Partners in Pediatrics and Pediatric Consultation Specialists

Coordinated care initiative semi-annual summary

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Project background

In order to improve access to mental health services and provide earlier identification and intervention for children's mental health needs in the northwest Hennepin County suburbs, Partners in Pediatrics (PIP), a large multi-site pediatric primary care clinic, and Pediatric Consultation Specialists (PCS), a private mental health practice, have developed a collaborative arrangement to provide co-located mental health services in their Maple Grove clinic to all PIP patients (from all Metro clinics). This arrangement is intended to provide patients with immediate mental health triage services, and timely referrals to a familiar mental health provider.

In addition, the partnership between PIP and PCS was developed to increase communication between primary care and mental health staff and, ultimately, increase access to mental health services. To achieve these goals, the partnership proposed pursuing a number of activities, including:

- Obtaining written consent from all patients to allow for open communication between PIP and PCS
- Providing coordinated mental health training to all pediatric staff
- Co-locating one mental health professional at the PIP Maple Grove clinic to provide consultation, triage, and immediate supportive services
- Holding emergency slots open at PCS to allow PIP patients more immediate access to mental health services.

Evaluation approach

This evaluation was designed to respond to key questions identified by program stakeholders, Hennepin County Children's Mental Health Collaborative, and Hennepin County:

- What percentage of youth screened by primary care physicians receive elevated screening scores and referred for additional assessment? If patients are not referred, why?
- What percentage of youth who receive BE-Care services continue mental health services, if needed?

- What do program stakeholders identify to be the strengths and challenges of this integrated care model? What lessons learned are important for other programs to consider if implementing similar projects?

- How has the integrated care model led to changes in practice for medical and mental health providers?

To respond to these questions, program staff gather information each month to describe the characteristics of youth served and a variety of screening and referral outcomes. During the first year of the project (through July 2009), PIP tracked screening data for a sample of youth to determine what percentage of youth had elevated scores and were subsequently referred to BE-Care for services. This component of the evaluation was intended to be a short-term element and was not continued into the second year of the project. This summary report focuses on the characteristics of youth who received BE-Clinic services, and the other consultation and coordination work being done through the partnership between PCS and PIP.

Program summary

The PIP/PCS Coordinated Care Program was fully staffed and began to provide services in September 2008. The first referrals to PCS took place on September 25, 2008. The key staff involved in this project include primary care providers and co-located mental health practitioners. No new hiring was necessary for the program.

Screening, assessment, and referral process

This co-location project is being piloted at one clinic location (Maple Grove), with screening being done by four to five pediatricians who see children each Monday. In addition, referrals are made by pediatricians at other PIP clinics throughout the week. Pediatricians at the PIP clinics administer the Parents' Evaluation of Developmental Status (PEDS) to parents of children ages 0-5, and the Pediatric Symptom Checklist (PSC) to parents of children ages 7-18. A youth version of the PSC (the PSC-Y) is also administered to youth patients ages 10-18 at well-child visits.

When anxiety or depression concerns arise, pediatricians may also administer the Screen for Child Anxiety Related Emotional Disorders (SCARED), Children Depression Inventory (CDI) and Beck Depression Inventory (BDI), as needed. In the PIP Uptown clinic, one pediatrician also plans to administer the Brief Infant Toddler Social Emotional Assessment (BITSEA) to parents of 12- and 15-month patients.

Referrals to BE-Care

Data collected during the first year of the project and summarized in the July 2009 report demonstrated that approximately one in five children screened (17%) had an elevated score on the PEDS or PSC. Of the 56 children with elevated scores, 9 percent were referred to BE-Care for additional services while 31 percent were not referred because the issue was identified as a medical issue (14%), the pediatrician provided guidance during the appointment (14%), or the child was already receiving mental health services (2%). However, the referrals made by pediatricians were not documented for over half of the children (59%) with elevated scores. As stated previously, this information is no longer being captured through the evaluation.

During the past six months, a total of 73 children were seen at BE-Care. Most of the children (45%) are patients of the Maple Grove PIP location, where BE-Care is located (Figure 1). Fewer children attend appointments at Plymouth (29%), Rogers (12%), Brooklyn Park (11%) or Uptown (0%). When patterns are compared over time, the

number of patients from Plymouth clinic increased (29% during the past six months, compared with 18%), while patients from Rogers and Brooklyn Park locations decreased. Data have not been collected to determine how many providers from each clinic location are making BE-Care referrals, so it is unknown how many of the patients referred to BE-Care do schedule a follow-up appointment.

1. BE-Care referrals made June-December 2009, by PIP clinic location (N=73)

	N	%
Maple Grove	33	45%
Plymouth	21	29%
Rogers	9	12%
Brooklyn Park	8	11%
Uptown (Minneapolis)	0	0%
Unknown/missing	2	3%
Total	73	100%

Since the beginning of the project in September 2008, a total of 218 youth have been referred to BE-Care. Referrals seem to have slowed slightly over the past six months, but additional data are necessary to determine whether this is an ongoing trend and to explore reasons for any observed decline (Figure 2).

