

Quality in Action | Journal Club

Associations Between Implementation of the Collaborative
Care Model and Disparities in Perinatal Depression Care

March 31, 2026



Advancing ob-gyn care for all.

Disclaimer

- The opinions expressed in this presentation do not reflect the official position of the Agency for Healthcare Research and Quality (AHRQ).
- This information is not being offered as legal or medical advice.
- Seek competent legal counsel for specific guidance.
- The planning committee and presenters of this presentation have no relevant conflicts of interest to disclose.

Before We Get Started



This webinar will be recorded



If you need help during the call, please chat an ACOG staff member



Submit your questions throughout this session using the Q&A box



Any questions following this webinar can be sent to obgynsafety@acog.org

Continuing Education Credits

We are excited to offer continuing education credit to attendees of this live session.

To receive your certificate:

- 1. Attend at least 60 minutes of the live activity**
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Certificates will be sent via email in 2 weeks

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Introducing...

Quality in Action

AN ACOG
FOUNDATION
PATIENT SAFETY
ORGANIZATION

A New Partner in Quality and Patient Safety

Combining ACOG's trusted expertise with real-world support to help hospitals and health systems deliver safer, more equitable care.

- Evidence-based quality improvement strategies
- Plan to support review of patient safety work
- Tailored support for frontline teams
- Designed for measurable impact

Let's improve ob-gyn care—together.

Quality
in **Action**

AN ACOG
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About Quality in Action Journal Club



This journal club creates space for multidisciplinary clinicians to engage deeply with the literature, share insights, and propose applications to and future directions for obstetric and gynecologic quality and safety. Each session in the topic-specific series centers a selected article that explores priority areas in obstetric and gynecologic care. Facilitated by Quality in Action’s PSO program staff, the Journal Club helps participants translate evidence into action while identifying opportunities for innovation and improvement.

For more information about Quality in Action and related services visit:

obgynsafety.org

Journal Club Intentions



Foster a Safe Learning Environment



Encourage Open Sharing of Ideas



Practice Interdisciplinary Communication and Collaboration



Continuously Improve



Journal Club Format



Welcome/Introduction



Article Overview

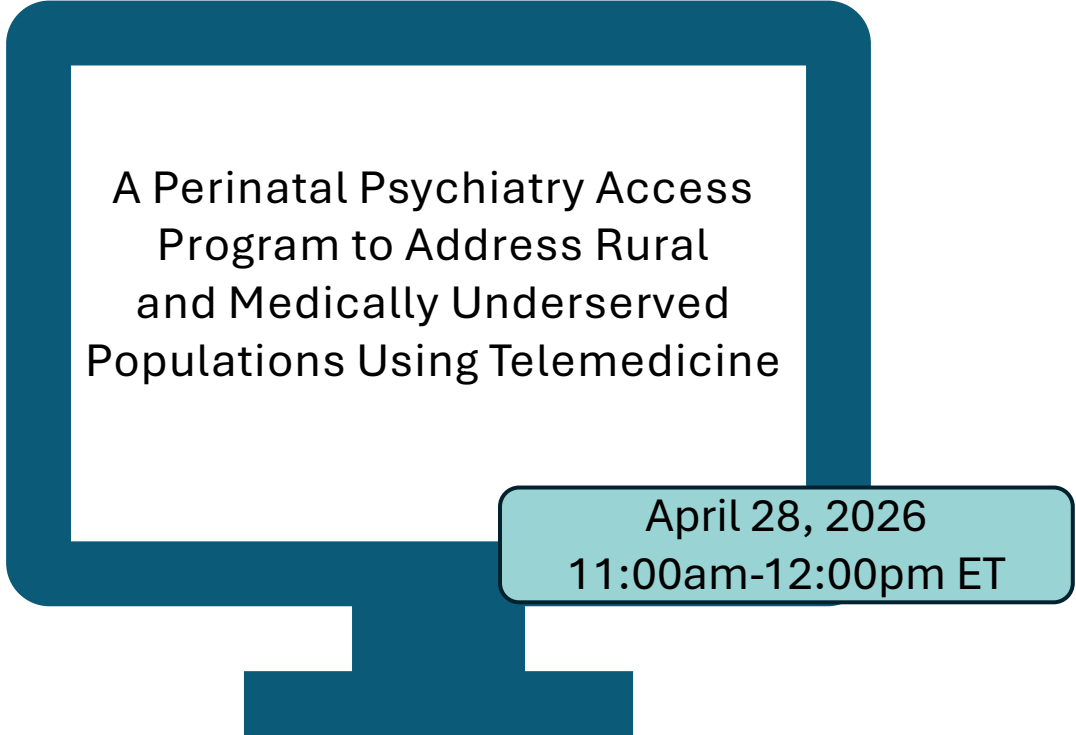


Participant Discussion



Related Resources & Conclusion

Next Journal Club Session



A Perinatal Psychiatry Access
Program to Address Rural
and Medically Underserved
Populations Using Telemedicine

April 28, 2026
11:00am-12:00pm ET

Journal Club

Continuing Education credits offered

Upcoming Webinar



Optimizing Nurse Driven Protocols for OB-GYN Care

April 9, 2026
1:00-2:00pm ET

Today's Guest Lead

Article:

Associations Between Implementation of the Collaborative Care Model and Disparities in Perinatal Depression Care

Document authors:

- Khadija Snowber, BA, Jody D. Ciolino, PhD, Crystal T. Clark, MD, MSc, William A. Grobman, MBA, MD, and Emily S. Miller, MD, MPH

Our Guest :
Emily S. Miller, MD, MPH



OBJECTIVE OF ARTICLE

- Identify where disparities occur in the perinatal depression care pathway
- Understand how a collaborative care model can standardize care delivery
- Interpret how implementation of the collaborative care model was associated with reductions in racial disparities in care delivery

