

2009 CityMatCH Conference

August 23, 2009-New Orleans, LA

Addressing the Public Health Epidemic of Child & Adolescent Mental Health Concerns

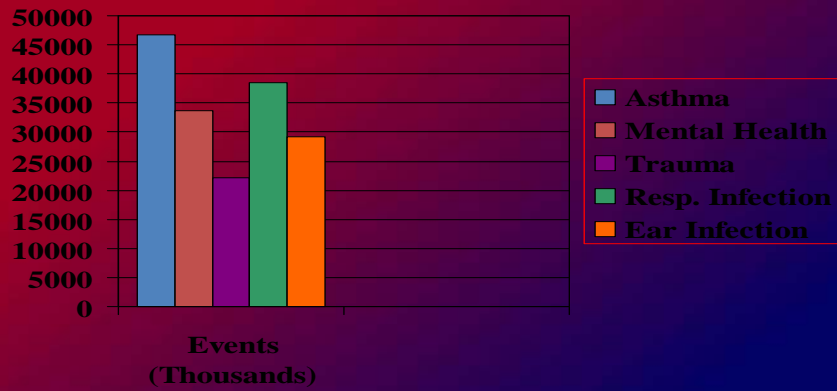
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*“Free the child’s
potential, and you will
transform him into the
world”*

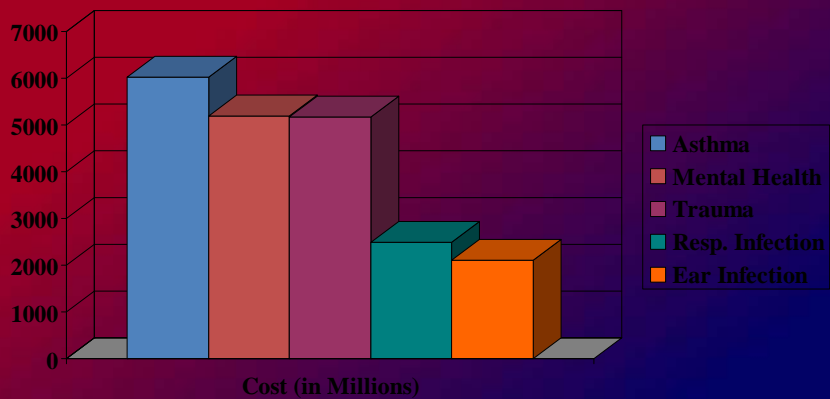
-Maria Montessori



Top Five Event Conditions for Children (2002)



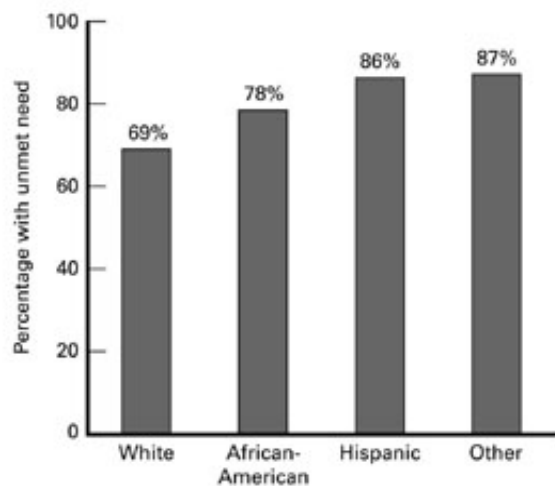
Expenditures on Top Five Events (2002)



How Big is the Problem?

- 2007- 75 Million Children in US
- 20% -15 Million with Mental Illness
- 20% Receive Treatment
- 80 % - 12 Million- Not Receiving Treatment

