Children’s Telephonic Psychiatric Consultation Service

Abigail Schlesinger, MD
Medical Director, TIPS, Medical Director
Integrated Care WPIC
Outline

• Schedule/Goals for the day
• System of Care for Young Children
• MCPAP
• Pennsylvania TiPS
  – Locations
  – Presentation of Children’s TiPS Model

Website http://www.chp.edu/health-care-professionals/referring-physicians/childrens-tips
Children’s TiPS Team

Child and Adolescent Psychiatrists
Abigail Schlesinger MD – Medical Director
David Benhayon, MD, PhD
Heather Joseph, DO
Patricia McGuire, MD
Roberto Ortiz-Aguayo, MD, MMB
Justin Schreiber, DO, MPH
Kelley Victor, MD
Via Winkeller, MD

Behavioral Health Therapist
Colleen Gianneski LCSW – Program Manager/Therapist (Wexford)
Sheri Goldstrohm PhD – Clinical Administrator CHP Behavioral Science
Megan McGraw LCSW (Wexford/Lawrenceville)
Emma Walton LPC – Therapist (Erie)
Courtney Hopkins LPC – Therapist (Erie)

Care Coordinators
Katie Ewing LSW
Nechama Splaver LSW
Goal for Today

• Primary care management of common behavioral health concerns
• Break-out sessions:
  – Diagnosis and Management of ADHD in Primary Care
    • David Benhayon MD PhD
  – Medical Monitoring of Youth Receiving Psychotropics
    • Justin Schreiber DO
  – Diagnosis and Treatment Depression & Anxiety
    • Via Winkeller MD
    • Kelley Victor MD
  – SAFE-T Model and Safety Planning
    • Sheri Goldstrohm
  – Introduction to SBIRT
    • Erin Moriarty & Shannon Meyers(Mikita)
Agenda for Today

• 8:30-9:15  Introduction
• 9:15-10:15  Breakout I
• 10:30-11:30  Breakout II
• 11:30  Lunch
• 12:00  Breakout III/Networking
• 1:00-2:00  Breakout IV
• 2:15-3:15  Breakout V
• 3:30-4:30  Breakout VI
• 4:40-5:00  Closing Remarks
What is the System of Care for Young Children

1. Families, friends, social support network
2. Childcare
3. Primary Care
4. Early Intervention
5. Behavioral Health
6. CYF/Foster Care/Kinship Care
A system of care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health and related challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them to function better at home, in school, in the community, and throughout life.
Child and Adolescent Psychiatrist (CAP)
CAP Workforce in PA

Practicing Child and Adolescent Psychiatrists by County 2015
Rate per 100,000 children age 0-17

State: Pennsylvania
Shortage Rate (State): Severe Shortage (1-17)*
Population, Children Under 18 (State): 2,700,178
Total CAPs (State): 422
CAPs per 100,000 Children (State): 15.63

Yellow: High Shortage (18-46)*
Red: Severe Shortage (1-17)*

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For more information on the shortage rate and workforce in PA, refer to the sources below:

- Council on Graduate Medical Education. Re-examination of the Academy of Physician Supply made in 1980 by the Graduate Medical Education National Advisory Committee for selected specialties, Bureau of Health Professions in support of activities of the Council on Graduate Medical Education. 1990. Cambridge, ABT Associates.
Primary Care Physicians Placed in Uncomfortable Position

<table>
<thead>
<tr>
<th>Well placed to support behavioral health needs</th>
<th>Not always prepared or supported</th>
</tr>
</thead>
<tbody>
<tr>
<td>• First provider that families go to with questions about behavior – sleep, eating etc.</td>
<td>• Different types of PCCs have different skill sets</td>
</tr>
<tr>
<td>• Have longitudinal relationships</td>
<td>• Not connected to the Behavioral Health System</td>
</tr>
<tr>
<td></td>
<td>• Burned by multiple and confusing black box warnings.</td>
</tr>
</tbody>
</table>
Massachusetts Psychiatry Access Program – McPAP
MCPAP

• Assumption – primary care providers are most suitable to assume responsibility for pediatric behavioral health

• Goal – promote field of primary care child psychiatry
  – Prevention of behavioral disorders
    • Screening
      – Interventions for emerging psychiatric problems
      – Assessment, Treatment planning, and monitoring of mild-moderate severity and complexity behavioral health concerns
McPAP

- A pediatrician prescribing psychotropics to kids quick access to a child and adolescent psychiatrist for a phone “curbside consultation” to discuss diagnosis, intervention, and treatment options.
- The patient could then receive care coordination and/or an appointment within 2 weeks if needed for consultation/clarification (not ongoing treatment).
- If the patient needed to be referred to the formal mental health system the pediatrician would provide medication management and the MCPAP social worker could provide bridge treatment.

