivered a new baby within the previous 4 to 6 weeks. All members who return a completed Edinburgh survey, regardless of their score, are contacted by either an Intensive Case Manager (ICM) or Peer Specialist (or both) and offered behavioral health services and/or to assistance in obtaining access to community resources. For those who sign an authorization to release information to the Obstetrician or PCP, the results of the Edinburgh Survey are mailed to the member's physician with a description of the instrument and information about how to contact CT BHP to obtain referrals for their patients. The Edinburgh scale rates the possibility of Post Partum Depression on a scale of 0-30; members with scores equal to or greater than 10 are considered as potentially having Post Partum Depression.

Data Source: Edinburgh Scale

Graphs:

- Edinburgh Scale Scores
- Percent of Members Reached Via Phone
- Percent of Members who Accepted New Services
- Services for Members with Possible Depression
- Percent of Members who Exhibit Possible Depression who Accepted New Services
- Percent of Members Who Did Not Accept New Services But Had Prior Authorizations

Total Number of Edinburgh Scales Returned

Month	Total Number Mailed	Total Number of Mailings Returned	Percent of Mailings Returned
February	190	14	7.4%
March	370	21	5.7%
April	396	14	3.5%
May	412	14	3.4%
June	501	16	3.2%
July	n/a	3	n/a
August	n/a	2	n/a
September	490	15	3.1%
October	Unknown at this time	20	
YTD Total	1368	119	8.7%

Total Number Mailed represents the total number of informational packets, including information about Post Partum Depression, mailed by CHN to members each month. Total Number Returned includes all returned Edinburgh Scales.

Note: In July and August no mailings were sent to new mothers, justifying the very low percentage of mailings returned.

Qualifications for Inclusion in the Quality Improvement Project

Please note that in order to qualify for the study, members must already have given birth. To date, due to mailing errors, 16 members who have not yet given birth received and returned the Edinburgh Scale; they are included in the counts of returned Edinburgh Scales on page 1. In February there were 6 members who returned the Edinburgh scales but did not qualify for the study, in March, 7 and in April 3; these numbers account for the discrepancy in counts between Total Number Returned on page 1 and Total Number of Qualifying Mailings Returned on table below.

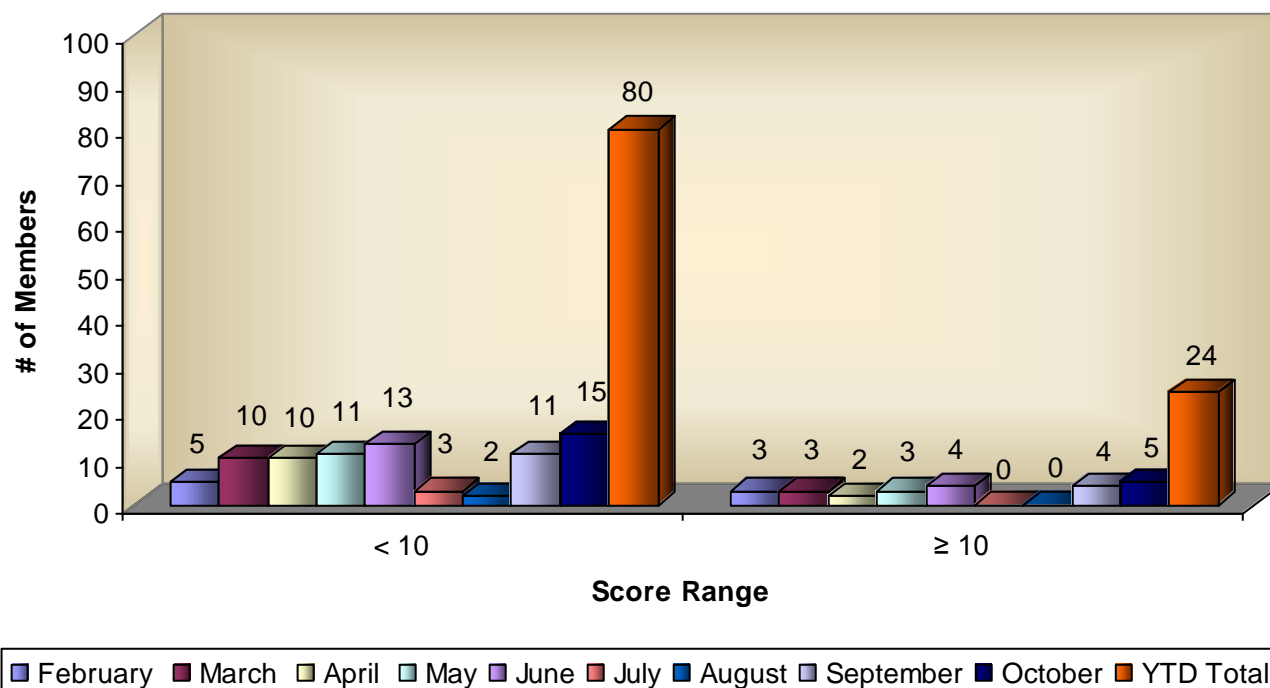
Range of Edinburgh Scale Scores of All Qualified Members

