



Addressing the Whole Person: Integrating Behavioral Health into the Pediatric Patient Centered Medical Home

**Sue L. Schell, M.A., Vice President and Clinical Director,
Behavioral Health
Children's Health System of Texas**

August 30, 2016

BH Integration Rationale

Behavioral health integration into primary care settings is a growing national trend.

- Two-thirds of PCPs report not being able to access BH
- 80% of people with a BH disorder will visit a PCP at least once a year
- 67% of people with a BH disorder do not get BH treatment
- 30-50% of patient referrals from a PCP to a BH clinic do not make the first appointment

BH Integration Rationale Among Children

- Almost 1 in 5 children in the US suffers from a diagnosable mental disorder
- 20% to 25% of affected children receive treatment
- Higher rates for children from disadvantaged families



Background and Current Models

- Adverse Childhood Experiences – social determinants of health – lack of support and coping skills
- The end of the health plan carve-out model: bridging the chasm between physical health and BH
- Meta-analysis of pediatric studies concluded there was a 66% probability that a randomized youth will have a better outcome following integrated care than the usual segmented care.*



*Kolko, DJ. The effectiveness of integrated care on pediatric BH. *JAMA Pediatrics*. 2015. 169. 10.894-896.

Current Models and Resources

- Advancing Integrated Mental Health Systems (AIMS), University of Washington – model with adults : <https://aims.uw.edu>
- Robert Hilt, MD – guidelines for PCPs to manage BH issues: <http://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/>

Kaiser Health News - By Anna Gorman

Published: September 23, 2015

“A growing body of research shows that children who experience abuse, neglect or other ‘toxic stress’ have a greater likelihood of developing chronic diseases when they get older... In response, the American Academy of Pediatrics is urging doctors to intervene by identifying and offering assistance to parents and young patients they believe to be at risk... Researchers have found that later-life problems can be reduced if children are able to develop a healthy relationship with a parent or caregiver, or get certain clinical treatments.”



Our Mission

Making life better for children by integrating the physical, mental and social wellbeing components of health in accessible and sustainable ways within our community.



Program Evolution

Integrated Behavioral Health Program

2012-2015

- Social work outreach to enhance services
- Minimal follow up
- ED follow up regardless of BH issues
- Access to internal BH providers for psychology & psychiatry

2015-2016

- Full BH assessment
- More detailed treatment recommendations
- Follow up after referrals to community
- Brief CBT and psycho-educational treatment (2-5 sessions)

2017 & Beyond

- All of the above in 2015-2016, plus
- Individual/group curriculum based on specific problem area
- Evaluation of outcomes for evidence-based treatment recommendations