On Average, Three-Quarters of Troubled Youth Do Not Get the Help They Need



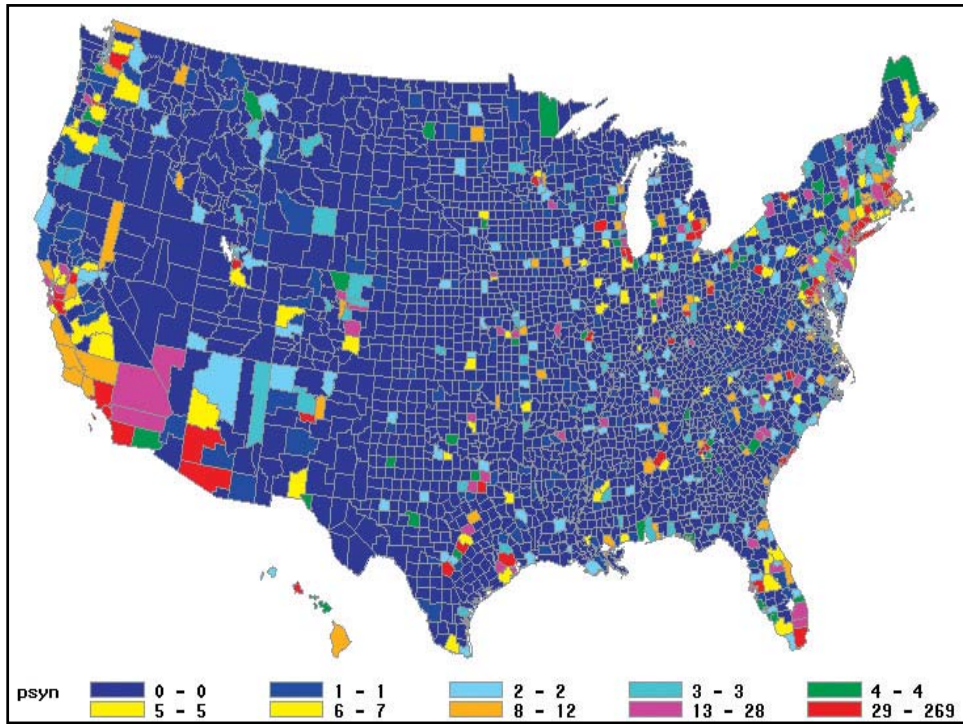
Calculations are based on data from the National Health Interview Study, 1998.

Factors Affecting Access to Care

- Stigma
- Evidence Base
- Reimbursement
- Work Force Shortages
- Models of Care Delivery

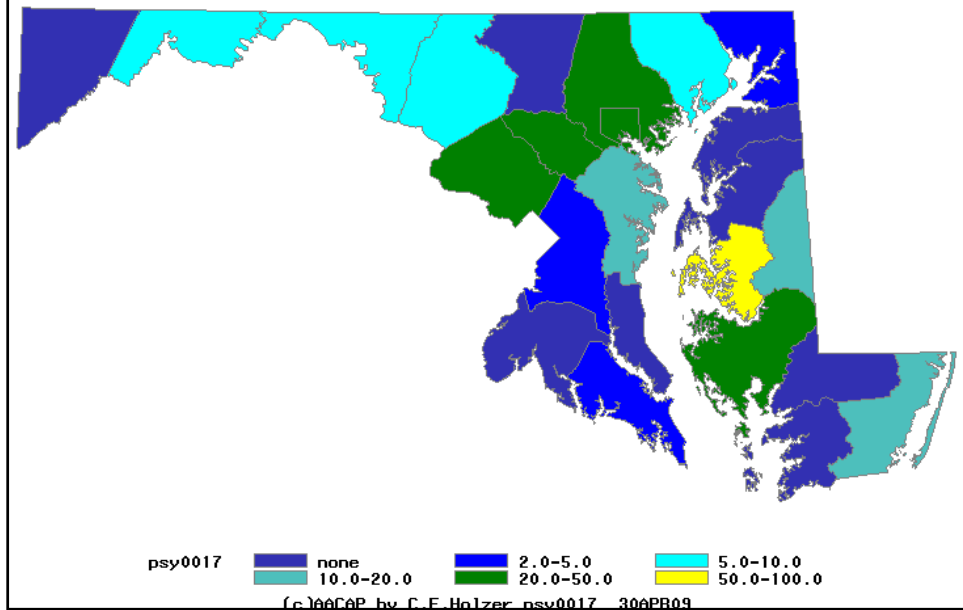
What is the workforce?