McPAP

- Curbside Consultation - A physician may ask a colleague in another specialty for the best method for managing a particular clinical problem.

NEJM 1995; 332:474c
Enrollment

• Within 3 years 95% of PCC in Massachusetts were enrolled

• These PCCs responsible for 95% of the 1.5 million children in the state

• By 2014 455 practices – employing more than 2,915 primary care clinicians were enrolled.
### Exhibit 1. MCPAP Patients by Age and Gender
(July 1, 2008 to June 30, 2009)

<table>
<thead>
<tr>
<th>Ages</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–3</td>
<td>69</td>
<td>166</td>
<td>235</td>
<td>5%</td>
</tr>
<tr>
<td>4–5</td>
<td>165</td>
<td>319</td>
<td>484</td>
<td>9%</td>
</tr>
<tr>
<td>6–11</td>
<td>593</td>
<td>1,311</td>
<td>1,904</td>
<td>37%</td>
</tr>
<tr>
<td>12–14</td>
<td>415</td>
<td>565</td>
<td>980</td>
<td>19%</td>
</tr>
<tr>
<td>15–18</td>
<td>640</td>
<td>631</td>
<td>1,271</td>
<td>25%</td>
</tr>
<tr>
<td>19–23</td>
<td>129</td>
<td>88</td>
<td>217</td>
<td>4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,013</strong></td>
<td><strong>3,086</strong></td>
<td><strong>5,099</strong></td>
<td><strong>39%</strong></td>
</tr>
<tr>
<td></td>
<td>39%</td>
<td>61%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Exhibit 3. Number of MCPAP Encounters by Encounter Type, FY2009

- Care coordination*: 30%
- Telephone consultation: 38%
- Family phone: 10%
- Face-to-face: 9%
- Therapy: 3%
- Other: 10%

* Licensed therapists may perform care coordination in addition to the care coordinator.
Source: Massachusetts Behavioral Health Partnership: MCPAP database, query run on 8/12/09; date parameters between 7/1/08 and 6/30/09.
Reasons For Telephone Consultations In The Massachusetts Child Psychiatry Access Project.
Disorders Discussed In Telephone Consultations In The Massachusetts Child Psychiatry Access Project.

John H. Straus, and Barry Sarvet Health Aff 2014;33:2153-2161

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Medications Prescribed By Providers Or Recommended During Telephone Consultations In The Massachusetts Child Psychiatry

John H. Straus, and Barry Sarvet Health Aff 2014;33:2153-2161

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**Exhibit 6. MCPAP Encounters by Outcomes**
(July 1, 2008 to June 30, 2009)
All Regions Combined

<table>
<thead>
<tr>
<th>Outcome</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Return to management of PCP</td>
<td>8,955</td>
<td>33.7%</td>
</tr>
<tr>
<td>Care coordinator</td>
<td>8,747</td>
<td>32.9%</td>
</tr>
<tr>
<td>Therapist appointment</td>
<td>3,835</td>
<td>14.4%</td>
</tr>
<tr>
<td>Refer to a new psychiatrist</td>
<td>1,874</td>
<td>7.1%</td>
</tr>
<tr>
<td>Psychopharmacological evaluation</td>
<td>1,433</td>
<td>5.4%</td>
</tr>
<tr>
<td>None</td>
<td>691</td>
<td>2.6%</td>
</tr>
<tr>
<td>M.D. appointment</td>
<td>665</td>
<td>2.5%</td>
</tr>
<tr>
<td>Refer to an existing psychiatrist</td>
<td>214</td>
<td>0.8%</td>
</tr>
<tr>
<td>Refer to emergency services</td>
<td>125</td>
<td>0.5%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>26</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>26,565</td>
<td></td>
</tr>
</tbody>
</table>

Note: More than one reason for contact may exist.
Source: Massachusetts Behavioral Health Partnership: MCPAP database, query run on 7/20/09; date parameters between 7/1/08 and 6/30/09.
Mean Responses Of Primary Care Providers On Annual Satisfaction Surveys By The Massachusetts Child Psychiatry Access Project, Baseline And Fiscal Years 2008–12.
Families – Survey Data

- 76% of families mostly or very satisfied
- 78.9% agreed or strongly agreed that services were offered in a timely manner
- 74.2% agreed or strongly agreed that the quality of services they received was satisfying
- 69% agreed that the service met the family need

Outcomes

• Before enrollment – 8% PCCS said they agreed or strongly agreed that they could meet the needs of children with behavioral health problems
• 2012 – 64% of enrolled provider respondents agreed or strongly agreed that they could meet the needs of children with behavioral health problems
• In 2013 –
  – Encounters – 20,641
  – Youth served – 10,533
Pennsylvania’s Telephonic Psychiatric Consultation Service Program (TiPS)

