Integrated Child Psychiatry:

From Idea to Implementation

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Pediatrics at Coastal Medical at a Glance

- Coastal has four pediatric and three family medicine practices
- Total pediatric population (21 and under) is about 26,000 lives
- Payer mix is about 50% commercial and 50% public insurance

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A Commitment to Building Behavioral Health

- Why?
  - Increasing rates of pediatric mental health issues
  - PCP frustration with behavioral health access and limited outpatient resources
  - Recognition that some ED visits/admissions are potentially avoidable
  - Communication limited between PCPs and behavioral health teams

We needed a different model

- Need exceeded the capacity of traditional model
  - How can we serve the need better with a single psychiatrist
- PCPs had a baseline level of behavioral health management
- Would allow for enhanced communication between specialties

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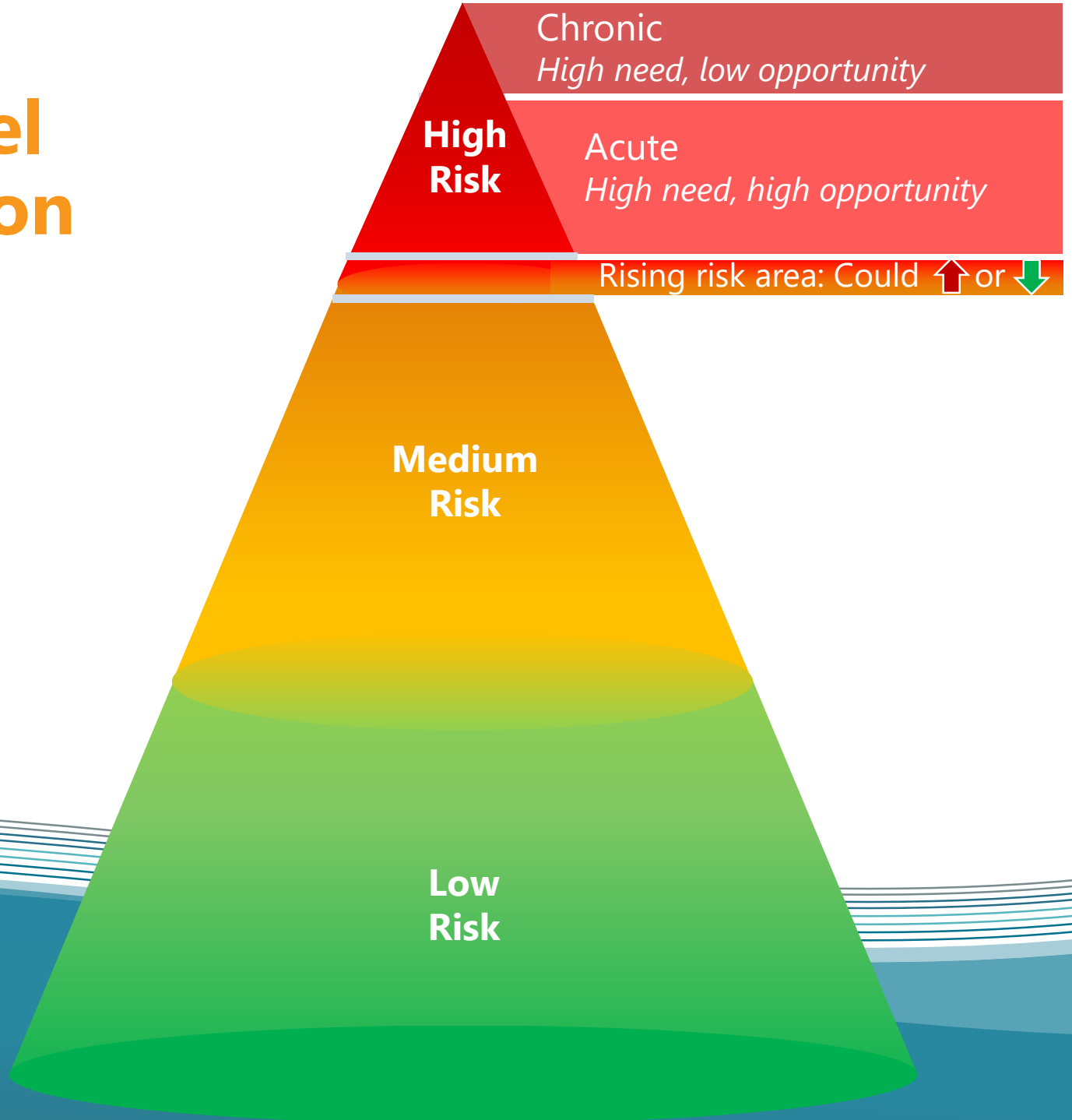
Getting Started

- Identification of high risk patients
  - Data-driven criteria included specific medications, HLOC utilization, diagnoses
  - Chart reviews by CAP- initial data run was 370+ patients
- Visits to practices
  - Needs assessment with pediatricians
    - Identification of knowledge/practice gaps and areas of interest to learn
  - Review potential high-risk pts with PCP, add PCP-identified patients