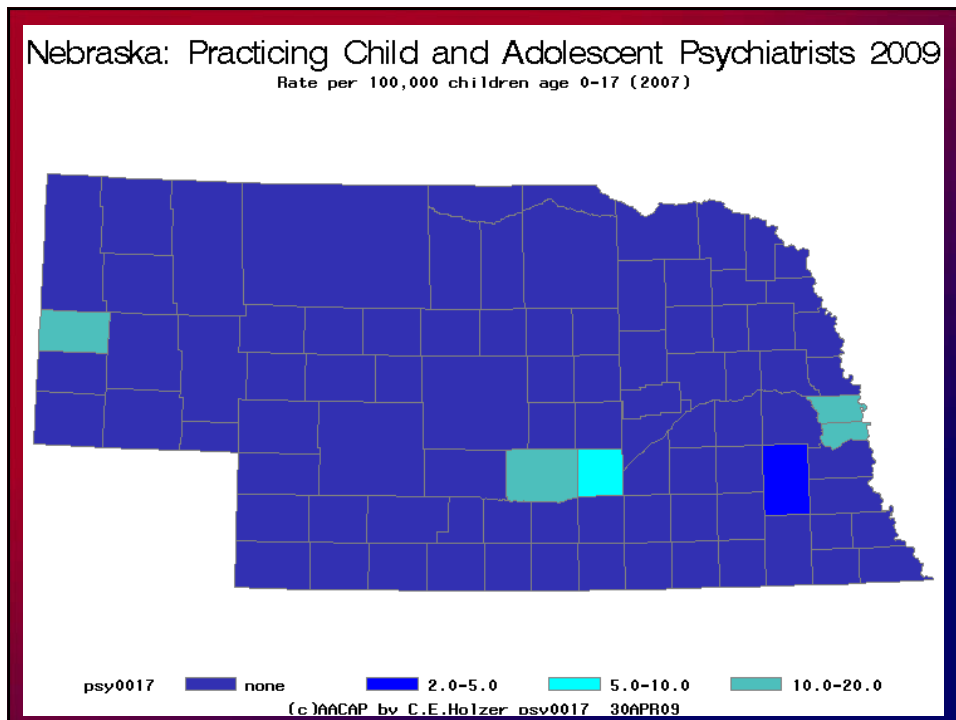
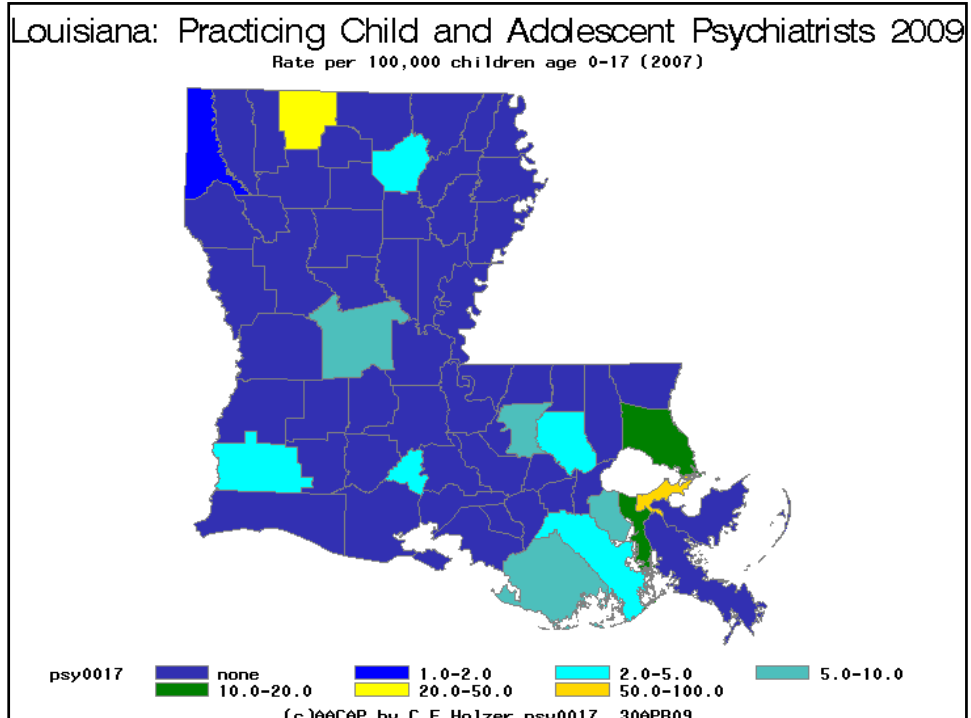
- 8000 Child and Adolescent Psychiatrists
 - 45000 Psychiatrists
 - 60000 Pediatricians
 - 90000 Family Practice Physicians
- Beyond that- we don't know
 - ~30,000 Child Psychologists
 - ~25,000 Child Social Workers



