ACCESS - Mental Health CT

Connecticut's Experience Connecting Primary Care with Psychiatry

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Disclosure: Richard J. Miller, MD, FAACAP

Financial disclosure:

- Employed by Wheeler Clinic
  - ACCESS Mental Health CT, Hub Medical Director
- No other financial or commercial conflicts of interest

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Objectives

Attendees will be familiar with Connecticut's ACCESS Mental Health CT program

- The reasons it was created
- The program model and consultative services it provides
- The impact it has had on the primary care practices and families.

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Scope of the Problem

- In any given year, 1 in 5 of Connecticut's children will struggle with a mental health condition or substance abuse problem.
- **More than half** receive no treatment

Connecticut Voices for Children 2006. Building a community based children's mental health system. New Haven, CT.

Spence A. Blind Spot: The Impact of Missed Early Warning Signs on Children's Mental Health. Center for Children's Advocacy Pamphlet 2013.

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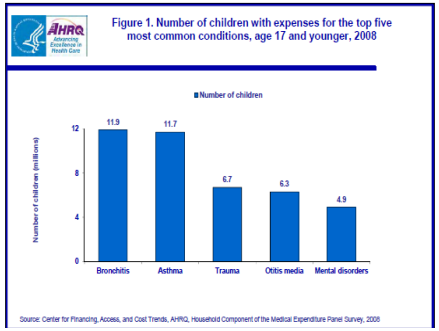
5th Most Common Condition



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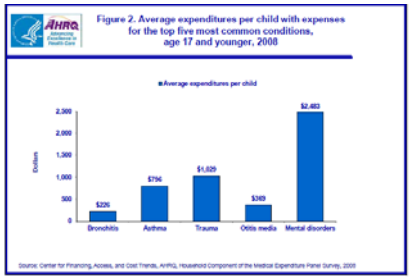
Cost Incurred Due to Mental Health Disorders



Statistical Brief #349: Health Care Expenditures for the Five Most Common Children's Conditions, 2008: Estimates for U.S. Civilian Noninstitutionalized Children, Ages 0-17 4

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If That Wasn't Enough

- Half of all chronic cases of mental illness begin by age 14 (Kessler et al., 2005)
- Up to 74% of youth with mental illness go without treatment (Merikengas et al., 2011)
- 1/3 of children nationwide are being treated solely by their PCP (Anderson et al., 2015)
- Fragmentation of behavioral health treatment resources including shortage and lack of availability of Child and Adolescent Psychiatrists
- PCPs note insufficient training, limited scope of practice and comfort identifying and treating youth with behavioral health issues.

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What Can We Do About It? - Increase the Scope of Practice

AAP – Behavioral Health "Practice Readiness"

As part of the AAP Mental Health Initiative, the academy urges pediatricians to increase their scope of practice to expand their comfort and skills in diagnosing and managing mental health disorders.

They note: "Mental health care **is** mainstream pediatrics. Primary Care clinicians, if trained and supported, are ideally positioned to **identify** children with mental health problems, to **triage** for emergencies, to **initiate care** and to **collaborate** with MH/SA specialists in **facilitating a higher level of care when needed**."

Mental Health Initiatives. Advocacy and Policy, AAP health initiatives

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What Can We Do About It? - Collaborate!

Katon and Unutzer define collaborative care as follows:

"**Collaborative care** is a systematic approach that involves patient education and integrates mental health professionals or other care extenders, such as nurses, into the primary care clinic to help primary care providers provide treatment in conformity with evidence based guidelines."

Katon W, VonKorff M, Lin E, Simon G, Walker E, **Unutzer J**, Bush T, Russo J, Ludman E: Stepped Collaborative care for primary care patients with persistent symptoms of depression: a randomized trial. Arch Gen Psychiatry 1999;56:1109-1115.

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Access Programs

29 States (including Maine and Connecticut) have Child Psychiatry Access programs.

- Collaborative programs, through which child psychiatrists support pediatricians and other primary care providers via phone consultations or other types of "curbside consultations.".
- Support primary care practices and the medical home model.
- Leverages existing behavioral resources, connecting them to primary care

NNCPAP (National Network of Child Psychiatry Access Programs

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Connecticut's Solution: Access to Mental Health Care for Connecticut's Children

- The Connecticut legislature decided to answer the following question with **Public Law Public Act 13-3** "What can child psychiatry do with the help of state funding to assist pediatric health care providers in caring for the mental health needs of their patients?"
- Sec. 69. (NEW) (*Effective from passage*) (a) Not later than January 1, 2014, the Commissioner of Children and Families shall establish and implement a regional behavioral health consultation and care coordination program for primary care providers who serve children. Such program shall provide to such primary care providers: (1) Timely access to a consultation team that includes a child psychiatrist, social worker and a care coordinator; (2) patient care coordination and transitional services for behavioral health care; and (3) training and education concerning patient access to behavioral health services. Said commissioner may enter into a contract for services to administer such program.
- (b) Not later than October 1, 2013, said commissioner shall submit a plan, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health, children, human services and appropriations concerning the program to be established pursuant to subsection (a) of this section.
- (c) The Commissioner of Children and Families may adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to implement the provisions of this section.

