

Wednesday, 12:30 – 2:00, E7

Michigan Child Collaborative Care (MC3): An Innovative Care Model to Increase Access to Mental Health Treatment for Children and Adolescents in Michigan Using Telephone Consultation and Telepsychiatry

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Objectives:

1. Identify advances in clinical assessment and management of selected healthcare issues related to persons with developmental disabilities
2. Discuss telephone consultation and telepsychiatry, steps for implementation and outcomes of those completed.

Notes:



Michigan Child Collaborative Care (MC3): An Update on the Michigan Innovate Care Model to Increase Children and Adolescent Access to Mental Health Treatment

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What is MC3?

- Psychiatry access program for primary care providers
 - “Just-in-time” phone consultation
 - Telepsychiatry evaluations
- Funded by:
 - Medicaid Match
 - Flinn Foundation
 - Ravitz Foundation



MC3 Goals

- Improve access to crucial mental health services for children, adolescents and high-risk women of childbearing age. Males to age 24, Females to 26
- Encourage appropriate use of evidence-based pharmacotherapy.
- Increase primary care provider comfort, knowledge and ability in treating mental health problems.



Why Psychiatry Access Programs?

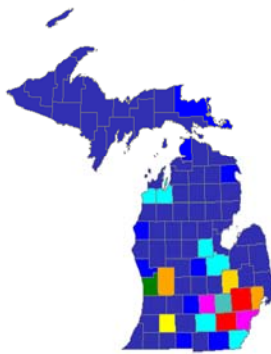
- Poor distribution of child and adolescent psychiatrists (Keller & Sarvet, 2013)
- MC3 delivers providers with psychiatry consultations regardless of accessibility in their area.



Why Primary Care Providers?

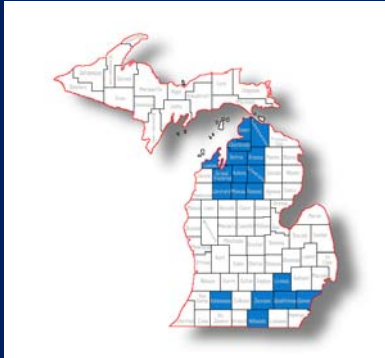
- Pediatricians prescribing 84.8% of psychotropic meds (Goodwin et al, 2001)
- 60-70% of PCPs report appointment delays for mental health referrals of 3-4 months (MCPAP Survey)
- 40% of visits in some primary care clinics main reason for the appointment (Keller and Sarvet, 2013)
- Less stigma in a PCP office than in mental health setting (Sarvet et. al, 2011; Mauksch et al. 2001)
- Patients and parents have comfort with their PCP (Sarvet et. al, 2011)

Michigan: Practicing Child and Adolescent Psychiatrists
Number per county



Thomas and Holzer, JAACAP, 2006.

Current MC3 Counties



Collaborators and Program Team

UM Program Administration

Sheila Marcus
Jane Spinner
Anne Kramer

UM Consulting Psychiatrists

Sheila Marcus
Paresh Patel
Rich Dopp
Maria Muzik
Kate Fitzgerald

Physician Champions

Lia Gaggino
Cynthia Smith
Cynthia Statler

Liaison Coordinators

Danielle Sackrider
Greg Brainard/Susan Stendel
Lindsay Bryan
Kathryn DeMaagd-Formanczyk
Judy Parros

Kalamazoo CMHSAS

Jeff Patton
Pat Weighman
Diane Schaeffer

North Country CMH

Alexis Kazzinski
Carole Merritt-Doherty
Andrew Sahara

Northern Lakes CMH

Greg Paffhouse
Mary Hubbard

Who does MC3 Serve?

