

**Department of Obstetrics and Gynecology at Baylor University Medical Center
Proposal for Funding of a
Psychology Fellowship in Women's Health**

Organization Purpose and History

Quality, safe patient care—surrounded by medical education and scientific research—defines Baylor Health Care System. What began in 1903 as a single 25-bed hospital dedicated to humanitarian service in the City of Dallas has grown into a health system of 13 hospitals and 130 affiliated treatment centers.

Baylor University Medical Center (BUMC) is a major patient care, teaching, and research center for the Southwest, and is the flagship hospital of Baylor Health Care System. BUMC is the only local hospital to be consistently recognized in *U.S. News & World Report* as one of “America’s Best Hospitals.” In February 2006, BUMC was ranked by Health Grades Inc. as among the top 5% of hospitals in the nation in terms of patient care. Because it offers specialized services at the leading edge of medical innovation and technology, BUMC is often called upon to treat patients with the most severe and complex medical conditions.

Excellence in patient care begins with excellence in medical education. BUMC sponsors 32 graduate medical education (GME) programs, and shares sponsorship with the University of Texas Southwestern Medical Center for 5 other programs. Each year, 200 residents and fellows receive graduate medical training at BUMC. As a teaching hospital, BUMC also serves as a “safety net” hospital for the region, providing a disproportionate amount of care to poor and medically indigent populations.

Baylor Health Care System Foundation, a separately incorporated not-for-profit organization, raises and manages charitable funds for Baylor Health Care System. The Foundation was established in 1978, and has since grown to be one of the largest hospital-related fundraising organizations in the United States with assets of \$232 million. The Foundation distributed \$23.7 million to Baylor Health Care System in fiscal year 2006 (July 1, 2006-June 30, 2006), bringing to \$290 million the amount it has distributed to Baylor Health Care System since its inception. The Foundation has a donor base of more than 6,000 individuals, corporations, and foundations.

Community Benefit

Throughout the system, Baylor annually provides charity medical care to tens of thousands of individuals who cannot pay for their treatment. Baylor consistently exceeds all state legal requirements mandating the provision of community benefit by tax-exempt, not-for-profit health care organizations. Baylor’s community benefit expenditures in fiscal year 2006 accounted for nearly 21.3% of its net patient revenue, reaching a record \$407 million in unreimbursed costs. The vast majority, or nearly \$395 million of the expenditure, went to provide care for charity patients and patients enrolled in government programs such as Medicare and Medicaid. Payments from these federal and state agencies are far below the actual cost of the care delivered.

The remaining \$12 million provided for unreimbursed costs of medical education and research, as well as more than 200 community benefit programs. Every year, Baylor medical centers respond to the needs in their respective communities with individually tailored community programs that address unmet health needs identified through a community needs assessment. These programs are conducted by Baylor facilities alone or in collaboration with local school districts, faith-based

organizations, and other not-for-profit agencies. Programs include community education on major health care issues, and free health screenings, camps, and immunization clinics.

Baylor has not wavered in its commitment to providing trauma and emergency care, as seen by the current \$53 million expansion of the emergency department at BUMC. This comes at a time when fewer hospitals are providing trauma services in their communities. At least 30% of Baylor's emergency department patients are uninsured. Baylor trails only Parkland Health & Hospital System in the number of trauma cases handled each year.

Among the many Baylor programs aimed at increasing equity in healthcare is Project Access Dallas, a collaboration between Baylor's HealthTexas Provider Network physician group and community organizations. The purpose of Project Access Dallas is to provide a continuum of healthcare services for the uninsured, and training for community health workers. Project Access Dallas has demonstrated a 35% reduction in emergency department visits, and a 61% reduction in hospital inpatient days, for its enrollees.