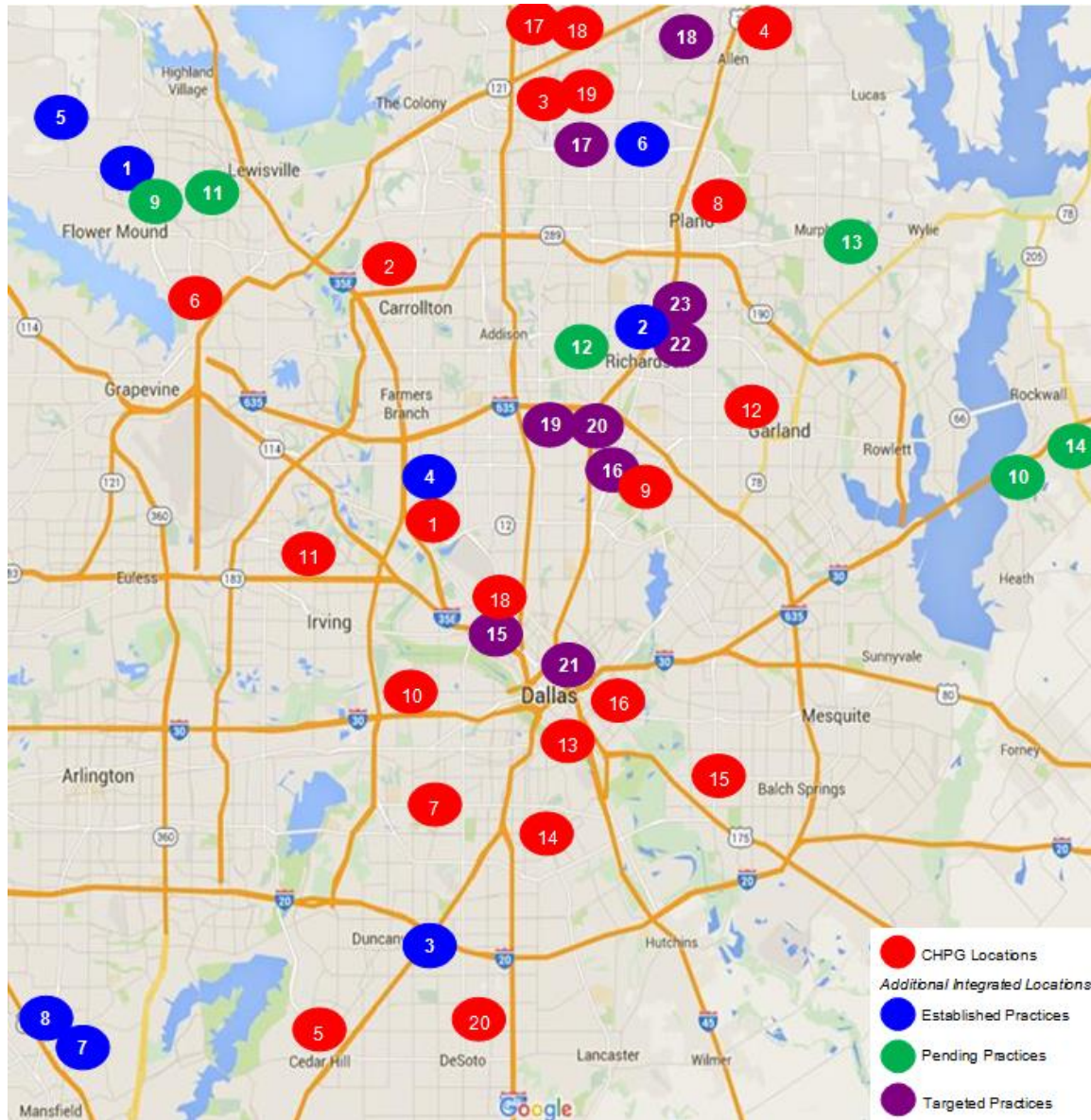
Program Goals

- Care management as an adjunct to the PCP for additional support to the family
- Full integration of BH with medical care:
 - Data driven outcomes and continuous quality improvement
 - Preventive assessments and monitoring
 - Improve financial sustainability
 - Totally accessible services for all socio-economic levels
 - Educate the community on the concept of the Medical Neighborhood
- Influence healthcare policy and funding by outcomes and advocacy

Program Goals (continued)

- Prevention: Issues identified earlier in the child's life with rapid referral, assessment and treatment recommendations
- De-stigmatization: Behavioral Health issues are a normal part of everyday life and healthcare
- Convenience: Families treated in their community with their trusted pediatrician or via virtual health from home
- Reduced demand on limited resources: Many issues can be treated efficiently without the need for psychiatry/psychology/therapy referrals such that these precious resources can be saved for longer term, more severe cases
- Resilience: Children (and parents) learn how to better manage life's challenges through our program curriculum and interventions – skills that will stay with them as they grow and mature

Our Integrated Locations



BH Care Managers

- 10 BH Care Managers (BH CMs) divided by geographic area to cover practices.
- BH CMs hold a master's degree in a BH field (social work, psychology, counseling or family therapy) and are licensed to practice independently.
- A BH CM is available on site or by phone for immediate assessment – patients have a BH resource available to them before they leave the office.
- 1 BH Care Assistant to support the clinicians, identify resources, manage reports and provide some supervised follow-up calls to families.

BH Services Provided

- Consultation on any potential BH issues
- Brief assessment of patient and family BH concerns
- Short-term interventions, action planning and psycho-educational counseling
- Referral and care coordination to CHPG internal BH Specialty Providers or to external managed care panels
- Referral and care coordination for longer term services with community providers
- Group treatments for parents and patients
- Ongoing care management and support for all BH issues
- Consistent communication with the primary care team on all BH treatment plans and progress
- Follow-up on depression screenings to assure documentation of progress and treatment plan updates

Types of Problems Addressed

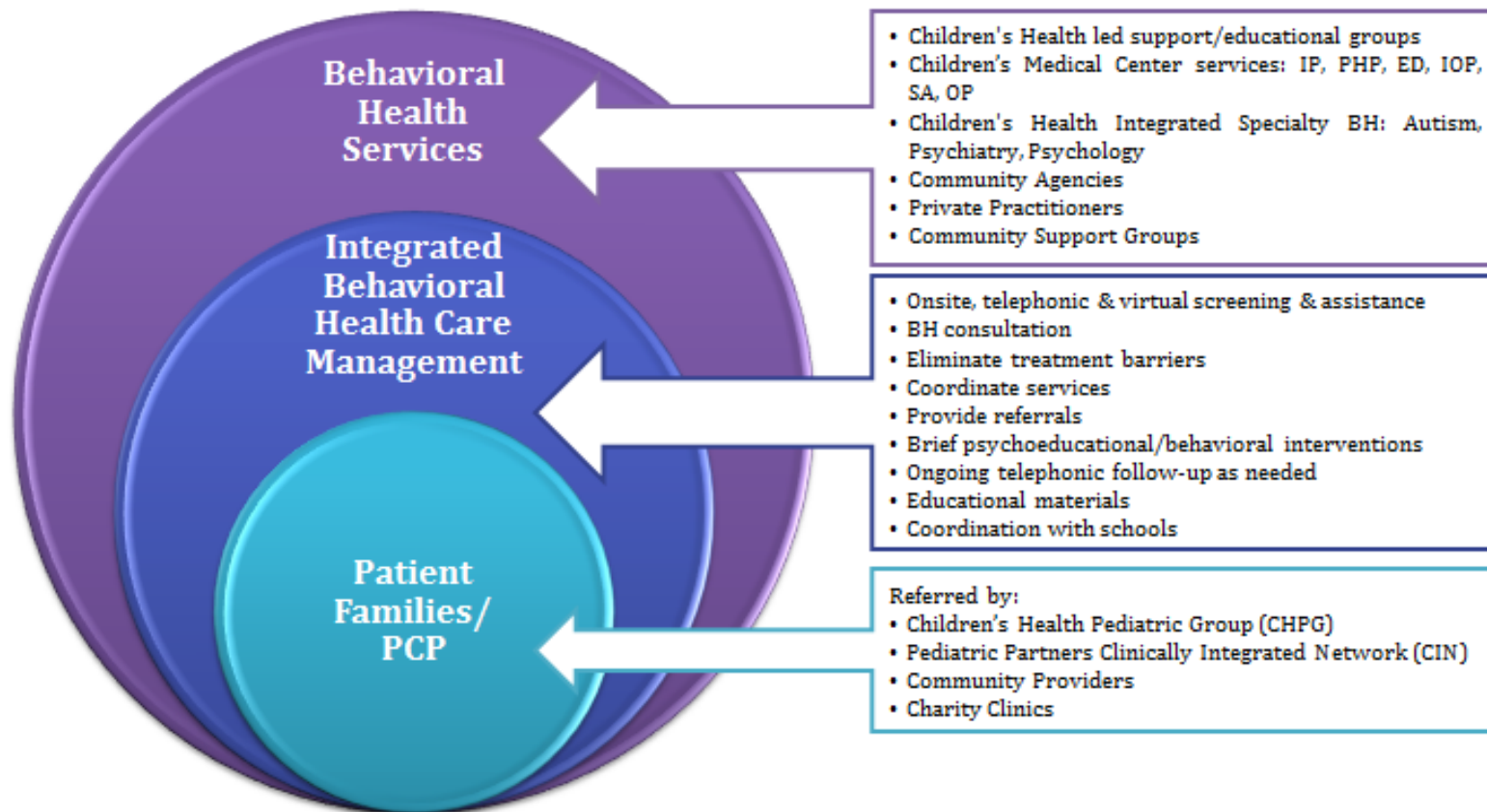
- Depression
- Anxiety
- Attentional issues
- Autism
- Behavioral problems
- Learning issues
- Social issues
- Psychiatric diagnoses
- Stressful family situations
- Grief or loss
- Social service issues
- Physical, sexual or emotional abuse or neglect
- Complex medical issues needing support
- Aggressive behaviors
- Bullying
- Drug/alcohol use
- Low self-esteem, insecurity
- Poor family communication/discipline issues



