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ADVANCING INTEGRATED HEALTHCARE

# Welcome Pediatric IBH Practices

Quarterly Pediatric IBH Meeting | April 14, 2022

# Agenda

Topic	Presenter(s)	Time
Welcome	<i>Liz Cantor, Deb Hurwitz</i>	7:30-7:35
Data Review	<i>Liz Cantor, facilitator</i>	7:35-7:45
Cohort 2 Reflections	Hasbro Med Peds Clinic, Tri County, Northern RI Peds, Coastal Waterman, Coastal Bald Hill <i>Liz Cantor, facilitator</i>	7:45-8:35 (10 minutes each)
Coastal RPM program	<i>Kelsey Ryan, Jill Welte</i>	8:35-8:45
Qualitative Data Evaluation Highlights	<i>Liz Cantor, facilitator</i>	8:45-8:55
Upcoming Projects	Liz Cantor, Susanne Campbell	8:55-9:00

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# Practices here today

## RIF – 3 years

### Cohort 1 (July 2019-July 2021)

- Anchor Pediatrics
- CCAP
- Hasbro Pediatric Primary Care

### Cohort 2 (Apr 2020- Apr 2022)

- Coastal Waterman
- Coastal Bald Hill
- Hasbro Med Peds Clinic
- Northern RI Peds
- Tri County

