Mental / Behavioral Health Screening in Pediatric Primary Care

OVERVIEW OF THE
PEDIATRIC PSYCHIATRY COLLABORATIVE PROGRAM
Co-Presenters

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Today’s Presentation

- Describe the challenges impacting children’s mental health
- Understand the vision for integrating psychiatric and pediatric primary care
- Become familiar with the Pediatric Psychiatry Collaborative that is expanding to 20 counties in NJ, with funding from DCF
- Benefits of and requirements for your participation
Our Challenge for the Future of Healthcare

“Trying harder will not work, changing systems of care will.”

Don Berwick
Former Administrator, CMS
Former CEO, Institute for Healthcare Improvement
Mental Health Disorders in Children and Adolescents

- 20% of youth ages 13 to 18 live with a mental health condition
- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24
- Disorder among youth:
  - 11% have a mood disorder
  - 10% have a behavior or conduct disorder
  - 8% have an anxiety disorder

National Alliance of Mental Health
Impact of Mental Illness in Youth

- Approximately 50% of students age 14 and older with a mental illness drop out of high school
- 70% of youth in state and local juvenile justice systems have a mental illness
- Suicide is the third leading cause of death in youth ages 10-24

National Alliance of Mental Health
Service Gaps in Mental/Behavioral Health Care Services

Identification:
- Less than 50% of children & adolescents receive developmental & psychosocial surveillance
  - 20% - 40% identified in primary care (Kessler; Dulcan)

Referral and treatment:
- 70% of children/adolescents in need of treatment do not receive mental health services

Infrastructure:
- No system in place to track & follow chronic problems
- Lack of community-based coordination hinders access to care
Opportunity for Early Identification of Patients with Mental/Behavioral Concerns

Median age of onset of . . .

- Anxiety disorder = 6 years old
- Behavior disorder = 11 years old
- Mood disorder = 13 years old
- Substance abuse = 15 years old
Early Intervention is Key!

The average delay between onset of symptoms and intervention is 8 to 10 years
Importance of Collaborative Care

There is strong evidence that the best outcomes for treating common mental health disorders in primary care result from the application of collaborative care.

- Pragmatic approach
- Application of the principles of chronic disease management
- Support systematic diagnosis
- Outcome tracking
- Facilitate adjustment of treatment based on clinical outcomes
Benefits of the Collaborative Care Model

- Emphasis on managing mental disorders as chronic disease rather than treating acute symptoms or complaints

- Core Elements:
  - Timely access to consultation
  - Direct psychiatric service
  - Care coordination
  - Primary care physician education

- Patient remains in the care of the primary care physician with the support of the child psychiatrist
Funded by NJ DCF – A partnership between multiple health centers/hospital systems and the NJ Chapter, American Academy of Pediatrics

Co-Principal Investigators:

- **Ramon Solhkhah, MD**, Chairman, Dept. of Psychiatry, Jersey Shore UMC
- **Steven Kairys, MD, MPH, FAAP**, Chairman, Dept. of Pediatrics, Jersey Shore UMC

The program is open to any pediatric provider serving children up to age 18

Child psychiatrist available for diagnostic evaluation and medication consultation free of charge

Licensed social workers and psychologists are available to facilitate referrals to appropriate services in the community
The Pediatric Psychiatry Collaborative “Hubs”

4 Established Hubs in NJ:
- Meridian @ Jersey Shore
- Meridian @ St. Peter’s
- Cooper @ Camden
- Cooper @ Pennsville

Now, 4 New Hubs in NJ:
- Bergen
- Somerset/Sussex/Warren/Hunterdon
- Hudson/Union
- Morris/Passaic

- Child/Adolescent Psychiatrist for consultative support
- Psychologist/social worker helps arrange appropriate services, evaluation for urgent cases
- Assessment and evaluation occur at no cost to family (sliding scale for services – after initial consult)
Pediatric Psychiatry Collaborative (PPC) Purpose & Goals

- Encourage and improve screening for behavioral and mental health issues in primary care
- Aid the pediatrician with patient care via medication consultation and care coordination
- Address the need for quick access to psychiatric evaluations and consultation
- Facilitate referrals for accessing mental and behavioral healthcare
Hub Benefits

- A child psychiatrist available for consultative support through the Child Psych Consult line, staffed Mondays-Fridays from 8am – 5 pm. After hours telephone coverage is available 24/7.

- A psychologist/social worker available to speak with a referred child’s family regarding the child’s mental health concerns and to assist in providing diagnostic clarification.

- A psychologist/social worker available to assist the pediatrician with care coordination to ensure linkage from the pediatrician’s office to appropriate community mental health resources of support.
Hub Benefits (cont’d)

- If a case is considered urgent, the hub will offer a one-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient. Based on the recommendation of the CAP, the hub staff will work with the family to develop the treatment and care coordination plan.

- Hub staff will perform routine follow-up phone calls with referred families to monitor patient progress.

- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.
Pediatrician’s Role

- Messaging to Caregivers & Families to:
  - Reduce Harmful Stigma of Mental & Behavioral Problems
  - Promote Positive Parenting

- Implement Universal Mental/Behavioral Health Screening

- Implement Universal Mental/Behavioral Health Anticipatory Guidance
Pediatrician Perspective

- The value of the PPC for providers
- Relationship with Hub psychiatrist
- Coordinating care
- On the job learning
- Support for patients and families
- Training & education opportunities through NJAAP:
  - Learning sessions with peer networking
  - Training on new screening tools
  - Technical assistance calls/webinars
  - In-office technical assistance visits
Participation:
- 303 primary care providers across 11 counties
- 45,105 patients screened by primary care providers for mental/behavioral issues
- 2,218 mental health consultation services provided by the Hubs

Less than 13% of consultations led to medication being prescribed.

