


Behavioral Health Integration in Pediatric Primary Care

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Behavioral Health Specialists
Community Care Team

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Disclosure

- The speakers involved in this presentation have no financial relationships to disclose.
- The presenters will not discuss off label use and/or investigational use in this presentation.

Community Care Team

- The community care team members facilitate the care coordination, social, behavioral health, and education needs of the high risk patient population
- CCTs coordinate and connect patients to additional healthcare and community resources in order to support their health improvement goals, achieve better health outcomes and reduce avoidable costs

Community Care Teams

Who We Are

- Started in July 2012
 - RN – Care Managers
 - Social Services
 - Behavioral Health
 - Pharmacist
- Serve 24 Primary Care Practices
- Covering: Lehigh, Northampton, Berks, Carbon & Monroe Counties

High Risk Population

- Patients who are typically at greatest risk for medical problems based on qualifying factors
- A population segment that would benefit from additional utilization management resources

High Risk Registry Qualifiers

- Clinical Indicators
- Chronic Conditions
- Multiple Medications
- Inpatient/ED visits
- Insurance
- Additional Criteria for consideration

CCT Deployment

- Number of high risk patients
- Number of Medicare patients
- Patient centered medical home status

Objectives

- Provide an overview of the evolution of the Behavioral Health Specialist (BHS) role in pediatric primary care
- Outline the specific role of a Behavioral Health Specialist in a pediatric primary care practice
- Provide information about brief interventions that can be used in primary care across populations for patients experiencing behavioral health concerns

Evolution of Behavioral Health in Pediatric Primary Care

- Growing need for children's mental health services
- Lack of professionals trained to work with children
- Access issues in mental health care
- Increased focus on primary care as first line of defense in addressing chronic conditions including mental health issues
- Inadequate financing of mental health services

Why Primary Care?

- Pediatricians develop long term relationships with children and families
- Pediatricians have training in child development, early intervention and prevention strategies
- Pediatric practices work frequently with specialists to coordinate care for children with special needs
- Increased co-morbidity with mental, emotional, and physical conditions in pediatric populations

Role of Behavioral Health Specialist in Pediatric Primary Care

- Real time consultation for pediatricians on mental health issues
- Provide brief, targeted therapeutic interventions, including crisis intervention for pediatric population
- Assessment, diagnosis, and referral for long term therapeutic interventions and collaboration with primary care
- Outreach and coordination of community services for continued care
- Work as part of multidisciplinary team in primary care practice to address mental health needs of pediatric population

Patient Snapshot

- 10 year old male living with mother
- Homeless staying in hotel through Children and Youth
- Arrived from Puerto Rico due to domestic Violence
- No family
- Linked to the clinic by C&Y

How Behavioral Health Assisted

- Met with the patient and mother
- Spoke native language (Spanish)
- Obtain hx from the mother
- Asses the child
- A Therapeutic setting
- Provide short term therapy until he was linked to community resource (KidsPeace)

What's Going on at LVHN?

Grant at 17th St: LVH 17th Street awarded grant by PA DOH to expanded Behavioral Health Services in Community Practices including Children's Clinic in September 2014.

Why Expand Behavioral Health Services?

- To facilitate the access to mental health services for vulnerable populations.
- 60% of adults and children receiving care in adult LVH Community Practices have a behavioral health diagnosis
- LVH Mental Health Clinics are at capacity and services are primarily in English.

Purpose

- Address and educate regarding mental health needs of low income, chronically ill populations.
- Reduce fear of stigma
- Reduce barriers to receiving appropriate Behavioral Health services.
- Provide culturally competent, timely, flexible and accessible services.

Services To Be Provided

- Bilingual Behavioral Health Specialist and Outreach Coordinator
- Assessment for alcohol and drug abuse
- Assessment for depression (PHQ9) (Adults only)
- Provide short term solution focused therapy (6-8 sessions)
- Expedite referrals to outside mental health treatment providers if needed
- Assess, evaluate, identify and reduce barriers to mental health care
- Expanded Community Care Team (CCT) Behavioral Health Services to the Children's Clinic

CCT BH Expansion and Children's Clinic

- Workflow arranged to assist Children's Clinic with Behavioral Health referrals from ADHD Clinic and Obesity population.
- Provide short term counseling (6-8 sessions), diagnosis education and linkage to outpatient community resources as needed.
- Utilize CBT, Behavioral Modification, and Parent Education with emphasis on health and wellness as a comprehensive approach.

