



SAMHSA-HRSA Center for Integrated Health Solutions

The webinar will begin shortly.



SAMHSA-HRSA Center for Integrated Health Solutions

**Slides for today's webinar are
available on the CIHS website at:**

<http://www.integration.samhsa.gov/about-us/webinars>



SAMHSA-HRSA Center for Integrated Health Solutions

Consultation for Kids: Models of Psychiatric Consultation in Pediatric Primary Care

May 4, 2015

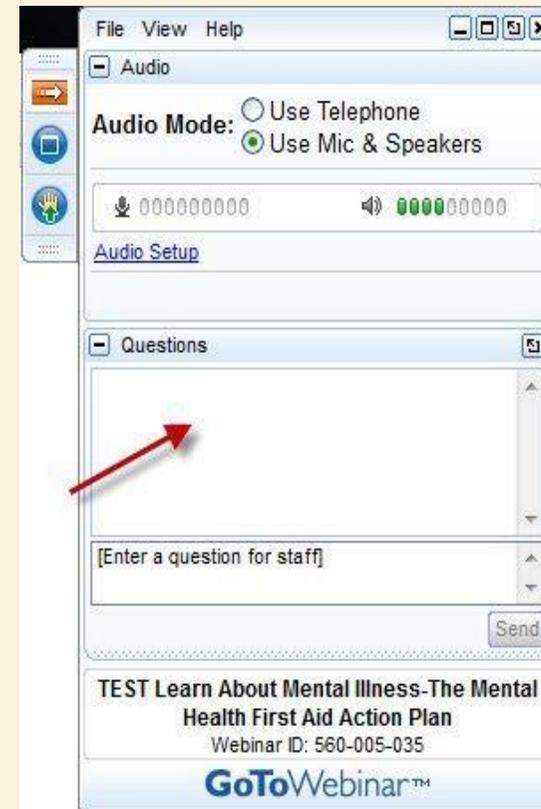
2015 National Children's Mental Health Awareness Day – Thursday, May 7th

- 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
- <http://www.samhsa.gov/children/national-childrens-awareness-day-events/awareness-day-2015>

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

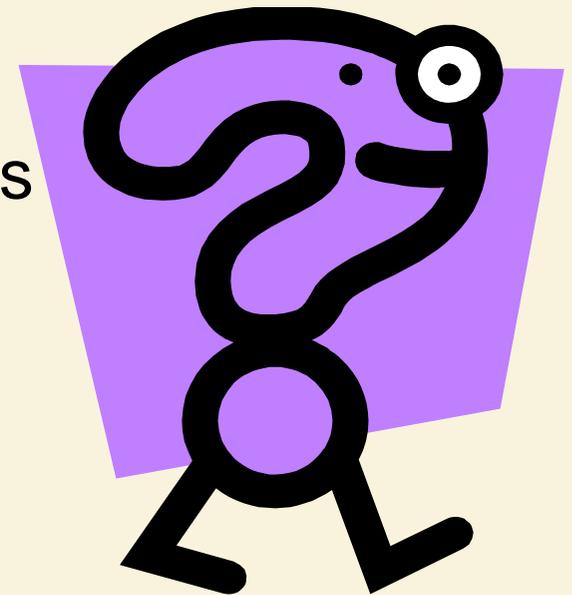
Poll Question: How do you identify your role in primary care/behavioral health integration?

- 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)



Connecting Primary Care with Child Psychiatry

Funded by the Massachusetts Department of Mental Health

Thanks to MCPAP administration:

Barry Sarvet, M.D. (Medical Director), Marcy Ravech (Director)