IMPORTANCE OF TOPIC



Common and
High-Impact



Gaps Are
Actionable

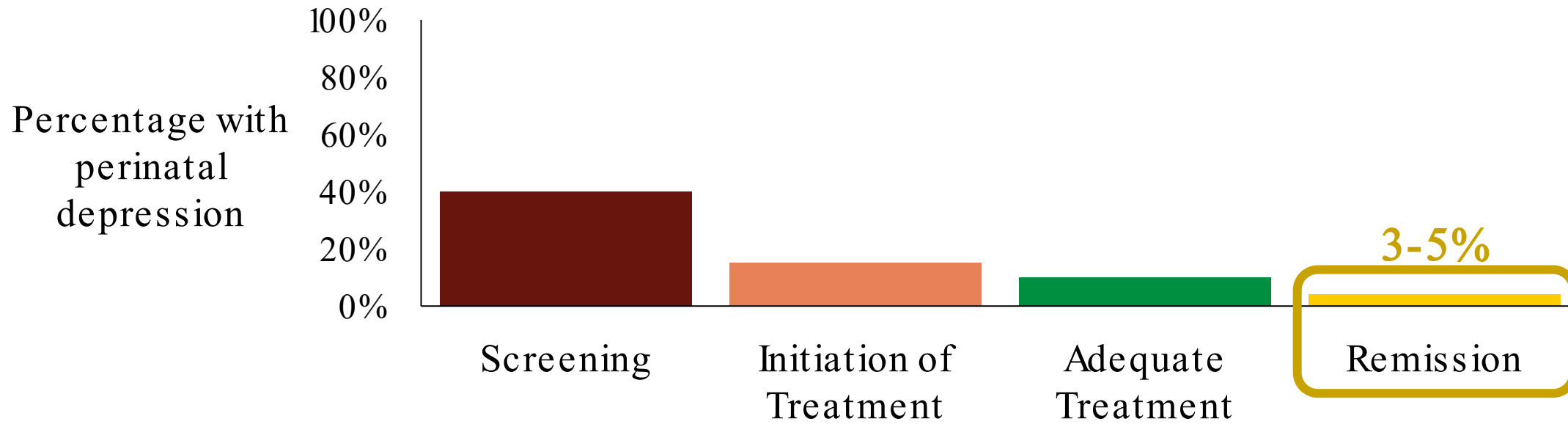


Health
Systems Drive
Variation



Relevance to
Real-World
Practice

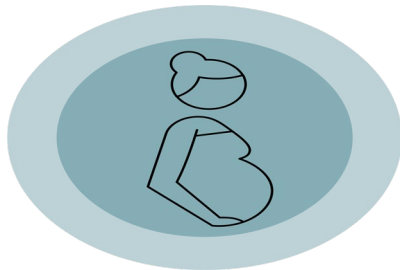
KEY DEFINITIONS



KEY DEFINITIONS



Obstetric Clinician

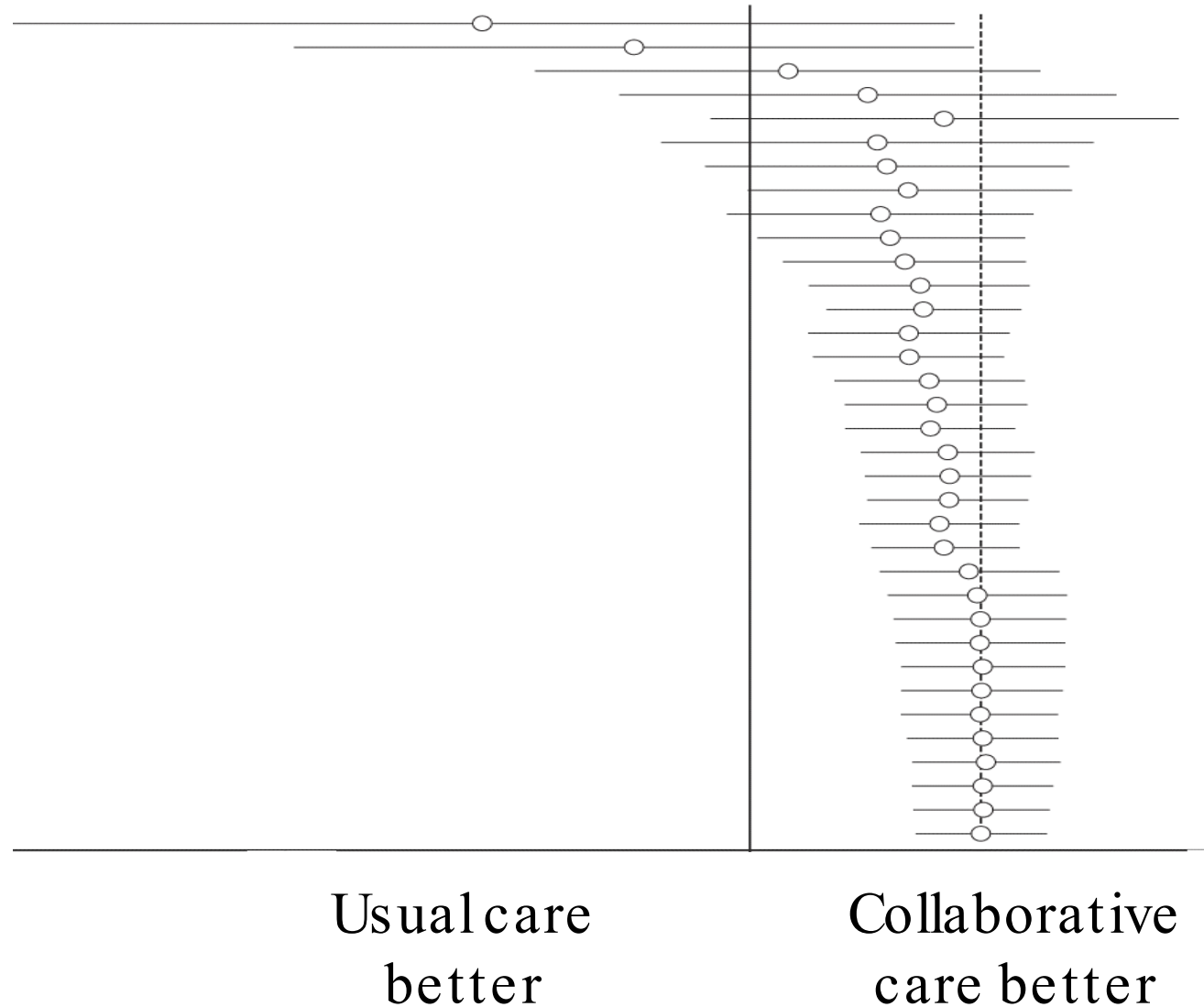


Perinatal Person



Psychiatrist

Collaborative Care Efficacy in Primary Care



	Primary Care	Perinatal Care
Patient-level differences	Stigma of mental illness can be present	Stigma of mental illness also overlaid with stigma of being labeled a "bad" parent
Clinician-level differences	Longitudinal relationship with clinician	Multiple care transitions (obstetrician/midwife to pediatrician to primary care physician)
	Depression more often seen within the scope of the clinician	Obstetrician feel inadequately trained to manage perinatal depression
	Clinical care focused on the individual patient	Competing demands of patient and fetus/neonatal health care
Systems-level differences	Multiple clinical visits	Postpartum care limited to one clinical visit
	Payment model	Bundled payment for pregnancy services without clear guidance pertaining to CC billing codes
	Lower prevalence rates of depression	Higher prevalence rates of depression that can overwhelm infrastructures