Behavioral Health, Suicide and Primary Care

- Up to 45% of individuals who die by suicide have visited their primary care physician within a month of their death; additional research suggests that up to 67% of those who attempt suicide receive medical attention as a result of their attempt
- Recent research shows that 25-60% of people contemplating suicide seek attention for a medical problem in the weeks before death, and yet as many as 81% do not seek prior psychiatric help. Such evidence speaks to the need for systems to help identify and monitor individuals at risk for suicide in primary care settings

Behavioral Health, Suicide and Primary Care

- Depression is thought to be present in 50–79% of youth suicide attempts
- Over 1 million children and adolescents attempt suicide; an even greater number of youth are preoccupied with suicidal thoughts

Behavioral Health Interventions: What Can Providers Do?

- Collaborate with multidisciplinary team, schools and BHS as a resource for patients
- Educate patients and family about mental health issues and provide community resources such as Parenting Classes and wraparound services especially for the younger population.
- Become familiar with crisis protocol for suicidal patients
 - Send patient to ER if active plan or intent
 - Contact Psychiatric Emergency Screening Services (484-884-2425) to inform of patient's arrival
 - Contact county crisis if patient refuses ER (county where patient resides)

Behavioral Health Interventions: What Can Providers Do?

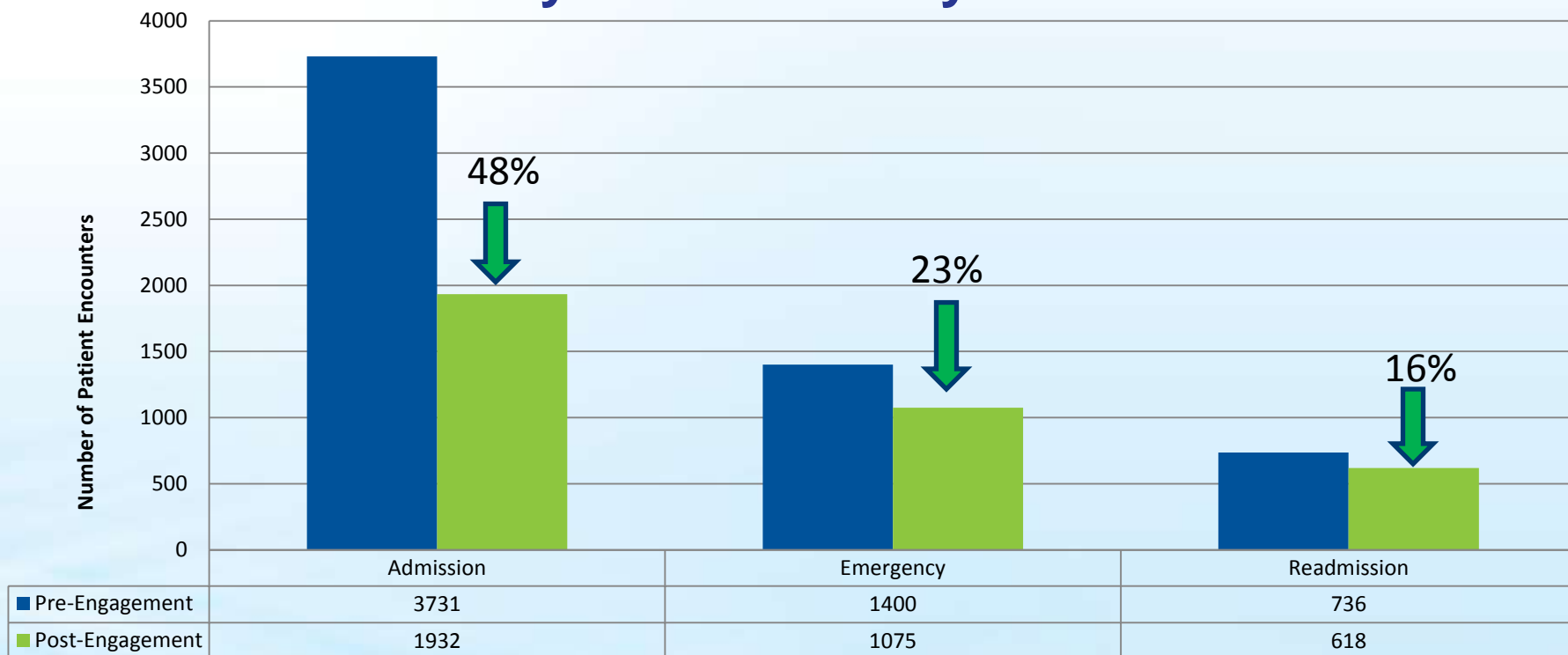
- Utilize adolescent partial program (Adolescent Transitions; (610-402-5930) for patients who do not have active intent or plan but have had suicidal ideations and worsening depression
 - Providers can make direct referral in office visit with patient
 - Provide patient MRN and clinical info
 - Depending on program availability, appointment can be obtained fairly quickly

