Collaboration, Consultation, & Relationships: ME CPAP
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Goals & Objectives
- Describe the historical perspective of mental health assessment and treatment in primary care
- Describe the evolution of mental health integration and collaborative care at MaineHealth
- Give an overview of CPAP and other initiatives
- Describe system of care challenges and potential opportunities

Disclosures
- Employee: Maine Medical Center
- Grant support: PHO MaineHealth
- I am moving to Colorado
- Some slides have been presented at other meetings
- Working with pediatric primary care providers in Maine has been one of the most rewarding aspects of my professional life
- I will miss you

Background History
- 1960’s: “War of Poverty”, Johnson administration established two integration initiatives: Model Cities & Community Action Programs
  - Federal bureaucracy & rules = lack of success
- 1970’s: Services Integration-Targets of Opportunity projects to help rural & urban sites develop components for comprehensive & coordinated services
  - Only funded for 3 years
- 1980’s: Development of HMO’s but also mental health carve outs
- Late 1980’s: RWJ & Annie E Casey Foundations supported demonstration projects for integrated service delivery
- Late 1980’s: Omnibus Budget Reconciliation Acts (OBRA) broadened Medicare and Medicaid reimbursement to allow clinical psychologists and MSW’s practice in rural primary care clinics
History: Patient Centered Medical Homes

- 1978: WHO laid down tenets of medical homes: focus on primary care and “physical, mental, and social well-being”
- IOM and Family Medicine embraced medical homes in 1990’s
- 2002: The Family Medicine Project stated “every American should have a personal medical home”
- 2005: ACP developed “advanced medical home” model
- 2007: AAFM, AAP, AOA, and ACP released “Joint principles of the patient-centered medical home” (note: no AACAP or APA)
- 2008: NCQA began setting standards and tracking providers

History Child Psychiatry Collaborative Care Programs

- 1990’s Maternal Child Health grants for “collaborative office rounds”
- 2003: Ron Steingard U Mass piloted consultation program to address concerns re psychotropic medication use in young children
- 2004: Massachusetts Behavioral Health Partnership (MBHP) adapted Steingard’s model to bring services throughout the state
- 2004: Massachusetts Child Psychiatry Access Project began
- 2011: National Network of Child Psychiatry Access Programs started

History of BHI & CC in So. Maine

- 2000: Incorporation of Maine Health Access Foundation (MEHAF) following sale ME BC/BS to Anthem
- MEHAF mission: “to promote access to quality health care especially uninsured, underserved, and improve health...”
- 10-year, $10 million integration initiative to promote better patient-centered care between primary care and mental health
- 2008: MaineHealth awarded 3-year grant to begin BHI program
- 2009: S. Fritsch (me) received 3-year grant to develop and implement Child Psychiatry Access Program
- Initially, BHI & CPAP operated in parallel
- Need for coordination of initiatives recognized
Overview of CPAP

- CPAP is the Child Psychiatry Access Program (www.memhp.org/cpap)
- Modeled after MCPAP with some variation
- Staffing: Clinical Care Coordinator, Child Psychiatrist
- Mission:
  - Help primary care providers (pcp’s) with access to mental health services
  - Provide telephone consultation and direct consultation within 45 minutes of request
  - Enhance efficacy of screening and treatment by PCP’s by providing direct educational sessions (Lunch & Learns)
  - Face-to-face consultation as indicated

CPAP Sites:

In order of “signing”:
- 2009: Brunswick & Bath Maine; 4 practices, 13 pedi & 3 NP’s
- 2009: Lincoln County, 3 pedi & 1 NP
- 2010: Westbrook, 3 pedi
- 2010: Yarmouth, 2 pedi
- 2011: Norway, 4 pedi
- 2012: BBCH pediatric clinic, 5 attendings & 18 ped, 9 med/ped, 2 chief residents
- 2014: SMHC Saco & Biddeford Pediatrics
- Total covered lives ~ 48,000
How does CPAP work?
- Initiated by primary care to CCC by phone or email
- CCC gathers information regarding seeking resources or services or phone consultation
- CAP may call PCP back

“Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.”
Ancient Chinese Proverb

CPAP & Education
- Each encounter (formal, informal, telephone, email) is an educational opportunity
- Formal “curriculum” occurs in a “lunch & learn” format
  - Open dialogue format
  - PCP’s help identify topic and will bring concerns about patients for discussion
  - Each receive electronic toolkit of all materials

CPAP Learning Sessions
Lunch & Learning Sessions By Year

<table>
<thead>
<tr>
<th>Year One</th>
<th>Year Two</th>
<th>Year Three</th>
<th>Year Four</th>
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</thead>
<tbody>
<tr>
<td>Formal signing up the practice</td>
<td>Fundamentals of Antidepressant Medications</td>
<td>Encopresis &amp; Enuresis</td>
<td>Aggression: Do we have a fighting chance?</td>
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<tr>
<td>Mental Health Screening Tools</td>
<td>Crisis and Chaos in the PCP Setting</td>
<td>ODD, “Just Say Yes”</td>
<td>Resist of Antidepressants</td>
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<tr>
<td>Basics for ADHD, Medications and Treatments</td>
<td>Treatment of Anxiety in Primary Care</td>
<td>Natural Therapies for Mental Health Issues and Sleep</td>
<td>Suicide and Self-Injurious Behaviors</td>
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<tr>
<td>What is Therapy? What are the Systems of Care in Maine?</td>
<td>Depression and Suicide and the Role of the PCP</td>
<td>Substance Abuse</td>
<td>Early childhood</td>
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MaineHealth BHI Program

- Developers received training at Center for Integrated Primary Care, U Mass, Alexander (Sandy) Blount, EdD
- Placement of master’s level clinicians in primary care throughout Maine Health system
- Initial efforts included developing “readiness” assessment of practices, reimbursement models, and collaborative learning sessions

Challenges to Coordination Efforts

- Numerous initiatives throughout the system: telehealth, BHI, differing consultation models, PCMH initiative: providers were overwhelmed
- Complex bureaucratic system with complex changes/mergers/reconfigurations
- “Talking heads” not having “boots on the ground”
- Documentation/EHR
- Strategic planning/vision opportunities

BHI Activities, Pediatrics & Maine Health

- Integrating Integration: ISAC
- Child Psychiatry Access Program: CPAP
- BHI Clinicians in primary care practices
  -- Pediatric Practices: Midcoast, Portland (residency clinic and traditional offices), Norway, Southern Maine
- The Buddy System (for trainees)

ISAC: Integration Support Advisory Committee

- Monthly 2-hour meeting
- Participants include MaineHealth BHI, telepsychiatry, traditional consultation providers, primary care, CPAP, administrators, and others
- Purpose: better coordination, enhance communication, updates, strategic planning, work towards best practices, brainstorming
Past ISAC Agenda

Aim of this meeting: To continue to organize the work around Behavioral Health support to medical practices.

<table>
<thead>
<tr>
<th>Time</th>
<th>Item Aim/Action</th>
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<tbody>
<tr>
<td>5 min</td>
<td>Assign meeting roles. Review agenda.</td>
</tr>
<tr>
<td>10 min</td>
<td>Review Minutes and prior updates, announcements.</td>
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<tr>
<td>15 min</td>
<td>Substance Abuse Program Update Planning and development.</td>
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<td>15 min</td>
<td>Next steps: Announcements of closing of Mercy Recovery Planning</td>
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<tr>
<td>20 min</td>
<td>Substance Abuse Care Planning grants updates Planning</td>
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<tr>
<td>20 min</td>
<td>Telepsych: update and long and connections Planning</td>
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<tr>
<td>10 min</td>
<td>Substance Abuse Program site visit outcome Planning</td>
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<tr>
<td>10 min</td>
<td>Linking BHI &amp; CPAP initiatives Planning</td>
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<tr>
<td>10 min</td>
<td>Regional updates: Planning for each region/Continuing theme: Medicaid hospital referral</td>
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<tr>
<td>5 min</td>
<td>Plan agenda for next meeting Planning</td>
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Assigned roles: Leader, Facilitator, Timekeeper, Recorder

