

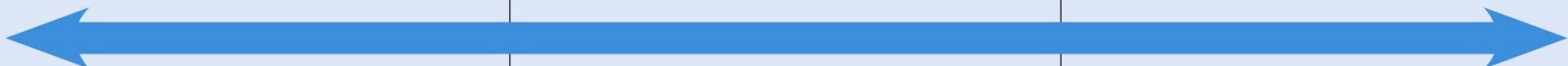


Pediatric Models of Behavioral Health Integration

Cody Hostutler, PhD

Ujjwal Ramtekkar, MD, MPE, MBA

LEVELS OF INTEGRATION

Coordinated		Co-located		Integrated	
					
Minimal collaboration, siloed care	Basic collaboration at separate locations	BHP on-site, BHP and PCP keep separate schedules, records, and treatment plans	Some systems integration, BHP and PCP keep separate schedules, some shared treatment plans	Close collaboration, shared treatment plans and records, some joint visits on PCP schedule	Close collaboration, shared treatment plans and records, most appointments on PCP schedule

Note: BHP = Behavioral

Health Care Provider

BH TIPS



**Community / Hospital /
ACO BHI Initiative**



Behavioral Health Treatment Insights and Provider Support (BH-TIPS program)

Scheduled video consultations for community providers

Provide Support to PCPs



- Medication management
- Diagnostic clarification
- Treatment planning
- Resources and linkages

Improve Quality of Care



- Improve BH competencies
- Connecting specialists with local providers and resources

Mitigate Current Challenges of Access



- Reduce wait times
- Improve access
- Reduce ED visits & hospitalizations
- Support community



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Project ECHO

Foundation & Advanced Cohorts



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Child Behavioral Health

Hub & Spoke Model



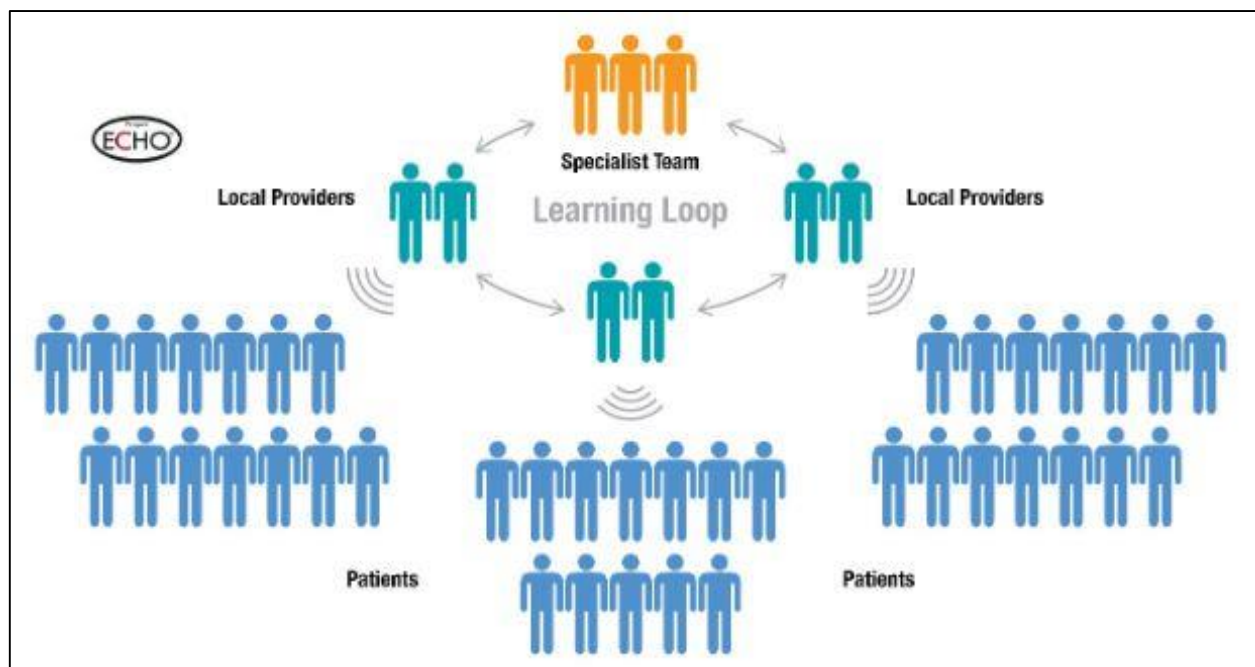
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Extension for Community Healthcare Outcomes



Goal: To equip clinicians everywhere to provide better care to more people right where they live through education and support.



Tele-mentoring to increase capacity to help them manage specialty conditions in the primary care setting.

Different way to teach and confidence to take the next step with management.



Project ECHO - Structure

Moving knowledge, not patients, through facilitated case discussions and didactic presentations



Short didactic presentation
Participant presents a case
that they'd like to learn more
about symptom management
or diagnosis



Participants and Hub
experts discuss the case,
ask clarifying questions,
and provide
recommendations



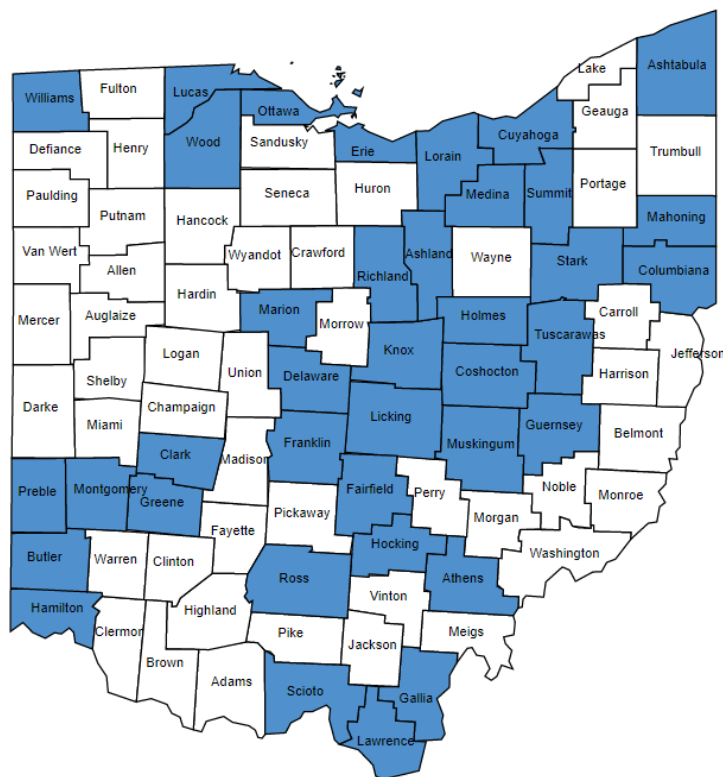
All participants receive a
copy of the written
recommendations, which
are sent out following each
session



