Integrating Behavioral Health and Pediatric Primary Care

July 2, 2015

Ayelet Talmi, PhD
University of Colorado Children's Hospital
J. Nwando Olayiwola, MD, MPH, FAAFP
Tem Woldeyesus, BS
UCSF Center for Excellence in Primary Care

Children's Hospital Colorado

Webinar sponsored by:
UCSF Center for Excellence in Primary Care and the Center for Care Innovations

Children's Hospital Colorado

Who are we?

UCSF Department of Family & Community Medicine
Center for Excellence in Primary Care

CCI CENTER FOR CARE INNOVATIONS

blue of california foundation

Care Integration Resource Center

Children's Hospital Colorado

CCI CENTER FOR CARE INNOVATIONS

Creative Thinking, Smart Resources, Healthy Communities

SEARCH

WHO WE ARE | PROGRAMS & GRANTS | INNOVATION SPOTLIGHT | KNOWLEDGE CENTER | NEWS & EVENTS

TABLE OF CONTENTS

Facilitating Care Integration

Nearly half of adults with health issues report problems with the coordination of their care in the United States. As Community Health Centers (CHCs) and other safety net settings transform into Patient-Centered Medical Homes, their role in the larger medical neighborhood will become pronounced. However, challenges with care coordination are magnified in the safety net setting and continue to be increasingly complex.

In 2014, the UCSF Center for Excellence in Primary Care, with funding from the Blue Shield of California Foundation, completed a comprehensive literature review outlining strategies CHCs use to integrate into the medical neighborhood in the domains of primary care-specialty care, primary care-diagnostic imaging, primary care-pharmacy, primary care-oral health and primary care-hospital care. A conceptual model which was used to classify innovations and strategies for integration can be found in the full report here.

UCSF Department of Family & Community Medicine
Center for Excellence in Primary Care

The UCSF Center for Excellence in Primary Care has partnered with the Center for Care Innovations to develop this online resource center. The purpose of this Care Integration site is to **disseminate**

Financial Disclosures

- Dr. Talmi has no relevant financial relationship with any commercial interests.

Children's Hospital Colorado

Objectives

- Identify opportunities for delivering integrated behavioral health services in pediatric primary care settings and discuss common barriers and challenges.
- Describe the development of a model of integrated behavioral health services designed to address mental health, behavior and development in a pediatric residency training clinic.

Why primary care?

- 121,000,000 visits (< 15 years old)
- 64,000,000 visits(< 4 years old)
- Type of insurance
  - 60% private insurance
- Routine infant/child well-child check
  - **34,000,000 visits/year***
- Reasons for visit
  - Well-child checks (routine, health supervision)
  - Sick visits (acute)
  - Treatment of chronic conditions

* 11 recommended visits in the first 4 years (7 in the first year)

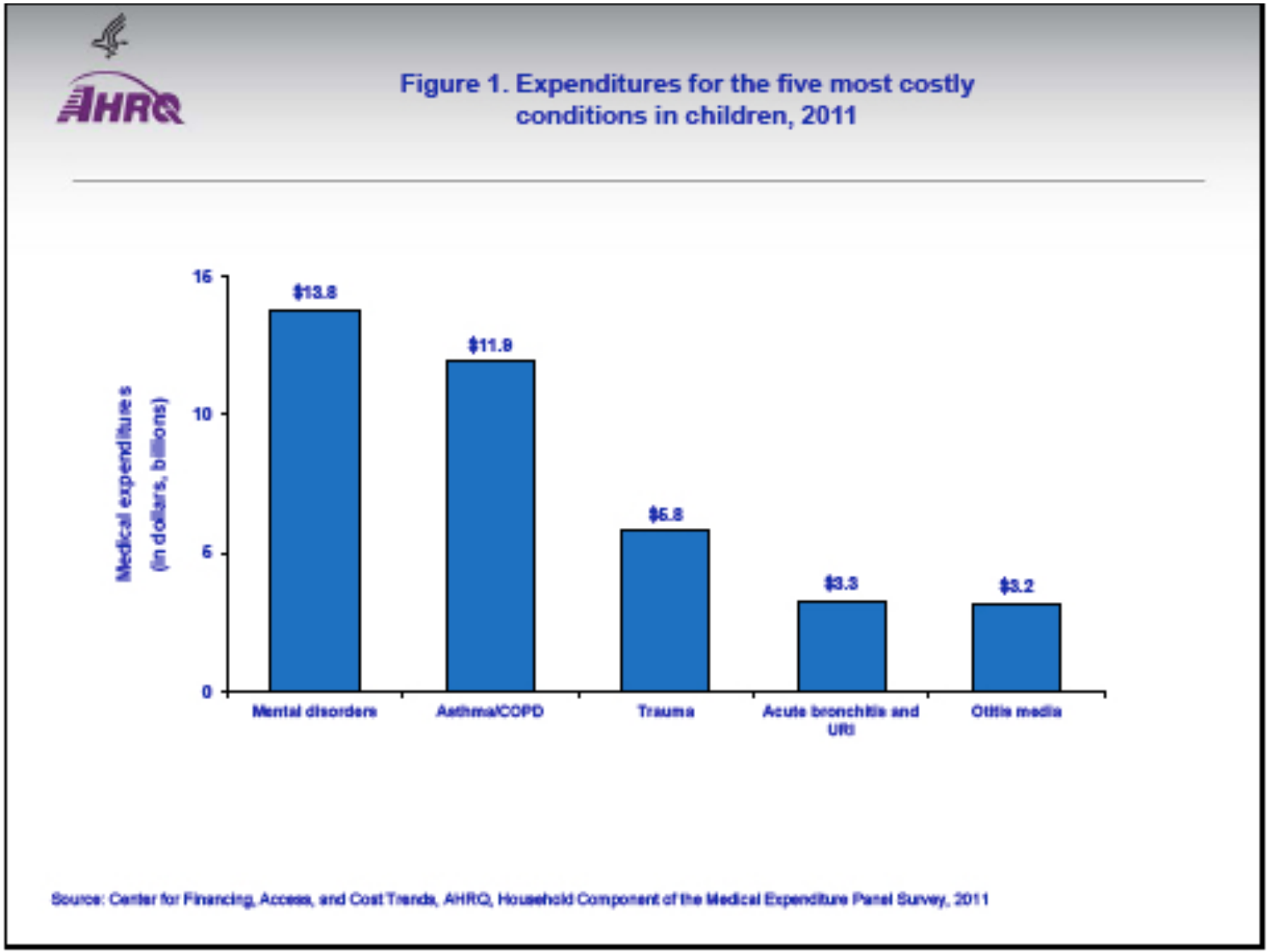
Children's Hospital Colorado

Access Issues

- Access to a medical home is a challenge, especially for children with public insurance
- Access to *mental health* services for children is even more problematic
- Access typically afforded when problem becomes very impairing or approaches serious emotional disturbance
- Psychiatric interventions are less successful for more impaired children

Children's Hospital Colorado

Why focus on behavioral health services?



