From Vision **To Reality**

QTIP and Behavioral Health: What Happened?

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From Vision…

From the grant:

*"Behavioral health is fully integrated into our demonstration grant as Category C which specifically focuses on the **integration of behavioral health care** within the medical home…"*

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To Reality

Children's Mental Health Awareness Week
May 1-7, 2011

1 in 5 Children In South Carolina Experiences a Mental Health Disorder

Visits
Pediatrics, 2006…
24% of pediatric primary care visits involve behavioral, emotional or developmental concerns

Suicide
3rd leading cause of death –
10-14 year olds & 15-24 year olds

20/20 Rule

6

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Top 6 Options Chosen in July 2011

- Access child psychiatry
- Facilitate accessing local resources
- Compile a list of community resources
- Learn how to code and bill for mental health services
- Identify assessment and screening tools
- Identify funding options for co-located staff

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In REALITY,
we had to operationalize across:

- 18 practices;
- 12 communities;
- 5 business models;
- various skill levels; and
- desires for integration.

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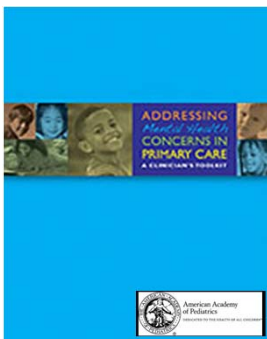AAP's Mental Health Toolkit

- Community Resources
- Health Care Financing
- Support for Children and Families
- Clinical Information Systems/Delivery Systems Redesign
- Decision Support for Clinicians

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Community Resources

Vision: Ability to know about and access community resources

Actions:

- Visited community providers
- Created referral forms
- Served as liaison among community providers and family advocacy groups:
  - Authorizations
  - Feedback and referral loops
  - Lists of providers
  - Outreach using AAP Toolkit Letters

Visited:
- Mental Health Centers
- DAODAS
- Child Advocacy Centers
- Hospitals
- Private Providers
- Sexual Assault Services
- Family Corps
- Family Advocacy Groups
- First Steps
- Domestic Violence Groups

Reality:
"We obtained more information in that one hour meeting than multiple phone calls could have accomplished!"

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Community Resources

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Healthcare Financing

Vision: Understand financing for providing and accessing services

Actions:

- Published Medicaid bulletin for billing and coding
- Advocated streamlining authorization processes
- Provided lists of providers serving multiple MCOs
- Liaison work with payers
- Linked referral staff with MCO staff
- Learned to spread visits out over multiple visits

Reality:
"Benefit of being reimbursed for mental health screening has been huge and will continue after the grant."

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Vision: Provide an office environment promoting mental health

Support for Children and Families

Actions:

- Created bulletin boards in waiting rooms
- Provided ADHD group visits
- Accessed handouts for families
- Provided handouts on community resources
- HEL^{2}P^3
- Collaborated with family groups
- Offered Parent Partners

Reality: "Awareness of mental health was never on my radar screen – had no clue of what it really meant."

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Vision: Incorporate mental health into routine office protocols

Delivery Systems Redesign

Actions:

- Taught QI techniques
  - Process...process...process...
  - PDSA cycles around screens, codes, billing
- Provided screening protocol
  - Office protocols for screening
- Discussed EMR uses
- Guidelines for ADHD care
  - ADHD med checks – Rx reminder
- Piloted CHADIS
- Worked on referral and feedback loops

Reality: "...questionnaires tell you what's important to the child and parent before you walk in the room... that changes the entire visit..."