Andrew Scarce (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

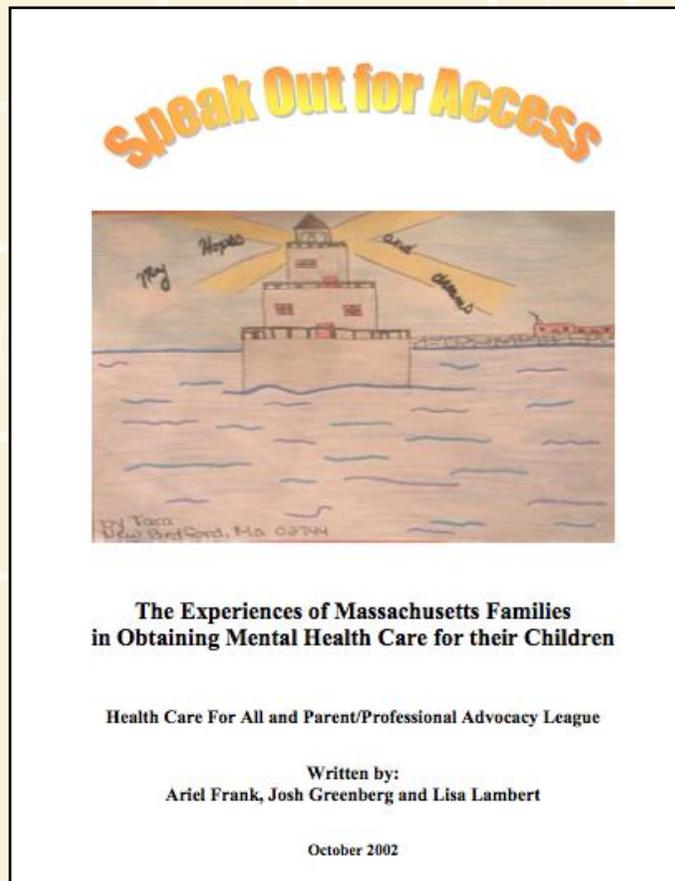
Started in 2004 – 10 years of experience

Access to Behavioral Health is a Problem

- Increasing prevalence of behavioral health problems in children¹
- Unrecognized behavioral health conditions²
- 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 AK³
 - 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

¹Kelleher et al, 2000; ²Surgeon General's Report, 2000; ³Thomas, CR & Holzer, CE, 2006

Access to Behavioral Health in Massachusetts



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.

¹Weitzman et. al., Pediatrics, 135:February 2015, 384-395.

²Emily Sherwood, director, Massachusetts Child Behavioral Health Initiative, personal communication, 2014.

MCPAP Goals to Address Access

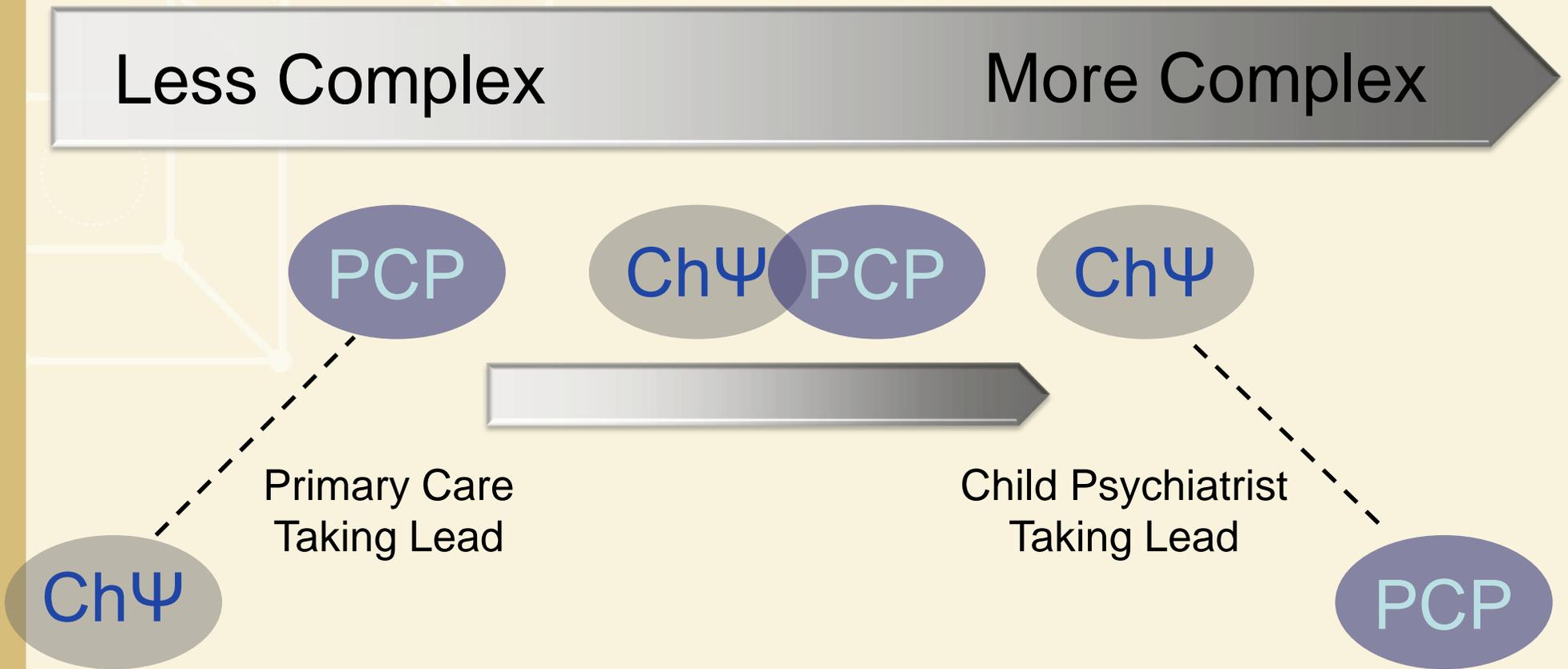
Increase pediatric PCP's knowledge, skills, and confidence to manage children in primary care with mild to moderate behavioral health needs (e.g., ADHD, depression, anxiety).