The following represents data for only qualified members.

Month	Total Number of Qualifying Mailings Returned	Members with Edinburgh Scores < 10	Members with Possible Depression ≥ 10	Percent of Members with Possible Depression	Number of Members with Scores 10-20	Number of Members with Edinburgh Scores 21-30
February	8	5	3	37.5%	3	0
March	14	10	3	21.4%	2	1
April	11	10	2	18.2%	0	2
May	14	11	3	21.4%	2	1
June	16	13	4	25.0%	3	1
July	3	3	0	0.0%	0	0
August	2	2	0	0.0%	0	0
September	15	11	4	26.7%	4	0
October	20	15	5	25.0%	3	2
YTD	103	80	24	23.3%	10	5

- Members who scored 10 or higher are classified as having possible depression.
- Members who answered anything but “Never” on question # 10 on the Edinburgh Scale which states, “The thought of harming myself has occurred to me”, are also classified as having possible depression. These cases are deemed “urgent”; attempts to contact the member telephonically are made immediately.
- Year to date, 24, or 23.3%, of members have been identified as having possible depression.

Edinburgh Scale Scores



Follow up by Intensive Case Manager (ICM) or Peer Specialist

Attempts have been made to contact by telephone 100% of all members who returned the Edinburgh Scale, regardless of their score and whether they qualified for the study. The telephonic attempts are made by either an Intensive Case Manager (ICM) or Peer Specialist. The grid on the following page represents the percentage of members actually reached via telephone.

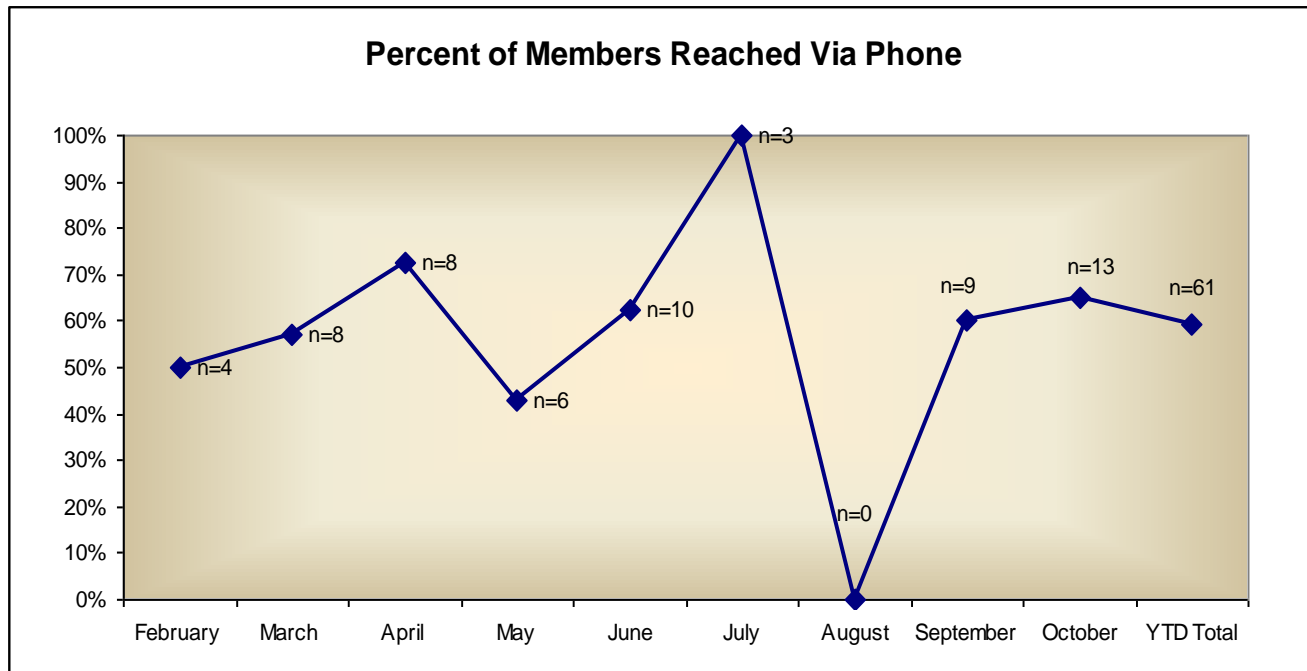
In every instance where a member was not reached after multiple attempts, Peer Specialists send out a letter with CT BHP contact information and examples of services available to members