Behavioral Health Integration & CPAP

BHI & CPAP

- Monthly peer consultation meetings
- Clinicians support one another
- Integrating CPAP with BHI
  - CPAP validates role of BHI clinician
  - BHI clinician aids PCP to support mental health delivery by PCP
  - BHI clinician's often first relationship with CAP

Elements of Monthly Meeting

“Role call”, Setting an Agenda, Discussion
Elements of Monthly Meeting

1-Hour meeting
Participants:
- BHI clinicians in pediatric primary care practices
- MSW clinicians in pediatric specialty clinics at MMC
- BHI clinician in pediatric primary care continuity clinic
- CPAP child psychiatrist
- Attend in person or on speaker phone
- Average # 7 - 8

Peer Consultation Agenda Topics

• Set the agenda
• Cases: wide variety
• General topic questions; examples
  - “11 yr old boys with anxiety”
  - “School action plans for anxiety”
  - “ADHD & Tx Adherence”
• Resources; examples
  - Child advocacy
  - ASD services
  - Early childhood

Peer Consultation: July ’15 Cases

• 12 yo old with OCD, won’t throw anything away, “I tried ACT, what else”
• 5 yo, divorced parents, playing “naked game at daycare”
• 14 yo high functioning ASD, school resistant to support
• Middle schooler from Honduras, family with severe mental illness, wonder if delusional

Peer Consultation; Aug 2015

• Clinician from ~ 1 ½ hours away:
  - Stressful office
  - Daughter just started kindergarten
  - Evaluations of 2 brother’s for behavioral concerns ages 5 & 7: “my cat died, we beat him to death”
Depth of Discussion in August

- "Feeling vulnerable, feeling crispy"
- Change happens with no forewarning (key clinician providing supervision leaving)
- Discussion of weakness of BHI program:
  - feeling trapped between two worlds
  - need to be here whenever
  - feeling "ambushed"
  - blamed for patient’s mental illness

Outcomes of August Meeting

- Considerations of core standards of all practices
  - BHI clinicians part of provider meetings
  - Clear standardization of benefits across system; 1 defined employer
- One pediatric BHI clinician becoming supervisor
- Meeting more frequently than 1x/month (without me)

Identified Value of Peer Consultation

- "only place to talk about the process of mental health treatment" (primary care not a process oriented setting)
- Receive support/supervision
- Venue for difficult conversations (suicide of PCP)
- One of few contacts to a larger group of BHI clinicians
- Psychiatrist adds another dimension
- Sharing knowledge of resources

Peer Supervision; other 29 days

- Email used for consultation with one another ("I am looking for a biofeedback provider")
- Materials received from AAP BHI listserv shared with group electronically
- Materials about training opportunities shared electronically
- Ad hoc, urgent questions may be addressed by CAP
- Total CAP time, uncompensated, ~ 3-4 hrs/month
The Future? Maine Systems of Care & Other Potential Changes

- BHH's (Behavioral Health Homes):
  - SAMSHA
  - ME received $32 Million SIM
  - Who, what?
- DHHS, CBHS, Strategic Plan (?), Burns Report
- CMS: CPC+ (Comprehensive Primary Care Plus)
  - “Advanced primary care medical home model”
  - “Support innovation”
  - Non-visit-based care PMPM management fee

Thank You’s

- Norbert Enzer, John Schowalter (Triple Board Mentors)
- Greg Fritz (Brown University Mentor)
- Paul Summergrad & Jeff Prince (NSMC)
- John Straus (Visionary for MCPAP)
- MEHAF, MaineHealth, ISAC, BHI Peer Support group
- My Maine Pediatric Colleagues from whom I have learned so very, very much

Discussion? Thoughts?

“How lucky I am to have something that makes everybody goodbye workable..."
- Winnie the Pooh