Using the AAP’s Mental Health Toolkit

Implementing the Mental Health Competencies For Pediatric Primary Care

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For NJ AAP Chapter PPI
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Objectives

• To increase awareness of mental health issues and gaps for children and adolescents
• To review the background of AAP perspectives on Mental Health and Mental Health Competencies for primary care
• To become familiar with the AAP Mental Health Toolkit – it’s organization and usage
• To introduce a process to prepare and implement mental health processes in a primary care practice
• To review the benefits of collaborative models for mental health care
Epidemiology of pediatric mental health disorders, problems, & concerns

• 16% (++) of children and adolescents in the U.S. have impaired MH functioning and do not meet criteria for a disorder

• 13% of school-aged, 10% of preschool children with normal functioning have parents with “concerns”

• 50% of adults in U.S. with MH disorders had symptoms by the age of 14 years

• 21% of children and adolescents in the U.S. meet diagnostic criteria for MH disorder with impaired functioning

• Children with chronic medical conditions have more than 2X the likelihood of having a MH disorder

Service gaps

• >20% of children/youth have mental disorder
  • 20%-25% receive treatment
  • 40%-50% terminate services prematurely

• Many conditions are unidentified or identified late

• Most are untreated, especially minority children

• Responsibility for care has shifted to schools and primary care, especially in rural areas

• Chronically under-funded public mental health (MH) system focuses on individuals with severe impairment

• Little support for prevention or services to children with emerging or mild/moderate conditions
System challenges

• Lack of support for preventive MH services and services to children without diagnosable conditions (particularly true for children of preschool age)
• Administrative barriers within health care plans
• Barriers / lack of relationships with community providers (“silos”)
• Paucity of mental health services, especially for children younger than age 6
• Primary care system operates in parallel with other systems serving children with MH needs
• Lack of payment for the uninsured and underinsured

Workforce Issues

• Current mental health system lacks workforce sufficient to meet the needs of children and youth
• Insufficient #s of child MH specialists, especially for children younger than age 6
• Many forces leading families to seek help for MH problems in primary care (eg, trust vs. stigma & unfamiliarity...)
National Perspectives
Mental Health in Children

- AAP: Task Force on Mental Health & COPACFH
- AAP: Mental Health Leadership Work Group
- AAP: Bright Futures guidelines
- AAP: new priority in strategic plan-early brain development
- NC Chapter of the AAP, Mental Health Committee: changes in Medicaid policy, PEDIATRICS, 110(6), December 2002, pp. 1232-1237.
- AACAP: Collaborative Mental Health Care Partnerships in Pediatric Primary Care (2010) and Best Principles for Integration of Child Psychiatry into the Pediatric Health Home (2012)

AAP: Task Force on Mental Health & Committee on the Psychosocial Aspects of Child & Family Health

- Chapter Action Toolkit, 2008
- Administrative and Financial Barriers..., Pediatrics, April, 2009
- The Future of Pediatrics: Mental Health Competencies for Pediatric Primary Care, Pediatrics, July, 2009
- Supplement to Pediatrics, June, 2010
- Clinical toolkit, July, 2010
- Incorporating Perinatal and Postpartum Depression Recognition and Management into Pediatric Practice, Pediatrics, November, 2010
Other AAP publications on MH

• Guidelines for Adolescent Depression in Primary Care (GLAD-PC), Pediatrics, 2007

• ADHD: Clinical Practice Guideline, Pediatrics, 2011

• Policy Statement: Substance Use Screening, Brief Intervention, and Referral to Treatment for Pediatricians, Pediatrics, 2011

AAP mental health activities

AAP Task Force on Mental Health (2004-2010)
• Dr. Jane M. Foy chaired taskforce.

• Taskforce estimated that by 2020 mental health care will constitute 30% or more of general pediatric practice, which will alter the role of PCCs.

• Published Enhancing Pediatric Mental Health Care: Report From the American Academy of Pediatrics Task Force on Mental Health (June 2010)

• Developed Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit (Recipient of Doody’s Review Service 5-Star Review!)
  • Clinical Information Systems/Delivery System Redesign
  • Community Resources
  • Decision Support for Clinicians
  • Health Care Financing
  • Support for Children and Families

AAP Mental Health Leadership Work Group (2011-Current)
Continuing, expanding, and integrating AAP mental health efforts
Mental Health Competencies

The “primary care advantage”
• Longitudinal, trusting relationship
• Family centeredness
• Unique opportunities for prevention & anticipatory guidance
• Understanding of common social-emotional & learning issues in context of development
• Experience in coordinating with specialists in the care of CYSHCN
• Familiarity with chronic care principles & practice improvement
• Comfort with diagnostic uncertainty (eg, fever)

