

CONFERENCE ABSTRACT

Engaging Primary Care Providers to Participate in a Telephonic Consultation System to Improve Pediatric Behavioral Health Access

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

James Waxmonsky, Jolene Hillwig Garcia, Raman Baweja, Erika Juarez, Eric Kujawa

Penn State College of Medicine, United States of America

Introduction: Access to pediatric behavioral health services has been a longstanding problem in the United States. Resources are scarcest for children in rural areas with publicly funded health insurance. One solution is integrating behavioral health services into pediatric medical settings, but this requires substantial resources and faces a host of financial barriers.(1)

Practice Change & Aim: In response, telephonic consultation services have been developed where a centralized behavioral health team advises numerous primary care (PC) offices across a large geographic area.(2, 3) Engagement of PC offices is critical to the success of these programs, but little is known about factors that predict successful engagement.

Targeted Population and Timeline: We report on the initial experiences in establishing a telephonic psychiatry consult service (TiPS) for children with publicly funded health insurance across Pennsylvania. TiPS consists of three regional teams composed of a child psychiatrist, therapist and care coordinator, each providing services to a region including 400,000 youth with Medicaid. The central region is predominantly rural and been designated as a severe shortage area (4) where 50% of the counties have no child psychiatrists. The program started in the summer of 2016, with initial efforts focused on engaging high volume Medicaid PC offices through in-office orientation visits.

Highlights: 142 PC offices were targeted with 64% accepting an orientation visit in the first 3 months. Orientation visits were attended by 78% of office prescribers and lasted 46 minutes. Compared to offices not accepting visits, accepting offices covered more Medicaid lives, were located closer to the TiPS team home-site and more likely to be a pediatric than a family medicine practice ($p's < .05$). Presence of integrated behavioral health services, rural vs urban location, or the practice's business model (solo, multisite, part of a healthcare system) did not impact enrollment.

To date, 50% of enrolled offices have called the TiPS line. The mean time to first call was 17 days. Over 70% of callers have called 2+ times, with mean time to the next call decreasing by 33%. The same factors predicted calling ($p's < .05$) plus being a solo medical practice, employing APCs and having a larger number of prescribers. Nearly 25% of calls were about a child already receiving behavioral health services. 75% of callers requested care coordination services while

50% requested psychiatric consultation. Care coordinators successfully engaged 75% of referred families. Tips psychiatrists were as likely to recommend psychosocial as pharmacological interventions.

Sustainability/Transferability: Telephonic consult programs require less personnel and have lower costs than other integrated care services, making them a palatable and sustainable option for locales with limited behavioral health resources. In-office orientation visits were well received and led to program participation even by those with integrated behavioral health services. Larger pediatric practices, employing APCs, and located within 60 miles of the behavioral health team were most likely to enroll and call. Care coordination services have been well utilized and are a relatively inexpensive service, suggesting that they should comprise a core component of telephonic consultation services.

References:

- 1- DeMaso D. A Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care. Washington DC: American Academy of Child and Adolescent Psychiatry; 2010.
- 2- Hilt RJ, Romaine MA, McDonnell MG, Sears JM, Krupski A, Thompson JN, et al. The Partnership Access Line: evaluating a child psychiatry consult program in Washington State. *JAMA Pediatr.* 2013 Feb;167(2):162-8. PubMed PMID: 23247331. ENG.
- 3- Straus JH, Sarvet B. Behavioral health care for children: the massachusetts child psychiatry access project. *Health Aff (Millwood).* 2014 Dec;33(12):2153-61. PubMed PMID: 25489033. ENG.
- 4- American Academy of Child and Adolescent Psychiatry Workforce Maps by State. [Internet]. Washington D.C. [cited Nov 23 2016]. Available from: http://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.asp

Keywords: primary care; children; behavioral health; telehealth
