Youth Services Integration: A Formative Evaluation of a Pediatric Primary Care and Behavioral Health (PC/BH) Integration Program

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Presentation Goals

- Overview of PC/BH integration
- Purpose and methodology
- Main findings (quantitative and qualitative)
- Recommendations for program improvement
- Implications for Adolescent Behavioral Health

Defining PC/BH Integration

The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population.[1]

1. Peek CJ, National Integration Academy Council. Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. AHRQ Publication No. 13-IP001-1-EF. Rockville, MD: Agency for Healthcare Research and Quality, 2013. Available online at http://integrationacademy.ahrq.gov/lexicon. Accessed March 9, 2015.

Why Integrate PC/BH?

- Increase access to BH care
- Increase monitoring/maintenance of BH issues
- Reduce stigma
- Increase recognition of BH issues by PC
- Leads to positive outcomes[2]
  - Studies primarily focused on depression and/or adult populations
- Patient Protection and Affordable Care Act of 2010
  - Patient Centered Medical Home (PCMH)
    - the model for primary care in health care reform[3]

2. Kwan BM, Nease Jr., DE. The State of the Evidence for Integrated Behavioral Health in Primary Care. In: MR Talen, A Burke Valeras (Eds). *Integrated Behavioral Health in Primary Care: Evaluating the Evidence, Identifying the Essentials.* New York: Springer. 2013. pp. 65-98.
3. Goodson JD. Patient Protection and Affordable Care Act: Promise and peril for primary care. *Annals of Internal Medicine.*

Why Integrate *Pediatric* PC/BH?

Youth and BH disorders:

- More than half of all BH disorders appear by age 14[4]
  - 8-10 year delay from symptom onset to intervention[5]
- 20% of youth have diagnosable BH disorder[6]
  - Only 20% receive care
    - Almost half prematurely terminate services due to lack of access, transportation, finances, or stigma

4. Kessler RC, Berglund P, Demler O, et al. Lifetime prevalence and age-of-onset distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry.* 2005; 62(6): 593-602.
5. Schwarz SW. Adolescent Mental Health in the United States: Facts for Policymakers. Available online at http://nccp.org/publications/pdf/text_878.pdf. Accessed March 11, 2014.
6. National Institute for Health Care Management. *Children's mental health: An overview and key consideration for health system stakeholders*

Purpose of Formative Evaluation

Primary research questions:

1. How does a pediatric PC/BH integration program operate?
2. How can this program be improved based on available research and drivers of implementation?

Methodology

Initial Focus:

- Adolescent behavioral health screening
  - Developed database for tracking outcomes

Expanded Focus:

- Children's Integrated Care program
  - Analysis of available, de-identified client data (quantitative)
  - Key informant interviews (qualitative)

Quantitative Data

Screening Data (Adolescent Questionnaire)

- Patient Health Questionnaire for Adolescents (PHQ-A)
- Spence Children's Anxiety Scale (SCAS)
- CRAFFT (Alcohol and Other Drug Screening)

Program Client Data

- Age
- Gender
- Appointment Status
- Diagnosis
- Date of Referral
- Date of 1st Appointment

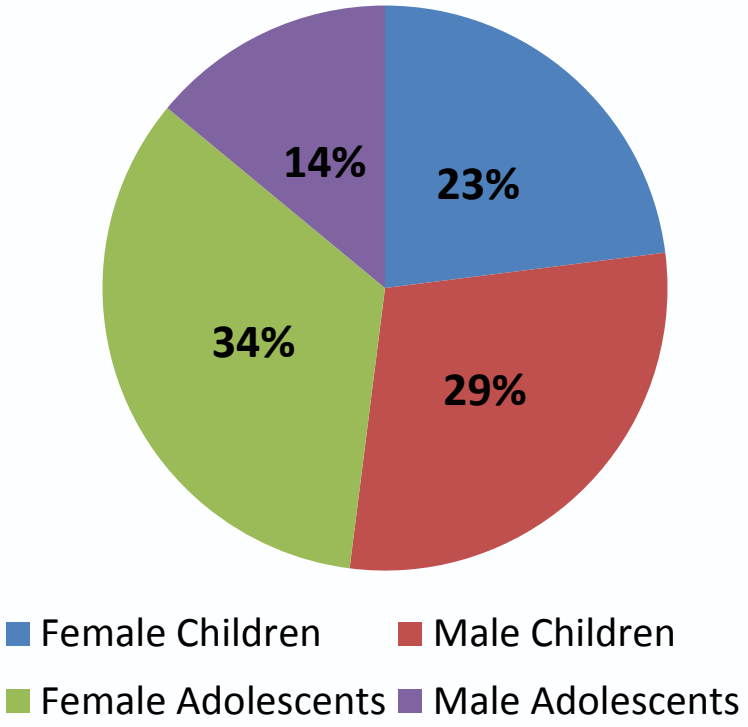
Screening Data (BayCare BH)

