You’ve heard about ACCESS-Mental Health.

What is it all about?

May 13, 2014
Introductions

- Dr. John Straus, Massachusetts Child Psychiatry Access Project
- Dr. Sherrie Sharp, ACCESS Mental Health CT
- Vickie Alston, ValueOptions CT
Learning Objectives

- Revisit relevant research and national efforts in place to improve access to pediatric mental health providers
- Provide program framework and success for MCPAP
- Understand how ACCESS-Mental Health CT will help PCPs and their patients
Massachusetts Child Psychiatry Access Project

Connecting Primary Care with Child Psychiatry

John H. Straus, M.D.
MCPAP Founding Director

Massachusetts Behavioral Health Partnership
Medical Director, Special Projects
Why MCPAP?

- Successful program since 2005
- Connecticut program uses MCPAP model
- PCPs report high satisfaction levels
  - “Today, I couldn’t imagine practicing without MCPAP.”
What Is MCPAP?

- MCPAP is a system of regional children’s mental health consultation teams designed to help primary care providers meet the needs of children with psychiatric problems.
- For all children regardless of insurance status
- Free for PCPs
Why?

The Experiences of Massachusetts Families in Obtaining Mental Health Care for their Children

Health Care For All and Parent/Professional Advocacy League

Written by: Ariel Frank, Josh Greenberg and Lisa Lambert

October 2002

LEXSEE 410 F SUPP2D 18


CIVIL ACTION NO. 01-36199-MAP

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MASSACHUSETTS

410 F. Supp. 2d 18; 2006 U.S. Dist. LEXIS 3026
Why? (cont.)

- 33% of parent respondents waited more than 1 year for an appointment with a pediatric mental health care provider.
- 50% reported that pediatrician never asked about child’s mental health.
- 77% reported that pediatrician was not helpful in connecting them to resources.
Suitability of Primary Care Providers for Mental Health

- Patients and families often feel more comfortable and trusting of primary care providers.
- Primary care providers have the opportunity for prevention and screening.
- Primary care providers know the developmental context of symptoms.
- Addressing psychiatric issues in the primary care setting can reduce stigma.
Vision

- Need to address shortage of child psychiatrists by increasing ability of PCPs to manage behavioral health (BH)
- Increasing integration of BH into PCMH by including a non-prescribing clinician will lead to more pressure on PCPs to do appropriate prescribing of psychotropic medications
Continuum of Collaborative Care

Less Complex  More Complex

PCP  ChΨ  PCP  ChΨ

Primary Care Taking Lead  Child Psychiatrist Taking Lead

ChΨ

PCP

MCAP
Massachusetts Child Psychiatry Access Project
An Idea That Has Caught On....

National Network of Child Psychiatry Access Programs

- Alaska
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Illinois
- Iowa
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Missouri
- Nebraska
- New Hampshire
- New Jersey
- New York
- North Carolina
- Ohio
- Oregon
- Pennsylvania
- Texas
- Vermont
- Virginia
- Washington
- Washington, D.C.
- Wisconsin
- Wyoming
6 MCPAP HUBS

Northshore Children’s Hospital
Antonia Pepper
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Tracey Terrazzano, LICSW
Jennifer McAdoo, LMHC
Jefferson Prince, M.D.
Lisa D’Silva, M.D.
Michele Reardon, M.D.
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UMass Memorial Medical Center
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Negar Beheshti, M.D.
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Baystate Medical Center
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Mark Picciotto, Ph.D.

Mass General Hospital
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Betty Wang, M.D.

Tufts Medical Center
Children’s Hospital Boston
Rachael Roy Goron
Alexis Hinchev Davis, LICSW
Sigalit Hoffman, M.D.
Neha Sharma, D.O.
Eric Goepfert, M.D.
Enrico Mezzacappa, M.D.
Lauren McKenna
MCPAP Services

- Telephonic child psychiatry consultation to PCPs within 30 minutes, Monday through Friday
  - Last quarter response time met target for 89% of consultations
- Face-to-face consultations (18% of youth served)
- Care Coordination
- Transitional support when youth are waiting for behavioral health services
- PCP education — newsletter, practice meetings, CME, website (MCPAP.org)
The MCPAP Clinical Process

- **Puzzled PCP**
  - MCPAP Hotline
  - Child Psychiatrist Telephone Consult
  - Child Therapist Telephone Consult
  - Care Coordination Consult
  - Linkage to Care
    - Contact Service Providers in the Community
    - Assistance to Parent by Phone
  - Face-to-Face Psychiatric Consultation
  - Face-to-Face Clinical Evaluation
  - Interim Psychotherapy
  - Direct Services
MCPAP Current Status

