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Please submit questions via the Zoom chat during the presentation.

**For attendance**, please type in your name and organization in the chat.

Attendees are muted upon entry. Click “Unmute” when you would like to speak. Please mute yourself after speaking.

The presentations are posted on Tomorrow’s HealthCare www.tomorrowshealthcare.org

# 2026 PCMH Perinatal Care in Family and Pediatric Offices Sprint Session #3

June 23, 2026

Pittsburgh Regional Health Initiative

# Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the **Accreditation Council for Continuing Medical Education (ACCME)** and the **American Nurses Credentialing Center (ANCC)**, to provide continuing education for the healthcare team. **1.5 hours are approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the **Association of Social Work Boards (ASWB)** Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.5 continuing education credits**.

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# Learning Objectives

- ✓ Describe strategies for maternal mental health screening and referrals in pediatric and family practice settings
- ✓ Discuss progress in PCMH quality improvement projects for improving perinatal care in family and pediatric offices
- ✓ Describe strategies to implement the second PDSA sprint cycle

# Welcome

**Robert Ferguson,** MPH
Chief Policy Officer
Pittsburgh Regional Health Initiative

# Maternal Mental Health Screening and Referral Strategies for Pediatric and Family Practice Settings

**Brianna K. Moyer, MD**, LG Health Physicians Family and Maternity Medicine

**Sarah H. Jones, MD**, University of Mississippi Medical Center

# IMPLICIT ICC Maternal Depression Screening

June 23, 2026


# IMPLICIT Network Overview

# What does the IMPLICIT Network do?

- **I**nnovations for **M**aternal and **P**erinata**L** **C**are **I**mprovemen**T**
- Established in 2003
- Develops, implements, evaluates, and optimizes new and existing models of care focused on improving birth outcomes and the health of women/birthing people, infants and families
- Supports implementation of ICC and 4TM models at clinical sites
- Provides evidence, materials, resources, trainings and support for providers and residency faculty
- Creates a professional forum for primary care providers that grounds conversations about maternal and infant health outcomes in evidence, equity and justice.

# Why?

MoD 2024 Report Card

## INADEQUATE PRENATAL CARE

**16.1%** ↑

Percentage of babies whose mom received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.

**The preterm birth grade was D+ in 2024; half of all US states received a D or an F**

Preterm birth rate (born before 37 weeks gestation) and grade by state, 2024


11 states met the Healthy People 2030 target for preterm birth of 9.4% of all live births.

GRADE AND PRETERM BIRTH RATE

| A | A- | B+ | B | B- | C+ | C | C- | D+ | D | D- | F |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 7.7% or less | 7.8 to 8.1% | 8.2 to 8.5% | 8.6 to 8.9% | 9.0 to 9.2% | 9.3 to 9.6% | 9.7 to 10.0% | 10.1 to 10.3% | 10.4 to 10.7% | 10.8 to 11.1% | 11.2 to 11.4% | 11.5% or greater |

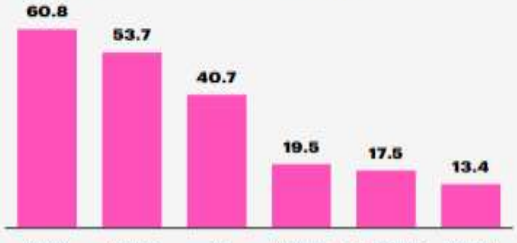
**Maternal mortality has returned to pre-pandemic rates. Still, 669 maternal deaths occurred in 2023 and disparities by race/ethnicity persist**

## MATERNAL MORTALITY RATE

**18.6**

Death from complications of pregnancy or childbirth that occur during the pregnancy or within six weeks after the pregnancy ends.

Maternal mortality rate (deaths per 100,000 live births) by race/ethnicity, 2019-2023




Maternal mortality rate, 2019-2023

*Changes in maternal mortality rates were statistically significant for all years shown.*


MARCH OF DIMES

# IMPLICIT Network Sites

- 51 sites have utilized the Network to implement ICC
- 44 sites are active with ICC in the Network
- 29 sites share ICC data with the Network via REDCap
- 12 sites are active with 4TM in the Network


# Interconception Care (ICC)

# Why ICC?

Interconception Care (ICC) is the care that is given to women/birthing people **BETWEEN** pregnancies. It allows us to identify and address risk factors prior to the next pregnancy.

Early and adequate prenatal care is not enough to prevent premature and low birth weight infants.

1 in 10 infants in the United States are born prematurely.

**52%**

Non-Hispanic Black women/birthing people are 52% more likely to experience premature birth as compared to their white counterparts.

# What is IMPLICIT ICC?

ICC is a brief, innovative model that **screens** mothers/birthing people at well child visits from 0 -24 months to address **4** modifiable risk factors.

## What are the risk factors?

Smoking

Depression

Family Planning

Prenatal & Multivitamin Use

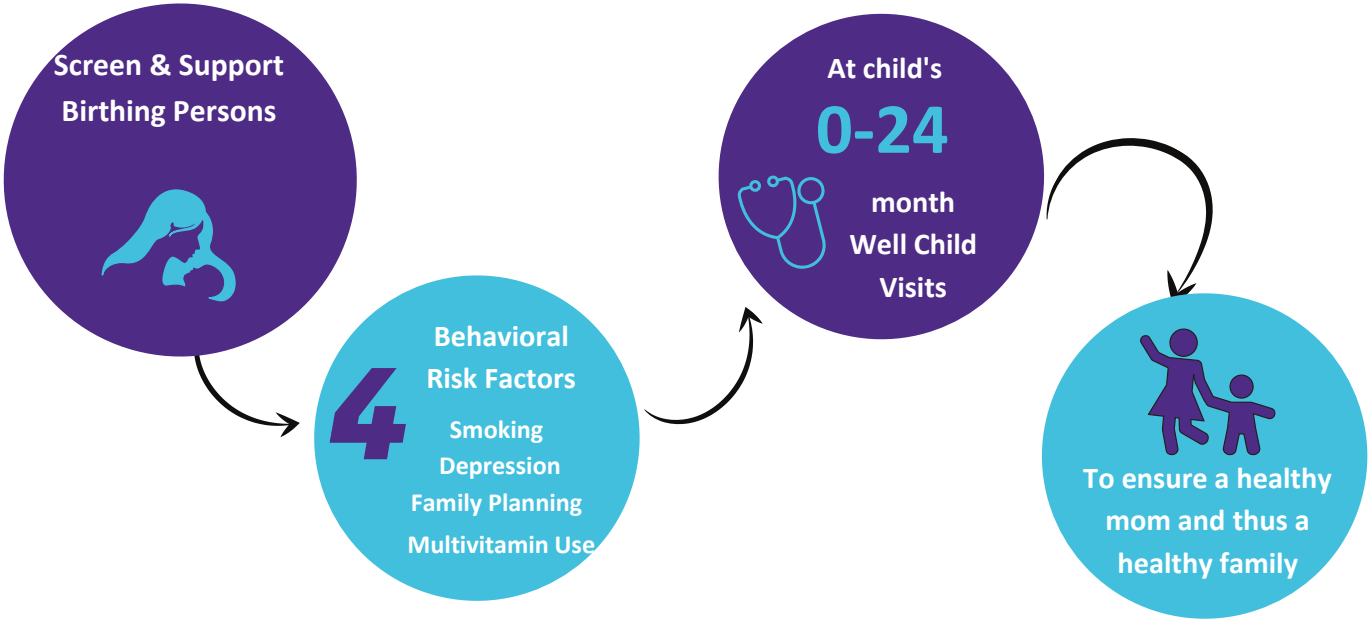
## The Stats:

**94%** of mothers/birthing people attend their child's well child visit!

**93%** of mothers/birthing people are willing to receive health advice from their child's doctor!

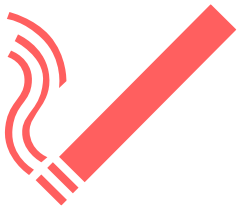
**64%** of mothers/birthing people screened positive for one or more ICC risk factors during a well child visit!