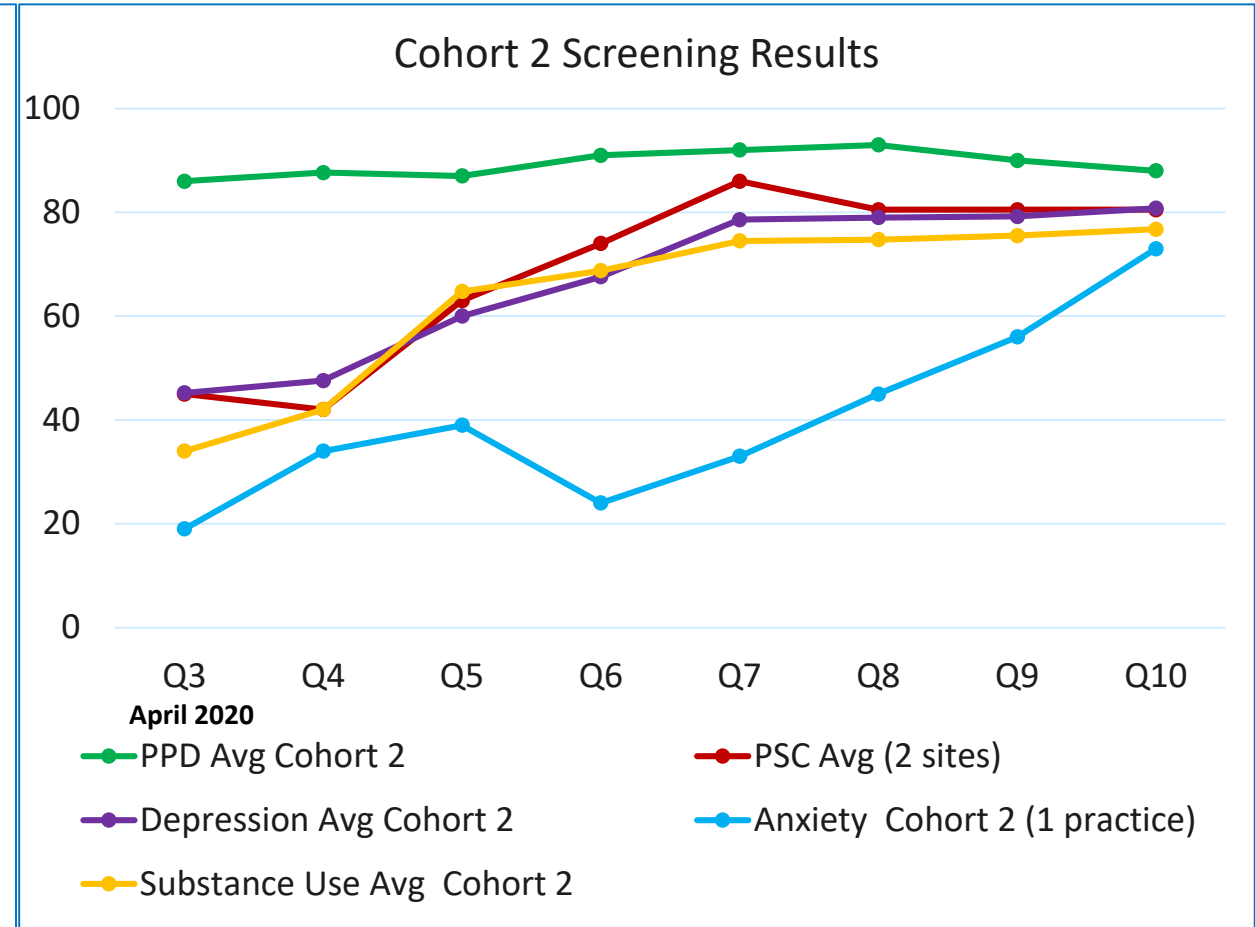
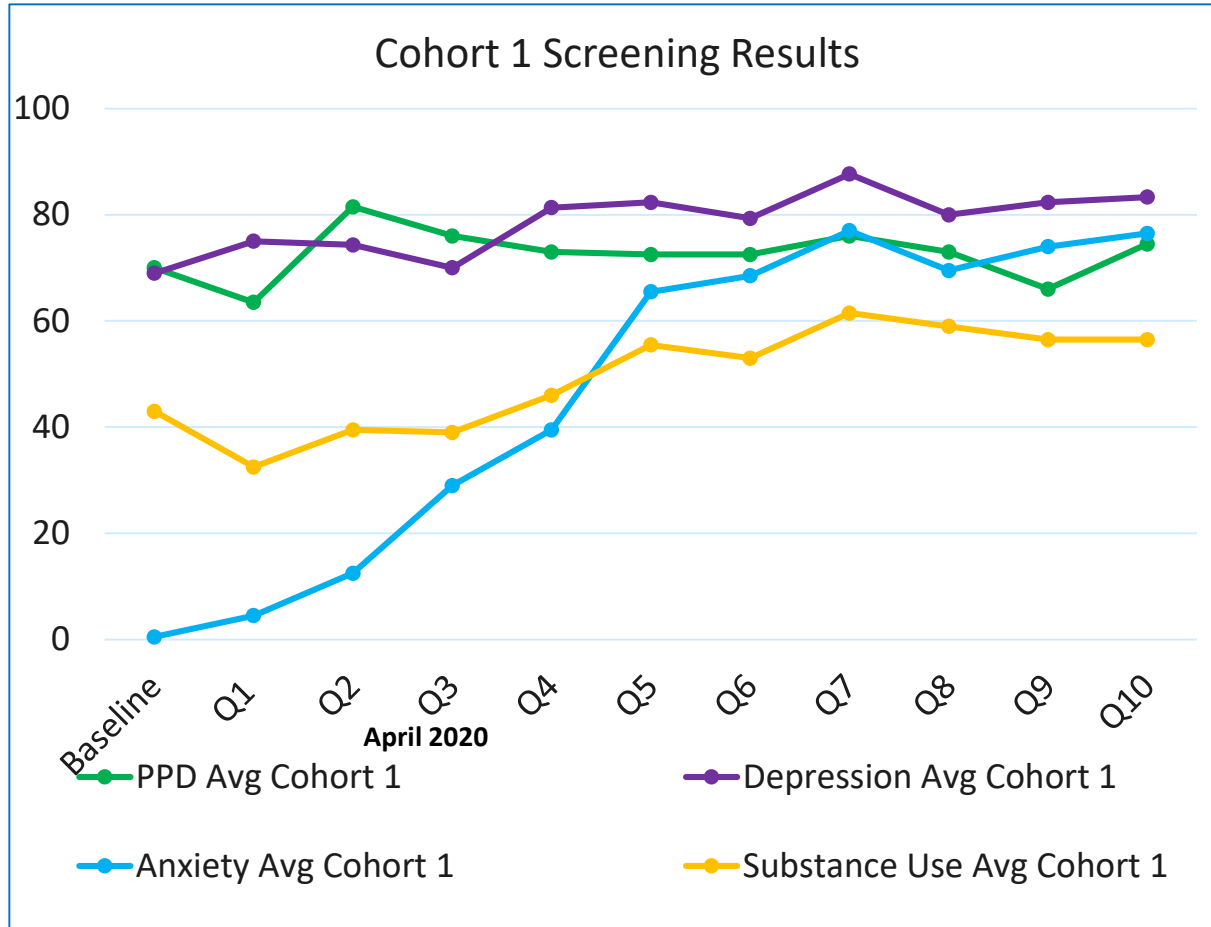
# Background on Data

