Thoughts about Integrating Mental Health Services into Pediatric Healthcare: Care Coordination and Beyond

Kimberly Eaton Hoagwood, Ph.D.

Columbia University

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Three Key Points

- Special issues in primary care and in serving children and families
  - System overload—Levels of need; Workforce
  - Child developmental needs; Family needs
- Evidence-based tools and strategies for children and families ready to move
- Structural, regulatory and policy changes needed to support integration for children

Primary Care and Mental Health

- 75% of children diagnosed with a mental disorder are treated in primary care settings*
- Quality of MH care in these settings is typically poor**
- Only 1/3 --36.6% of 15-24 year-olds--with moderate to severe depression received treatment in past year***
- Primary care physicians provide majority of care to those who do†
- Delays in initial help-seeking are 7 yrs on average‡

Workforce Issues: Milbank 2011: 4 million healthcare worker shortages

*National Institute for Health Care Management (2009).

**Wang et al, Am J Psychiatry 163:7 2006

*** Kessler & Walters, Depress Anxiety, 1998; Kessler, Avenevoli, Merikangas, Biol Psych, 2001

† Rushton et al, Pediatrics, 2000

‡ Wang et al, Health Serv Res, 2004

Pediatric Healthcare System Changes (Kelleher 2010)

- Decline of solo practice and small groups
- Use of digital technology
  - Regional coordination of assessment tools
- Regionalization of services
- Value Purchasing
  - Quality measurement and P4P indicators
  - Regional pharmacy management
  - Medical home + ACO participation
- Quality performance indicators driving change
  - Pediatric Quality Measurement Project (PQMP) funded by AHRQ/CMS
  - Adolescent depression screening and follow-up; psychotropic polypharmacy

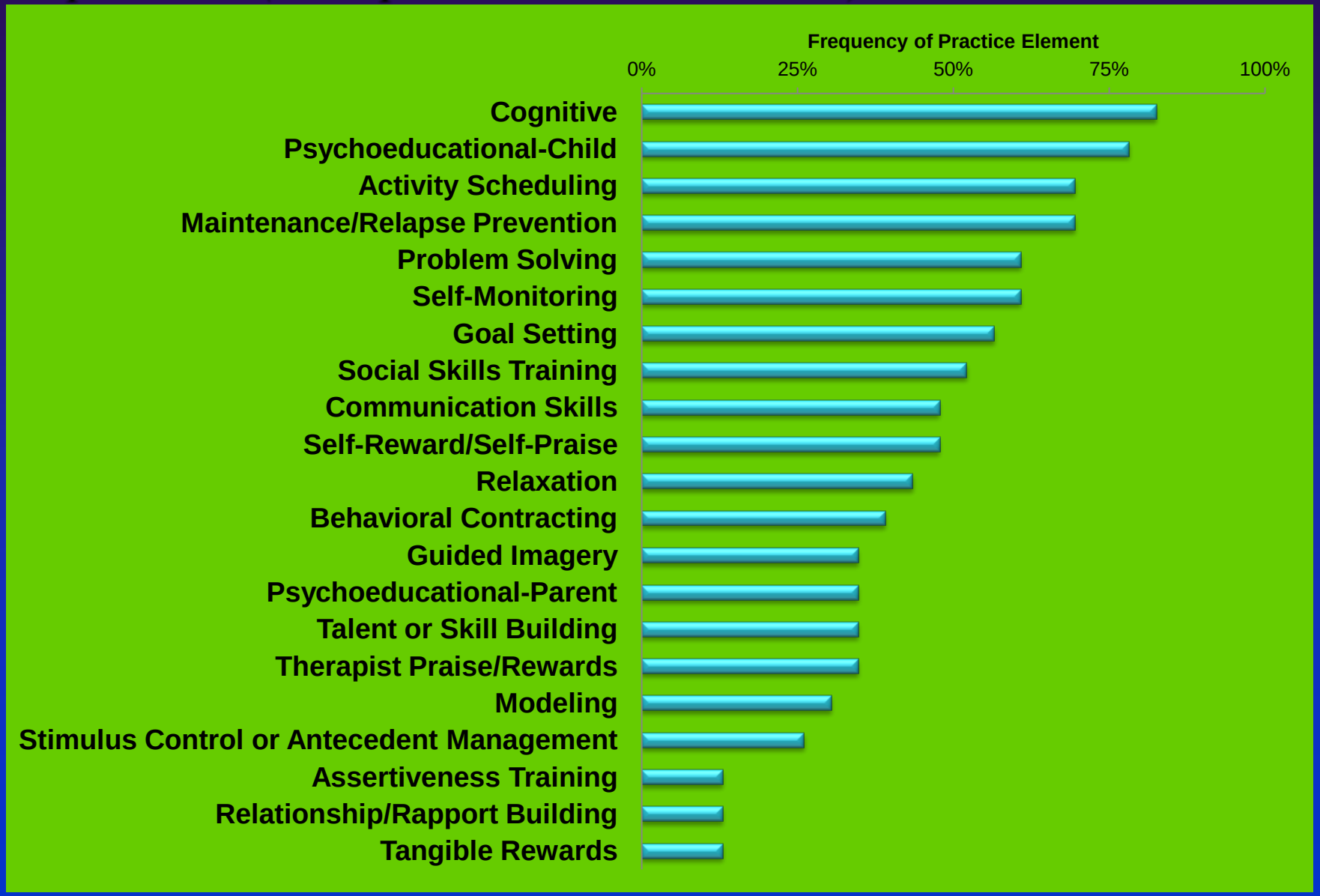
Evidence-based Tools and Strategies Relevant to Pediatric Primary Care