Adolescent Questionnaire: *(n = 26)*

- 58% Depressive Disorder (PHQ-A)
- 48% Anxiety Disorder (SCAS)
- 0% Substance Use and Addictive Disorders (CRAFFT)

Program Client Data - Referred

Figure 1. Clients Referred by Age and Gender

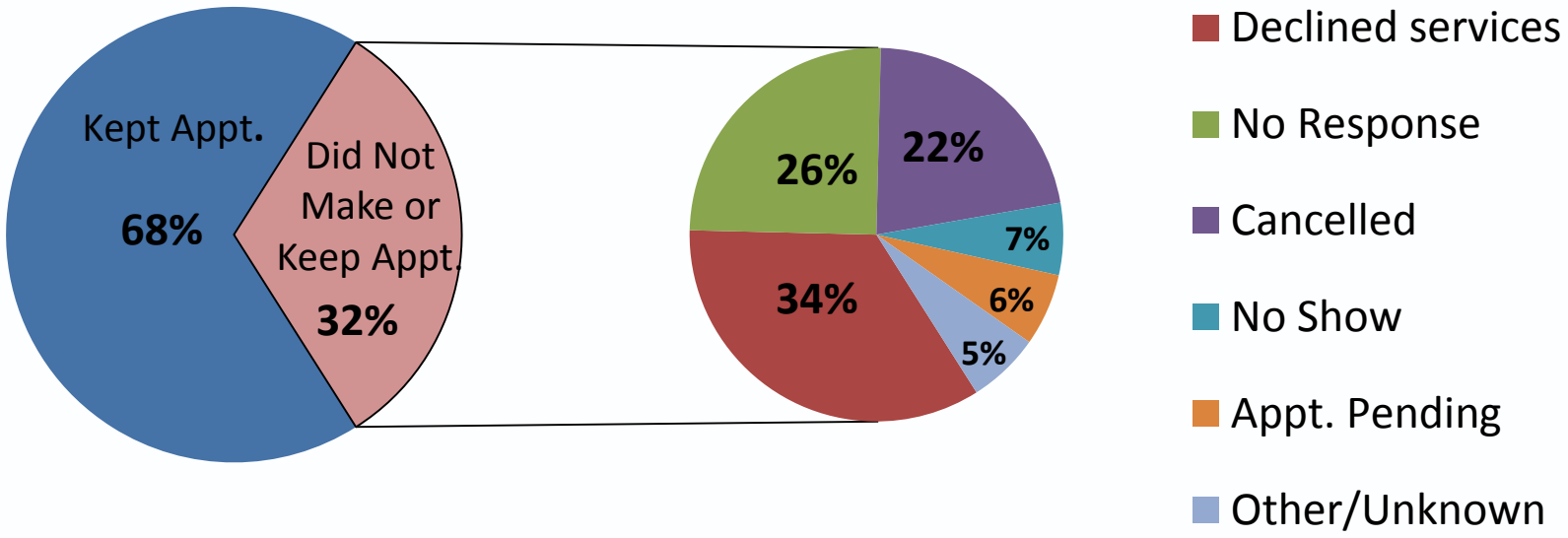


Total clients referred = 783

- Age Distribution:
  - 52% children (<12 years of age)
  - 48% adolescents (12-20 years of age)
- Gender Distribution:
  - 57% Female
  - 43% Male