Providers apply
recommendations to individual
case, and knowledge to their
practice



2020 BH Primary Care ECHO Impact



- 41 counties
- 101 unique organizations
- 75 primary care providers
- Total 9 cohorts



Peds BH ECHO Outcomes

Hostutler et al

Table 3. Self-Reported Knowledge and Competence Changes.

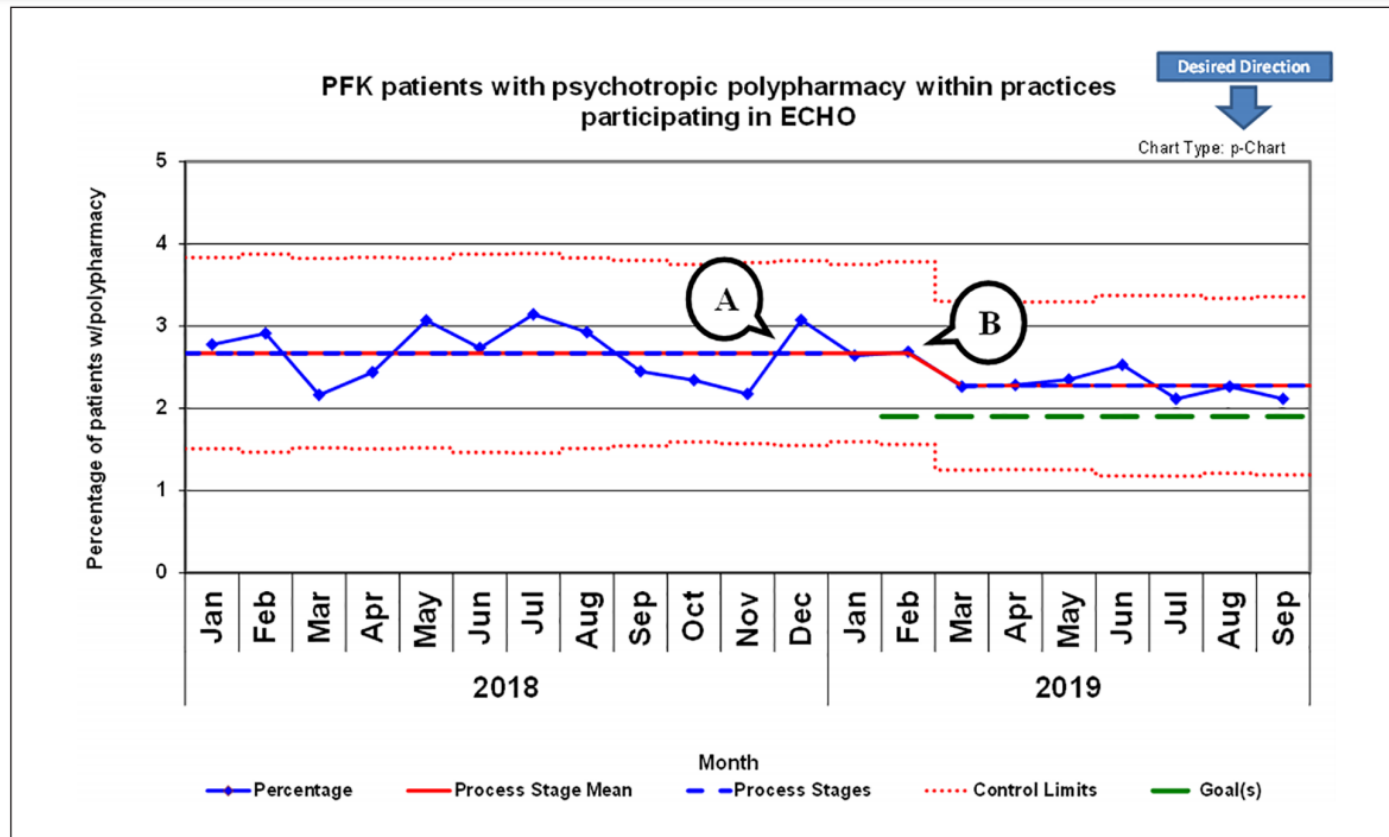
Outcome	Pre mean (SD)	Post mean (SD)	P	Effect size
Overall change across domains	61.13 (16.00)	78.22 (6.63)	.001	0.62
Supporting referral follow through	61.69 (22.50)	69.92 (17.77)	.016	0.16
Knowing local resources	70.08 (18.83)	79.85 (14.06)	.019	0.19
Able to effectively prescribe	60.00 (24.61)	73.69 (16.71)	.047	0.39
Diagnosing	62.85 (22.02)	78.38 (14.70)	.006	0.54
Evidence-based interventions	51.31 (27.22)	74.54 (14.28)	.005	0.55
Screening tools	67.77 (25.07)	84.15 (12.10)	.002	0.60
Knowing prescribing guidelines	64.46 (17.77)	84.08 (10.69)	.002	0.60
Non-pharmacological interventions	57.77 (19.32)	79.23 (11.81)	.002	0.60
Providing education and resources	55.08 (16.05)	80.15 (11.18)	.001	0.62

^aEffect sizes are as follows: small is 0.1, moderate is 0.3, and large is 0.5.²⁶

Hostutler CA, Valleru J, Maciejewski HM, Hess A, Gleeson SP, Ramtekkar UP. Improving Pediatrician's Behavioral Health Competencies Through the Project ECHO Teleconsultation Model. *Clin Pediatr (Phila)*. 2020;59(12):1049-1057.



