The webinar will begin shortly.
Slides for today’s webinar are available on the CIHS website at:

http://www.integration.samhsa.gov/about-us/webinars
Consultation for Kids: Models of Psychiatric Consultation in Pediatric Primary Care

May 4, 2015
2015 National Children’s Mental Health Awareness Day – Thursday, May 7th

- National event: Strengthening Communities by Integrating Care – streaming live from Lansburgh Theatre in Washington, DC at 1:30 ET
- Text, Talk, Act Event for High School Students
- #HeroesofHope social media activity throughout April and May
How to ask a question during the webinar

You can ask a question at any time during the webinar.

Please type your questions into the question box and we will address your questions during the Q&A portions of the event.
Today’s Purpose

• Understand the psychiatric consultation model at the clinical level, including the types of issues pediatricians consult on and its practical use in providing quality care;

• Recognize the structure of the consultation model, how it is implemented, funded, and operates at the state or regional level; and

• Identify the common components of psychiatric consultation programs across the country.
Welcome

Dr. Michael C. Lu, MD, MS, MPH
Associate Administrator
Maternal and Child Health
Health Resources and Services Administration
U.S. Department of Health and Human Services
Today’s Speakers

John H. Straus, M.D.
Founding Director, MCPAP
Medical Director Special Projects, Massachusetts Behavioral Health Partnership

Vincent Biggs, M.D.
Pediatrician
Holyoke Health Center, Holyoke, Massachusetts

Sarah M. Steverman, PhD, MSW, CIHS Consultant
Poll Question: How do you identify your role in primary care/behavioral health integration?

- Primary Care Provider/Administrator
- Behavioral Health Provider/Administrator
- Policy Maker
- Other Stakeholder
Poll Question: For those of you in primary care settings, do you have access to behavioral health consultation?

- Yes – within my PCP setting
- Yes – through consultation with external behavioral health providers
- Yes – both internal and external consultants
- No
Massachusetts Child Psychiatry Access Project (MCPAP)

Funded by the Massachusetts Department of Mental Health

Thanks to MCPAP administration:
Barry Sarvet, M.D. (Medical Director), Marcy Ravech (Director)
Andrew Scearce (Health Policy Analyst), Mary Houghton (Project Coordinator)
Presentation Overview

• Learn about MCPAP and hear how it works on the ground.

• Learn how MCPAP is a key component of BH integration for primary care practices serving children.

• Learn how MCPAP has been disseminated nationally, including common variations.
What Is MCPAP?

MCPAP is a system of regional children’s mental health consultation teams designed to help primary care providers meet the needs of children with behavioral health problems.

For all children regardless of insurance status

Behavioral Health = Mental Health + Substance Use

Available to all PCPs who see children

Developed from pilot at University of Massachusetts Medical School

Started in 2004 – 10 years of experience
Access to Behavioral Health is a Problem

- Increasing prevalence of behavioral health problems in children\(^1\)
- Unrecognized behavioral health conditions\(^2\)
- Severe shortage of child psychiatrists:
  - 8.6 per 100,000 in U.S.; 21 per 100,000 children in MA; 3.1 per 100,000 in AK\(^3\)
  - No change 1995 to 2006. Not forecasted to improve.
- Limited training of pediatric PCPs in diagnosing and treating behavioral health conditions
- Belief that mental health professionals, especially child psychiatrists, are only providers suitable to treat children with behavioral health conditions

\(^1\)Kelleher et al, 2000; \(^2\)Surgeon General’s Report, 2000; \(^3\)Thomas, CR & Holzer, CE, 2006
33% of parent respondents waited more than 1 year for an appointment with a pediatric mental health provider.

50% reported that pediatrician never asked about child’s mental health.

77% reported that pediatrician was not helpful in connecting them to resources.
Access to Behavioral Health in Massachusetts (continued)

Rosie D. lawsuit (2006)

Class action lawsuit filed on behalf of Medicaid children with serious emotional disturbances; key issue was lack of access to community based mental health services.