Model



Integrated Behavioral Health Program



BH Assessment Template

Healthy Planet Behavioral Health - Initial Assessment Template

Contact Type

Contact With

Demographic Review

Current concerns from parent or expressed by others

Medication Review

Patient History and Current Functioning

Developmental/Trauma History

Current Medical Care

School and Education (current grades, feedback from teachers)

Behavioral Health

Moods

Anxiety/fears

Anger response/control

Thought Processes

Sleep

Eating/Appetite

Social Activities

Risk Behaviors

Peer Relationships

Social Support

Positive influences in child's life:

Frequency the parent/guardian needs assistance in reading instructions, pamphlets, or other written materials from the doctor or pharmacy

BH Assessment Template – cont.

Social Services Received/Needed

Patient/Family Goals

This section is where we identify the patient's goals for completing the BH program. This goal will be scaled so that it can be compared to all other BH patients with a rating of 1-10. The goal will be broken out into more immediate goals in the following section.

What will be different in your life when things are going better for you – what will it look like when things are better than they are today?

Scalable Goal Attainment

	Goal	Rating (1 - 10)	Timeframe
Goal 1			
Goal 2			
Goal 3			

Care Manager's Problem Assessment

Focused behavioral health goal to address issues or stress related to:

Provisional Diagnosis

Care Management Level

Plan and Actions

Additional Notes

Follow-Up Plan

Update Provided to PCP

Levels of BH Care Management

Levels of CM	Low	Medium	High
Goal of CM	Provide guidance, education, and referral to OP treatment if indicated, assuring PCP is kept updated to progress.	Coordinate treatment referrals and barriers to care, following up regularly with all providers to assure consistent progress.	Development and implementation of a complete plan of care coordinating services within the medical and behavioral system as well as with social services, schools and community programs.
Stratification	<ul style="list-style-type: none"> • General BH needs or could benefit from coordination (may or may not have a BH diagnosis) • Brief assessment/referral • General BH information/education 	<ul style="list-style-type: none"> • Patient meets criteria for a BH diagnosis and is in need of treatment resources. • Patient has psycho-social needs impacting care/wellness 	<ul style="list-style-type: none"> • Patients requiring higher levels of BH care, or significantly medically compromised • Patient/family need ongoing support and assistance in following treatment recommendations • Patient/family have very limited resources
Intervention	<ul style="list-style-type: none"> • Psycho-educational group • Brief counseling • Telephonic follow-up 	<ul style="list-style-type: none"> • Outpatient therapy • Medication management • Psycho-educational group • Coordination of BH and medical providers • Family support to assure understanding of treatment plan and ability to follow plan 	<ul style="list-style-type: none"> • Psychiatric case review • Outpatient therapy • Medication management • Psycho-educational group • Coordination of BH and medical providers • Regularly scheduled telephonic or in person CM contact (consider home visits as needed)

Referral Process

- PCP orders BH referral within EHR
- If BH CM is on-site, notify that new patient is waiting; BH CM meets with family right away
- If BH CM is not on-site, the family calls the BH CM phone queue to start the referral before they leave the pediatrician's office
- For more urgent referrals, PCP contacts BH CM cell phone to discuss case

Integrated BH Specialty Providers

- BH CM refers to psychiatrist or psychologist for treatment
- Integrated BH specialty providers see patients on a short-term basis allowing for maximum access to BH care.
- Goal is for patients to be stabilized and bridged to long-term care with the PCP and/or in the community.

