Mass. ‘Hubs’ Speed Mental Health Help

BY JENNIFER LUBELL
Associate Editor, Practice Trends

Imagine a system in which pediatricians can get in touch with a child psychiatrist within 30 minutes to answer any diagnostic or medication questions, or assess a patient’s case—for free.

Such an arrangement is currently in place in Massachusetts. The Massachusetts Child Psychiatry Access Project (MCPAP) is just several years old, consisting of six regional hubs across the Commonwealth. Dr. Joseph Gold, one of the codirectors of MCPAP, said in an interview: “The Massachusetts Child Psychiatry Access Project was created 5 years ago, when the Massachusetts chapter of the American Academy of Pediatrics created a child mental health task force consisting of state agency heads, pediatricians, psychiatrists, care physicians, psychiatrists, and social workers.

Stakeholders on the task force joined their advocacy and lobbying efforts to approve legislation to make the project possible, said Gold.”

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A New ‘No’ to Cough Medicines for Children

BY CHRISTINE KILGORE
Contributing Writer

Pediatricians should take to heart an explicit recommendation by the American College of Chest Physicians against the use of over-the-counter cough suppressants and medicines in children, according to pediatricians who have dealt with drug issues for the American Academy of Pediatrics.

“We need to be continually reminded about what’s proven effective and what’s not,” said Dr. Richard Walls, a past member of the AAP’s Committee on Drugs.

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Antidepressant Study May Relieve Suicide Concerns

Drugs cut risk 60% in first month.

BY ALICIA AULT
Contributing Writer

Psyciatrists are saying that new study should help convince the public that newer antidepressants do not appear to be associated with a higher risk of suicide.

One behavioral pediatrician contacted by this newspaper said the study did not strictly add to the knowledge of risks and benefits of antidepressants, while another behavioral pediatrician commented on its being more representative of the real treatment world than most studies.

In the study of some 60,000 enrollees at the Group Health Cooperative (GHC), a nonprofit health care system based in Seattle, the risk of suicide decreased by 60% in the first month after treatment began and continued to decline in the following 5 months of the study (Am. J. Psychiatry 2006;163:41-7). The risk of suicide was highest in the month before treatment.

Dr. Greg Simon and his colleagues examined pharmacy records and computerized records from GHC physicians, as well as hospital discharge and mortality records. They found 65,103 members—79% female—who were treated for depression during the 10.5-year study period. The mean age at time of prescription was 44 years. See Antidepressant Study May Relieve Suicide Concerns page 8

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VITAL SIGNS

Medicaid Is the Largest Individual Category Of All Spending by States

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Medicaid</td>
<td>37%</td>
</tr>
<tr>
<td>Elementary and secondary education</td>
<td>22%</td>
</tr>
<tr>
<td>Higher education</td>
<td>11%</td>
</tr>
<tr>
<td>Transportation</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
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Notes: Based on estimates for fiscal 2005. Total exceeds 100% as a result of rounding. Source: National Association of State Budget Officers
The Mental Health Express

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pediatrician Walter Harrison, who sits on the governor’s special commission for children’s mental health and also cochairs the task force with Dr. Gold.

Pediatricians who have participated in the program to date are very grateful on a couple of counts, Dr. Gold said. “They’re able to reach someone immediately to think through the nature of the issue. If it’s a resource-finding issue, the care coordinator can match up the family to a resource.” For clinical questions, the teams determine whether they should see the child in person or return the case to the pediatrician, or whether the child needs more tertiary or specialized care.

Dr. Harrison said, “What’s wonderful is if I have a child whom I have a question about—diagnosis or treatment or resources, I can access the resources or information that day or next day through the coordinator, or if it’s urgent, speak with a child psychiatrist that day.”

A psychiatrist working in Dr. Harrison’s hub made arrangements for one of his patients with hallucinations to be sent directly to the emergency department, then be admitted to a children’s inpatient psychiatric facility. He gets immediate assistance for patients with other issues, such as those with drug problems or those in need of counseling. Pediatricians would never be able to get this type of access to psychiatric services under the old system, Dr. Harrison said in an interview.

The project is funded by the state legislature, but families with any type of insurance are eligible. “The child’s perceived need is what triggers the consultation, not the insurance benefit package,” said Lisa Lambert, assistant director of the Parent/Professional Advocacy League in Boston, an organization that lobbied the state legislature to fund the project. The project receives $2.5 million per year. “The goal is to make this completely into a public/private partnership,” with private insurers jointly funding the program with the state, Ms. Lambert said. “Private insurance has been at the table, but families with any type of insurance are eligible; the project is funded by the state.”

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