- Primary care providers who treat:
 - Infants and children ages infancy through 26
 - High risk women during pregnancy and postpartum



PCP Enrollment

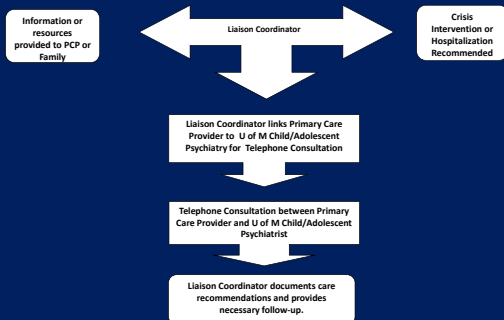
- Primary Care Provider signs agreement
- Creates online account to access:
 - Pre-program surveys
 - Educational Modules
 - FAQ/Resource site
- Providers can utilize service same day agreement is submitted



How it works



MC3 Consultation Process



Experience of Enrolled PCP

- Provider's Experience
- Effect of Program
- Challenges to PCP
- No to Poor Reimbursement



Total number of consultations to date= 475

Regions:

Hillsdale: 10
Northern: 11
Northern Lakes: 137
Southeast: 68
Western: 246
Missing: 3

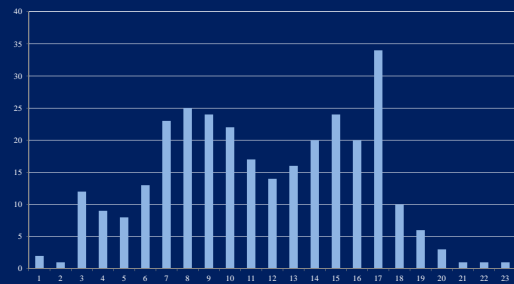
Providers:

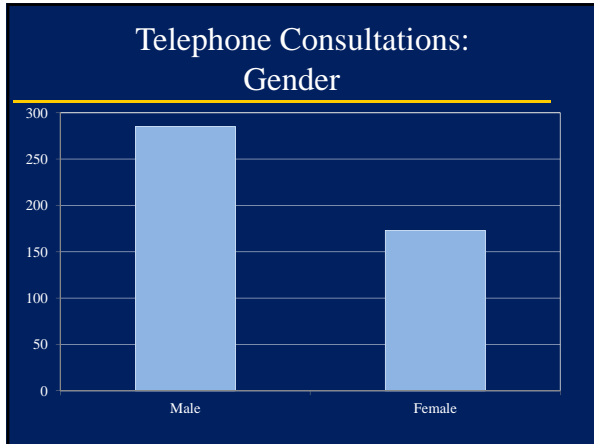
Enrolled: 72
Not enrolled: 60
Total: 131

Reason for Consult:

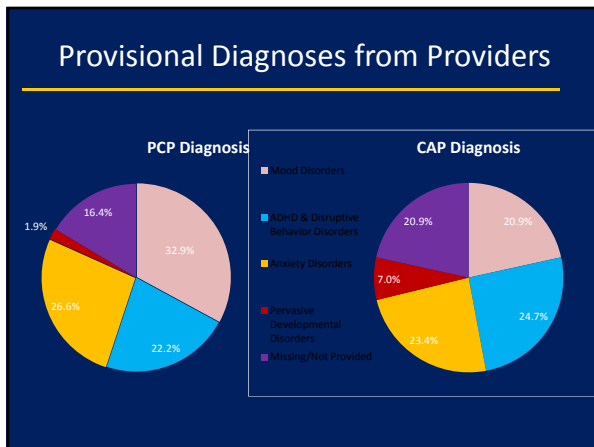
Services: 31
Meds: 401
Diagnosis: 54
Other: 22

Telephone Consultations: Age





- ### Patient Data
- 2% currently seeing a psychiatrist
 - 71% currently on psychotropic medications
 - 97% had been on medications in the past
 - 40% currently receiving therapy or other services
 - 8% history of psychiatric hospitalizations
 - 4% history of serious accidents or head traumas
 - 5% PCP felt patient was at imminent risk for self-harm or harm to others
 - 12% had a school-based plan such as an IEP or 504
- *Based off 235 unique patients



Telepsychiatry

- Launched May 2013
- A full psychiatry evaluation done via videoconferencing
- Short wait for telepsychiatry evaluation service