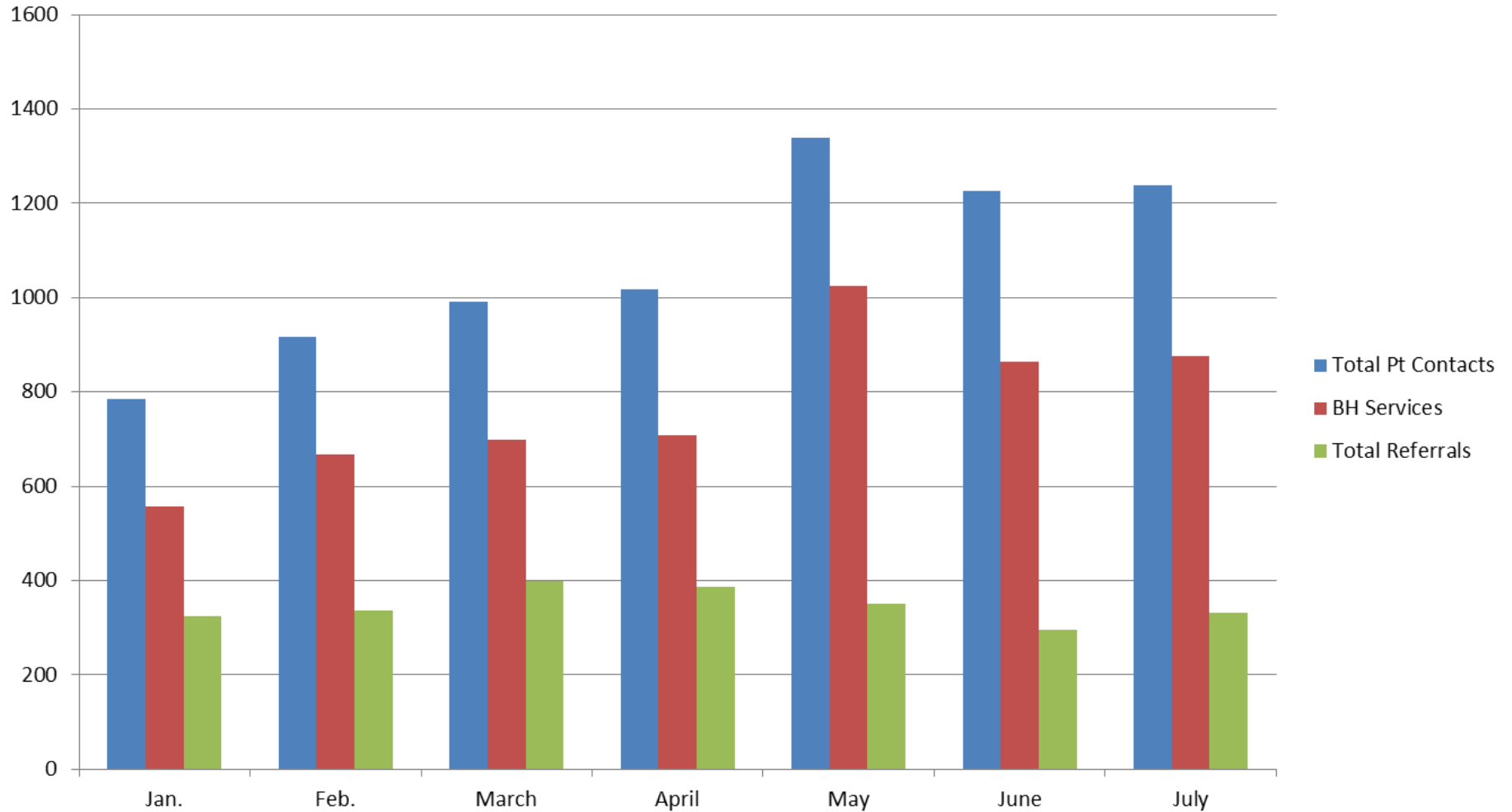
Disease Registries

Disease registries identify patients who may benefit from BH services

Two registries:

