PRACTICAL APPROACHES TO INTEGRATING PEDIATRIC CARE

Louisiana Behavioral Health Summit

June 30, 2015

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DISCLOSURES

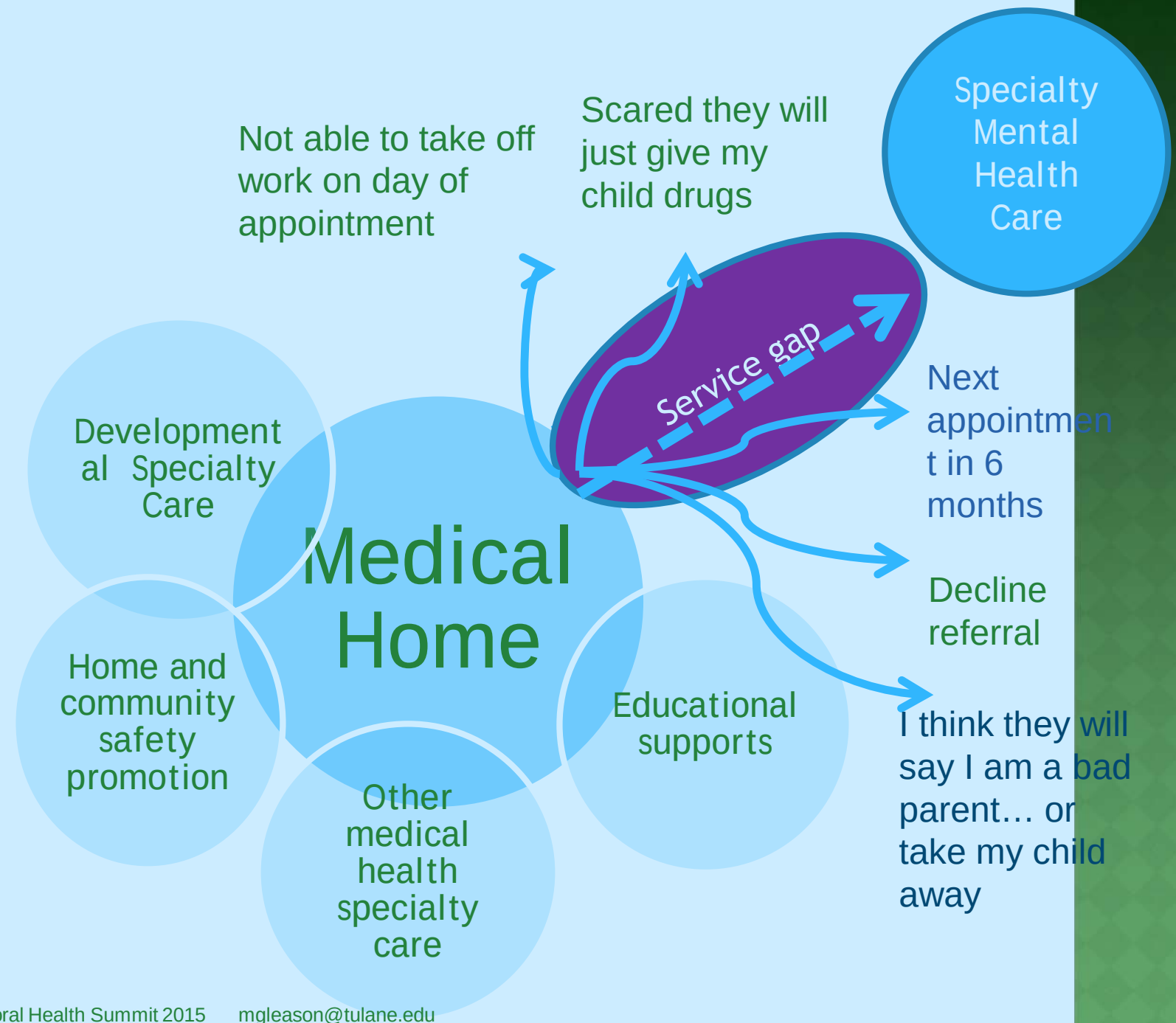
- I am a triple boarder
- Funding from
  - Baptist Community Ministries
  - Louisiana Public Health Institute
  - SAMHSA/Louisiana Office of Public Health

ACKNOWLEDGEMENTS

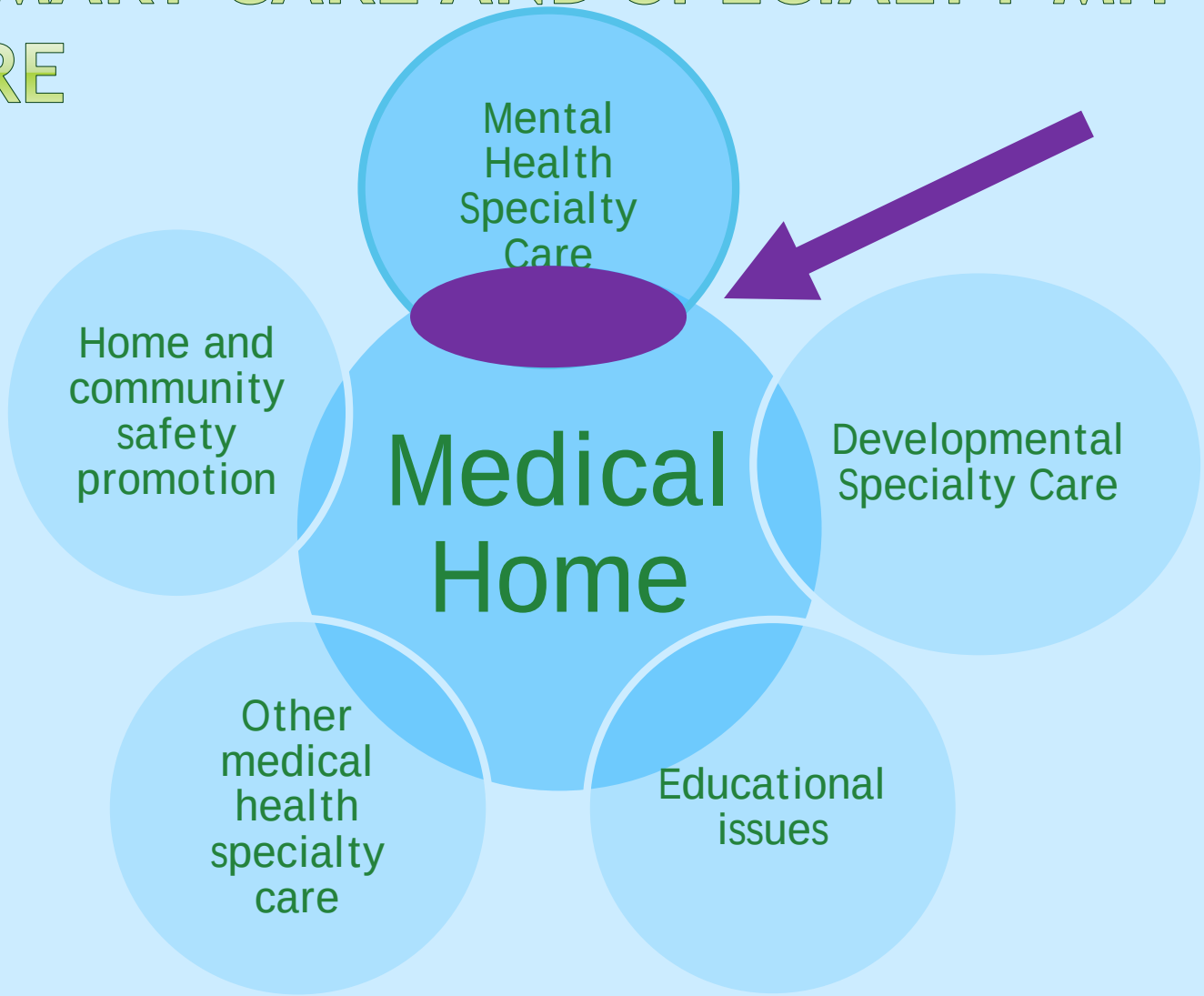
- Tulane Early Childhood Collaborative
  - Monica Stevens PhD
  - Bryan Goldman MS
- Tulane and Brown triple board residents
- The patients and families we serve!
- Project LAUNCH
  - Megan Kersch LSCW
  - Melissa Hardy LCSW
  - Jody West LCSW
  - Betsy Wilks LSCW
  - Sarintha Strickland PhD
  - Tina Stefanski MD
  - Sebreana Domingue MS
  - Karen Webb MA
  - Amy Zapata MPH
  - Leslie Brougham-Freeman PhD LPP