Why address mental and behavioral health in 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

Children's Hospital Colorado

How many pediatric patients/families are we really talking about?

- 15 – 25% of pediatric patients have significant psychopathology, high functional impairment, psychiatric comorbidity (Connor et al., 2006)
- 18% meet full criteria and 14% subthreshold (Briggs-Gowan et al., 2003)
- 5 – 25% prevalence of postpartum mood disorders in new mothers (Currie & Rademacher, 2004)
- Only 17.7% of parents reporting elevated behavior problems in children actually told their providers about it (Ellingson et al., 2004)

Children's Hospital Colorado

AAP 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
- Importance of training all levels of trainees the mix of what can and can be dealt with in office setting

Children's Hospital Colorado

Expectations in Primary Care

- Guidelines for Health Supervision
- Standard Pediatric Residency Training
- Bright Futures
- Family needs and concerns
- Physical and emotional health
- What makes a difference?
- What can realistically get addressed?

What are the behavioral and mental health issues that emerge in pediatric primary care?

- Developmental delays/disabilities & risk for delays
- Functional impairment
- Psychosocial risk factors/stressors
- School difficulties
- Congenital anomalies/syndromes
- Mental health disorders
- Trauma, grief, loss including abuse/neglect
- Parent concerns – is this normal? When will it stop? Can we do something about it?

Children's Hospital Colorado

Project CLIMB: Consultation Liaison in Mental Health and Behavior

INTEGRATING BEHAVIORAL HEALTH INTO PEDIATRIC PRIMARY CARE

Generously Funded By:

with special thanks to Children's Hospital Colorado Foundation and Kathy Crawley and Jennie Dawe

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

Child Health Clinic

- Children's Hospital Colorado
- Large Urban Primary Care Teaching Clinic
- Low income= >90% Medicaid/SCHIP
- 29,000 visits per year
- 60% of visits for zero to 3 years
- 56% Hispanic, 40% Spanish Primary Language
- Pod based clinic design
- Dissemination to community based clinics

Our Team

Administration:

- Maya Bunik, MD, MSPH
- Kelly Galloway, RN
- Ayelet Talmi, PhD

Psychologists:

- Melissa Buchholz, PsyD
- Emily Muther, PhD
- Bridget Burnett, PsyD

Aurora Mental Health Clinician:

- Cathy Danuser, LPC

Psychiatrists:

- Kim Kelsay, MD
- Celeste St. John, MD

Postdoctoral Fellows: Shannon Beckman, PhD, Steven Behling, PhD, Anna Breuer, PsyD, Melissa Buchholz, PsyD, Bridget Burnett, PsyD, Dena Dunn, PsyD, Kendra Dunn, PsyD, Emily Fazio, PhD, Barbara Gueldner, PhD, Rachel Herbst, PhD, Jason Herndon, PhD, Jennifer Lovell, PhD, Kate Margolis, PhD, Dailyn Martinez, PhD, Brigitte McClellan, PsyD, Christine McDunn, PhD, Brenda Nour, PhD, Sarah Patz, PhD, Meg Picard, PsyD, Shawna Roberts, PsyD, Kriston Schellinger, PhD, Casey Wolfington, PsyD

Psychology Trainees: Dena Miller, MA, Keri Linas, MA, Emma Peterson, MA, Jessica Technow, MA, Crosby Troha, MA

Previous PIs and Collaborators: Bob Brayden, MD, Mary Navin, RN, Brian Stafford, MD, MPH, Marianne Wamboldt, MD

Pediatric Residents and Trainees:

- Leigh Anne Bakel, MD
- Scott Canna, MD
- Jacinta Cooper, MD
- Michael DiMaria, MD
- Thomas Flass, MD
- Adam Green, MD
- Danna Gunderson, MD
- Kasey Henderson, MD
- Ashley Jones, MD
- Sita Kedia, MD
- Gina Knapshaefer, MD
- Courtney Lyle, MD
- Catherine MacColl, MD
- Jennifer McGuire, MD
- Michelle Mills, MD
- Amy Nash, MD
- Rupa Narra, MD
- Nicole Schlesinger, MD
- Teri Schreiner, MD
- Heather Wade, MD
- *And many more…*

Psychology Interns: Megan Allen, MA, Caitlin Conroy, MA, Tamie DeHay, MA, Barbara Gueldner, MA, Patrece Hairston, PsyM, Erin Hambrick, MA, Idalia Massa, MA, Jessican Malmberg, MA, Alexis Quinoy, MA, Ryan Roemer, MA, Justin Ross, MA, Cristina Scatigno, MA, Tess Simpson, MA, Michelle Spader, MA, Bethany Tavegia, MA, Crosby Troha, MA, Brennan Young, MA, Jay Willoughby, MA

CHC Faculty

- Edwin Asturias, MD
- Steve Berman, MD
- Karen Call, MD
- Karen Dodd, PNP
- David Fox, MD
- Annie Gallagher, MD
- Sita Kedia, MD
- Allison Kempe, MD
- Lindsey Lane, MD
- Maureen Lennsen, PNP
- Tai Lockspieser, MD
- Dan Nicklas, MD
- Steve Poole, MD
- Bart Schmidt, MD
- Chris Stille, MD
- Christina Suh, MD
- Meghan Trietz, MD
- Shale Wong, MD

CHC Staff

- Liz Gonzales
- Nicole Vallejo-Cruz

CLIMB Research Team

- Ryan Asherin, BA
- Mandi Millar, BA
- Iman Mohamed
- Molly Nowels, MA

Research Interns: Hamid Hadi, Traci Lien, MD, Iman Mohamed, Cody Murphy, BA, Molly Nowles, BA, Shagun Pawar, BA, Nick Pesavento, Clare Rudman, Danica Taylor, BA, Jen Trout, BA, Zeke Volkert, MD, Tyler Weigang, MPH

CLIMB…how we started

- Partnership of Psychiatry and Pediatrics
- Initial Health Foundation funding

Started with:

- Developmental screening (>85% rates)
- Added pregnancy-related depression screening
- Built foundation of collaboration and co-management of two disciplines
- Planned for sustainability

with funds from ASQ &

Dept of Peds making it whole

Children's Hospital Colorado

Initial challenges: Administrative issues and implementation/process details

- 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
- Renegotiate procedures based on trying things out
- Who "owns" the program? Who supports the program? Who pays for the program?