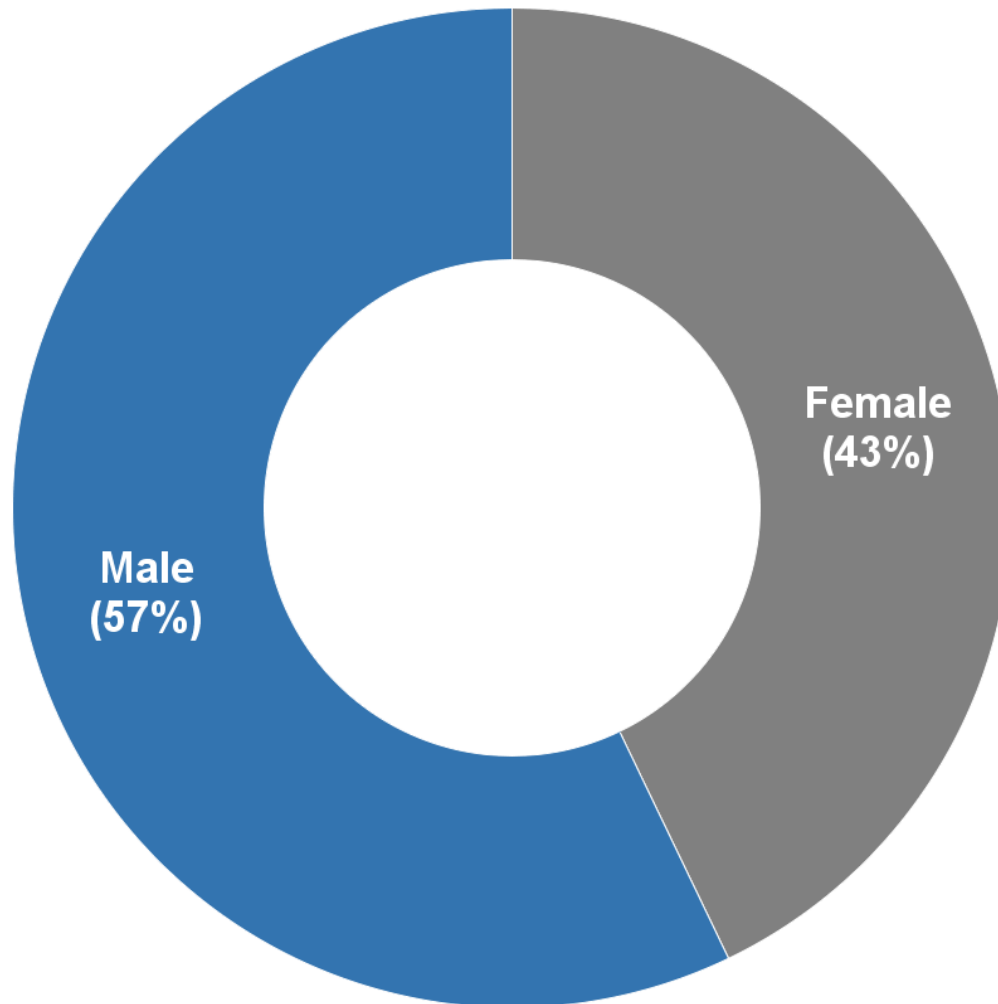
- Depression
 - ✓ Any patient with a positive PHQ-9 depression rating
 - ✓ Any patient with a diagnosis of depression
- ADHD
 - ✓ Any patient with a new medication or medication change