Current Services and Programs

Baylor Health Care System primarily serves an area comprised of Dallas, Tarrant, Parker, Johnson, Ellis, Kaufman, Rockwall, Denton, Collin, and Wise Counties. Baylor delivers almost 1 million patient services (unduplicated) each year. Its programs include:

- a full range of acute inpatient hospital services;
- specialized geriatric care to adults age 55 and over at four Senior Health Centers;
- a full range of adult and pediatric outpatient rehabilitation;
- emergency services, including Level 1 trauma care at BUMC;
- high-quality charity care in hospital-sponsored clinics; and
- long-term adult and pediatric specialty care.

Staff

- Joel T. Allison, president and chief executive officer, Baylor Health Care System
- Gary Brock, chief operating officer, Baylor Health Care System
- Paul Convery, M.D., chief medical officer, Baylor Health Care System
- John B. McWhorter III, president, BUMC
- William L. Sutker, M.D., director, Graduate Medical Education Program, BUMC
- Elaine Neufeld, RN, manager, Outpatient Continuity Clinic, BUMC

Mission and Vision

Founded as a Christian ministry of healing, Baylor Health Care System exists to serve all people through exemplary patient care, education, research, and community service.

Our vision: To be trusted as the best place to give and receive safe, quality, compassionate health care.

Website Address

www.baylorhealth.com

Project Summary

The Psychology Fellowship in Women's Health will place a clinical fellow in Baylor University Medical Center's Outpatient Continuity Clinic to provide mental health services to indigent women suffering from pregnancy-related major depressive disorder.

Major depressive disorder (MDD) is a devastating, disabling disease. It affects 14.8 million Americans every year, and is 1.5-3.0 times more prevalent in women than in men (NIMH, 2006; APA, 2000). Women experience the highest risk for MDD during their childbearing years. These women are less likely to seek out or adhere to prenatal care, which research shows can lead to poor outcomes for the babies, including premature birth or even perinatal death (Vintzileos et al, 2002; Berkowitz & Papiernik, 1993; Zuckerman et al, 1989).

Postpartum depression has a serious impact on the mother and her family, as she may have difficulty caring for and nurturing her infant. It can impact the amount and quality of interaction that a mother has with her infant, ultimately impairing the baby's development. The consequences go far beyond the infancy years. Studies have shown that maternal depression can affect a child's cognitive, emotional, and mental development, and can lead to behavior problems that can extend into adolescence (Gelfand & Teti, 1990). The strongest predictor of postpartum depression in a woman is the occurrence of MDD before her pregnancy.

The Outpatient Continuity Clinic at Baylor University Medical Center treats 1,300 patients every month who have no other source of medical care. The scope of the clinic services spans several specialties and subspecialties, with Obstetrics/Gynecology being one of the busiest service lines. A great need in the Clinic is a counseling program for pregnant women and new mothers struggling with MDD, one in which the counseling is tailored to each woman's specific mental health needs. If the Clinic does not provide individualized counseling, patients will have to depend on the Texas Department of State Health Services for help. The counseling they would receive there is not individualized or specific to their needs, and does little to help women with MDD who are struggling to support themselves and their families.

Goals and Objectives

The Psychology Fellowship in Women's Health will provide indigent pregnant women and new mothers with individualized mental health care. It will serve to improve the health and well-being of the women, their newborns, and their families by coordinating medical and mental health care in a setting that specializes in the unique needs of women. The primary objective is to facilitate sustained and measurable change in these women's self-perception, relationship capacities, and overall adaptive functioning.

Plans for Implementation

The fellow selected for this position is Paula Dianne Miltenberger, a post-doctoral candidate in the Psychology Division at the University of Texas Southwestern Medical Center. Her fellowship year will begin on September 1, 2007 and continue through August 31, 2008. During that time, she will implement two programs: the Pregnancy Wellness Program and the Postpartum Support Program.

The Pregnancy Wellness Program will help pregnant women by reducing symptoms of depression anxiety, or other distress. The Postpartum Support Program, for new mothers and their families, will identify women who are at high risk for developing postpartum mood disorders, provide education and awareness programs, and referrals to community resources. Within these programs, Ms. Miltenberger will provide the following direct patient services each week.