Telepsychiatry Process

- Prior phone consultation from PCP
- Patient/parent orientation
- LC to CAP briefing
 - Presents CDI, MASC, RADS, TEEN-PHQ, VADPRS scores, patient history
- Evaluation
- CAP to PCP recommendations



Telepsychiatry Data

- 16 consultations completed
- Patient s aged between 3 and 15
- 9 male, 7 female; 56.3% male, 43.7% female



Telepsychiatry Vignette

- Young boy with aggression, anger, and violence issues.
- PCP had 3 phone consultations prior to telepsychiatry.
- Provisional Dx was bipolar disorder, after consultation Dx Mood Disorder NOS
- Medications, diagnosis and therapy plan reviewed
- PCP reports frequency and intensity of patient's anger has significantly decreased since collaborating with MC3

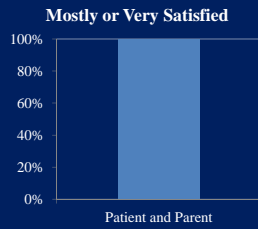


Telepsychiatry Satisfaction

Overall, how satisfied were you with the service provided today?

Generally, how comfortable were you with the telepsychiatry service?

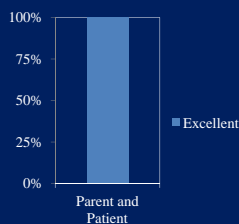
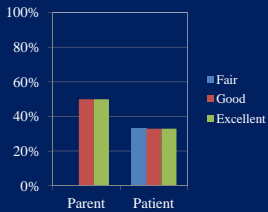
How convenient is the location of your appointment today?

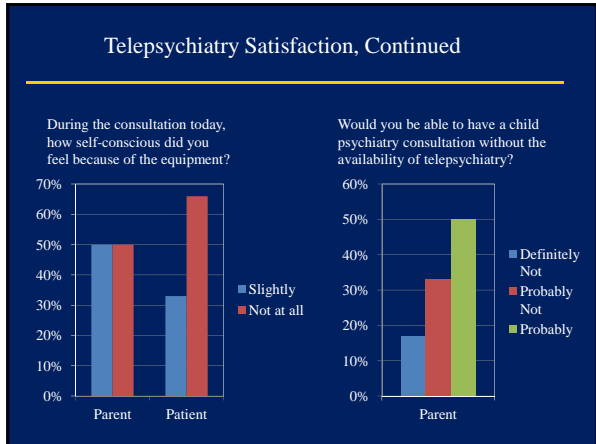


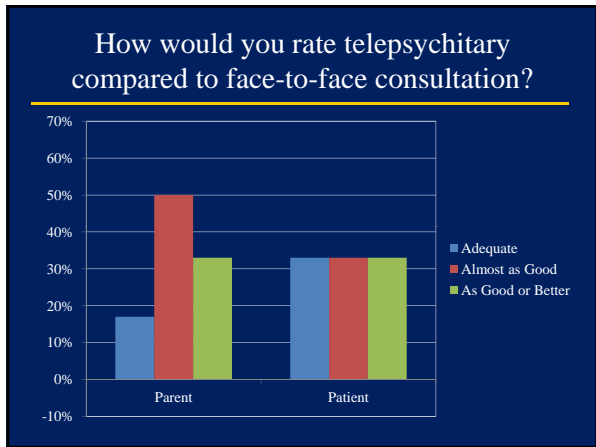
Telepsychiatry Satisfaction, Continued

How would you rate the visual quality?

How would you rate the sound quality?







