The Future of Pediatrics: Mental Health Competencies for Primary Care
John C. Duby, MD, FAAP, CPE
About Akron Children’s

- Ranked a Best Children’s Hospital by *U.S. News & World Report*
- 8th largest children’s hospital in country*
- Magnet® Recognition for Nursing Excellence
- Largest pediatric provider in NE Ohio
  - 2 hospital campuses
  - 20+ primary care locations
  - 60+ specialty location
- Nearly 4,500 employees
- 750+ medical staff

*Source: 2012 Becker's Hospital Review*
Objectives

- Utilize appropriate mental health coding practices.
- Establish collaborative relationships with other entities to support optimal physical and mental health among their patients.
- Employ standardized screening instruments to identify children in need of mental health intervention.
- Establish registries to identify populations in need of specialized services.
- Utilize evidence-based protocols in the management of mental health disease.
- Utilize new resources and skills in the management of ADHD, anxiety disorders, externalizing disorders, internalizing disorders and attachment disorders.
The Primary Care Advantage
The Future of Pediatrics:
Mental Health Competencies for Pediatric Primary Care.
Pediatrics 2009;124;410-421

- Longitudinal, trusting, and empowering therapeutic relationships
- Family-centered medical home
- Opportunities for prevention
- Understanding of common social, emotional, and educational problems in the context of a child’s development and environment
- Experience working with specialists and serving as a care coordinator
- Familiarity with chronic care principles and practice improvement methods
The 6 Competencies: ACGME 1999

• Patient Care
  – Identify, respect, and care about patients' differences, values, preferences, and expressed needs; listen to, clearly inform, communicate with and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

• Medical Knowledge
  – Established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social behavioral) sciences and the application of knowledge to patient care.

• Practice-Based Learning and Improvement
  – Involves investigation and evaluation of one's own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

• Interpersonal and Communication Skills
  – Effective information exchange and teaming with patients, their families and other health professionals.

• Professionalism
  – Commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

• Systems Based Practice
  – Actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
Understand the Needs of Your Population

SYSTEMS BASED PRACTICE AND MEDICAL KNOWLEDGE
## Emotional, Developmental, and Behavioral Issues in South Carolina

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number</th>
<th>Percent Of S.C. Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>79,003</td>
<td>8.5%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>27,205</td>
<td>2.9%</td>
</tr>
<tr>
<td>Moderate or Severe Behavioral or Conduct Disorder</td>
<td>26,141</td>
<td>2.8%</td>
</tr>
<tr>
<td>Depression</td>
<td>22,471</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

*2007 National Survey of Children’s Health*
National Survey of Children with Special Health Care Needs
2009-2010

- National Telephone Survey
- 196,000 households
- 40,242 CSHCN
- Done in 6 languages
- At least 750 CSHCN detailed interviews per state
- Funded by MCHB, US Dept of HHS
South Carolina Children with Emotional, Developmental, and Behavioral Issues (EDB)

