



Children's Telephonic Psychiatric Consultation Service

**Abigail Schlesinger, MD
Medical Director, TIPS, Medical Director
Integrated Care WPIC**

Outline

- Schedule/Goals for the day
- System of Care for Young Children
- MCPAP
- Pennsylvania TiPS
 - Locations
 - Presentation of Children's TiPS Model

Website <http://www.chp.edu/health-care-professionals/referring-physicians/childrens-tips>

Children's TiPS Team

Child and Adolescent Psychiatrists

Abigail Schlesinger MD –
Medical Director

David Benhayon, MD, PhD

Heather Joseph, DO

Patricia McGuire, MD

Roberto Ortiz-Aguayo, MD, MMB

Justin Schreiber, DO, MPH

Kelley Victor, MD

Via Winkeller, MD

Behavioral Health Therapist

Colleen Gianneski LCSW – Program
Manager/Therapist (Wexford)

Sheri Goldstrohm PhD – Clinical
Administrator CHP Behavioral Science

Megan McGraw LCSW
(Wexford/Lawrenceville)

Emma Walton LPC – Therapist (Erie)

Courtney Hopkins LPC – Therapist (Erie)

Care Coordinators

Katie Ewing LSW

Nechama Splaver LSW

UPMC LIFE
CHANGING
MEDICINE