Behavioral Health Specialists

July 2012-Feb 2015



CCT Utilization Data: All Practices 6 months Pre-Post Intervention July 2012-February 2015



CCT Reporting Data

The data used for this series includes patient encounters that meet ALL of the following conditions:

- CCT Engagement must occur after 01 January 2011
- Only patient encounters up to 6 months before CCT Engagement
- Only patient encounters up to 6 months after CCT Engagement

There is a sliding-window of 6 weeks (42 days) before the current date in which patient encounters are excluded from reporting. During this record lag time, payer data is being processed and attached to the patient record.

CCT Utilization Reporting Period

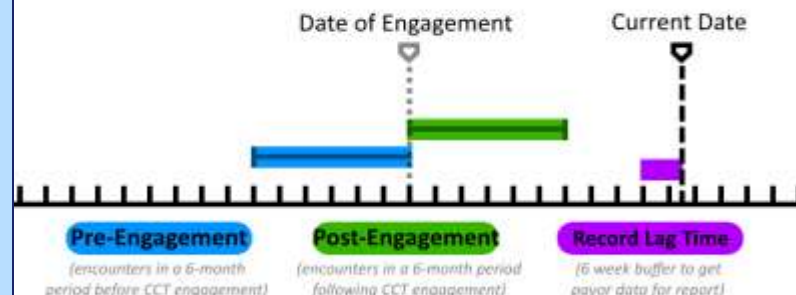


TABLE 1: MOST COMMON DEVELOPMENTAL AND MENTAL HEALTH PROBLEMS IN CHILDREN, BY AGE OF ONSET

Age of Onset	Condition	Prevalence
Preschool ¹	Speech Problems	5.8% ^b
	Developmental Delay	3.2% ^b
	Autism Spectrum Disorders	0.5% ^b
School-age Children (6–17 years) ¹	Learning Disabilities	11.5% ^b
	Attention Deficit-Hyperactivity Disorder (ADHD)	8.8% ^b
	Behavior or Conduct Problems	6.3% ^b
School-age Children (9–17 years) ²	Any Anxiety Disorder	16% ^b
	Mood Disorders	7% ^b

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TABLE 2: IDENTIFYING MENTAL HEALTH CONCERNS IN PRIMARY CARE: BASIC TASKS BY STAGE OF DEVELOPMENT

Stage of Development and Developmental Tasks	Basic Tasks for the Primary Care Provider
<p>Infancy (newborn through 11 months): secure attachment; emotional regulation; appropriate conduct</p>	<ul style="list-style-type: none"> ■ Screen for maternal depression and other psychosocial risk factors such as domestic violence and substance use; consider poverty as a risk factor ■ Observe maternal-child interaction and assess quality of attachment ■ Coordinate efforts with home-based maternal and child health programs such as Healthy Start
<p>Early childhood (12 months to 4 years): see above</p>	<ul style="list-style-type: none"> ■ Continue to screen for psychosocial risk factors ■ Conduct routine surveillance for autism spectrum disorders ■ Identify behavioral concerns in the home, child care setting ■ Screen for speech, other delays, physical problems that may be connected to concerning behavior ■ Coordinate activities with child care providers and early childhood programs
<p>Middle childhood (5 to 10 years): learning reading, writing, and math; attending and behaving appropriately in school; empathy; getting along with peers; self-efficacy</p>	<ul style="list-style-type: none"> ■ Conduct surveillance and targeted screening for ADHD, anxiety, depression, conduct disorders ■ Coordinate activities with schools and child welfare as indicated
<p>Adolescence (11 to 21 years): healthy physical development; intellectual development and critical thinking skills; self-esteem; positive relationships with peers and family; attachment to social institutions</p>	<ul style="list-style-type: none"> ■ Screen for behavioral and emotional issues as well as co-occurring substance use disorders ■ Coordinate these activities with other systems involved with youth such as schools, juvenile justice and child welfare

Questions?



Thank you for your time and we look forward in collaborating with all of you



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