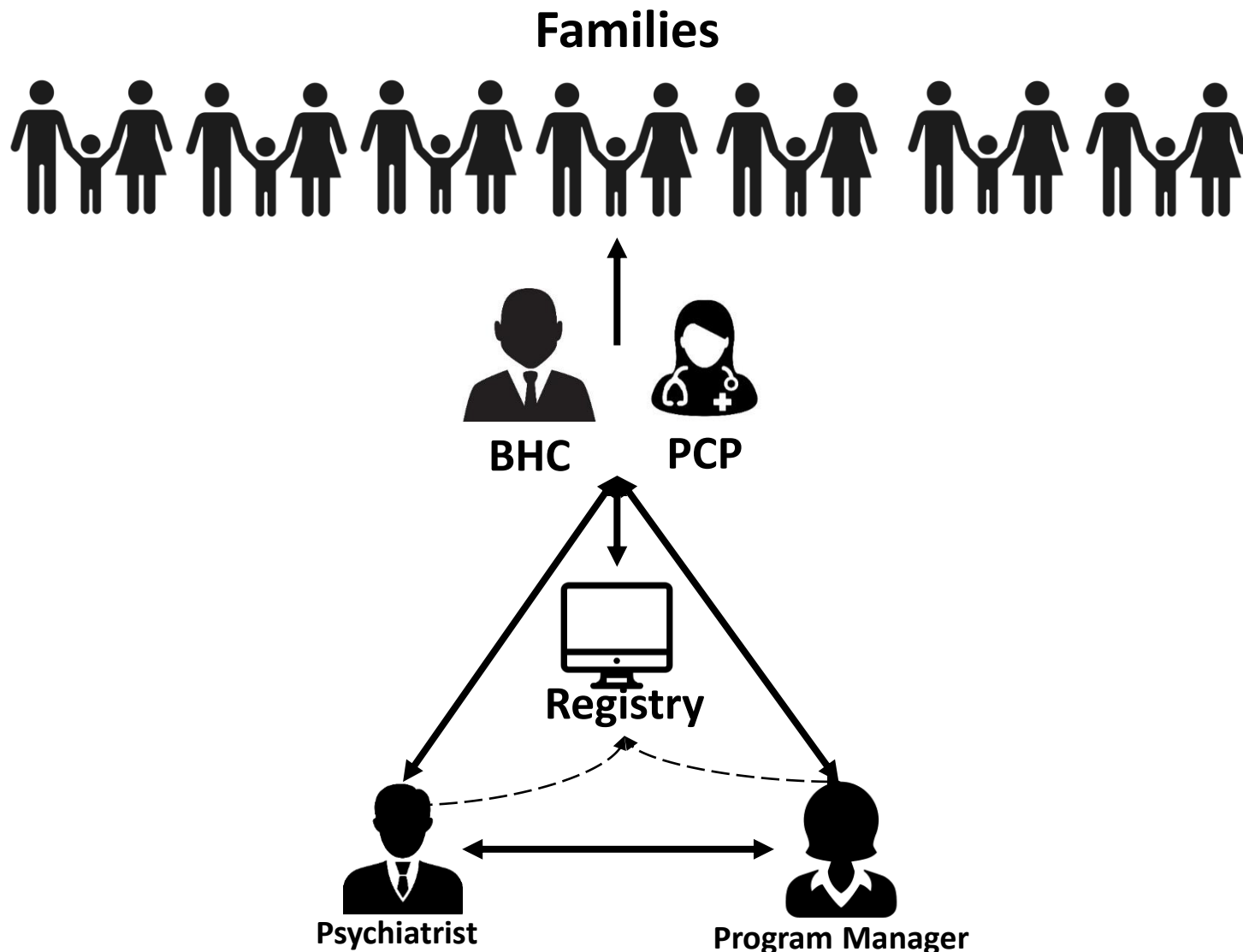
Peds BH ECHO Outcomes



Hostutler CA, Valleru J, Maciejewski HM, Hess A, Gleeson SP, Ramtekkar UP. Improving Pediatrician's Behavioral Health Competencies Through the Project ECHO Teleconsultation Model. *Clin Pediatr (Phila)*. 2020;59(12):1049-1057.

Community / Hospital / ACO

BHI Initiative



Families



- Deliver BH interventions
- Enter data & use registry
- Consult w/ Program Manager
- Collaborative Treatment Planning



BHC



PCP

- Identifying BH need
- Connecting Family to BHC
- Collaborative Treatment Planning



Registry

- Track patient outcomes
- Caseload management tools
- Track operational processes
- Population Health Management



Psychiatrist



Program Manager

- Case-Review & Med Consultation
- Program Leadership

- Operational & Technical Assistance
- Monthly Case-Review & Consultation
- Clinical Support and Trainings

Hostutler CA, Ramtekkar U.R. Using Measurement-Based Care Data in Population Health Management. *Child and Adolescent Psychiatric Clinics of North America*. 2020;29(4):733-741.

