

From Vision *To Reality*

QTIP and Behavioral Health: What Happened?

Kristine Hobbs, LMSW
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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..."

To Reality

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



1 in 3 Children in South Carolina Experience 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

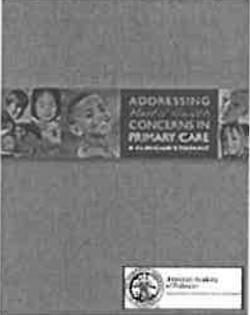


Top 6 Options Chosen in July 2011

- 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

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?P³
- 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."

QIP-10/11/12/13

Vision: Incorporate mental health into routine office protocols

Delivery Systems Redesign

Actions:

- Taught OI 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

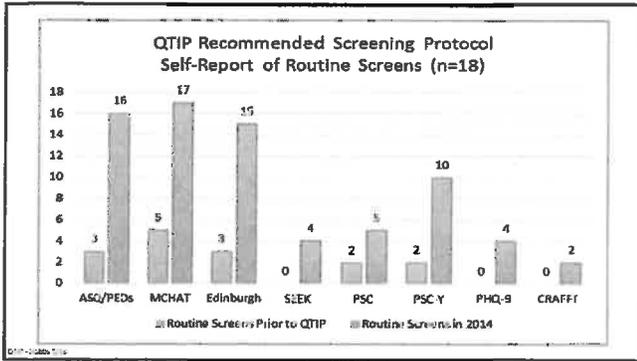
Reality:
"...questionnaires tell you what's important to the child and parent before you walk in the room... that changes the entire visit."

QIP-10/11/12/13

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-V 11+
Psychosocial/Environmental Risk Factors - ALL Edinburgh Post-Partum Depression screen for moms SEEK P5Q	If indicated: SCAPED – R+ Vanderbilt	If indicated or desired: Modified PHQ 9 CRAFT SCARFD Vanderbilt

QIP-10/11/12/13



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."

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

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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

- Access child psychiatry
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- Compile a list of community resources
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- Identify funding options for co-located staff

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- Tangible resources
- Screening protocol
- Referral/assessment 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.'*