Patients Served - 2016



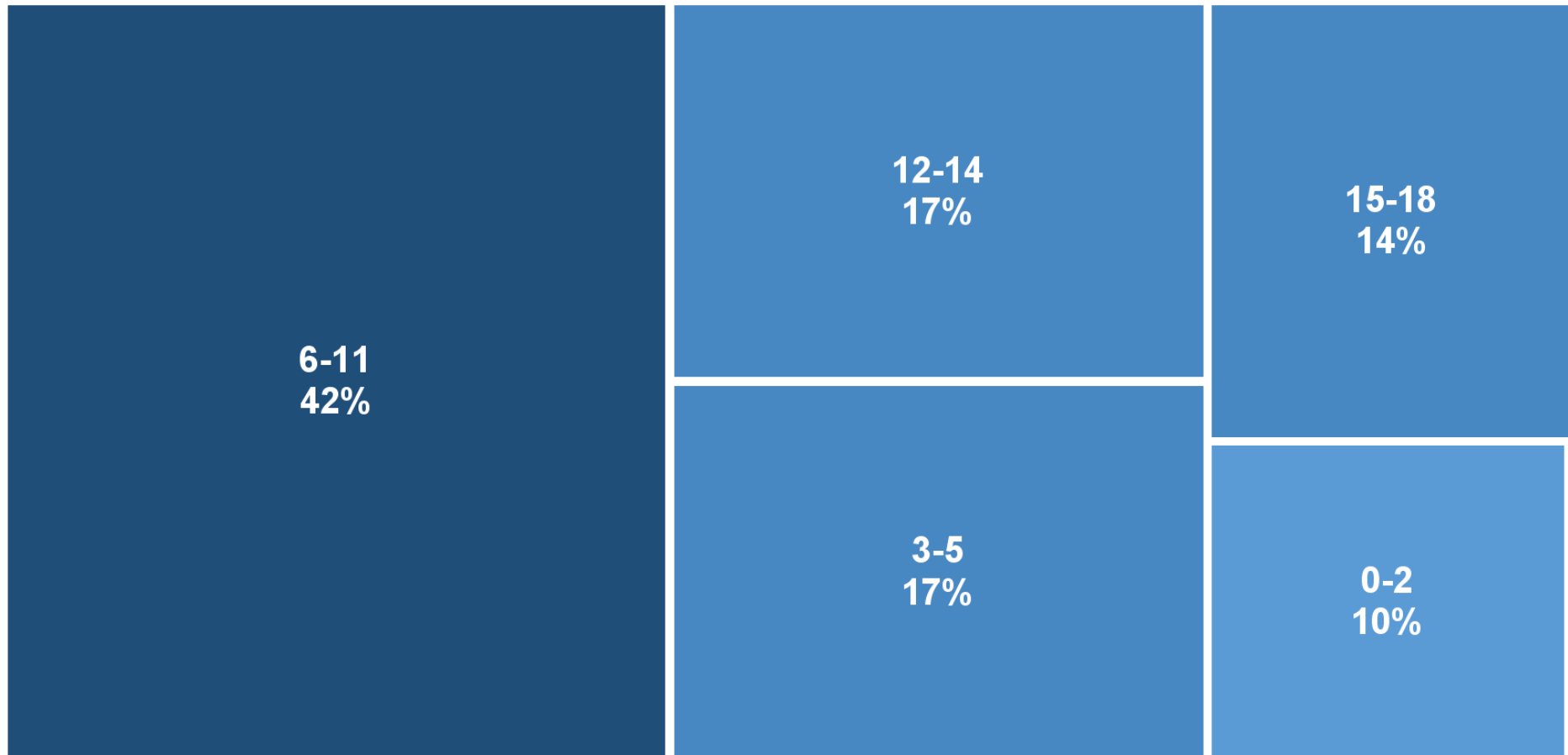
Gender

Patient Gender Distribution



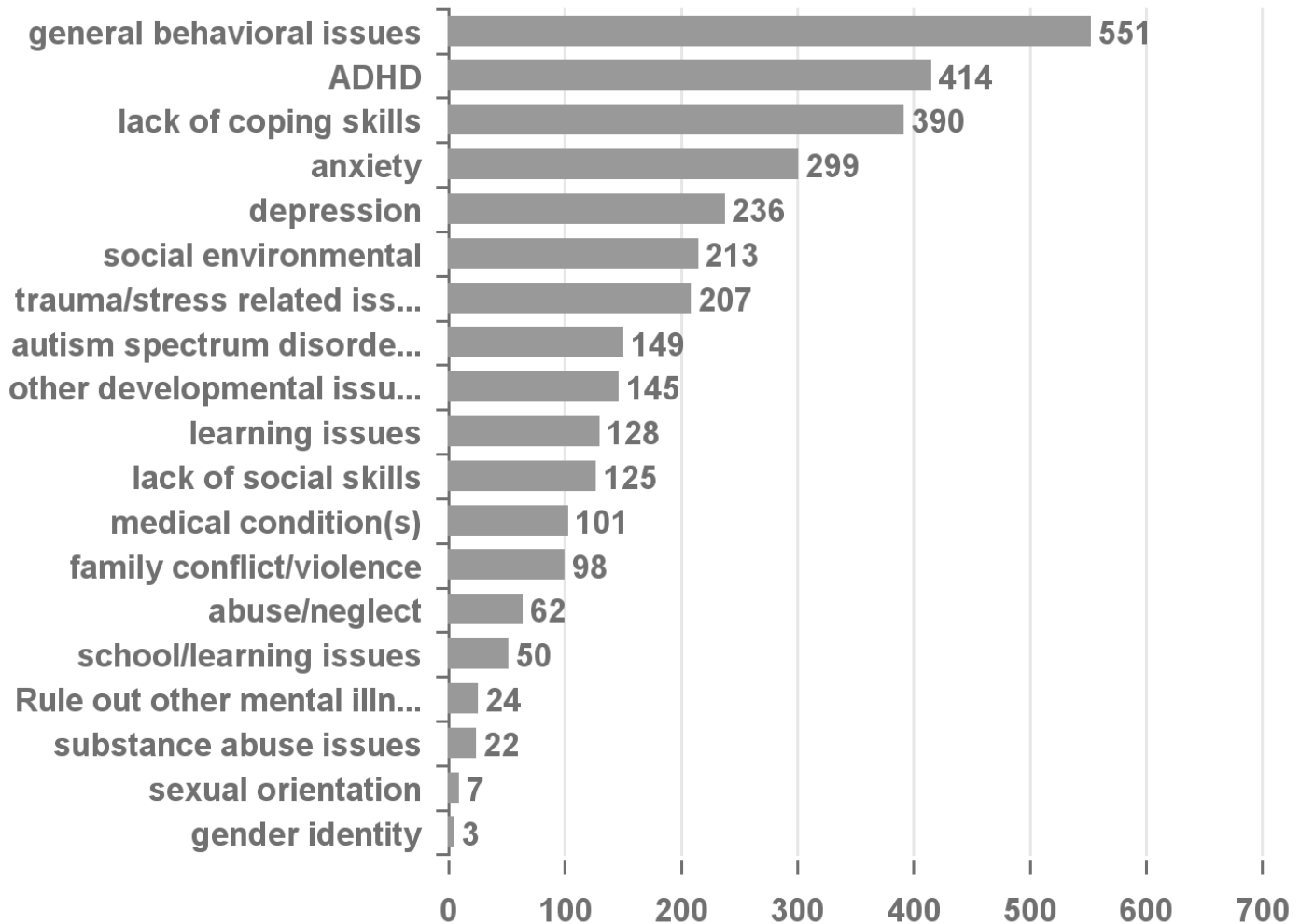