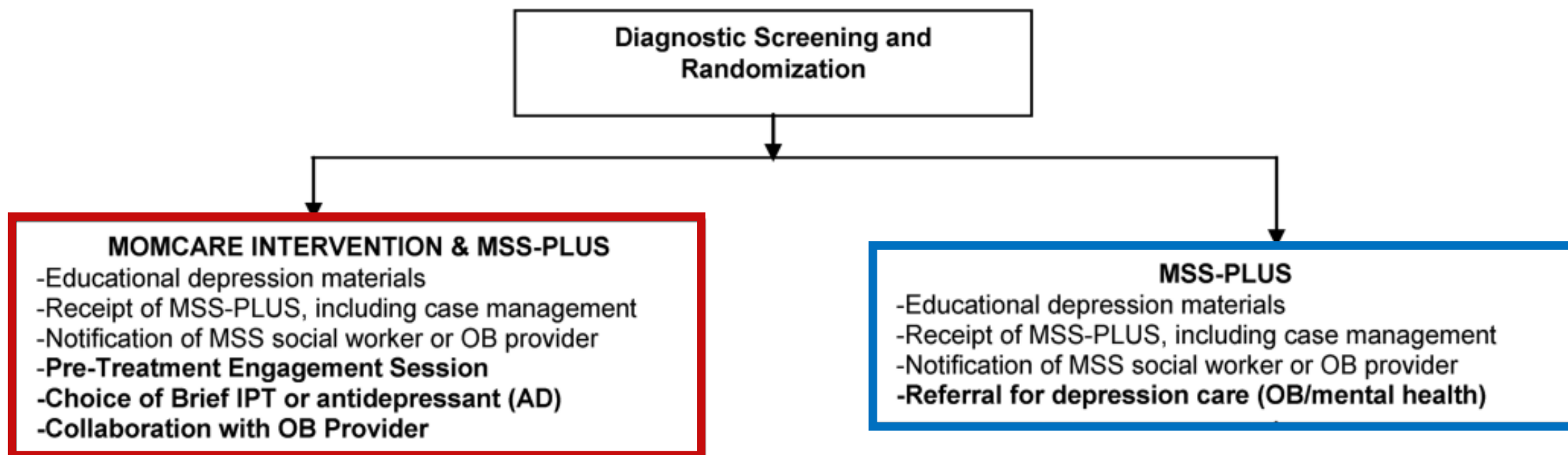
Collaborative Care for Perinatal Depression in Socio-economically Disadvantaged Women: A Randomized Trial