A Conceptual Model for Risk Stratification



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Coastal's Starting Point

Strengths

- PCP skills
- Strong medical home model
- Population health management
- Experience
- Enthusiasm

Weaknesses

- Volume of unmet needs
- Resource limitations

Opportunities

- Financial support
- Pediatrician-identified critical clinical need

Threats

- Expectations of psychiatry role
- Sustainable financial model
- Traditional fee for service model

Our Model: Comanaged Care

- Clinical consultation
  - Comanagement**:** Indirect or direct assistance with clinical questions
  - Treatment consultation: full psychiatric evaluation with recommendations
  - Urgent/emergent evaluation: same/next day crisis assessment
  - Second opinion, diagnostic re-evaluation, bridging care between providers
- Education
  - Didactic seminars, clinical pearls, resources

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The Advantages of Comanaged Care

- Accessibility
  - On-site in offices 2-4 times per month, face to face time with all PCPs
  - Available when not in-office through Skype, chart messages, cell phone, email

- Coordination of care
  - Notes and recommendations are in primary care chart
  - Monthly multidisciplinary care conferences

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By the Numbers: 2018-2019

- Total patient encounters 796
  - 60% billable
  - 40% curbside consultation and other non-billable services
- Average 2-3 visits per patient
- No-show rate 7.7%
  - Lower than national average for outpatient psychiatry

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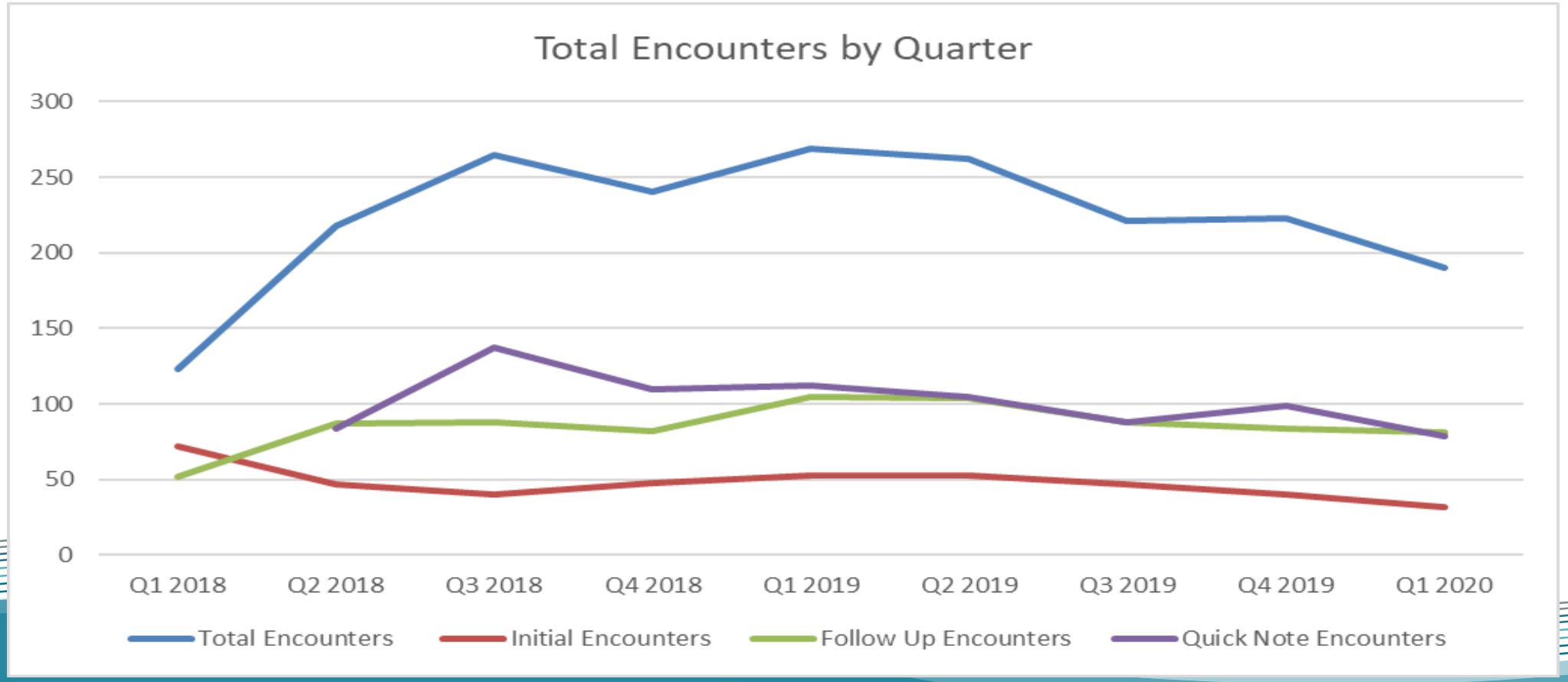
Strong Clinician Support for Psychiatry



