FAQs of the PPC and MOC: How to Integrate Mental/Behavioral Health in Your Pediatric Primary Care or Specialty Practice

Today’s Co-Presenters

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Jersey Shore Univ. Medical Center

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Clinical Program Manager,
Hackensack Meridian Hubs @
Jersey Shore UMC &
St. Peter’s Family Health Center

Natalie Gengel Caruso, DO, FAAP
Past MOC Part 4 program participant
Formerly with Advocare Mid-Jersey Pediatrics

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Director, Mental Health Collaborative
MOC part 4 program
NJ Chapter,
American Academy of Pediatrics
There Are No Disclosures
Goals for Today:

- Discuss the importance of integrating behavioral health care and care coordination into routine pediatric primary or specialty care
- Become familiar with the Pediatric Psychiatry Collaborative (PPC) operating as a state-wide network with funding from NJ Dept. of Children & Families
- Present the benefits of and requirements for your participation as a member in the Collaborative
- Become familiar with the ABP-approved Mental Health Collaborative MOC part 4 quality improvement program, including benefits and requirements for your participation

Mental/Behavioral Health Concerns: A National Epidemic

- 50% of all lifetime cases of mental illness begin by age 14 and 75% begin by age 24
  - Median age of onset:
    - Anxiety disorder = 6 years old
    - Behavior disorders = 11 years old
    - Mood disorders = 13 years old
    - Substance abuse = 15 years old

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.

- 20% of youth ages 13-18 live a with mental health condition
- 11% of youth have a mood disorder
- 10% of youth have a behavior or conduct disorder
- 8% of youth have an anxiety disorder

National Alliance on Mental Illness
Opportunity to Identify Mental Health Issues in Children & Adolescents Earlier

The average delay between onset of symptoms and intervention is 8 to 10 years!

**Overall goal:**
To identify mental/behavioral health and substance use concerns of your patients earlier and reduce the gap between identification of a problem and treatment initiation.

Pediatric Psychiatry Collaborative (PPC) Seeks to:

- **Encourage** and improve screening for behavioral/mental health and substance use issues in primary care
- **Aid** the pediatrician with patient care via diagnostic clarification, medication consultation and care coordination
- **Address** the need for quick access to psychiatric evaluations and consultation
- **Facilitate** referrals for accessing mental/behavioral healthcare in the community
FUNDING:
- Original and continued funding by NJ DCF

LEADERSHIP:
- Partnership between multiple health centers/hospital systems with Hackensack Meridian Health as the lead, 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, Chair, Dept. of Pediatrics, HMH School of Medicine

THE PROGRAM:
- The program is open to any pediatric provider serving children up to age 18 (or as long as patient is under physician’s care)
- Child psychiatrist available to pediatric providers for diagnostic clarification, medication consultation, and a face-to-face evaluation with a patient, if needed, free of charge
- Licensed social workers and psychologists available to facilitate referrals to appropriate services in the community
PPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line
- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation,
  - Speak with a referred child’s family regarding the child’s mental health concerns and to assist in providing diagnostic clarification.
- One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate.
- Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.
- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.

The PPC at the start of Year 5

Participation:
- Over 520 primary care clinicians across 20 counties
- Over 130,000 patients screened for mental/behavioral health & substance use issues
- Over 7,700 mental/behavioral health consultation services provided by the PPC 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 Pediatric Primary Care Clinicians

1) Conduct universal mental/behavioral health screening at all well visits, using the SWYC, PSC-35/PSC-Y, & CRAFFT 2.1.
2) Submit a brief electronic screening log on a weekly basis, as well as complete pre and post demographic surveys

Encouraged to participate in monthly webinars to increase competence and comfort in addressing MH issues