Screening¹

Remedy required Medicaid to pay PCPs to administer standardized, age appropriate, behavioral health screens at all well child visits. PCPs use CPT code 96110. Rate of screening has gone from 17% to 80% from 2009 to 2013.² Commercial insurers also agreed to pay for screening.


²Emily Sherwood, director, Massachusetts Child Behavioral Health Initiative, personal communication, 2014.
MCPAP Goals to Address Access

Increase pediatric PCP’s knowledge, skills, and confidence to manage children in primary care with mild to moderate behavioral health needs (e.g., ADHD, depression, anxiety).

Mitigate the shortage of child psychiatrists by promoting the rational utilization of psychiatrists for the most complex and high-risk children (e.g., children whose conditions require treatment with complex or multiple psychiatric medications).

Advance the integration of children’s behavioral health and pediatric primary care.

Available to All 1.5 million children in Commonwealth.
Continuum of Collaborative Care

Less Complex

PCP

ChΨ

Primary Care Taking Lead

More Complex

ChΨ

PCP

Child Psychiatrist Taking Lead

PCP

ChΨ
Integration Increases Access

PCMH team increasingly includes BH component, but that person is usually a licensed clinician, not child psychiatrist.

PCP still needs to be prescriber/diagnostician.

PCP shouldn’t need to send child to specialist when therapy available in PCMH.

PCP needs to be able to consult with child psychiatrist.
Supporting PCPs to Deliver Behavioral Health Makes Sense

• Patients and families often feel more comfortable and trusting of their primary care providers.
• Primary care providers have the opportunity for prevention and screening.
• Primary care providers know the developmental context of symptoms.
• Addressing psychiatric issues in the primary care setting can reduce stigma.
Nuts and Bolts
6 Regional Hubs

Each service area consultation team (hub) includes:

- 1.0 FTE child psychiatrist
- 1.0 FTE licensed behavioral health clinician
- 1.0 FTE care coordinator
- .1 FTE administrator

Prefer hub to be at academic medical center

Number of hubs and location needs to match local resources and population distribution

Each hub enrolls pediatric practices in region
6 MCPAP HUBS

Northshore Children's Hospital
Antonia Pepper
Brianna Roy, LICSW
Tracey Terrazzano, LICSW
Jennifer McAdoo, LMHC
Jefferson Prince, M.D.
Lisa D'Silva, M.D.
Michele Reardon, M.D.
Joseph DiPietro, Psy.D.

UMass Memorial Medical Center
Kelly Chabot
Deanna Pedro, LICSW
Danette Mucaria, LICSW
Mary Jeffers-Terry, CNS
Negar Beheshti, M.D.
William O’Brien, MSW

Baystate Medical Center
Arlyn Perez
Jodi Devine, LICSW
Barry Sarvet, M.D.
Bruce Waslick, M.D.
Shadi Zaghloul, M.D.
Sara Brewer, M.D.
John Fanton, M.D.
Marjorie Williams-Kohl, APRN

McLean Hospital/Brockton
Amanda Carveiro
Carla Fink, MSSA, LICSW
Charles Moore, M.D.
Tracy Mullare, M.D.
Mark Picciotto, Ph.D.

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John Fanton, M.D.
Marjorie Williams-Kohl, APRN

Mass General Hospital
Lauren Hart, MPH
Leah Grant, MSW, LICSW
Jeff Bostic, M.D., Ed.D.
Betty Wang, M.D.
Elizabeth Pinsky, M.D.
Tanishia Choice, M.D.