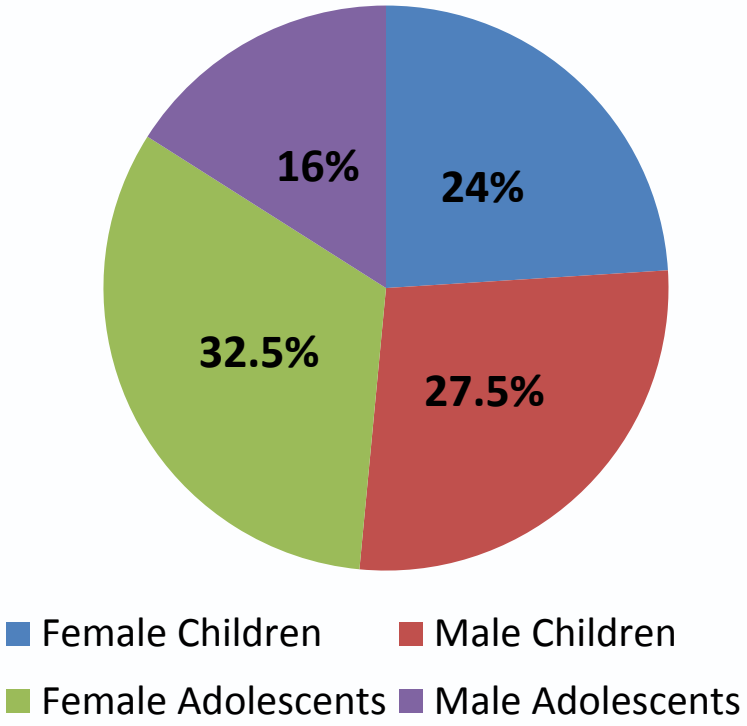
Program Client Data – Referred *(cont'd)*

Figure 2. Clients Referred by Appointment (Appt.) Status



Program Client Data- Served

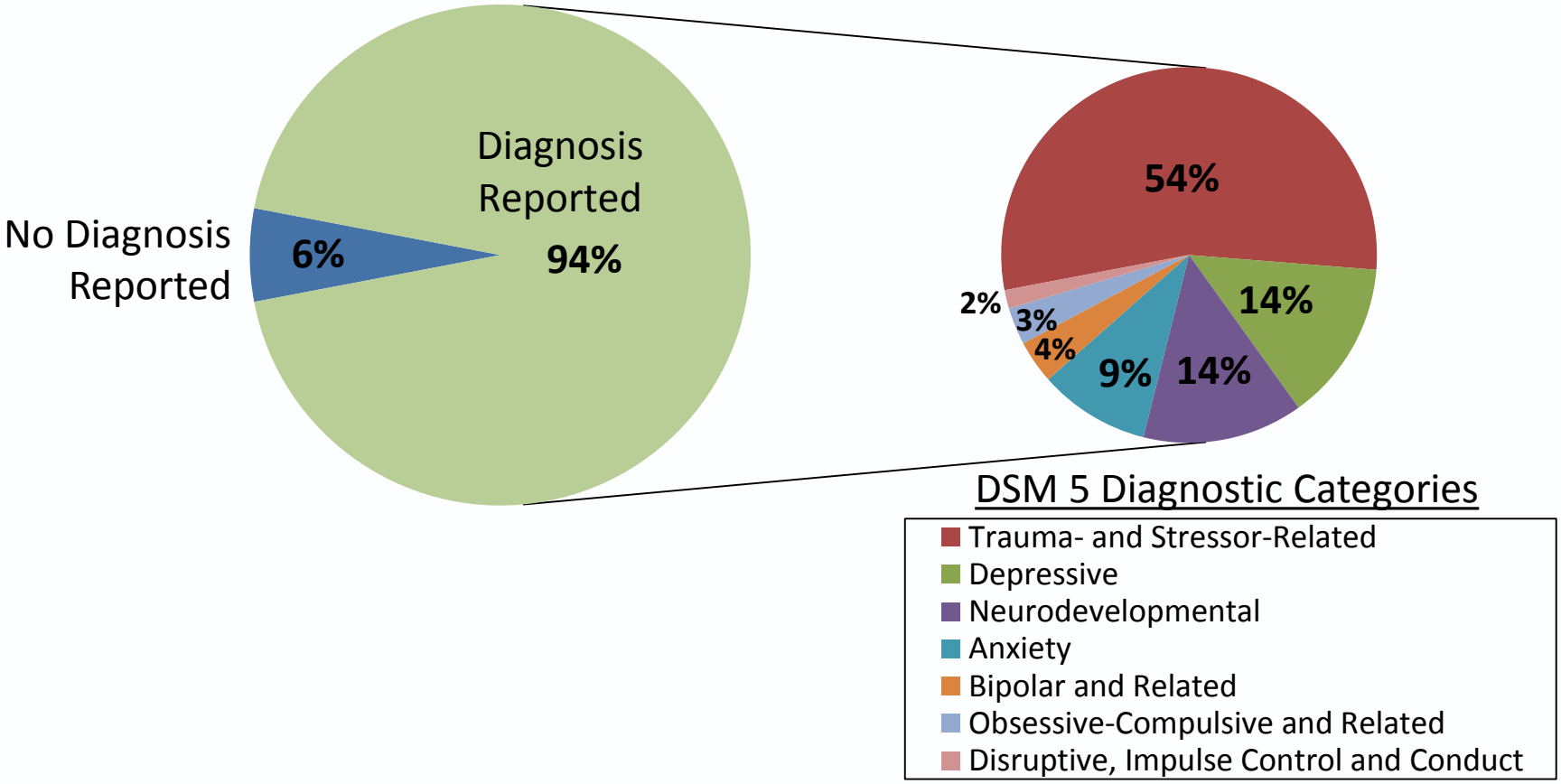
Figure 3. Clients Served by Age and Gender



