

Integrated Health Care Delivery In a Pediatric Setting: Principles, Process, and Practical Skills and Tools for the Behavioral Health Professional

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Financial Disclosures

- No relevant financial relationship with any commercial interests.

Objectives

- Present a framework for co-located models of care in a pediatric medical setting
- Describe integrated mental health programs in two pediatric settings
- Understand how to build and sustain an integrated care program and identify essential tools and skills for success
- Examine clinical cases and develop strategies for addressing mental health issues in the context of pediatric primary care

Why provide integrated mental health services in pediatric primary care?

- More than 20% of children and adolescents have a diagnosable mental health problem
- Only 20% of those receive adequate treatment
- Access to medical services for children with public insurance (e.g., Medicaid) is difficult

Recent Policy Statement American Academy of Pediatrics (AAP): Mental Health Competencies (2009)

The American Academy of Child and Adolescent Psychiatry and the American Academy of Pediatrics have both recognized the huge need for *earlier* detection and prevention of mental illness in children, as well as improved ability of primary care physicians to initiate treatment.

AAP / MCHB Bright Futures

- Developmentally based approach to address children's health in the context of family and community
- New edition 2008 emphasizes mental health screening more e.g. one month visit, 2 ½ year visit
- Teaching all levels of trainees the mix of what can and can be dealt with in office setting
- On-line learning curriculum (in development)

Collaborative Care Levels

Exclusive Referral: mental health/behavioral care is referred out to local resources

Traditional Care: mental health/behavioral care is provided by the pediatrician based on the provider's comfort level and available resources; i.e., some conditions treated and more complex conditions referred to local resources

Phone Consultation Model: pediatric behavioral/mental health specialist is available for phone consultation during the visit, which provides guidance in evaluation and triage of these issues.

Enhanced Care: pediatric behavioral/mental health specialist has an office in the pediatric clinic setting that allows for easy referral, but requires a return visit to see the specialist

Integrated / Collaborative Care Co-location of developmental, behavioral, and mental health consultants, or direct service providers available for consultation at the time of identification by the pediatric provider without the need for a return visit

A Look at Integrated Care in Two Settings: A residency training clinic and a large suburban practice

Project CLIMB: Consultation Liaison In Mental Health & Behavior

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- **Rose Community Foundation:**
 - Access to Mental Health Services
- **The Colorado Health Foundation**
 - Pediatric Resident Education
- **American Academy of Child and Adolescent Psychiatry**
 - Access Initiative
- **Denver Post Season to Share**
- **Liberty Mutual**



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Child Health Clinic

The Children's Hospital
Large Urban Primary Care
Teaching Clinic
Low income= >90%
Medicaid/SCHIP
23,000 visits per year
60% of visits for zero to 3 years
56% Hispanic, 40% Spanish
Primary Language

Project CLIMB: How it works

Consultation Liaison In Mental Health & Behavior

CLIMB Staffing

- Child & Adolescent Psychiatrist 40%
 - Clinical Psychologist 40%
 - Licensed Professional Counselor 100%
 - Psychology Fellows 70%
 - Psychology Interns 30%
 - Research Assistants 75%
- = \$250,000/year