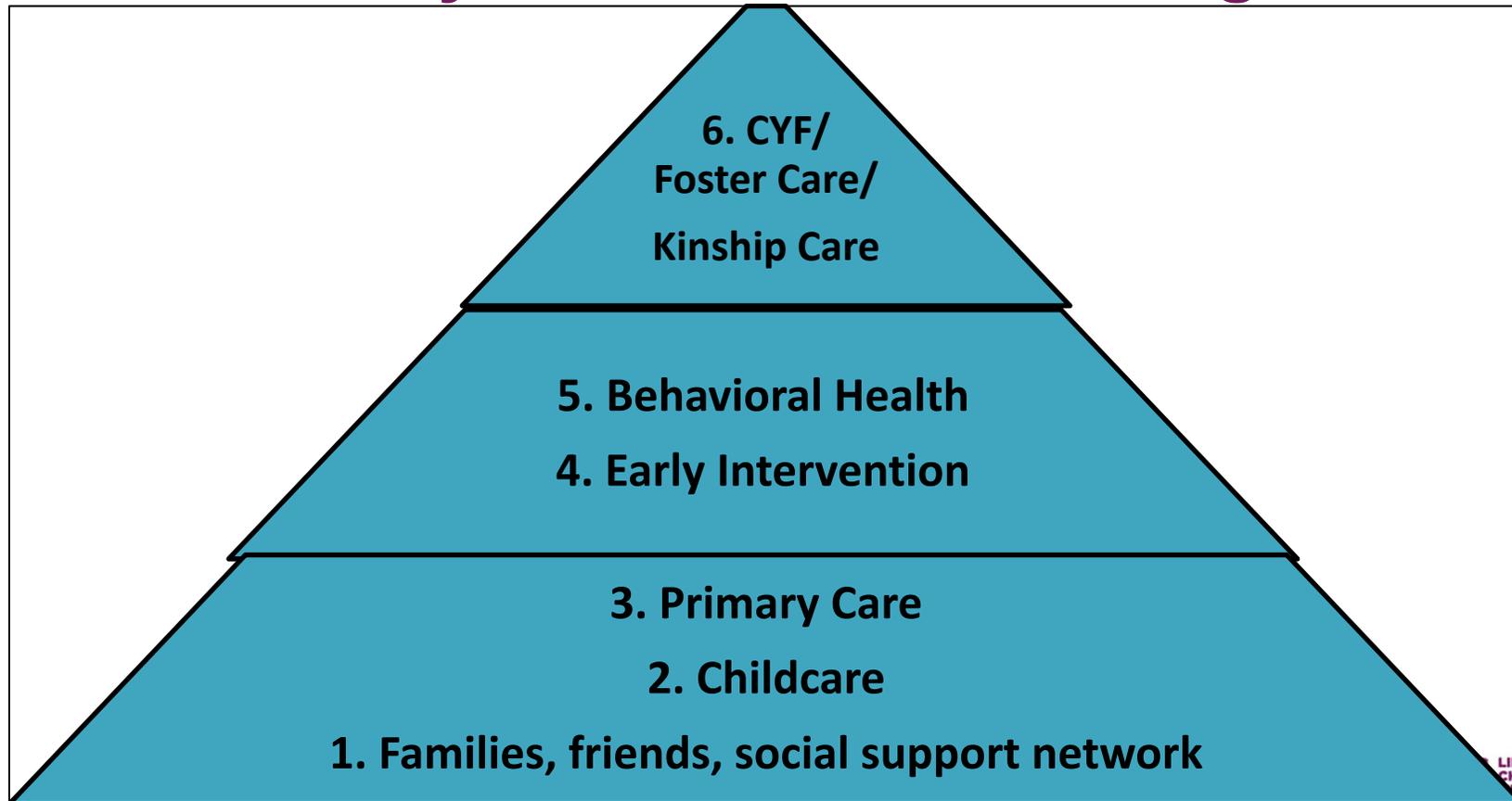
Goal for Today

- Primary care management of common behavioral health concerns
- Break-out sessions:
 - Diagnosis and Management of ADHD in Primary Care
 - David Benhayon MD PhD
 - Medical Monitoring of Youth Receiving Psychotropics
 - Justin Schreiber DO
 - Diagnosis and Treatment Depression & Anxiety
 - Via Winkeller MD
 - Kelley Victor MD
 - SAFE-T Model and Safety Planning
 - Sheri Goldstrohm
 - Introduction to SBIRT
 - Erin Moriarty & Shannon Meyers(Mikita)

Agenda for Today

- 8:30-9:15 Introduction
- 9:15-10:15 Breakout I
- 10:30-11:30 Breakout II
- 11:30 Lunch
- 12:00 Breakout III/Networking
- 1:00-2:00 Breakout IV
- 2:15-3:15 Breakout V
- 3:30-4:30 Breakout VI
- 4:40-5:00 Closing Remarks

What is the System of Care for Young Children

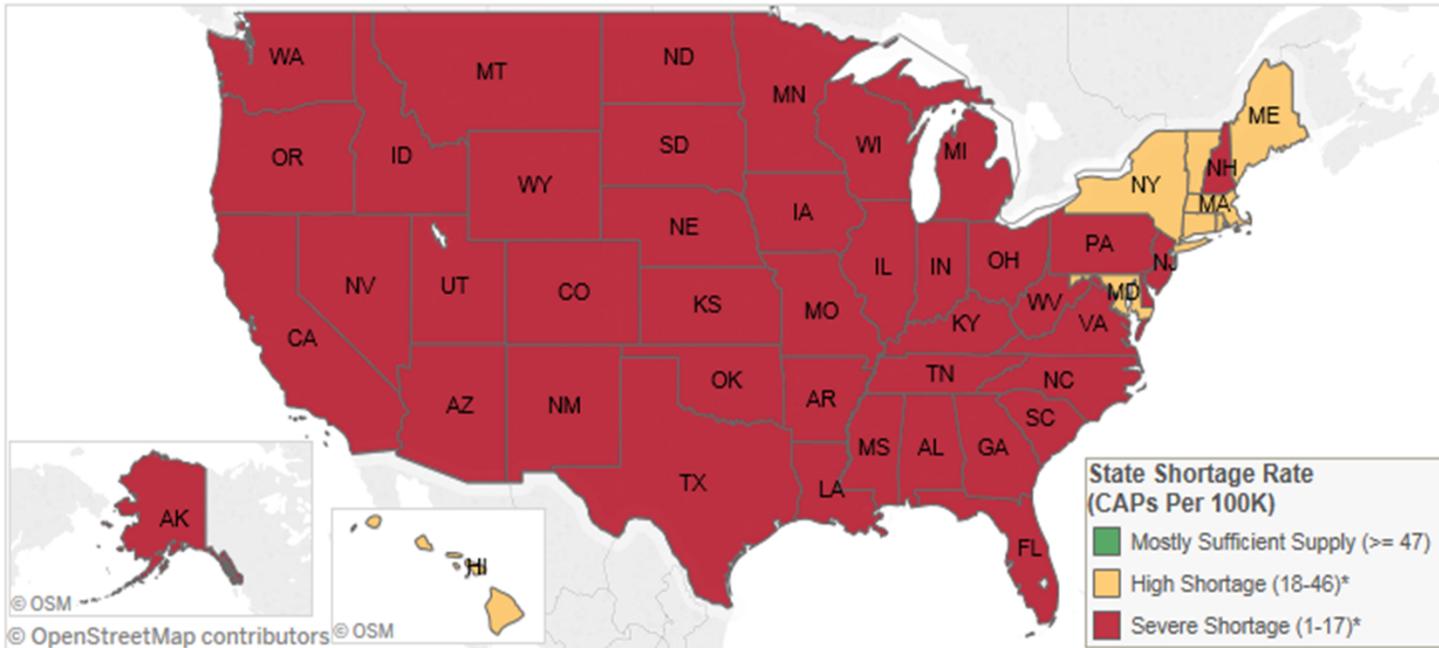


A system of care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health and related challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them to function better at home, in school, in the community, and throughout life.