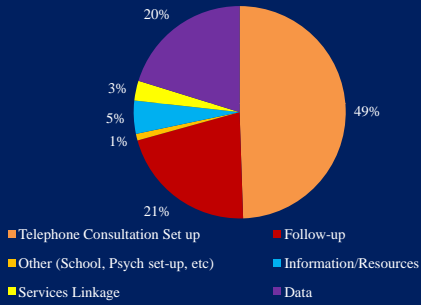
- ### MC3 Program Evaluation
- Program Pre-survey
 - Liaison Coordinator activity
 - Patient demographics
 - ER/hospitalization likely avoided
 - Local availability of recommended services
 - Increase in comfort/knowledge by enrolled providers
 - FAQs
 - Virtual group case consultation
 - Education Modules
 - Satisfaction survey results and feedback
 - PCP
 - Parent
 - Patient

Liaison Coordinator Perspective

- Roles
- Responsibilities
- Perspective

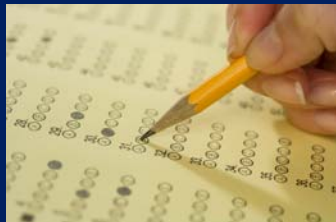


What do Liaison Coordinators do?



Pre-program Survey

- Practice Pattern Survey
- Health Opinion Survey



PCP Confidence in Accessing Resources

- Providers were “Not at All Confident” in accessing the following treatments:
 - PCIT 61%
 - Eating Disorder Treatment 53%
 - DBT 52%
 - Parent Management 48%
- Providers were “Very Confident” in accessing:
 - CBT for Mood 19%
 - CBT for Anxiety 14%

Provider Satisfaction

- The procedures for obtaining a phone consultation were efficient and user friendly
 - 99% Agree or Strongly Agree
- Following the phone consultation I felt more confident that I could effectively treat this child’s behavioral problems
 - 98% Agree or Strongly Agree



Phone Consultation Case 1 Vignette

Young woman on an antidepressant became pregnant. PCP wanted help managing patient’s depression in conjunction with her current medication and pregnancy. MC3 psychiatrist assisted provider in creating a plan to best care for the patient and her unborn child.



Case 1 Provider Feedback

Provider strongly agreed with both of the following statements:
 “The procedures for obtaining a phone consultation were efficient and user friendly.”
 “Following the phone consultation I felt more confident that I could effectively treat this child’s behavioral problems.”

Phone Consultation Case 2 Vignette

12-year-old boy on 6 psychotropic medications including: mood stabilizers, alpha-2-agonist, antidepressant, stimulant and a stimulant alternative. Provider recently started treating patient and reported being “overwhelmed” with the medications and didn’t know where to start on treating the patient and removing what was believed to be too many medications.



Case 2 Provider Feedback

- Reported relief that CAP concurred that medications were too many/too high.
- Felt supported in treating the patient and moving forward in reducing the “pharmacological burden” on the patient.
- Able to translate the MC3 consultation to other patient’s in the provider’s practice.

Additional Provider Feedback

- *I greatly appreciate the opportunity to discuss patient management issues with an expert in child psychiatry. [Though] we discussed a specific case- our conversation will help me evaluate and manage many other patients. I hope this program will continue. It fills a huge void in patient care.*
- *I feel like I am able to translate conversations to other children I am seeing- thus not needing to call as often as I did in the beginning.*
- *Each time I speak with a doctor about the patient management I feel that I have learned something new and I feel more confident approaching the care.*

Growth and Status of MC3

- Physician Champions
- Enrollment of
 - Nurse practitioners
 - School-based settings
- Expansion
 - Southeast Michigan
 - North Country CMH catchment area
- Telepsychiatry growth and implementation

What Have We Learned?

- “If you build it they will come” not the case
- Program evaluation requirements versus what is realistic
- Program implementation across systems

Next Steps

- Program sustainability
- Examine blended models of collaborative care
- Embedded care implementation
- Geographic Expansion
- Continued Program Evaluation:
 - Evidence-based psychopharmacology and therapy
 - CAP Satisfaction

Embedded Care

- Services provided in the PCP setting
- Type of Services
- Acceptance of Service by Patients
- Accessibility

References

A Guide to Building Collaborative Mental Health Care Partnerships in Pediatric Primary Care, AACAP, June, 2010

Goodwin, R., Gould, M. S., Blanco, C., & Olfson, M. (2001). Prescription of psychotropic medications to youths in office-based practice. *Psychiatry Services, 52*(8), 1081-1087.

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Questions?