Interdisciplinary Community-based Care: Successful Integration of Behavioral and Physical Health Care

Engaging Pediatricians in the Integration Process

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Dr. Hagan has no conflicts to disclose





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Session Goals:

- •Identify barriers to physician engagement
- •Develop strategies to overcome barriers to engagement
- •Discuss examples (MH/BH surveillance /screening or ideas from session participants)



Barriers to engagement

The docs' perception of the landscape: In a word:

"Daunting"



Barriers to engagement

- •Practices are varied
- •The landscape is complex
- •A bewildering array of potential models for integration
- •The necessary skills and systems are new



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The Range of "Intramural" Practice Activities:

•Surveillance/screening:

- oPost Partum Depression
- ^oDevelopmental Delays and Autism Spectrum Disorders,
- Behavioral problems, Family stressors, Social and Economic stressors
- Lead screening
- •Psychiatric Diagnosis
- •Referrals and referral coordination
- •Treatment



Potential "Extramural" Community Partners:

Age 0-3:

- •Early Intervention Program
- •Evidence-based home visiting programs
- •Department of Children and Families and potentially other state agencies



Potential "Extramural" Community Partners:

Age 4-5:

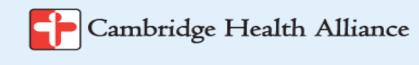
- •Transition from EIP to special education services through local schools
- •Early Education and child care programs
- •Head Start and Early Head Start



Potential "Extramural" Community Partners:

School Age Children and Adolescents:

- Schools
- •Outside therapists and community mental health agencies
- •Residential placements
- •Department of Children and Families
- •Department of Youth Services
- •Department of Mental Health
- •Juvenile justice system



Potential "Extramural" Community Partners:

Any Age:

- •Medical subspecialists and hospitals
- •Federation for children with special needs www.fcsn.org
- •Family Voices <u>www.familyvoices.org</u>
- •Other Parent/Family support organizations (Including condition-specific resources such as CHADD)
- •Community multi-service organizations, respite care providers, PCAs (personal care assistants), etc
- •Faith-based supports
- Substance abuse programs
- •Food Pantries, Legal Aid
- Immigration services



Potential Tools for the Docs:

- •Specific tools, with appropriate background information
- •Information about billing (critical for sustainability)
- •Registries/patient lists
- •External databases like "Help Me Grow" or MA 2-1-1
- •Care coordination and Team-based approach



So how to engage the docs?

Most pediatricians understand the need for integration and would actually like to find ways to do a better job.
Find a "Physician Champion" (Or better, several.)

- •State Chapters of the AAP
- Academic medical centers
- •National AAP Committee on Child Abuse and Neglect



So how to engage the docs?

- •Use your "Physician Champions" for help identifying practice settings to pilot initiatives.
- •Specific practice characteristics are probably less important that "attitude".



So how to engage the docs?

Making the case for Project Launch Initiatives:





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So how to engage the docs?

Making the case for Project Launch Initiatives:

• Place emphasis on quality.



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So how to engage the docs?

Making the case for Project Launch Initiatives:

- Place emphasis on quality.
- Use data to make the case.



So how to engage the docs?

Making the case for Project Launch Initiatives:

- Place emphasis on quality.
- Use data to make the case.
- Make the "business case" for change.



What!!??

There's a business case for Behavioral Health Integration?



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Making the case for Project Launch Initiatives

Alignment with emerging payment systems:

While the specifics of new payment models are still not clear, there is a broad consensus that *emerging payment models will increasingly reward* **value** over **volume** and that this will require improved coordination of services.

Value will be defined in terms of cost, outcomes and patient (family) satisfaction.



Implementing Project Launch Initiatives with Pediatric Partners:





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Implementing Project Launch Initiatives with Pediatric Partners:

•Engagement is key





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•Remember: Various practices will achieve different degrees of integration, via different paths, in different timeframes and with varied degrees of success



Implementing Project Launch Initiatives with Pediatric Partners:

•Engagement is key

•Remember: Various practices will achieve different degrees of integration, via different paths, in different timeframes and with varied degrees of success

•Start small and build on success



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Discussion/Examples. Possible topic:

Implementation of Behavioral and developmental screening into routine pediatric practice.

•Barriers:

- •"Takes too much time."
- •"What do I do with the children who screen positive?"

•Engagement

- Emphasis on quality.
- Use data to make the case.
- The "business case" for change.
- •Implementation support:
 - •Systems, billing (Pediatric Councils)
 - •"Help Me Grow"