Children's Hospital Colorado

MARY NAVIN, RN
AMBULATORY PRACTICE ADMINISTRATOR

Children's Hospital Colorado

Getting started…

- Hanging around
- Being helpful
- Building relationships
- Meetings and more meetings
- Trying “something” out
- Calling that “something” a pilot
- Measuring change and impact – quality improvement
- Asking for feedback
- Using the feedback to make the program better

Children's Hospital Colorado

Initial Challenges: Whose patient is it?

"My Patients":

- Unaware of behavioral health issues
- Belief that things will get better
- Belief that families will not go or benefit from MH services
- I don't want to own this
- Don't ask, don't tell

"Your Patients":

•Aware of behavioral health issues
•Belief that MH will help things get better
•Families will go if someone here in the
office can see them
•I don't want to own this

"Our Patients":

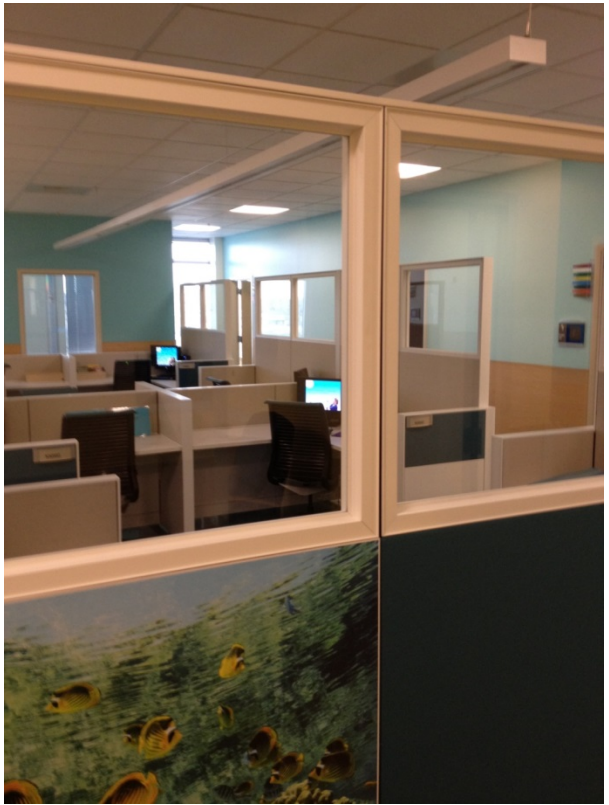
Aware of behavioral health issues
Belief that MH will help things get better
Families will go if someone here in the office can see them
We own this together