# IMPLICIT ICC Workflow



# The Model

**Focus on four evidence-based risk factors affecting future birth outcomes.**



**Smoking**

**Depression**

**Family Planning**

**MVI w/ folic acid**

**Complete screen during well child visits from 0 -24 months.**
**Repeated screening can help identify and address risk factors.**

# Prevalence of Maternal Depression

**1 in 8 mothers/birthing people experience postpartum depression**

**Depression has a peripartum recurrence of 40%**

**Postpartum depression is one of the most underdiagnosed obstetric complications in America**

# Evidence for Maternal **Depression Screening**

**Maternal depression can create an environment that places the child at higher risk of language, cognitive, social, and emotional delays**

**Effective treatment of depression in MBPs reduces the risk of problem behavior and psychopathology in children**

**AAP states that pediatric medical homes should establish a system to screen for depression at the 1-, 2-, 4-, and 6-month well-child visits and provide referrals when necessary**

# Best Practices for Maternal **Depression Screening**

**The AAP, ACOG, and USPSTF all endorse the Edinburgh Postnatal Depression Scale and the two-question Patient Health Questionnaire (PHQ- 2) screen for depression**

**After initial screening at 1-month, repeated screening at 6 and 12 months postpartum identifies an additional 13 percent of women at high risk of depression**

**Screening should be non-stigmatizing, assuage an MBP's fear of being reported to authorities, and use language that frames questions about the MBP's well-being in terms of their child's health**

# Evidence for Maternal Depression Screening

| Table 4. Validated screening methods for depression during pregnancy and postpartum depression |
|---|
| • Beck Depression Inventory<br>• Beck Depression Inventory-II<br>• Center for Epidemiologic Studies Depression Scale<br>• Edinburgh Postnatal Depression Scale<br>• Patient Health Questionnaire 2 and 9 (PHQ-2 and PHQ-9)<br>• Postpartum Depression Screening Scale<br>• Zung Self-rating Depression Scale |
| ACOG, 2015 |

| Table 5. Depression screening comparison: PHQ-2 and 2-item screen | |
|---|---|
| **PHQ-2 (Pfizer, 2016)** | The first two questions of the PHQ-9: Over the last 2 weeks, how often has the person been bothered by any of the following?<br>• Having little interest or pleasure in doing things<br>• Feeling down, depressed or hopeless<br><br>The answers are scored 0 to 3.<br>(scored 0 = not at all; 1 = several days; 2 = more than half the days; 3 = nearly every day) |
| **2-item screen (Spitzer et al., 1994)** | • During the past month have you often been bothered by feeling down, depressed or hopeless?<br>• During the past month have you often been bothered by little interest or pleasure in doing things?<br><br>The questions are yes/no. |


# Completing ICC at the WCV

***How do I integrate the screening questions into the well child visit?***

Family medicine physicians are **uniquely** suited to addressing issues during the interconception period

# Addressing Positive Screens

- Need to develop workflows for addressing positive screens, especially if mother/birthing person is not a patient
- Additional appointments or referrals often needed to improve maternal health
- Some sites are testing case management strategies
- Most sites have patient education materials that focus on the four risk factors
- Build a care team system for referrals

**Workflows for addressing positive depression screens are crucial for acute suicidality/homicidality since screening occurs during WCV**

# ICC at the WCV

**How to include ICC in the WCV**

Ask mother/birthing person how they are doing **while** you are examining baby!

Ask mother/birthing person how they are doing **after** you are done examining baby!

**It's totally up to you!**

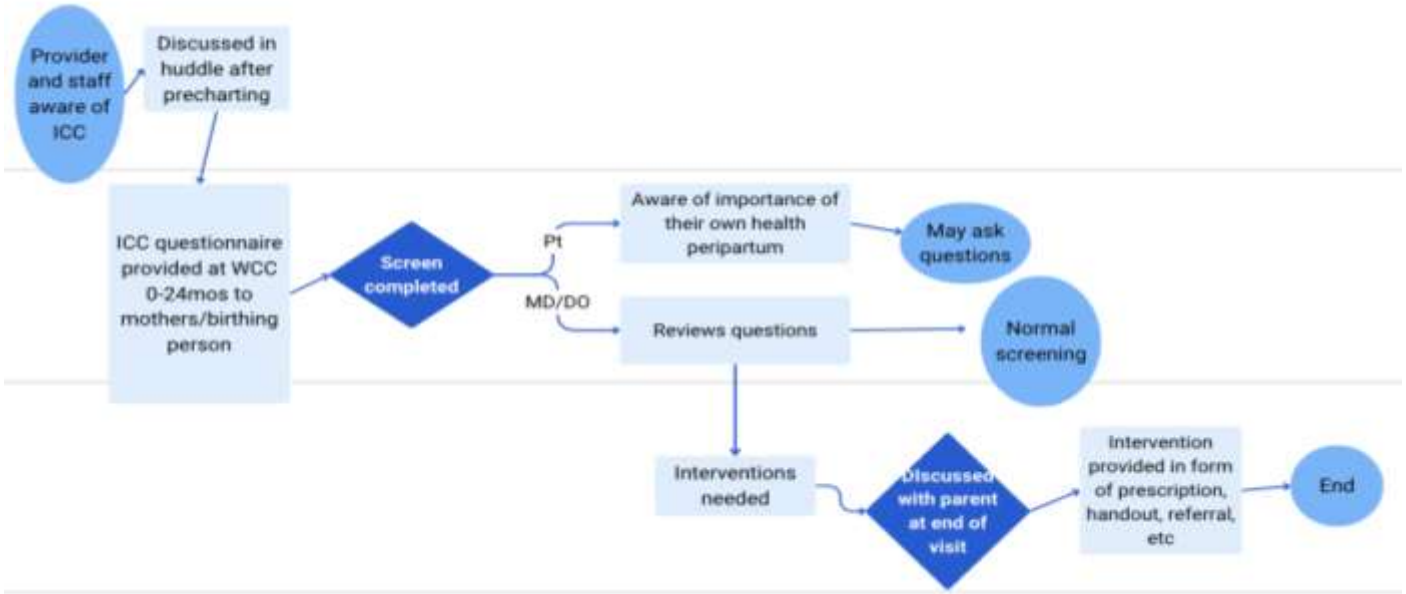
**Something to consider. . .**

**We should explain to mother/birthing person why we are asking these questions at the well child visits . . .**

**Example:**
**"Asking these questions help us to provide the best possible care for your family. We want to make sure we support your family as best we can!"**

