Pediatric Behavioral Health Integration

Project TEACH: A Model of a Virtual Team

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October 3, 2018
Disclosure

No relevant commercial interests
<table>
<thead>
<tr>
<th>AGENDA</th>
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<tr>
<td>Do children need behavioral health integration too?</td>
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<td>What challenges are unique to pediatric care?</td>
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Chronic Mental Health Issues in Children Now Loom Larger Than Physical Problems

Anita Slomski

It's hard to be a kid today. For the first time in the half century that the US government has continuously collected data, the top 5 disabilities affecting US children are mental health problems rather than physical problems.

In 2008-2009, 7.7% of US children younger than 18 years had a disability that limited usual activity, which is a 4-fold increase in the prevalence of childhood activity limitations since 1960, according to data from the National Health Interview Survey from the US Department of Health and Human Services. Among these children, a speech problem, learning disability, attention-deficit UCL A Center for Healthier Children, Families, and Communities and professor of pediatrics, health sciences, and policy studies, a disproportionate amount of the increase in mental, development, and behavioral problems over the past decade appears to be in children from higher-income families.

Prevalence vs Diagnosis Creep
One explanation for why mental, behavioral, and developmental problems have soared is that parents are pushing their children to develop the advanced cognitive, social, and emotional skills they'll need to compete in our knowledge-based economy.

The conveyor belt to adulthood that frequent risks for neurodevelopmental disorders or exposure to new or more environmental toxins during pregnancy and early childhood. A growing body of research has found that developmental disorders such as ADHD have complex etiologies with multiple genetic and environmental risk factors (Willcutt EG et al. J Dev Behav Pediatr. 2010; 31[7]:533-544). And physicians may be diagnosing more of these problems as a result of better diagnostic tools, lower diagnostic thresholds that recognize greater numbers of children as having cognitive problems, greater access to screening for low-income children, and even a trend of savvy parents demanding a diagnosis of ADHD at a young. 
Children’s Mental Health

More than 14 million children and adolescents in the United States, or 1 in 5, have a diagnosable mental health disorder that requires intervention or monitoring and interferes with daily functioning.

Ages of Onset Risk

- Autism Spectrum Disorders – 0-3 years or later for mild
- ADHD - 4-7 or later for mild, but differential is broader
- Anxiety – 6-12 years
- Depression - 13-16 years
- Bipolar and psychosis - > 16 years
- Panic Disorder 16-25 years
- Disruptive behavior – almost anytime

Slide courtesy of John Walkup, M.D.
## Prevalence of child mental health problems in context of General Pediatrics

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence</th>
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<tr>
<td>Cerebral palsy</td>
<td>0.20%</td>
</tr>
<tr>
<td>Cystic fibrosis</td>
<td>0.03%</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>0.30%</td>
</tr>
<tr>
<td>Diabetes 1 and 2</td>
<td>0.20%</td>
</tr>
<tr>
<td>Any DSM disorder</td>
<td>20.00%</td>
</tr>
<tr>
<td>Severe psychiatric disorder</td>
<td>9.00%</td>
</tr>
<tr>
<td>AGENDA</td>
<td></td>
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<tr>
<td>--------</td>
<td></td>
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<tr>
<td>What challenges are unique to pediatric care?</td>
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</table>
Distribution of the 8,000 U.S. Child Psychiatrists
New York State CAP Workforce

Practicing Child and Adolescent Psychiatrists by County 2017
Rate per 100,000 children age 0-17

CAPs Per 100K Children
- Mostly Sufficient Supply (>=47)
- High Shortage (18-46)*
- Severe Shortage (1-17)*
- No CAPs

AACAP, March 2018

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Project TEACH
COLUMBIA UNIVERSITY IRVING MEDICAL CENTER
Unique challenges around Pediatric Medication that interfere with BHI

- **Evidence-based Caution re medicating kids**
  - Implement evidence based psychosocial interventions first
    - Difficulties with primary care accessing those interventions
    - Fear that medication will be used instead if BHI is implemented

- **Fear and Stigma re medicating kids**
  - Stigma against using medication even when evidence-based
    - Preventing BHI prevents medicating kids and that is good in the public perception
What advantages are unique to pediatric care?
Pediatric PCPs have always been there to support the family

Pediatricians have long been an important first resource for parents who are worried about their children’s behavioral problems, and today psychosocial problems are the most common chronic condition for pediatric visits, eclipsing asthma and heart disease.

