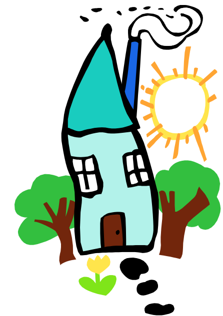
Mental Health Integration in Primary Care

Opportunities
For
LAUNCH Projects



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January 15, 2010

What We Know

- Impact of experience on brain development.
- Growth, development, and behavior are inextricably linked.
- Emotional development occurs in the context of a relationship (bonding, attachment, reading cues).

Prevalence and Risk

About **16%** of children have disabilities including speech
and language delays, mental retardation, learning disabilities and emotional/behavioral problems.

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(Only 30% are detected prior to school entrance.)

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Prevalence and Risk

13% of preschool children have mental health problems.

This rate increases with the co-occurrence of other risk factors:

- Poverty
- Maternal depression
- Substance abuse
- Domestic Violence
- Foster care

Disparities

- Minorities receive about ½ as much outpatient mental health care as whites.
- Most children who need a mental health evaluation do not receive services, and Latinos and uninsured children have especially high rates of unmet needs.
- Limited access to mental health services for parents (often underinsured/uninsured)

Disparities

- Children in living in poverty have twice the rate of mental health problems as the general population of children.

- Rates of use of mental health services are extremely low among preschool children.

Disparities

System Capacity

- Workforce shortage of child and adolescent psychiatrists and clinicians who can work with children.
- Even greater workforce shortage of child psychiatrists and psychologists who can work with very young children.
- Shortage of mental health providers who can treat the mother-infant dyad

National Perspectives Mental Health in Young Children

- AAP: Task Force on Mental Health & COPACFH
- AAP: new Bright Futures guidelines
- AAP: new priority in strategic plan-early brain development
- NC Chapter of the AAP, Mental Health Committee: changes in Medicaid policy, PEDIATRICS, 110(6), December 2002, pp. 1232-1237.
- AACAP: Collaborative Mental Health Care Partnerships in Pediatric Primary Care
- ABCD (Assuring Better Child Health & Development) Projects: early childhood social-emotional development and mental health

AAP: Task Force on Mental Health & Committee on the Psychosocial Aspects of Child & Family Health

- The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care, PEDIATRICS, 124(1), July 2009.
- Chapter Action Toolkit, 2008
- Practice algorithms (pending)
- Incorporating Perinatal and Postpartum Depression Recognition and Management into Pediatric Practice (pending)
- Addressing Social Emotional Morbidity (pending)

Mental Health Competencies

The "primary care advantage"

- Longitudinal, trusting relationship
- Family centeredness
- Unique opportunities for prevention & anticipatory guidance
- Understanding of common social-emotional & learning issues in context of development
- Experience in coordinating with specialists in the care of CSHCN
- Familiarity with chronic care principles & practice improvement

Mental Health Competencies

- Systems-based practice – MH advocacy, collaborative relationships
- Patient Care – build resilience, identify risk, partner with family
- Medical Knowledge – DSM-PC, evidence base for screening and interventions
- Practice-based Learning & Improvement
- Interpersonal &Communication Skills – common factors approaches
- Professionalism

Bright Futures

Health Promotion Themes include:

- Promoting Family Support

- Promoting Child Development

- Promoting Mental Health

Working to Improve Mental Health Services: The North Carolina Advocacy Effort

- Medicaid Policy Changes
- 26 unmanaged visits/year, first six may have non-specific diagnosis, for patients < 21 years of age
- Primary care provider referral
- Direct Medicaid enrollment of independently practicing licensed mental health providers
- Expansion of "incident to" rules to include mental health provider in primary care

AAP Defines Medical Home

- Accessible
- Family-Centered
- Continuous
- Comprehensive
- Coordinated
- Compassionate
- Culturally competent

Medical Home also means…

- Caring for the whole child
- Considering physical, developmental and mental health together
- “not separating the head from the body”

Medical Home: Challenges for the Primary Care Practice

- **Treating the "whole " child: in the context of the family, the school, the community.**
- Adopting an Office Systems approach
- Operationalizing family feedback as part of the practice system
- Considering family needs as well as office needs for scheduling and logistics

Challenges for the Primary Care Practice (2)

- Eliminating variation in care within the practice by having standardized protocols for preventive and chronic condition care.
- Providing educational and resource materials: available to non-English speaking families and for those with limited literacy; appropriate to the developmental level of the child/adolescent.
- **Enhanced processes for CSHCN: registries, scheduling tailored for longer visits, linkages to community resources, assistance with referrals.**

Challenges for the Primary Care Practice (3)

- "Knowing the system" of public and private providers locally
- **Networking with community partners effectively**
- **Maintaining continuity and communication with specialists, child care, school, …(Wraparound)**
- Assuring child and family role in care planning for a child/adolescent who has a chronic/complex condition

Challenges for Families

- **Knowing the important components of preventive care (screening, continuity, etc)**
- **Knowing how to choose a medical home: what questions to ask**
- **Feeling comfortable with communication and raising concerns and priorities.**

Promoting Healthy Social – Emotional Development

Screening, Follow-up and Management

In Primary Care

Promoting Healthy Brains

- Nutrition
- Nurturance
- Optimal environment
- Parent/caregiver health & mental health
- Developmental screening and surveillance in the medical home.
- Parent – PCP partnership
- Anticipatory Guidance