- Practices had to select 3 out of 5 measures
- The 5 measures to select from were:
  - Postpartum Depression (EPDS)
  - Psychosocial Functioning in children (PSC-35)
  - Adolescent Depression (PHQ9)
  - Adolescent Anxiety (GAD7)
  - Adolescent Substance Use (CRAFFT)

Cohort	Practice	EPDS	PSC-35	PHQ9	GAD7	CRAFFT
1	Anchor	X		X	X	
1	CCAP			X	X	X
1	Hasbro PPC	X		X		X
2	Coastal - BH	X		X		X
2	Coastal – Waterman	X		X		X
2	Hasbro Med Peds		X	X		X
2	Northern RI	X	X	X		
2	Tri-County			X	X	X

“...I think the PHQs and GADs have been very helpful. A lot of us have had the experience where you get a kid who's in for a well visit, and a parent doesn't know anything is going on or isn't concerned at all. And they're not complaining, and you get this PHQ or GAD that's just horrendous. And I think we would have missed those in the past.”

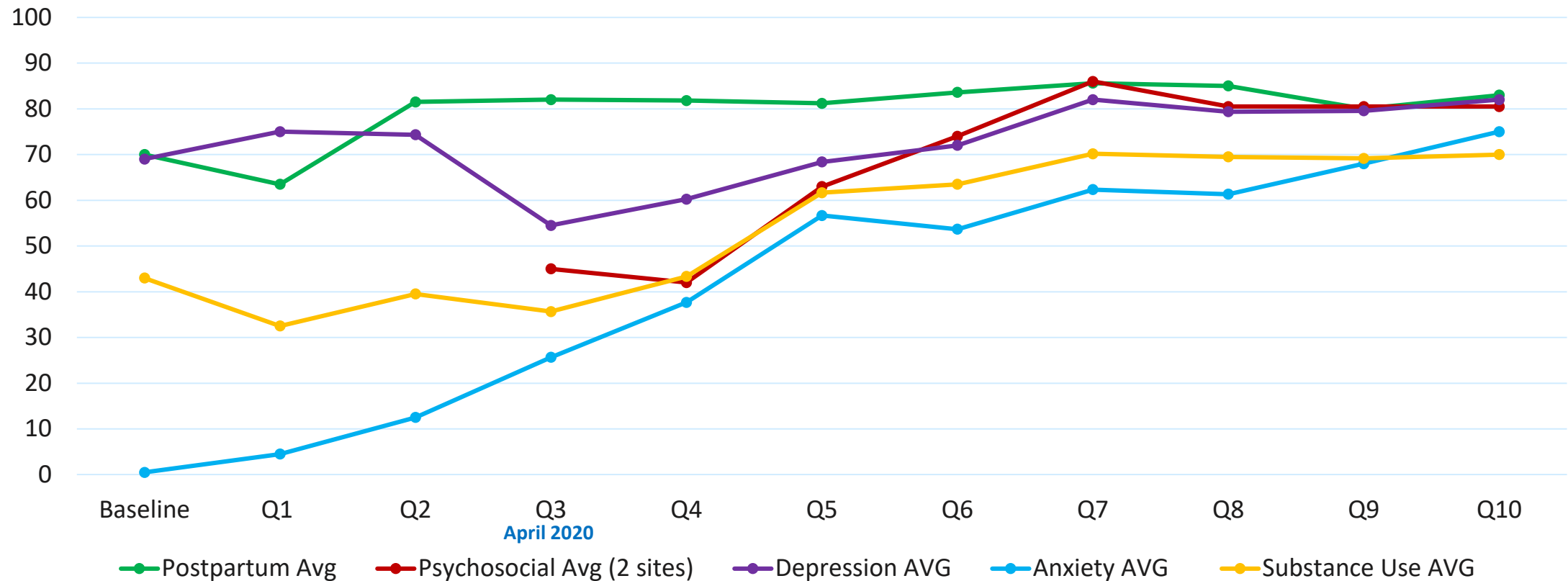
# Screening Data – despite COVID



# Screening Data – despite COVID



Screening Results - Combined





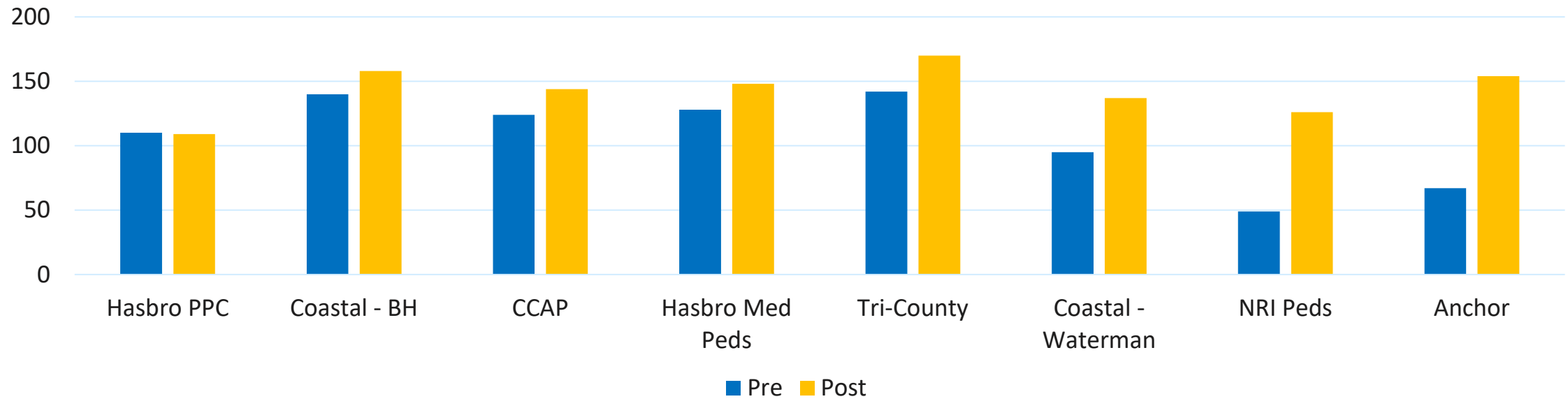
Depressed patient refused treatment for years. After meeting the IBH provider, patient started treatment:

“And I had been trying to do that for a very long time. And ---I just couldn't do it. I mean I just could not get her into counseling. I couldn't get her over the barrier, and she never referred to talking to [our IBH clinician] as counseling. She was just talking to [Name].”

*- Medical Provider*

# Cohort 1 & 2 MeHAF (self assessments) Results

MeHAF Total Scores Pre vs Post



Areas most improved:

1. Social Support (for patients to implement recommended treatments)
2. Colocation of treatment for primary care and mental/behavioral health care
3. Patient/family involvement in care plan
4. Linking to Community Resources

## RIF Cohort 2 – Reflections

- **1. What are you most proud of?**
- **2. Biggest challenge/Lessons learned**
- **3. General reflections from the PCP**