OBJECTIVES

- Be familiar with techniques of promoting for social-emotional screening in the medical home
- Be familiar with the principles of the Common Factors Approach to mental health in primary care
- Be able to consider own role for potential in integration (clinicians, policy makers, and administrators)


Specialty Mental Health Care
Not able to take off work on day of appointment
Scared they will just give my child drugs
Service gap
Next appointment in 6 months
Decline referral
I think they will say I am a bad parent… or take my child away
Medical Home
Developmental Specialty Care
Home and community safety promotion
Other medical health specialty care
Educational supports

FILLING THE GAP BETWEEN PRIMARY CARE AND SPECIALTY MH CARE



STEPPED CARE

LEVELS OF INTEGRATION

- Mental health providers collaborating from hub or co-located position →
  - Increased identification of mental health concerns in primary care setting through screening
  - Increased first line management of mental health in the primary care setting
  - Increased level of confidence and competence of PCPs around mental health concerns
  - Increased capacity of the medical home to address mental health concerns

SCREENING IN PEDIATRIC PRIMARY CARE

Behavioral Health Summit 2015
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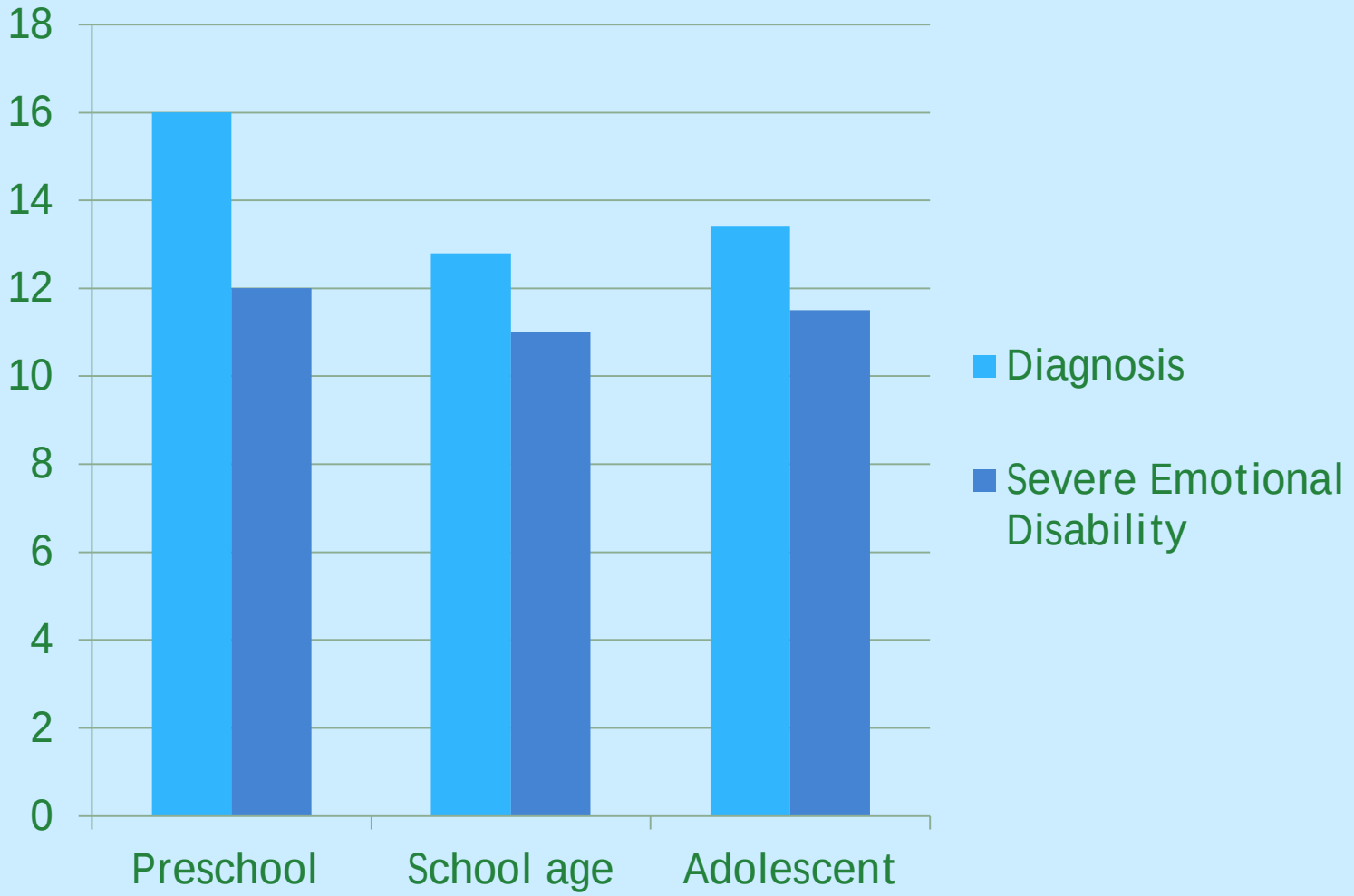
WHY SCREEN?

- Children attend primary care visits
- Parents see PCPs as expert with whom they want to discuss emotional behavioral concerns
- Most children with a mental health problem remain unidentified and untreated with current practices
- Early identification may reduce long term disability related to mental health problems

CRITERIA FOR UNIVERSAL SCREENING

- Problem
  - Is prevalent
  - Causes impairment
  - Is treatable
  - Can be recognized through screening?

DEVELOPMENTAL TRAJECTORY OF PSYCHIATRIC DISORDERS



Egger 2006 JAACAP ; Merkingas 2014 Pediatrics

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DOMAINS OF IMPAIRMENT

- School
  - Failure
  - Special education services
- Family
  - Conflict
  - Wages loss
- Judicial
  - More incarcerations
- Health
  - Metabolic syndrome/obesity
  - Early pregnancy
  - Accidental injuries
  - Motor vehicle accidents
- Relationships
  - Peer
  - Parent
  - Educators

CRITERIA FOR UNIVERSAL SCREENING

- Problem
  - Is prevalent ✓
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SUMMARY OF EVIDENCE-BASED INTERVENTIONS

- Promote positive caregiving environment (e.g. PCIT)
- Build child's coping capacity (e.g. CBT)
- Support development of inhibitory control skills (e.g. CBT)
- Control stressor exposure (e.g. CPP)

Therapy/environmental

- Stimulants
- SSRI
- Atypical antipsychotics (for bipolar disorder)

Psychopharmacologic

CRITERIA FOR UNIVERSAL SCREENING

- Problem
  - Is prevalent ✓
  - Causes impairment ✓
  - Is treatable ✓
  - Can be recognized through screening?