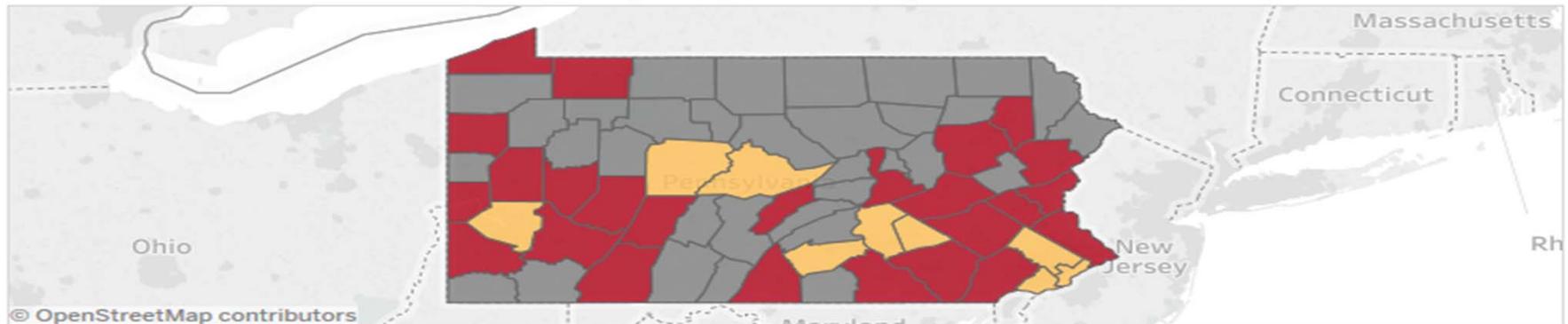
Child and Adolescent Psychiatrist (CAP)

Practicing Child and Adolescent Psychiatrists by State 2015
Rate per 100,000 children age 0-17



CAP Workforce in PA

Practicing Child and Adolescent Psychiatrists by County 2015
Rate per 100,000 children age 0-17



State: Pennsylvania
 Shortage Rate (State): Severe Shortage (1-17)*
 Population, Children Under 18 (State): 2,700,178
 Total CAPs (State): 422
 CAPs per 100,000 Children (State): 15.63

Shortage Rate (CAPs Per 100K)
 Yellow: High Shortage (18-46)*
 Red: Severe Shortage (1-17)*
 Grey: No CAPs

Yellow: High Shortage (18-46)*

i. Council on Graduate Medical Education. Re-examination of the Academy of Physician Supply made in 1980 by the Graduate Medical Education National Advisory Committee for selected specialties, Bureau of Health Professions in support of activities of the Council on Graduate Medical Education. 1990. Cambridge, ABT Associates.

Red: Severe Shortage (1-17)*

i. Kim WJ, American Academy of Child and Adolescent Psychiatry Task Force on Workforce Needs. Child and adolescent psychiatry workforce: A critical shortage and national challenge. Acad Psychiatry. 2003;27:277-82.

Primary Care Physicians Placed in Uncomfortable Position

Well placed to support behavioral health needs

- First provider that families go to with questions about behavior – sleep, eating etc.
- Have longitudinal relationships

Not always prepared or supported

- Different types of PCCs have different skill sets
- Not connected to the Behavioral Health System
- Burned by multiple and confusing black box warnings.

Massachusetts Psychiatry Access Program – McPAP

MCPAP

- Assumption – primary care providers are most suitable to assume responsibility for pediatric behavioral health
- Goal – promote field of primary care child psychiatry
 - Prevention of behavioral disorders
 - Screening
 - Interventions for emerging psychiatric problems
 - Assessment, Treatment planning, and monitoring of mild-moderate severity and complexity behavioral health concerns

McPAP

- A pediatrician prescribing psychotropics to kids quick access to a child and adolescent psychiatrist for a phone “curbside consultation” to discuss diagnosis, intervention, and treatment options.
- The patient could then receive care coordination and/or an appointment within 2 weeks if needed for consultation/clarification(not ongoing treatment)
- If the patient needed to be referred to the formal mental health system the pediatrician would provide medication management and the MCPAP social worker could provide bridge treatment.