Maryland: Practicing Child and Adolescent Psychiatrists 2009

Rate per 100,000 children age 0-17 (2007)





Factors Affecting Work Force

- Stigma
- Reimbursement
- GME Funding
- Education
- Models of Care Delivery

Increasing the Work Force

- 2002 –AACAP Develops “Steering Committee on Work Force Issues”
 - Child Healthcare Crisis Relief Act
 - Increases GME funding, provides loan relief, calls for accurate study of the work force
 - Post Pediatric Portal Project
 - Shortens transition from Pediatrics to Child Psychiatry

Improving Access

- 2004 ACCAP Develops 'Work Group on Access'
 - Worked together with AAP's Task Force on Mental Health to develop and promulgate Collaborative Treatment Models
 - Currently developing relationships with American Academy of Family Physicians and Psychiatric Nurse Practitioners

Improving Access

- Distributed \$300K in grants as for innovative/collaborative programs that increased access to Children's Mental Health Services
- Additional \$150K to AACAP Regional Organizations to develop collaborative programs with primary care physicians and consumer advocacy groups

Improving Access

- *eAACAP*
 - Online Resource Center for Clinicians and Parents
 - Current Topics Include: Anxiety D/O, Autism, Bipolar D/O, Depression, Disasters and Trauma,, and Oppositional Defiant D/O
 - Online CME Modules for Mental Health Clinicians and Primary Care Physicians
 - Both at www.aacap.org

Barriers to Collaboration

- Physician Education and Behavior
 - Mental Health Professional not trained as consultants
 - Insufficient training of PCP in mental health issues.

Barriers to Collaboration

- Insurance and Mental Health Carve Outs
 - Poor Reimbursement for Non-med services
 - Poor Network Participation and PEDs Excluded from participation
 - PCP's Claims Rejected based on Service Code or Dx
 - Lack of Reimbursement for non face to face consultation

Collaboration Between AACAP and AAP

Improving Mental Health Services in Primary Care: Removing Administrative and Financial Barriers to Access and Collaboration

Pediatrics 2009; 123: 1248-1251

Removing Barriers

- Allow PCP's to participate in MH provider networks
- Appropriately reimburse PCP's for screening, assessment, and treatment of MH Issues
- Provide adequate reimbursement for medical team meetings and non face-to-face consultation

"Never doubt that a small, group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has".

-Margaret Mead





ACHIEVEMENT

YOU CAN DO ANYTHING YOU SET YOUR MIND TO WHEN YOU HAVE VISION,
DETERMINATION, AND AN ENDLESS SUPPLY OF EXPENDABLE LABOR.

www.despair.com

Thank you!

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Addressing the Public Health Epidemic of Child and Adolescent Mental Health Concerns

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New Orleans



The Crisis in Children's Mental Health: Needs of Children



- >20% of children/youth have mental disorder
 - 20-25% receive treatment
 - 40-50% terminate services prematurely
 - Lack of access, transportation, finances, stigma
- Growth in diagnoses and in treatments
- Compelling need for prevention in children's mental health

The Crisis in Children's Mental Health: Workforce



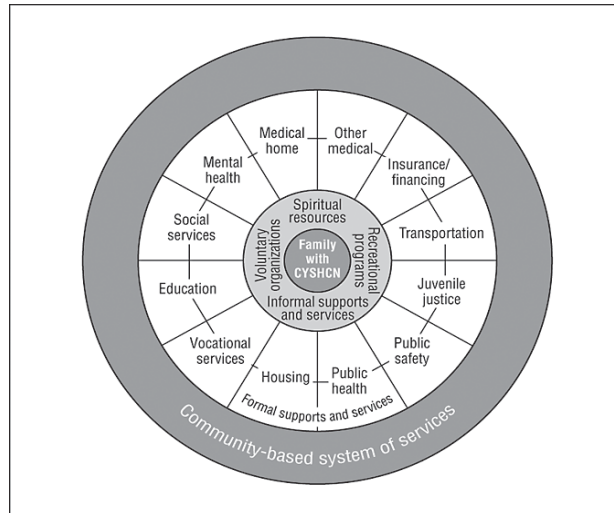
- Insufficient #s of child mental health specialists, esp., psychiatrists
- Changing reimbursement limiting access to mental health
- By 2020-30, 40% of pediatric visits will involve long-term management of childhood chronic conditions, including mental health
- But:

Opportunities in Children's Mental Health



- Good treatments exist for many conditions
- Primary care community increasingly trained and experienced in diagnosis and treatment of children's mental health conditions
- Public health
 - Monitoring and collaboration
 - Systems development
- Collaboration among sectors, including:
 - Primary care
 - Mental health
 - Education
 - Public health
 - Others

Family-Centered Community-based System of Services for Children and Youth



Perrin JM et al. Arch Pediatr Adolesc Med 2007;161:933-936.

The American Academy of Pediatrics and its Response



- **Mission:** To attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults
- **AAP Task Force on Mental Health**
 - Goals and early successes
 - Plans for the future

The AAP Today



- 60,355 members
- 375 staff
- 66 state and local chapters
- 30 national committees
- 48 sections
- 6 councils
- Offices in Elk Grove Village IL, Washington DC, Burlington VT

AAP Task Force on Mental Health (TFOMH)



History

- Pediatrics Collaborative Care (PedsCare) grant from HRSA / MCHB (2001-2005)
- Grassroots resolutions at the AAP Leadership Forum
- Strategic priority

Task Force Activities



- **Task Force formation 2004**
- **Improving Mental Health in Primary Care Through Access, Collaboration, and Training (IMPACT) grant from HRSA / MCHB (2005-2008)**
- **Pediatrics for the 21st Century Symposium 2005**

Task Force Directives



- **Develop a toolkit for the 4-5 common child/adolescent mental health conditions**
- **Create training to accompany the tool kit**
- **Create tools or approaches to evaluate the family's wellness**

Task Force Directives



- **Coordinate awareness program on evidence for pediatric office mental health services**
 - For employers, payers, health plans, and clinicians
 - For patients and families

Why Pediatricians? ***The Primary Care Advantage***



- Relationships with children and families
- Early intervention and prevention
- Developmental context
- Experience collaborating with subspecialists
- Chronic care principles and the medical home

Primary Care Challenges



- Comfort with mental health
- Time constraints and payment
- Variable access to MH specialty resources
- Administrative barriers to MH services
- Limited contact with MH specialists
- Children and families' reluctance to seek care

Task Force Goals



1. **Facilitate system change**
2. **Build clinician competence**
3. **Incrementally change practice to accommodate mental health**
4. **Build strong coalition/collaborative model**

Facilitate System Change



- *Chapter Action Kit (2007): Children's Mental Health*
- **Position paper on administrative and financial solutions to collaborative mental health care**
- **Negotiations with insurers and business leaders**
- **Collaboration at the community level, including public health**
- **Education module (PediaLink)**

Chapter Action Kit Strategies for System Change



- **Partner with families**
- **Assess the service environment**
- **Collaborate with mental health professionals**
- **Educate AAP chapter members**
- **Partner with public health and child-serving agencies**
- **Improve mental health financing**

Position paper: AACAP and AAP



- Improving Mental Health Services in Primary Care: Reducing Administrative and Financial Barriers to Access and Collaboration
 - Outlines barriers and proposed solutions
 - Enhancing mental health care in primary care
 - Payment
 - Co-location

Key Principles



- Families/children need access to MH services
- Identification, initial assessment, and care ideally take place in medical home
- Primary care clinicians can be trained to recognize, manage, and refer for MH issues
- PCCs must receive payment at rates comparable for other medical conditions
- PCCs and families must have access to MH professionals
- Collaborative models will enhance communication
- PCCs an entry point for MH care and ongoing source of care

Implementing Chapter Action Kit Strategies



- **Alabama**
 - Pre-meeting with pediatricians and community mental health staff to plan format of roundtable dinners
 - Led to “buy-in” from local service providers, including public health
 - Roundtable dinners to begin networking & dialogue
 - Community service provider forums
 - Community mental health staff critical in developing resource directory

Implementing Chapter Action Kit Strategies



- **Arkansas**
 - Roundtable discussions with mental health community and primary care pediatricians to open dialogue
 - Statewide survey of barriers in access
 - Dialogue with the Department of Human Services to address access specifically
 - Community discussions with state agencies and mental health providers