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- Largely based on the Massachusetts MCPAP program
  - (the first, started ~12 years ago)
- Mission: To support pediatric primary care providers in meeting the needs of children and adolescents with mental health problems
- The ACCESS Mental Health program consists of 3 "Hubs" - expert pediatric behavioral health consultation teams
- Hubs are Geographically located to cover the state of Connecticut

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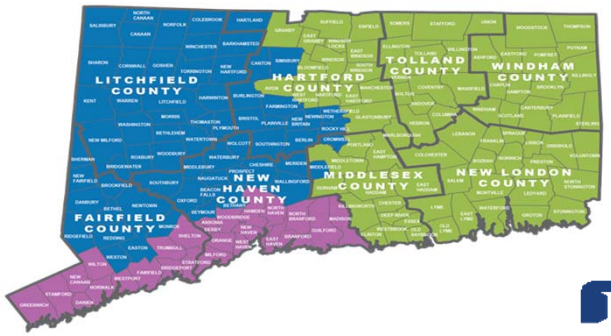
- Hartford Hospital 855.561.7135
- Wheeler Clinic, Inc. 855.631.9835
- Yale Child Study Center 844.751.8955



The Hub Medical Directors

- Dr. Kim C. Brownell, Hartford Hospital Hub Team
- Dr. Richard J. Miller, Wheeler Clinic Hub Team
- Dr. Dorothy Stubbe, Yale Child Study Hub Team

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What exactly is a "Hub?"

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- A hub is a behavioral health team designed to form a connection between child psychiatry and pediatric health care providers (spokes).
- Team members include Board Certified Child and Adolescent Psychiatrist(s) 1 FTE
- Licensed Behavioral Health Clinician(s) 1 FTE
- Program Coordinator -1 FTE
- Family Peer Specialist

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The Team: The Child and Adolescent Psychiatrist

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- Answers to psychopharmacology questions in real time.
- Contributes to diagnostic clarity.
- Available to help discuss a patient's case and problem-solve the treatment plan for the patient
- When indicated, can provide a one-time face-to-face consult for diagnostic evaluation, psychopharmacological & other treatment recommendations
- Provides mental health education to primary care providers and practices

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The Team: Behavioral Health Clinician

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- Care coordination and assistance with referrals for mental health care.
- Provides mental health evaluations to assist the primary care provider with caring for the patient in the medical home, or to assist with level of care determination
- Brief transitional support services when needed

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The Team: Program Coordinator

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- The voice on the telephone heard most frequently when PCPs call
- The “Hub of the Hub”
- Able to assist the PCP in determining which member of the behavioral health team will be most helpful in the clinical situation.
- Care coordination for families

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The Team: Family Peer Specialist

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- A person with first hand mental health recovery experience as a parent of a child (or other family member) with mental health issues
- Able to provide support to families on their journey. Examples might include:
  - after a child receives a difficult diagnosis
  - when a parent is struggling with school communication
  - when additional services are needed for the patient
  - to ensure family was able to access mental health care

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What ACCESS Mental Health CT Provides

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- Free telephone child psychiatric consultation to primary care providers concerning their patients ages 0–18 usually immediately, but at least within 30 minutes of the initial call
- Assistance with finding community behavioral health services
  - (this includes assessing need, resources, barriers and follow up with pt and PCP)
- Ongoing education about pediatric mental health assessment and treatment.
- Where indicated, a one-time diagnostic assessment and treatment recommendations to assist the child and family with being cared for within the medical home

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Additional Points

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- This is a resource provided to all primary care providers taking care of children ages **0-18** throughout the state of Connecticut
- It is **FREE TO ALL** practices and patients, insured and uninsured.
- Although no cost to patients, insurance may be billed for face to face consultation
- **The Primary Care Provider must initiate the consultation**
- **No Voicemail.** During 9 – 5 hours, all calls will be answered by our coordinator or other team members.
- **This does not replace 211/Mobile Crisis Services.**
- No call or question is a bad call. When in doubt, check it out. **We are here to assist.**

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Since Starting June 16, 2014

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- ACCESS MH CT started covering the entire state upon launch, reaching out to all primary care practices.
- As of December 2015
  - 81% of all Pediatric and Family Practices have Enrolled (over 1,400 prescribing physicians)
  - We have performed 7,588 Consultative Services
    - ~40% Direct consultation with PCP
    - 60% Family Support and Care Coordination)
  - Statewide satisfaction rate is 4.9 out of 5!