Children's Hospital Colorado

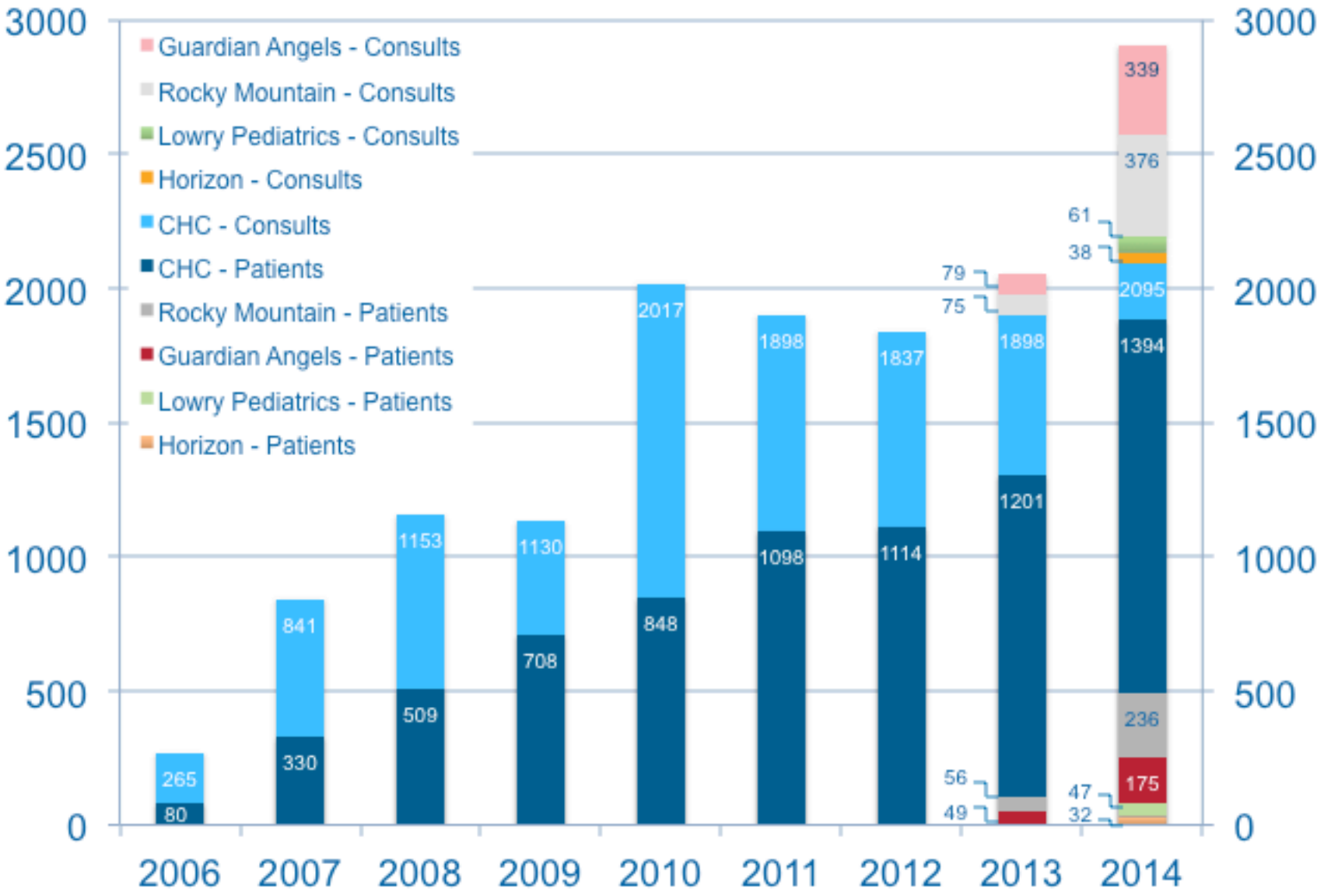
Program and Services

- Developmental Screening Initiative **(Child)**
- Pregnancy related depression (PRD) screening **(Caregiver, Child, Family)**
- Healthy Steps for Young Children & MIECHV **(Child, Caregiver, Family)**
- Baby & Me at the CHC **(Child, Caregiver, Family)**
- Case-based consultation **(Child, Caregiver, Family)**
- Care coordination, triage, and referral **(Child, Caregiver, Family)**
- Psychopharmacology consultations **(Child)**
- Counseling and brief therapy services **(Child, Caregiver, Family)**
- CLIMB to Community pilot **(Child, Caregiver, Family)**
- Training and education **(Providers/Health Professionals)**
  - Formal didactics
  - Precepting trainees
  - Collaborative care


N3116F

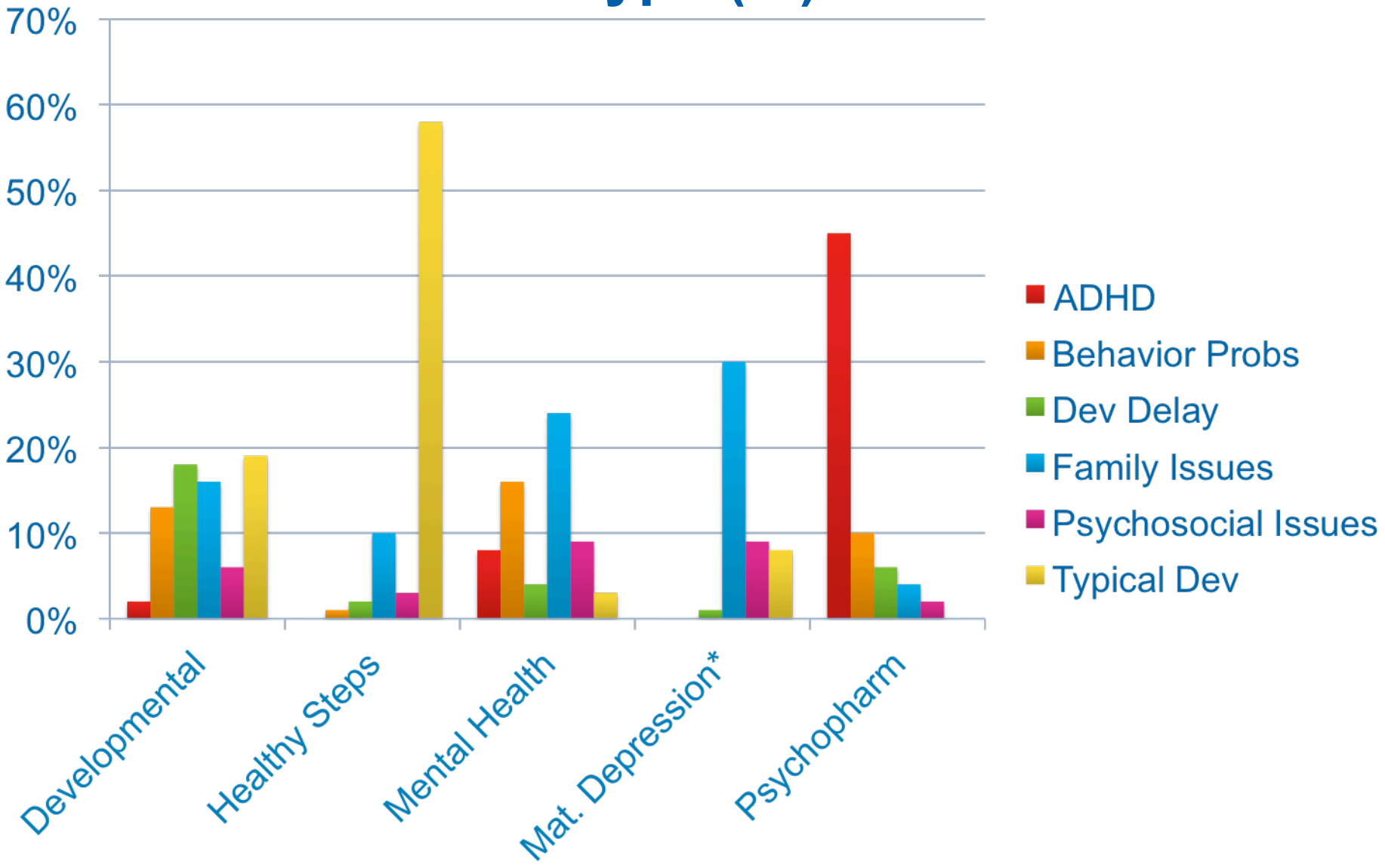


Total patients served, by year




PLEASE TURN OFF CELL PHONES!