*Video examples of ICC conducted at WCVs*

# Sample Family Medicine Workflow



# Sample Family Medicine Workflow

- ICC questions are on a laminated sheet that is given to the mother/birthing person (MBP) at the time of rooming
- MBP completes the screening questions, including the PHQ-9, prior to the provider entering the room
- Provider reviews the ICC questions during the visit and addresses any positive risks

# ICC Screening Form

## How Are You Doing Mom?

| | | | |
|---|---|---|---|
| 1. | Are you this child's birth mother?<br>*If NO, you do not have to complete the questionnaire.* | **Yes** | **No** |
| 2. | What is your smoking history? | **Current Smoker** | **Former Smoker** | **Never Smoked** |
| 3. | If Smoking, are you interested in quitting? | **Yes** | **No** |
| 4. | **Do you have a prior history of depression?** | **Yes** | **No** |

***Please answer each question 5-13 with the number you feel best describes yourself:***

*0 – Not at all  1- Several days  2- More than half the days  3- Nearly every day*

Over the past two weeks, how often have you been bothered by any of the following:

| | |
|---|---|
| 5. | Little interest or pleasure in doing things? |
| 6. | Feeling down, depressed, or hopeless? |
| 7. | Trouble falling or staying asleep, or sleeping too much? |
| 8. | Feeling tired or having little energy? |
| 9. | Poor appetite or overeating? |
| 10. | Feeling bad about yourself; that you are a failure or have let people down? |
| 11. | Trouble concentrating on things, like newspaper or TV? |
| 12. | Moving and speaking unusually slowly, or being unusually fidgety and restless? |
| 13. | Thoughts that you would be better off dead or hurting yourself? |

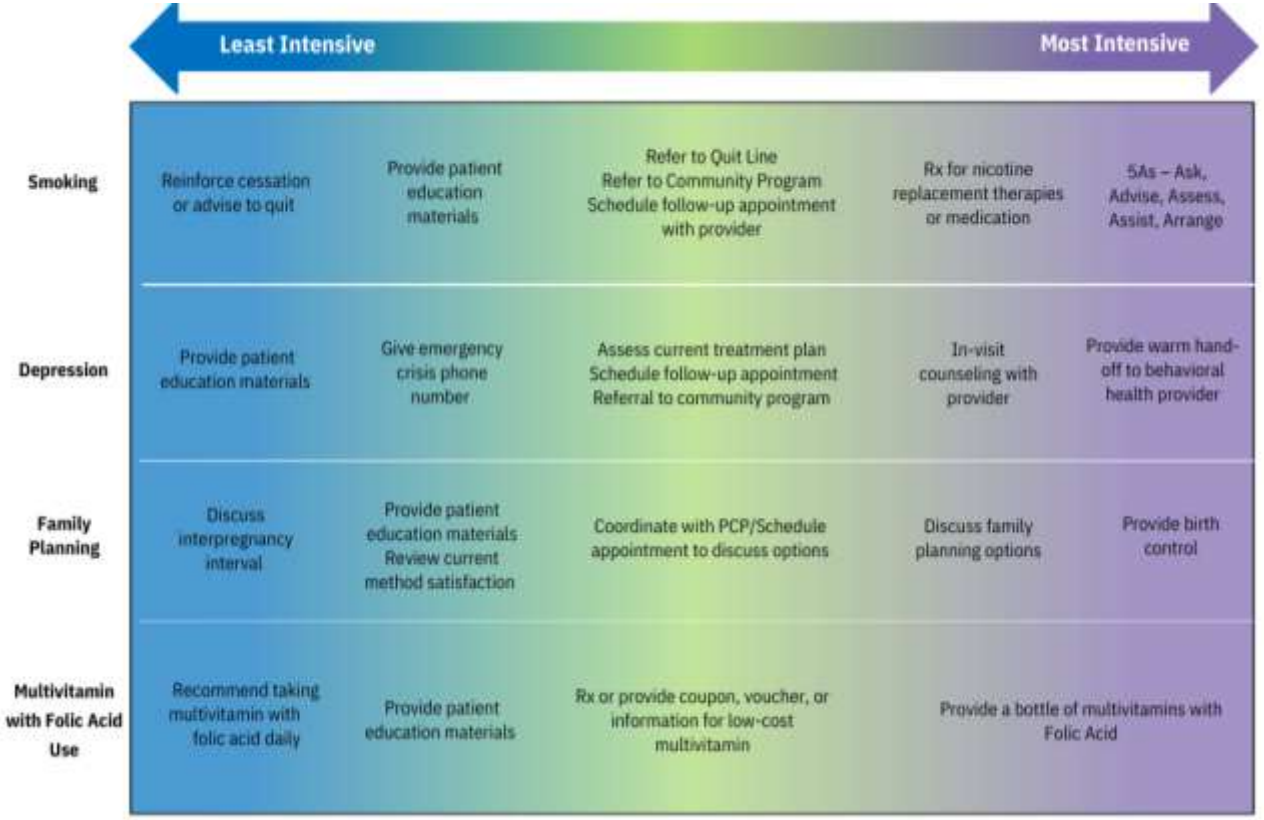
**PHQ9 Total Score:**

***If this is not your first well child visit, you only need to answer the next questions if your information has changed***

| | | | | |
|---|---|---|---|---|
| 18. | Are you (mom/birthing person) a patient at this office? | **Unknown** | **Yes** | **No** |
| 19. | What is you highest level of education? | **Less than High school degree or equivalent (GED)**<br>**High School degree of equivalent (GED)**<br>**More than High school or equivalent (GED)** | | |
| 20. | What health insurance do you have? | **Medicaid/Medical assistance** | **Private Insurance** |
| | | **Self-Pay** | **Unknown** |
| 21. | How old were you at this child's birth? | _____ | |
| 22. | How many living children do you have? | _____ | |

| | | | |
|---|---|---|---|
| 14. | Since this child's birth, have you been pregnant? | **Yes** | **No** |
| 15. | **What is your current birth control plan** | **IUD/Implant/Permanent sterilization** | **Depo/Pills/Patch/Ring** |
| | | **Barrier/Withdrawal** | **Currently pregnant** | **Trying to conceive** |
| | | **Abstinence/Not sexually active** | **No method** |
| 16. | Are you happy with your current birth control plan? | **Yes** | **No** |
| 17. | **Are you currently taking a multivitamin, prenatal vitamin or folic acid?** | **Yes** | **No** |