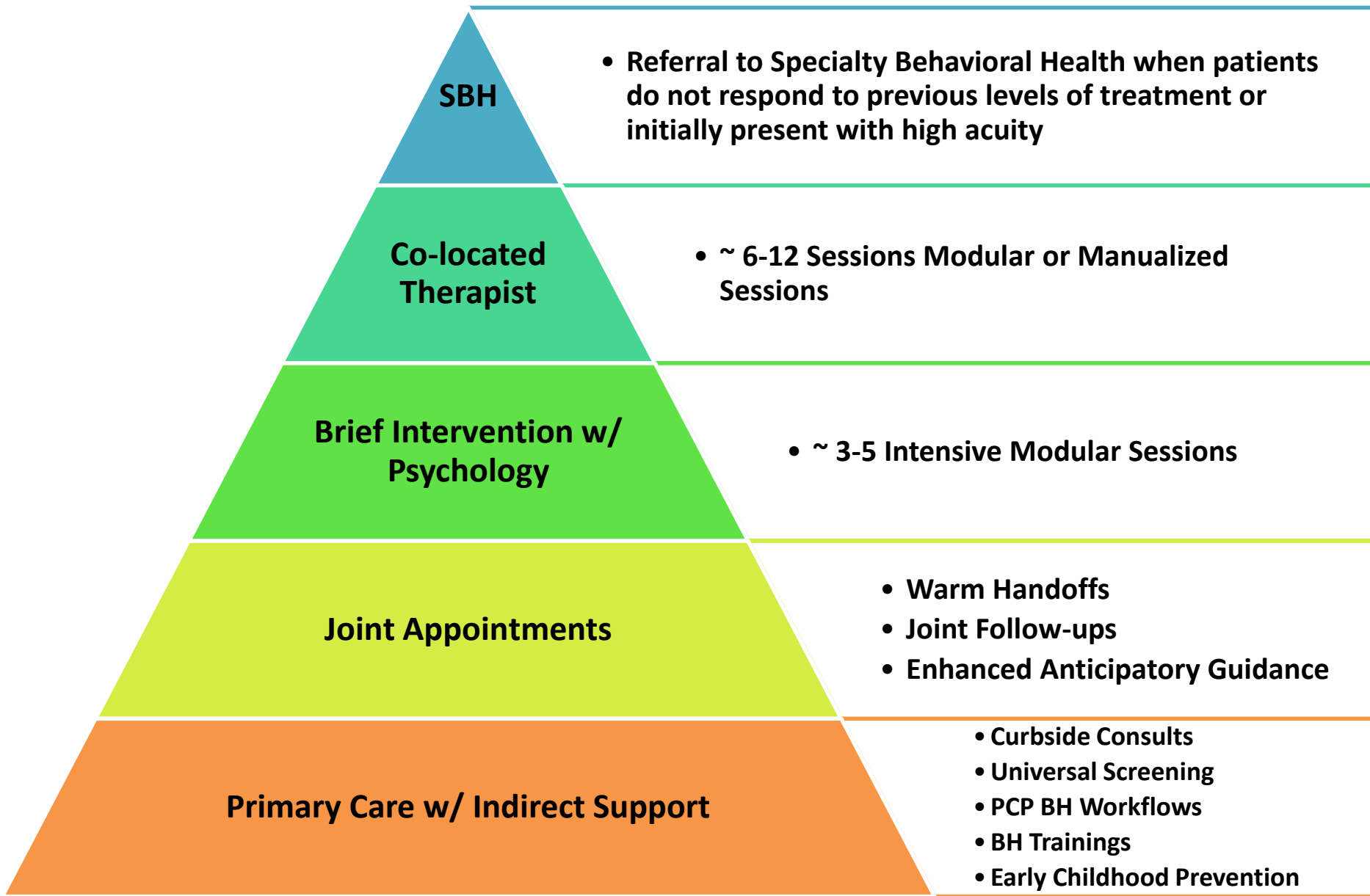
Hostutler, C.A. & Ramtekkar, U.R. (in press). Development and Functionality of a Pediatric Behavioral Health Registry for Integrated and Collaborative Care Models. *Family, Systems, & Health*.

Monthly Case Reviews

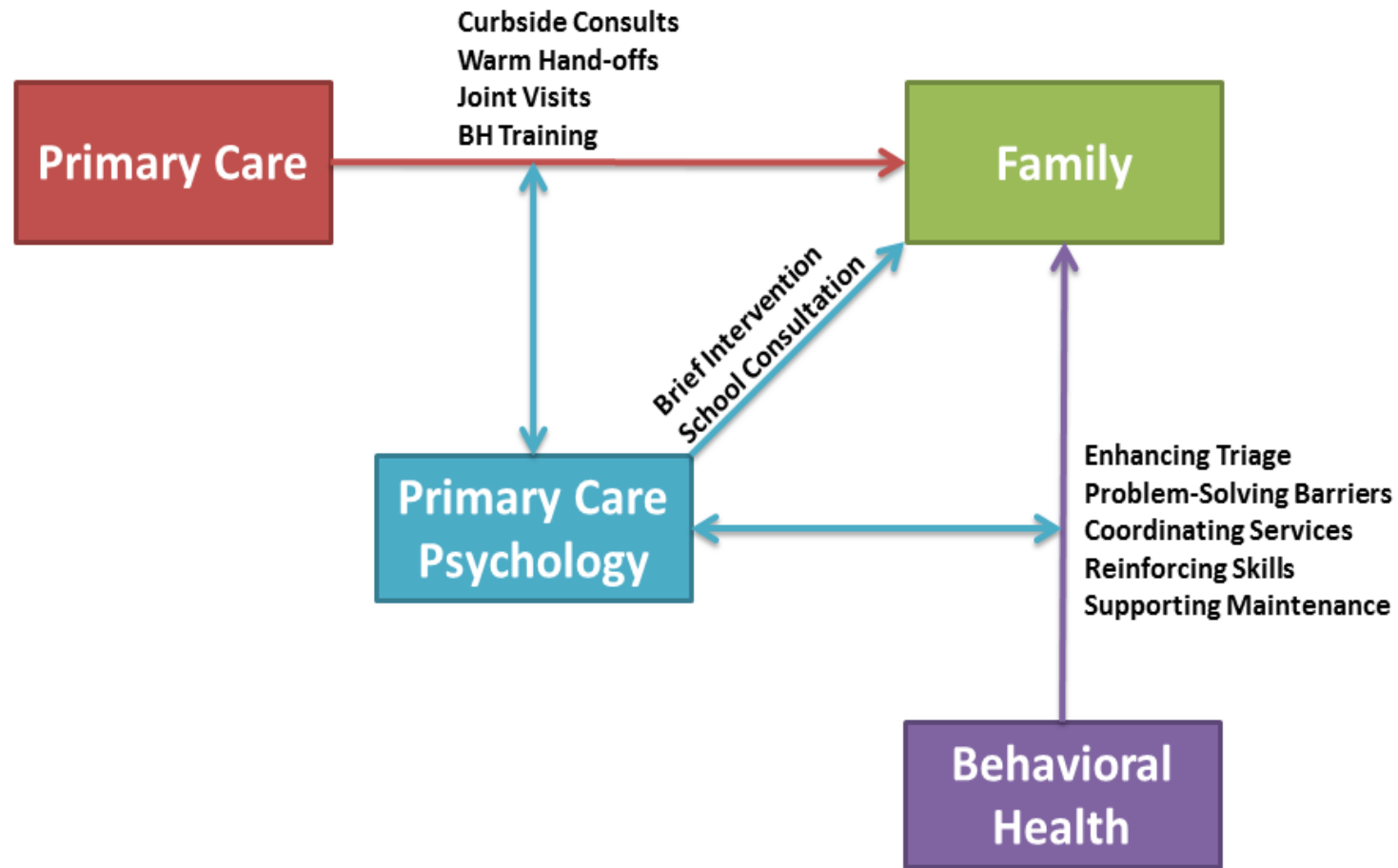
- Meet once per month to review caseload in registry
 - Program Manager, Psychiatrist, PCP, BHC
- Identify successful, unchanged, and worsening patients
- Obtain operational, pharmacological, and non-pharmacological case-support



