Collaboration, Consultation, & Relationships: ME CPAP

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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

Goals & Objectives

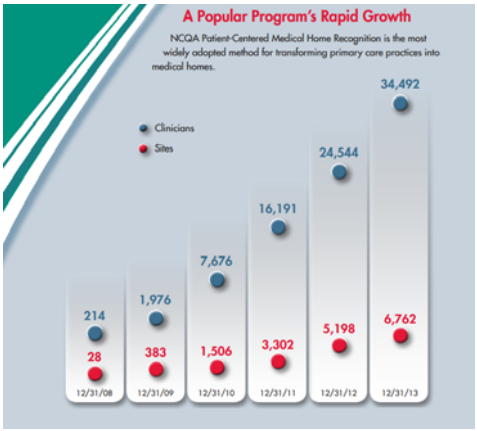
- Describe the historical perspective of mental health assessment and treatment in primary care
- Describe the evolution of mental health integration and collaborative care at MaineHealth
- Give an overview of CPAP and other initiatives
- Describe system of care challenges and potential opportunities

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

- 1967: American Academy Pediatrics introduced term "medical home"
- 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

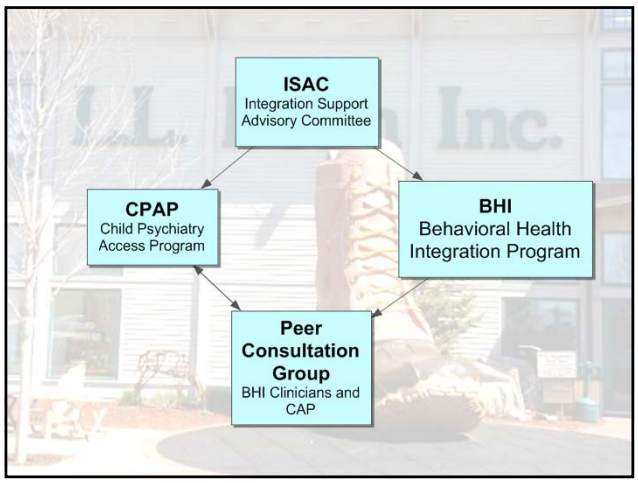


History Child Psychiatry Collaborative Care Programs

- 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

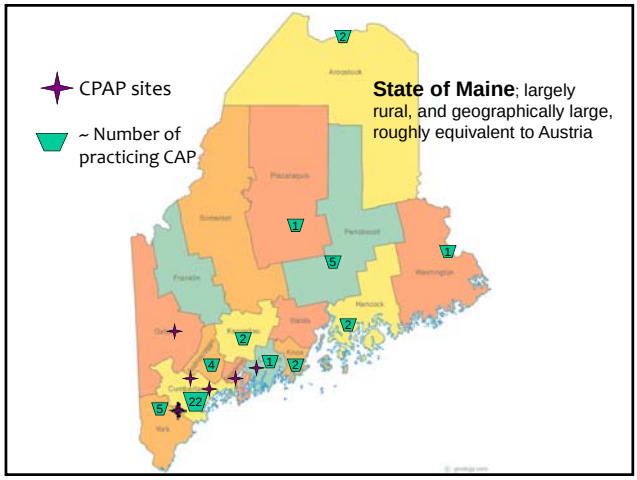
History of BHI & CC in So. Maine

- 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



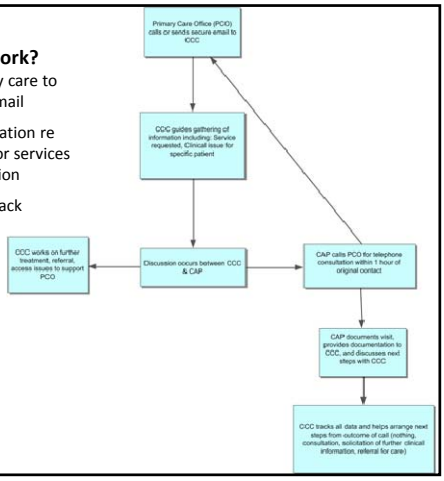
CPAP Sites:

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 re seeking resources or services or phone consultation
- CAP may call PCP back



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**

"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 Learning Sessions

Lunch & Learning Sessions By Year			
Year One	**Year Two**	**Year Three**	**Year Four**
Formal signing up the practice	Fundamentals of Antidepressant Medications	Encopresis & Enuresis	Aggression: Do we have a fighting chance?
Mental Health Screening Tools	Crisis and Chaos in the PCP Setting	ODD, "Just Say Yes"	Revisit of Antidepressants
Basics for ADHD, Medications and Treatments	Treatment of Anxiety in Primary Care	Natural Therapies for Mental Health Issues and Sleep	Suicide and Self-Injurious Behaviors
What is Therapy? What are the Systems of Care in Maine?	Depression and Suicide and the Role of the PCP	Substance Abuse	Early childhood

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		
Time	Item	Aim/Action
5 min	Assign meeting roles. Review agenda	
10 min	Review Minutes and give updates, announcements	Updates
15 min	Substance Abuse Program Update Next steps Ramifications of closing of Mercy Recovery	Planning and development
20 min	Psychiatry & Primary Care Partnership grants: Updates Next steps	Planning
10 min	Telepsych: Update and integrated connections	Planning
10 min	Pride Grant Update; Site visit outcome	
15 min	Linking SPMI & BHH initiatives	Planning
15 min	Regional Updates: Planning for each region? Common themes? Midcoast Hospital-MBH referral meeting	Update and program planning
5 min	Plan agenda for next meeting Parking lot: Data and outcomes Primary care provider education Geriatric services	

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?