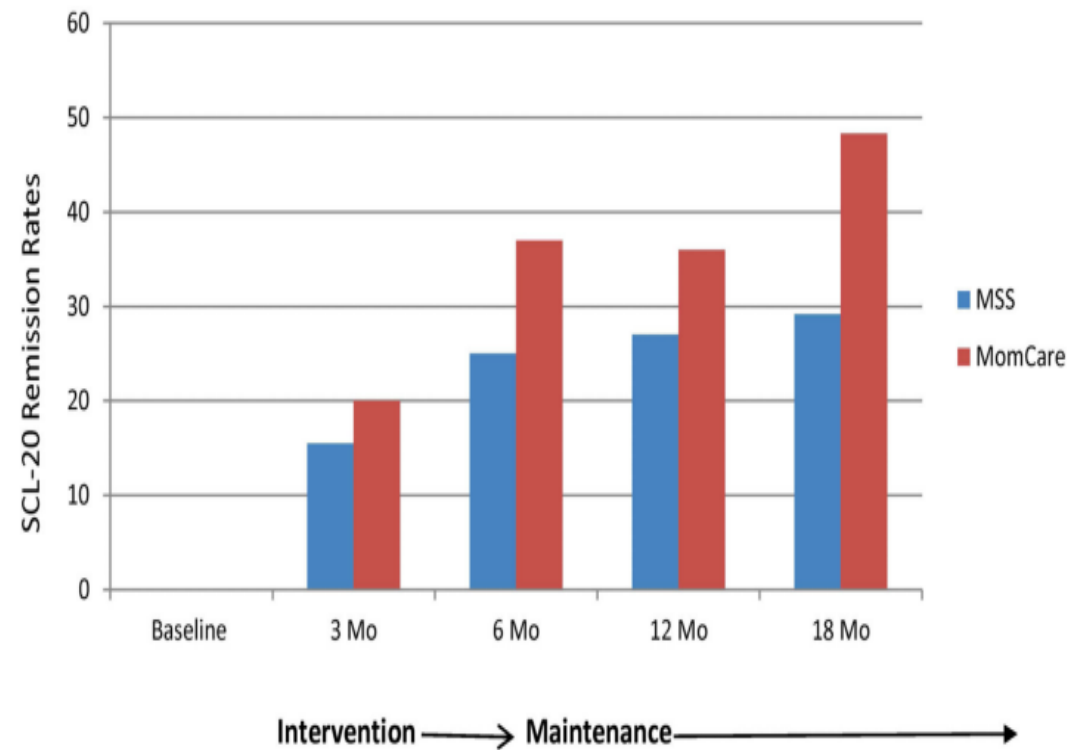
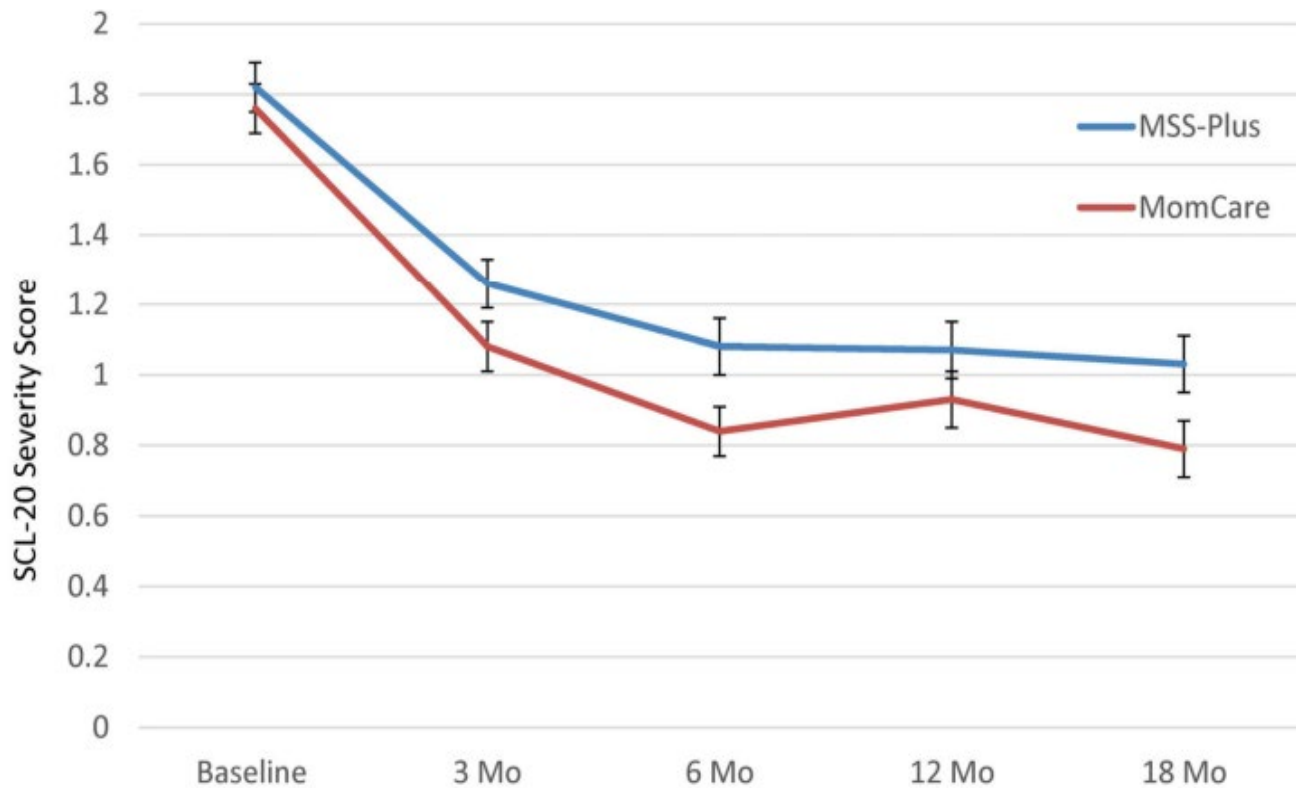
Nancy K. Grote, Ph.D.¹, Wayne J. Katon, MD², Joan E. Russo, Ph.D.², Mary Jane Lohr, MS¹, Mary Curran, MSW¹, Erin Galvin, MSW¹, and Kathy Carson, B.S.N³

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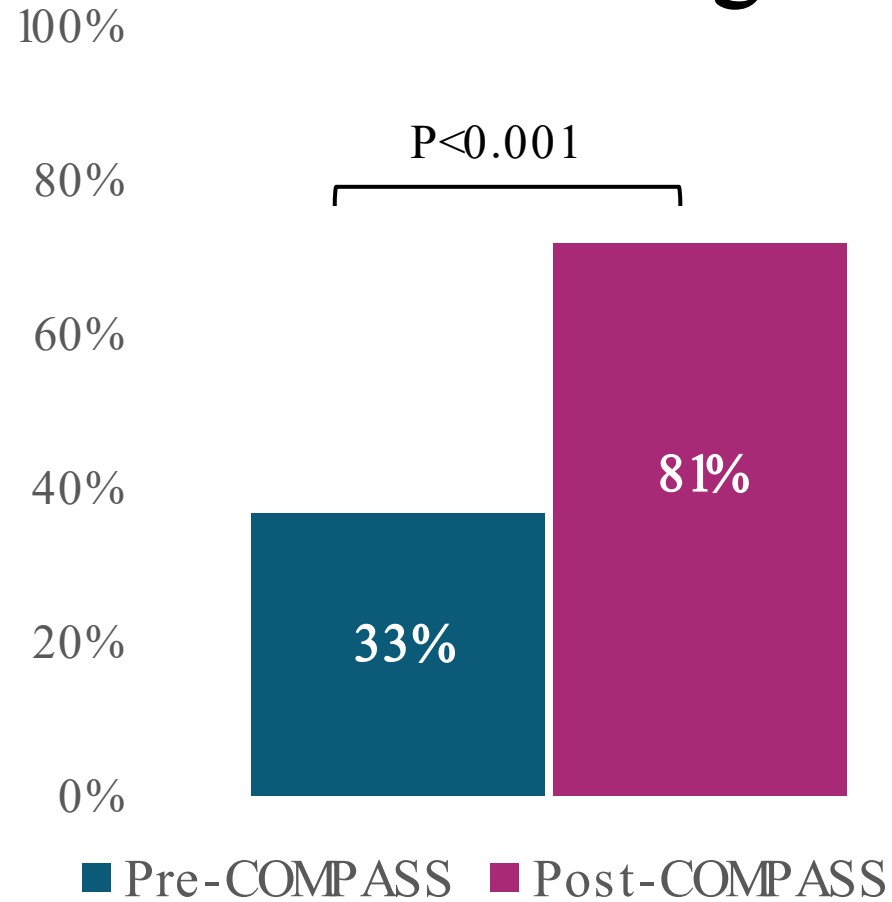