- Engagement strategies to reduce no-shows (McKay et al., 2010)
- Use of family peer advocates to teach parenting skills and improve social support (Hogan et al., 2002; Olin et al., 2010)
- Use of key opinion leaders (Epstein et al., 2006; Atkins et al., 2005)
- Practice elements and component-driven EBP (Chorpita et al., 2002; Weist et al, 2006)
- Collaborative care intervention for depression (Asarnow et al., 2005; Wells et al., in press)
- Care management for pediatric behavior problems (Kolko et al., 2010)
- Family-based services: Psychoeducation (Fristad et al., 2006); Multi-family groups (McKay et al in press)

Evidence-based Tools and Strategies

- Digital Tools
  - Health eTouch (Kelleher 2011)
  - My ADHD.com (Epstein et al., 2008)
  - Pharmacy Safety Tracking (PhaST) to Monitor Adolescent Depression (Gardner et al., 2004)
  - Child top problems/symptom/functioning (Chorpita, Dalaiden, Weisz, 2011)
- Telepsychiatry and internet-based therapy or consultation
  - ECHO
  - Epstein collaborative care for ADHD
  - NNCPAP
  - Clarke Internet based psychotherapy for adol depression (2002)

A Different Approach: Common Practice Elements for Youth Depression (Chorpita & Delaiden, 2009)



Regulatory or Policy Issue Recommendations

- **Design payment systems that are responsive to the children's development**
- Eliminate the arbitrary distinction between mental health and physical health that results from "carving out" specific diagnoses and procedures
- Allow payment for children to begin therapy without a specific diagnosis
- Encourage the development of payment schemes that encourage collaborative care

Recommendations

- **Create payment models that reflect the needs of children to live within a family, including**
- Payment for screening for post-partum depression in well child visits in the first two years of life
- Payment to support team based care
- Payment for parent training and support for behavior management
- Payment for collateral services, including physician attendance at team meetings with families
- Payment for care coordination with school and other agencies.

Recommendations

- **Align the need for team-based care and information exchange with HIPPA, FERPA to eliminate restrictions on exchange of information**
- Develop a method to resolve conflicts
- Expand technology infrastructure to include pediatric populations: Resolve false confidentiality barriers

Recommendations

- **Leverage mental health resources through collaborative care arrangements**
- Fund pediatric accountable care organization pilots
- Expand use of telepsychiatry/telemedicine and promote payment for it (NNCPAP)

Recommendations

- **Add quality measures for behavioral health to CHIPRA by 2014**
- **Support new training institutes to develop a new healthcare workforce**
  - Full revamping of social work training is needed to focus on EBPs and core competencies
  - Support expanded roles for youth and family members: Create new professional opportunities including certification and licensing for youth leaders and family members
  - Support dissemination of component-based EBPs and build into residency training programs