# Intervention Spectrum



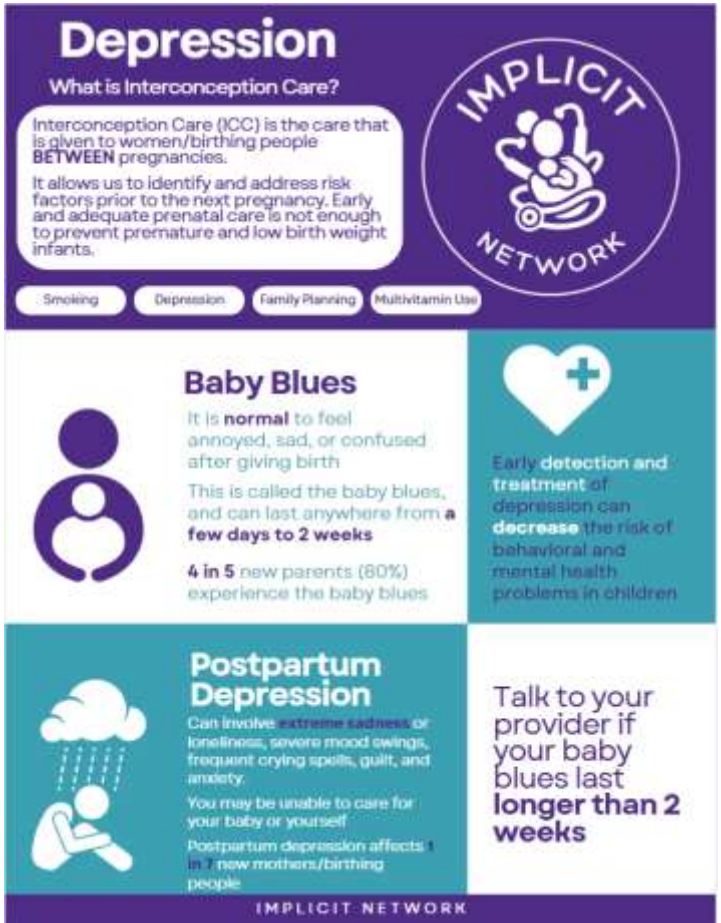
# Interventions if the Clinic is PCP

- Informational handout with relevant phone numbers and resources
- Referral to integrated counselor or community counseling services
- Separate appointment scheduled to further discuss symptoms and treatment options
- Prescription for new medication or adjustment of current medications

# Interventions if the Clinic is Not PCP

- Informational handout with relevant phone numbers and resources
- Referral back to or direct communication with PCP
- If no PCP, offer to have the MBP establish at the clinic

# ICC Patient Education




# Documenting Interventions

- Interventions are documented in the child's chart under the ICC workflow
- If the MBP is a patient, can consider an add-on visit that day or document in a telephone encounter
- If the MBP is a patient and is agreeable to the add-on visit, then the discussion and intervention can be billed as a regular office visit

# ICC in Pediatric Setting

# ICC in Pediatric Setting

- In a 2013 study by Walker, et al in the *Journal of Pediatric Health Care*, more than 85% of mothers found it acceptable to discuss their health, including depression, smoking, and alcohol use, at their child's pediatric visits
- In addition, maternal screening for smoking and depression is recommended by the American Academy of Pediatrics during well child exams
- Pediatrics and Family Medicine physicians are a team


# ICC at UMMC

- 2 pediatric clinic sites at University of Mississippi Medical Center
  - Jackson Medical Mall (JMM) and North Clinic (NC)
    - JMM Complex Care and General Pediatrics
    - NC General Pediatrics
- 10 attending and 47 resident physicians per year were trained or re-trained.
- The first screen was 3/22/2017 (IMPLICIT phase 2) in EPIC.
- Phase 3 started on 6/30/2019 and was transitioned to Redcap on 12/3/2019

# UMMC: Provider Education and Retention

- Pediatric primary care providers (PCP), both resident and attending physicians, at 2 sites were initially educated on the IMPLICIT project, screening tools, action plans, and standardized resources
  - The education was performed over several weeks in a series of informational emails, small group meetings, and one lecture session prior to project initiation
- With implementation, clinic and provider data was reviewed monthly and follow up reminders sent to attending PCPs to encourage participation and clarify usage

# UMMC: Provider Education and Retention

- The attending physicians during resident continuity clinic ask the resident with each well child encounter the details of the screen and concerns addressed to re-enforce the use of the screening tool and appropriate education
- Annual presentations of de-identified data (e.g., screenings completed; positive findings on screening items) were presented to provider groups
- PCPs were offered Maintenance of Certification (MOC) credit for participation 6/1/2018-12/1/2018 to encourage participation