McPAP

- Curbside Consultation - A physician may ask a colleague in another specialty for the best method for managing a particular clinical problem.

NEJM 1995; 332:474c

Enrollment

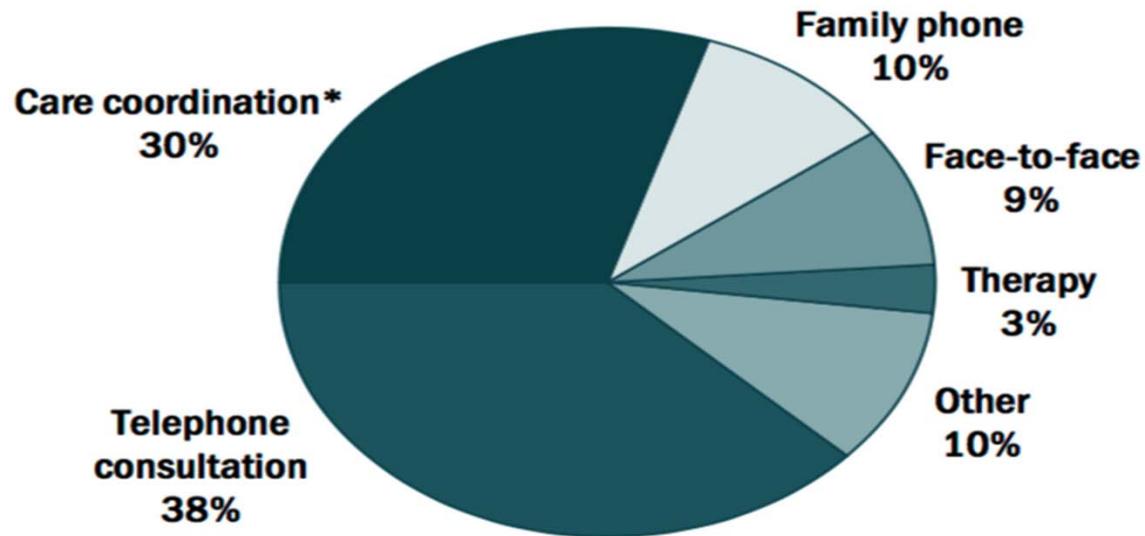
- Within 3 years 95% of PCC in Massachusetts were enrolled
- These PCCs responsible for 95% of the 1.5 million children in the state
- By 2014 455 practices – employing more than 2,915 primary care clinicians were enrolled.

**Exhibit 1. MCPAP Patients by Age and Gender
(July 1, 2008 to June 30, 2009)**

Ages	Female	Male	Total	Percent
0-3	69	166	235	5%
4-5	165	319	484	9%
6-11	593	1,311	1,904	37%
12-14	415	565	980	19%
15-18	640	631	1,271	25%
19-23	129	88	217	4%
Unknown	2	6	8	0%
Total	2,013	3,086	5,099	
	39%	61%		