Ages Served

Patient Age Group Distribution



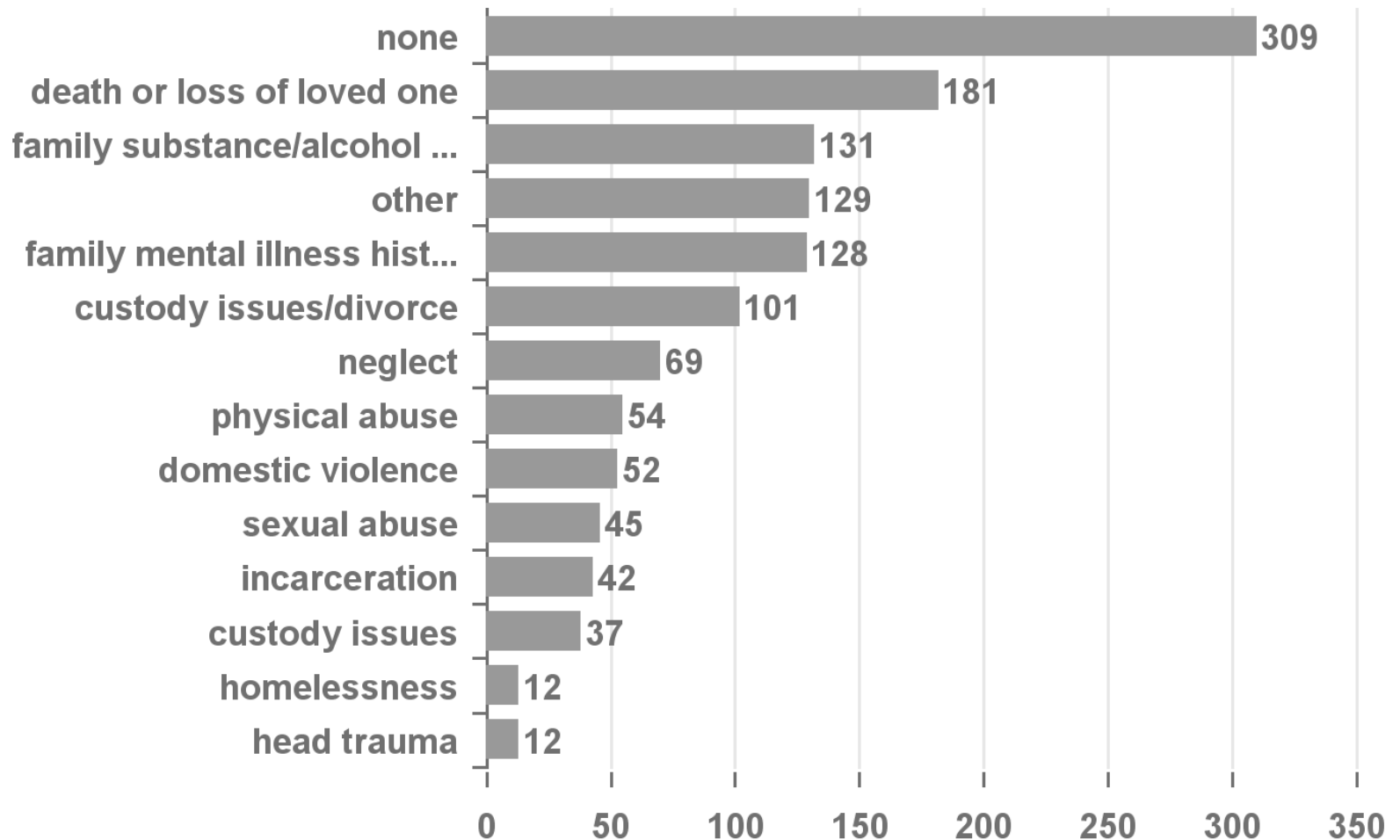
Problems Areas

Care Manager's Problem Assessments (Count of Patients)