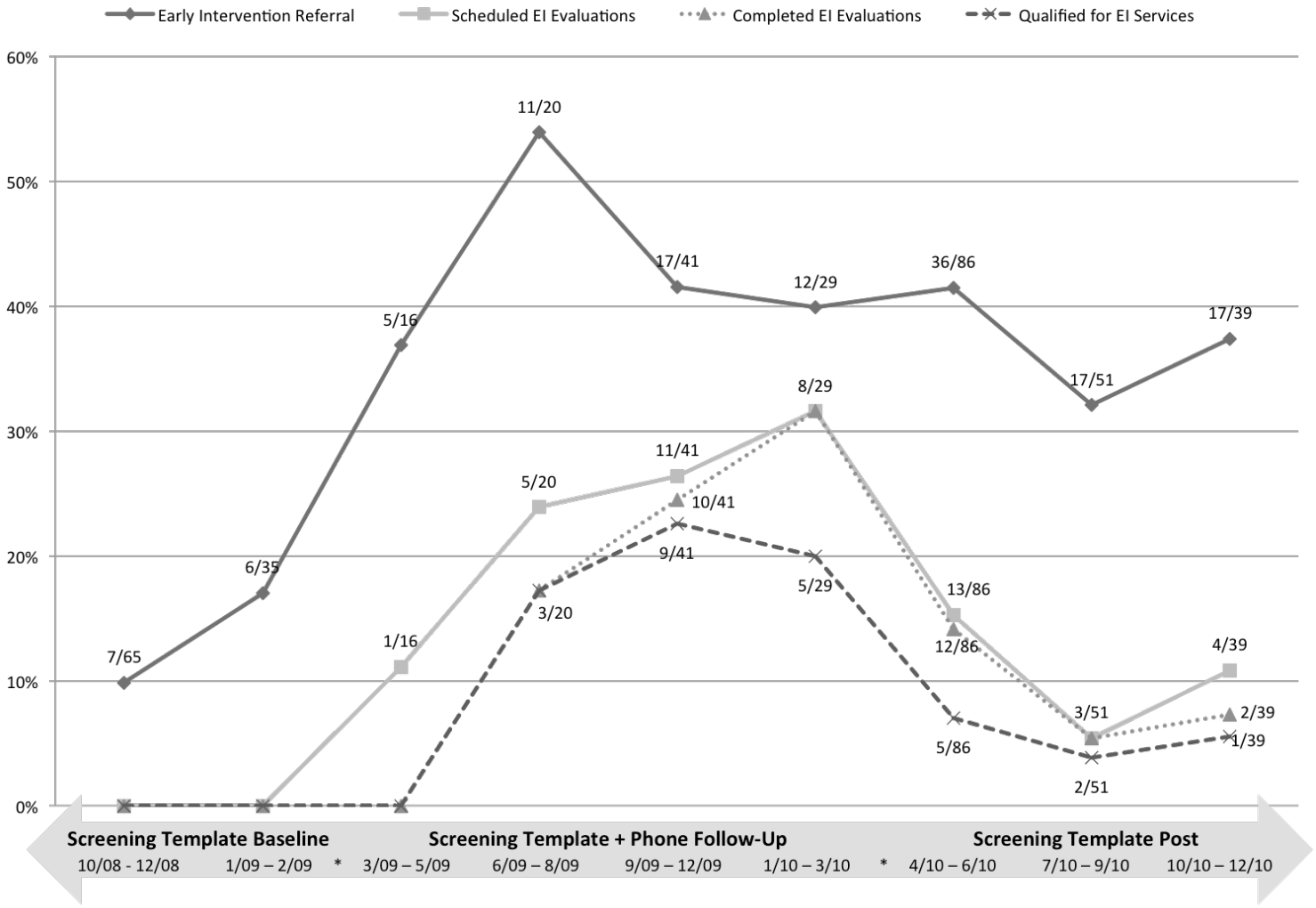
Clinician Identified Problem by Consultation Type (%)



*** Mothers of patients birth to 4 months were screened for pregnancy-related depression**

Developmental Screening and Closing the Referral Loop

Figure 1. Early Intervention Referrals for Abnormal Screening Results: Completed Evaluations and PCP Documentation



Talmi A, Bunik M Pediatrics 2014

ASQ and EI Findings

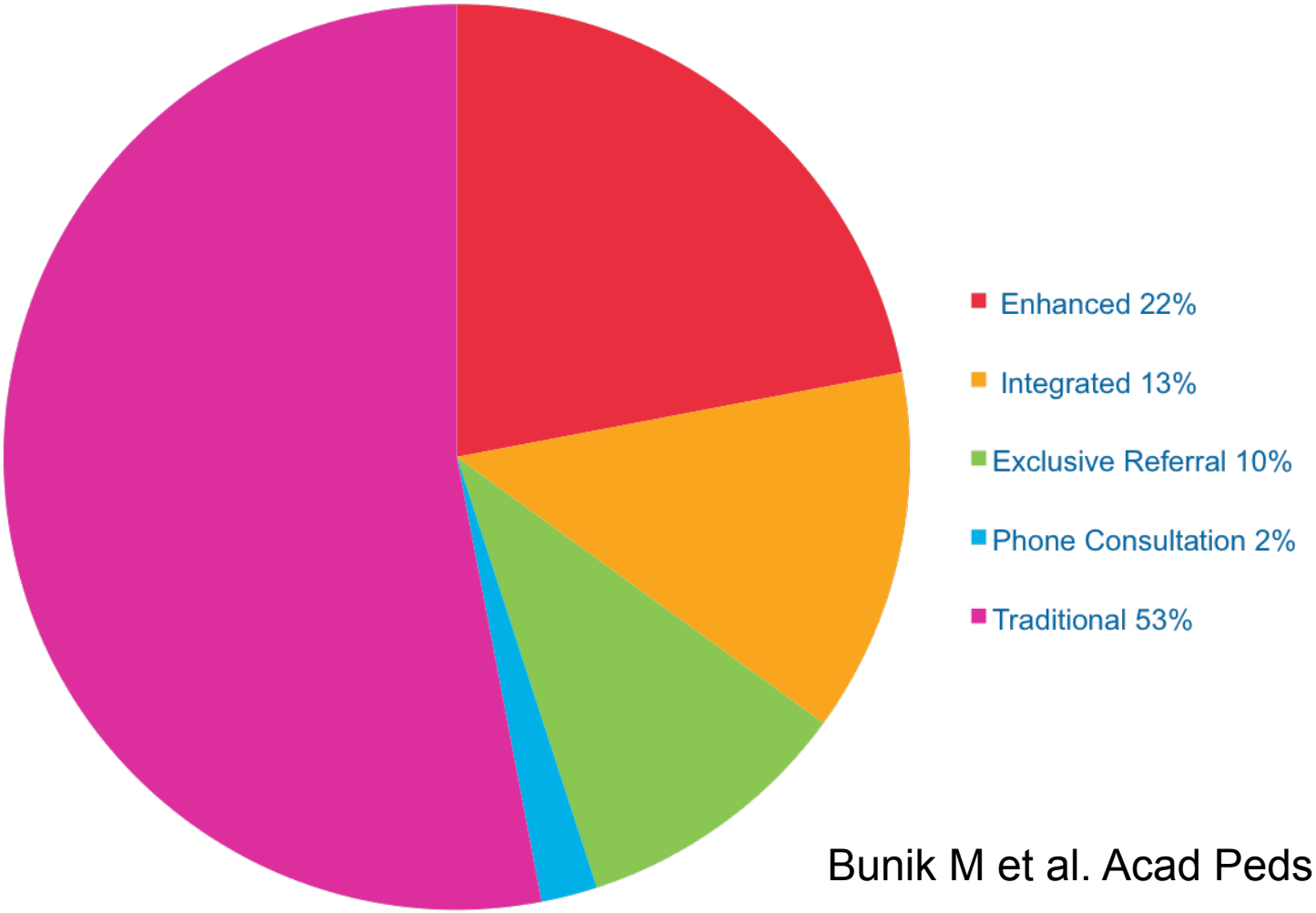
- Developmental screening and referral is necessary but not sufficient.
- Success of developmental screening process depends on enhancing referral completion.
- An intervention providing phone follow-up and assistance with referral yielded higher rates of referral and greater provider knowledge of referral outcomes.