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



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.

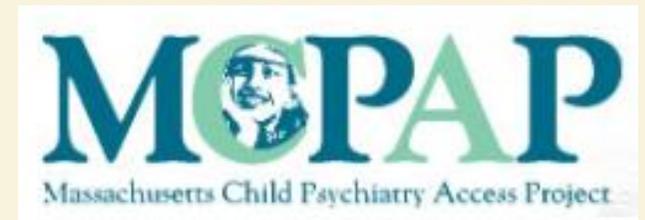
PCP shouldn't need to send child to specialist when therapy available in PCMH.

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.

McLean Hospital/Brockton

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

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.

UMass Memorial Medical Center

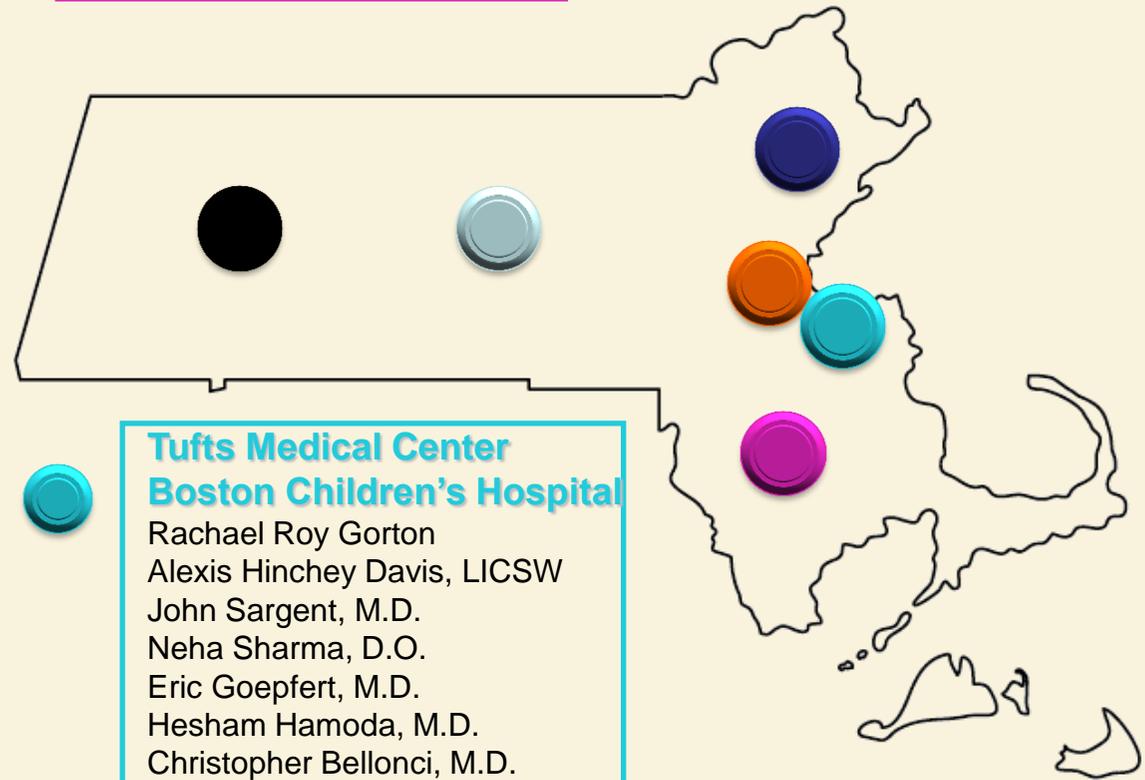
Kelly Chabot
Deanna Pedro, LICSW
Danette Mucaria, LICSW
Mary Jeffers-Terry, CNS
Negar Beheshti, M.D.
William O'Brien, MSW

Baystate Medical Center

Arlyn Perez
Jodi Devine, LICSW
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Bruce Waslick, M.D.
Shadi Zaghoul, M.D.
Sara Brewer, M.D.
John Fanton, M.D.
Marjorie Williams-Kohl, APRN

