Brief Clinical Proposal for PMH Screening

Maternal/Perinatal Mental Health On-Site Screening Consultation

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Overview

Ingram Screening is a consulting firm specializing in:

- Screening for Perinatal Mood & Anxiety Disorders (PMADs).
- Training and educating providers (and organizations) in best screening practices.
- Implementing a comprehensive screening program for those who serve birthing people and their families.

Mental health disorders in the perinatal period are a leading cause of maternal suicide within the first year after giving birth. Proper screening for PMADs using an approved and validated tool can aid in identification and prevention efforts. The term PMAD is defined as the following:

Perinatal	The entire time frame from pregnancy through one year postpartum
Mood	Depression, Bipolar 1, Bipolar 2, Psychosis
Anxiety	Generalized Anxiety Disorder (GAD), Obsessive Compulsive Disorder (OCD), Post Traumatic Stress Disorder (PTSD), Panic Disorder
Disorder	Disrupts daily activities, effects daily functioning

Ingram Screening Objectives

- Supply 4 clinics at a time with on-site screening services on a rotation schedule for six months (then clinics take over services).
  - Sample schedule on Pg. 7
- Train and educate entire office staff on screening for PMADs
  - Ingram Curriculum© and Ingram Screening Business Model ©
- Work closely with the office manager, coder/biller, Providers, and business office on insurance reimbursement.
- Implement a comprehensive screening program standardized in each clinic for the population served.
- Create a screening-specific Policy & Procedures Manual customized for each clinic.

The Opportunity

According to the Centers for Disease Control (CDC) roughly four million people give birth in the United States each year. Following prevalence rates of PMADs, that means 800,000 (20%) of people out of the four million will suffer, and only 160,000 (20%) will receive treatment. This leaves 600,000 (75%) unidentified and untreated each year, and the prevalence rates may be even higher.

Screening can help mitigate these statistics as an integrated part of care, by using an approved and validated tool in conjunction with current policy and procedures. Screening can be life-saving for patients and financially beneficial to the clinic - see *Run the Numbers* on Page 11.

The following screening interval schedule is suggested by leaders in the perinatal industry including Postpartum Support International (PSI) and it does three things; it provides assessment for further clinical diagnosis, it creates a record of history across disciplines seeing the same patient, and it reduces stigma through consistency of use.

- At the first prenatal visit
- At least once in the second trimester (pregnancy months 4-6)
- At least once in the third trimester (pregnancy months 7-9)
- At the hospital before discharge/of after home birth
- At the 6-week obstetrical visit (or first postpartum visit)
- Repeated screening at 6 and/or 12 months in OBGYN and Primary Care settings
- At 3/9/12-month pediatric visits

It can be challenging for clinics to navigate the nuances of disorders, to identify the best screening tool to use, to take risk factors into consideration, and to make decisions about the care pathway.

Our Proposal

This is a 4-year consulting contract to train and educate up to 30 clinics in one healthcare system on 6-month rotations; See page 7 for a sample schedule. After the 6 months, clinics and providers can quickly adapt and take over the screening model on their own. Our scope of work and timeline for deliverables will be laid out in a customized contract per each healthcare system and below is a sample of what we provide.

- In-person or virtual consulting & screening services (40 hrs/month).
- Interviews with stakeholders
  - Office Manager, Providers, Staff, Billing Office etc.
- Creation of an internal screening task force
- Study of current screening practices, policy, & outcomes
- Review of Electronic Health Record (EHR) reports to track documentation & care pathway
- Creation of new screening practices, policy, and identification of internal leaders
  - Ingram Screening Business Model© (in writing)
    - 30 screening-specific questions and best practices
    - Linear vs ecosystem model of screening
    - Definitions, glossary of terms, resources etc.
- A new screening policy and procedures manual
- Screening Tools and breakdown of each tool.
- Screening Bill of Rights©, Screen Me© rack cards, Galaxy of Motherhood©
- Script for conversations around mental health.
- Ongoing consultation as questions arise and general support

Our Proposal (cont'd)

1 in 5 moms/birthing people, and 1 in 10 dads/partners struggle with a mental health issue during pregnancy and during the first year postpartum. Complicating these issues can be personal experiences, Social Determinants of Health (SDOH), Adverse Childhood Experiences (ACES), birth trauma, physical trauma (C-section & tearing), Substance Use Disorder (SUD), Breastfeeding, Weaning, Neonatal Intensive Care (NICU) stay, Medically Fragile Infant, etc.