The Medical Home

A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care.
The Primary Care Advantage

- Trusting relationship
- Continuity
- Familial and community context
- Access

- AAP Mental Health Task Force
Is it the role of the Pediatric PCP to address behavioral health?
Mental Health Competencies for Pediatric Primary Care, AAP 2009

- 2009 Policy Statement
- *Pediatrics* Volume 124, Number 1, Pages 410-421
- **COMPETENCIES:**
  - Systems-Based Practice
  - Patient Care
  - Medical Knowledge
  - Practice-Based Learning and Improvement
  - Interpersonal and Communication Skills
  - Professionalism
What is current standard of care in pediatric practice?
ADHD Guidelines

- ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents
- Pediatrics, 2011
- Update to the AAP’s 2001 Guideline
Universal Teen Depression Screening

The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.

(2016 update to the 2009 recommendation)
### Advocates for Universal Screening

(AAP, 2016, 2014)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Age Group</th>
<th>Desired Time of Vaccine</th>
<th>Evidence-Based (Y/N)</th>
<th>Recommended Schedule (Y/N)</th>
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<tr>
<td>Physical</td>
<td>0-1 month</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td></td>
<td>1-2 months</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td></td>
<td>2-3 months</td>
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<tr>
<td></td>
<td>4-5 months</td>
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<td>Y</td>
<td>Y</td>
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<td>6 months</td>
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<td>Y</td>
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<td>9 months</td>
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<td>12 months</td>
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<td>15 months</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>18 months</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>24 months</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>30 months</td>
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<td>36 months</td>
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<td>48 months</td>
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<td>Y</td>
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<td></td>
<td>60 months</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td></td>
<td>72 months</td>
<td>Y</td>
<td>Y</td>
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<td></td>
<td>84 months</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>96 months</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>120 months</td>
<td>Y</td>
<td>Y</td>
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</table>

**Notes:**

- Y = Yes
- N = No
- * = Optional

**References:**


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Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Practice Preparation, Identification, Assessment, and Initial management

- Zuckerbrot RA et al

Guidelines for Adolescent Depression in Primary Care (GLAD-PC): II. Treatment and ongoing management.

- Cheung AH et al

Pediatrics, 2018

Update to the 2007 Guideline
Are there evidence based models of BHI in Pediatric 1° Care?
Pediatric Behavioral Health Integration

**Adolescent Depression:**
- Collaborative Care for Adolescents with Depression in Primary Care: A randomized clinical trial –Richardson et al., 2014
- The Costs and Cost-effectiveness of Collaborative Care for Adolescents with Depression in Primary Care Settings, A Randomized Clinical Trial -Wright et al., 2016
- Effectiveness of a Quality Improvement Intervention for Adolescent Depression in Primary Care Clinics: A Randomized Controlled Trial –Asarnow et al., 2005.

**ADHD, Anxiety, and Behavior Problems:**
- Collaborative Care Outcomes for Pediatric Behavioral Health Problems: A Cluster Randomized Trial -Kolko et al, 2014
What are statewide-consultation child psychiatry programs?
NNCPAP
National Network of Child Psychiatry Access Programs

Integrating Mental and Behavioral Health Care for Every Child

Welcome

The National Network of Child Psychiatry Access Programs supports existing and emerging child psychiatry consultation programs and works to further national progress toward effective integration of mental health with primary care.
How can NYS’s Project TEACH help PCPs form a Virtual BHI Team?
Supporting Agencies & Organizations

New York State Academy of Family Physicians

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
New York Chapter 1

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
New York Chapter 2

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™
NYS AAP - Chapter 3

New York State Department of Health

Columbia University Irving Medical Center

Office of Mental Health

New York State Psychiatric Institute
Statewide Coordination Center

Operated by the Massachusetts General Hospital Psychiatry Academy

- Internationally renowned for education
- 65,000+ members in 125+ countries
- Live conferences, online courses, books, & more
- Provides clinical services, telehealth, & interim leadership to hospitals & health systems

LEARN MORE ➔ www.mghcme.org
MISSION

To strengthen and support the ability of New York’s pediatric primary care providers (PCPs) to deliver care to children and families who experience mild-to-moderate mental health concerns.
Regional Map

- **Region 1** - (855) 227-7272
  - University at Buffalo Jacobs School of Medicine and Biomedical Sciences
  - University of Rochester School of Medicine and Dentistry
  - SUNY Upstate Medical University

- **Region 2** - (844) 892-5070
  - Four Winds- Saratoga
  - Four Winds- Westchester

- **Region 3** - (855) 227-7272
  - Columbia University Medical Center/New York State Psychiatric Institute
  - Hofstra Northwell School of Medicine
The Way it Works

Project TEACH provides consultation, education, training, and referrals and linkages to other key services for pediatrcians, family physicians, psychiatrists, nurse practitioners, and other prescribers.
Training

Project TEACH offers training in several different formats for pediatric primary care providers (PCPs). These programs support the PCPs' ability to assess, treat and manage mild-to-moderate mental health concerns in their practice.
Telephone Consultations

Project TEACH allows PCPs to speak on the phone with child and adolescent psychiatrists.