Tufts Medical Center
Rachael Roy Gorton
Alexis Hinchey Davis, LICSW
John Sargent, M.D.
Neha Sharma, D.O.
Eric Goepfert, M.D.
Hesham Hamoda, M.D.
Christopher Bellonci, M.D.
Rebecca Schmitt
MCPAP Services

Telephonic child psychiatry consultation to PCPs within 30 minutes, Monday through Friday
  — Last quarter response time met target for 93% of consultations

Face-to-face consultations (18% of youth served)

Care Coordination with follow up

Transitional support when youth are waiting for behavioral health services

PCP education — newsletter, practice meetings, CME, website (MCPAP.org)
MCPAP Clinical Process

- Puzzled PCP
  - Hotline to Regional Hub
- Care Coordination Consult
  - Child Psychiatrist Telephone Consult
  - Child Therapist Telephone Consult
  - Contact Service Providers in Community
  - Assistance to Parent by Phone
- Linkage to Care
  - If necessary: Face-to-Face Psychiatric Consultation
  - If necessary: Face-to-Face Clinician Evaluation
  - If necessary: Interim Psychotherapy
  - Direct Services
Provider Perspective

How do PCPs on the ground utilize MCPAP?

Vinny Biggs, a pediatrician from Holyoke Health Center

Holyoke Health Center is a FQHC in Holyoke, Massachusetts.
Provider Perspective

Holyoke Health is a Federally-Qualified Community Health Center located in Holyoke, Massachusetts, with additional locations throughout Hampden County.
Provider Perspective

Our mission at the Holyoke Health Center is to “Improve the health of our patients through affordable, quality health care and comprehensive community-based programs to create a healthy community.”
MCPAP Engagement Strategies

• Be helpful on every call
• Mentor
• Personalized, local
• Care coordination
• Outreach/CME
• No system required tasks for PCPs
MCPAP Current Status

443 practices with 2,887 individual clinicians

PCPs covering more than 95% of 1.5 million MA youth

22,620 encounters in FY2014 (7/1/13 thru 6/30/14)

- 6,678 Calls from PCPs to Hubs
- 2,686 In-Person Visits with Children/Families
- 6,993 Care Coordination Encounters
- 6,043 unique youth served
Prescriber-level care remains with PCP 70% of time.

Commercial insurers mandated by legislature to cover their share beginning in July 2014. This will cover 55% - 60% of current state appropriations for the program.

MCPAP costs $3.3 million, $2.20 per child per year.
Disorders (% of total calls)

- ADHD
- Anxiety
- Depression
- Deferred Diagnosis
- Oppositional Defiant Disorder
- Other
- Autism Spectrum Disorder
- PTSD/trauma
- Bipolar
- Mood Disorder
- Adjustment Disorder
- Normal Developmental Behavior
- Conduct Disorder
- Psychosis
- Developmental Disability
- Comorbidity
- Eating Disorder
- Substance Use or Concern
- Obsessive Compulsive Disorder

Percent of Telephone Consultations

FY 2013 (N=13,365)
Cumulative FY 2005 - FY 2013 (N=75,166)
Medications (% of total calls)

Medications Prescribed by PCPs or Recommended during MCPAP Telephone Consultations

- Modafinil
- TCA
- Lithium
- Other...
- Depakote
- SNRI
- Atomoxetine
- Wellbutrin
- Other Mood...
- Other...
- Other
- Benzodiazepine
- Atypical...
- Alpha-Agonist
- SSRI
- Stimulants
- No meds after...

Percentage of Telephone Consultations

- FY 2013 (N=10,091)
- Cumulative FY 2005 - FY 2013 (N=50,618)
Types of Consultation Questions

• Help!
• Diagnostic question
• Treatment planning
• Unable to access MH resources
• Need second opinion
• Screening support

• Medication questions:
  – Selection
  – Side effects
  – Interim management

• Therapy questions:
  – Selection
  – Monitoring
  – Linkages
Outcome:
70% Medical Follow-up with PCPs

Mean MCPAP Satisfaction Survey Responses

- Consults are useful
- Able to receive child psychiatry consult in timely manner
- Usually able to meet needs of children with psychiatric problems
- Adequate access to child psychiatry for my patients
Questions?

Please type your questions into the question box and we will address your questions during the Q&A portions of the event.
An Idea That Has Caught On….
National Network of Child Psychiatry Access Programs

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National Network of Child Psychiatry Access Programs (NNCPAP)

Go to website – NNCPAP.org

Look up what is happening in your state.