- Total clients <u>served</u> = 532 (68%)
  - Age Distribution:
    - 51% children
    - 49% adolescents
  - Gender Distribution:
    - 57% Female
    - 43% Male
- Average wait time for appt. (*n* = 624) is 19.21 days (*M* = 19.21; *SD* = 13.4)
  - 90% receive appt. within one month

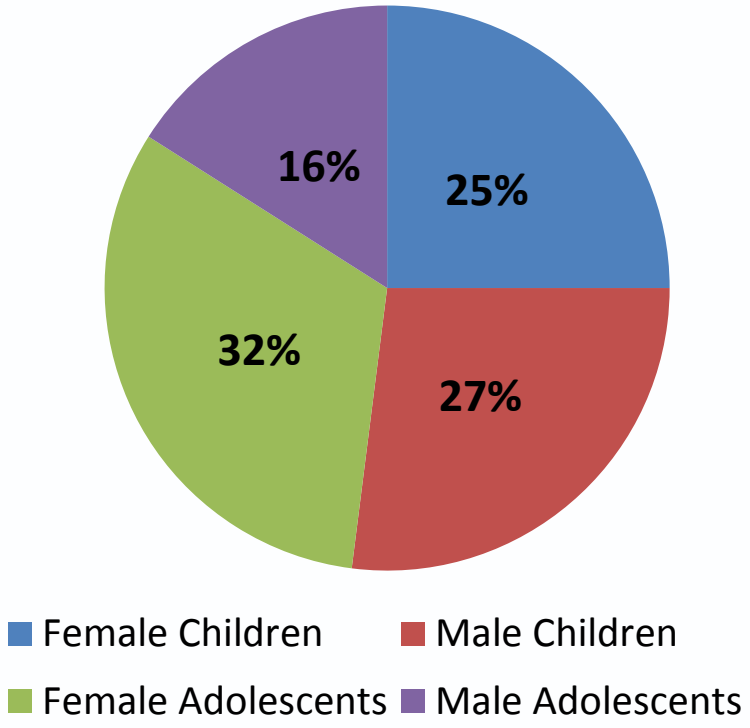
Program Client Data – Served *(cont'd)*

Figure 4. Clients Served by Diagnostic Status



Program Client Data - Diagnosed

Figure 5. Diagnosed Clients by Age and Gender



- Total clients <u>diagnosed</u> = 502 (94%)
  - Age Distribution:
    - 52% children
    - 48% adolescents
  - Gender Distribution:
    - 57% Female
    - 43% Male

North Pinellas Children's Medical Center (NPCMC)

New Port Richey

Westchase

Palm Harbor

Qualitative Data

Topics Covered:

- Roles and Responsibilities
- Process and Procedures
- Implementation Facilitators & Strengths
- Challenges to Implementation
- Suggestions for Program Improvement