Implementing Chapter Action Kit Strategies



- **Kansas**
 - Training at local practices
 - Identifying resources for providers
 - Development of a Mental Health Task Force
 - Creating partnerships
- **Mississippi**
 - Needs assessment to mental health service providers
 - Resource directory
 - Task force of primary care and mental health providers
 - Training on children's mental health issues for pediatricians and pediatric residents

Successes and challenges Implementing Action Kit strategies



- **Oregon**
 - Meetings between pediatricians, family practitioners, child psychiatrists, and community mental health providers
 - Pediatrics/child psychiatry consultation teams
 - Policy barriers examination
 - Financial planning summit

Other state initiatives

North Carolina: *Changing Payment Models*



- **Tea Party Revolution**
- **Alter Medicaid and Commercial payment for Primary Care Pediatricians to increase:**
 - Evaluation
 - Case management
 - Monitoring/Co-location

Alabama and Arizona

Reaching Out



- **Tele-psychiatry projects**
- **Rural Alabama pediatricians**
- **Remote Native American AZ clinics**
- **Psychology and psychiatry appointments**
- **Payment increasing in many states**

Build Competence



- **Policy statement on mental health competencies (July 2009)**
 - **Assessment of competencies**
 - **“Generic” techniques to address problems**
 - **Beyond ADHD to *anxiety, depression, substance use***
 - **Chronic care principles**
- **Educational programs keyed to competencies**

New York *Building Competence*



- **Skills training for primary care physicians**
- **Communication strategies for office visits**
- **Motivational interviewing-lite**
- **Increases patient/family revelation/ satisfaction**
- **Increases management/intervention**

Massachusetts
***Improving Mental Health Management
by Pediatricians (MCPAP)***



- Telephone consultation model
- Providers 'join' network
- Daily hours available for consultation
- Keep patients in primary care settings and shorten specialty waiting times

Incrementally Change Practice



- Algorithms to support process
- Tools to screen child and family
- Tools to assess functioning
- Decision support for commonly presenting problems
- Web site for resources, collaborative models (www.aap.org/mentalhealth)

South Carolina ***Incremental Change as a Radical Solution***



- **Initiated co-location model**
- **Started screening program for developmental problems**
- **Now comprehensive evaluation, assessment, and staged intervention model**
- **Financially viable**

Facilitate Health System Changes



- **Report: Enhancing Pediatric Mental Health Care: Strategies to Prepare a Community**
 - Approaches to enhancing pediatric MH services at the community level
 - Models of collaboration involving primary care clinicians, mental health professionals, schools, and youth-serving agencies
 - Supplement to *Pediatrics* (fall 2009)
- **Mental health content in meetings with MCOs**

Incrementally change practice



- Report: Enhancing Pediatric Mental Health Care: Strategies to Prepare a Primary Care Practice
- Report: Algorithms to Guide Primary Care Clinicians in Promoting Mental Health, Identifying and Addressing Mental Health and Substance Use Concerns in Pediatric Primary Care
 - Prevention, early identification, initial assessment, initial intervention
 - Further assessment and care of children with identified problems not responsive to initial intervention
- Supplement to Pediatrics (fall 2009)

Incrementally change practice



- Addressing Mental Health in Primary Care: A Clinician's Toolkit (Spring 2010)
 - Introduction
 - Community Resources
 - Health Care Financing
 - Support for Children and Families
 - Clinical Information Systems
 - Decision Support
- Based on symptom presentation, not diagnosis
- Cluster areas include anxiety, depression, disruptive behavior and/or aggression, inattention and impulsivity, learning difficulties, and substance use

Key Clinical Process Components in Algorithms



Assessment

- Brief MH update at each contact
- Pre-visit data collection / routine screening
- Applying functional assessment tools
- Use of family assessment tools

Key Clinical Process Components in Algorithms



Intervention

- Triage for psychiatric emergencies
- Initial “generic” approach / engagement
- Guidance within symptom clusters
- Chronic illness care principles: youth and family involvement in care plan

AAP Task Force *Plans for the Future*



- Quality improvement initiatives
- Electronic health records and digital tools for improving care
- Partnering with public health to reorganize child and adolescent mental health care

Web site



www.aap.org/mentalhealth

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