- 438 practices with 2,991 individual clinicians
- More than 98% of Commonwealth
- 20,641 encounters; 10,553 youth in FY2013
- Prescriber-level care remains with PCP 70% of time
- Commercial insurers mandated by legislature to cover their share beginning in July 2013
Diagnoses (% of total calls)
Medications (% of total calls)

- SNRI
- Depakote
- Wellbutrin
- Other Antidepressant
- Atomoxetine
- Other Mood Stabilizer
- Benzodiazepine
- Other
- Alpha Agonist
- Atypical Antipsychotic
- SSRI
- Stimulant
- None

Cumulative FY 2005-FY 2011 N = 32,372
FY 2011 N = 7,823
Types of Consultation Questions

- Help!
- Diagnostic question
- Treatment planning
- Unable to access MH resources
- Need second opinion
- Screening support

- Medication questions:
  - Selection
  - Side effects
  - Interim management

- Therapy questions:
  - Selection
  - Monitoring
  - Linkages
Outcome:
70% Medical Follow-up with PCPs
Engagement Strategies

- Be helpful on every call
- Mentor
- Personalized, local
- Care coordination
- Outreach/CME
- No system required tasks for PCPs
MCPAP Is Platform for System Improvements

- Perinatal/postpartum depression screening and management
- Improved screening and management of teen substance use
- Parent training for disruptive behavior in children under 6 using colocated PCP clinicians trained in evidence-based practice, Triple P
Go Connecticut!

- Very exciting
- Able to use our lessons learned
- Look forward to helping wherever we can
Central Administration Team

Vickie Alston, VP, Health and Wellness
Sherrie Sharp, M.D., Medical Director
Beth Garrigan, Program Director
History & Planning

- Public Act 13-3 (An Act Concerning Gun Violence Prevention and Children’s Safety) requiring the Commissioner of DCF to establish and implement a regional behavioral health consultation and care coordination program for PCPs who serve children.

- ValueOptions CT was elected as the fiduciary and administrator for the ACCESS-Mental Health Program in Connecticut.
What is ACCESS-MH CT?

ACCESS-MH CT (Access to all of Connecticut’s Children of Every Socioeconomic Status — Mental Health) is a program that offers free consultative services to PCPs seeking assistance in providing behavioral health care to children and adolescents under the age of 19 years, irrespective of insurance.
Sherrie Sharp, M.D.
Medical Director of ACCESS-MH CT

- Board-certified child and adolescent psychiatrist
- Practiced in Connecticut for several years
- Worked closely with pediatricians, including collaborative combined rounds for shared patients
- Current role is to oversee the program’s clinical affairs
Vision

- The vision is to improve access to treatment for children with behavioral health or psychiatric problems while promoting trusted relationships between primary care and child psychiatry.

- ACCESS-MH CT is designed to support PCPs by offering telephone consultation including education on assessment, treatment, and access to community resources for youth with behavioral health needs.
Goals

- Improve access to treatment for children and adolescents with mental health needs
- Support a trusted relationship between PCPs and child psychiatrists
- Provide mental health focused training for primary care providers
- Identify and coordinate community resources for youth and their families
- Support the care of youth with mental health needs within their PCP office
Who We Are

- The ACCESS-MH CT program consists of experienced child psychiatry consultation teams located throughout the state of Connecticut to help PCPs meet the needs of children and adolescents with mental health problems.

- Each Service Area Consultation Team (Hub) includes:
  - 1.0 FTE Child/Adolescent Psychiatrist
  - 1.0 FTE Licensed Behavioral Health Clinician
  - 1.0 FTE Program Coordinator
  - 0.5 FTE Family Peer Specialist
Hub Services

- Free telephone consultation within 30 minutes of initial call
- ACCESS-MH CT will operate from 9 a.m. to 5 p.m. Monday through Friday
- This service is not meant to replace necessary emergency services
- PCPs will still have EMPS Crisis Intervention Service and 2-1-1 available and should rely on those services for urgent cases requiring prompt evaluation of the patient directly
Hub Services (cont.)

- Behavioral health training and education
  - Lunch and Learns
  - Didactic
  - Grand Rounds
  - Phone Consults
Consultations result in one of the following outcomes depending on the needs of the family and the child:

— An answer to the PCP’s question

— Referral to the team program coordinator or family peer specialist to assist the family in accessing local behavioral health services

— Referral to the team behavioral health clinician to provide transitional (interim) face-to-face or telephonic support to the child and family

— Referral to team child psychiatrist for a psychopharmacological or diagnostic consultation
What’s Next

- The three Hub teams are targeted to begin outreach to PCPs this month to schedule orientation and enrollment meetings.
- Prep your front office staff to field the call!
- Next AAP-sponsored webinar is June 26.
Take Action

- Go to www.accessmhct.com to learn more about the ACCESS-MH CT program, follow our progress, and express interest so that a Hub staff member can reach out to you.

- Call your Central Administration team for more information at (860) 707-1049.
Questions?