  - How has Pedi IBH impacted the practice; comparing care now to 3 yrs ago
- **4. Future/sustainability of IBH**
  - What will you keep, what will you change (e.g. registry, screening, telehealth)
  - Financial sustainability

# Hasbro Med Peds Clinic – Reflections

## 1. What are you most proud of?

- ❖ I am proud of our **rates!** I am also proud how when screening on tablets didn't work out because of technical issues, we decided as a practice to pivot and go to paper.
- ❖ I too am proud of the **screening results** and **Sheri's diligence** in making sure screens that were missed were sent out to families or given at next office visit. Also proud of the clinic's ability to be flexible, resilient, and quick to shift gears when realizing one process/deliverable wasn't able to be met or we otherwise didn't have the capacity to fulfill as we expected.
- ❖ The **effort** everyone put in to make our rates better each time.
- ❖ I have greatly appreciated the **commitment of Natalia** in working with MA's and staff to ensure that screens are being given and recorded; Sheri in putting together and presenting the data **and for Suzanne and Sara** for setting aside the time to dig into the charts when EPIC has no easy way for us to collect information about the follow-up
- ❖ I am **most proud of how this team works effectively as a TEAM and has been flexible and creative in utilizing our discussions to continuously improve** the way the system is working (identifying barriers and glitches and then together, brainstorming solutions to try). I have appreciated the commitment and persistence of the entire team to utilize the screenings to improve IBH care for our patients. The initial work supported by the grant was already evident when I joined the team.
- ❖ Proud of the efforts, specifically of the **sense of ownership by everyone** for offering ideas, following through and consistently staying with this effort.