Onboarding

Once registered, you’re welcome email will include:
1) Reminder of PPC requirements
2) Link to practice demographic survey (survey monkey)
3) Link to introductory webinar on screening tools:
   • The Why & How: PPC-approved Screening Tools for Identifying Social-emotional, Behavioral, Substance use and Suicide Concerns in the Primary Care Setting
4) Private website link to all program resources – screening tools, anticipatory guidance materials, literature, parent handouts, etc.
PPC Required Mental/Behavioral Health & Substance Use Screening Tools

Validated, standardized tools:

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

- **Pediatric Symptom Checklist (PSC-35 & Y-PSC-37)**
  - For older children & adolescents 6 – 18 years of age
  - Psychosocial screen designed to facilitate recognition of cognitive, emotional, & behavioral problems so appropriate interventions can be initiated

- **CRAFFT 2.1**
  - A behavioral health screening for use with children/adolescents ages 12 to 21 to assess substance use (recom. by AAP Comm. on Substance Use)

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Weekly Electronic Screening Log

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**WEEKLY SCREENING LOG ENTRY**

Weekly Screening For: John Clark
Week ending: 06/11/2019

Please enter each of the totals being requested and click Submit

- Total Mental Health Visits: 100
- Total Mental Health Screenings: 50
- Total Substance Use Screenings: 50
- Total Substance Use Visits: 3

For help please contact Pam Kelley at (732) 742-8398.
**Education/Training: PPC Webinar Series**

- Case based and didactic webinars, presented by PPC Leadership, Subject-matter experts, and PPC providers
- Incorporate evidence based care management and treatment guidelines for mental/behavioral and substance use issues
- Can view & listen to either live or recorded webinars
- One CME credit and One MOC part 2 point awarded after viewing webinar and completing post-webinar survey
- Available through NJAAP website

<table>
<thead>
<tr>
<th>Year 4 Webinar Schedule</th>
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<tbody>
<tr>
<td><strong>Webinar Topic &amp; Date</strong></td>
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| "Social Media & Mental Health" - 7/25/18 | Dr. Ray Hanbury  
Dr. Michael Roberts |
| "The Why & How: PPC Approved Screening Tools for Identifying Social-emotional, Behavioral, Substance Use, and Suicide Concerns in the Pediatric Primary Care Setting" - 8/28/18 | Dr. Ray Hanbury  
Dr. Michael Roberts |
| "Addressing FAQs of the Pediatric Psychiatry Collaborative – What it is, How it Works, and Why it Can Help You and Your Patients" - 9/12/18 | Dr. Ray Hanbury, Dr. Charles Flores,  
Kristine Horn |
| "Ask the Shrink: Suicide Prevention" - 10/16/18 | Dr. Ted Petti |
| "Anxiety in Children and Adolescents" - 11/29/18 | Dr. Carrie Masia Warner |
| "A Collaborative Case Study in Managing Depression in Adolescence" - 12/10/18 | Dr. Heather Shafi  
Dr. Jennifer Abramson |
| "Trauma Informed Care" - 1/17/19 | Dr. Heather Forkey |
| "Ask the Shrink: ADHD" - 2/19/19 | Dr. Ted Petti |
| Coding for Mental/Behavioral Health Screening & Collaborative Care – 3/19/19 | Dr. Chuck A. Scott  
Dr. Sherry Barron-Seabrook |
| The New Generation of Tobacco Addiction, Vaping and its Effects on the Developing Adolescent – 4/9/19 | Dr. Ramon Solikhah  
Cathy Butler-Witt, MA, CTTS, NCTTP |
| The Impact of Sleep on Mental Health and Well-Being in Children and Adolescents – 5/9/19 | Dr. Lewis Milrod |
| Addressing the needs of LGBTQ Youth in Pediatric Primary Care - 6/19/19 | Dr. Warren Siegel |
Integrating Behavioral Health into the Pediatric Practice: The Pediatrician’s Role

The value of the PPC for pediatricians and pediatric clinicians:
- Relationship w/ PPC Hub Child & Adolescent Psychiatrist
- Care coordination
- On the job learning
- Support for patients and families
- Training & education opportunities through NJAAP:
  - Monthly didactic and case-based webinars w/subject matter experts
  - MOC part 4 program . . .