For example, if we screen a parent for standard postpartum depression when they are struggling with Post-traumatic Stress Disorder (PTSD) due to a traumatic birth, they will fall through the system every time undetected and unserved.

Screen early, screen often, and use the correct tool for the symptoms being presented. Birthing people are dying by suicide; a leading cause of death in the fist year postpartum.

Our consulting services can change this narrative.

By changing the practice of siloed screening and working with providers on scripts and resources to use and disseminate to patients, we can co-create a successful and dynamic screening program.

We utilize the Appreciative Inquiry (AI) method of Change Management, it focuses on what's working rather than what's not working to bring about meaningful change within an organization and leads people to co-design their future. AI is collaborative, positive, and a way to secure lasting screening policies.

Ingram Screening is not interested in "fixing" a problem, the AI shift in mindset comes when we stop asking 'how do we fix this?' and instead ask 'what is our desired outcome?' We work with you to help reach the optimum space of screening all patients with an approved, validated, and appropriate tool.

Sample Rotation Schedule for Four Clinics*

10 hrs/week in each clinic

Clinic 1 40 hours/month Mondays 7:00 am - 12:00 pm Wednesdays 1:00 pm - 6:00 pm	**Clinic 2** 40 hours/month Tuesdays 7:00 am - 12:00 pm Thursdays 1:00 pm - 6:00 pm
Clinic 3 40 hours/month Mondays 1:00 pm - 6:00 pm Thursdays 7:00 am - 12:00 pm	**Clinic 4** 40 hours/month Tuesdays 1:00 pm - 6:00 pm Wednesdays 7:00 am - 12:oo pm

**OBGYN, Midwifery, Pediatrics, Family Practice, Birthing Centers, Emergency Room Staff, Labor & Delivery Units, Women's Centers, Doula/Lactation Centers, Naturopathic, Perinatologists and more!*

Description	Start Date	End Date	Duration
Project Start, Clinic Rotations	Sept. 2024	Aug. 2028	4 years
Clinics 1-4	Sept. 2024	Feb. 2025	6 months
Clinics 5-8	March 2025	Aug. 2025	6 months
Clinics 9-12	Sept. 2025	Feb. 2026	6 months
Clinics 13-16	March 2026	Aug. 2026	6 months
Clinics 17-20	Sept. 2026	Feb. 2027	6 months
Clinics 21-24	March 2027	Aug. 2027	6 months
Clinics 25-28	Sept. 2027	Feb. 2028	6 months
Debriefing, follow-up,	March 2028	Aug. 2028	6 months

Expected Results

- Screening for all patients – pregnancy through 1-year postpartum
- A dynamic written screening plan
- Higher Press Ganey survey scores
- Collaboration across departments
- Streamlined office operations and patient care
- Continuity of care across the perinatal spectrum
- Additional resources and referrals
- A care team on the same page
- Perceived patient quality of care
- Increase billable income
- A clear care pathway model

Pricing

The following table details the pricing for delivery of services outlined in this proposal. Contact us for other options. This pricing is valid for 3 months from the date of this proposal:

Consulting Fees	Price $100/hr
Clinic 1 (40 hrs/month)	$4,000/month
Clinic 2 (40 hrs/month)	$4,000/month
Clinic 3 (40 hrs/month)	$4,000/month
Clinic 4 (40 hrs/month)	$4,000/month
TOTAL	**$16,000/month**

Birthing people are dying due to preventable and treatable mental health issues.

A comprehensive screening program in conjunction with current care models can be part of the mitigation process. Ingram Screening helps walk you through the nuances of PMADs, screening tools, verbiage, billing & coding, education & training, and resources. With 600,000 birthing people left unidentified and untreated each year, we must act now.