Mental Health Competencies: Frontline role of primary care in mental health

• Fit mental health care into pace of primary care practice
• Promote mental health
• Identify risks, intervene to prevent MH problems (acknowledging strengths)
• Elicit concerns (screening, acute care, chronic care)
• Overcome resistance, stigma, conflict, other barriers to help-seeking
• Address emerging problems, problems not rising to level of diagnosis
• Assess / manage MH problems
• Manage children with ADHD, anxiety, depression, and substance use disorders (mild to moderate levels of impairment)
MH competencies for primary care (continued)

• Refer, coordinate and co-manage children with other conditions, those severely impaired, and those beyond our comfort level
• Provide care while awaiting subspecialty care
• Apply chronic care model to children with MH/SA problems
• Assure practice systems and payment to support our MH/SA services

What Can the Mental Health Toolkit Do?

• Assist pediatricians in enhancing mental health care they provide.

• Mental Health Practice Readiness Inventory-assesses the ability of the practice to promote and support mental health.

• Address:
  • Community Resources
  • Health Care Financing
  • Support for Children and Families
  • Clinical Information Systems/ Delivery System Redesign
  • Decision Support for Clinicians
Community Resources

• Assist in identifying community mental health resources.

• Tools to assist in developing collaborative relationships with specialists and other community agencies.

• Information about evidenced based services and interventions for children and adolescents.
• Assists with issues around third party payment.

• Billing and Coding effectively.

• Developing a business model for any mental health services provided by the practice.
Support for Children and Families

• Resources that promote family engagement and exhibit a family friendly practice.

• Resources to address:
  • Stigma
  • Confidentiality
  • Adolescents and other special populations
  • Referral assistance for the family
  • Brochures on various hot topics

Clinical Information Systems/Delivery System Redesign

• How to develop registries with mental health.

• Use of office systems to track children referred for specialty care and monitoring of psychotropic medications.

• Creating plans for managing psychiatric and social emergencies.

• Develop collaborative care plans.
Decision Support for Clinicians

• Provides validated functional assessment tools, screening and surveillance instruments.
  • Vanderbilt (ADHD), PHQ-9 (depression)

• Provides education around evidenced based protocols.
  • Screening and treatment for major depressive disorder

• Resources for clinical guidance to manage common mental health symptoms in children and adolescents.
  • Common Factors approach

Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit

4 approaches to tools and resources:

• Paper table of contents
• Preparation of the practice (inventory)
• Step-by-step clinical process (algorithms)
• Guidance in managing common presenting symptoms (cluster guidance)
MENTAL HEALTH PRACTICE READINESS INVENTORY

Instructions: The purpose of this tool is to help primary care clinicians assess the extent to which their office systems promote and support mental health practice. It is recommended that the survey practices can complete this tool immediately after priority areas (building an effective and engaging mental health program) are identified. The survey may include clinicians, nurses, other clinical staff, and administrative staff.

Use the following rating system to evaluate your practice:

1. We do this well — substantial improvement is not currently needed.
2. We do this in some areas — improvement is needed.
3. We do not do this well — significant practice change is needed.

Circle one.

Community Resources

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<tr>
<th>Inventory</th>
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<td>Primary care practice has an up-to-date inventory of accessible developed behavioral health services, adolescent medicine specialists, community and school-based mental health providers, and mental health guidelines and policies.</td>
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<th>Core Services</th>
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<td>Primary care practice has comprehensive care plans for children and adolescents, including mental health assessments, referrals, and treatment planning.</td>
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<td>Primary care practice has collaborative relationships with school- and community-based providers of key services.</td>
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Health Care Financing

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<td>Primary care practice has access to specialty provider lists and utilization procedures of major public and private health plans ensuring patients in the practice and families for accessing these benefits and gains in breadth and depth.</td>
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<td>Primary care practice has coding and billing procedures to capture payment for primary care mental health related services covered by major health plans.</td>
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Cluster topics: or Diagnostic uncertainty: the “common elements” approach

- Inattention and impulsivity
- Depression
- Anxiety
- Disruptive behavior and aggression
- Substance use
- Learning difficulties
- Symptoms of social-emotional problems in children birth to 5
Cluster information: anxiety example

- Introduction
- Screening results
- Symptoms and clinical findings
- Conditions that mimic anxiety
- Tools for further assessment
- Evidence-based and evidence-informed interventions
- Plan of care for children with anxiety
- Resources for clinicians
- References

Examples: 4 MH practice improvements

1. Improve MH referral process
2. Apply chronic care model to children with MH problems
   - Develop a registry for children with MH problems
   - Routinely measure and track functioning
   - Monitor medications
   - Document care plan
   - Incorporate family psycho-education and emergency care
3. Improve payment for MH services
4. Pilot routine psychosocial screening (symptoms and functioning) of one age-group within the practice
(1) Improve MH referral process