The value of the NJAAP MOC program for pediatricians:
- Learning Collaborative sessions with peer networking
- In-office technical assistance visits
- Clinician and family tools and resources

Pediatrician Perspective: Natalie Gengel Caruso, DO, FAAP
How might the process look in a practice?

- **Pediatric Well Visit or Sick Visit** (office determines protocol if screening is not covered by patient insurance)
  - Initial Mental/Behavioral Health Screening
    - Front desk hands out the screening tool (option for adolescent to receive in exam room)
    - Nurse/MA scores it before doctor sees patient
  - Optional: Based on results, possible secondary screening (this can be done by PPC Hub staff as well, based on provider preference)
    - Based on results, discussion with parent and possible decision to consult with or refer to PPC Hub
    - PPC Hub reviews referral, performs intake with family, and makes recommendations for further referrals, or other services

Factors to Consider in PPC Hub Referrals

- Screening tool results are positive
- Parent or pediatrician has concerns regarding their child/adolescent’s social-emotional, behavioral, or developmental health (regardless of screening outcome)
- Pediatrician:
  - has questions regarding mental/behavioral health symptoms or diagnosis
  - needs assistance with medication initiation and/or management
Referring to the Pediatric Psychiatry Collaborative Hub – Process and Case Studies

What’s the Pediatrician’s Role?

- Conduct universal screening
- If a referral to the PPC Hub is needed, a consult/referral form is faxed, along with screening tools, and the pediatrician discusses the PPC with the family and obtains consent to refer

What will the PPC Hub Staff Do?

- Hub staff will call the patient’s family and complete a clinical intake. The family will discuss their main concerns. Case managers will evaluate for severity and level of care. Based on the patient’s needs, Hub staff will:
  - Recommend an appropriate level of care (inpatient, PHP, IOP, or outpatient) and share a list of referrals with the family for therapy services to address mental health concerns.
  - Match the patient with a therapist based on their insurance and geographical location – referrals are researched by staff psychologists/LCSWs, and most accept patient insurance.

Follow-up/“Closing” the Loop: Hub staff will communicate with you, sending you notes on what occurred with the family. They encourage families to call back if they need additional resources.

Collaborative PPC Hub Procedure - Krissy Lubas, MSW, LCSW

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Psychiatric Evaluation Protocol

- Cases may be referred to the child & adolescent psychiatrist (CAP) for diagnostic clarification, second mental health opinion, and/or medication consult
- Medication is always carefully considered by all parties involved and education is provided
  - Parents, pediatrician, psychiatrist, case manager, etc.
- Although the PPC Hub is short term case management, the patient is seen by the CAP until he/she is stabilized on medication; arrangements are made for continued care management via another CAP in the community
- Parents are always strongly advised to enroll their child in counseling in addition to any medications prescribed
- A copy of the psychiatric evaluation is faxed to the pediatrician once it is complete

Case presentation on a PPC Hub referral from a pediatrician . . .
Demographics

- Male in second grade
- English speaking, Black/African American & White
- No psychiatric diagnosis
- No history of psychiatric medications
- Symptoms of aggression, attention issues, disruptive behaviors, mood problems, social issues, school issues
- PSC score of 42
Clinical Intake – At Home

- Adopted by paternal grandparents at 1.5 years of age
  - Patient believes maternal father is his brother
- Behavioral issues at home including, yelling hitting, and throwing items
- High risk behaviors: touching hot grill, tried to drink “tire shine,” running into middle of street
- Socially gets along well with other children

Clinical Intake – In School

- Has an IEP for speech and occupational delays
  - In self contained class with 3 teachers and 6 students
- Receiving average grades
- Teachers reported that he is having some behavioral issues for the past 3 weeks
  - Pushing and hitting children, difficulty focusing, hyperactive
Clinical Intake – Medical History