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Recommended Screenings -- Introduced January 2013

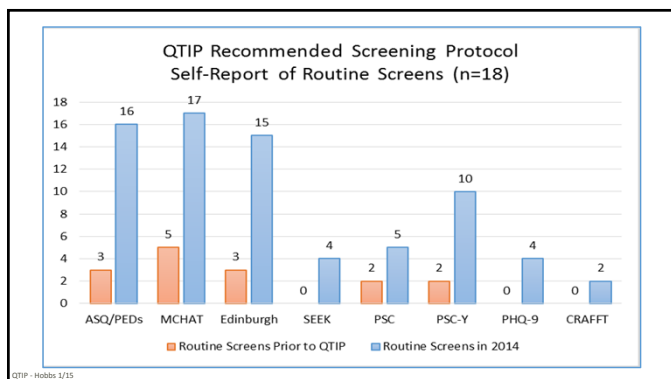| SC QTIP Recommended Routine Screening Protocol		
Babies and Preschoolers	**Elementary School**	**Adolescents**
Developmental Screening ALL: ASQ-3 or PEDS MCHAT	All: PSC – parent report	All: PSC-Y 11+
Psychosocial/Environmental Risk Factors - ALL Edinburgh Post-Partum depression screen for moms SEEK-PSQ	If indicated: SCARED – 8+ Vanderbilt	If indicated or desired: Modified PHQ-9 CRAFFT SCARED Vanderbilt

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QTIP Recommended Screening Protocol
Self-Report of Routine Screens (n=18)

Screen	Routine Screens Prior to QTIP	Routine Screens in 2014
ASQ/PEDs	3	16
MCHAT	5	17
Edinburgh	3	15
SEEK	0	4
PSC	2	5
PSC-Y	2	10
PHQ-9	0	4
CRAFFT	0	2

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Vision: Manage/refer mental health needs as routinely as physical health needs

Clinical Decision Making

Actions:
- TA visits and Community Visits
- Provided Academic Detailing for ADHD and SGAs
- Offered psychiatric consultant
- Taught specific skill building
  - HELP resources Common Factors
  - Learning from each other at LC
  - MI training
- Shared pediatric behavioral health resources
  - PAL resources – redesigned
  - TN AAP resources
  - UMASS training

Reality: "The most helpful part of the grant was the behavioral health initiative…giving us confidence… that we weren't going to get overwhelmed."

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So What?

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So What did **evaluators** say happened?

- Significant progress was made along the **continuum of integration**. Most reached the coordinated level of integration (demonstrated by) increased screening and changes in work flow.
- QTIP practices reported a **higher level of comfort** in addressing behavioral health needs.
- Practice change occurred resulting from **Academic Detailing**'s focus on **SGAs**

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So What did **QTIP staff** learn?

- "**Start** where the practice is".
- Integration is **challenging**, **time consuming, and** requires **system changes**.
- Integration requires:
  - **Multiple models** matching skill levels, business models, and local resources.
  - **Payment mechanisms** that differ from traditional physical and mental health models.
  - **More time** than a typical physical health office visits
- QTIP interventions centered on increasing:
  - **awareness** of the **needs of the child** and family, and
  - Pediatric staff's **capacity and skills** to assess, screen, refer and collaborate with community resources.

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So What did **practice staff** say?

Most Useful/important/helpful thing we have done to facilitate integration:
❏**Tangible** resources
❏**Screening** protocol
❏**Reimbursement** mechanisms in place for screenings
❏**Constant** discussion and reinforcement

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So What?

Top 6 of 21 Options Practices Chose in July 2011	Most Useful/important/helpful thing we have done to facilitate integration:
• Access child psychiatry • Facilitate accessing local resources • Compile a list of community resources • Learn how to code and bill for mental health services • Identify assessment and screening tools • Identify funding options for co-located staff	☐ **Tangible** resources ☐ **Screening** protocol ☐ **Reimbursement** mechanisms in place for screenings ☐ **Constant** discussion and reinforcement

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So What did **individuals** say happened?

- *'We thought we were doing a good job; but, now we are doing even better.'*
- *'You helped us find resources, prior to QTIP those conversations, were at zero.'*
- *'QTIP has made us more bold about our adolescent screening.'*
- *'Our focus now is "change the process not the patient."'*
- *'It has brought us all into an awareness of what our children need and what they deserve.'*
- *'By going to learning collaboratives and listening we are able to hear everyone's struggles and challenges. Y'all are our mental health services.'*
- *"We are all better together than we are apart and QTIP has helped us learn that."*

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