Service	Activities	Hours per Week
Intake and Assessment	Clarifying patients' presenting problems, assessing their severity, determining whether or not there is a need for immediate intervention, formulating treatment plans, and facilitating appropriate referrals.	4
Individual Psychotherapy	Individual and couples therapy for patients with a broad range of ethnic and cultural backgrounds, diagnoses, and clinical treatments.	4
Group Psychotherapy	Lead group therapy for individuals and couples.	3
Consultation	On-call consultation to gynecology, antepartum, postpartum, and oncology inpatients at the request of physicians, nurses, social workers, and/or chaplains.	3
Personality Assessment	Complete full psychological evaluations to aid in problem identification, diagnosis, and treatment planning (minimum of 12 during the fellowship year).	3

Ms. Miltenberger will also spend 8 hours each week in the following outreach and supervised clinical training activities.

Training	Activities	Hours per Week
Clinical Psychology Treatment	Supervised exposure to individual and group therapy treatment models.	4
Professional Development and Outreach	Medical grand rounds; perinatal conference, and educational presentations to BUMC residents, nurses, and chaplains.	4

Population and Numbers Expected to be Served

The project will serve 3 patients a week, or a minimum of 150 women in 12 months. The women to be served in this project are low-income or indigent. Many of them are without jobs, without incomes, and without resources. They come to BUMC's Outpatient Continuity Clinic because they have no other source of medical care.

Expected Outcomes

Sustained, positive change in women's abilities to care for themselves and others will be measured by utilizing two evaluation instruments throughout the treatment course.

- The SF-36 is a multi-purpose, short-form health survey. It yields an 8-scale profile of functional health and well-being, a psychometrically-based physical and mental health summary, and a preference-based health utility index. It does not target a specific age, disease, or treatment group. The SF-36 has proven useful in surveys of general and specific populations, in comparing the relative burden of diseases, and in differentiating the health benefits produced by different treatments.
- The EPDS is a self-report measure that assesses depressive symptoms during pregnancy and the postpartum period, while excluding somatic symptoms (such as fatigue) that are normal during the perinatal period. The EPDS has been shown reliable and valid.

Catalyst for Beneficial Change

Helping indigent pregnant women become stable, healthy individuals so that they become supportive mothers will have tremendous impact on the community. Major depressive disorder significantly reduces a woman's quality of life and her ability to function in society. It also exacts a serious economic burden, accounting for 62% of all dollars lost on the job due to excessive absenteeism, reduced productivity, and disability. Significant costs are also associated with increased utilization of the healthcare system. The Psychology Fellowship in Women's Health has the potential of becoming a model for other organizations serving indigent pregnant women so that they can increase their capacity for recognizing MDD and its devastating impact on patients. In addition, the Fellowship will relieve a burden on the Texas Department of State Health Services, which is not sufficiently staffed or equipped to handle specialized cases.

Building Individual and Social Capacity

The Psychology Fellowship in Women's Health will foster clinic treatment and emotional support for new mothers so they can recover their physical and mental well-being, and their ability to care for themselves and their children. As the women's health needs are addressed and healing occurs, they will become focused and aware of their responsibilities to themselves and their child. Also, by sharing outcomes with other organizations, the Fellowship will help increasing their capacity to provide effective mental health services to some of society's most at-risk families.

Amount Requested

We are requesting \$23,124 to fund the fellowship for 12 months. This will allow the Ms. Miltenberger to spend 17 hours a week in the Clinic providing direct patient care, and another 8 hours a week in training and education activities.

Other Sources of Income

[information omitted]

Collaboration

The project is part of Women's Psychology Services, a collaborative endeavor of the BUMC Department of Obstetrics and Gynecology, and faculty and doctoral students in the UT Southwestern Psychology Division.