- Born full term, natural delivery
- Weighed 7 lbs.
- Both biological parents are active drug users, with history of bipolar disorder and depression in family
- Mother used methadone during 3rd trimester
  - Spent time in the NICU while withdrawing and was later admitted inpatient for 2 months
  - Placed on Phenobarbital at time of discharge

Initial Recommendations

Adoptive parents were open to any and all recommendations from the PPC Hub.
- Contact Perform Care for in home counseling
- Scheduled with PPC Hub psychiatrist for evaluation and medication consult
Psychiatric Evaluation

• Evaluation was complete with patient and paternal grandmother/adopted mother
• Diagnostic Impression: ADHD combined type, Oppositional Defiant Disorder
• Perform Care services highly recommended in home
• Family given informational hand outs regarding medication and was encouraged to take some time to think it over
  ▪ Follow-up appointment scheduled
• At parents request and psychiatrist recommendation, he was prescribed Methylphenidate at 5 mg titrating up to 60 mg

Results

• Currently taking 40 mg of Methylphenidate administered over the course of one day
• Patient was stabilized on the medication through follow up appointments with psychiatrist before transitioning care back to pediatrician
• Perform Care is providing ongoing in home counseling session
• Pediatrician was faxed a copy of the psychiatric evaluation. They were also updated on additional recommendations given to the family prior to case being closed.
Additional Case Dispositions

- Hub staff may refer children ages 3-6 to Perform Care, parenting classes, other counseling resources
- Children under age 3 with positive developmental domain on SWYC or other behavioral problems should be referred by the provider directly to Early Intervention (888-653-4463)
- Families with troubled dynamics will be given the option of Family Success Centers or family counselors

Maintenance of Certification (MOC)
Part 4
Quality Improvement Opportunity
NJAAP’s Mental Health Collaborative (MOC) Part 4 – Available Statewide

- **ABP-approved quality improvement program:**
  - training and technical assistance to pediatric practices to increase mental/behavioral health and substance use screening, anticipatory guidance, referrals & care coordination

- **Program activities:**
  - **Opening Learning Collaborative Session** – including introduction to QI process, screening tools, and opportunities to network with other Providers, Community Support Organizations and meet your regional PPC Hub staff
  - **Data Collection** – including medical chart reviews and QI progress reports, including case presentation form – using AAP’s online data collection tool, QIDA
  - **Webinars** with subject matter experts and technical assistance calls with NJAAP QI specialists including case presentations on de-identified patient cases
  - **Facilitated QI** – including office visits, conference calls with MHC Team
  - **Closing Learning Collaborative Session** - virtual/video meeting - with practices showcasing their storyboards

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### MOC Part 4
**Program Timeline & Requirements**

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<tr>
<th>Timeframe</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>September - October 2019</td>
<td>Prerequisite data collection</td>
</tr>
<tr>
<td>October 23 or 29, 2019 <em>(Choice of two dates – attend only one date)</em></td>
<td><strong>Learning Session 1 (In-person):</strong> 5:00 pm - 9:00 pm Option of 2 locations and 2 dates</td>
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<tr>
<td>November 2019 – April 2020</td>
<td><strong>Active QI Period</strong></td>
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<tr>
<td>Late April/Early May, 2020</td>
<td><strong>Learning Session 2 (Virtual):</strong> 6:00 pm - 8:00 pm</td>
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<tr>
<td>May, 2020</td>
<td>NJAAP attests to ABP that pediatrician is in compliance with all project requirements</td>
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Mental/behavioral health screening increased:
- For children under age 6:
  - 19.8% at Baseline
  - 75.4% at end of program
- For children ages 6-18
  - 34.5% at Baseline
  - 86.7% at end of program

Thank you! Questions?

Please contact:
NJAAP
Mental Health Collaborative
609-842-0014
mhc@njaap.org

To Register to Participate: [http://njaap.org/programs/mental-health/ppc/](http://njaap.org/programs/mental-health/ppc/)