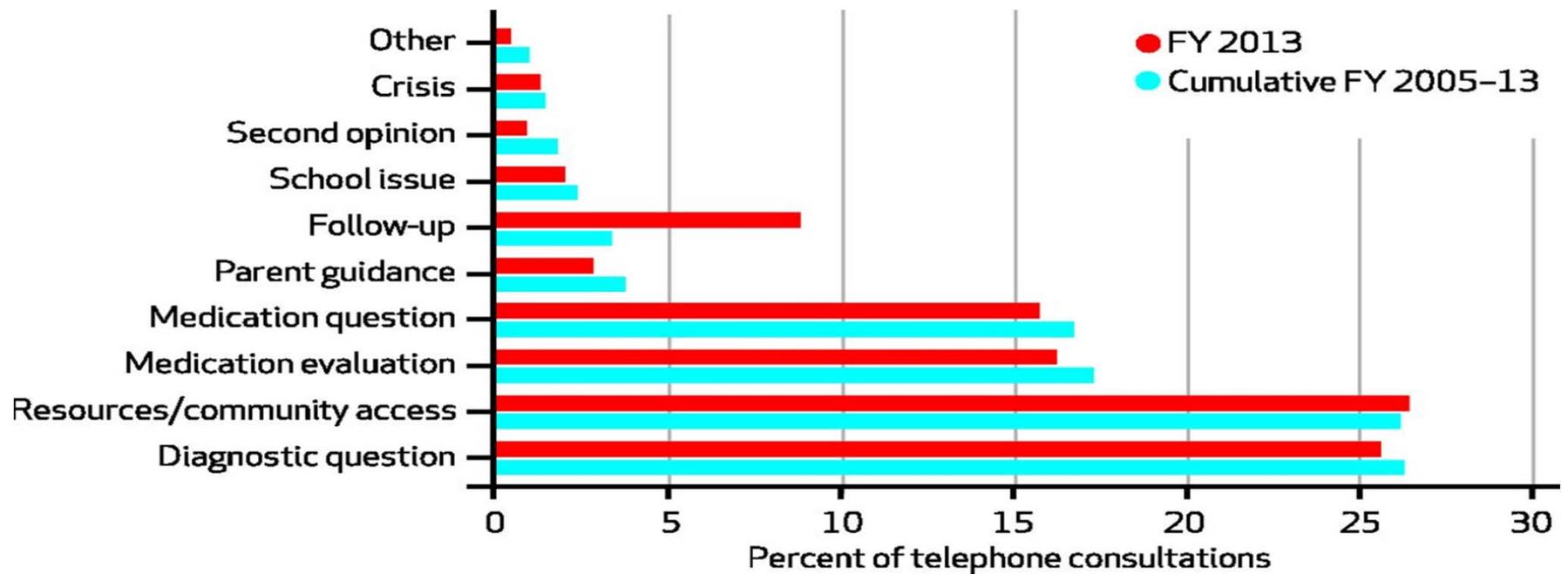
Holt, Commonwealth fund

Exhibit 3. Number of MCPAP Encounters by Encounter Type, FY2009



* Licensed therapists may perform care coordination in addition to the care coordinator.
Source: Massachusetts Behavioral Health Partnership: MCPAP database, query run on 8/12/09; date parameters between 7/1/08 and 6/30/09.

Reasons For Telephone Consultations In The Massachusetts Child Psychiatry Access Project.