IMPLEMENTING SCREENING (1)

- Motivate practice around need for screening
- Decide what to screen for
  - Universal screen
  - Diagnosis-specific (e.g. Autism Spectrum)
- Select a measure that will work in the setting
  - Picks up what you want to identify
  - Has appropriate psychometric data (sensitivity/specificity)

IMPLEMENTING SCREENING: WHEN TO SCREEN

- Bright Futures:
  - Dev. Screen: 9,18,30
  - Autism: 18 and 24 months
  - Psychosocial/behavioral assessment: EVERY VISIT*
  - Depression screen: Annually 11-18 yo
  - Substance use screen: Annually 11-18yo

  - http://pediatrics.aappublications.org/content/133/3/568.full.pdf+html

IMPLEMENTING SCREENING: THINKING THROUGH EACH STEP

- Where are they stored
  - Physical?
  - Web based?
  - EHR/portal?
- Administration (prior to appt, at appt, waiting room/exam room)
- Collection of data
- Scoring
- Feedback
- Handouts related to feedback
- Referrals
- Billing

⊙ Office-wide systems change!

HOW CAN SCREENING IMPLEMENTATION HAPPEN?

- Practice Champion
  - Inspires and motivates colleagues
  - Owns the process
  - Understands the needs of screening and needs of the practice
- +/- Mental health consultation
  - Provides background on screening
  - Shares knowledge/experience re: screens and implementation
  - Training in feedback
  - Support re: responses to positive screens, referral options
  - May be able to see children with positive screens

HOW CAN SCREENING IMPLEMENTATION HAPPEN? (2)

- +/- reimbursement
  - Mass Behavioral Health
    - Mandatory behavioral health screening
    - 96110 with modifier to identify positive/negative screen
      - $9.73 per screen by MD
      - $25 additional per positive screen E&M
    - Rates of screening increased from 16% to nearly 60% in 1 year
    - Results in increase of about 25% in referrals to specialty mental health care (about ~50% of positive screens)

EXAMPLES OF GENERAL MENTAL HEALTH SCREENS

- Baby Pediatric Symptom Checklist
- Early Childhood Screening Assessment
- Pediatric Symptom Checklist
  - Pediatric Symptom Checklist 17

INFANT SCREENING: BABY PEDIATRIC SYMPTOM CHECKLIST

SWYC:

1 month, 0 days to 17 months, 31 days
V1.01, 3/11/14

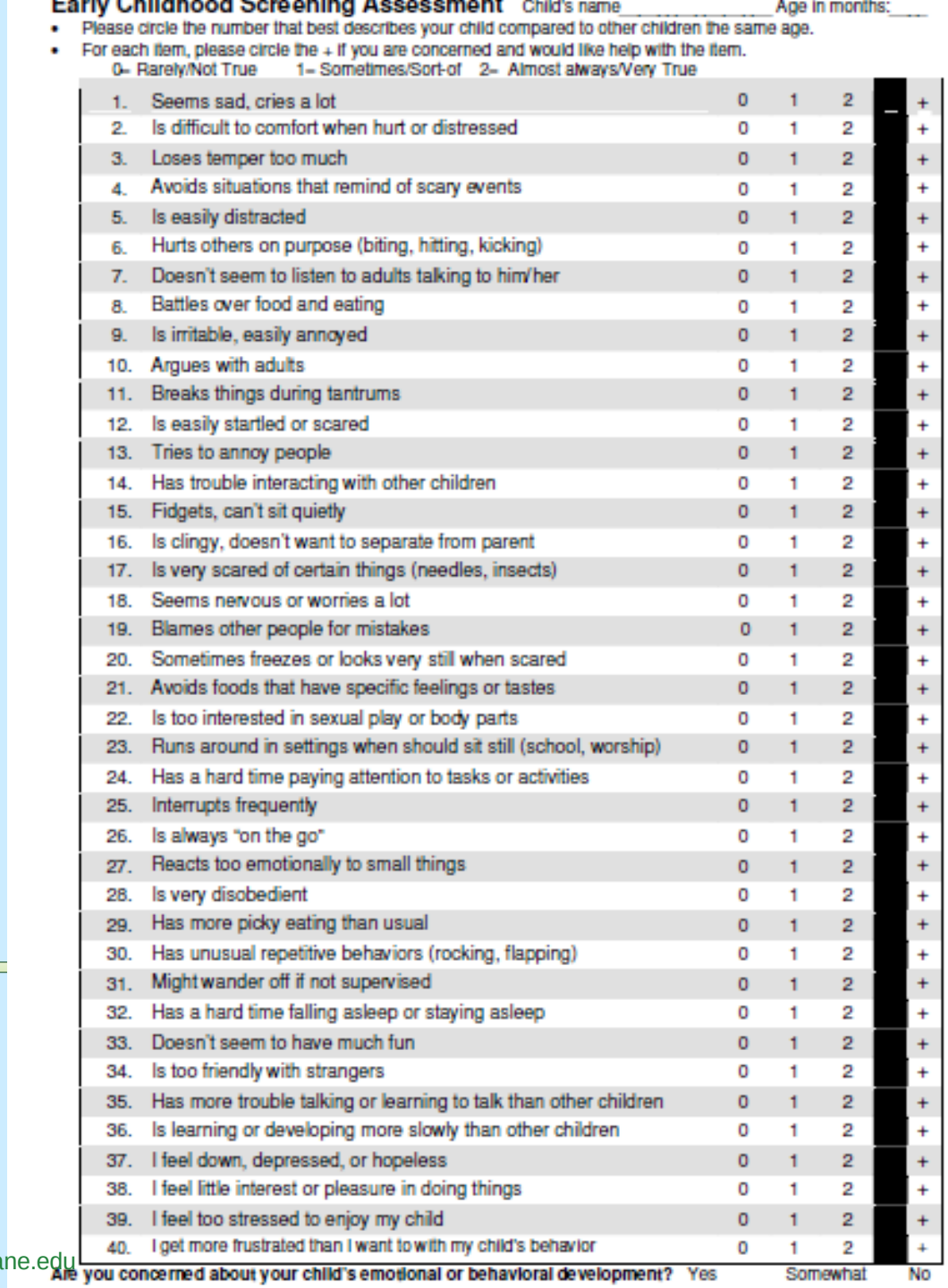
Child's Name:

Birth Date:

Today's Date:

	Not at all	Somewhat	Very Much
Does your child have a hard time being with new people?	0	1	2
Does your child have a hard time in new places?	0	1	2
Does your child have a hard time with change?	0	1	2
Does your child mind being held by other people?	0	1	2
Does your child cry a lot?	0	1	2
Does your child have a hard time calming down?	0	1	2
Is your child fussy or irritable?	0	1	2
Is it hard to comfort your child?	0	1	2
Is it hard to keep your child on a schedule or routine?	0	1	2
Is it hard to put your child to sleep?	0	1	2
Is it hard to get enough sleep because of your child?	0	1	2
Does your child have trouble staying asleep?	0	1	2

EARLY CHILDHOOD SCREENING ASSESSMENT (ECSA)



Early Childhood Screening Assessment Child's name _____ Age in months: ____

- Please circle the number that best describes your child compared to other children the same age.
- For each item, please circle the + if you are concerned and would like help with the item.