- HELP tool to assist with engagement
- Matrix of evidence-based psychosocial interventions
- Guidance re: qualified CBT providers
- Evidence-based parenting programs
- Referral assistance for the family
- Forms to facilitate exchange of information with MH specialists and schools
- Brochure de-mystifying process for family

(2) Apply chronic care model

- Guidance for developing a registry
- Protocols for managing common problems
- Functional assessment tools
- Forms:
  - Family care plan
  - Monitoring tool
  - Medication flow sheet
Applying the chronic care model

- Registry
- Patient materials and resources
- Practice protocols for monitoring medications, appointments, referral completion, “outbound” care
- Directory of key referral sources
- Forms for exchange of information (with attention to privacy laws)
- Periodic functional assessment
- Coding and billing

(3) Improve payment for MH services

**CPT coding strategies**
- E & M codes
- Consultation (initial visit only)
- Time as key factor
- Prolonged services
- Care plan oversight
- Screening
MH coding resources

Coding for the Mental Health Algorithm Steps
http://pediatrics.aappublications.org/content/125/Supplement_3/S140.citation

AAP Pediatric Coding Newsletter

Coding for Pediatrics

AAP Coding Fact Sheets for Primary Care Clinicians:
Available in Mental Health Toolkit or From Pediatric Care Online:
www.pediatriccareonline.org/pco/ub/index/Forms-Tools/Keywords/C/coding

- Developmental Screening and Testing
- Anxiety
- Bereavement
- Depression
- Inattention, Impulsivity, Disruptive Behavior, and Aggression
- Post-traumatic Stress Disorder
- Substance Use / Abuse

AAP Coding Hotline: aapcodinghotline@aap.org

(4) Pilot routine psychosocial screening (child and family)

- Matrix: MH Screening and Assessment Tools for Primary Care
- ASQ-SE
- Edinburgh
- Early Childhood Screening Assessment (ECSA): 18-60 months
- CRAFFT
- Pediatric Symptom Checklist
- Strengths and Difficulties Questionnaire
Applications of common factors methods

- Addressing undifferentiated problems
- Rolling with resistance
- Managing conflict
- Preparing for referral
- Managing non-adherence
- Closing a visit supportively

Skills to engage the child and family: the “common factors” approach

HELP build a therapeutic alliance:

- H = Hope
- E = Empathy
- L^2 = Language, Loyalty
- P^3 = Permission, Partnership, Plan

Steps to making an effective referral

- Triage for level of urgency
- Engage child and family
- Reinforce child and family strengths, your optimism and commitment
- Identify barriers
- Reach agreement on next steps (may involve return to 1° care); always involves plan for coordination and follow-up

Circumstances requiring immediate MH specialty care

- Psychiatric emergencies, regardless of diagnosis
- Preadolescent with depression
- Depressed adolescent with prior suicide attempt, plan (esp. with means available), known acquaintance who completed suicide
- Severe impairment in functioning, regardless of diagnosis
- Multiple MH / SA problems
- Substance use in high-risk situations (eg, driving, baby-sitting)
- MH or SA problem complicating medical condition and/or adherence to treatment
Circumstances requiring MH specialty care (cont.)

- Disorder other than ADHD, anxiety, depression, substance use and abuse
- Need for psychosocial intervention
- Psychopharmacologic interventions other than ADHD meds and SSRIs (need psychiatric consultation)
- Age less than 5 years with signs of social-emotional problems
- Not responsive to primary care interventions, regardless of diagnosis
- Problem you are not comfortable treating
- Family is not comfortable with you treating

Providing care while awaiting specialty care (or readiness for referral)

- Find agreement on goals and steps to reduce stress
- Find agreement on healthy activities (eg, exercise, time outdoors, limits on media, balanced and consistent diet, sleep [!!!!], one-on-one time with parents, reinforcement of strengths, open communication, prosocial peers)
- Educate family; de-mystify the condition; support them in monitoring for worsening of symptoms or emergencies
- Initiate care (even if planning referral) using “common factors” and/or “common elements” of evidence-based Rx
- Monitor progress (eg, telephone, electronic communication, return visit)
- Provide assistance with referral
Inter-visit activities

• Screening (youth, parent, teacher)
• Functional assessment
• Diary
• Reading
• Behavioral “homework” assignment
• Stress / conflict reduction

Primary care approach to psychopharmacologic prescribing

• AAP TFMH collaboration with Johns Hopkins to create primary care guidance (Riddle et al)
• 4 classes of medications meet criteria for effectiveness, dosing, and monitoring safety in primary care
  o stimulants
  o alpha-2 adrenergic agents
  o serotonin and norepinephrine reuptake inhibitors (SNRIs)
  o selective serotonin reuptake inhibitors (SSRIs)
**Integrated MH services in primary care**