Ask questions, discuss cases, or review treatment options.

Whatever PCPs need to support their ability to manage their patients.
Top 5 Clinical Issues for Consultation Calls

1. Anxiety or Fear
2. Inattention or Hyperactivity
3. Sad or Depressed
4. Aggression
5. Oppositional, defiant
Face-to-Face Consultations

PCPs can also request face-to-face consultations with child and adolescent psychiatrists for the children and families in their practice.

If the office would like to offer consultations via videoconference, Project TEACH regional provider teams can work with the practice to make this service available.

It is our expectation that face-to-face consultations will occur within two weeks of requests. All face-to-face consultations are followed by written reports to the referring PCPs.
Referrals and Linkages

Linkage and referral services help pediatric primary care providers and families access community mental health and support services. This includes clinic treatment, care management, or family support. Project TEACH can refer PCPs to appropriate and accessible services that children and families in their practices need.
| Can a virtual team be evaluated with chronic care metrics? |
Evaluation

Detection and treatment of mental health issues by pediatric PCPs in New York State: an evaluation of Project TEACH.

Encouraging and sustaining integration of child mental health into primary care: interviews with primary care providers participating in Project TEACH (CAPES and CAP PC) in NY.
Gadomski AM¹, Wissow LS², Palinkas L³, Hoagwood KE⁴, Daly JM⁵, Kaye DL⁶.
Two Week Survey

PCP Overall Satisfaction

<table>
<thead>
<tr>
<th>Year</th>
<th>Not at all helpful</th>
<th>Somewhat helpful</th>
<th>Very helpful</th>
<th>Extremely helpful</th>
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<tbody>
<tr>
<td>2011</td>
<td>0%</td>
<td>6.8%</td>
<td>32.6%</td>
<td>60.6%</td>
</tr>
<tr>
<td>2012</td>
<td>0%</td>
<td>7.1%</td>
<td>34.6%</td>
<td>58.3%</td>
</tr>
<tr>
<td>2013</td>
<td>0%</td>
<td>5.8%</td>
<td>28.6%</td>
<td>65.6%</td>
</tr>
<tr>
<td>2014</td>
<td>0%</td>
<td>7.9%</td>
<td>36.8%</td>
<td>55.3%</td>
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<tr>
<td>2015</td>
<td>0%</td>
<td>7.1%</td>
<td>30.6%</td>
<td>62.2%</td>
</tr>
<tr>
<td>2016</td>
<td>0%</td>
<td>0.9%</td>
<td>26.5%</td>
<td>72.6%</td>
</tr>
<tr>
<td>2017</td>
<td>0%</td>
<td>3.50%</td>
<td>24.10%</td>
<td>72.5%</td>
</tr>
<tr>
<td>2018</td>
<td>0%</td>
<td>5.30%</td>
<td>28.60%</td>
<td>66.20%</td>
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<table>
<thead>
<tr>
<th>Year</th>
<th>Total number of surveys sent out</th>
<th>Number of surveys Received</th>
<th>Response Rates</th>
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<td>2011</td>
<td>266</td>
<td>135</td>
<td>50.7</td>
</tr>
<tr>
<td>2012</td>
<td>528</td>
<td>252</td>
<td>47.7</td>
</tr>
<tr>
<td>2013</td>
<td>650</td>
<td>247</td>
<td>38</td>
</tr>
<tr>
<td>2014</td>
<td>615</td>
<td>226</td>
<td>36.7</td>
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<td>2015</td>
<td>706</td>
<td>245</td>
<td>34.7</td>
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<td>2016</td>
<td>769</td>
<td>201</td>
<td>26</td>
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<tr>
<td>2017</td>
<td>715</td>
<td>170</td>
<td>23.7</td>
</tr>
<tr>
<td>2018</td>
<td>572</td>
<td>183</td>
<td>31.9</td>
</tr>
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</table>
What obstacles are unique to the virtual team model?
Next Steps: Can we reimburse the PCPs for the time they spend with Project TEACH?

- Pediatricians are not paid for their time calling a phone line if the patient is not there.
- Pediatricians are not paid for their time going to educational programs even if they are free.
The Role of the Primary Care Champ in Project TEACH

- Joint Teaching
- PCP directed office detailing
- PCPs as the real experts as MH in Primary Care is not the same as MH
- Pediatric PCPs are the real heroes