

Q and A with Staff at the Four Pilot Sites:

The Northern Consortium evaluated the providers/staff regarding the implementation of the screening and post-intervention regarding satisfaction with the electronic-assisted screening tool and the efficacy of the process through questionnaires.

Some of the considerations in implementing the electronic device into four different medical settings centered upon ensuring access to all women, including those who were uninsured and underinsured, to establish or increase methods of diagnosis, and increase women receiving treatment for postpartum depression. One of the initial findings, during pre-implementation, described by each site, was the necessity to provide screening results to the physician/staff in a timely and efficient manner. Given the time constraints providers usually have in their practices, using an electronic version of a depression screening tool such as the PreventionPays System (PPS) while the patient is waiting to see her provider might lead to screening consistently.

They saw particular value in an electronic screening process where the provider would be able to review the patient's information immediately, allowing the provider to initiate appropriate discussion, specific to a woman's score. Therefore, an accelerated, electronic screening process appeared to make screening every woman more palatable. However, the sites were concerned about how to go about referring women found to be in need of mental health assistance. The Northern staff worked with site staff on how to use the Family Health Line, and gave a provider directory of mental health providers to each site. Currently, developers of PreventionPays and the Northern Consortium are discussing ways to include the referral process in the system, making the entire process from screening, diagnosis, to referral, supported by the PreventionPays software system. This model would eliminate the need for managing an external referral process. Essentially, the referral would be entirely managed by the system.

After implementation, each site was asked to assess the use of PreventionPays:

1. How long did it take to train on uses of PreventionPays patient assessment? Please estimate in number of minutes or hours if applicable.

FQHC – Staff were trained in one day, and we were able to begin screening right away.

Valley Hospital – The Social Work staff were trained in a couple of hours. We were able to test out the system right away. The nursing staff was then trained by both the Social Work staff and a Northern Consortium staff person.

Dr. Michael Straker (OB/GYN Practice) – We chose the office administrator to be taught as the lead person. On the day of the training, Dr. Straker really

wanted to learn how the system worked, so he asked to be a part of the two hour training. We were able to begin using the system right away.

Dr. Jeffrey Bienstock (Pediatric Practice) – We chose a go-to person who would be onsite daily. We had everyone in the office train since many of us would be asked to screen. We were trained for a couple of hours where we were able to test the system over and over, again. We began screening women the first day.

2. How has this patient assessment system worked into your protocols? First was it easy to incorporate or challenging? Second now that it has been used on a regular basis i.e. very consistently over the last few weeks, is it an invasive new system or is it a comfortable fit?

FQHC – It was easy to work into our system. When a woman comes in for her postpartum visit, before she's seen she is given the screen. We've had challenges with trying to find a location for the testing. We placed it in a room where we thought there would be consistent access to the machine. It turned out that the room was being used more consistently by our other OB/GYN check-ups. The Northern staff helped us identify that this was preventing us from screening all of our patients, and we've now moved it to a more accessible room.

Valley Hospital – We've had some challenges internally on the hospital computer system that would allow for us to consistently use the tool. We would use it, and then it would go down. The Northern staff were helping us daily to try and get the problem fixed, even though it wasn't the PreventionPays system that was at fault. When we experienced these problems, we had to go back and forth between the electronic screen and using the paper version. Some of the nurses have been resistant about using the electronic version, thinking that we still had problems with our computer system, but the hospital administration is all for this electronic screening, and the new Nurse Manager is supportive and will make it happen. If it continues to allow me to send the results to a patient's MD, or to a Psychiatrist so that we can get the woman help prior to discharge and her going home with the baby – I think it will continue to work well.

Dr. Michael Straker – The system has worked beautifully. We have been able to provide appropriate education and where necessary mental health referrals for our patients in need. We were not screening before, and had no way of identifying these women. It has been a great help.

Dr. Jeffrey Bienstock – We have screened every mother who has brought her baby in for a well-baby visit. It has been a terrific way for us to help women and their babies when we've been able to identify women feeling depressed. We have referred women for mental health services, and we have a record in

the child's chart reflecting the assistance we've provided. It helps for the next time around.

3. Identification of risk. Are you satisfied with the way PreventionPays alerts for risk?

FQHC – No question! We have it in three languages, and with our large Haitian population you can't always rely on good translators. I think we build trust with our patients since this tool is so good. We even had a postpartum woman come in to see an MD for something other than OB. The MD thought he spotted that she seemed very depressed. He brought her over and we screened her. She scored high and we referred her to the East Orange Counseling Center. I also screen again after a woman has received a referral when they come for their next visit.

Valley Hospital – We have seen results that indicate to us that screening must occur. Many of these mothers showing risk are given referrals to mental health providers as well as follow-up calls by our social workers. We encourage our new mothers to join our support group.

Dr. Straker – As I said, we weren't identifying women at-risk until we had this system put in place. We're happy to be able to help these women.

Dr. Bienstock – Our babies are affected by the emotional state of our mothers. We have identified women at-risk and have appropriately gotten them assistance.

4. How have others commented on the system usefulness, ease of use and even aesthetics?

FQHC – The example of the MD who thought his patient was depressed, and was able to utilize the system, I think shows how others view the importance and usefulness of the tool. Patient's like it very much.

Valley Hospital – I think it can be of great assistance. The problems we've experienced with our hospital internet have made it a little difficult with some nurses, but I would say the tool is great, and the hospital supports its use.

Dr. Straker – The staff thinks it's great. Patients think it's interesting and calming.

Dr. Bienstock – The staff thinks it's great. It's something we are happy to be a part of.

5. Is the Prevention Pays Executive Summary being printed by your office? If so has it been placed into the patient file?

FQHC – It is being printed and put in the file

Valley Hospital – When we've been able, it has been printed and placed in the file.

Dr. Straker – Yes, and it's on file.

Dr. Bienstock – We print them and place them in the baby's file.

6. If risk is alerted, is the Prevention Pays Executive Summary being provided to the attending Provider during the visit when the risk was identified?

FQHC – Yes

Valley Hospital – Yes

Dr. Straker – Yes

Dr. Bienstock - Yes

7. Are you getting the support you need for using this tool?

FQHC – The Northern Consortium staff have been responsive to every one of our requests for assistance. They call and visit on a regular basis to ensure the system is up and running properly.

Valley Hospital – Because of the problems the hospital internet caused, we were seeing or speaking to Northern staff a couple of times a day. They have been helpful and patient with all of us at the hospital.

Dr. Straker – We speak to or see Northern staff on a regular basis. We haven't had any problems with the system.

Dr. Bienstock – We speak to one of their staff on a regular basis. We have seen two guys – one is the technical guy, the other follows up to see how we're doing with referrals.