- 1.076 million children
- 177,157 with special health care needs (16.45%)
- 50,689 with EDB Issues
- 4.7% of South Carolina children identified
  - 47 per 1000
- Studies suggest 20% have EDB Issues
  - 200 per 1000
- Over 75% have not been identified
## Medical Home: Children with Emotional, Developmental, and Behavioral Issues in S.C.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>With EDB (%)</th>
<th>No EDB (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No source of sick care or relies on ER</td>
<td>7.2</td>
<td>9.1</td>
</tr>
<tr>
<td>No personal doctor or nurse</td>
<td>6.5</td>
<td>8.5</td>
</tr>
<tr>
<td>Trouble getting referral</td>
<td>33.3</td>
<td>23.5</td>
</tr>
<tr>
<td>1 unmet need</td>
<td>20.4</td>
<td>11.9</td>
</tr>
<tr>
<td>2 or more unmet needs</td>
<td>23.4</td>
<td>6.5</td>
</tr>
</tbody>
</table>
Medical Home: Children with Emotional, Developmental, and Behavioral Issues in S.C.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>With EDB (%)</th>
<th>No EDB (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider only sometimes or never spends enough time</td>
<td>25.3</td>
<td>23.2</td>
</tr>
<tr>
<td>Provider only sometimes or never listens carefully</td>
<td>20.1</td>
<td>9.1</td>
</tr>
<tr>
<td>Provider only sometimes or never helps family feel like a partner in care</td>
<td>17.5</td>
<td>8.7</td>
</tr>
</tbody>
</table>
## Medical Home: Children with Emotional, Developmental, and Behavioral Issues in S.C.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>With EDB (%)</th>
<th>No EDB (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always get the specific information needed</td>
<td>56</td>
<td>63.1</td>
</tr>
<tr>
<td>Provider always listens carefully</td>
<td>58.9</td>
<td>72.5</td>
</tr>
<tr>
<td>Provider only sometimes or never sensitive to family values and customs</td>
<td>15.6</td>
<td>9.8</td>
</tr>
</tbody>
</table>
## Medical Home: Children with Emotional, Developmental, and Behavioral Issues in S.C.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>With EDB (%)</th>
<th>No EDB (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than very satisfied with communication among providers to coordinate care</td>
<td>45.3</td>
<td>31.6</td>
</tr>
<tr>
<td>Less than very satisfied with communication among providers and school to coordinate care</td>
<td>57.5</td>
<td>38.3</td>
</tr>
</tbody>
</table>
# Medical Home: Children with Emotional, Developmental, and Behavioral Issues in S.C.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>With EDB (%)</th>
<th>No EDB (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not receive all the help coordinating care that was needed</td>
<td>52.1</td>
<td>35.6</td>
</tr>
<tr>
<td>Did not receive 1 or more needed elements of care coordination</td>
<td>50.1</td>
<td>25.4</td>
</tr>
</tbody>
</table>
## Impact on Family of EDB Issues in S.C.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>With EDB (%)</th>
<th>No EDB (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid $1000 or more out of pocket in past 12 months</td>
<td>27.4</td>
<td>17.9</td>
</tr>
<tr>
<td>Consistent effect on daily activities</td>
<td>52.6</td>
<td>16.9</td>
</tr>
<tr>
<td>Family members cut back or stopped working</td>
<td>39.3</td>
<td>18.7</td>
</tr>
<tr>
<td>Interfere with school attendance</td>
<td>25.9</td>
<td>11.5</td>
</tr>
<tr>
<td>Missed 11 or more school days</td>
<td>19</td>
<td>11.8</td>
</tr>
<tr>
<td>Interferes with organized activities</td>
<td>35.1</td>
<td>21.1</td>
</tr>
</tbody>
</table>
Standardized Screening Instruments

PATIENT CARE
Joey and his Mom

• Joey is seen for his 2 week old checkup. He was born after an uneventful pregnancy, labor and delivery to Claire, his 25 year old primigravida mother. During the prenatal visit you learned that Claire has been married to Tom for 2 years. She will have a 6 week maternity leave from her job as a human resources specialist. She was treated for a major depressive episode during her senior year in high school, but has not had any problems with depression since that time. Tom works as a systems analyst and has very long hours. Tom and Claire moved to your community 12 months ago for Tom’s job.

• At check-in, your receptionists asks Claire to spend a few minutes completing a screening form. The screen results are in the chart when you enter the exam room. It is positive for intimate partner violence, family dysfunction, and lack of social support.
What would you like to talk about during today’s visit?
Is Joey growing well?

Your child’s healthy growth and development are greatly affected by how you are doing. Please take a moment to let us know how things are going for you. Your answers will be kept confidential.
How often in the past week has this statement been true for you?

<table>
<thead>
<tr>
<th>Number of days</th>
<th>0</th>
<th>1-2</th>
<th>3-4</th>
<th>5-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt depressed</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In the **past year**, have you had **two (2) weeks or more** during which you felt sad, blue, depressed, or lost pleasure in things you usually care about or enjoy?

Yes | No
--- | ---

Have you had **two or more years in your life** when you felt depressed or sad **most days**, even if you felt okay sometimes?

Yes

Have you been hit, kicked, punched, or otherwise hurt by someone in the **past year**?

Yes

Do you feel safe in your current relationship?

Yes

Is there a partner from a previous relationship who is making you feel unsafe now?

Yes
<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>In the past 3 months</th>
<th>Over 3 months ago</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For Men</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was the last time you had more than 5 drinks <strong>in one day</strong>?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>For Women</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was the last time you had more than 4 drinks <strong>in one day</strong>?</td>
<td>✔</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Please **check one box** for each statement.

<table>
<thead>
<tr>
<th></th>
<th>Almost Always</th>
<th>Some of the time</th>
<th>Hardly Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied with the help that I receive from my family when something is troubling me.</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am satisfied with the way my family discusses items of common interest and shares problem solving with me.</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I find that my family accepts my wishes to take on new activities or make changes in my lifestyle.</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am satisfied with the way my family expresses affection and responds to my feelings such as anger, sorrow, and love.</td>
<td>✔️</td>
<td></td>
<td>✔️</td>
</tr>
<tr>
<td>I am satisfied with the amount of time my family and I spend together.</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many people can you count on in times of need?</td>
<td><strong>Number of people:</strong> 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scoring

• Caregiver questionnaire
  – Positive depression screen- “yes” to either of the historical questions and at least one day in past week