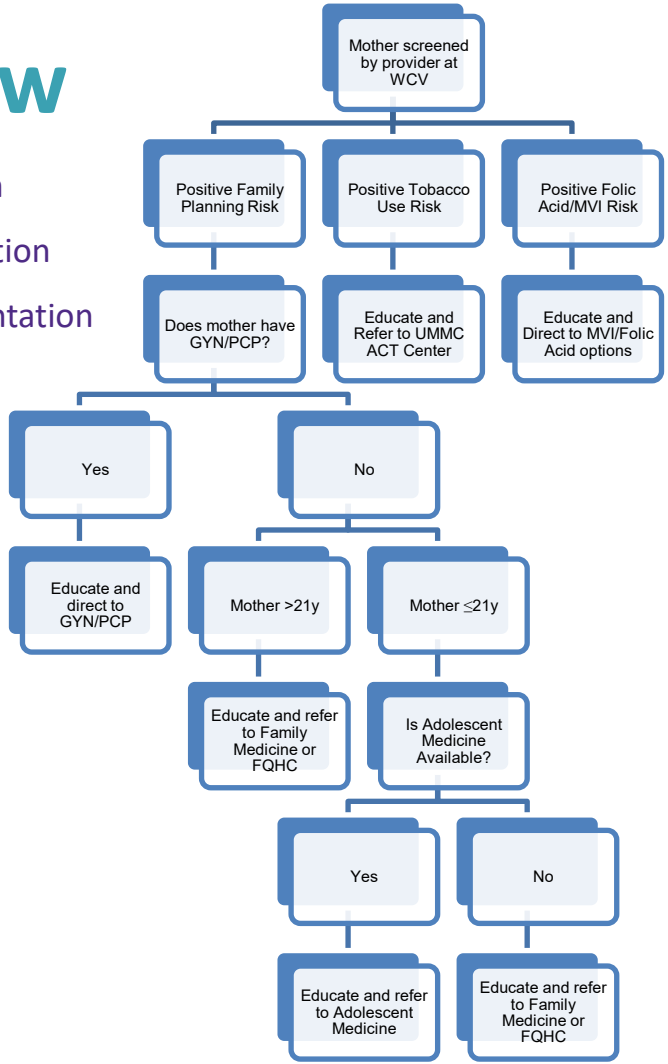
# ICC Workflow

Maternal Smoking Cessation

Family Planning and Preconception

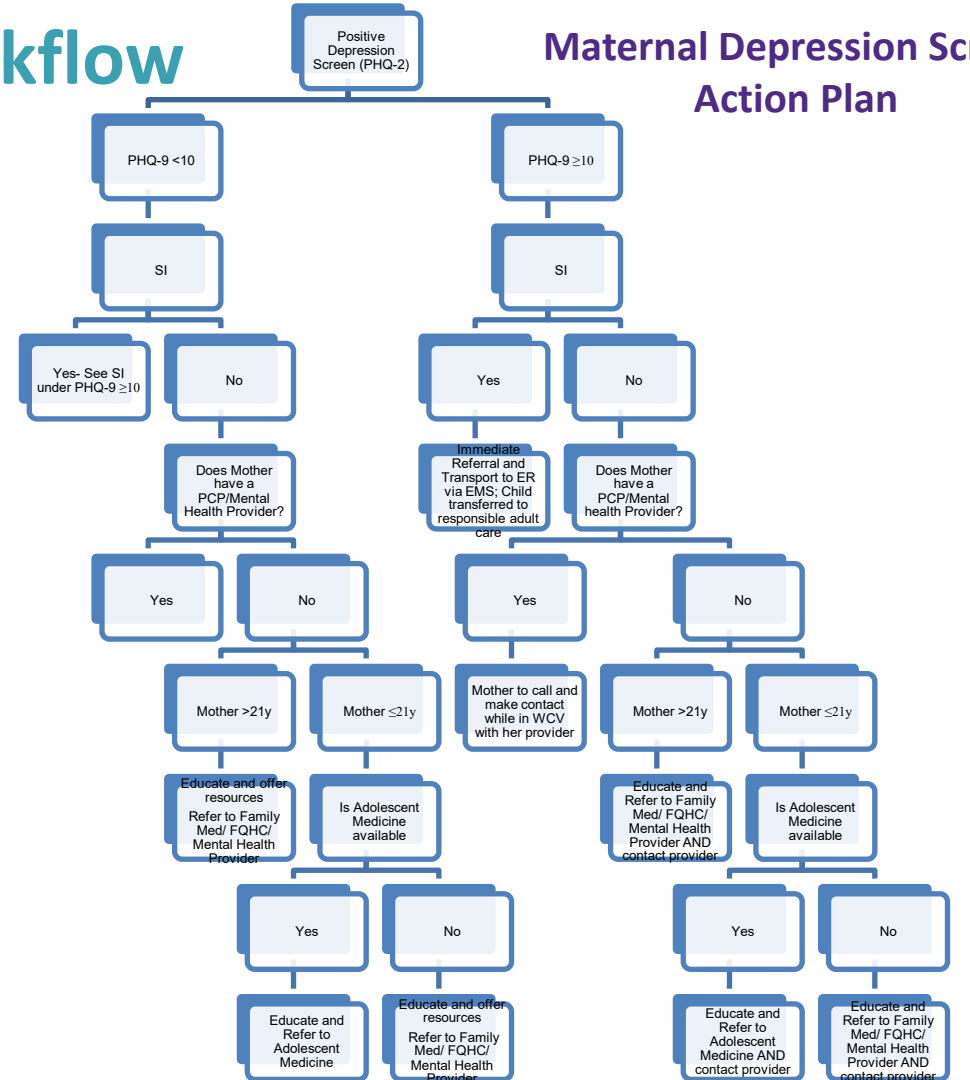
Folic acid/Multivitamin Supplementation

Action Plan

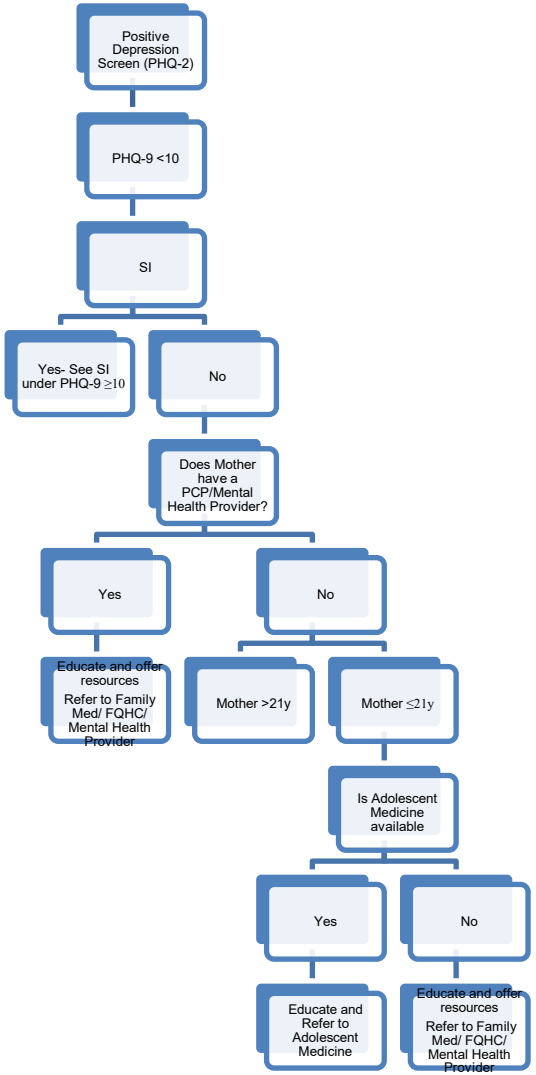


# ICC Workflow

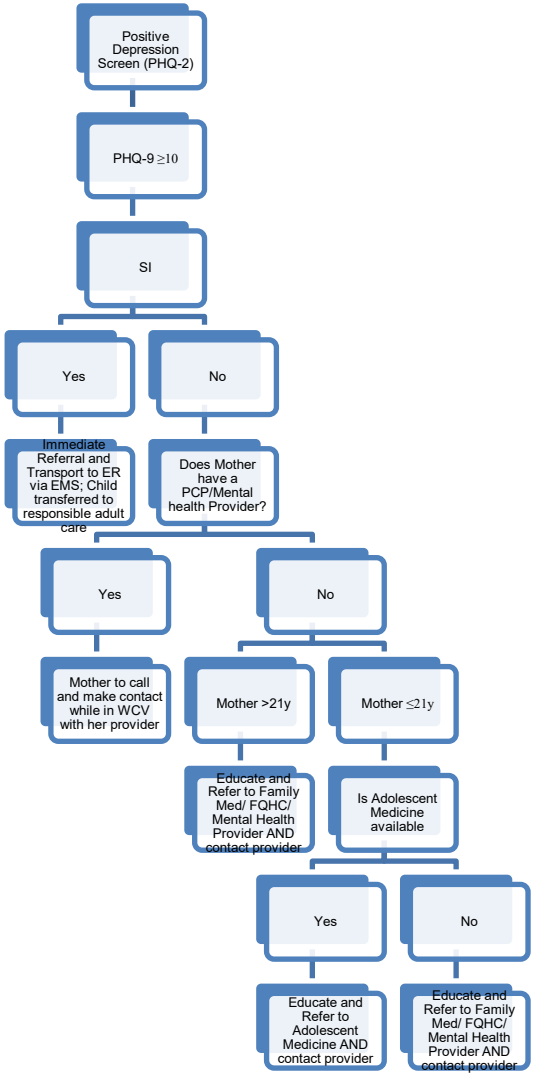
## Maternal Depression Screen Action Plan



# Maternal Depression Screen Action Plan



# Maternal Depression Screen Action Plan



# IMPLICIT ICC Continuous Quality Improvement

# Continuous Quality Improvement

- To improve ICC processes and maternal behavior, sites should use their data for continuous quality improvement (CQI)