Tufts Medical Center Boston Children's Hospital

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

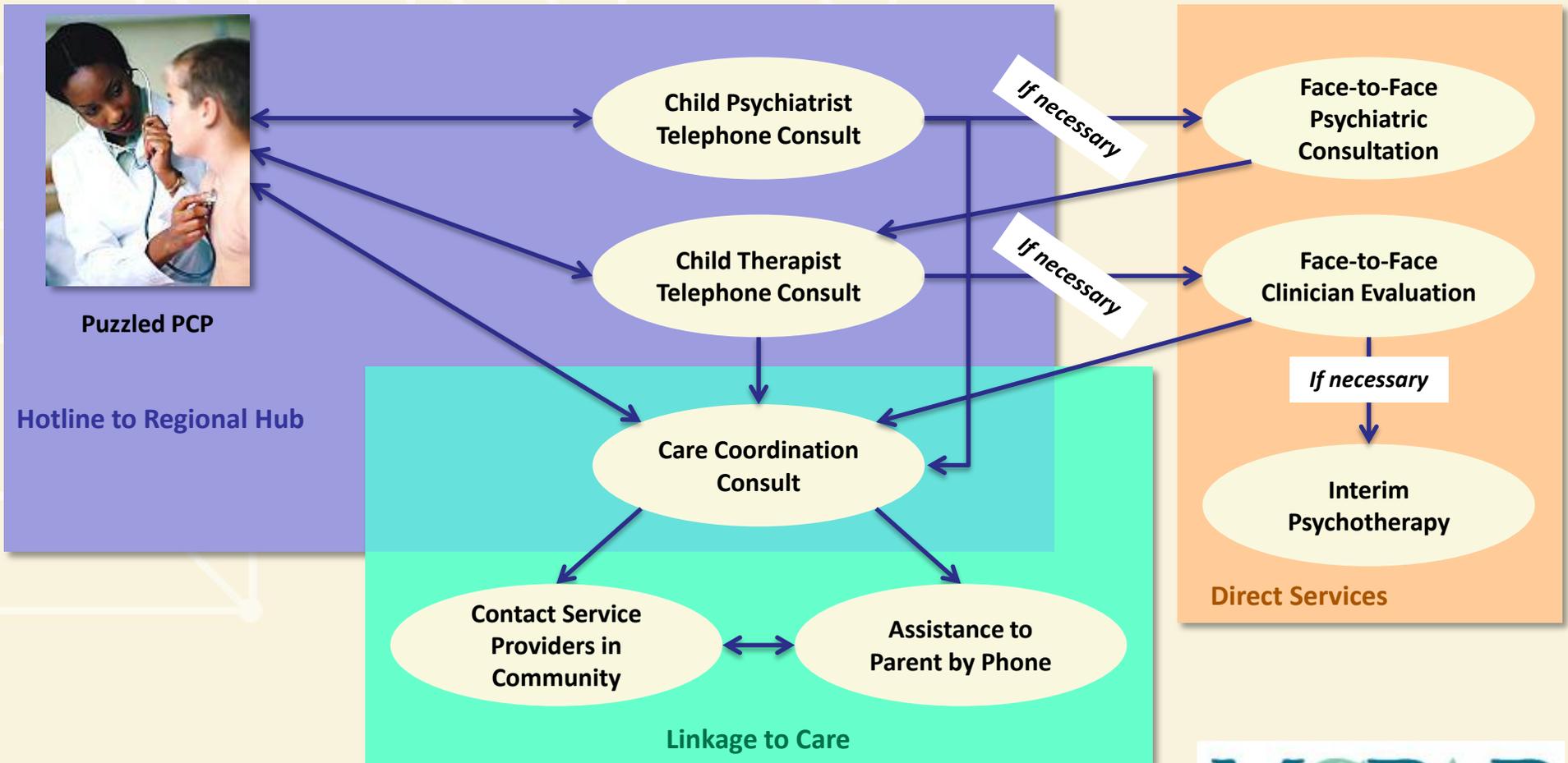
Face-to-face consultations (18% of youth served)

