Children's TiPS

Children's Telephonic Psychiatric Consultation Service

General Orientation Materials Abigail Schlesinger, MD

Goals of Children's TiPS

- TiPS is a FREE service to help primary care clinicians (PCCs) deliver high quality psychotropic services, for children and adolescents insured by Medicaid, CHIP, or UPMC Health Plans, by providing:
 - Psychiatric curbside consultation Monday Friday 9-5pm
 - Additional training on the use of psychotropic medication and responding to behavioral health issues in a primary care setting
 - Direct consultation with patients when needed in Pittsburgh and Erie with a licensed therapist and/or child psychiatrist
 - Facilitated referrals to community providers when child/adolescent would benefit from additional behavioral health services

Children's TiPS



- Hubs
 - Erie
 - Pittsburgh
 - Wexford
 - South Fayette

Education

- Education
 - Children's TiPS Training
 - Fall and Spring Conferences
 - No fee for participation
 - CME for enrolled practices
- AAP Webinars
 - Available online
 - More to come

Process

PCC has a question about psychotropic medication or a behavioral health concern

PCC obtains verbal consent & has patient information available



Call: 1-844-WPA-TIPS (1-844-972-8477)

Talk to TiPS team member, who will gather basic information and initiate a return call from a TiPS Child Psychiatrist (within 30minutes or at a time specified by PCP)



PCC and TiPS Child Psychiatrist consult via phone

TiPS Care Coordinator provides resources to PCC or family, if needed Evaluation at a hub with a TiPS Licensed Therapist or Child Psychiatrist, if needed

For Initial Call

- Tell the family you are calling Children's TiPS and get verbal consent for a call back from the Children's TiPS Team (if needed)
- Basic Information (initial call does not need to be PCC)
 - Physician: name, return phone number & a requested call back time (if desired)
 - Child: name, birthdate, phone number, insurance plan, and foster care status (if known)
 - Reason for call: should be brief

PCC Call with Psychiatrist

- Patient history including medical and medication history, behavioral health, trauma, drug & alcohol history, diagnosis.
- Psychiatrist can activate care coordination if needed.
 - Care coordinator can only get activated by the psychiatrist
- Pediatrician's office will receive written feedback within 24 hours
 - Psychiatrist curbside consultation
 - Face-to-face visit
 - Care coordination interactions

Children's TiPS Team

Child and Adolescent Psychiatrists

- Abigail Schlesinger MD Medical Director
- Justin Schreiber DO MPH
- Kelley Victor MD
- Heather Joseph MD
- Patricia McGuire MD
- Anna Jolliffe DO

Behavioral Health Therapists

- Colleen Gianneski LCSW Program Manager/Therapist
- Megan McGraw LCSW
- Leslie Wehman LPC
- Courtney Hopkins LPC

Care Coordinators

- Taylor Naus LSW
- Nanelle Florence MSW

Children's TiPS

- Paid for by Pennsylvania HealthChoices and UPMC Advantage
- Available to providers serving children and adolescents with managed Medicaid, Medicaid FFS (Access- Fee For Service), CHIP, and commercial UPMC Health Plans
- Not available for non-UPMC commercial plans
- Can still provide consultation for general questions
- **REMEMBER THAT CHILDREN CAN HAVE MEDICAID IN PA FOR MANY REASONS RELATED TO PHYSICAL HEALTH AND BEHAVIORAL HEALTH CONDITIONS**

Children's Tips is designed to help PCCs talk to a psychiatrist

SITUATION

- 1. Acute psychiatric emergency
- 2. Access to outpatient services only
- 3. Psychiatric medication prescriptions

WHERE TO TURN

- 1. County Crisis Line
- 2. Preexisting resources
- 3. PCC or Community Providers

Enrollment Process

- Anyone can call the TiPS line, but in order to take advantage of all of the benefits of the program your practice must enroll.
- A complete enrollment requires
 - 1 Enrollment form
 - Signed by 1 provider or practice manager
 - Number of Providers
 - Locations of practices
 - A list of doctors in practice and their Promise IDs
 - Pre-Tips Provider Experience Survey
 - In-person practice visit from a TiPS Psychiatrist. Not all providers need to be present
- Every provider does not need to participate, although the more providers that participate the better.

Examples of Calls/Questions

- Stimulant dosing.
- Medical monitoring of kids receiving any psychotropics
- Child with anxiety disorder who might benefit from an antidepressant
- Child discharged from the hospital who can't get psychiatrist appointment for an extended length of time
- Teenager with worsening inattention despite appropriate dose of stimulant
- Kids seeing an outpatient therapist who might benefit from medication
- Kids with anxiety or depression in remission for a year and thinking about stopping medication

Actual Calls

- Adolescent with ongoing depression despite Zoloft 100mg.
- Child who stopped psychiatric medication. PCC wanted to restart medication, but wasn't sure at what dose.
- Adolescent with anxiety and depression who stopped Zoloft 2 days ago. Poor response to Prozac in the past. Parent requesting to start Lexapro (due to family response).
- Child with ASD & positive screen for ADHD. PCC had questions about stimulant trial for a child with autism.
- Child with ADHD and possible anxiety disorder. PCC d/c stimulant due to weight loss. Parent not open to another stimulant trial. Strattera started and "somewhat helpful." What next?

Thank You

• Questions?