0= Rarely/Not True 1= Sometimes/Sort-of 2= Almost always/Very True

1.	Seems sad, cries a lot	0	1	2	+
2.	Is difficult to comfort when hurt or distressed	0	1	2	+
3.	Loses temper too much	0	1	2	+
4.	Avoids situations that remind of scary events	0	1	2	+
5.	Is easily distracted	0	1	2	+
6.	Hurts others on purpose (biting, hitting, kicking)	0	1	2	+
7.	Doesn't seem to listen to adults talking to him/her	0	1	2	+
8.	Battles over food and eating	0	1	2	+
9.	Is irritable, easily annoyed	0	1	2	+
10.	Argues with adults	0	1	2	+
11.	Breaks things during tantrums	0	1	2	+
12.	Is easily startled or scared	0	1	2	+
13.	Tries to annoy people	0	1	2	+
14.	Has trouble interacting with other children	0	1	2	+
15.	Fidgets, can't sit quietly	0	1	2	+
16.	Is clingy, doesn't want to separate from parent	0	1	2	+
17.	Is very scared of certain things (needles, insects)	0	1	2	+
18.	Seems nervous or worries a lot	0	1	2	+
19.	Blames other people for mistakes	0	1	2	+
20.	Sometimes freezes or looks very still when scared	0	1	2	+
21.	Avoids foods that have specific feelings or tastes	0	1	2	+
22.	Is too interested in sexual play or body parts	0	1	2	+
23.	Runs around in settings when should sit still (school, worship)	0	1	2	+
24.	Has a hard time paying attention to tasks or activities	0	1	2	+
25.	Interrupts frequently	0	1	2	+
26.	Is always "on the go"	0	1	2	+
27.	Reacts too emotionally to small things	0	1	2	+
28.	Is very disobedient	0	1	2	+
29.	Has more picky eating than usual	0	1	2	+
30.	Has unusual repetitive behaviors (rocking, flapping)	0	1	2	+
31.	Might wander off if not supervised	0	1	2	+
32.	Has a hard time falling asleep or staying asleep	0	1	2	+
33.	Doesn't seem to have much fun	0	1	2	+
34.	Is too friendly with strangers	0	1	2	+
35.	Has more trouble talking or learning to talk than other children	0	1	2	+
36.	Is learning or developing more slowly than other children	0	1	2	+
37.	I feel down, depressed, or hopeless	0	1	2	+
38.	I feel little interest or pleasure in doing things	0	1	2	+
39.	I feel too stressed to enjoy my child	0	1	2	+
40.	I get more frustrated than I want to with my child's behavior	0	1	2	+

Are you concerned about your child's emotional or behavioral development? Yes Somewhat No

PEDIATRIC SYMPTOM CHECKLIST-17

Pediatric Symptom Checklist-17 (PSC-17)

Caregiver Completing this Form: _____ Date: _____

Name of Child: _____

		Please mark under the heading that best fits your child			For Office Use		
		NEVER	SOMETIMES	OFTEN	I	A	E
1.	Fidgety, unable to sit still						
2.	Feels sad, unhappy						
3.	Daydreams too much						
4.	Refuses to share						
5.	Does not understand other people's feelings						
6.	Feels hopeless						
7.	Has trouble concentrating						
8.	Fights with other children						
9.	Is down on him or herself						
10.	Blames others for his or her troubles						
11.	Seems to be having less fun						
12.	Does not listen to rules						
13.	Acts as if driven by a motor						
14.	Teases others						
15.	Worries a lot						
16.	Takes things that do not belong to him or her						
17.	Distracted easily						
	(scoring totals)						

Scoring:

- Fill in unshaded box on right with: "Never" = 0, "Sometimes" = 1, "Often" = 2
- Sum the columns.

PSC17 Internalizing score is sum of column I
PSC17 Attention score is sum of column A
PSC17 Externalizing score is sum of column E
PSC-17 Total Score is sum of I, A, and E columns

Suggested Screen Cutoff:
PSC-17 - I ≥ 5
PSC-17 - A ≥ 7
PSC-17 - E ≥7
Total Score ≥ 15

Higher Scores can indicate an increased likelihood of a behavioral health disorder being present.

Created by W Gardner and K Kelleher (1999), and based on PSC by M Jellinek et al. (1988)
Formatted by R Hilt, Inspired by Columbus Children's Research Institute formatting of PSC-17

DISORDER-SPECIFIC SCREENS

- Autism- Modified Checklist for Autism in Toddlers
  - 18-36 months
  - https://m-chat.org/
  - Provides measure as well as a follow up questionnaire

M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (**FOR EXAMPLE**, if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (**FOR EXAMPLE**, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (**FOR EXAMPLE**, furniture, playground equipment, or stairs)	Yes	No
5. Does your child make unusual finger movements near his or her eyes? (**FOR EXAMPLE**, does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (**FOR EXAMPLE**, pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (**FOR EXAMPLE**, pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (**FOR EXAMPLE**, does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (**FOR EXAMPLE**, showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (**FOR EXAMPLE**, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No
11. When you smile at your child, does he or she smile back at you?	Yes	No

11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (**FOR EXAMPLE**, does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (**FOR EXAMPLE**, wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (**FOR EXAMPLE**, does your child look at you for praise, or say "look" or "watch me"?)	Yes	No
18. Does your child understand when you tell him or her to do something? (**FOR EXAMPLE**, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (**FOR EXAMPLE**, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (**FOR EXAMPLE**, being swung or bounced on your knee)	Yes	No

Positive score = 3 or greater

DEPRESSION SCREENING

- PHQ-2 (teenscreen.org)

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

- Guidelines for Adolescent Preventive Services
  - http://www.thereachinstitute.org/images/GLAD-PCToolkit_V2_2010.pdf

SUBSTANCE USE SCREENING: CRAFFT

- Have you ever ridden in a **C**AR driven by someone (including yourself) who was high or had been using alcohol or drugs? □
- Do you ever use alcohol or drugs to **R**ELAX, feel better about yourself, or fit in? □
- Do you ever use alcohol or drugs while you are by yourself, or **A**LONE? □4
- Do you ever **F**ORGET things you did while using alcohol or drugs? □
- Do your **F**AMILY or **F**RIENDS ever tell you that you should cut down on your drinking or drug use? □
- Have you ever gotten into **T**ROUBLE while you were using alcohol or drugs?

GAPS

- Includes
  - Most of a social history
  - Depression screen
  - Extensive substance use screen
  - Sexual history
- Age-specific questionnaires

Guidelines for Adolescent Preventive Services
Younger Adolescent Questionnaire

Confidential (Your answers will not be given out.)