## Examples of QI Activities Include:

**Meetings**

Regular meetings with ICC Team at site

**Screening**

Identify and troubleshoot barriers to screening

**Data Analysis**

Analyze/use data e.g. develop provider report cards

**Data Analysis**

Check data quality with Network Coordinator

**Optimize Risk Factors**

Make risk factor interventions more meaningful

# ICC Model:
# **Depression Data**

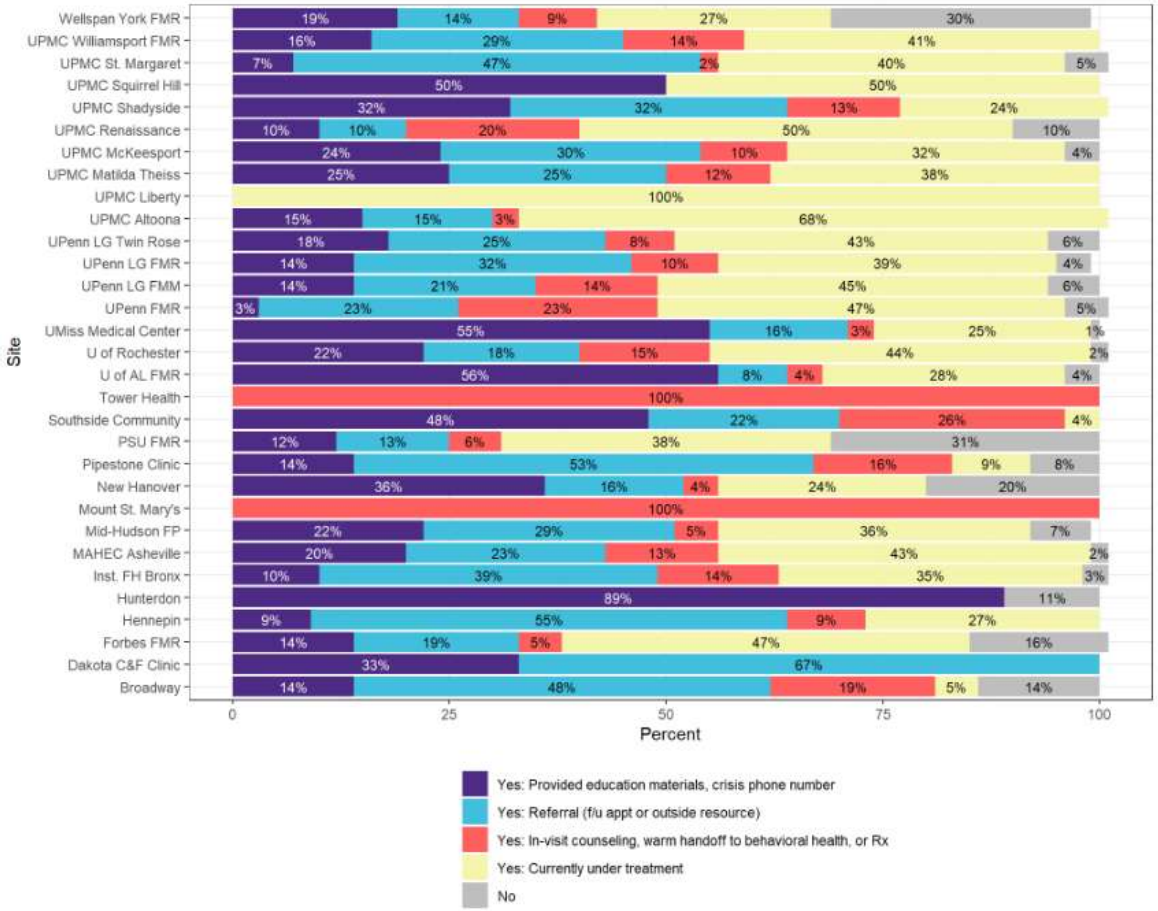
**Out of 140,160 WCVs there were 90,485 depression screens**

**6.3% positive depression risk screening**

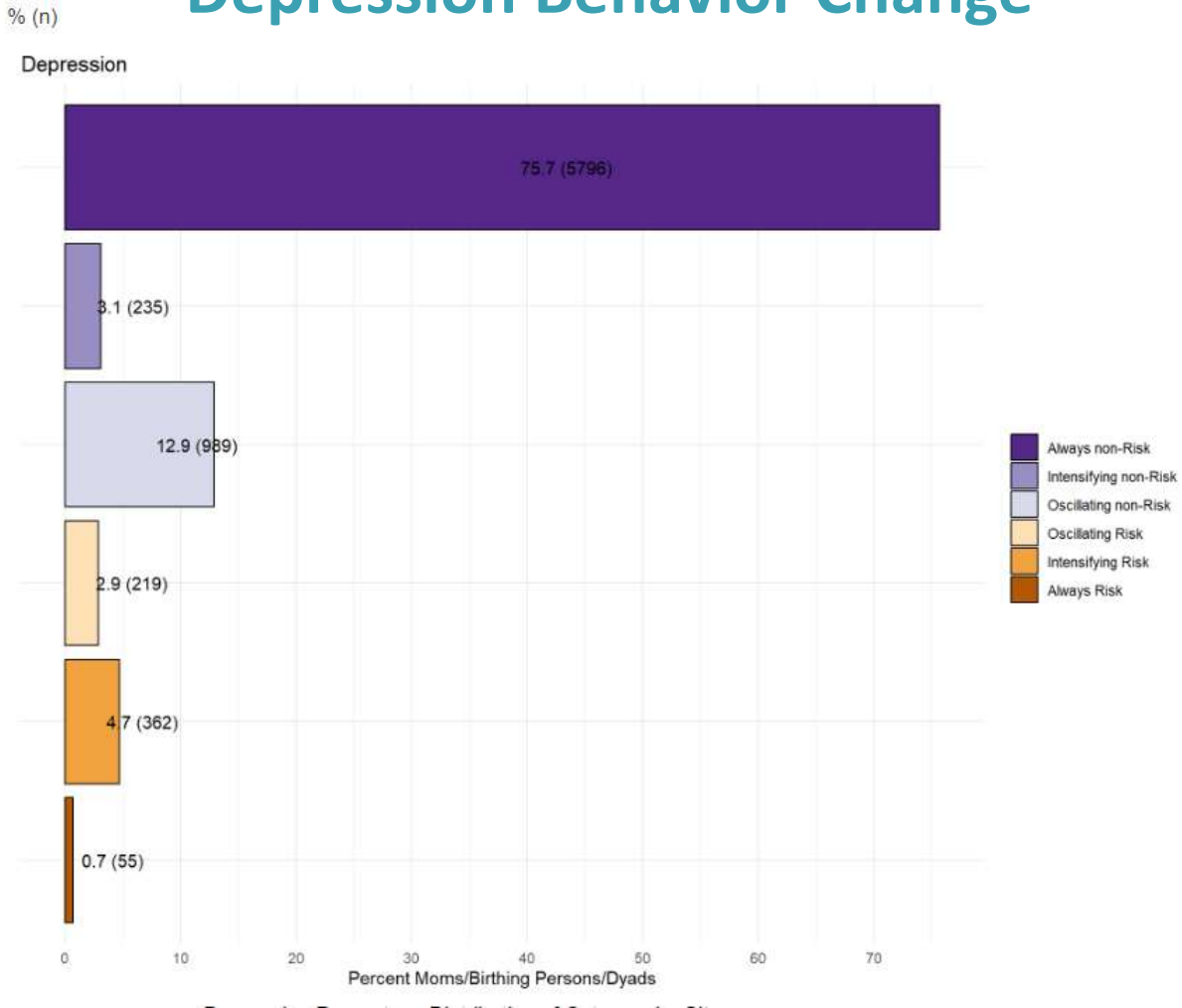
**93.2% received an intervention when documented**

# Depression Phase 3 Interventions

Includes only WCV where risk is positive and intervention was documented. Due to rounding, stacked bars/percentages may fall shy of or exceed 100%.