# Hasbro Med Peds Clinic – Reflections

## 2. Biggest challenges/Lessons learned

- ❖ Biggest challenge was trying to get patients get screened and make sure providers saw the screens that were done
- ❖ Biggest challenge has been the one faced across the globe, lack of resources and available MH providers for our pts
- ❖ The use tablet vs paper was a challenge for us
- ❖ Reminding patients to complete all the questionnaires consistently throughout their visits.
- ❖ Scoring was not clear at first but once everyone understood, staff rose to the challenge.
- ❖ Challenges of the EPIC system to support the collection and analysis of the data that would be most helpful for us as providers
- ❖ Pulling us all together for the regular meetings has been a challenge, but it has also been a fruitful time during which to review and re-think areas of the IBH process that have not been as effective as planned

# Hasbro Med Peds Clinic – Reflections

## 3. General reflections about culture change

- ❖ Having IBH providers in the practice is a huge help when we're trying to find resources for our patient. If appropriate, they can be the bridge from short term counseling to long term counseling as needed. We appreciate their skills in triaging patients and helping the team know what the next steps should be for each patient.
- ❖ Compared to my own PCP and that of my children it is impressive to have on site mental health care in the form of Janet as well as a CSW available for overall support and triage.
- ❖ We now see how difficult it can be for everyone when in need to BH services and we also have learned the multiple options for bridging those patients who cannot wait
- ❖ Willingness to adapt is important (on-going lesson), that it is a constant-vigilance thing (again, on-going lesson b/c if we don't stay with it, we will lapse), and the unsolved challenge of: things are hard, and the resources are very limited even while getting better
- ❖ Fear of “we'll uncover problems we can't solve” was real beforehand – and while there is some truth to the extent that we can't find resources for everyone, the progress towards acknowledging and listening are of value

# Hasbro Med Peds Clinic – Reflections

## 4a. Future/sustainability of IBH

- ❖ We will definitely **keep screening**, but will **look at the rates quarterly**. We will trial keeping the **registry** for a few months and then reassess.
- ❖ **Screening and telehealth** options have been great for our patients staff and providers
- ❖ **Value of having both SW and psychology present within the clinic**. Ideally when we are present together it allows for the most effective collaboration. When I was at the clinic a few years ago there was no SW present and the difference is remarkable.
- ❖ Importance of the **physical lay out** of the clinic. The Med/Peds clinic with its common/shared space where we all gather to do our notes, to meet for check-in times (before each clinic session—2x per day) with ALL staff, allows for ease in collaboration.
- ❖ Would love at some point to see more of our efforts able to be directed towards **supporting people in being healthier** to start rather than identifying and treating the downstream impact. But I could say the same about eating habits, activity patterns and sleep...so will need to keep thinking on what a “wellness focused” practice might do
- ❖ My hope going forward is that we will **continue to meet regularly** as a full team to evaluate both the screening process and its effect as well as continuing to explore models for managing the behavioral health needs of our patients and their families. It is a joy working with this team and I believe that the grant has helped to create a momentum within the IBH process that will continue

# Hasbro Med Peds Clinic – Reflections

## 4b. Financial Sustainability

- ❖ Telehealth and video visits have become invaluable for patients who can't make it in and we will keep them as long as we keep getting reimbursed
- ❖ Frustratingly, continues to seem that the commitment to parity – treating and reimbursement behavioral health commensurate to other medical needs, has not yet been made real.



# Tri County – Reflections

## 1. What are you most proud of?

- Improvement in overall screening of patients, development of the IBH Registry/Streamlined outreach efforts
- Clinician availability at both health center locations despite having a small clinical team initially.
- Dedication to the project at every level,  
Admin/Leadership/HIT/MA's/CHW's/Nurses/NCM/PCP's/Clinicians

## 2. Biggest challenge/Lessons learned

- Challenge with telehealth appointments/importance of in person visits
- Connection with providers through huddles and IBH training opportunities led to increased WHO's and BH referrals
- Importance of ongoing staff training on workflows

# Tri County – Reflections

## 3. General reflections from the PCP

- (Pre-Covid)-patients were all in person, outpatient BH and IBH were one department
- All new staff in IBH, several new providers, new workflows and outreach efforts

## 4. Future/sustainability of IBH

- Continue to refine the workflow for the screening process and identify training needs for new staff
- Continue to expand IBH participation in provider huddles with addition of 2 more IBH Clinicians
- We will keep the IBH registry & create a similar registry for adult patients, continue focus on training for new staff at onboarding & throughout the year.



