Behavioral Healthcare in Pediatrics (BeHiP)
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A Brief History of BeHiP...

• BCBS asked TNAAP to assist with training and engagement for providers caring for children in foster care—“Best Practice Network” (BPN) providers
• Saw need for statewide system of care for behavioral health
• 2012 began training physicians statewide to screen for, discuss, and manage pts with BH concerns
• 2014 began training physicians in trauma-focused care, medical mgmt
• 2016 began working on behavioral health care learning collaborative for providers caring for children in foster care
  – Modeled (loosely) after MCPAP program

Ultimate goal:
Statewide system of care around pediatric behavioral health
Primary Chronic Disease Incidence and Cost for Children in Foster Care

<table>
<thead>
<tr>
<th>Top 10 Chronic Conditions</th>
<th>Period 1</th>
<th>Period 2</th>
<th>Percent of Total Paid Dollars</th>
<th>Percent of Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral/Chemical Dependency</td>
<td>30.3%</td>
<td>30.3%</td>
<td>32.0%</td>
<td>37.3%</td>
</tr>
<tr>
<td>Asthma</td>
<td>11.5%</td>
<td>9.9%</td>
<td>12.3%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>8.7%</td>
<td>2.4%</td>
<td>6.4%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Cancer</td>
<td>7.0%</td>
<td>5.8%</td>
<td>7.0%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Obesity</td>
<td>4.2%</td>
<td>4.3%</td>
<td>5.4%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Neurology</td>
<td>3.3%</td>
<td>0.6%</td>
<td>2.0%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>2.0%</td>
<td>1.7%</td>
<td>2.6%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.1%</td>
<td>0.7%</td>
<td>1.1%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Trauma</td>
<td>0.7%</td>
<td>0.2%</td>
<td>0.7%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Hematology</td>
<td>0.4%</td>
<td>0.1%</td>
<td>0.3%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Foster Care Outcomes

- At age 21...
  - 48% unemployed (full- or part-time)
  - 33% had not received high school diploma or GED
  - 26% had experienced homelessness in the past 2 years
  - 25% had given birth or fathered a child in the past 2 years
  - 20% had been incarcerated in the past 2 years
  - 25% had no health insurance coverage

- National Youth in Transition Database, Data Brief #5, November 2016
The Mental Health Provider Shortage

• In 1990, estimated need for >30,000 child and adolescent psychiatrists by 2000 (Committee on Graduate Medical Education)

• In 2013, there were 8,000 (AMA 2013)
BeHiP 3 Pilot Logic Model

<table>
<thead>
<tr>
<th>Resources</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short Term Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Community pediatricians&lt;br&gt;• Community partners&lt;br&gt;• Regional DCS&lt;br&gt;• Regional COE&lt;br&gt;• BlueCare&lt;br&gt;• TNAAP</td>
<td>• Training&lt;br&gt;• PDSA/MOC4&lt;br&gt;• Data collection&lt;br&gt;• Video collaborative&lt;br&gt;• Formation of BeHiP network&lt;br&gt;• Create foster care system care coordination model</td>
<td>• # physicians impacted&lt;br&gt;• # system changes made&lt;br&gt;• # PDSA cycles completed&lt;br&gt;• # video sessions completed&lt;br&gt;• # foster children impacted</td>
<td>• Stakeholder engagement&lt;br&gt;• Improved payment&lt;br&gt;• Networking&lt;br&gt;• Coalition building&lt;br&gt;• Improved patient care</td>
<td>• Sustainable regional BH collaborative network&lt;br&gt;• Improved PCP-provided BH care to all patients&lt;br&gt;• Improved BH collaboration &amp; referral&lt;br&gt;• Reduced cost&lt;br&gt;• Reduced inappropriate medication use&lt;br&gt;• Improved overall healthcare for children</td>
</tr>
</tbody>
</table>

BeHiP 1

Increase pediatrician confidence and competency in:

• Screening
• Talking to patients and their families
• Understanding treatment
• Knowing when, how, and to whom to refer a patient
• Networking
BeHiP I

- 5 face-to-face regional trainings across Tennessee
- 1 BEHIP introductory training video
- 6 Guidance Videos
  - Anxiety
  - Inattention and impulsivity
  - Depression
  - Disruptive behavior and aggression
  - Social/emotional guidance for children birth to age 5
  - Substance use and abuse

Results

BEHIP Training Follow-Up Survey

Q6 After participating in the BEHIP training, how confident are you in screening for behavioral health concerns in your office?

Answered: 26  Skipped: 5

- Very Confident
- Confident
- Neutral
- Not Very Confident
- Not at all Confident

[Bar chart showing responses]
BeHiP II

Raise pediatrician confidence and competency in:

– Trauma-informed care
– Adverse Childhood Events (ACEs)
– Navigating the Department of Children’s Services (DCS)
– Basic psychopharmacology
– Treating v. referring
– Networking

Psychopharmacology

• 9% of children and adolescents prescribed psychotropics
• Children in foster care prescribed psychotropics 3-11 times more than Medicaid children not in foster care
Primary Care Psychopharmacology

PCPs

- Provide >50% of US mental health care
- Prescribe >75% of the anxiolytics, antipsychotics, and mood stabilizers
- Beyond stimulants, many PCPs are uncomfortable with prescribing psychotropic medications

BeHiP II

- Transition BeHiP I content to online modules
- 5 face-to-face regional trainings/networking events
- Transition BeHiP II content to online modules
Results from BeHiP II

BeHiP III
Behavioral Health Integration Pilot Project

- Identify providers in one region
- Train providers
- Build relationship between providers and their COE and regional DCS offices
- Create a telemed learning collaborative
  - Pediatricians and support staff, area behavioral health resources, coordinated school health, DCS, COE, BCBS, BeHiP faculty and staff
- Replicate to remaining regions
Centers of Excellence for Children in State Custody (and at risk of custody)

BeHiP III

Q8 Please rate your level of knowledge of this topic BEFORE this training

Q9 Please rate your level of knowledge of this topic AFTER this training
BeHiP III

• Since March 2017
  – 7 practices trained, 5 currently participating
  – 8 monthly collaborative calls
  – Data collected through PHiiT TNAAP QI project
  – Systems Changes: Improved scheduling access for behavioral health services, integrated review with DCS staff, pilot to move 72hr DCS intake to medical home, improved provider billing
  – Direct patient intervention

Challenges...

• Recruiting physicians
• Case submissions
• Billing for services
• Demonstrating the business case for this collaborative
• Future funding
Key Takeaways

• Collaboration between BCBS and state chapters of professional societies such as AAP can result in solutions to healthcare challenges

• Raising the confidence and competency of pediatricians around behavioral health concerns is critical to bridging gaps in access to care

• Identifying barriers at the provider level and fostering relationships between providers and regional resources is crucial to sustaining change