Join the organization to participate in national conference calls and receive informative e-mails.

NNCPAP is now 501c3 non-profit.

NNCPAP expanding website to be a resource center for programs collaborating with PCPs around child psychiatry
Variations on MCPAP Model

• Include didactic component
• Include learning collaborative
• Promote standard algorithms
• Pre-consult form completed by PCP
• Rotate child psychiatrist between group of practices
• Add psychotropic medication review, prior approval
Funding Sources

- State Legislature
- Medicaid
- Commercial Surcharge
- Foundations

Note: Various FFS funding mechanisms have not worked because FFS does not pay for time between consults and the volume of consultations is unpredictable.
Create a Child Psychiatry Access Program

Form a Child Mental Health Task Force

- Usually led by state chapter of American Academy of Pediatrics
- State chapter of American Academy of Child and Adolescent Psychiatrists
- Advocates
- Providers (PCPs, Medical Centers, Child Psychiatry Programs, Psychiatrists)
- Health Plans
- Legislators
- State Health Services Administration - Medicaid
- State Health and Social Service Agencies
Moving Ahead – Lesson Learned
MCPAP Is a Platform to Build System Improvements

Universal behavioral health screening (done)

Promotion of system of care services, mobile crisis (done)

Current:

• Perinatal/postpartum depression screening and management
  – MCPAP for Moms (mcpapformoms.org)

• Improved screening and management of teen substance use

• Parent training for disruptive behavior in children under 6 using co-located PCP clinicians trained in evidence-based practice, Triple P

• Building structured follow up process for care coordination activities.
Lessons Learned

Relationships between MCPAP regional staff and PCPs are critical for success. Staff must meet PCPs where they are.

Siting the regional hubs in academic medical centers provides child psychiatrists who are skilled in teaching and mentoring.

Over time, PCPs who regularly use MCPAP ask increasingly sophisticated questions.

It is challenging to assess MCPAP’s impact on behavioral health outcomes and cost because the focus is on access. Expect better access/screening and better trained PCPs will improve outcome and lower long term costs.
Lessons Learned (continued)

Integration of clinicians into PCP practices (PCMH) changes the nature of calls from PCPs but does not remove the need for telephonic consultation. MCPAP now consults with integrated clinicians.

Formation of ACOs may change hub relationships but for children, efficiency of regional telephonic consultation cannot be matched by integrated psychiatrists. In Massachusetts, each FTE of child psychiatry covers 250,000 children. Any co-located child psychiatrists will be busy seeing children with complex needs.

After 10 years, most PCPs are accepting of their role in managing behavioral health and are ready for more structured process. MCPAP is working with a learning collaborative of Boston Children’s Hospital affiliated practices.
References


Resources

- National Network of Child Psychiatry Access Programs (NNCPAP)
  www.nncpap.org

- Massachusetts Child Psychiatry Access Project (MCPAP)
  http://www.mcpap.com/

- Partnership Access Line (PAL) Washington
  http://www.palforkids.org/

- American Academy of Child & Adolescent Psychiatry Recommendation - When to Seek Referral or Consultation with a Child Adolescent Psychiatrist
  https://www.aacap.org/aacap/Member_Resources/Practice_Information/When_to_Seek_Referral_or_Consultation_with_a_CAP.aspx

CIHS Resources

- Quick Start Guide to Behavioral Health Integration

- Standard Framework For Levels of Integrated Healthcare

- Integrating Behavioral Health and Primary Care for Children and Youth: Concepts and Strategies

- Children and Youth Resources Page
Questions?

Please type your questions into the question box and we will address your questions during the Q&A portions of the event.
Presenter Contact Information

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Additional Questions?
Contact the SAMHSA-HRSA Center for Integrated Health Solutions
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For More Information & Resources

Visit [www.integration.samhsa.gov](http://www.integration.samhsa.gov) or e-mail [integration@thenationalcouncil.org](mailto:integration@thenationalcouncil.org)
Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today’s webinar.