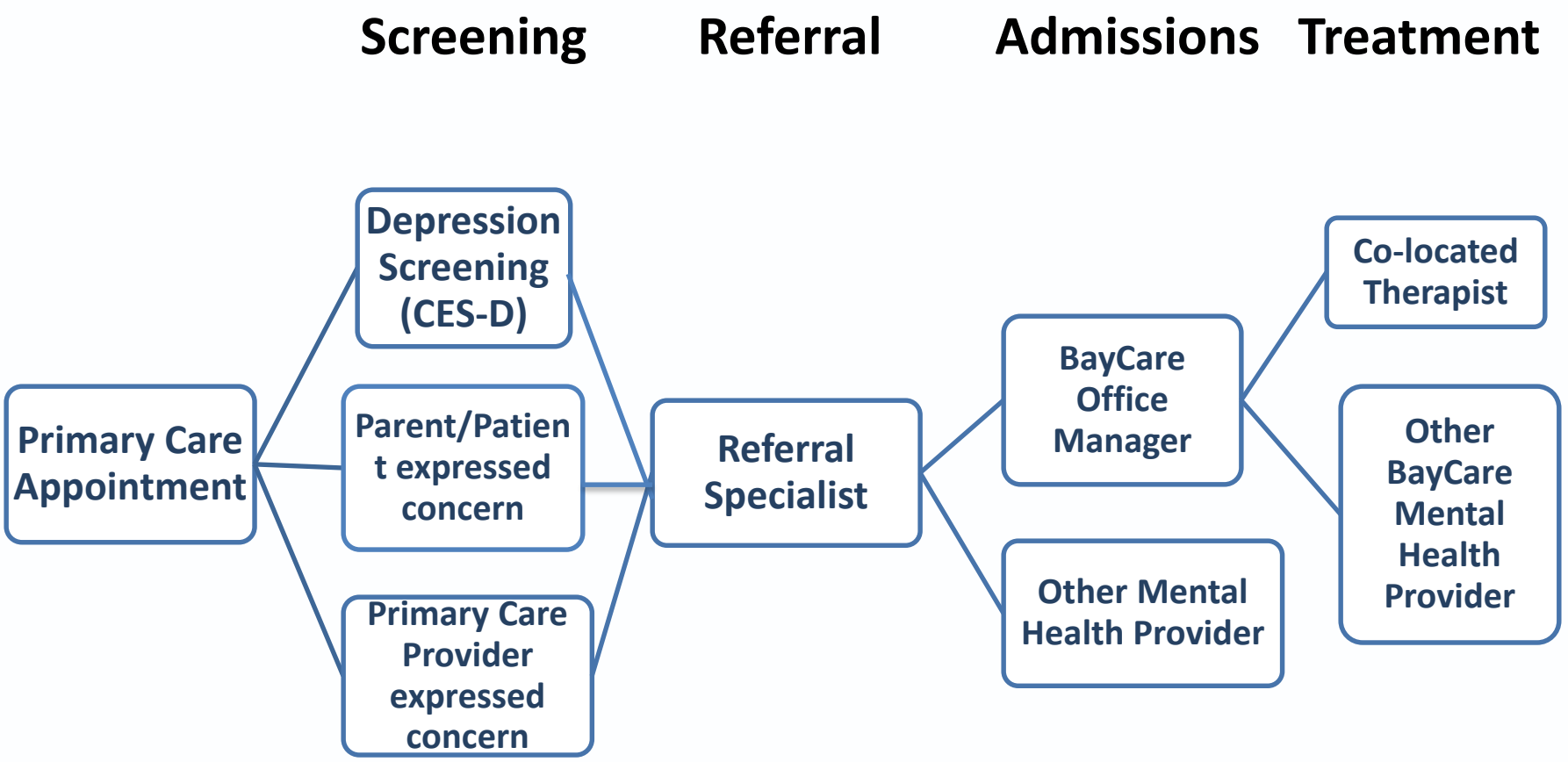
Qualitative Methodology

- Audio recorded interviews
- Transcribed
- Assessed for categories and themes
- Aggregated data within all key informant interviews