Talmi A, Bunik M Pediatrics 2014

CORNET Study: 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

Pediatric Residency Survey In Mental Health in Primary Care PRISM_PC



Bunik M et al. Acad Peds 2013

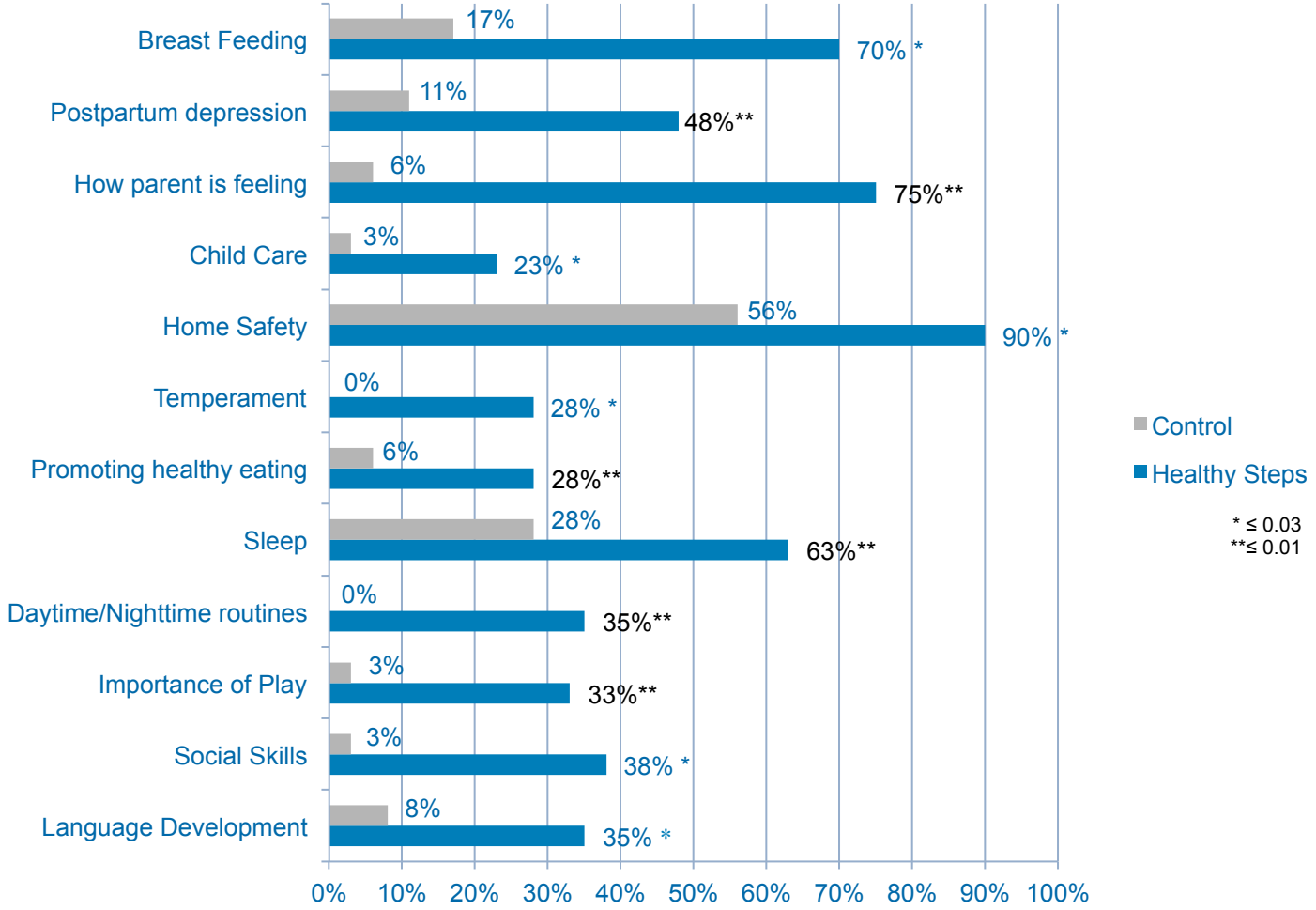

HEALTHY STEPS℠
A Step in the Right Direction

Healthy Steps for Young Children (www.healthysteps.org)

- Provide enhanced developmental services in pediatric primary care settings;
- Focus on developing a close relationship between the clinician and the family in order to address the physical, socioemotional, and cognitive development of babies and young children;
- Currently used in 18 residency training programs nationally
- MIECHV funding to expand our program and develop new sites across Colorado
- Baby & Me at the CHC
- **(Child, Caregiver, Family)**

Children's Hospital Colorado

Content analysis of well-child visits, Healthy Steps vs. control (Buchholz & Talmi, 2012)



Baby & Me at the CHC


Little
ANGEL

Pregnancy-Related Depression

- Formal screening at well-child visits from birth to four months using *Edinburgh Postnatal Depression Scale* (Cox et al., 1987)
- Primary care services
  - Training for providers
  - Psychoeducation
  - Support to mothers
  - Referral
  - Electronic medical record
- System changes
  - Capacity building
- **(Caregiver, Child, Family)**

Children's Hospital Colorado

And How are You Doing?

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - ☐ As much as I always could
   - ☐ Not quite so much now
   - ☐ Definitely not so much now
   - ☐ Not at all

2. I have looked forward with enjoyment to things
   - ☐ As much as I ever did
   - ☐ Rather less than I used to
   - ☐ Definitely less than I used to
   - ☐ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - ☐ Yes, most of the time
   - ☐ Yes, some of the time
   - ☐ Not very often
   - ☐ No, never

4. I have been anxious or worried for no good reason
   - ☐ No, not at all
   - ☐ Hardly ever
   - ☐ Yes, sometimes
   - ☐ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - ☐ Yes, quite a lot
   - ☐ Yes, sometimes
   - ☐ No, not much
   - ☐ No, not at all

*6. Things have been getting on top of me
   - ☐ Yes, most of the time I haven't been able to cope at all
   - ☐ Yes, sometimes I haven't been coping as well as usual
   - ☐ No, most of the time I have coped quite well
   - ☐ No, I have been coping as well as ever