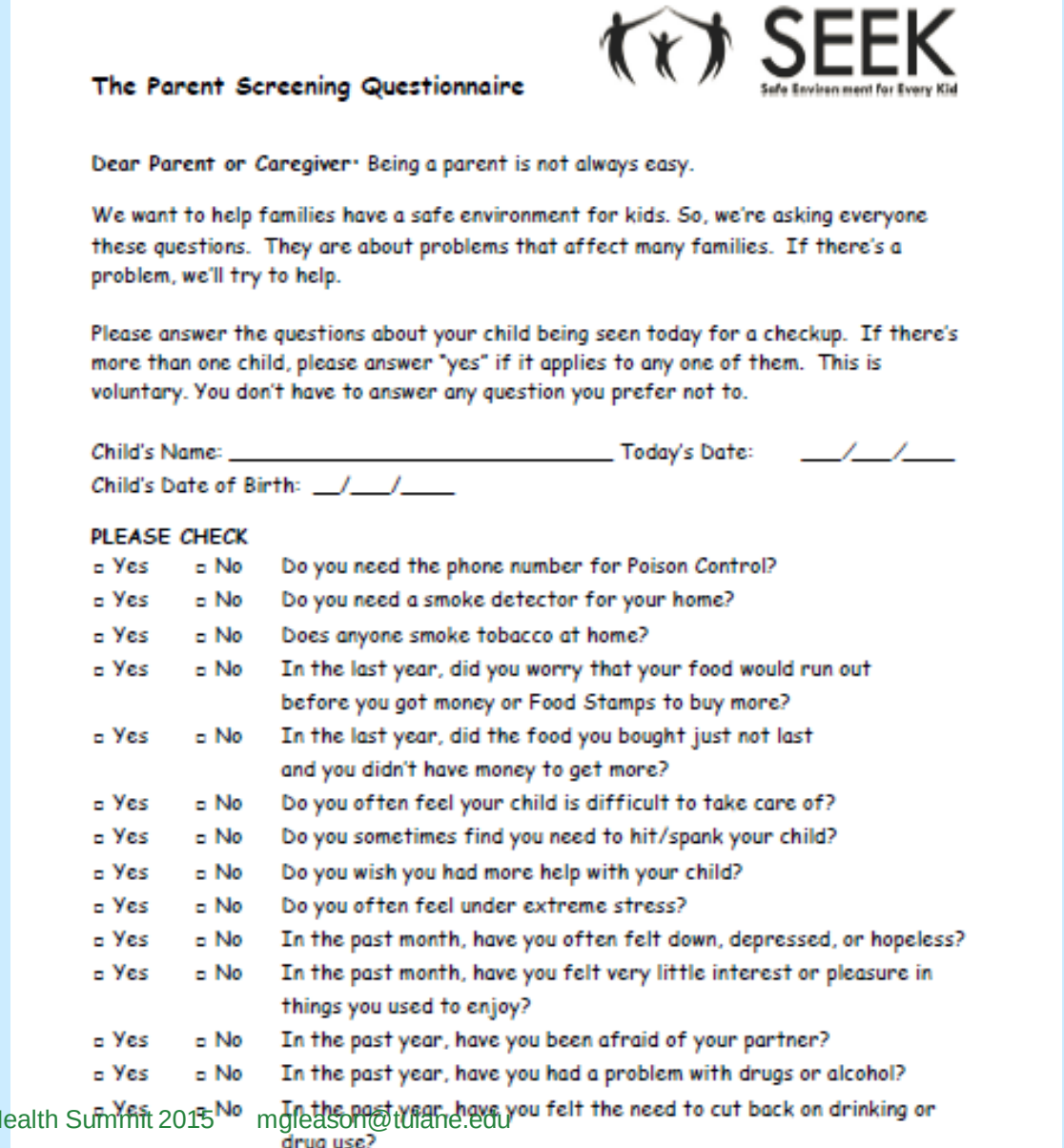
Chart# _____

Name_____ Today's Date_____
Last First Middle Initial month day year

USING MEASURES TO TRACK SYMPTOMS

Disorder/symptoms	Measure
ADHD	Vanderbilt ADHD Rating Scale
Anxiety	SCARED (Screen for child anxiety and related emotional disorders)
Posttraumatic stress disorder	Young Child PTSD Screen
Oppositional/defiant disorder	$$ Eyberg Child behavior checklist, Conners

SAFE ENVIRONMENT FOR EVERY KID



SEEK
Safe Environment for Every Kid

The Parent Screening Questionnaire

Dear Parent or Caregiver: Being a parent is not always easy.

We want to help families have a safe environment for kids. So, we're asking everyone these questions. They are about problems that affect many families. If there's a problem, we'll try to help.

Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to.

Child's Name: _____ Today's Date: ___/___/____

Child's Date of Birth: __/___/____

PLEASE CHECK

▫ Yes	▫ No	Do you need the phone number for Poison Control?
▫ Yes	▫ No	Do you need a smoke detector for your home?
▫ Yes	▫ No	Does anyone smoke tobacco at home?
▫ Yes	▫ No	In the last year, did you worry that your food would run out before you got money or Food Stamps to buy more?
▫ Yes	▫ No	In the last year, did the food you bought just not last and you didn't have money to get more?
▫ Yes	▫ No	Do you often feel your child is difficult to take care of?
▫ Yes	▫ No	Do you sometimes find you need to hit/spank your child?
▫ Yes	▫ No	Do you wish you had more help with your child?
▫ Yes	▫ No	Do you often feel under extreme stress?
▫ Yes	▫ No	In the past month, have you often felt down, depressed, or hopeless?
▫ Yes	▫ No	In the past month, have you felt very little interest or pleasure in things you used to enjoy?
▫ Yes	▫ No	In the past year, have you been afraid of your partner?
▫ Yes	▫ No	In the past year, have you had a problem with drugs or alcohol?
▫ Yes	▫ No	In the past year, have you felt the need to cut back on drinking or drug use?

Dubowitz et al

SEEK COMPONENTS

- Poison control
- Smoke detector
- Smoking in home
- Food insecurity (2)
- Parenting stress
- Spank
- Feel under extreme stress
- Parent depression (PHQ 2)
- Partner violence or intimidation
- Substance use
- Anything else

PRINCIPLES OF SCREENING FEEDBACK

- Screens
  - Are not diagnostic
  - Do not take the place of clinical judgement
- All screens
  - Ask parent about their perception
  - Use parents' words
  - Highlight strengths (child and parent)
- Negative ("healthy") screens
  - Provide targeted anticipatory guidance
- Positive ("at risk") screens
  - Place in developmental context
  - Offer support and hope
  - Develop action plan with parent

TOOLS TO SUPPORT SCREENING

- Young children
  - https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/Patient-Handouts.aspx
  - Tulane.edu\som\tecc
- AAP Mental health tool kit
  - https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Pages/Primary-Care-Tools.aspx
- Autism
  - https://www.autismspeaks.org/family-services/tool-kits/100-day-kit
- Guidelines for Adolescent Depression in Primary Care
  - http://www.thereachinstitute.org/guidelines-for-adolescent-depression-primary-care
- Medications
  - http://web.jhu.edu/pedmentalhealth/Psychopharmacolog%20use.html#Specific_guide
  - Parentsmedguide.org

SCREENING IN PRACTICE

- 48 month old comes in for routine 4 year visit. Otherwise healthy. ECSA and SEEK administered as part of universal screening with mental health consultation.

Early Childhood Screening Assessment

Child's name_____ Age in months:____

- Please circle the number that best describes your child compared to other children the same age.
- For each item, please circle the + if you are concerned and would like help with the item.

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Are you concerned about your child's emotional or behavioral development? Yes Somewhat No

The Parent Screening Questionnaire

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Safe Environment for Every Kid