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



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

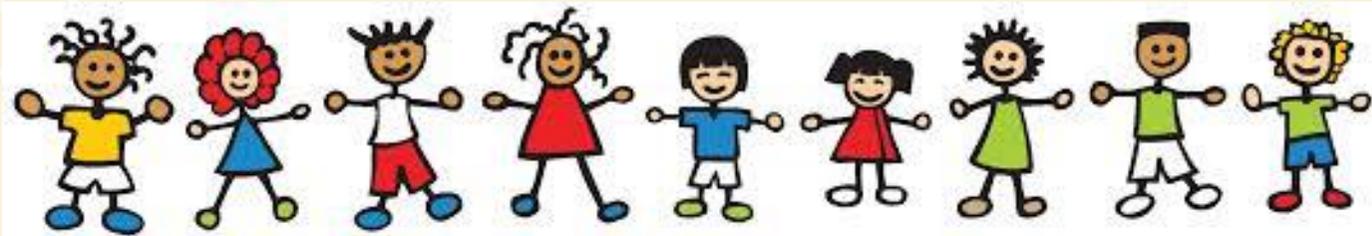


230 Maple Street
Holyoke, MA 01040

www.hhcinc.org

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

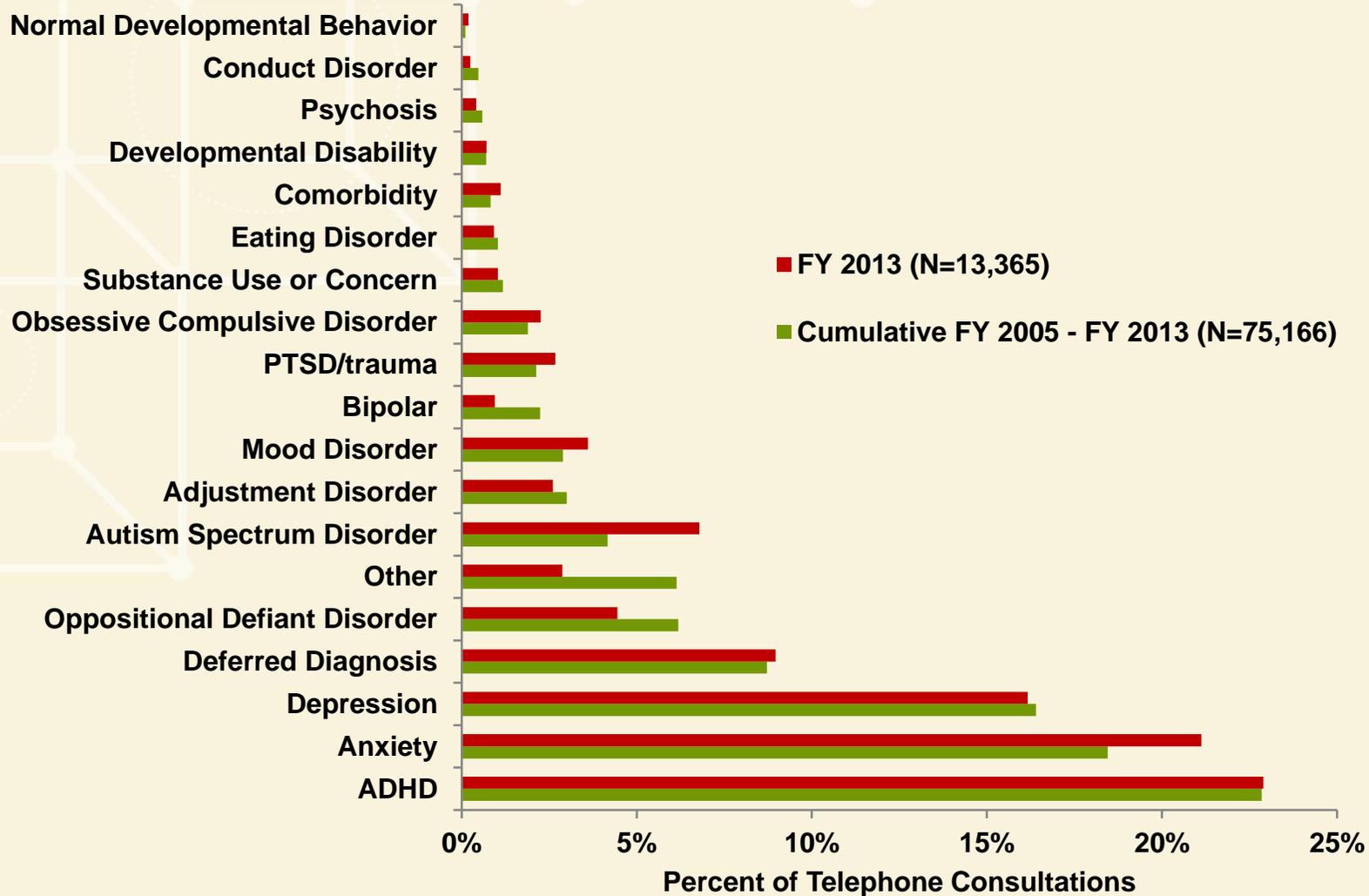
MCPAP Current Status (continued)

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.