# Pediatric Behavioral Health Remote Patient Monitoring

April 14, 2022

Jill Welte, MD, MSW

Kelsey Ryan, PharmD, BC-ADM



**Coastal Medical**

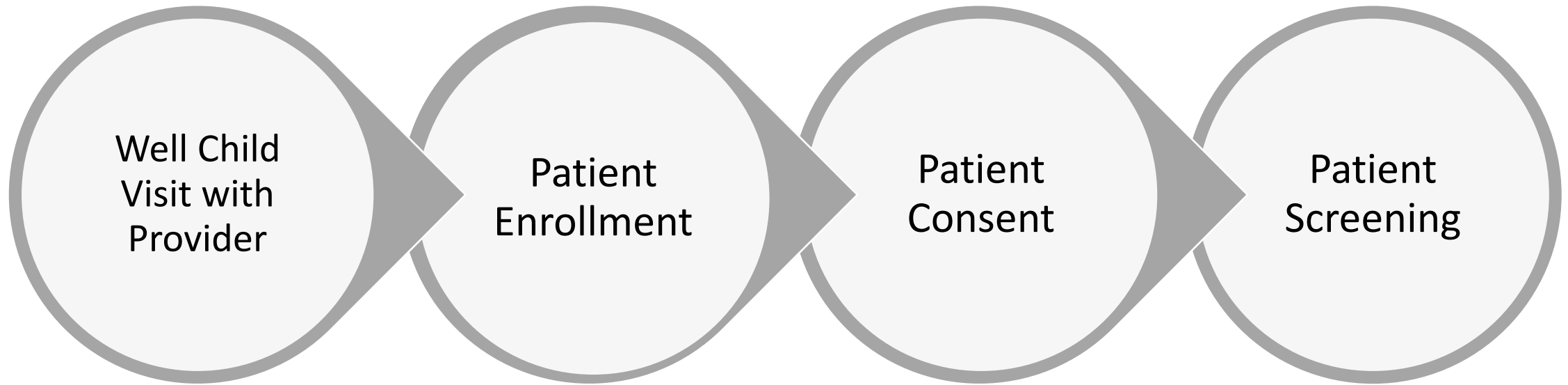
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# Purpose:

- **Identify** concerns related to behavioral, social, or emotional needs “upstream” through screening conducted in between well child visits
- **Improve** patient satisfaction, access, and connection to the care team



# Patient Experience of RPM



**Parents and families have access to and support from to their care team between well child visits**



# RPM Questions and Digital Resource Library

- Screening “campaigns” are conducted via text message and will consist of a **brief four-question survey** that assess for concerns with development, emotional/social well-being and social determinants of health screening.
- Each questionnaire is customized by child age: **Ages 3-5** or **Ages 10-12**
- For parents or families indicating they would like assistance, these “alerts” will be triaged for appropriate next steps with the practice care team.
- Additional access to **age-appropriate digital resources** will also be available through the platform for parents and families.



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# Questions, suggestions or feedback?

Navigating the healthcare system for pediatric patients is complicated, we must work to make access and engagement easier.



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# Qualitative Evaluation

- ❖ **Thank you** Mardi Coleman and Roberta Goldman for conducting the evaluation and providing preliminary findings for this meeting
- ❖ **Thank you** to the practices for making the time to be interviewed and providing your insights
- ❖ Interviews conducted across all sites, multiple staff



# Qualitative Evaluation - Highlights

## Sites agree:

- ❖ Participating in the pilot was worthwhile
- ❖ Grant structure was helpful to stay organized
- ❖ PF meetings helpful for problem-solving

## Sites agree on the importance of:

- ❖ P-IBH for better patient care
- ❖ Trained MAs
- ❖ Care management
- ❖ Systematic tracking/follow-up of positive screens