Established **efficacy** of *perinatal* Collaborative Care Model

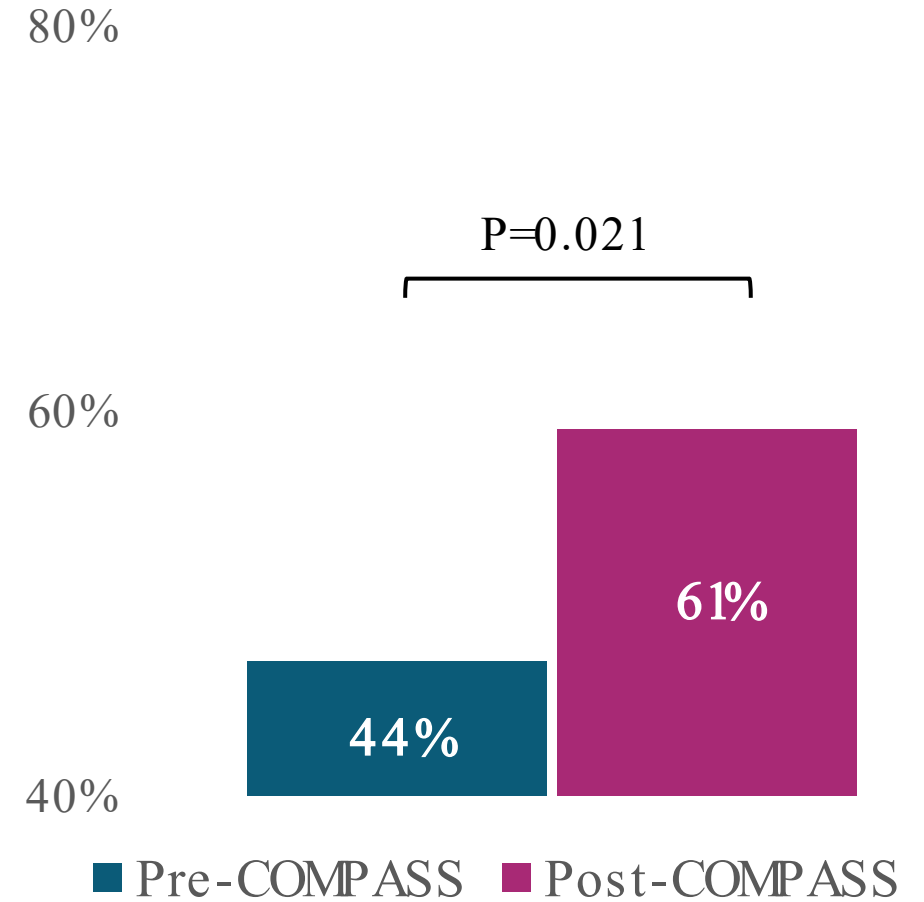
COMPASS

- Collaborative Care Model for Perinatal Depression Support Services
- Implemented January 2017
- Serves ~5000 pregnant and postpartum people annually
 - 5 diversly structured obstetric care offices
- People eligible during pregnancy or postpartum
 - Followed for 12 months postpartum

Screening



Treatment





Efficacy /
Effectiveness

Equity

STUDY DESIGN

Pre-COMPASS

(Delivery dates:
9/2015 – 10/2016)

Post-COMPASS

(Delivery dates: 8/2017 – 2/2019)

