

## **LA County Maternal Mental Health E-Consult Pilot Project: Provider Willingness Does Not Surmount Adoption's System Challenges**

In California [one in five women](#) suffers from anxiety and/or depression either during pregnancy or after childbirth, a rate significantly higher than the [rate of one in nine women](#) among the general population. Perinatal mood and anxiety disorders (PMAD) impact all phases of pregnancy and early motherhood. PMADs increase the risk of substance abuse, preterm birth and low birth weight during pregnancy, and decrease the likelihood of breastfeeding and bonding between mother and child in the postpartum period.<sup>1</sup>

Public acknowledgement of PMADs has moved maternal mental health (MMH) higher on California's health care agenda since 2016, when the California Legislative Women's Caucus formed the "California Task Force on the Status on Maternal Mental Health Care." In its 2017 report, the Task Force set goals of 80% MMH screening rates during pregnancy and postpartum by 2021 and 100% by 2025. The report identified the lack of provider guidelines, referral pathways and capacity to screen and treat for MMH as key barriers to meeting these goals.

The task force included 2020 Mom, an organization founded in 2011 as the California Maternal Mental Health Collaborative and is now established as a national organization with a mission to close gaps in maternal mental health care.

"In addressing maternal mental health needs, many providers don't know what they don't know. And wait time for psychiatric appointments can sometimes be as long as seven months. We want to provide both efficient access to psychiatrists and ensure that they aren't afraid of harming the baby," explained 2020 Mom founder Joy Burkhardt.

### **E-Consult: One Solution to Fill Maternal Mental Health Gaps**

"Theoretically, e-consult is a great model for supporting psychiatrist's needs concerning PMAD patients," says Emily C. Dossett, MD, a reproductive psychiatrist for Los Angeles County's Department of Mental Health (LADMH) and assistant clinical professor at USC's Keck School of Medicine. To highlight the benefits e-consult can bring to PMAD patient providers, Dr. Dossett, Dr. Christopher Benitez, director of mental health eConsult, and a group of researchers from LAC, USC and DHS initiated the Reproductive Psychiatric eConsult Pilot Project in 2017.

A distinct element of this e-consult pilot's focus was to connect a specialist with a sub-specialist instead of the typical e-consult connection between a primary care provider and

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<sup>1</sup> Mary C. Kimmel et al., "Pharmacological Treatment of Perinatal Depression," *Obstetrics and Gynecology Clinics of North America* 45, no. 3 (Sept. 2018): 419–40, doi:10.1016/j.ogc.2018.04.007.

specialist. The initiating providers of the pilot’s e-consults were psychiatrists and the consultants were reproductive psychiatrists.

The program’s goal was to increase the capacity of DMH psychiatrists to “appropriately manage treatment of perinatal patients with serious mental illness”<sup>2</sup> by providing them with access to the experience and education of reproductive psychiatrists. The pilot included training sessions for the 60 DMH psychiatrists focused on how to use e-consult, interpret prescribing guidelines, and weigh risks and benefits when prescribing to pregnant and breastfeeding women. Details on the pilot’s methodology and additional results data are available in an [Issue Brief from the California Health Care Foundation](#).

“I was very impressed with how eager and willing program participants were to learn,” comments Dr. Dossett who directed the pilot program.

While post-training surveys revealed that the training sessions had a positive impact among participating psychiatrists, very few adopted the use of e-consults. Only 15% initiated one e-consult over the 18-month pilot program period.

### **Why E-Consults Did Not Become the Frontline of Contact**

The analysis of feedback among the pilot participants echoed many of the same concerns that primary care providers typically express when they avoid the use of e-consults.<sup>3</sup> The pilot participants expressed a lack of desire and anxiety about using a new, unfamiliar technology that required a separate log in and was not embedded in their EHR. In addition, the platform used in the pilot required multiple steps to complete an e-consult, noted Dr. Dossett.

The lack of e-consult adoption was in large part due to these “nuts and bolts,” commented Dr. Dossett. “The devil is in the details.”

After the training sessions, Dr. Dossett explained that she did receive emails and phone calls from trainees instead of e-consults. And while this allowed her to relay her input and answer questions to support PMAD care, it did not include recording and documentation of the interaction to facilitate care coordination among care teams, a feature of e-consult platforms.

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<sup>2</sup> Emily C. Dossett et al., “Perinatal Mental Health in Community Psychiatry: A Reproductive Psychiatry eConsult Pilot Project,” *Psychiatric Services* 70 (November 2019):1075–1076; doi: 10.1176/appi.ps.201900316

<sup>3</sup> Michelle S. Lee, et al., “Primary Care Practitioners’ Perceptions of Electronic Consult Systems: A Qualitative Analysis,” *JAMA Internal Medicine* 187, no. 6 (June 2018): 782-789.

## **Need for EHR and workflow integration**

The challenges that need to be addressed in order to support the use of e-consults are similar to those faced in other healthcare information technology implementations – related to policy and integration. In addition to facilitating e-consult use through EHR integration and single sign-on, simplification of the e-consult workflow is also critical to adoption, comments Dr. Dossett. Requiring a provider to fill out six pages of data is too much, especially when providers are not going to be reimbursed for that time, noted Dr. Dossett.

Many health systems are working to integrate their EHRs with e-consult platforms to support this simplification of workflow. After five years of e-consult use in October 2019, LADHS was finally able to integrate its Cerner EHR and e-consult platform to simplify workflow, improve care coordination and provide seamless access to patient records while working with e-consults.

“Creating the seamless link when submitting an eConsult from Cerner has provided tangible improvement in how primary care providers care for their patients,” explains Stanley Dea, MD, Director of eConsult, LADHS.

## **Lack of interoperability**

EHR interoperability was another key barrier that arose from the experience. LADHS and Department of Mental Health (LADMH) use two different EHRs that do not share or exchange patient information. If the initiating provider and the consulting provider are not able to easily share information between their EHRs, e-consult uptake may be hindered by a lack of system interoperability.

## **Reimbursement Barriers**

Payment systems also have a big impact on adoption. As Dr. Dossett explained, DMH’s payment system is fee-for-service. Because billing for eConsult was not part of the expansion into DMH, productivity pressures may have gotten in the way of uptake by busy providers. In essence, there was no incentive for the pilot participants to use e-consults, and thus they did not.

The bottom line: as e-consult adoption and use scales and implementation occurs in situations where specialists reach out to sub-specialists, the barriers to use remain same: ease of use, interoperability and reimbursement.