Opportunities for Prevention and Promotion in Primary Care

- Psychosocial and maternal depression screening
- Developmental & behavioral screening and surveillance in pediatric and family practice offices
- Social/emotional screening for children identified "at risk"
- Prenatal Visits

Implementation requires a QI approach to office process

Use of a Preventive Services Prompting Sheet to increase reliability of process

Name DOB Chart #

Place X in box when done.
(or date in box if off schedule)

Visit	1 wk	1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	2 yr	30 mo	3 yr	4yr	5yr
Date														
length/ht														
wt														
hc														
bmi														
bp														
hearing						or			or					
vision														
Edinburgh														
ASQ									or					
autism risk?														
MCHAT										if indic				
lead														
hgb														
dental var														
TB ?'s														
ROR book														

Partner with Parents to Do Screening & Surveillance

Important linkages for Medical Home:

- Head Start, Early Head Start, Child Care, Preschools, Schools
- Part C
- Childcare/school nurses
- Home visiting nurses
- Nurse-Family Partnership
- Family support
- Community mental health providers

Collaborative Models
Primary Care and Mental Health

- Referral with feedback plan
- Co-location
- Integration

	Models for Mental Health and Primary Care		
	Referral with Feedback	**Co-location**	**Integration**
Strategies			
for	survey/invitation	survey/invitation	survey/invitation
start-up	"mixer"	"mixer"	"mixer"
Business model			
who	private MH provider	private MH provider	private MH provider
	agency MH provider	agency MH provider	agency MH provider
		PCP employee	PCP employee
location	separate practice/office		
		provided at PCP OR	provided at PCP OR
		rented within PCP	rented within PCP
		(NA if PCP employee)	(NA if PCP employee)
billing	MH provider bills directly	MH provider bills directly	MH provider bills directly
		Practice bills for MH prov	Practice bills for MH prov
		- under MH provider #	- under MH provider #
		- incident to	- incident to
payment	receipts to MH provider	receipts to MH provider	receipts to MH provider
		contract amount from PCP	contract amount from PCP
		salary	salary
Services			
Provided	consults	consults	consults
	F/u or med visits	F/u or med visits	F/u or med visits
	Phone consults		
			case discussions w/ PCP
			shared visits
Communication			
Relationship	Referral report sent to PCP		
	"Fax back" form		
	Phone consultation		
		"Hallway consult"	"Hallway consult"
		Shared chart	Shared chart
			Case discussion
			In-clinic shared care

Business Models for Integration

- Out-stationed employee of MH agency
- Employed MH professional
- Self-employed MH professional

See "Improving Mental Health Services in Primary Care: Reducing Administrative & Financial Barriers to Access and Collaboration," AACAP Committee on Health Care Access and Economics & AAP Task Force on Mental Health, PEDIATRICS, 123(4), April 2009, pp. 1247-1251

Integrated MH Services in Primary Care

Not just a mental health clinic in a primary care practice: more flexible services, may be brief sessions

- MH provider partners with PCP during course of regular visits: as needed or crisis.
- MH provider involved routinely in visits for children with chronic/complex conditions
- MH provider sees child and family for several visit course

Benefits of an Integrated Model

- Reduction of stigma
- Greater convenience for family
- Enhanced communication between PCP and MH provider, with opportunity to encourage therapeutic goals.
- Improved adherence to treatment
- “Cross fertilization” learning for PCP and MH provider

Examples from one state: NC

Medicaid MH Integration Initiative within Community Care of NC networks:

- Grant support to initiate integrated MH provider
- "Incident to" billing
- Reimbursement for 99420 for social-emotional/mental health screens
- Reimbursement for 96150, 96151
- Integrated staff include: LCSW, LPC, LFMC, PhD, certified NP's, Child & Adolescent psychiatrist, D&B Pediatrician

The icare Project www.ncicare.org

Role of Integrated LCSW

- Part of primary care team
- Immediate triage/response to positive screen
- Follow-up with secondary screens
- Brief interventions to short-term therapy
- Self-management counseling for children with chronic medical conditions
- Facilitate referrals to & communication with external mental health providers
- Communication with teachers

SUMMARY OF SOCIAL-EMOTIONAL/BEHAVIORAL PROTOCOLS & FLOW PROCESSES

visit	screen/concern	2nd screen/by	referral	
			variation	problem
AGE 0-5 YEARS				
2 mo. & 4 mo.	Edinburgh Maternal Depression	CareManager or LCSW	support brief counsel	LCSW or MH provider
6,12,18 or 24, 36,48,60 mos.	ASQ - at-risk score on Personal-Social	ASQ-SE CareManager or LCSW	support parent educ. Head Start	LCSW or MH provider
any	At-risk psychosocial situation (I.e. mat dep, DV, SA)	ASQ-SE CareManager or LCSW	"	"
any	Parent concern	ASQ-SE CareManager or LCSW	"	"
AGE 6-18 YEARS				
every PE	Pediatric Symptom Checklist			
	Depressive symptoms	CDI by provider/SW	support brief counsel	LCSW or MH provider and/or psychiatry
	Learning/School Behavior Problems	packet by school, then sent to PCP	School for screening packet completion	

CDI = Children's Depression Inventory

Good Ideas

Contact AAP Chapter:

- Mental Health Committee;
- Co-location/integration initiatives;
- Medical Home projects

Contact ABCD project (for ABCD states)

Work with Medicaid, other insurers, to support integration reimbursement models