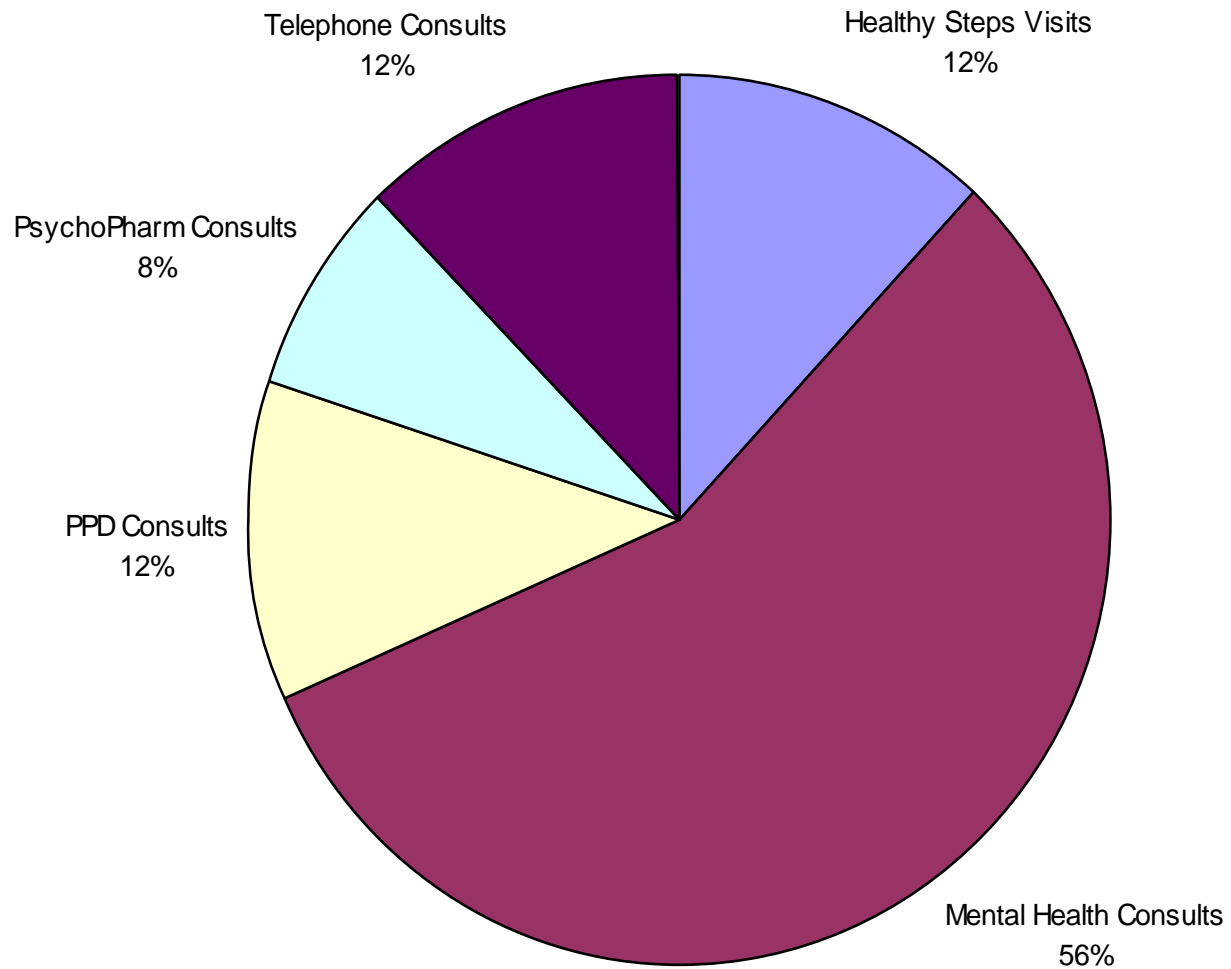
Training Clinic Considerations

- UC Pediatrics Training Program –
 - Hospital-Based and Specialty Focused
 - Attending providers for ½ or full-day slots
- Appeal to a wide range and number of trainees—
'revolving door':
 - 42 pediatric residents for continuity clinic
 - 36 pediatric residents for general clinic per year
 - 24 family medicine per year
 - 24 medical students per year
 - 24 physician assistant students per year

Program and Services

- Postpartum depression (PPD) screening
- Case-based consultation
- Healthy Steps for Young Children
- Fussy Baby Network Colorado
- Case management and referral
- Psychopharmacology consultations
- Counseling/therapy services
 - Licensed Professional Counselor from local Mental Health Center
- Training and education
 - Formal didactics
 - Precepting trainees
 - Collaborative care
 - Developmental and Autism Screening

Project CLIMB Consults ('06-'09†)





Day-to-Day Practice

Suburban Pediatric Practice

Douglas County:

Population, 2009 estimate: 288,225

Growth Rate 2000-2009: 64%

White: 82.3%, Black: 1.9%, Hispanic: 7.2%

Median Income: \$100,493

Home Median Value: \$236,000

Persons below poverty, 2008: 3.1%

Practice Staffing

6 pediatricians, 3 PAs, 1 PNP, 1 dietician

1 Psychologist

Medical students and residents rotating
through the practice

Program and Services

- Assessment, brief consultation, intake and triage, and individual and family therapy
- General mental health issues:
 - Anxiety, depression, ADHD, school issues, parenting, teen adjustment, family functioning, medication management
- PPD screening
- Parenting classes, information sessions
- Coordination of MH services in community: DD, OT, Speech, PT, community counseling, psychiatry, school

Day-to-Day Practice

- Intakes, therapy appointments, case consult with providers, triage phone calls for emergency and referrals, first time visit info
- All paper charts sent back to referring provider or preferred provider to coordinate care
- Follow-up, collaboration, ease of communication
- Charts are coded to flag provider that they have MH chart

The “how to’s” of Building and Sustaining an Integrated Care Program

Conceptualizing the Job Description

- What has been done before?
- What does the practice need?
- What are the skills a mental health provider can bring?
- Areas of specialization?
- How does this fit together?
- Collaborate, negotiate, trial and error



What Has Been Done Before?: Needs Assessment

Moving Forward

- What does the practice need?
 - Review the data
 - Ask the providers
- How does provider specialization affect care?
 - Communication with providers and patients
- Prioritize where you want to start: What is feasible?