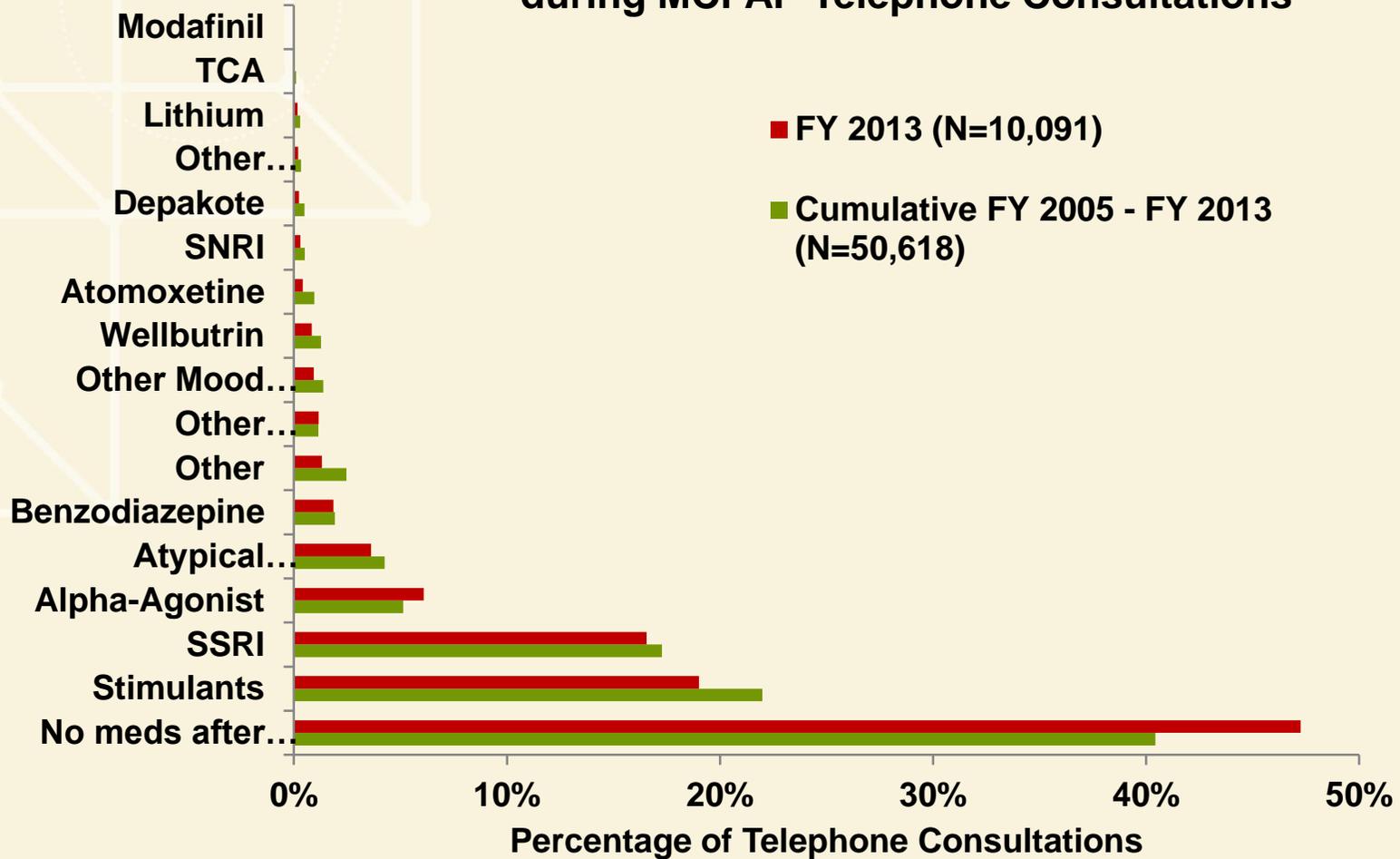
MCPAP costs \$3.3 million, \$2.20 per child per year.