On the back page of each Edinburgh scale members are asked to provide contact information for their Obstetric-Gynecology physicians and to sign a form giving CT BHP permission to release their scores on the Edinburgh scale to their doctor. Some members provided contact information for their Primary Care Physicians and behavioral health therapist instead. Letters were sent to 100% of Obstetrics-Gynecology Physicians, Primary Care Physicians or Therapists of members with scores equal to or greater than 10 (identified as having possible depression) who signed a release form, in order to allow for further coordination of care.

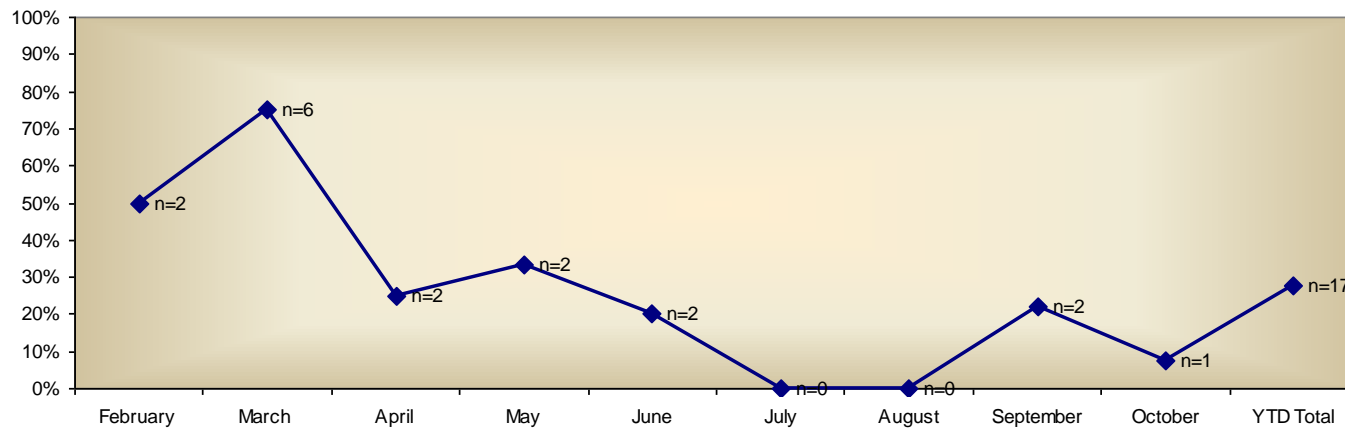
Behavioral Health and Community Services Referrals of all Members

The following grid provides information regarding all members, regardless of their score, who were reached via telephone and have accepted new Clinical or Community Support services.

Month	Number of Members Reached Via Phone	Number of Members who Accepted Services	Percent of Members who Accepted Services
February	4	2	50.0%
March	8	6	75.0%
April	8	2	25.0%
May	6	2	33.3%
June	10	2	20.0%
July	3	0	0.0%
August	0	0	0.0%
September	9	2	22.2%
October	13	1	7.7%
YTD	61	17	27.9%



Percent of Members who Accepted New Services



Behavioral Health and Community Services Referrals of Members with Possible Depression.

