Healers, HELPers, and Heroes

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QTIP Learning Collaborative

August 2, 2014
"you don't need to be strong like a superhero, you just need to be better than you were yesterday."

Tarunx3
Why Behavioral Health? Why SC?

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...”

Pediatric Visits

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

Suicide

3rd leading cause of death - 10-14 yr olds & 15-24 yr olds
### Mental Health Practice Readiness Inventory

#### Community Resources
- Inventory of available providers
- Knowledge needed to access services
- Collaborative relationships with key providers

#### Health Care Financing
- 3rd party payers
- Coding to capture payment
- First contact – feel welcome

#### Support for Children and Families
- Culturally effective MH care
- Mental health promotion
- Confidentiality
- Adolescents – MH/SA
- Engage patient in MH dialogue
- Self and family management – self-care
- Referral assistance
- Care coordination for MH needs
- Special populations
- Family centeredness
- QI – for kids with MH needs
- Registry to identify kids with MH/SA issues
- Recall and reminder system for kids on the registry
- Med Management
- Emergency – plan in place for handling psychiatric emergencies
- Information exchange related to community resources
- Tracking systems to monitor progress
- Care plans – interdisciplinary
- Collaborative models of care for kids with MH needs
- Interactive web-based tools
- Screening and assessment

#### Clinical Information Systems/Delivery Systems Redesign
- Decision Support for Clinicians

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### 5 Categories – Framework for QTIP MH Grant Activities

- Community Resources
- Health Care Financing
- Support for Children and Families
- Clinical Information Systems/Delivery Systems Redesign
- Decision Support for Clinicians
American Academy of Pediatrics
Mental Health Practice Readiness Inventory

CHIPRA/QTIP Practices Averages
AAP Mental Health Readiness Inventory

QTIP - Hobbs
Community Resources

- Inventory of available providers
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- Collaborative relationships with key providers
Check out these...

Family Corps
http://www.family-corps.org/programs/

Project Best
http://academicdepartments.musc.edu/projectbest/roster/roster.htm

Child Advocacy Centers
http://www.cac-sc.org/about-us/locate-a-local-center/

DAODAS Contacts
http://www.daodas.state.sc.us/SBIRT.asp
Health Care Financing

- 3rd party payers – providers, authorizations, payers
- Coding – to capture payment
Gangbusters on the screening claims and patients being screened

Spreading out visits over multiple visits

Seeing more PDSA cycles around screening, coding and billing...

Medicaid Manual – Bulletins and authorizations

Physicians ability to authorize out of home placements

More changes are coming... Palmetto Coordinated System of Care – have had representation with Kim Conant and Dr. Fred Volkman
Data from 1\textsuperscript{st} Q 2011 - 2014

...taken from claims data – many caveats can be explored...
Gangbusters on the screening of referrals and patients being screened

Spreading out visits...not coding and billing...

Seeing more PDSA cycles around screening, coding and billing...

Medicaid Manual – Bulletins and authorizations

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“SOMETIMES BEING A BROTHER IS EVEN BETTER THAN BEING A SUPERHERO”

- MARC BROWN
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“O” is for Opportunities

• Other Resources
• Office Set-Up
• Offer a Supportive, non-judgmental atmosphere
• Offer Routine Screenings, questionnaires, and or checklists

Taken from NAMI brochure, “What Families Want from Primary Care”
http://www.nami.org/template.cfm?template=/contentmanagement/contentdisplay.cfm&contentid=120672
Full document:
http://www.nami.org/template.cfm?template=/contentmanagement/contentdisplay.cfm&contentid=120671
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- Handouts about mental health at WCC
- AAP Foster Care Grant
- Community resource sheets that correspond to screeners
- QI projects around tracking V codes for specific issues with kids
- Self-care plans around medication management
- Self-care plans around safety plans for kids and families
Clinical Info Systems/Delivery Systems Redesign

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- Tracking screening, documentation and coding
- Incentives and disincentives
- Patient reminders
- Community meetings to coordinate care for shared kids
- Closing feedback referral loops
- Tracking follow through with positive screens!
- Workflow plans for various payers
“I hope you’re proud of yourself for the times you’ve said "yes," when all it meant was extra work for you and was seemingly helpful only to someone else.”

- Fred Rogers
Decision Support for Clinicians

- Functional assessment – how does the MH/SA issue affect functioning
- Clinical Guidance – training areas
- Protocols for kids with MH issues and to help foster self-mgmt
- Psychiatric Consultation – access to psychiatrist
- Screening and surveillance – to elicit MH/SA problems and identify family strengths and risks
SCORxE, Learning Collaborative Topics, Conference Calls, TA visits, MH Toolkits, UMASS training, invitations to statewide events and training ...