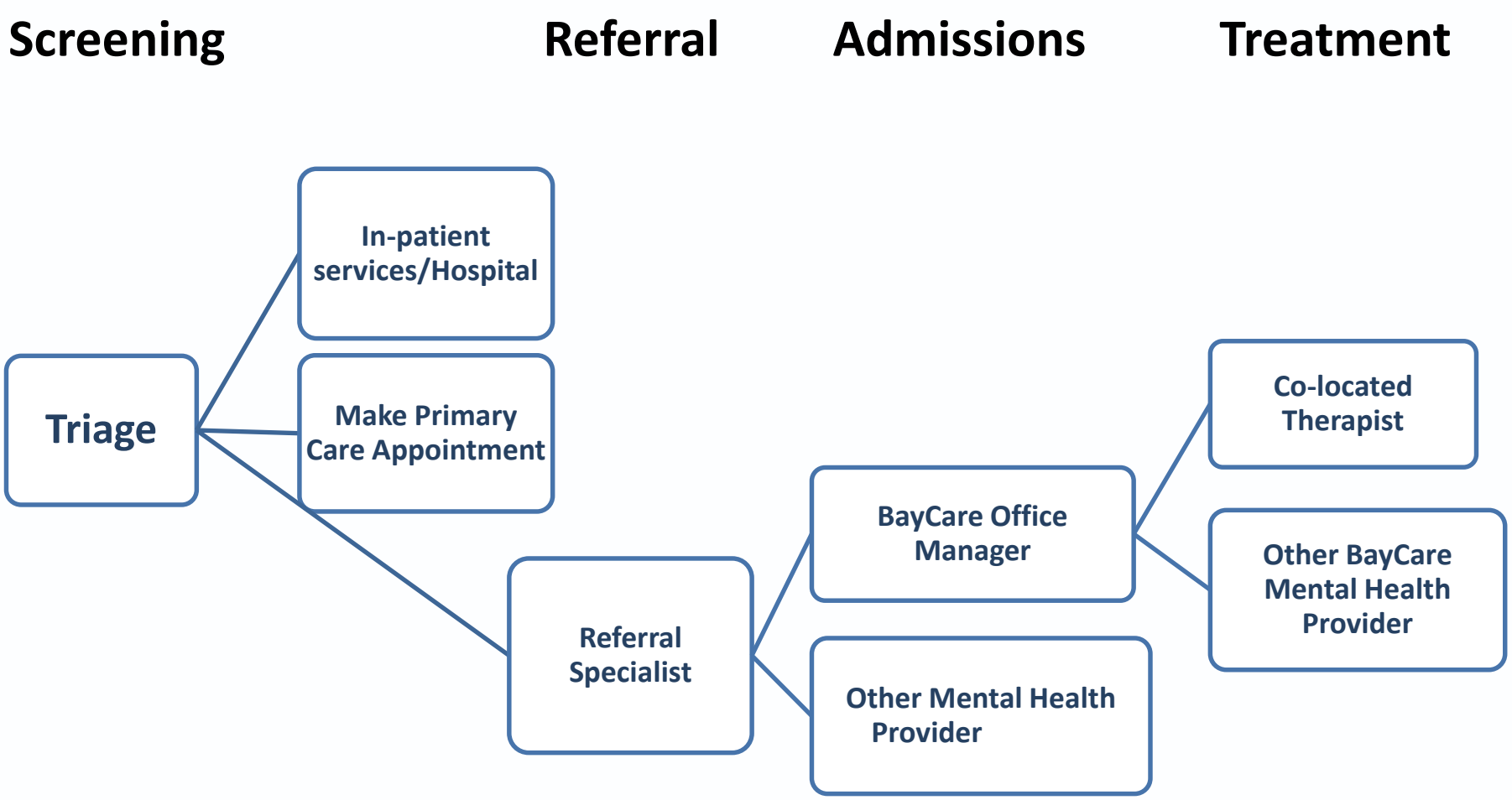
Key Informant Interviews

- BayCare Behavioral Health
  - 2 Administrative Staff
  - 1 Primary Therapist
  - 1 Office Manager
- North Pinellas Children's Medical Center
  - 2 Physicians
  - 1 Care Coordinator
  - 2 Triage Nurses

Program Pathway 1



Program Pathway 2



NPCMC Screening

- Depression Screening at Yearly Physical
  - Adolescents 12 and up
  - Center for Epidemiological Studies-Depression Scale for Children (CES-DC)
- Verbal concern or request for referral from:
  - Parent
    - Triage
    - In Person
  - Patient
- Physician concern observed at primary care appointment