Disorders (% of total calls)



Medications (% of total calls)

Medications Prescribed by PCPs or Recommended during MCPAP Telephone Consultations



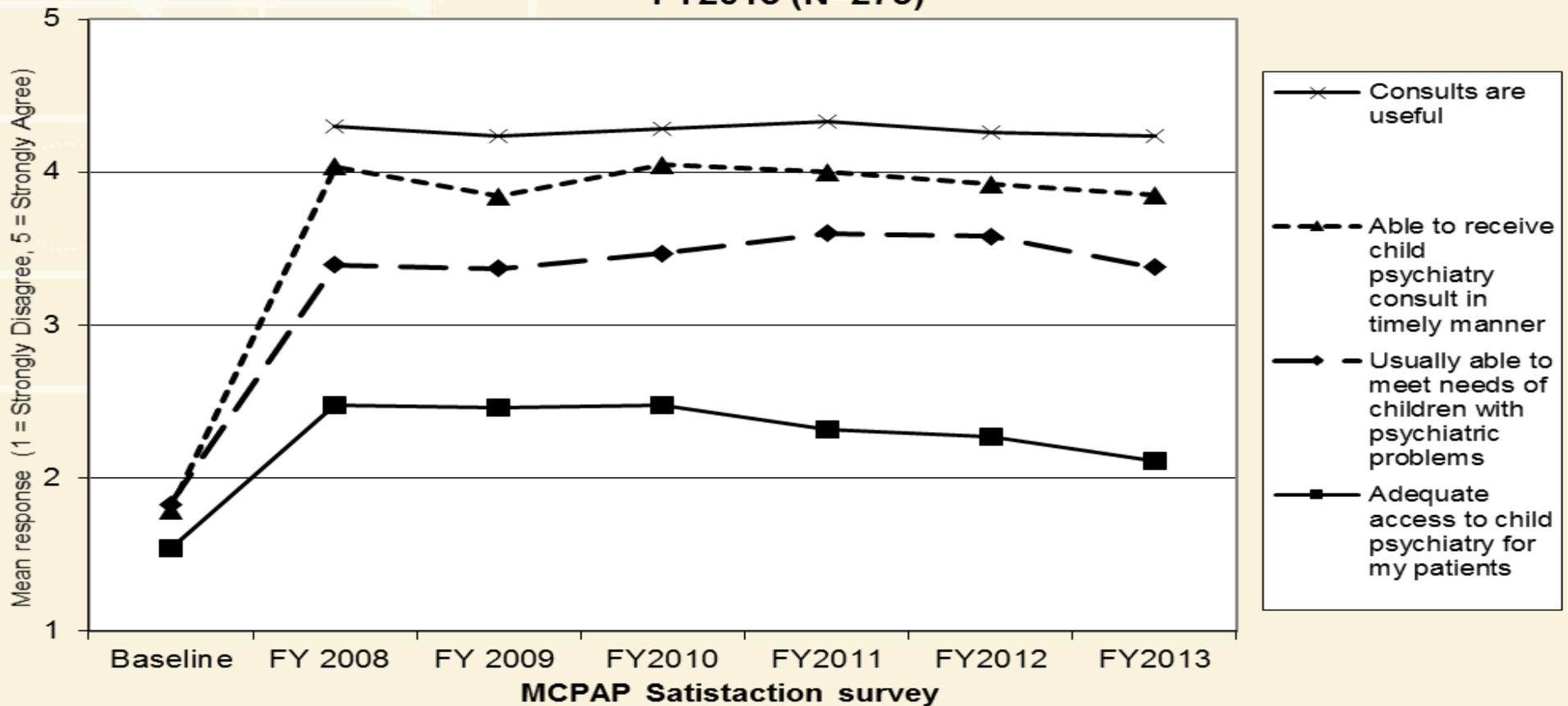
Types of Consultation Questions

- 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



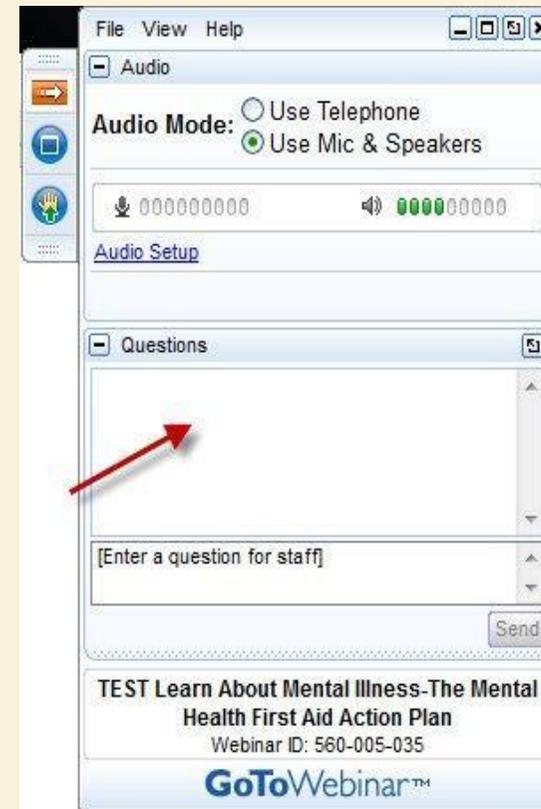
Outcome: 70% Medical Follow-up with PCPs