# Depression Behavior Change



# Postpartum Depression Screening Reimbursement

# Postpartum Depression Screening Reimbursement

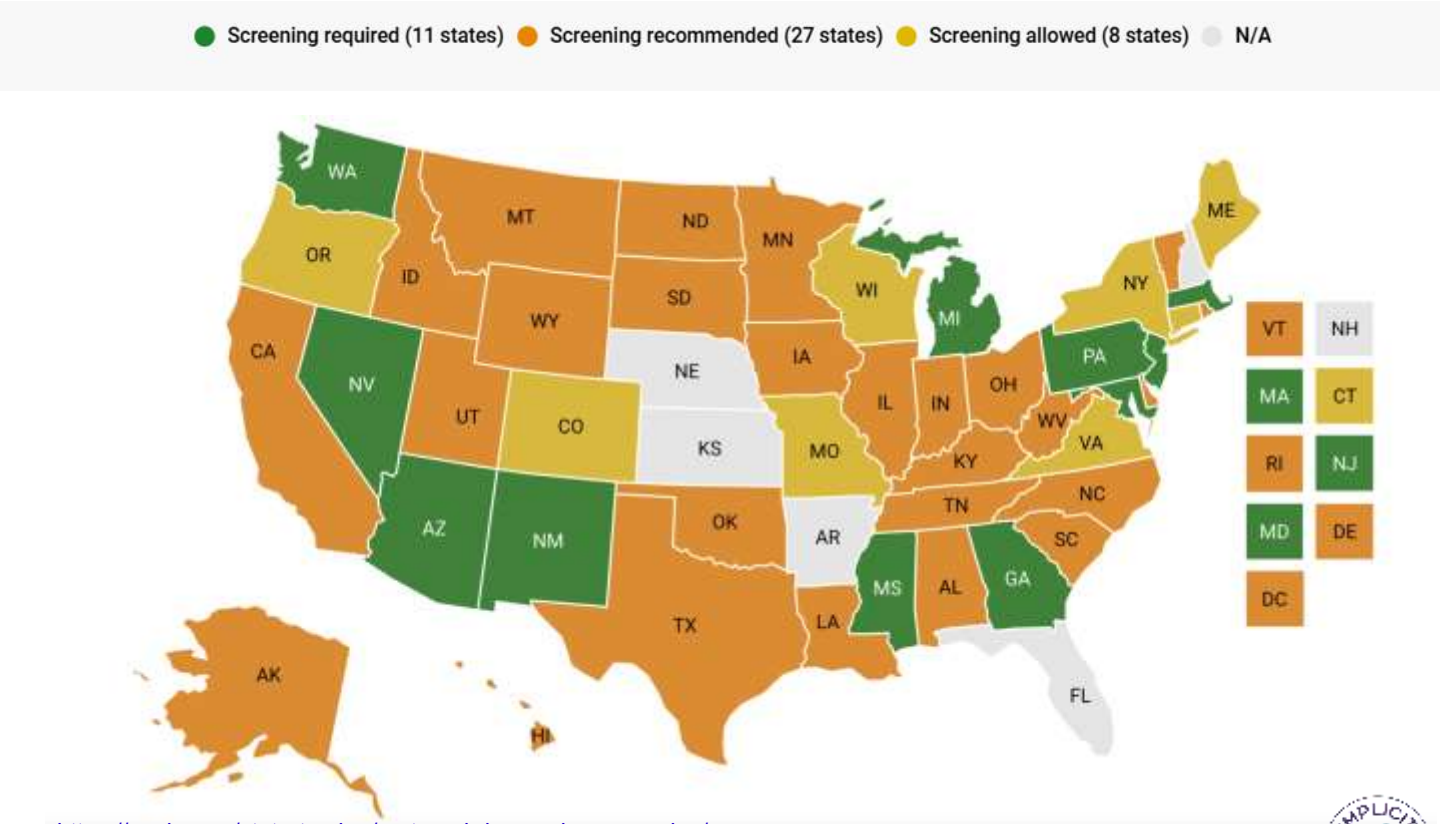
# States that have requirements or mandates for screening for maternal mental health conditions

- New Jersey
- West Virginia
- Massachusetts
- Washington
- Nevada
- New Mexico
- Mississippi
- Michigan
- Maryland
- Georgia

https://policycentermmh.org/2024-state-maternal-mental-health-legislation-report/

https://nashp.org/state-tracker/maternal-depression-screening/

# Medicaid Policies for Caregiver and Maternal Depression Screening during Well-Child Visits, by State




https://nashp.org/state-tracker/maternal-depression-screening/
Interactive tool for Medicaid coverage for maternal depression screening at WCC

# MDS Reimbursement for PA

Depression Reimbursement Table Link

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Pennsylvania** | Require | CPT: 96161($3.48 if claimed outside of a WCV, otherwise included in WCV rate) ($3.48 if claimed outside of a WCV, otherwise included in WCV rate) | Child's ID | 1-, 2-, 4- and 6-month WCVs MDS may be billed as part of WCV until child reaches 1 year of age | 52 | Yes | Yes | Require |

Pennsylvania reimburses as part of the WCV bundle, if it is claimed outside of a WCV it is $3.48

(Billing code 96161)

Can only be billed as part of WCV for up to the first year

Staff, N. (2020, February 25). *Medicaid Policies for Caregiver and Maternal Depression Screening during Well-Child Visits, by State - NASHP.* NASHP. https://nashp.org/state-tracker/maternal-depression-screening/

# Case Study:
# What happened in Massachusetts

- 2011 Postpartum Depression Legislative Commission created
- 2016 MassHealth (Medicaid) started to cover screenings
- 2024 All insurers required to cover screening

Currently reimbursed at ~$9

# Massachusetts Maternal Depression Screening

***Perinatal Care Providers***

Providers may submit claims for one prenatal and one postpartum depression screen for a pregnant or postpartum MassHealth member in a 12-month period, using the woman's MassHealth ID number.

***Pediatric Providers***

Pediatric providers may claim for the administration of one postpartum depression screen in conjunction with a well-child or episodic visit for a MassHealth member aged 0-6 months, using the infant's MassHealth ID number.

**Perinatal Depression Screening in Conjunction with Pediatric Visits Does Not Affect CBHI Screening**

Providers must continue to administer and claim for behavioral-health screening for the infant during well-child visits using the appropriate Current Procedural Terminology (CPT) code and modifier.