On-line resources:
http://www.palforkids.org/resources.html
http://theinstitute.umaryland.edu/seek/training_SEEK_Online_Train_Desc.cfm
http://www.ahwg.net/resources-for-providers.html
http://www.tnaap.org/DevBehScreening/mchat.html
http://www.tnaap.org/BEHIP/behip_overview.htm

<table>
<thead>
<tr>
<th>Aug 19th Call</th>
<th>Sept 4th</th>
<th>Fall 2014...</th>
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<tbody>
<tr>
<td>Suicide Risk and Safety Planning</td>
<td>AAP’s Trauma Informed Care</td>
<td>SCORxE – mini lesson on depression</td>
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# Decision Support for Clinicians

- Functional assessment – how does the MH/SA issue affect functioning
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- Protocols for kids with MH issues and to help foster self-management
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- Screening and surveillance – to elicit MH/SA problems, identify strengths and risks

## Question

**Q4. How should we use Dr. Khetpal? Etc...**

<table>
<thead>
<tr>
<th>Question</th>
<th>MD/NP Themes (MD = 15; NP = 2)</th>
<th>Office staff Themes (n = 11)</th>
<th>Nurses Themes (n = 13)</th>
<th>Summary across disciplines</th>
<th>comments of note</th>
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<tbody>
<tr>
<td></td>
<td>Things that can be managed in the pediatric office; med mgmt of anxiety &amp; depression; medication and family interventions</td>
<td>Same as docs responses</td>
<td>Medication management in ped office Helping parents cope</td>
<td>Things that can be managed in the pediatric office; med mgmt of anxiety &amp; depression; medication and family interventions</td>
<td>“Yes, yes, yes, I would love to get specific MD training...” “any topic on mental/behavioral healthcare would be of value!”</td>
</tr>
</tbody>
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Robin, look! Someone in that store is in trouble!
### What Practices Wanted in 2011

### What Practices Appreciate in 2014

#### Top 6 of 21 Options Practices Chose in July 2011

- Finding ways to access child psychiatry
- Work with community providers to facilitate accessing local resources
- Identify a list of resources for specific needs in your community
- Learn more about billing and coding for mental health services
- Identify appropriate and time effective assessment and screening tools
- Information about funding/billing options for co-located staff

#### 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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HELP!

Primary care clinicians are accustomed to a certain level of diagnostic uncertainty. Children presenting with fever are typically triaged based on the child’s clinical appearance—the very toxic-appearing child may require further diagnostic assessment and admission to the hospital for observation and presumptive treatment; the child with clinical findings suggesting a specific diagnosis may be treated as an outpatient, returning for further attention if recovery does not progress as expected; the child with mild symptoms may simply require parental reassurance, symptomatic care, and monitoring. Clearly, in many instances the clinician can relieve parental distress and decrease the child’s discomfort without knowing exactly what is causing the child’s symptoms.

Similarly, in the absence of an emergent need, clinicians presented with a child’s mental health problem can often take steps to address parents’ distress and children’s symptoms without knowing the specific diagnosis. They may offer parenting strategies to cope with common behavioral problems. They may offer advice about lifestyle issues affecting mental health, such as sleep, exercise, sunlight, diet, and one-on-one time for the parent and child. They can employ effective family-centered techniques known as common factors, so-called because they are common factors in a number of evidence-based interventions. These can be represented by the mnemonic HELP:

- **H**ope
  - Increase the family’s hopefulness by describing your realistic expectations for improvement and reinforcing the strengths and assets you see in the child and family.

- **E**mpathy
  - Communicate empathy by listening attentively.

- **L**anguage
  - Use the child or family’s own language to reflect your understanding of the problem as they see it and to give the child and family an opportunity to correct any misperceptions.

- **P**ermission
  - Communicate loyalty to the family by expressing your support and your commitment to help.

**P**ermission
- Ask the family’s permission for you to ask more in-depth questions or make suggestions for further evaluation or management.

**Partnership**
- Partner with the child and family to identify any barriers or resistance to addressing the problem, find strategies to bypass or overcome barriers, and find agreement on achievable steps aligned with the family’s motivation.

**Plan**
- Establish a plan (or incremental first step) through which the child and family will take some action(s), work toward greater readiness to take action, or monitor the problem, then follow up with you, based on the child and family’s preferences and sense of urgency.

(The plan might include, for example, gathering information from other sources such as the child’s school, making lifestyle changes, applying parenting strategies or self-management techniques, reviewing educational resources about the problem or condition, initiating specific treatment, seeking referral for further assessment or treatment, or returning for further family)
VIGNETTES:

Luke – presents with asthma and anxiety
Mason – presents with substance use
Jessie – presents with depression; is safe to go home
So they can be the HERO of their own story...