Most referrals were for some of the following needs: parent guidance, community referral, behavioral health consult, school guidance, diagnostic clarification.
PPC Requirements for Primary Care Providers

In order to participate in your designated hub, PCPs must complete the following:

1) The physician agrees to conduct universal mental/behavioral health screening for all children, using the SWYC, PSC/PSC-Y, and CRAFFT tools.
   ◦ Online training webinar will be available
   ◦ Ongoing support provided by NJAAP and Hub staff

2) The physician agrees to submit a brief screening log on a weekly basis, as well as complete pre and post demographic surveys
The Importance of Standardized Screening

Not all cases will be identified via routine interview, or “eye-balling” patient/family . . .

- Most clinicians eyeball the child and ask a couple of questions
- May be fine for physical delays, but is not a good way to identify children with mild cognitive/developmental disabilities, communication problems, emotional and behavioral problems, or delays in social development
- 70-80% of children with developmental problems will be missed if a standardized approach is not applied.
- Alternatively, if a structured, standardized instrument is used, 70-80% will be identified
The Importance of Standardized Screening (cont.)

- Provides teachable moments about development with parents, and fosters developmentally appropriate expectations of their children

- Parents often underestimate symptoms:
  - Children may withhold complaints because of concerns they are abnormal, or to protect parents who are upset
  - Parents may not think professionals are interested or assume “normal reactions to abnormal event”
  - Stigma related to mental illness
Intro to Recommended Mental/Behavioral Health Screening Tools

Validated, standardized tools:

✓ Survey of Wellbeing of Young Children (SWYC)
  - For babies, toddlers & preschoolers 2 months – 5 years
  - Comprehensive first-level screening instrument for routine use in regular well-child visits

✓ Pediatric Symptom Checklist (PSC-35 & Y-PSC)
  - For older children & adolescents 6 – 18 years of age
  - Psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated
CRAFFT Screening Tool

- A behavioral health screening for use with children under age 21 to assess substance use

- Recommended by AAP Committee on Substance Abuse for use with adolescents

- Series of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders

- Short, effective screening tool meant to assess whether a longer conversation about context of use, frequency, and other risks and consequences is warranted
Optional Benefit of Hub Participation

NJAAP’s Collaborative Mental Health MOC Part 4 Program

Aimed at helping pediatricians increase use of mental/behavioral health screening tools, anticipatory guidance, referrals & care coordination.

Participants will receive:

- Training on mental/behavioral health screening
- AAP ADHD Resource Toolkit for Clinicians, and other resources
- Hands-on technical assistance for implementing screening
- Opportunities to network with colleagues and experts
- 25 ABP Part 4 MOC points upon program completion
MHC MOC Participants' Mental and Behavioral Health Screening Documentation between Baseline and End of Program: Years 1 & 2

- Under 6 Years of Age:
  - Baseline: 29.60%
  - End of Program: 71.80%

- 6-18 Years of Age:
  - Baseline: 36.70%
  - End of Program: 77.40%
NJAAP’s Collaborative Mental Health MOC Part 4 Program

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<th>Timeframe</th>
<th>Requirements</th>
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<td>November 2017</td>
<td>Prerequisite data collection</td>
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<tr>
<td>December 2017</td>
<td>Learning Session 1: 4:30pm-9:00pm in various locations in northern counties</td>
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<tr>
<td>December 2017 – May 2018</td>
<td>Active QI Period</td>
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<td>May 2018</td>
<td>Learning Session 2</td>
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<tr>
<td>June 2018</td>
<td>NJAAP attests to ABP that pediatrician is in compliance with all project requirements</td>
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What Practices are Saying About NJAAP’s MOC Program

“We were able to reach 100% screening! Also, there are doctors in our office who are now prescribing meds, and they weren’t comfortable doing so before this project.”
- Advocare Woodbury

“The program facilitated access to community resources, it gave us the confidence to conduct screenings, and it helped us to use our EMR to its fullest potential. And by using the PHQ-9, we identified a child with issues who was ultimately diagnosed as bipolar.”
- Advocare Gloucester

“Using the screening tools captured more patient information and streamlined the referral process when assistance was needed for the family. Because of this project, we are now effective in caring for the whole child. And we have reached 100% screening!”
- Dr. Charles Flores, Pediatrics Day & Night

“Screening for all of my patients increased, and I was able to provide better access to resources for parents.”
- DeGennaro Pediatrics & Associates
What Practices Are Saying About the Hub

“I love the Hub! It has really helped us provide immediate access to mental health services for our patients. Now our patients' mental health issues are addressed in a timely manner. I was so impressed that the child psychiatrist called me for consults about my at-risk teens.”

Jocelyn Bautista, MD
Colts Neck Pediatrics

“We are now identifying kids that might have slipped through the cracks, and giving parents resources when they had nowhere else to turn.”

CHOP Gibbsboro
What Families Are Saying About the Hub

Mother of 16-year old Monmouth County patient:

“The program has been a godsend.”
“I am so thankful for this program!”
The PPC Win/Win

- Healthy, thriving children as a result of building lifelong health and an economically sound and thriving community/society
- Opens up professional doors and opportunities for you and the families and communities you serve
- It’s fun and rewarding!!!

**INTERESTED?** For more information, email MHC@njaap.org, call 609-842-0014, or visit [http://njaap.org/programs/mental-health/ppc/](http://njaap.org/programs/mental-health/ppc/) to register for participation
Thank You!

Questions?
Contact Information:

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