For a single date of service, pediatric providers may file a claim for a child's Children's Behavioral Health Initiative (CBHI) screen and separately claim for a MassHealth-approved perinatal depression-screening tool using the infant's MassHealth ID number.

# Results of Payment for Screening

"After regression adjustment, implementation of the Massachusetts Medicaid reimbursement policy was positively associated with perinatal depression screening rates with a differential increase of 10.0 percentage points ($p < 0.001$) for postpartum screening and 3.5 percentage points ($p < 0.001$) for prenatal screening"

Jeung C, Attanasio LB, Geissler KH. Improving perinatal depression screening uptake: The impact of Medicaid reimbursement policy in Massachusetts. Health Serv Res. 2024 Dec 16:e14420. doi: 10.1111/1475-6773.14420. Epub ahead of print. PMID: 39681957.

# Case Studies

# Family Medicine Case Study Part 1

- Emma is a 25-year-old female presenting with her daughter for her daughter's 4-month WCC. Emma also has a 2-year-old son at home. Emma is a patient at the practice, and she sees the same physician who will be seeing her daughter today. As the nurse is rooming her for the visit, she provides her with a laminated paper with questions about her own health, including questions about her mood. **Emma has a history of depression and takes sertraline 50 mg daily. Prior to her recent pregnancy, she was seeing a counselor, but she hasn't had time to make an appointment since the baby was born.**
- When the physician enters the room, she talks with Emma about her daughter and answers her questions about when she can start introducing solid foods. The physician examines Emma's daughter and reviews the growth charts with Emma.
- After she finishes the exam, the physician picks up the laminated sheet with Emma's questions and reviews the answers. She explains to Emma how integrated her health is with the health of her children, and she asks if Emma has any concerns about herself. **Emma says she has no particular concerns.**

# Family Medicine Case Study Part 2

- The physician explains to Emma that she reviewed the answers and Emma has **some symptoms suggestive of worsening depression**. The physician asks Emma if she would be willing to share more about what she has been feeling. Emma shares that she has been **feeling exhausted**, **has not wanted to do things she normally enjoys, and constantly feels guilty that she is not doing enough**. Emma explains that she was not sure if this was normal or a sign that her depression was worsening.
- The physician thanks Emma for sharing with her, and they discuss options, including **re-establishing with counseling and increasing the sertraline dose**. Emma learns that she can do telemedicine counseling appointments, and she is open to scheduling one of these appointments. She is also open to increasing the dose of her sertraline. On her way out of the clinic, she schedules a follow-up appointment for herself in 4 weeks and also schedules her daughter's 6 month well child check.

# Pediatric Case Study
# Part 1

- Zoe has brought her 4-month-old daughter, Hannah, for a well-child visit and to establish care at your office. They recently moved to the area for her work and this is the first time anyone in the family has seen a local physician. As interconception care is the standard for all well-child visits from birth to 2 years of age at your office, Zoe was screened for depression, whether she was smoking, taking prenatal vitamins, and asked about her plans for more children. She had no history of smoking or depression, and **had no current depression symptoms, but has been a little stressed with the move**. She had not been taking her prenatal vitamins since she ran out a few weeks ago, and wants to wait at least 2 years before they try to have a second child. She did not have a postpartum visit before the move, and has been using condoms recently.

# Pediatric Case Study
# Part 2

- As Zoe is not a patient at our practice, she is given a handout on interconception care that includes information on the importance of taking a multivitamin with folic acid and birth control options. She's interested in starting an oral contraceptive. You give her a list of local family medicine offices and have your office staff assist her with scheduling an intake visit later in the week. You give her a coupon for free prenatal vitamins at the local pharmacy.

# Case Study Questions

**Case study: Emma**

Questions:

- For a mother/birthing person who is a patient at the practice, how could your practice develop workflows to reconnect this patient back to care? What strategies could be used to provide easily accessible and prompt care to this patient?
- How might this visit look different if the mother/birthing person is not a patient at the practice? What strategies could be used to connect the mother/birthing person to appropriate care?

**Case study: Zoe**

Questions:

- What resources does your site have available for parents who are not patients of your practice, whether you are able to offer the services or not?
- Does just giving information about the four areas of interconception care count as an intervention?

# Questions?

# Want to Learn More?

Download Our **ICC Toolkit**

Contact us:

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Follow us on Instagram:

IMPLICITNETWORK

Check out our Website:

# PCMHs' Sharing of PDSA Plans and Peer-to-Peer Learning

# Discussion Questions

- Briefly describe your PCMH's goal, intervention(s), and findings for the first PDSA cycle.
- How have your early findings influenced the focus of your second PDSA cycle?
- As you move into the second PDSA sprint, what implementation challenges are you anticipating, and what strategies are you considering to address them?
- Thinking about the screening and referral strategies discussed by today's speakers, what ideas or approaches are most relevant to your practice's next phase of improvement work?

# Next Steps, Wrap Up & Session Evaluation

**Lisa Boyd**

Pittsburgh Regional Health Initiative

# Next Steps from Today's Session

1. Update and submit Plans for **PDSAs by August 14th** and begin work on Plan and Do for second PDSA cycle
2. Reach out with any questions or to request 1:1 support or TA
3. Make sure you and your team are registered for the next session – Tuesday, September 15th at 9 – 10:30 a.m. via Zoom
4. Register for the In-Person Statewide Midyear session – Tuesday, November 10th at 8:30 a.m. to 3:00 p.m. at the Harrisburg Hilton

# 2026 PCMH Learning Network

## Final In-Person Session November 10th at 8:30 a.m. to 3:00 p.m.

**Final In-Person Session**

**PCMH Milestone:** Complete at least 2 PDSA cycles and share at the in-person event*

- **PCMHs** share their completed PDSA cycles
- **LN** recognizes PCMHs with greatest improvements
- **LN** announces 2027 Sprints

# Statewide Supplemental Sessions

HIV in Primary Care – Thursday, July 29th at 9 – 10:00 a.m. via Zoom
https://us06web.zoom.us/meeting/register/QY4Q84qBQzasiZlsORIERg#/registration

Stay tuned for additional information on these sessions and dates for fall supplemental sessions.

# PCMH Online Community

https://www.tomorrowshealthcare.org/

**Members of your PCMH's multi-disciplinary learning team will receive log-ins**


- Access the session materials in "Learning Sessions"
- Look for guides and tools in "Resources"
- Find session dates and registration links under "Events"

# CEU Process

## You will receive a follow up email with links to:

Complete the survey at: https://www.surveymonkey.com/r/PD39XS2 by Tuesday, June 30th

1. Please be sure to designate which CEU credits you are requesting **CME, CNE, Social Worker or Certificate of Attendance**. If you already have an account with the UPMC Center for Continuing Education, please be sure the email you enter on the survey matches the UPMC CCE account email that you create.
2. The UPMC Center for Continuing Education will follow up with you via email after June 30th with instructions on how to claim your credits.
   - ❑ To prepare, we recommend you create an account with UPMC CCE via this website https://cce.upmc.com.

# Thank You!