# Qualitative Evaluation - Highlights

## Sites agree:

- ❖ Establishing a P-IBH program takes time/effort
  - ❖ Engaging staff
  - ❖ Training staff
  - ❖ Establishing new workflows for screening, WHO's, referrals
  - ❖ Absorbing new content into already packed pt visits
  - ❖ Administrative tasks (e.g. registry)
  - ❖ Establishing new workflows for the new provider
    - ❖ Communication BHC-PCP/NCM
    - ❖ Appointments, space

# Qualitative Evaluation - Highlights

## Differences:

- ❖ BHC role/responsibilities
  - ❖ More treatment vs. more triage
- ❖ Screening workflows
  - ❖ Administration
  - ❖ Follow up
- ❖ Communication strategies
- ❖ Provider engagement
- ❖ BHC location
- ❖ Availability of IT assistance
- ❖ Upper mgt buy-in
- ❖ Approach to billing
- ❖ Pandemic strategies:
  - ❖ In-person vs. telehealth
  - ❖ Length of pause of in-person varied

# Qualitative Evaluation - Highlights

## Impact of Pandemic:

- ❖ Everyone used telehealth
- ❖ Logistics became challenging
  - ❖ Communication within the practice
  - ❖ Issuing screens
  - ❖ Providing WHO's and Brief Interventions
- ❖ Referrals to community became harder

# Qualitative Evaluation - Highlights

## Evaluators' observations:

- ❖ Most successful sites had a strong **team approach**
- ❖ Almost all sites cannot use their data to determine program effectiveness
- ❖ Risks for “drift”:
  - ❖ No BHC or not on site
  - ❖ Lack of provider engagement
  - ❖ Lack of provider leadership/champion
  - ❖ Lack of process to monitor P-IBH fidelity and address drift

# Qualitative Evaluation - Highlights

## Sustainability plans:

- ❖ All sites are committed to providing P-IBH assuming billing revenue covers BHC costs
- ❖ Some plan to expand to other sites within the practice/org

## Sustainability Considerations:

- ❖ Prepare for drift, monitor fidelity
- ❖ Staff turnover requires robust and integrated training processes to maintain investment and knowledge

# Qualitative Evaluation - Highlights

## Sustainability Considerations:

*“I haven't thought that far ahead. I mean policy recommendations would be great if, you know, the insurance companies paid for social workers in all the offices like they paid for nurse care managers in the beginning of time. Funding is an issue. And when this care is done right in the medical home where the trust is, it can save money down the line. So it would be great to have a steady funding stream specifically for salary and fringe support as opposed to on a per visit basis because there's so much care coordination that can't be charged out on a fee for service world. So whether that's value-based contracting that has a behavioral health component or I don't know what. But funding is an issue for sure.”*

Physician/champion

# Upcoming Projects

- Workforce Development
- IBH Behavioral Health Distinction – [call for application](#)
- Obesity
- Asthma
- Dulce / Early Childhood Comprehensive System



# Pediatric BH Virtual Learning Series

## **April 19, 8:00-9:30AM Impact of COVID on children's social-emotional development**

In this learning session, we will provide a framework of social-emotional development and how younger children's achievement of developmental tasks may have been impacted by the COVID pandemic. We will discuss how practice staff can help parents understand what their kids missed, why they may be behind, and what they can do to help (and what they don't necessarily have to worry about). We encourage participants to bring specific cases or questions to the session.

Zoom: <https://ctc-ri.zoom.us/j/93572867243?pwd=L1h2dDkvc2VMeklRRW1iRlZ2NnJTQT09>

Meeting ID: 935 7286 7243; Passcode: 646876;

One tap mobile: +16468769923,,93572867243#,,,,,0#,,646876#

## **May 12, 7:30-9:00AM Behavior Plan Basics**

In this learning session, we will provide training on how to help parents create a basic behavior plan for younger kids with disruptive behaviors and behavioral contracts that support healthy routines in older children (e.g. sleep, managing electronics). We encourage participants to bring specific cases or questions to the session. Handouts/resources will be provided.

Zoom: <https://ctc-ri.zoom.us/j/95924498814?pwd=SkltUud4UjVZNjlaS0JpYzhpTTdUQT09>

Meeting ID: 959 2449 8814#; Passcode: 646876#

One tap mobile: +13017158592,,95924498814#,,,,,0#,,646876#

# You are invited...

## CELEBRATION OF CHAMPIONS

### HOLD the Date: June 28, 2022

### Time: 5 – 8PM

### Location: Narragansett Brewery





**Stay Healthy and Safe**