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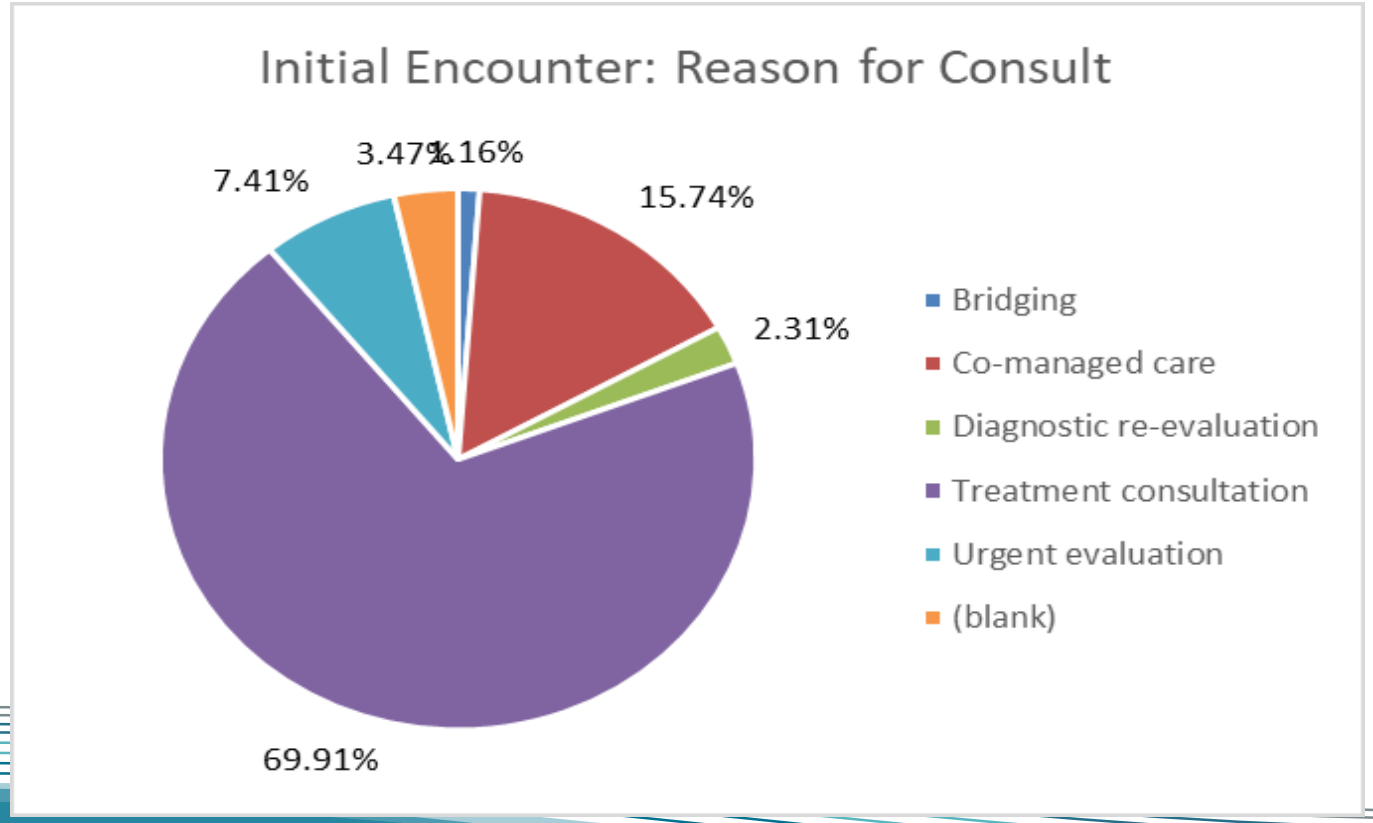
Support for Comanaged Care



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Billing in the Comanagement Model

	Warm handoff/ Curbside consult	Joint appointment	Initial evaluation	Follow up
Length of encounter	Varies, 5-25 minutes	Varies, ~30 minutes	90 minutes	30 minutes
Billed?	No	No	Yes	Yes
Documentation	Brief telephone encounter (problem, plan)	Extended telephone encounter (problem, MSE, plan)	Full eval note	Full follow up note

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Indicators of Success

- Reached program steady state within 6 months
- Initial focus on process measures
  - Patient volume, visit types, implementation of care conferences
- Patient and clinician satisfaction

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Next Steps

- Calculate cost avoidance for ED visits and and inpatient admissions
  - Calculate ROI after assigning overhead
- Monitor utilization of behavioral health ED visits and inpatient care as a surrogate for total cost of care
- Expand behavioral health resources
- Continued focus on integration at the practice level

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Lessons learned

- Seek high opportunity rather than high risk patient population
- Target patients with unmet needs
- Ensure full chart access
- Improve communication between psychiatry and primary care
- Role clarity in comanagement is crucial

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Takeaways

- PCPs are the key to success
  - Strengthen PCP skills to expand patient access to behavioral health care
  - Comanagement with close support can be professionally fulfilling and financially sustainable
- Meeting high volume needs with limited resources requires a new model

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Questions?

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