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☐ Yes	☐ No	Do you need a smoke detector for your home?
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☐ Yes	☐ No	In the last year, did you worry that your food would run out before you got money or Food Stamps to buy more?
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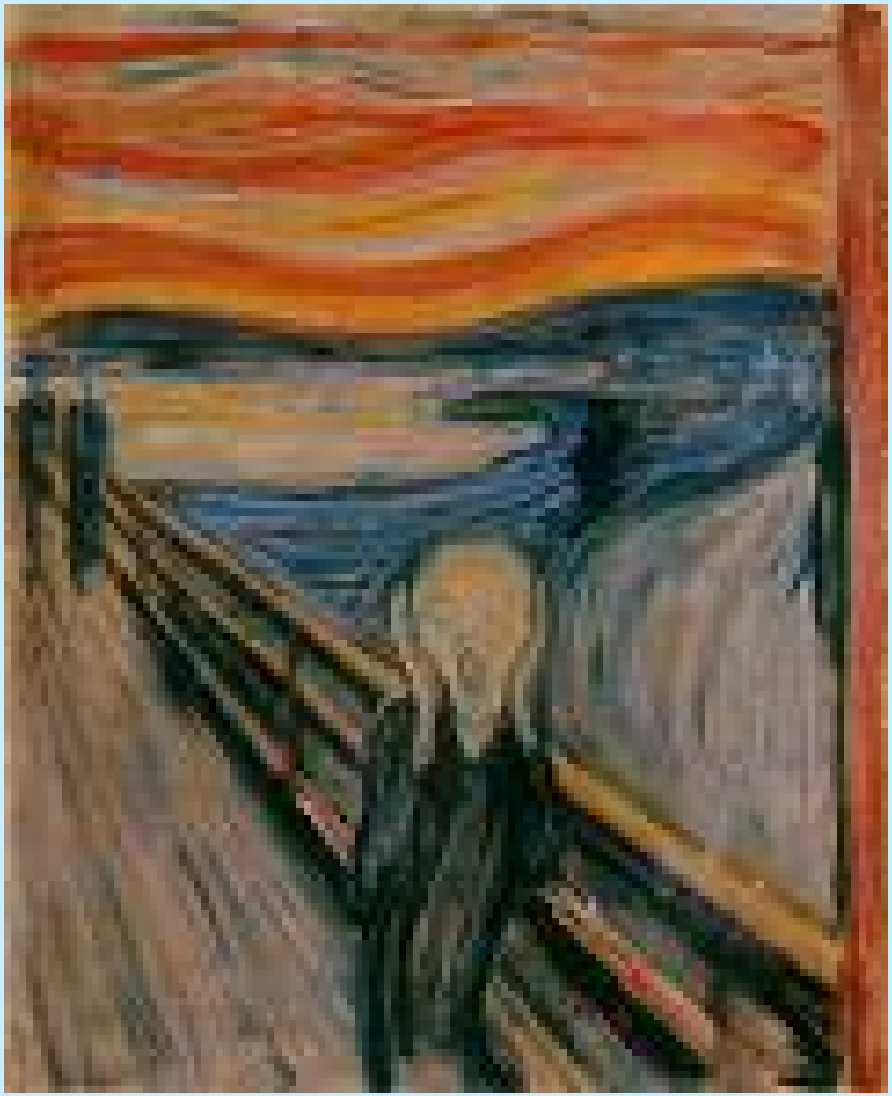
☐ Yes	☐ No	Do you sometimes find you need to hit/spank your child?
☐ Yes	☐ No	Do you wish you had more help with your child?
☐ Yes	☐ No	Do you often feel under extreme stress?
☒ Yes	☐ No	In the past month, have you often felt down, depressed, or hopeless?
☒ Yes	☐ No	In the past month, have you felt very little interest or pleasure in things you used to enjoy?
☐ Yes	☐ No	In the past year, have you been afraid of your partner?
☐ Yes	☐ No	In the past year, have you had a problem with drugs or alcohol?
☐ Yes	☐ No	In the past year, have you felt the need to cut back on drinking or drug use?
☐ Yes	☐ No	Are there any other problems you'd like help with today?

NOW WHAT?



- Raises most concern for professionals!!

ADDRESSING MENTAL HEALTH IN THE PEDIATRIC PRIMARY CARE SETTING

Behavioral Health Summit 2015
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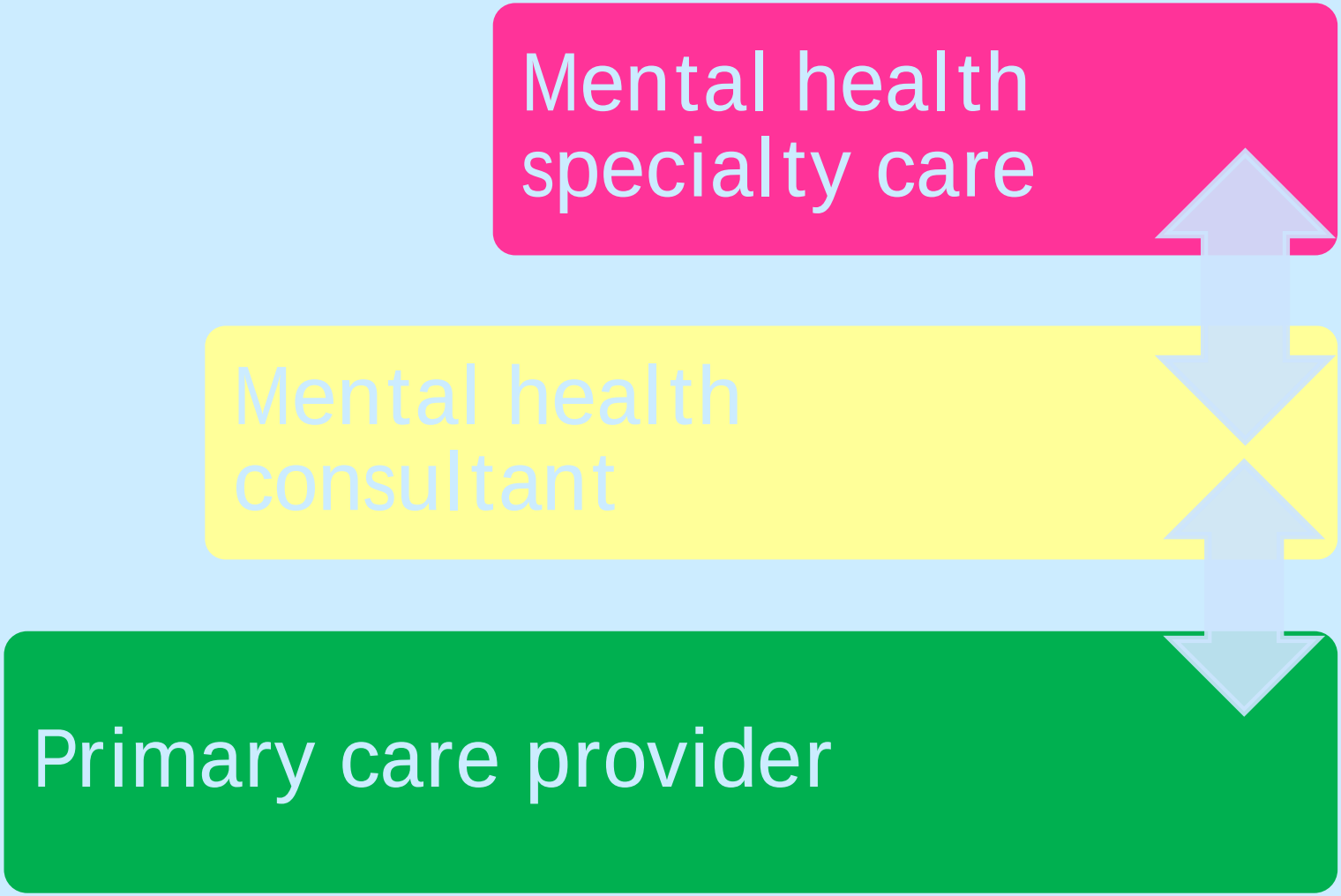
DEFINING THE ROLES

- Initial feedback/discussion = always PCP
- Next steps (education, assessment, treatment)
  - PCP
  - Mental health consultant
    - Onsite
      - Warm handoff
      - Schedule for follow-up on-site
    - Off-site (hub)
      - Phone/email consultation for real time consultation
      - Phone/email consultation for scheduled consultation

NEXT STEPS (MORE OPTIONS)