Designing and Evaluating a Blended, Stepped Model of Primary Care Integration to Improve Access for Underserved Populations



Integration Model at NCH



Integrated Primary Care at NCH



- 7 Psychologists in 7 clinics, 4-5 days per week
- Psychology intern ½ day twice per month
- Two Fellows
- Two co-located therapists

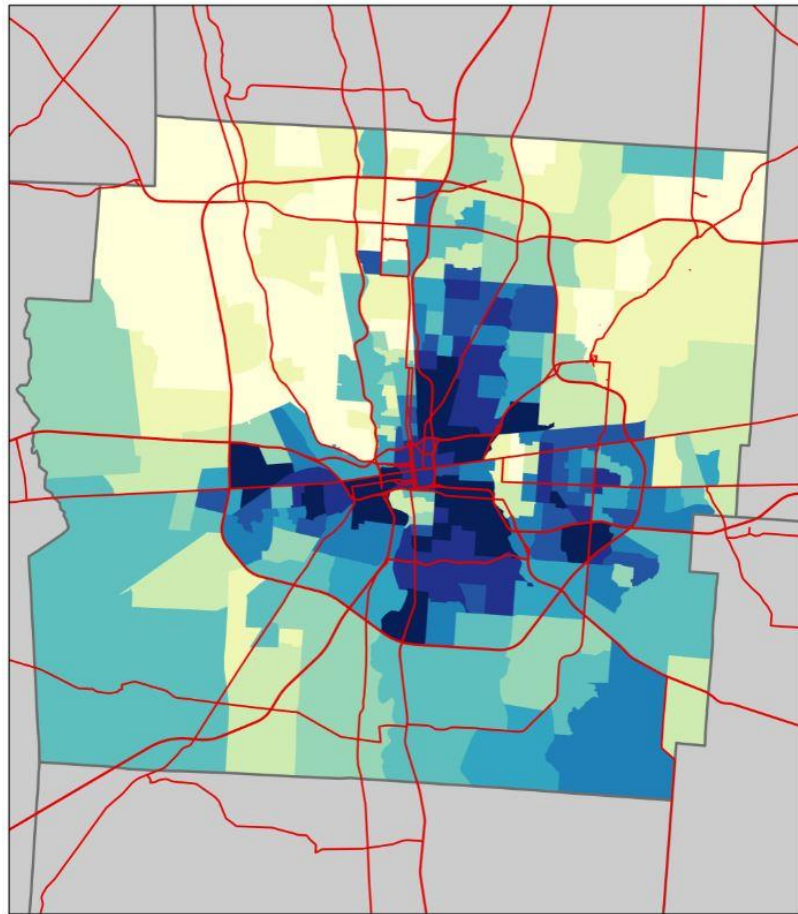


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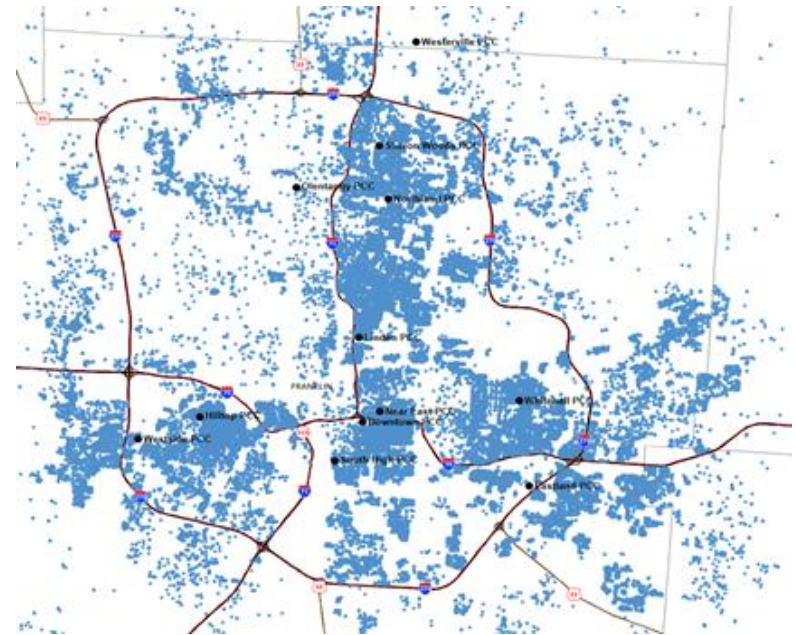
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The Ohio Vulnerability Index (OVI)

Composite, area-based measurement of neighborhood socioeconomic and structural conditions



> 100,000 Patients



Judith Groner MD Division of Primary Care Pediatrics NCH /Elisabeth Root PhD Division of Geography OSU /Primary Care Research Affinity Group



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Integration Model at NCH

Highly integrated: ~ 70% of visits on medical providers' schedules

Wide range of conditions

- *Whatever Walks through the Door: Sleep training infants, breast feeding cessation, anxiety, depression, feeding, picky eating, med adherence, early childhood attachment/prevention, ADHD, disruptive behaviors, trauma, grief, etc*

