From Vision To Reality

QTIP and Behavioral Health: What Happened?

Kristine Hobbs, LMSW
CATCH, January 2015
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...”
REALITY LEAVES A LOT TO THE IMAGINATION.

- John Lennon
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
logic will get you from A to B
imagination will take you everywhere

Albert Einstein
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
In REALITY, we had to operationalize across:

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

"The vision must be followed by the venture. It is not enough to stare up the steps - we must step up the stairs."

- Vance Havner
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!”
Community Resources

### Community Meetings

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Comm Mtg w/o Practice #</th>
<th>Comm Mtg w Practice #</th>
<th>SV/TA #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan '11 - Dec '12</td>
<td>21</td>
<td>10</td>
<td>69</td>
</tr>
<tr>
<td>Jan - Dec 2013</td>
<td>28</td>
<td>34</td>
<td>42</td>
</tr>
<tr>
<td>Jan - Nov 2014</td>
<td>15</td>
<td>50</td>
<td>35</td>
</tr>
</tbody>
</table>

### QTIP Practice Self-Report

Factors Related to Community Resources

July 2013, n = 17

Higher Numbers Indicate Improvement

- Social Interaction Needs
- Physical Activity
- Quality of Life
- Sleep
- Nutrition
- Mental Health

QTIP - Hobbs 1/15
IN REALITY, IT COSTS MONEY.

Jim McMasters
Healthcare Financing

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.”
THE REALITY IS WE HAVE A WHOLE MENU OF OPTIONS.
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
• HEL²P³
• 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.”
“STICK TO YOUR VISION, BUT ADAPT YOUR PLAN.”

-BRIAN MAGGI
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

Vision: Incorporate mental health into routine office protocols

Reality:
“...questionnaires tell you what’s important to the child and parent before you walk in the room... that changes the entire visit...”
### Recommended Screenings -- Introduced January 2013

#### SC QTIP Recommended Routine Screening Protocol

<table>
<thead>
<tr>
<th>Babies and Preschoolers</th>
<th>Elementary School</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Developmental Screening ALL:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASQ-3 or PEDS MCHAT</td>
<td><strong>All:</strong></td>
<td><strong>All:</strong></td>
</tr>
<tr>
<td></td>
<td>PSC – parent report</td>
<td>PSC-Y 11+</td>
</tr>
<tr>
<td><strong>Psychosocial/Environmental Risk Factors - ALL</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edinburgh Post-Partum depression screen for moms</td>
<td><strong>If indicated:</strong></td>
<td><strong>If indicated or desired:</strong></td>
</tr>
<tr>
<td>SEEK-PSQ</td>
<td>SCARED – 8+</td>
<td>Modified PHQ-9</td>
</tr>
<tr>
<td></td>
<td>Vanderbilt</td>
<td>CRAFFT</td>
</tr>
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QTIP Recommended Screening Protocol
Self-Report of Routine Screens (n=18)

- **ASQ/PEDs**: 16
- **MCHAT**: 17
- **Edinburgh**: 15
- **SEEK**: 0
- **PSC**: 2
- **PSC-Y**: 10
- **PHQ-9**: 4
- **CRAFFT**: 2

- **Routine Screens Prior to QTIP**: Orange bars
- **Routine Screens in 2014**: Blue bars

QTIP - Hobbs 1/15
Champions aren't made in gyms. Champions are made from something they have deep inside them: A desire, a dream, a vision. They have to have last-minute stamina, they have to be a little faster, they have to have the skill and the will. But the will must be stronger than the skill.

(Muhammad Ali)
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.”
"Yep, you're living the dream, Mater boy." ... Lightning McQueen
So What?
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**
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.
So What did practice staff say?

<table>
<thead>
<tr>
<th>Most Useful/important/helpful thing we have done to facilitate integration:</th>
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<tr>
<td>❑ <strong>Tangible</strong> resources</td>
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<td>❑ <strong>Screening</strong> protocol</td>
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<td>❑ <strong>Constant</strong> discussion and reinforcement</td>
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So What?

Top 6 of 21 Options Practices Chose in July 2011

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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
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.”
"As we move toward the goals we have around mental health services for the kids and families you serve,

I hope imagination will be our guide and that we will find many real friends to join us in making your goals around mental health services for the kids and families a reality."

~Kristine Hobbs, July 2011, QTIP Meeting
A dream you dream alone is only a dream. A dream you dream together is reality.

John Lennon
*English musician, singer and songwriter*

(1940-1980)