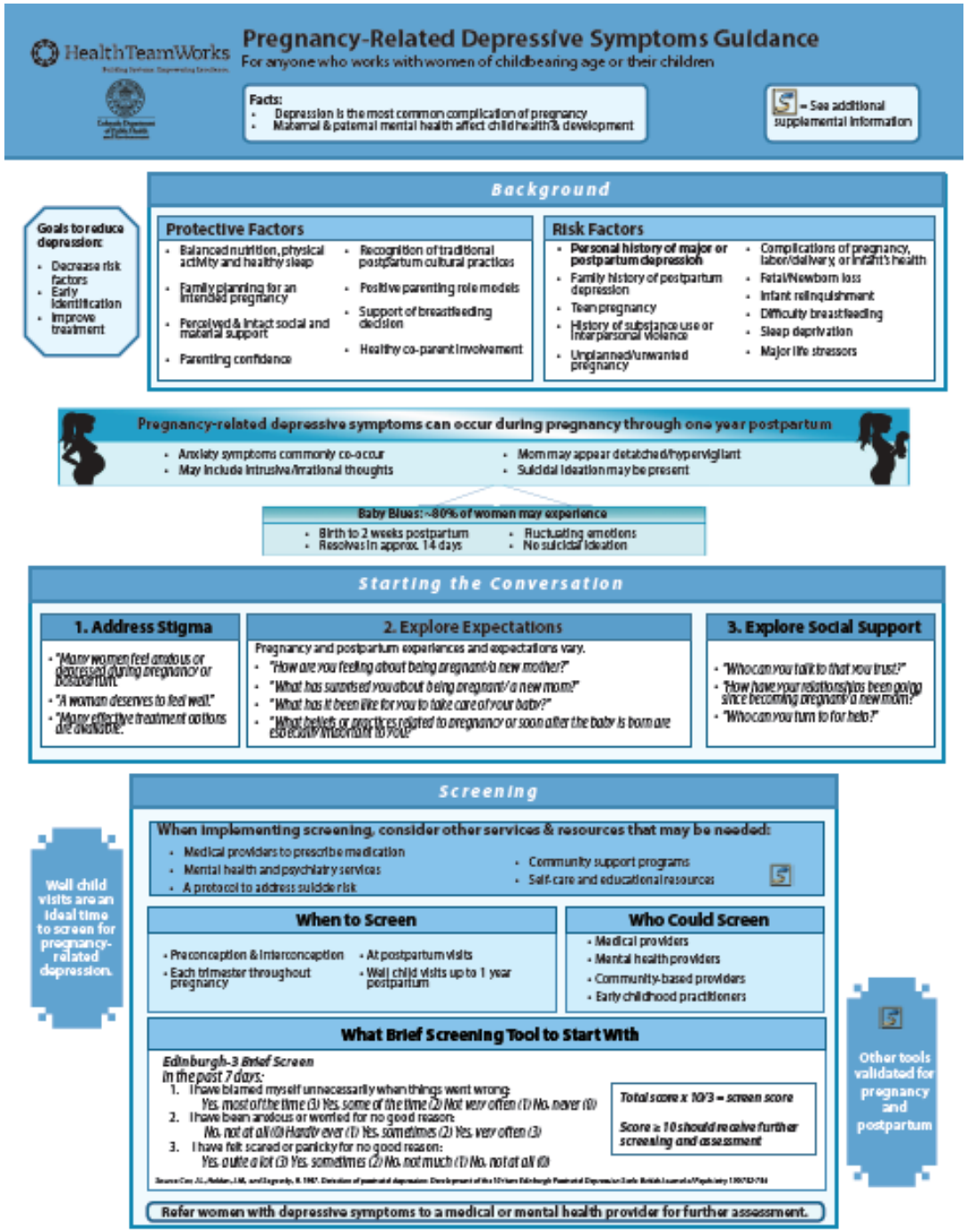
*7 I have been so unhappy that I have had difficulty sleeping
   - ☐ Yes, most of the time
   - ☐ Yes, sometimes
   - ☐ Not very often
   - ☐ No, not at all

*8 I have felt sad or miserable
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Not very often
   - ☐ No, not at all

*9 I have been so unhappy that I have been crying
   - ☐ Yes, most of the time
   - ☐ Yes, quite often
   - ☐ Only occasionally
   - ☐ No, never

*10 The thought of harming myself has occurred to me
   - ☐ Yes, quite often
   - ☐ Sometimes
   - ☐ Hardly ever
   - ☐ Never

Children's Hospital Colorado



Children's Hospital Colorado

A FAMILY'S EXPERIENCE

Integrated Care and Teaching

- UC Pediatrics Training Program –
  - Hospital-Based and Specialty Focused
- Appeal to a wide range and number of trainees—
  - 42 pediatric residents for continuity clinic,
  - 36 pediatric residents for general clinic,
  - 24 family medicine,
  - 24 medical students,
  - 24 physician assistant students per year
- Teach importance of screening tools as they go out into practice (PPD- EPDS, ASQ- Dev & SE, 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

Training Example 1: The 1-2 week visit

"Many new caregivers feel overwhelmed by caring for an infant. How are you doing?"

Some mothers actually get pretty anxious or depressed after they have delivered their baby.

We're asking all mothers of infants under 4 months of age to answer these 10 questions.

Could you fill this out?

Children's Hospital Colorado

How to respond?

Actually, my boyfriend is not very supportive and doesn't really want to have this baby!

Well, he is just a bum isn't he!

Children's Hospital Colorado

That sounds pretty difficult. Are there others who are supportive of you? Would you like to meet other women who are looking for support as well? Can I see you back here in the clinic soon?

