

# Benefits and Barriers to the Collaborative Care Model in Perinatal Depression Treatment in Primary Care

#006

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## **Objectives:**

As one of six clinics in the Michigan area implemented to serve OB patients in the Genesee County area, the presenters intended to share a qualitative report of their experiences implementing the CoCM model within a family medicine clinic in Flint MI. The Collaborative Care model (CoCM) was an evidence-based model of care utilizing physicians, psychiatrists, and behavioral healthcare managers with the intent to improve mental health outcomes for OB patients.

## **Methods:**

For the CoCM, OB patients treated at McLaren Family Medicine Residency were screened utilizing the Edinburgh Postnatal Depression scale, with a score of 10 or higher indicating patient enlistment in behavioral medicine's registry for follow-up. The Generalized Anxiety Disorder (GAD7) questionnaire was also utilized as an outcome measure. Each patient was screened utilizing the Michigan Child Collaborative Care Program (MC3) intake questionnaire. Progress was monitored throughout pregnancy during each OB visit. Patients were provided regular check-ins via telephone or in-person during their OB visits. Brief interventions and case management resources were provided based on patient needs. All family and behavioral medicine providers were trained in the Collaborative Care Model prior to implementation.

## **Results:**

Anecdotal evidence suggested improvement in treatment outcomes for patients currently enrolled in registry, specifically in regard to reduced EDPS and GAD-7 scores. Challenges were in regard to continued in-person follow up for patients, which resulted in several becoming inactive within the registry. Strengths of the CoCM approach included the use of case management and brief regular visits to OB patients.

## **Conclusions:**

The significance of our findings suggest flexibility of methods within the CoCM, such as brief telephone check-ins and coordination of local resources, can be effective intervention strategies for OB patients with multiple sociocontextual barriers who may not seek traditional forms of mental health treatment, such as outpatient therapy. Such sociocontextual barriers may result in difficulties for patients to attend appointments regularly. It is recommended researchers and clinicians consider alternative approaches to reaching out to patients, such as home visits/telemental health services.

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**Disclosures:**

None.