- Mental health specialist
  - Send/call consultation/referral directly
  - Office referral specialist
  - Give parent phone number
  - Regular feedback from mental health professional vs “black hole” (CPT consultation removal)

STEPPED CARE



MENTAL HEALTH SPECIALTY CARE REFERRAL SUCCESS

- 17%-47% of child mental health referrals result in face-face appointments *(Hacker et al., 2006, Horwitz et al., 2000)*
- Few result in more than 1 appointment

SO, THE PCP HAS TO BE PREPARED

- But they aren't mental health specialists
  - …. on purpose
- Mental health treatment for children is a specialty service that requires training

ROLE IN CARE OF REFERRED PATIENTS

- Maximize chance of successful referral!
  - Develop shared understanding of concerns
  - Assess readiness for treatment/motivational enhancement
  - Identify treatment preferences
  - Identify actionable steps
  - Help patient overcome barriers to treatment

COMMON FACTORS COMMUNICATION APPROACH

- Skills to use in discussion of ANY mental health concern in primary care
- Training in and use of these skills is associated with
  - Better child mental health outcomes
  - Decreased parent mental health symptoms
  - No difference in time spent with patients
  - *(Wissow et al 2008; Gadowski 2011)*

PRIMARY CARE MENTAL HEALTH COMMUNICATION SKILLS

(WISSOW & BROWN 2008)

- H- ope
- E- mpathy
- L-anguage
- L-oyalty
- P-ermission
- P-artnership
- P-lan

HELLLPP IN PRACTICE: AUTISM

- Hope
  - Power of early intervention
  - For HFA: famous people who likely had ASD
- Empathy
  - With fears, with frustrations, with inability to answer prognosis and etiology questions
- Listen
  - Give them space to just talk about their reactions
- Loyalty
  - We're not going anywhere
- Use their Language
  - About disorder or patterns (If clinically appropriate)

HELLLPP IN PRACTICE (2)

- Ask Permission-
  - To proceed with descriptions of ASD's, with plan
- Define partnership
  - PCP role- monitoring speech and access to services
  - Parent role- accessing services, identifying barriers, self-care
- Develop plan together
  - Lab tests
  - Referral for full evaluation for autism, speech, and occupational therapy
  - Follow up with PCP (when)
  - Accessing support (Families helping families, Autism speaks…)

COMMON FACTORS: INTERVENTIONS

- Most evidence based treatments share common underlying principles
- PCPs can learn the basic principles without becoming a certified therapist in any one of them

COMPONENTS OF EBT (WISSOW 2008)

Attention and hyperactivity problems	Positive reinforcement (Tangible rewards & praise) Commands/limit setting Time out
Disruptive behavior and willful misconduct	Positive reinforcement (Tangible rewards & praise) Commands/limit setting Time out
Anxious or avoidant behaviors	Exposure/coping skills
Depression or withdrawn behavior	Child psychoeducation Coping skills Problem solving skills

SAMHSA EBTs ; Wissow 2008

BEHAVIORAL MANAGEMENT

- Positive reinforcement for positive behavior
  - Withdraw attention for mild-moderate behaviors
    - Time out/safe consistent consequences for unacceptable behaviors

COPING SKILLS

- Relaxation strategies
  - Diaphragmatic breathing
  - Progressive muscle relaxation
- Behavioral management
  - Assess level of distress
  - Use relaxation skill
  - Re-assess
- Cognitive coping strategies
  - Assess distress level
  - Identify maladaptive/"automatic thoughts"
  - Evaluate maladaptive thoughts

HOW CAN THIS HAPPEN?

- Opportunities for training physicians
  - Continuing medical education
- Support mental health training in pediatric primary care residencies
- Mental health consultation
  - Promoting HELLLPPP skills in every consultation
  - Ongoing didactic training opportunities
- Bibliotherapy and/or web-based treatment

BEYOND COMMON FACTORS: TRADITIONAL SYSTEM OF CARE

- Refer to specialty mental health provider
- Continue to provide follow up, monitor safety, provide common factors approaches
  - (remember, most referrals won't stick)
- PCP co-manages with specialty mental health providers
  - Requires bi-directional communication!
  - Child receives evidence-based treatment
  - +/- parent treatment
  - Return to PCP management when symptoms/impairment resolves
  - Ongoing tracking of symptoms in medical home with structured measure

BEYOND COMMON FACTORS: MENTAL HEALTH CONSULTANT MODEL

- Office-based consultation
  - More comprehensive evaluation
  - Psychoeducation
  - +/- Brief intervention
  - Referral support
- Hub-based
  - More comprehensive evaluation
  - Psychoeducation
  - +/- Brief intervention
  - Referral recommendations

BACK TO THOSE SCREENS…

SCREEN INTERPRETATION

- ECSA
  - Child score: 17 (just below cut off of 18)
  - Maternal PHQ 2: 2 (positive)
- SEEK:
  - Food insecurity
  - Parenting stress
  - Parent depression

NEXT STEPS

- Step 1: **PCP discussed positive screens with mother**, who agreed to discuss with MHC. PCP provided hope, empathy, and plan during brief discussion.
- Step 2: **Warm handoff to MHC (on-site)**
- Mother confirmed high level of distress, multiple family stressors. Brief history and observation confirmed high level of activity at home. Is reportedly active at school, but rarely has behavioral difficulties, in time-out once a week or less. + family history of ADHD (both brothers, father). Mother had thought about asking for medication for this child because of distress level, especially now that it is summer time.

MHC/PCP INTERVENTION

- Step 3: **Planning with parent**
  - Parental depression identified as parent's primary concern, child behavior secondary
  - Mother had no PCP
  - Able to establish care in the FQHC in order to access mental health services
  - Planned follow up with PCP in 3 weeks
  - (Offered parenting group, which mother declined in order to pursue her own treatment first)
- Step 4: **Provided written and verbal information about**
  - Parental self care and relaxation strategies
  - Basic behavioral management techniques
  - Nutrition and food resources

NEXT STEPS…. DEVELOPING THE CAPACITY FOR INTEGRATION

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FIRST STEPS

- Create a safety net for PCPs
  - Messaging focused on collaboration and appreciation of the mental health care being provided in primary care
  - Develop educational activities with CMEs and MOC around primary care mental health
- Identify/train child mental health providers to be ready to work with primary care

CHILD MENTAL HEALTH PROVIDERS

- Culturally-competent mental health clinicians
- Expertise in
  - Mental health issues in all age groups
  - Brief mental health interventions
  - Matching assessment to appropriate level of care and relevant community resources ("Stepped care")
- Familiarity with
  - Pace and responsibilities of primary care providers
- Ability to
  - Communicate efficiently with relevant details
  - Target information to specific consultee

FINANCIAL MODEL CONSIDERATIONS

- Reimbursable 96110 to promote screening
- Consultation reimbursement strategy
  - Filling a gap in the existing MCO network
  - Truly integrated models require
    - MD-clinician or MD-MD case conferencing time with both clinicians reimbursed
    - Flexibility in clinician schedule (time bought out to ensure availability)
    - Ability to be reimbursed for multiple services on 1 day
    - (Reminder: Milliman report estimates substantial savings with adequate management of mental health concerns)
  - Consideration of unmet parental mental health needs
- Funding for educational activities