Children's Hospital Colorado

JACINTA COOPER, MD, PHD MEDICAL STUDENT (NOW CHIEF RESIDENT)

Children's Hospital Colorado

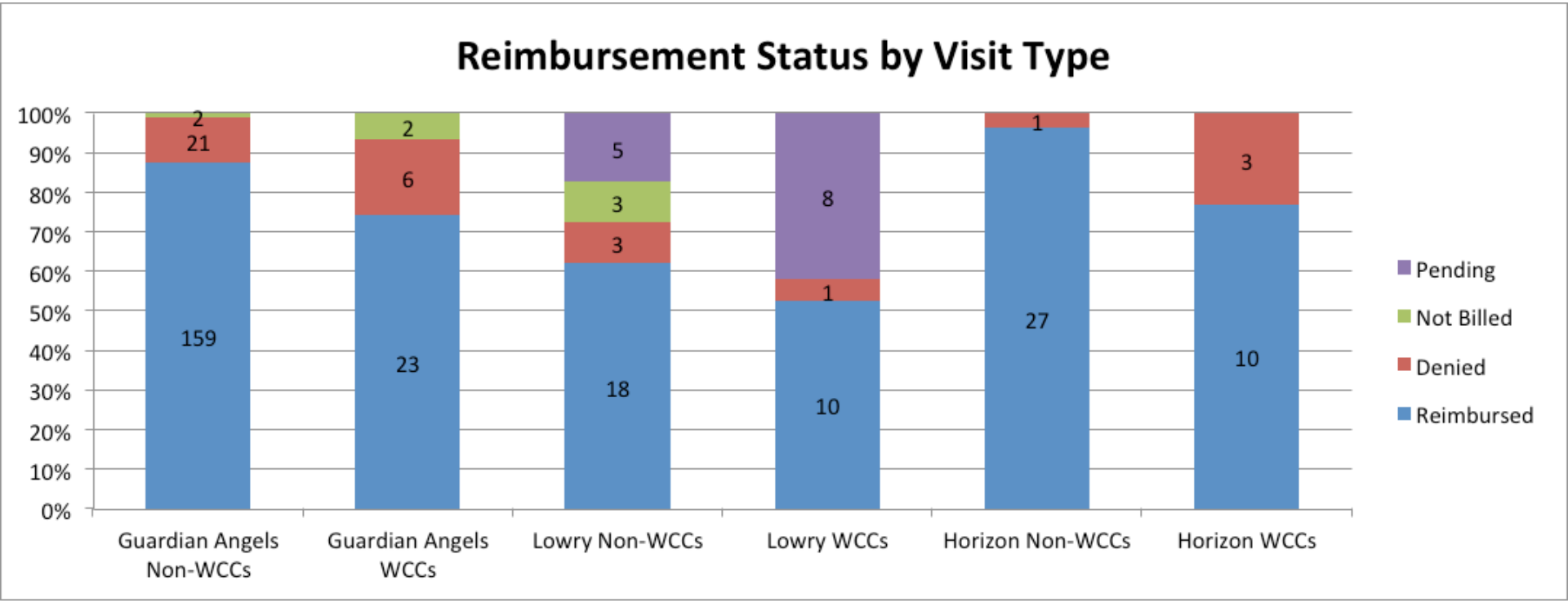
Ongoing challenges: Reimbursement and sustainability

- Health & Behavior Codes
- Psychiatric Consultation reimbursement
- Mental Health Carve-outs
- Developmental screening
- Long-term sustainability now with pediatric departmental support
- Grants and philanthropic support
- Advocacy and policy at the systems level

Dissemination: CLIMB to Community

- CLIMB to Community intends to implement and evaluate the sustainability of integrated behavioral health services in community-based pediatric primary care practices serving publicly insured children by disseminating the Project CLIMB model.

- Expansion of integrated behavioral health services will improve the health outcomes for publicly insured children ages 0-18 through increased access to behavioral health services.


Reimbursement Status by Visit Type
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2
21
159
2
6
23
5
3
3
18
8
1
10
1
27
3
10
Guardian Angels Non-WCCs
Guardian Angels WCCs
Lowry Non-WCCs
Lowry WCCs
Horizon Non-WCCs
Horizon WCCs
Pending
Not Billed
Denied
Reimbursed

	Pretest *M (SD)*	Posttest *M (SD)*	*t*	*df*
Themes Discussed with Patients and Families:				
Talked with Parents About **Spouse/Partner Support of Parenting Efforts** - ***increased practice***	1.63 (1.06)	2.17 (0.41)	-1.18*	.17
Talked with Patients About **Adherence/Compliance Problems** - ***increased practice***	1.75 (1.17	2.00 (0.63)	-0.47*	.26
Talked with Patients About **Pregnancy-Related Depression** - ***increased practice***	0.88 (0.84)	1.00 (0.00)	-0.36**	.00
Provider Beliefs & Confidence About Health Supervision:				
Pediatricians should **inquire about child social, emotional, and behavior development** as part of anticipatory guidance - ***belief increased***	4.50 (0.76)	5.00 (0.00)	-1.60**	.00
Barriers to Providing Services in Specific Areas:				
Time Limitations as Barrier for Providing Services for Family Psychosocial Problems - ***belief increased***	4.14 (0.38)	4.50 (0.55)	-1.39*	.22
Lack of Non-Physician Office Staff to Perform Assessments as Barrier for Providing Services for Family Psychosocial Problems - ***belief increased***	3.29 (1.13)	4.17 (0.41)	-1.83*	.17
Lack of Non-Physician Office Staff to Perform Assessments as Barrier for Providing Services for Child Social, Emotional, and Behavior Development - ***belief increased***	3.00 (1.41)	3.67 (0.52)	-1.09*	.21
Lack of Non-Physician Office Staff to Perform Assessments as Barrier for Providing Services for Emotional Disturbance in Caregivers - ***belief increased***	3.43 (1.27)	4.17 (0.41)	-1.36**	.17
Barriers to Making a Referral in Specific Areas:				
Lack of Culturally Sensitive Services as Barrier to Referral for Child Social, Emotional, and Behavior Development - ***belief increased***	3.00 (0.82)	3.17 (1.72)	-0.23*	.70
Not Enough Time to Find Referrals as Barrier for Making a Referral for Problems with Development - ***belief increased***	2.71 (0.95)	3.33 (1.51)	-0.90*	.62
***p* < .05, **p* < .01; *Note:* Only significant results presented.**				

Systems Issues

- Maternal Infant Early Childhood Home Visitation (MIECHV) federal funding
- State Innovations Model (SIM) - $65M
- Office of Early Childhood
- Regional Care Collaboratives
- Behavioral Health Organizations

Children's Hospital Colorado

What we learned along the way

Challenges

- Design a service that uniquely meets needs
- Attend to implementation and process details
- Train in the model
- Whose patient is it?
- Long-term sustainability

Lessons

- Build relationships, meet often, engage stakeholders
- Set up systems that allow for ongoing evaluation, QI, and scholarship
- Practice change requires practice
- Develop protocols together
- Pilot, partner, and proactively seek funding

Acknowledgements

- Child Health Clinic, Children's Hospital Colorado
- Project CLIMB Team
- University of Colorado School of Medicine, Departments of Psychiatry and Pediatrics
- Children's Hospital Colorado Pediatric Mental Health Institute
- Irving Harris Program in Child Development and Infant Mental Health

Children's Hospital Colorado

Thank you.