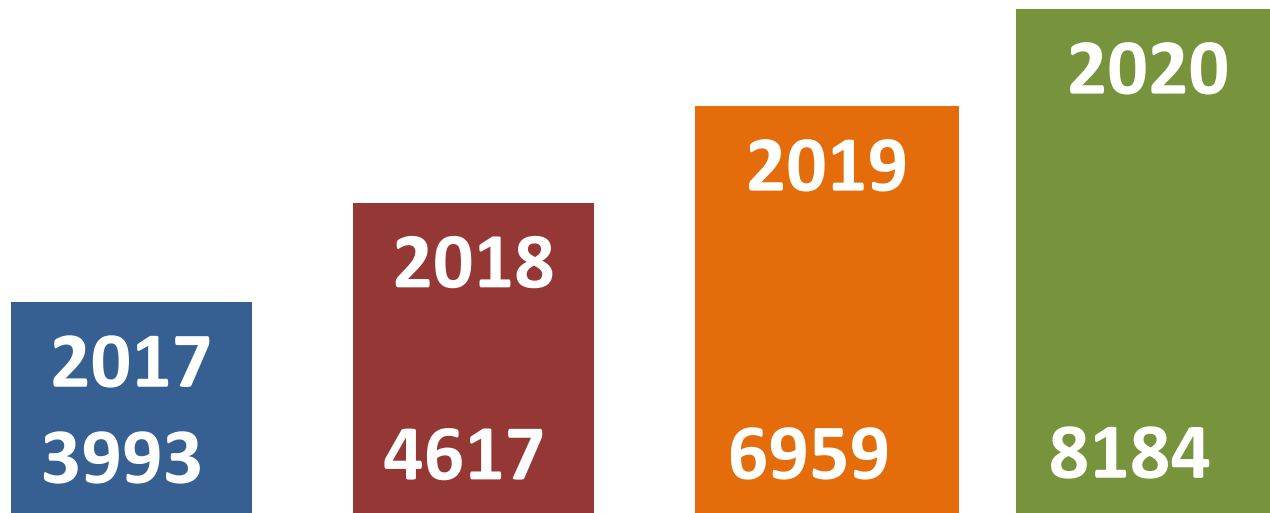
Reach: We see 5-10% of all PC visits, of any age, for any reason



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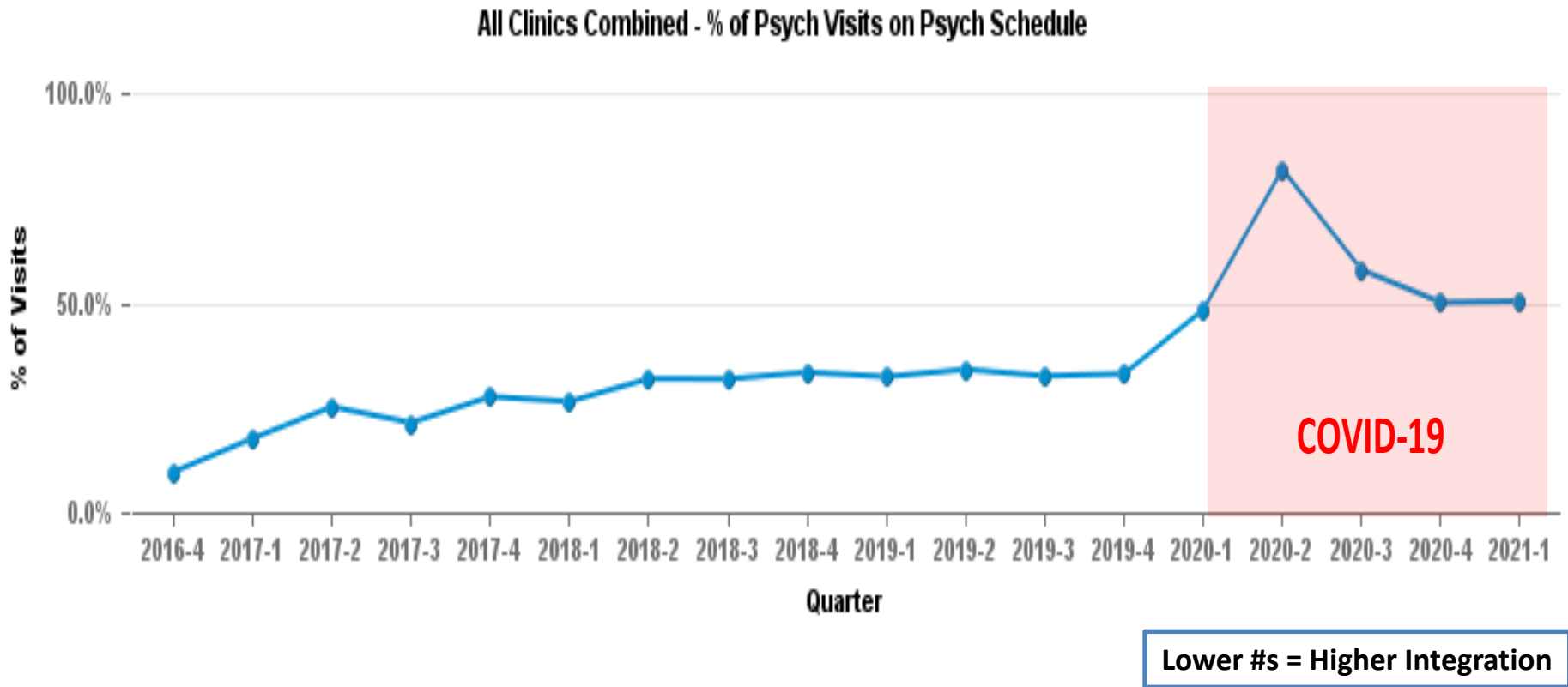
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Growing Volume over Time