NPCMC Referral

- Referral Process:
  - Referral Specialist
    - Receives:
      - First, Last Name
      - DOB
      - Insurance Verification
    - Calls parent to give provider contact information
      - Choose from designated list of providers based on:

        Insurance, Doctor's preference, Specialty, and Access

BayCare BH Admissions

- The Office Manager at BayCare Behavioral Health receives referral
- Retrieves and enters patient data, contacts parent, and sets up the initial appointment.
- Emails/Mails Screening tool
  - Pediatric Symptoms Checklist (Patients under 12)
  - Adolescent Questionnaire (Patients 12 and up)

BayCare BH Treatment

- Initial Appointment
  - Biopsychosocial Assessment
  - Patient is referred out:
    - Psychiatric Evaluation
    - Occupational Therapy
    - Further Psychoeducational Evaluation
  - Summarize what is recommended and decide on plan of treatment
  - Follow up with Primary Care physician

Qualitative Data

Topics Covered:

- Roles and Responsibilities
- Process and Procedures
- Implementation Facilitators & Strengths
- Challenges to Implementation
- Suggestions for Program Improvement

Implementation Facilitators/Strengths

- Increased accessibility to mental health services
- Teamwork mentality
- Quality of work by key staff (e.g. referral specialist, care coordinator)
- Strong relationships (between staff, staff and patient)
- Session attendance
- Overall positive impact on child's health and reduction in mental health stigma
- Federal Mandates & Health Care Reform

Challenges to Implementation

- Physical design/location
- Staff that are off-site or not full-time (e.g. primary therapist)
- Wait time for obtaining appointment after referral for mental health specialist/psychiatric services (contingent on insurance, availability, patient follow-up)
- Lack of communication about treatment/behavioral plans between psychiatrist and therapists
- Obtaining medical records from outside mental health specialists/providers
- Lease agreements, making program financially viable

Suggestions for Program Improvement

- Shared office area with seamless service delivery
- Access to medical records from both sides (e.g. universal portal)
- Increase in communication between physicians and providers (e.g. instant messenger or email).
- Obtaining and analyzing measurable data to identify link between treating mental health and physical health
- Mental health training for primary care staff
- Full-time on-site therapists, psychiatrists, and psychologists
- Financial Leveraging

Implementation Drivers[7]

7. Fixsen DL, Blasé KA, Naoom SF, et al. Implementation Drivers: Assessing Best Practices. National Implementation Research Network (NIRN), University of North Carolina Chapel Hill, 2015. Available online at http://implementation.fpg.unc.edu/resources/implementation-drivers-assessing-best-practices?o=nirn. Accessed March 12, 2015.

Leadership Drivers

Current Status

- Team meetings
- Administrative support
- Voicing challenges and suggestions

Recommendations

- Recognition of leaders guiding program implementation
- Creating and encouraging dialogue to problem solve
- Development of systems that facilitate implementation (e.g. shared medical records)
- Identifying needed staff, creating job descriptions that align with needs of program

Organizational Drivers

Current Status

- Referral process
- Care Coordinator position of overseeing staff procedures and patient follow up
- Database for tracking behavioral health treatment outcomes
- Collaboration with outside stakeholders

Recommendations

- Standardized screening process
- Data be collected, analyzed, and reported within an integrated system and disseminated to key stakeholders
- Establishing a team dedicated to the internal processes, policies, regulations, and structures within integrated care program
- Identification of external variables, policies, environments, systems or structures that influence implementation and create plans to eliminate barriers

Competency Drivers

Current Status

- Promoting and hiring within
- Staff training to enhance skill set

Recommendation

- Identification of key staff for the program and pre-requisite skills/abilities that must be present in new hires
- Identify training needs (Primary Care vs Behavioral Health) and facilitate training to staff to increase competency in delivering integrated care
- Coaching as a follow up to training if applicable to the development of staff skill set

Implications for Adolescent Behavioral Health

- Screening of adolescent substance use
- Evaluation of integrated care program providing screening and treatment for adolescent substance use
- Inclusion of data/reports from outside providers
- Increase dissemination of pediatric PC/BH integration practices
- Review of federal/state policy
  - Health Information Technology (HIT) practices
  - Billing for integrated services