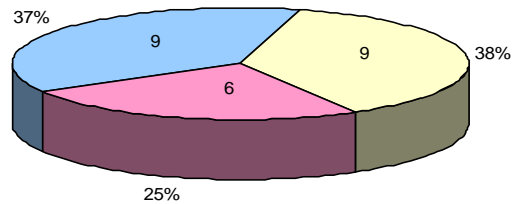
To date, 24 members were identified as having possible depression. Of those, 9 (37.5%) members accepted new services, 6 (25%) already were in care and did not require additional services, and 9 (37.5%), without existing services, refused services.

- 100% of members not reached by telephone were sent letters with CT BHP contact information and a brief description of services.
- 100% of the identified providers of members who signed the release of information were notified of members' scores equal to or greater than 10.

Month	Total Number of Members with Possible Depression	Number of Members who Exhibit Possible Depression who Accepted New Services	Number of Members who Exhibit Possible Depression who had Prior Authorizations	Total Number of Members who Exhibit Possible Depression who Did Not Have Prior Authorizations and Did Not Accept New Services
February	3	1	0	2
March	3	3	0	0
April	2	1	0	1
May	3	1	1	1
June	4	2	2	0
July	0	0	0	0
August	0	0	0	0
September	4	1	2	1
October	5	0	1	4
YTD	24	9	6	9

- Letters were sent to the identified providers of all members with scores equal to or greater than 10, even if they declined services during the contact by CT BHP staff.
- Of the members reached via telephone:
 - 18 had scores of 0, and
 - 61 had scores of 1-9, and were hence not identified as having possible depression.
 - 24 members had scores equal to or greater than 10. Of those, 9 accepted new referrals.

**Services for Members with Possible Depression
February '09 - October '09**



■ # of members with prior authorizations
 ■ # of members who accepted new services
 ■ # of members who had no new or prior authorizations

Members with Possible Depression who Accepted new Behavioral Health and/or Community Services referrals

The table below represents all members with Edinburgh scores equal to or greater than 10 who have been identified as having possible depression. Some of these members were already be receiving behavioral health services and hence declined any new referrals.

Community Service referrals most commonly suggested to members are food banks, diaper banks, DSS for food stamps, WIC (Women Infants and Children) programs, programs offering baby necessities, support groups, and many other support services.

Month	Total Number of Members with Possible Depression	Number of Members who Exhibit Possible Depression who Accepted New Services	Percent of Members who exhibit Possible Depression who Accepted New Services
February	3	1	33.3%
March	3	3	100.0%
April	2	1	50.0%
May	3	1	33.3%
June	4	2	50.0%
July	0	0	0.0%
August	0	0	0.0%
September	4	1	25.0%
October	5	0	0.0%
YTD	24	9	37.5%

Members with Possible Depression Who Did Not Accept New Services but had Prior Behavioral Health Authorizations

This table represents members with scores equal to or greater than 10 who declined all new services but who had existing authorizations for behavioral health treatment.

Month	Total Number of Members with Possible Depression	Number of Members with Possible Depression who were already receiving services	Percent of Members with Possible Depression who were already receiving service and did not accept New Services
February	3	0	0.0%
March	3	0	0.0%
April	2	0	0.0%
May	3	1	33.3%
June	4	2	50.0%
July	0	0	0.0%
August	0	0	0.0%
September	4	2	50.0%
October	5	1	20.0%
YTD	24	6	25.0%

In summary,

- 15 of 24 members with score equal to or greater than 10 were either already in treatment or accepted new services.
- 9 of 24 members with scores equal to or greater than 10 who were not already receiving behavioral health services declined new services.
 - As noted above, letters were sent to 8 out of 9 the OB-GYNs of these members.
 - One member who did not sign a release form was reached via phone and contacted via letter.
- All members were given CT BHP contact information and were encouraged to call should they require assistance or services in the future.
- 100% of members were informed that they may contact CT BHP for referrals, information and or support at any point in the future
- Services provided by ICMs and Peer Specialist continue to be available for as long as the member needs them.