Patient Contacts over Time

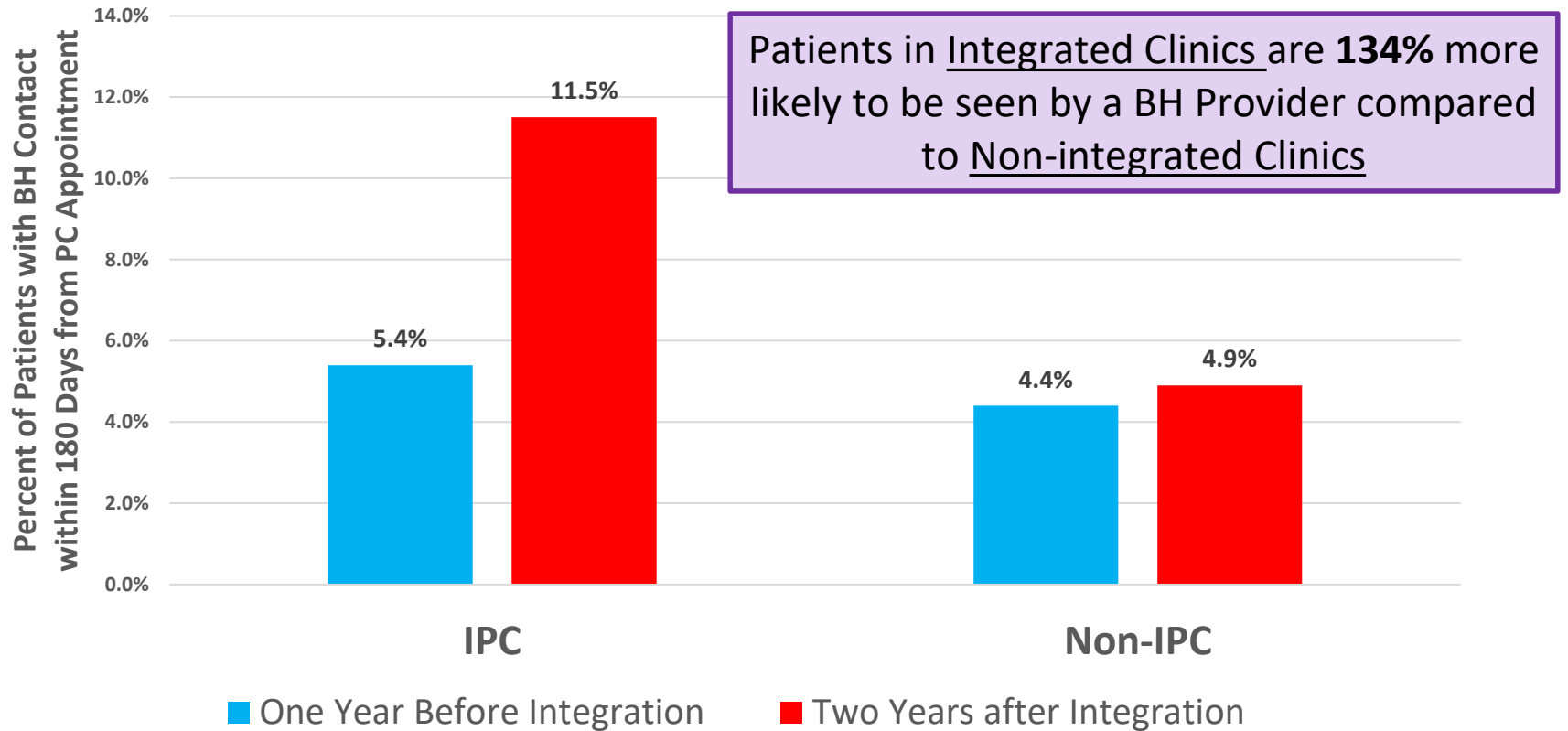
Level of Integration



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Increased Access to Care



A 65.5 FTE growth in clinical BH providers during this time yielded a 0.5% increase in reach; contrasted with a 6.1% increase in access when investing 4 FTE in our integrated clinics.