COMPASS
1/2017

COMPASS Program Ongoing

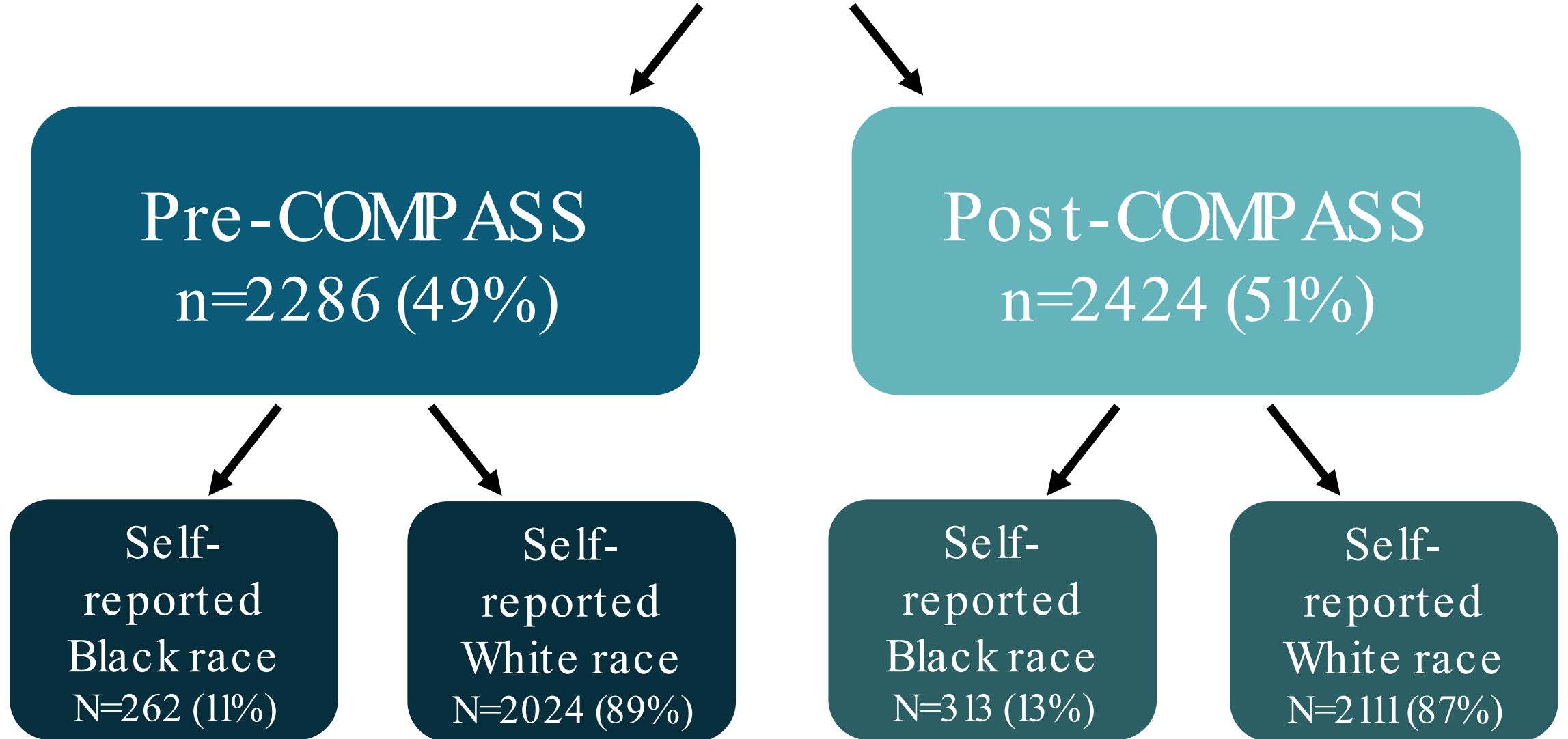
STUDY DESIGN



STUDY DESIGN

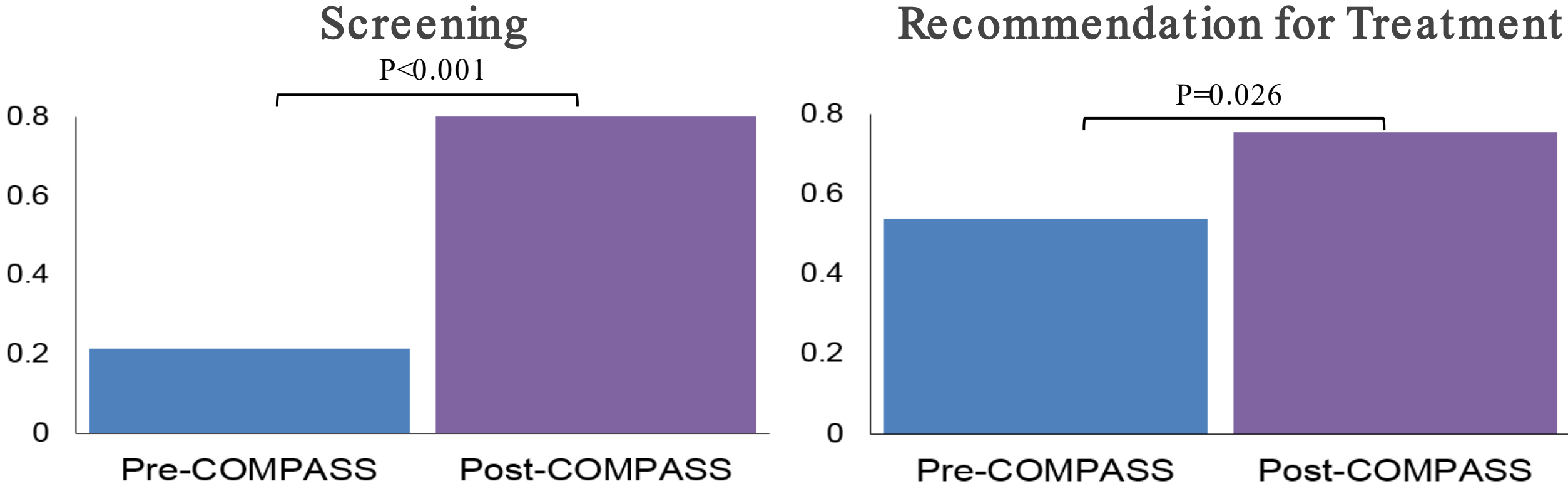
- Race is a social construct
- Bivariable analyses by implementation epoch
- Propensity score used in multivariable models
- Interaction terms: race x implementation epoch
 - Analyses performed stratified by implementation epoch if interaction terms were significant

4710 Birthing People



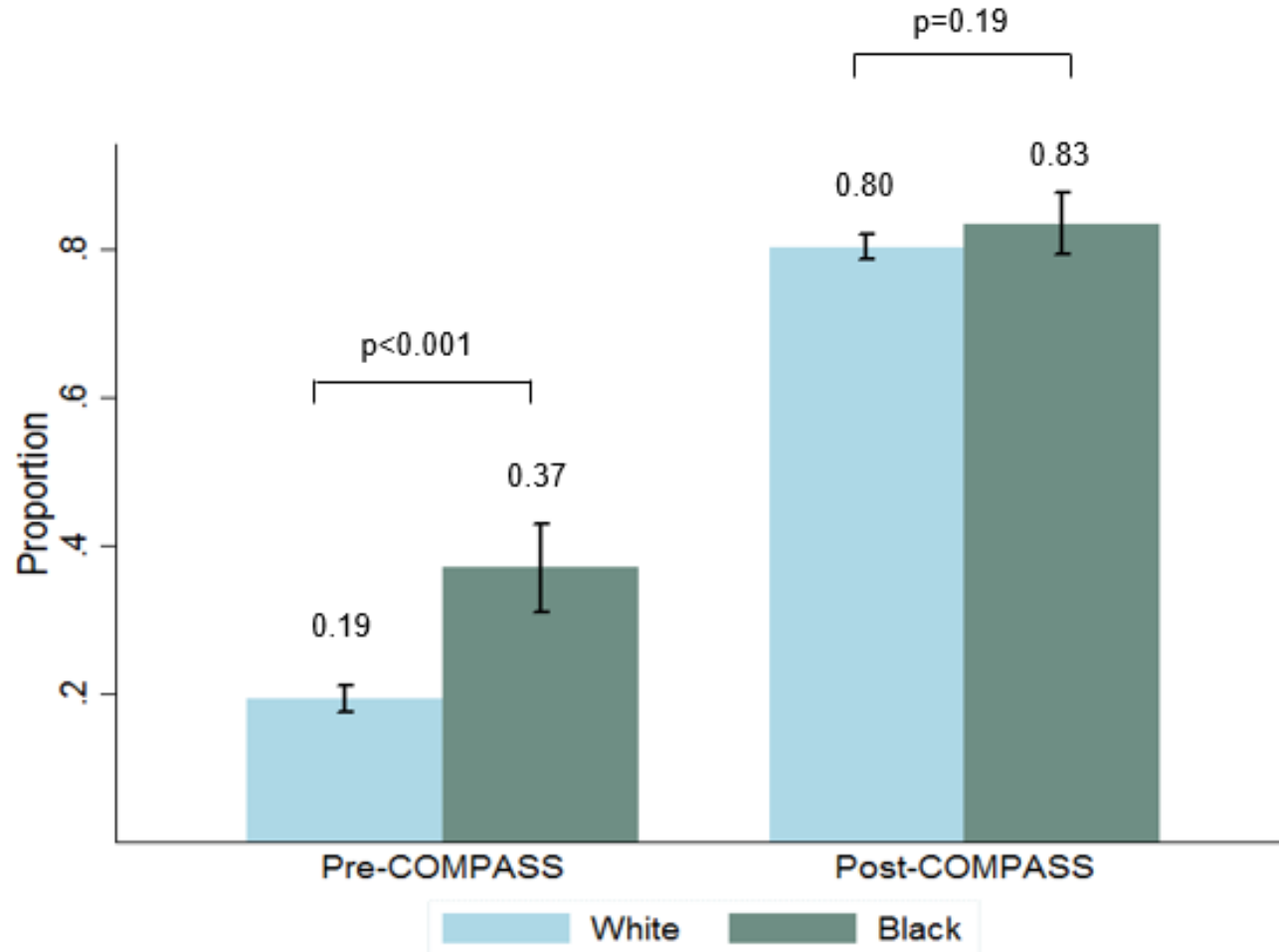
	Pre-COMPASS n=2286	Post-COMPASS n=2424	P value
Maternal age at first prenatal visit (years)	33.3 [30.9-36.0]	33.5 [31.0-36.1]	0.14
Public insurance	0.6%	2.5%	<0.001
Nulliparous	50.6%	53.7%	0.033
Mental health dx prior to pregnancy	20.6%	28.3%	<0.001
Substance use	2.6%	1.6%	0.020
Chronic medical condition	32.1%	41.6%	<0.001
Gestational diabetes	2.8%	4.7%	0.001
Gestational age at delivery (weeks)	39.4 [38.7-40.3]	39.3 [38.4-40.1]	<0.001
Preterm birth	8.1%	9.7%	0.047