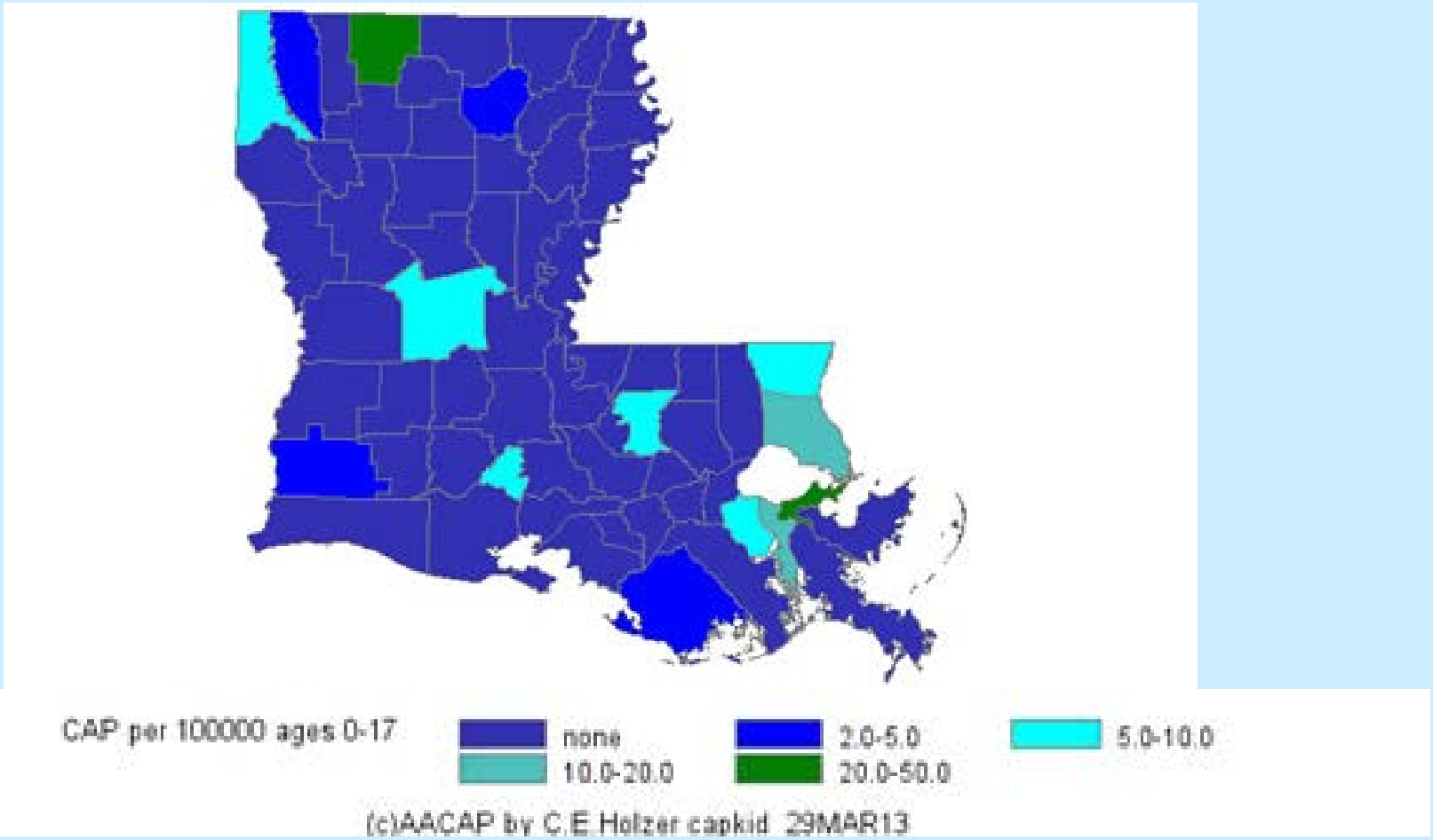
HUB MODEL

- Child and adolescent psychiatrist(s)
- +/- clinicians to provide brief therapy
- +/- parental psychiatrist
- Resource manager/highly functioning community resource phone line
- Financial plan
- Secure communication infrastructure
  - Telepsychiatry
  - Email
- +/- Hub clinical assessment center

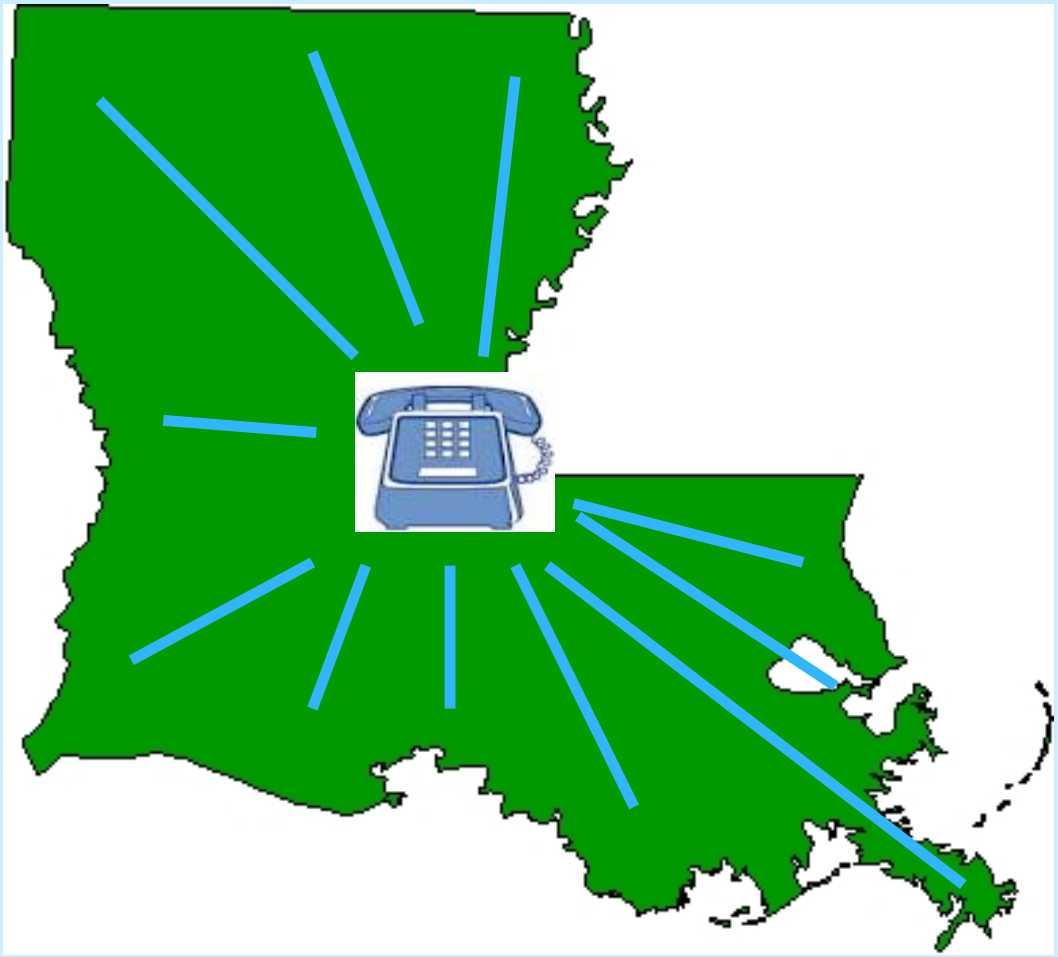
OFFICE-BASED MODEL

- Usually co-located model with PhD, LCSW, LPC
- +/- Child psychiatrist, parental psychiatrist
- Financial plan
- Time allocation: availability vs reimbursability
- Shared chart and plans for shared information
- Space (especially if considering treatment)

LOUISIANA CHILD PSYCHIATRISTS (PER 100,000 CHILDREN)



GOAL: 100% ACCESS TO CHILD MENTAL HEALTH CONSULTATION



QUESTIONS AND DISCUSSION

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