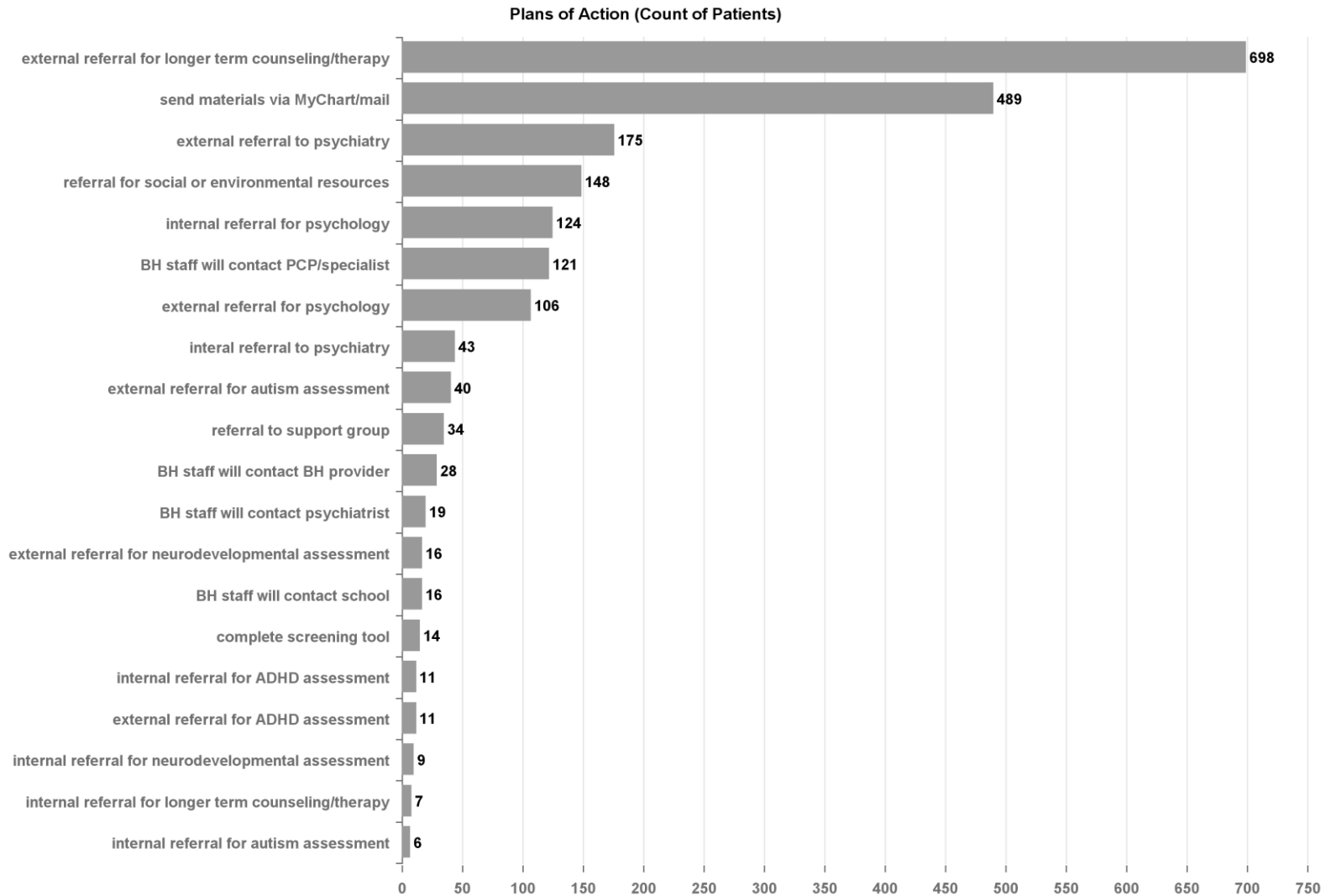


Trauma History

Developmental Trauma Hx (Count of Patients)

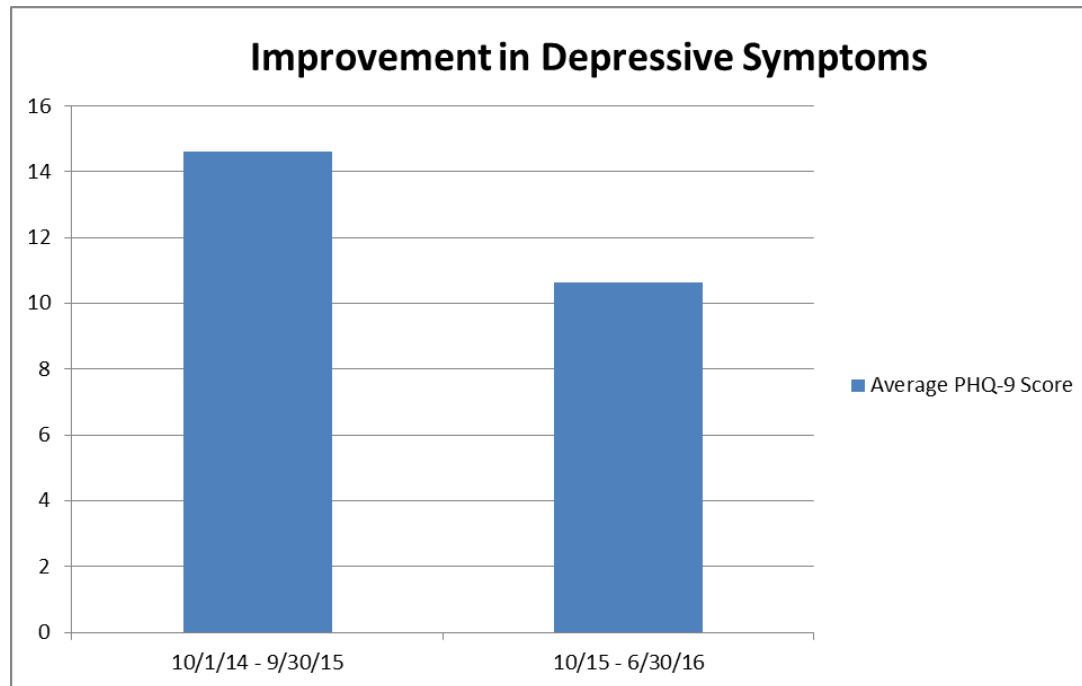


Interventions



Measuring Success

- Depression symptoms measured by the PHQ-9
- Patients ages 11 – 18
- Sample size 276
- 27% improvement from 14.60 to 10.65



Feedback from the Medical Community

Surveyed PCPs in the network:

- **70%** “very satisfied” with BH services
- **48%** referred a patient 3-5 times a month
- **15%** referred greater than 5 times a month
- **100%** reported viewing/referencing notes from BH team
- **66%** reported BH services exceed what was previously available in the community

Case Example

- PCP treating a 7 year old boy for several years:
 - ✓ Only child, living with mom and step-dad
 - ✓ Some attentional problems in school
 - ✓ Doesn't listen to Mom and plays lots of Xbox games
- At well-child check, PCP referred for BH screening to assess for ADHD
- BH CM identified several serious issues within the family of which the PCP was completely unaware
- Treatment plan developed:
 - ✓ Incorporated all stressors impacting the family
 - ✓ Coordinated school testing and interventions
 - ✓ Behavioral activation to improve social skills and functioning

THANK YOU! THANK YOU! THANK YOU!

- LeAnn Kridelbaugh, MD, FAAP, President, Children's Health Pediatric Group
- Seema Shah, M.D., Child Adolescent Psychiatrist, Children's Health Pediatric Group
- Chad Brands, M.D., Vice President and Medical Director, Clinical Integration
- Catherine Harrelson, Director, HMO Behavioral Health
- Phyllis Kane, LCSW, Lead Behavioral Health Care Manager
- Jason Isham, LMFT, Manager, Behavioral Health
- Jamie Marsh-Wheeler, Certified Project Manager, DSRIP
- Carol Daulton, Director, Project Management and Strategy
- Newlyn White, Senior Business Analyst

Questions