A patient with Bipolar Disorder will not benefit from filling out the EPDS or PHQ-9 screening tools, a better tool for them is the Mood Disorder Questionnaire (MDQ). Bipolar is the great imposter of depression because people seek help when they are down and not when they are experiencing a manic episode.

Anxiety is highly underdiagnosed despite its high prevalence in the perinatal period, screening tools like the Obsessive-Compulsive Inventory (OCI-4) and the Generalized Anxiety Disorder (GAD-7) are going to better identify and assess anxiety as opposed to the EPDS or PHQ-9. Adverse Childhood Experiences (ACES) is a helpful screening tool in Pediatrics for the parent(s) as part of a family systems assessment, and the Social Support Screening Tool can help determine what kind of safety net the parents have surrounding them in birth and postpartum. Non-exhaustive list of screening tools;

Adverse Childhood Experiences (ACES)
Ask Suicide Screening Questions (ASQ)
Bipolar Spectrum Diagnostic Scale (BSDS)
Center for Epidemiologic Studies Depression Scale (CES-D)
City Birth Trauma Scale - Women (London)
City Birth Trauma Scale - Fathers (London)
Connor-Davidson Resilience Scale (CD-RISC) *order form*
Edinburgh Postnatal Depression Scale (EPDS)
Generalized Anxiety Disorder (GAD-2)
Generalized Anxiety Disorder (GAD-7)
Health Related Social Needs (HRSN)
Mood Disorder Questionnaire (MDQ)
Obsessive Compulsive Inventory (OCI-4)
Parental Stress Scale (PSS)
Patient Health Questionnaire (PHQ-2)
Patient Health Questionnaire (PHQ-4)
Patient Health Questionnaire (PHQ-9)
Perinatal Anxiety Screening Scale (PASS)
Perinatal Post-Traumatic Stress (PPQ-2)
Perinatal Grief Scale (PGS)
Postpartum Distress Measure (PDM)
Primary Care Post-Traumatic Stress Disorder (PC-PTSD-5)
Suicide Assessment Five-Step Evaluation & Triage (SAFE-T)
Yale Brown Obsessive-Compulsive Scale (Y-BOCS)

Qualifications

- Ingram Screening is certified in the state of Oregon by the Office for Business Inclusion and Diversity (COBID) as a Women Business Enterprise (WBE) #11060
- Ingram Screening is certified by the federal government as a Disadvantaged Business Enterprise (DBE) and a Woman-Owned Small Business (WOSB).
- Oregon-based small business in good standing for 7 years.
- Member of Association of Maternal Child Health Programs (AMCHP), Postpartum Support International (PSI), Family Connects Oregon, Oregon Quality Perinatal Collaborative and the Oregon Infant Mental Health Association (ORIMHA).

Lynn Ingram McFarland, MBA, PMH-C

Owner & CEO | Consultant

- Holds a Bachelor of Science (BS) degree in Sociology from Portland State University (PSU), a Master of Business Administration (MBA) from Marylhurst University (MU), and is a Certified Perinatal Mental Health Professional (PMH-C)
- Served on the Executive Board of Postpartum Support International (PSI) for 3 years
- Presenter & trainer for various organizations on screening for PMADs.
- Consultant for organizations serving children ages 0-3, ESIT, H2H, etc.
- Hosts a yearly Screening Symposium with expert speakers from different disciplines about screening in the populations they serve.
- Is a three-time survivor of PMADs and never screened.

Ingram Screening, LLC

Run The Numbers

Reimbursement Potential for Screening

Template:

(Contact us and we can calculate this for you!)

_____ # of providers	X	_____ # of patients seen by provider in one week	X	52 weeks in one year	X	4 screens per year	X	$2-$6 insurance reimbursement	= _____ Reimbursement potential per year

Example:

According to national statistics,

50% of all providers see **50-99** patients per week. **20%** of providers see **100-125** patients per week.

We think it's more.

If **100%** of the 6 providers see 99 patients per week, here is the breakdown:

6 # of providers	X	99 # of patients seen by provider in one week	X	52 weeks in one year	X	4 screens per year	X	$6 insurance reimbursement	= $741,312 Reimbursement potential per year

Potentially, one clinic with 6 providers could be reimbursed $741,312 in one year.

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Contact & References

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Sources

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