KEY FINDING: Main Effects



		P value
Antenatal	Screening for depression	<0.001
	Recommendation for treatment	0.045

KEY FINDING: Depression Screening

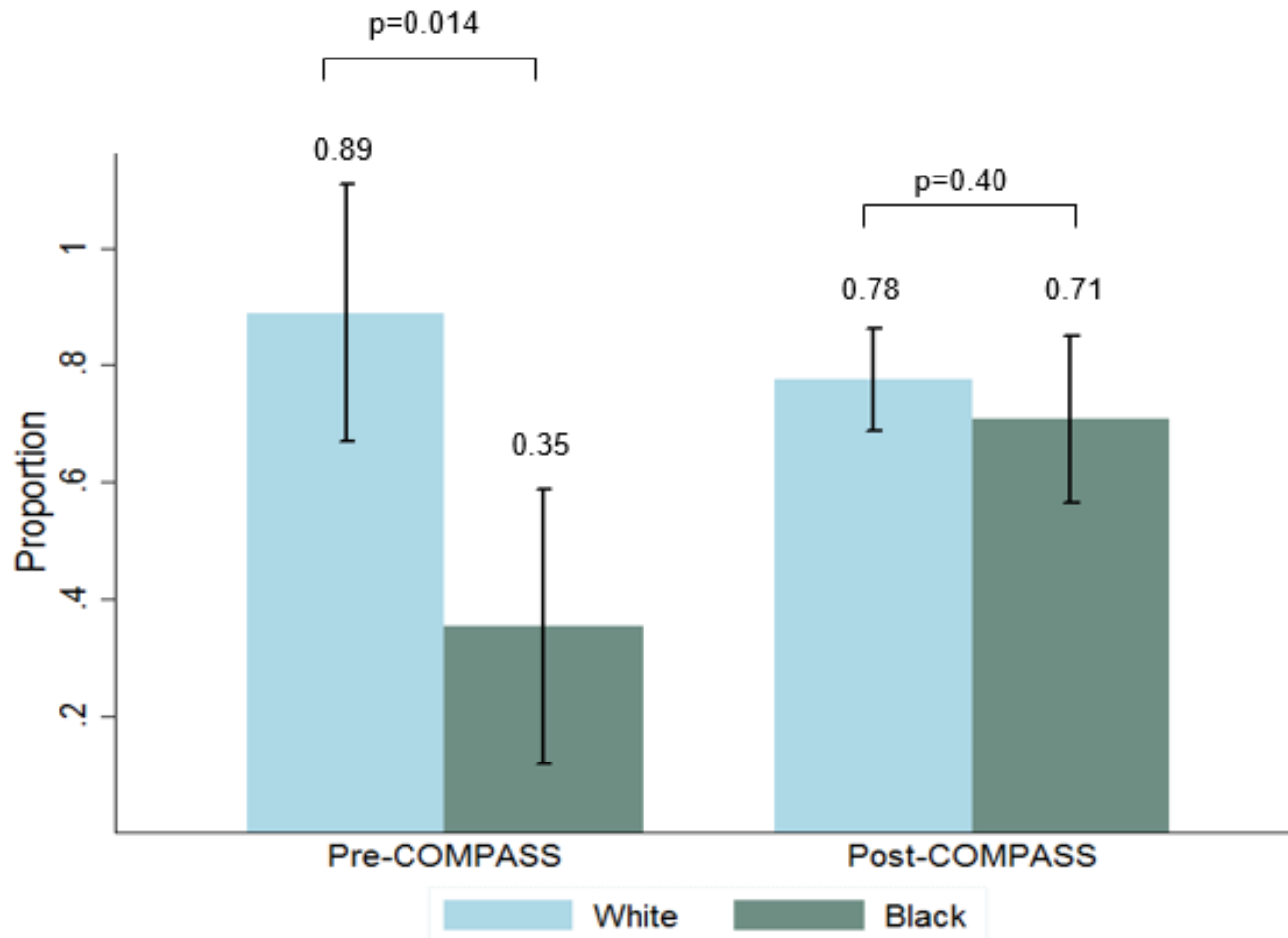


Error bars represent 95% confidence intervals

	aOR (95% CI)
Pre-COMPASS	2.44 (1.86-3.22)
Post-COMPASS	1.22 (0.89-1.68)