Community Partner Report

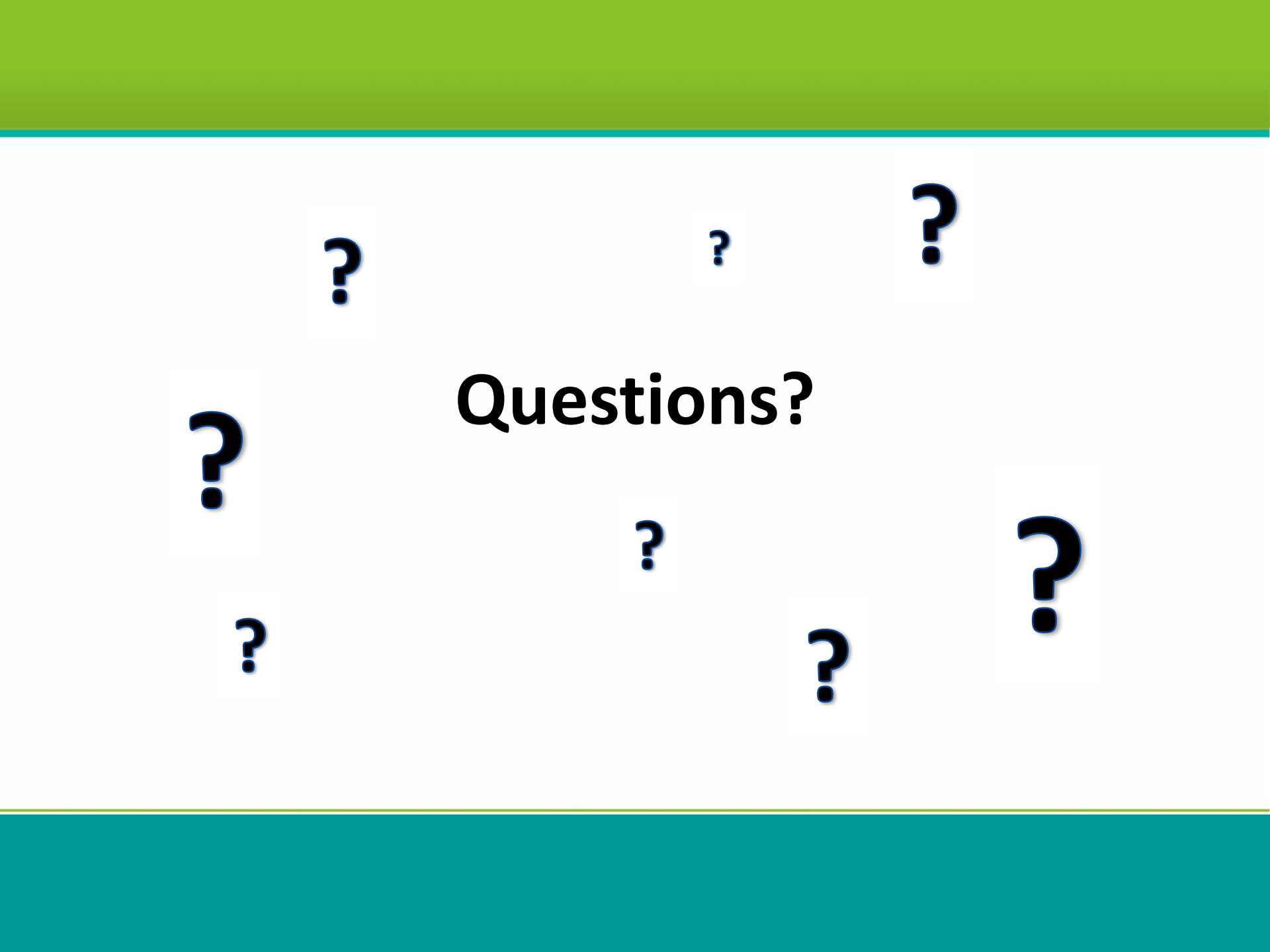
BayCare Behavioral Health

Ed Monti, Ambulatory Care Director

Tracy Kaly, Program Manager

Acknowledgements

- BayCare Behavioral Health Team
- North Pinellas Children's Medical Center Team
- Key Informants
- Institute for Translational Research
- Special Thank You:
  - Joy Toscani
  - Melissa Richards
  - Kathleen Moore


Questions?