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Other Results:

- In a short period of time we believe we have made a substantial improvement in behavioral health of patients by helping to improve the behavioral practice of PCPs to screen, identify and treat and improved success of appropriate timely referral to the right level of care
- Earlier screening picks up problems and gets treatment earlier. Initially many of our practices were not screening at all because they did not know how and/or they felt did not know what to do with what they found. Now they just call us.
- When we help with referrals our teams work with the PCP, patient and families to better understand the need, barriers to treatment and help them successfully link them with the right services and then follow up with the family and PCP.

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Changes in Prescribing

- When medication is prescribed, it is more appropriate and combined with appropriate non-medication treatment and support. With ongoing consultation and training, patients are getting better treatment and PCPs are becoming better treaters.
- Since they know we will help with a referral if needed and will follow with them, the PCPs are more willing to prescribe. **65% of PCPs who call with a question related to psychotropic medication chose to prescribe or continue to prescribe where most would not have before.**

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Other Changes We Have Noticed.

- This year we are moving into providing more direct education, providing in-services to practices on screening, crisis and suicide assessment and referral, anxiety, depression, psychopharmacology and responsible prescribing, practice readiness for behavioral health, etc.
- Over the last year and a half the doctors are calling with increasingly sophisticated and complex questions and less often needing to call us about the more straightforward patients.
- Every call is an opportunity for education and expanding the competence, scope of practice and willingness to screen, diagnose, appropriately treat and refer youth with behavioral health and substance abuse.
- I believe we have seen significant changes in practices and children are already getting screened, identified and treated earlier. Referrals are more appropriate and successful.

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RESOURCES

- **NNCPAP**
  - National Network of Child Psychiatry Access Programs
  - http://www.nncpap.org
- **Maine Child Psychiatry Access Program**
  - Sandra Fritsch, MD 207-662-4377
- **ACCESS Mental Health CT**
  - http://www.accessmhct.com/
  - Elizabeth Garrigan, LPC, Statewide Program Director
    - 860-263-2095
  - Richard J. Miller, MD, FAACAP, Medical Director Wheeler Clinic Hub, rmiller@wheelerclinic.org

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VIGNETTES

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- Calls for Linkage to Behavioral Health Services
- Psychopharmacology questions (often with pt in office)*
- Diagnostic evaluation request
- Example of Clinician face to face
- Example of Child Psychiatric Face to Face consult
- Webinars and in office educational topics

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Acute Psychopharmacology Question

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- A PCP called ACCESS about a 14 year old girl with generalized and social anxiety. The patient had a therapist who recommended that the PCP conduct a medication evaluation.
- PCP contacted us with questions:
  - Which medication do you recommend?
  - PCP had experience with Prozac. However, mother had a good response to Zoloft — is that a reasonable choice?
  - What start dose do you recommend?
  - What kind of follow up is necessary?
  - How should I counsel the family about black box warnings, side effects and when to expect improvement?
- We recommended **parentsmedguide.org** as a helpful resource for the family

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A Request For Diagnostic Evaluation

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- The PCP called AMHCT about a 13-year-old girl with a history of anxiety who was now complaining of intermittent auditory hallucinations
- Child psychiatrist arranged to complete a diagnostic evaluation that same week.
- Child was diagnosed with anxiety, without a primary psychotic disorder
- SSRI (Zoloft) was recommended (started by PCP) and referrals made to community resources for therapy (and if needed, advanced psychopharmacology).
- We encouraged setting up a collaborative relationship with the behavioral health clinician

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A Request For Care Coordination and Referral To Family Peer Specialist

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- PCP called about an 8 year old boy with ADHD managed well by PCP on stimulants. No psychopharmacology questions at this time.
- However, family is becoming increasingly stressed because child has become more oppositional and is hassling his parents all of the time.
  - Is there anything else we can do???

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A Request For Care Coordination and Referral To Family Peer Specialist, continued

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- AMHCT Behavioral Health Clinician facilitated a referral to a therapist who specializes in Parent Management Training (PMT).
- Program coordinator helped parent resolve insurance issues for this appointment.
- Referral to the AMHCT Family Peer Specialist for support during stressful time and to help family communicate the needs of their child effectively to school and treatment team
- . Family peer specialist also tracked patient's intake appointment and notified PCP when patient completed first appointment (follow through until care connection is established.)
- Parents expressed satisfaction that more services were suggested, the services were non-pharmacological and that their child's primary care provider and the ACCESS team has listened to them.

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