2. BE-Care referrals made each reporting period (N=218)

Time period	N	%
September – December 2008	48	22%
January – June 2009	89	41%
July – December 2009	70	32%
Referral date unknown	11	5%

Services provided by PCS providers

Since the project began, PCS providers have spent nearly 290 hours at the Maple Grove PIP clinic, with over 80 percent of that time spent providing direct services to patients. Most of these direct service hours (79%) are billable. The providers have also spent just over four hours of time providing consultation to the pediatric providers in short 5 to 15 minute increments. Most often, consultation is provided when providers have questions about a specific behavioral concern, depression, or anxiety. An additional 46.5 hours of time was spent on paperwork, chart reviews, and report writing. Most of this indirect time (41.5 hours) was used during the first year of the project.

BE-Care data summary

Youth demographic information and screening data is gathered by program staff and submitted to Wilder Research each month. The data included in this report describes characteristics of youth referred to BE-Care through December 2009.

Demographic characteristics of youth served

Between October 2008 and December 2009, 218 youth, ranging in age from 1 ½ to 20 years, have been screened and referred to BE-Care. Approximately one-third of these children were 5 years of age or younger (32%) (Figure 3). Over half of youth referred were male (58%). Most children referred for triage were White/Caucasian (90%), and all spoke English. Only two of the children referred were identified as Hispanic or Latino.

3. Demographic characteristics of youth referred for BE-Care

Age	N	%
0-5	69	32%
6-8	58	27%
9-11	44	20%
12-17	42	19%
18-21	5	2%
Gender		
Male	126	58%
Female	90	41%
Unknown/Missing	2	>1%
Race		
White/Caucasian	196	90%
African-American	2	1%
Asian-American	5	2%
American Indian	0	0%
Bi-/multi-racial	7	3%
Unknown/Missing	8	4%
Ethnicity		
Hispanic	2	1%
Non-Hispanic	212	97%
Unknown/Missing	4	2%
Total	218	100%

The type of insurance coverage families had at the time of the BE-Care appointment was documented for less than half (46%) of youth served. Among these 101 youth, most (93%) had private health care coverage. Only a few youth were identified as recipients of Medical Assistance (4%) or not having any insurance coverage (2%).

Timeliness of services

Nearly half (47%) of youth referred to BE-Care attended a follow-up appointment for mental health triage services within one week of their pediatric visit (Figure 4). Less than 10 percent of youth received same day appointments. A few patients were seen by the mental health triage provider more than a month after being referred by the pediatrician (8%). According to program stakeholders, same day appointments are rare because most parents have not set aside additional time to participate in a BE-Care appointment after the child's visit to the pediatrician. Most of the appointments (93%) were held at the BE-Care clinic location, rather than the PCS office.

4. Length of time between pediatric visit and mental health triage appointment (N=218)

	N	%
Same day	20	9%
1-7 days	82	38%
8-14 days	44	20%
15-30 days	38	17%
More than one month	18	8%
Unknown	16	7%

Referrals and follow up

Data describing the types of referrals pediatricians make at the initial appointment, referrals made by PCS staff during the BE-Care appointment, and degree of follow up among families who receive referrals for additional mental health services will be incorporated into the project's annual report.

Next steps

Updates on other aspects of the project were gathered through meetings with PCS staff and email exchanges. Overall, PCS staff feel things have been running smoothly during the past six months. They continue to hear positive feedback from the providers at each clinic, and have been exploring the possibility of adding a second BE-Care location in Brooklyn Park or Rogers.

Planned program changes

Enhancing communication

Through 2009, PCS staff were using quarterly meetings to provide training and consultation to the PIP pediatricians. However, because of the number of PIP locations, it is difficult for all pediatricians to attend a single training, and challenging for PCS staff to find time to conduct multiple trainings in the different clinic settings. In 2010, PCS plans to use monthly webinars to train pediatricians from all clinic locations at once. The topics for each webinar will continue to be driven by the needs and interests of the provider group.

Sustainability

The major barrier faced by the project continues to be insurance. Because PCS is a relatively small provider group, it isn't financially feasible for them to pursue multiple contracts from health care plans, especially those that offer a lower reimbursement rate. At this point, PCS providers are only able to accept Blue Cross Blue Shield health insurance, which accounts for approximately one-quarter of the PIP patient population. Through the grant, they are able to refer families to BE-Care for some initial support, but the additional mental health services the child is referred to may not be covered.

To address this issue, PCS is planning to hire a contract employee who has the licensure to bill their services to all major insurance companies. The challenge is finding the right person to fill this anticipated part-time position.

Evaluation adjustments

To respond to new areas of interest among project staff, two new evaluation components will be added in 2010:

- **Parent satisfaction surveys.** Satisfaction surveys will be administered to parents of children who attend BE-Care appointments to determine their overall satisfaction with the services they receive and impressions BE-Care. Results from these surveys will be reported in the next annual report (August 2010).

- **Tracking of pediatrician referrals.** Although PCS staff know which providers have made referrals to BE-Care, this information has not been tracked in a systematic way. PCS staff are interested in know whether their new webinar training model will lead to a greater number of pediatricians referring their patients for services. Beginning in 2010, the name of the referring physician will be tracked by PCS so that changes in referral patterns can be assessed and reported.