  – Domestic violence screen- at risk answer to any one of the 3 questions
    • Yes to 1 or 3
    • No to 2

  – Alcohol screen- “In past three months”
Scoring

• Caregiver questionnaire
  – Family APGAR-range 0 to 10 points
    – Almost always- 2 points
    – Some of the time- 1 point
    – Hardly ever- 0 points

The scores for each of the five questions are then totaled: A score of 7-10 suggests a highly functional family. A score of 4-6 suggests a moderately dysfunctional family. A score of 0-3 suggests a severely dysfunctional family.
Caregiver Screening Form

Scoring

• Depression
  – Negative

• Alcohol Use
  – Negative

• Intimate Partner Violence
  – Positive

• Family APGAR
  • A score of 6 suggests a moderately dysfunctional family.

• Social Support
  – Weak social support. Most have 3 or more
Abigail

- Abigail is 12 years old and is scheduled for a routine health supervision visit. She has been followed by you since birth. She has been generally very healthy and has been seen primarily for health supervision.

- At check-in, your receptionists asks Abigail to spend a few minutes completing a screening form. The screen results are in the chart when you enter the exam room. The screen is positive for depression, alcohol use, and family dysfunction.
I feel tired all the time
To get ready for today’s visit, we would like you to answer a few questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any friends who drank beer, wine or any drink containing alcohol in the past year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How about you - in the past year, on how many days have you had more than a few sips of beer, wine, or any drink containing alcohol?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past month, have you often been bothered by feeling down, depressed, or hopeless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the past month have you often been bothered by having little interest or fun in doing things?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Number of days: 15 |

<table>
<thead>
<tr>
<th>Please check just one box for each statement.</th>
<th>Almost Always</th>
<th>Some of the time</th>
<th>Hardly Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>When something is bothering me, I can ask my family for help.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like the way my family talks over things and shares problems with me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like how my family lets me try new things I want to do.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like what my family does when I feel mad, happy, or loving.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like how my family and I share time together.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for taking the time to fill it out. Please turn this in to the office staff when you are done.
Interpreting the Alcohol Screen

On how many DAYS in the past year did your patient drink?

1–5 days  6–11 days  12–23 days  24–51 days  52+ days

Age

≤11

12–15

16

17

18

Highest risk

Tx: Brief motivational interviewing + possible referral

Lower risk

Moderate risk

Tx: Brief advice

Tx: Brief advice or motivational interviewing

Estimated risk levels by age and frequency in the past year

http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Pages/YouthGuide.aspx
Interpreting Depression and Family Apgar

Depression
Positive if answers “Yes” to at least one question

Family Apgar
For each question:
- Almost Always – 2 points
- Some of the time – 1 point
- Hardly ever – 0

The scores for each of the five questions are then totaled:
- A score of 7-10 suggests a highly functional family.
- A score of 4-6 suggests a moderately dysfunctional family.
- A score of 0-3 suggests a severely dysfunctional family.
Family APGAR

• **Adaptability/Adaptation:** the utilization of intra and extra-familial resources for problem solving when family equilibrium is stressed during a crisis.

• **Partnership:** the sharing of decision making and nurturing responsibilities by family members.

• **Growth:** the physical and emotional maturation and self-fulfillment that is achieved by family members through mutual support and guidance.

• **Affection:** the caring or loving relationship that exists among family members.

• **Resolve:** the commitment to devote time to other members of the family for physical and emotional nurturing. It also usually involves a decision to share wealth and space.
Abigail’s Results

- Alcohol:
  - Highest Risk

- Depression:
  - Fail

- Family Functioning:
  - Severely Dysfunctional Family
Utilize new skills to engage and support your patients and families

PATIENT CARE
INTERPERSONAL COMMUNICATION
Common Factors Interventions:

• **Hope**
  – Describe your realistic expectations for improvement.
  – Reinforce the strengths and assets of the family.

• **Empathy**
  – Communicate empathy by listening attentively.

• **Language**
  – Use the child or family’s own language to reflect your understanding of the problem.

• **Loyalty**
  – Express your support and your commitment to help.

• **Permission**
  – Ask the family’s permission to ask more in depth questions or to make suggestions for further evaluation or management.
Assessment for Suicidality

- Did you ever think that you wanted to hurt yourself?
- Did you ever try to hurt yourself?
- Tell me what you did. When did you do this?
- Did you ever think about killing yourself?
- Did you ever plan to kill yourself?
- Did you ever try to kill yourself?
- When did you try to do this?
- What did you think was going to happen?
Motivational Interviewing

• On a scale of 1-10, how important is it to stop drinking alcohol?
  – Why not higher?