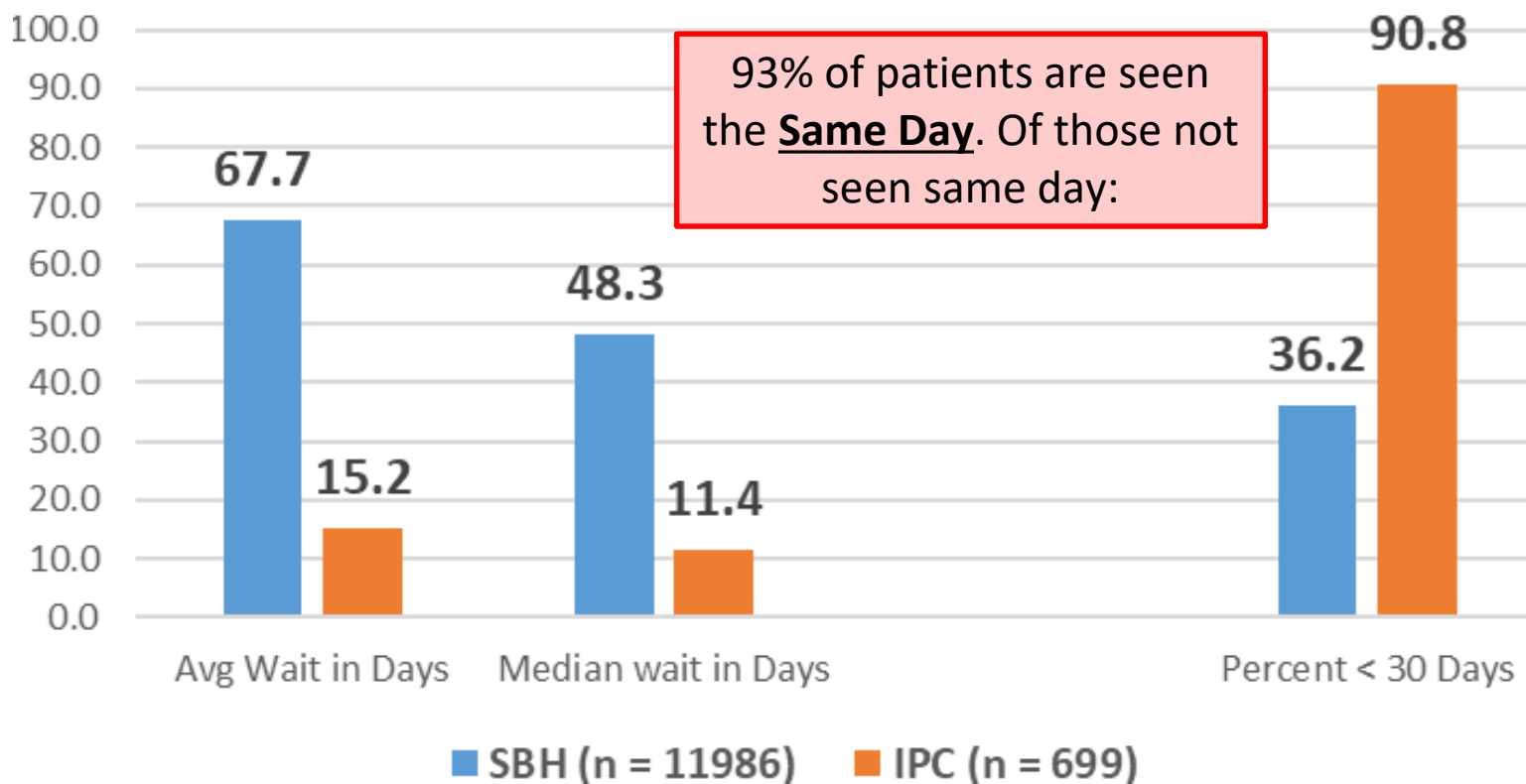


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Quick Access to Services

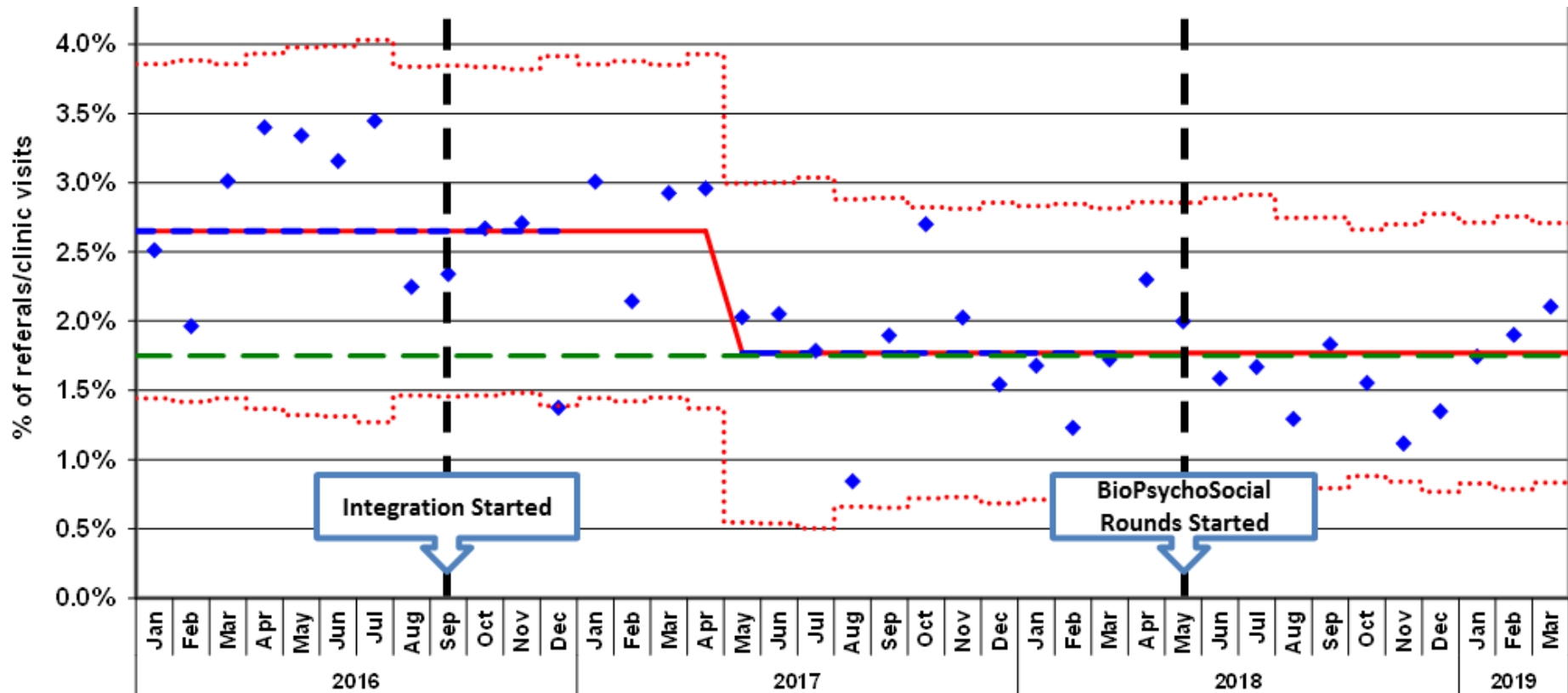
Wait Time Comparison



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Reduction in SBH Referrals



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Improved Physician Experience

	Average
I am more efficient with addition of IPC	4.8
Better coordination of mental health concerns	4.8
More answers for my mental health questions	4.7
Developed new skills for managing BH concerns	4.6
I feel more confident managing BH concerns	4.4

Notes. Likert scale with 1 = “Strongly Disagree” to 5 = “Strongly Agree.” N = 25 PCPs.

Demographic Differences between IPC & SBH

	Specialty Behavioral Health (n = 4325)	Integrated Primary Care (n = 5005)
Ages		
0-2 years ^b	530 (12.3%)	1180 (23.6%)
Race		
White ^b	1119 (25.9%)	1053 (21.0%)
Latinx ^b	494 (11.4%)	814 (16.3%)
Insurance		
Commercial ^a	419 (9.7%)	386 (7.7%)
Medicaid	3727 (86.2%)	4327 (86.5%)
Self/Other ^b	179 (4.1%)	292 (5.8%)



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Thanks to Our Incredible Teams



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