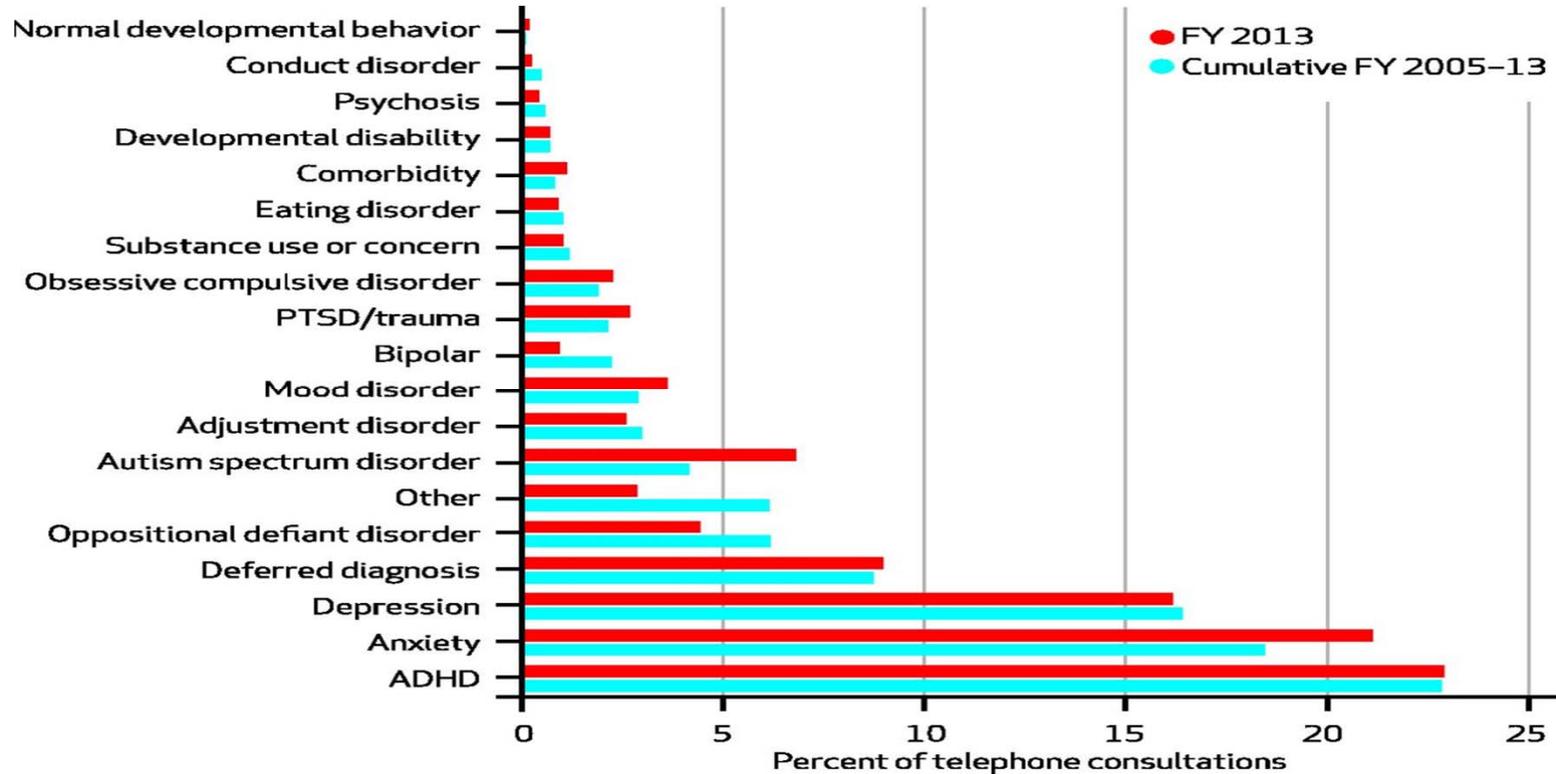


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Disorders Discussed In Telephone Consultations In The Massachusetts Child Psychiatry Access Project.