• On a scale of 1-10, how confident are you in your ability to stop?
  – Why not higher or lower?
Permission to offer advice

• Ready to act?
• If not, what would it take?
• What can we do now?
• What might we need to do next?
Giving advice

• Rationale for being careful
  – Being directive can fail even when people want help and want you to tell them what to do
  – Anxiety, ambivalence, shame, loss of control

• Medical provider is usually not the first person in the chain of consultation

• People come with prior ideas and opinions (about cause, condition, treatment) that need to be incorporated

• People will accept advice they can’t follow
Giving advice

• Ask for their ideas
• Offer advice as set of choices
• Preferably include their ideas among choices
• Frame as short and long term plans
  – What might help now
  – What diagnostic steps to take
• Asking about barriers
Evidence Based Practices

MEDICAL KNOWLEDGE
Assessment Resources

• Strengths and Difficulties Questionnaires
  – http://www.sdqinfo.org/
  – www.sdqscore.org

• CES-DC
  – Center for Epidemiological Studies Depression Scale for Children

• SCARED
  – Screen for Childhood Anxiety Related Disorders
Practice Guidelines

- ADHD: Clinical Practice Guideline for the Diagnosis, evaluation, and Treatment of **Attention-Deficit/Hyperactivity Disorder** in children and Adolescents. Pediatrics 2011;128;1007

- Guidelines for Adolescent **Depression** in Primary Care (GLAD-PC):I. Identification, Assessment, and Initial Management. Pediatrics 2007;120;e1299

- Guidelines for Adolescent **Depression** in Primary Care (GLAD-PC):II. Treatment and ongoing Management. 2007;120;e1313

- Practice Parameter for the Assessment and Treatment of Children and Adolescents with **Anxiety** Disorder. J. American Academy of Child and Adolescent Psychiatry. 2007; 46(2): 267-283

Coding for Mental Health Services

SYSTEMS BASED PRACTICE
ICD-9-CM 799.9

• 799.9: Other unknown and unspecified cause
  – Undiagnosed disease, not specified as to site or system involved
  – Unknown cause of morbidity or mortality

• Yes, Virginia – you can be paid for services before you have a firm diagnosis!
Clues to Higher Level Medical Decision Making

- High risk for morbidity: e.g. autism; bipolar depression; mental retardation, substance use
  - Laboratory or other diagnostic tests requiring review (remember your rating scales!)
  - Extensive differential dx. to consider

*Proper documentation of the visit is the cornerstone of justifying the use of any specific E/M code.*
Time Reporting: CPT Counseling Rule

• Use when the time spent in ‘counseling and coordination of care’ > 50% of the total E/M visit

• The 3 key components of history, PE, MDM may be ignored
  – Only time is used to select the level of care

• A summary of the ‘counseling’ discussion should be included with the note

• Does not include screening time
  – Reported separately, with modifier (25)
Time-Based CPT Coding

• How to code for counseling and care coordination:
  – May be used when the patient is present or when counseling a parent when the patient is not physically present
  – Document the discussion’s topic
  – When time spent in counseling and/or care coordination is over 50% of total face-to-face time, CPT says you may use time as the critical factor to qualify for a particular E/M service level
  – Pediatricians spends the majority of parent-only conference on counseling → code based on time!
  – Time-based coding also may be used for follow-up appointments to discuss management of common medication side-effects such as appetite and/or sleep changes, behaviors requiring environmental changes rather than medication adjustment
  – When coding based on time, use the E/M code with the typical time closest to the actual time spent.
Documentation Requirements to Bill Based on Time

- The total length of time of the encounter must be documented including time spent counseling/ coordinating care.
- The medical record should describe in detail the counseling and/or activities to coordinate care.
- The medical record must reflect the extent of counseling and/or coordination of care.
- Resident/NP/PA face to face time can not be included (except under specialty specific Medicaid contracts).
- It is a good idea to document in a separate paragraph what documentation is supporting the counseling/coordination of care. This will make it easy to justify the time spent.
AAP Coding Fact Sheets

- ADHD
- Anxiety
- Bereavement
- Depression
- Developmental Screening
- Posttraumatic stress Disorder
- Substance Abuse

http://www.aap.org/en-us/professional-resources/practice-support/coding-resources/Pages/Coding-Resources.aspx?nfstatus=200&nftoken=f46733b5-2a80-403e-ab81-def4a9ce8dc6&nfstatusdescription=SUCCESS%3a+Local+token+is+valid
Summary

- Establish a context for your practice by understanding the epidemiology and the challenges of your population
- Utilize evidence-based screening tools to assess your patients and their caregivers
- Make a commitment to using evidence-based tools to enhance interpersonal communication and the therapeutic alliance
- Rely on practice guidelines to inform your decision making
- Bill based on time!