

Integrating Child Psychiatry

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INTERESTING. I HAD NEVER THOUGHT TO COMPARE THE STORIES OF *FROSTY THE SNOWMAN* AND *FRANKENSTEIN*.



WELL, CONTRAST, REALLY.

I MEAN IN THE ONE, THE THING THAT'S CREATED IS A TERRIBLE MONSTER, A DIRE WARNING NOT TO TAMPER WITH NATURE.

AH, BUT IN THE OTHER, IT'S A BENEVOLENT, INNOCENT SOUL WHO HELPS CHILDREN.



RIGHT.

SO WHAT LESSON SHOULD WE TAKE FROM ALL OF THAT?

I THINK WE JUST NEED TO GET BETTER AT MAKING SNOWMEN.

KILL...ME...



OKAY, LET'S GET SOME HOT COCOA AND TRY AGAIN.

HURTS...TO...LIVE...

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pediatrician



psychiatrist

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Integration

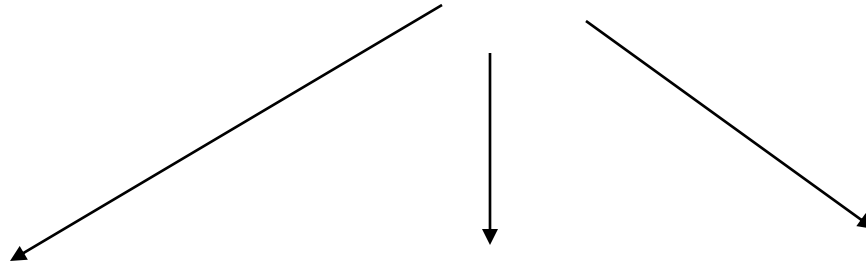
1. To make into a whole by bringing component parts together.
2. Unify.
3. Incorporate into a larger body.



Refer In vs. Refer Out

- AAP and AACAP: joint paper supporting integration.
- Common for kids (and parents) to have co-morbid psychiatric issues.
 - 20% of kids have mental health problems.
 - 75% are seen in primary care.
- Lack of psychiatry training in residency.
- Poor communication amongst providers.
- Insurance barriers.
- Stigma.

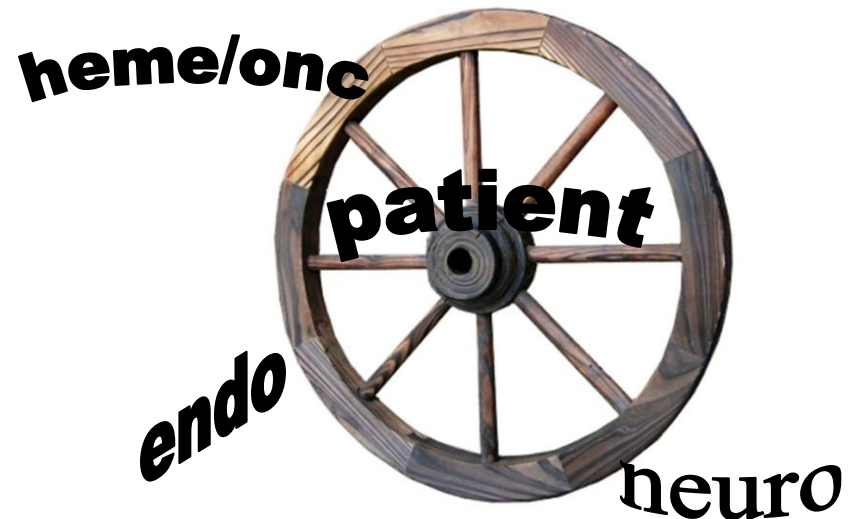
Models



Consultation → Co-location → Collaboration

Models

- Consultation
 - Rural areas
 - Telemed
- Co-location
 - Improve access
 - Streamline billing
 - Enhance care coordination
 - Increase likelihood families will follow through
- Collaboration
 - Enhance “medical home model”
 - Treatment partnerships
 - Co-management of care



Why is primary care the best place?

- Longterm relationship with families.
 - Decrease stigma
- Emphasis on development and prevention.
 - Early intervention.
- Understanding of family dynamics

Barriers

- Financial: need more financial support for multiple providers to be able to bill for mental health services.
 - Disincentive for screening in primary care!
- Evidence: models need to be evaluated to determine efficacy and outcomes.

What's happening across the country?

- Massachusetts Child Psychiatry Access Project
 - 6 Mental health teams cover the state
- Connecticut's Behavioral Health Services in Pediatric Primary Care Initiative
 - CT MA provides a 25% increase for reimbursement to mental health clinics that successfully partner with pediatric practices
- Tuba City Indian Medical Center
 - Telemed to U of AZ
- New York Clinic Plus
 - Increase fees for assessments and provide in-home service
- Mississippi AAP Chapter, Oregon AAP Chapter
 - Building mental health teams in primary care/support integration

Insurance Partnerships

- Centracare
 - BCBS collaboration; pay for screening and assessments at primary care sites
- Kaiser Permanente
 - Condition specific care (Anorexia, ADHD)
- Passport Health Plan Kentucky
 - Roundtables to bring together all providers treating an individual with mental health concerns
- Aetna Autism Resource Coordination Program
 - Proactive outreach to families to help families understand resources, navigate benefits, educational and legal systems

Funding

- The Community Mental Health Block Grant Program
 - 147 million supports state programs
- The Comprehensive Community Mental Health Services Grants For Children And Families
 - 104 million to develop systems of care
- The Individuals With Disabilities Educational Act (IDEA)
 - For children with specific conditions (autism, DD/MR)
- The Real Choice Program
 - From medicaid/care: 21 grants for youth with SED

<http://nihcm.org/pdf/pediatricMH-FINAL.pdf>

National institute of Health Care Management

Issue Paper August 2009

Strategies To Support The Integration Of
Mental Health Into Pediatric Primary Care

