"No Pain, No Gain"

Incorporating Mental Health into the Pediatric Office

One in Five Children Have A Diagnosable Mental Health Illness.

Pediatricians Are An Important First Resource.

Mental Health in Pediatrics
- Post Partum Depression
- Developmental Issues/Autism
- Behavioral Problems in Young Children
- Family Issues
- School Performance/Behavioral Problems
- ADHD
- Substance Abuse Screening
- Depression Screening and Treatment
- Access to Mental Health Professionals

Teen Depression Screening
- 2007: AAP endorsed Guidelines for Adolescent Depression in Primary Care- GLAD-PC (Zuckerbrot et al)
- 2009: US Preventive Services Task Force endorsed depression screening in pediatric primary care only for teens ages 12-18 years
- Screening only useful if systems in place to ensure accurate diagnosis, therapy and follow-up
Teen Depression Screening

**Pros:**
- Increased identification possible
- Universal screening possible
- Time efficient while patient waiting
- *Providers do not have to start the conversation*
- Appears to increase adolescent disclosure of symptoms

**Cons:**
- Time consuming to screen all teens
- Burden to the system
- Unclear when, where, and with what frequency to screen
- Many instruments available – how to choose?
- False-positives possible
- Improved outcomes depend on proper follow-up of positive screens

Barriers to Screening in the Office Setting

- Perceived provider incompetence
- Poor understanding of confidentiality and legal obligations for disclosure
- Lack of time in a busy office setting
- Payment issues
- Lack of referral resources

Our Experience....

Screening Instruments

- PSC-Y: Pediatric Symptom Checklist for Youth: Has additional questions for ADD, anxiety
- PQH9
- AAP Mental Health Toolkit or Bright Futures
- Teenscreen.org
  - Free versions and interpretation guides, English and Spanish
  - Modified to include questions about suicidal thoughts and attempts
  - Other tools available (CRAFT)
Coding for Teen Depression Screens

- Yes, you get paid! It adds up too!
- For Medicaid, use 96110
- For all other payers we use 99420

Screens by Quarter

Surname: Depression

Quarter 2013

Quarter 1

Quarter 2

Quarter 3

Teen Depression Screen By Quarter

Quarter

0
100
200
300
400
500
600

Screens per Doctor

Surname: Depression

Doctor

Apellido

Doctors in 2013

In Office Counselor

- Built on existing relationship with LPC
- Already rented part time space for private practice
- 18 years experience, including with Medicaid
- Works 4 days per week, rotates all offices
- Access to EMR facilitates referrals, communication, cases referral process
- Medicaid access to counseling especially enhanced
- Not without growing pains (Insurance panels and established referral patterns)
Insurance Hassles

- Time lag for provider enrollment
- Counselor with lack of experience with private insurance
- Paperwork lost/completed wrong etc.
- Took 6 months with some payers

Lessons Learned re Counselor

- "Loss leader" for 6 months, break even since
- Insurance certification issues trickier than with MDs
- Not all patients or problems a good fit
- MDs may prefer already established referral patterns
- Referrals easier: access to records and communication a big plus
- Medicaid access a big plus
- Probably not as feasible for small groups
- Overall pluses outweigh minuses

Summary of Our Experiences

- Postpartum Depression Screening: huge success after a slow start
- Revamped ADHD protocols for diagnosis and follow-up: improved significantly
- Teen Depression Screening: a work in progress
- In-house Counselor: now break even after a slow start