Not just a mental health clinic in a primary care practice: more flexible services, may be brief sessions

- MH professional (MHP) partners with PCP during course of routine visits *(eg, psychosocial history, screening follow-up, triage, parenting education...)*
- MHP is involved routinely in visits for children with chronic/complex conditions
- MHP accepts “warm” hand-off, sees child and family for several-visit course
- MHP provides liaison with MH specialty system, schools, and agencies
- MHP monitors child’s course

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**Business models for co-located and integrated care**

- MHP from MH agency out-stationed in primary care practice
- MHP employed by the practice to perform billable services on site
- MHP (or other staff member) employed to “off-load” MH and social care from primary care clinicians (not limited to billable services)
### Co-management

Whatever the model the relationship means:

- Knowing when and how to refer
- A partnership among PCP; MH professional(s) (e.g., psychiatrist, therapist, school-based personnel, agencies, patient/family)
- Effective communication
- Shared care plan
Benefits of an Integrated Model

- Reduction of stigma
- Greater convenience for patient & family
- Enhanced communication between PCC and MH provider, with opportunity to encourage therapeutic goals.
- Improved adherence to treatment
- “Cross fertilization” learning for PCC and MH provider
- Greater efficiency in psychiatric consultation process

Integrated models compared with usual care

- Greater comfort of families, immediacy of services, access to psychiatry consultation
- Increased satisfaction, comfort, perceived quality of care by medical providers
- Improved “buy-in” of families
- Improved continuity of services for children and families
- Greater likelihood of consultation and referral
- Improved HEDIS indicators for depression
- Lower utilization of MH specialty services, lower overall costs per patient, lower ED use, lower hospital admissions
- Cost-neutrality, lower psychiatric in-patient admissions and length of stay, lower medical in-patient length of stay
Beyond the Practice: Strategies

• Foster collaborative models (including expedited psychiatry consultation for PC clinicians (eg, MCPAP, CCNC Network Psychiatrists, telepsychiatry and primary care involvement in SOC)

• Enhance communication between PCC’s and MH professionals (routinely request patient’s/family’s authorization for exchange of information with PCC; use mutually-approved forms for exchange of information and care planning. *Important to clarify misunderstandings of confidentiality.*

• Pursue opportunities in the Affordable Care Act: the Medicaid “health” home

National Network for Child Psychiatry Access Programs (NNCPAP)

• Collaborative programs in 26+ states
• Child psychiatrists support pediatricians and other PCC’s via phone consultation or other “curbside consultations”
• Goal to leverage existing supply of child psychiatrists to provide services to children and adolescents
• Supports Medical Home model of care in low-cost primary care setting
• www.nncpap.org
Advocate for Medicaid policies that foster collaboration between primary care and mental health

• Generally enhanced reimbursement for MH/SA services

• Payment for visits not resulting in a diagnostic code (ie, screening, testing, multi-visit assessment)

• “Incident to” rule changes (supervision requirements, site restrictions, limitations on certain disciplines)

• Direct enrollment of MH providers

Advocate for Medicaid policies that foster collaboration between primary care and mental health (continued)

• Payment for new categories of MH professionals

• Addressing systems issues in state MH system (patient access, referrals, collaborative practice)

• Enhancements in locations of service (eg, school-based services)

• Payment for non-face-to-face services
MH resources

AAP mental health web pages
www.aap.org/mentalhealth

Under Key Resources and Primary Care Tools
• Readiness Inventory
• Algorithms
• Coding for algorithms
• Health Care Financing resources
• Primary Care Referral and Feedback form
• Screening Tools
• A Guide to Pharmacology for Pediatricians
• And more

Under Key Resources and Mental Health Toolkit
• Virtual Tour

Sources of MH specialty care
http://pediatrics.aappublications.org/content/125/Supplement_3/S126.full.pdf

Matrix of evidence-based psychosocial interventions
www.aap.org/mentalhealth/psychosocialinterventions

Evidence-based parenting programs
http://pediatrics.aappublications.org/cgi/reprint/125/Supplement_3/S155

MH resources (cont.)

NW AHEC web course on “common factors” communication skills:
http://tinyurl.com/EnhancingMentalHealth

Form to facilitate exchange of information with MH specialists and schools
www.ncfahp.org/Data/Sites/1/media/images/pdf/CHIP-PrimaryCareReferral_FeedbackForm.pdf

Strengths and Difficulties Questionnaire
www.sdqinfo.org

Cluster guidance
www.pediatriccareonline.org/pco/ub/index/Forms-Tools/Titles/G

Guide to Primary Care Psychopharmacology
http://web.jhu.edu/pedmentalhealth/Psychopharmacolog%20use.html#Specific_guide

NC Center for Excellence for Integrated Care (ICARE)
http://www.ncfahp.org/about-icare.aspx