Funded by HealthChoices
Children’s TiPS

- TiPS is a **FREE** service to help primary care clinicians (PCCs) deliver high quality psychotropic services for children and adolescents served by **Medicaid** by providing:
  - **Psychiatric curbside** consultation Monday - Friday 9-5pm
  - **Additional training** on the use of psychotropic medication and responding to behavioral health issues in a primary care setting
  - **Direct consultation with patients** when needed in Pittsburgh and Erie with a licensed therapist and/or child psychiatrist
  - **Facilitated referrals** to community providers when child/adolescent would benefit from additional behavioral health services
Regional TiPS teams

Healthchoices New West
Healthchoices New East
Children's Community Pediatrics (CCP)
Penn State Children's Hospital
Children's Hospital of Philadelphia (CHOP)
Healthchoices Southwest
Healthchoices Lehigh/Capital
Healthchoices Southeast

Children's Community Pediatrics (CCP)
844-972-8477
Penn State Children's Hospital
800-233-4082
"PRESS 4"
Children's Hospital of Philadelphia (CHOP)
267-426-1776

UPMC Life Changing Medicine
• Children’s TiPS serves 27 counties in Western PA.

• Face to face evaluations are available in Wexford, Pittsburgh, Erie, and Bridgeville.

• Telepsychiatry is also available in the Erie location.
How is TiPS Activated?

PCC has a question about a medication or a behavioral health concern
PCC obtains verbal consent from patient/guardian & has patient information available

PCC Office Calls: 1-844-WPA-TIPS (1-844-972-8477)
Talk to TiPS team member, who will gather basic information and initiate a return call from a TiPS Child Psychiatrist

PCC and TiPS Child Psychiatrist consult via phone
TiPS Care Coordinator provides resources to PCC or family, if needed
Evaluation at a hub with a TiPS Licensed Therapist and/or Child Psychiatrist, if needed
Three Paths of TiPS Care Coordination

1. Resources to PCP

2. Resources to Family and Follow-Up

3. Schedule TiPS Evaluation, Resources to Family, and Follow-Up
What the PCC Needs for Initial Call

• Tell the family you are calling Children’s TiPS and get verbal consent for a call back from the Children’s TiPS Team (if needed)

• Basic Information (initial call – does not need to be PCC)
  – Physician: name, return phone number & a requested call back time (if desired)
  – Child: name, birthdate, phone number, insurance plan, and foster care status (if known)
  – Reason for call: should be brief
PCC Call with Psychiatrist

- Patient history including medical and medication history, behavioral health (including service history), trauma, drug & alcohol history, diagnosis.
- Psychiatrist can activate care coordination if needed.
  - Care coordinator can only get activated by the psychiatrist
- Pediatrician’s office will receive written feedback within 24 hours
  - Psychiatrist curbside consultation
  - Face-to-face visit
  - Care coordination interactions
Children’s TiPS

• Paid for by Medicaid managed care providers in PA
• Available to providers serving children with managed Medicaid and Medicaid FFS (Access- Fee For Service)
• Not available to children with only commercial or CHIP
• Can still provide consultation for general questions
• We may have additional funding to provide services to UPMC in the upcoming year

**DON’T FORGET THAT CHILDREN CAN HAVE MEDICAID IN PA FOR MANY REASONS RELATED TO PHYSICAL HEALTH AND BEHAVIORAL HEALTH CONDITIONS**
Initial Enrollment Process

• Anyone can call the TiPS line, but in order to take advantage of the program your practice must enroll.
• A complete enrollment requires
  – A list of doctors in practice with Promise IDS
  – 1 Enrollment form
    • Signed by 1 provider or practice manager
    • Number of Providers
    • Locations of practices
  – Pre-Tips Provider Experience Survey
  – In-person practice visit from a TiPS Psychiatrist.
Statistics

Enrollment
- 67 Primary Care Practices in 111 Locations
- Over 590 Prescribing Medical Professionals

Utilization
- 262 Phone Calls
- 63 Psychiatry Appointments
- 89 Therapy Appointments
- 150 Care Coordination Cases
What Aren’t We Talking About Today....
Thank You

- Department of Human Services: *David Kelley, MD and Dale Adair, MD*
- Office of Educational and Regional Planning (OERP), Western Psychiatric Institute and Clinic
- Children’s Community Pediatrics Behavioral Health, Children’s Hospital Behavioral Science Division
- SBIRT Funding: CACHS, IHI, UPMC HealthPlan, CVS

HealthChoices Insurance Plans:
- UPMC for You
- Gateway
- AmeriHealth
- Aetna Better Health
- United Healthcare of PA
- Tips Team