White race is the referent group

KEY FINDING: Treatment Recommendation



Error bars represent 95% confidence intervals

	aOR (95% CI)
Pre-COMPASS	0.05 (0.01-0.55)
Post-COMPASS	0.64 (0.27-1.53)

White race is the referent group

LIMITATIONS

- Causality cannot be assumed
- Implementation occurred in urban prenatal clinic affiliated with an academic quaternary care birthing hospital
 - Practice pattern changes observed after implementation of COMPASS may not be generalizable in other settings with less robust resources

DISCUSSION TIME

- **TAKE A FEW MOMENTS TO COLLECT YOUR THOUGHTS FROM THE ARTICLE AND RECAP – WE WANT TO HEAR FROM YOU!**
- **STEP UP, STEP BACK – GIVE SPACE TO NEW VOICES TO CONTRIBUTE TO OUR DISCUSSION**

GROUP DISCUSSION

- Is the information in this article expected or unexpected? How does it match up with your real-world experience?
- What are some key strengths and limitations that should be considered when thinking about the information in this article?
- What are some unmentioned factors that may also influence the conclusions identified in this article?
- How can we improve practice it relates to the information in this article?
- What additional questions does the article raise?

PERINATAL COLLABORATIVE CARE COLLECTIVE

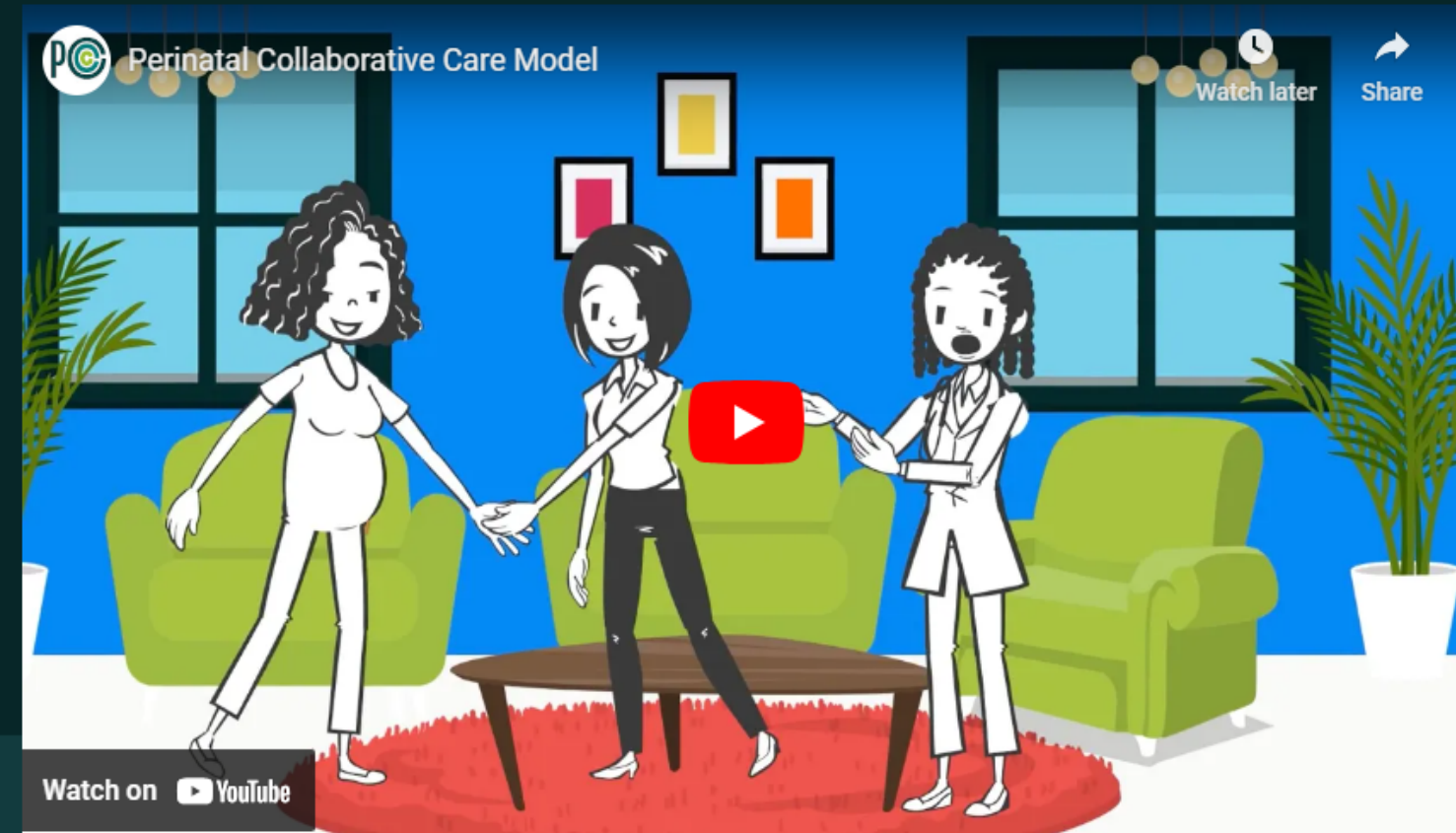
About the Collective ▾

Perinatal CCM ▾

Initiatives ▾

Care Team Training ▾

Patient Resources

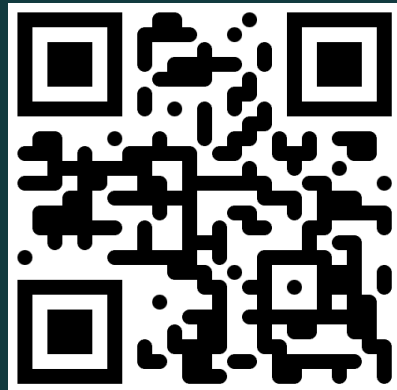


Transforming perinatal healthcare with a team-based, holistic, and integrated approach to mental wellness.

[Learn about Perinatal Collaborative Care](#)

- Practice Culture
- Care Manager
 - Basic Training
 - Advanced Training
- Perinatal Psychiatrist
- Obstetric Clinician
- Healthcare Administrator
- FAQ

Care Team Training



Thank You!



Please send any questions to obgynsafety@acog.org
Certificates will be sent via email in 2 weeks



Advancing ob-gyn care for all.