Next Steps

- Collaboration with members of the on-site team
- Seek input from trusted colleagues
- Networking, actively pursuing other's perspectives, ideas, and feedback

Beyond Data: The Art of Integration

- Building relationships
- Supporting providers in giving care where they feel discomfort, ambivalence, and skepticism

Monitoring Current Practice: Does What We're Doing Make Sense?

- Understanding past practice
- Monitoring current practice
- Using data to inform decision-making

Data Example #1: Consider the Source

- Who is referring your patients/clients?
- How do you reach out to a demographic you think would benefit from service?



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Who Was the Patient Referred By?

(3 months into new job)



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Who Was the Patient Referred By?

(7 months into new job)

Data Example #2: Current Practice, Focus for Prevention and Intervention

Areas of current prevention and intervention efforts

- ADHD Assessments
- Initial intakes
- Treatment
- PPD Screening
- Acute consults
- Collaborate and refer for med consults



Distribution of Presenting Dx

Data Example #3:

Quality Assessment: How's It Going from the Family's Perspective?

Scheduling

Quality of service

Observed benefits

Perceived benefits of integration

“Before you received mental health care at PPA, how important did you think it was to receive this service in the same office as your medical care?”

“And after...?”



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Collecting The Data: 101

- Spreadsheets to maintain organization
- Doubles as a database to help measure a variety of areas of interest
- What do you want to measure?
- ID the variables you want to track
- Calculate, graph

Example Variables

Coded name

Initial, Assmt., Counsel

Age

Problem 1, 2, 3

Intake Date

Referral Source

Insurance

Session #

Last visit

Discharge Summary

Reason for Discharge

Notes, School Contact, Collaborating providers

Future Planning

- Best practices in the field
 - How are others doing this? What's working?
- Know your demographic
 - Serving the needs of patients that they are aware and unaware of
- New marketing ideas
 - Advertising, networking
- Monitor your progress
 - How are we doing per patient progress and consumer satisfaction

CLIMB: Program Funding

- Initial grants were for service:
 - Clinical care (50%)
 - Training (50%)
 - Difficult to get evaluation portions funded
- Additional small grants for:
 - Research
 - Dissemination to other institutions and private practices

Program Development

- Leaders in the Dept. of Psychiatry, General Pediatrics, and The Children's Hospital Foundation were approached about improving mental health services to low income children.
 - Leaders brought different interests
 - Training
 - Service
 - Research
 - Co-located physical and mental health services

Administrative Issues

- Assemble an oversight committee
- Identify and create space for the program
- Publicize and promote to Faculty, Residents, Staff, Students, Community providers
- Change management theory
- Description of responsibilities e.g. screening tools distributed and collected
- Create a patient database
- Coordinate visits and materials with appointment and check-in staff
- Finally make it truly collaborative:
 - “They are all our patients not just Brian’s, Ayelet’s or CLIMB”

Integrated Care and Teaching

- Teach importance of screening tools as they go out into practice
 - (PPD- EPDS, Depression/Anxiety Scales, ASQ- Dev & SE, MCHAT, Vanderbilt's, IEP reports, etc.)
- Behavior and developmental issues are difficult to teach but the 'right here, right now' approach of this integrated system works for learning and for our families' seeing a busy teaching clinic as their medical home

Reimbursement Issues

- Behavioral Health Codes
- Psychiatric Consultation reimbursement
- Mental Health Carve-outs
- Developmental screening
- Long-term sustainability now with pediatric departmental support

Evaluations and Data

- American Academy of Child & Adolescent Psychiatry Access Initiative Grant
- QI: Developmental Screening
- Postpartum Depression Screening and Services
- Mentored Research Projects
 - Anxiety Study (Wolfington)
 - Healthy Steps Cohort Study (Buchholz)
 - Social Emotional Education for Parents of Young Children (Guedner)
 - Postpartum Depression (Britton)
 - QI Developmental Screening (PL3s)
 - Psychiatry Research Scholars:
 - Collaborative Care (Lien)
 - Maternal Distress (Volkert)

Future Plans

- Research and evaluation
 - Electronic Medical Record: data collection; Quality improvement/assurance
 - CORNET Phase II: Formal program evaluation across residency pediatric residency training sites nationally
 - Intervention studies with SHS, Obesity
- Systems work
 - Implementation of routine socio-emotional and behavioral screening (Assuring Better Child Development, Colorado Department of Public Health & Environment, EPSDT)
- Dissemination
 - Colorado Clinical Guidelines
 - Collaborating with AAP Mental Health Task Force
 - Training materials and technical assistance

Project CLIMB Team

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Integrated Mental Health In Action: Case Examples



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Discussion

Thank You!