Mean MCPAP Satisfaction Survey Responses
 Baseline, FY 2008, FY 2009, FY 2010, FY2011, FY2012, &
 FY2013 (N=275)



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

Alaska

Arkansas

California

Colorado

Connecticut

Delaware

Florida

Georgia

Illinois

Iowa

Louisiana

Maine

Maryland

Massachusetts

Michigan

Minnesota

Missouri

Nebraska

New Hampshire

New Jersey

New York

North Carolina

Ohio

Oregon

Pennsylvania

Texas

Vermont

Virginia

Washington

Washington, D.C.

Wisconsin

Wyoming



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

- Holt, W. The Massachusetts Child Psychiatry Access Project: Supporting Mental Health Treatment in Primary Care. Commonwealth Fund Publication #1378 v41. March 2010. Access at www.commonwealthfund.org.
- Sarvet B, Gold J, Bostic JQ, Masek BJ, Prince JB, Jeffers-Terry M, Moore, C, Molbert B, Straus JH. Improving access to mental health care for children: the Massachusetts Child Psychiatry Access Project. *Pediatrics*. 2010;126(6):1191–200.
- Sarvet B, Gold J, Straus JH. Bridging the divide between child psychiatry and primary care: the use of telephone consultation within a population-based collaborative system. *Child Adolesc Psychiatr Clin N Am*. 2011;20(1):41–53.
- Straus JH, Sarvet B. Behavioral Health Care for Children: The Massachusetts Child Psychiatry Access Project. *Health Affairs*, 33, (December 2014): 2153-2161.

Resources

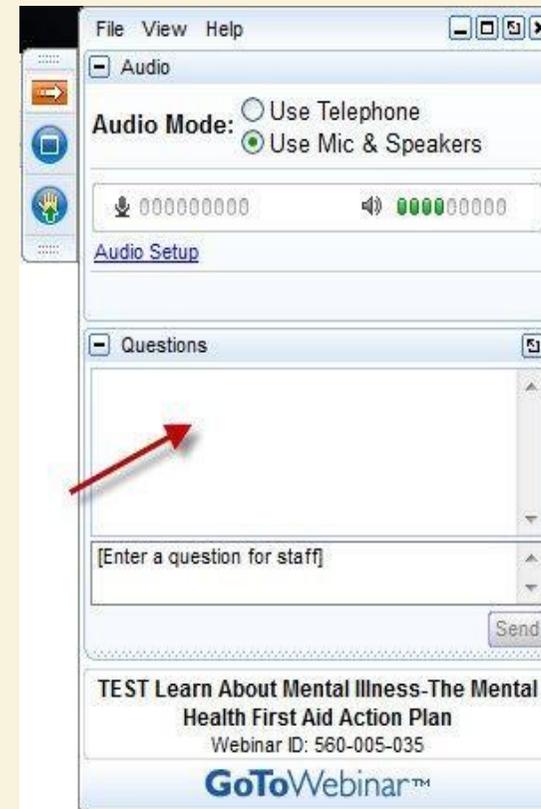
- National Network of Child Psychiatry Access Programs (NNCPAP)
www.nncpap.org
- Massachusetts Child Psychiatry Access Project (MCPAP)
<http://www.mcpap.com/>
- Partnership Access Line (PAL) Washington
<http://www.palforkids.org/>
- American Academy of Child & Adolescent Psychiatry Recommendation -When 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
- Hilt et al. (2013). The Partnership Access Line: Evaluating a child psychiatry consult program in Washington State. *JAMA Pediatrics*, 167(2), 162-168.
<http://archpedi.jamanetwork.com/article.aspx?articleid=1486426>

CIHS Resources

- Quick Start Guide to Behavioral Health Integration
<http://www.integration.samhsa.gov/resource/quick-start-guide-to-behavioral-health-integration>
- Standard Framework For Levels of Integrated Healthcare
<http://www.integration.samhsa.gov/resource/standard-framework-for-levels-of-integrated-healthcare>
- Integrating Behavioral Health and Primary Care for Children and Youth: Concepts and Strategies
http://www.integration.samhsa.gov/integrated-care-models/13_June_CIHS_Integrated_Care_System_for_Children_final.pdf
- Children and Youth Resources Page
<http://www.integration.samhsa.gov/integrated-care-models/children-and-youth>

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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 or
e-mail integration@thenationalcouncil.org





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feedback by completing the survey at
the end of today's webinar.**