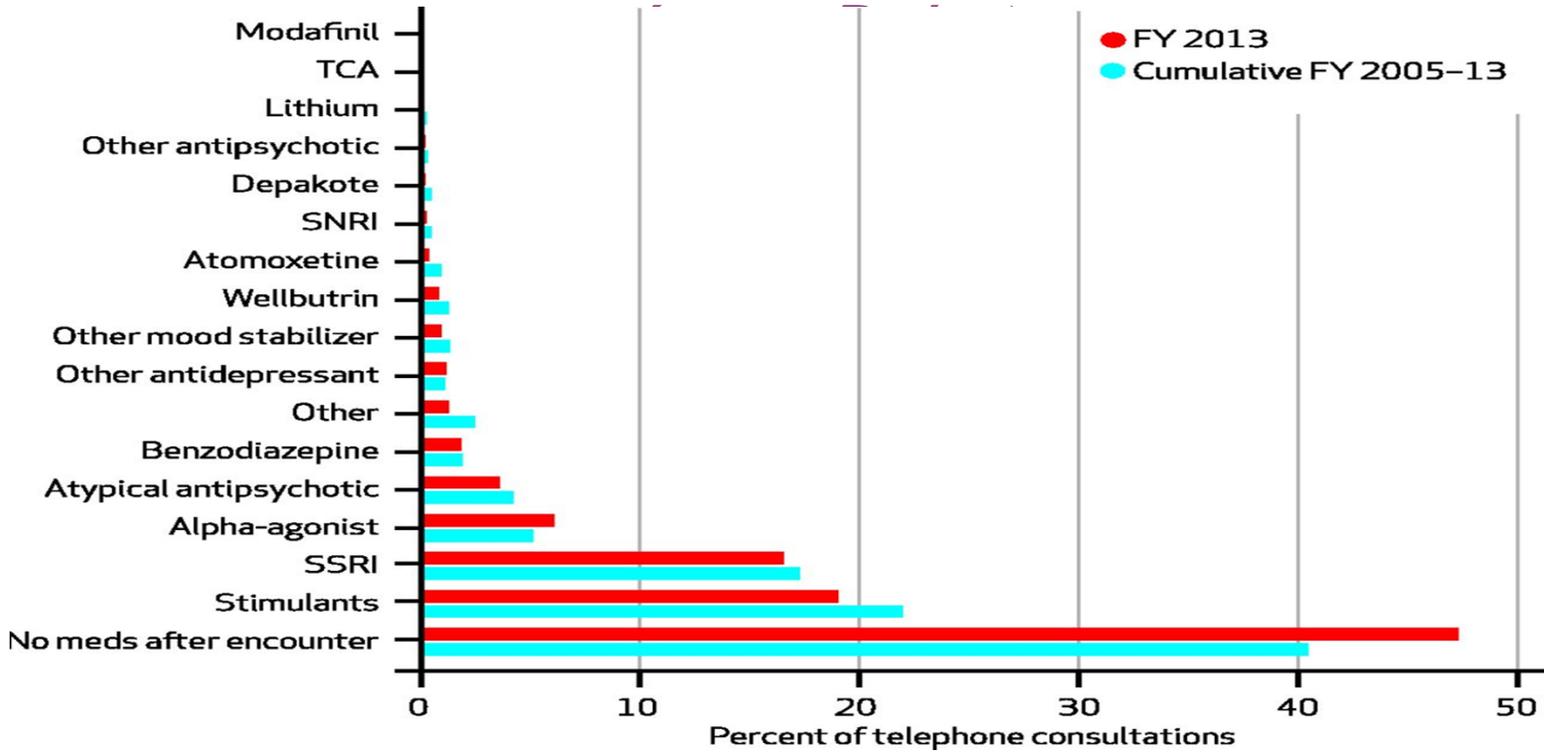


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Medications Prescribed By Providers Or Recommended During Telephone Consultations In The Massachusetts Child Psychiatry



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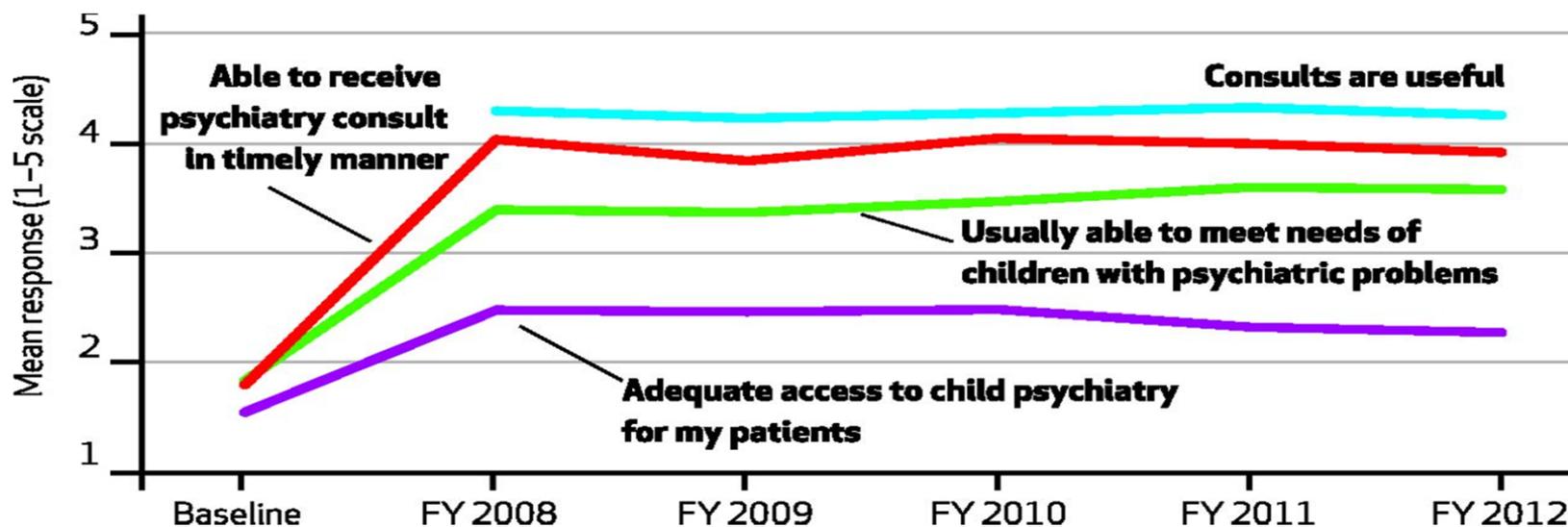
**Exhibit 6. MCPAP Encounters by Outcomes
(July 1, 2008 to June 30, 2009)
All Regions Combined**

Outcome	No.	%
Return to management of PCP	8,955	33.7%
Care coordinator	8,747	32.9%
Therapist appointment	3,835	14.4%
Refer to a new psychiatrist	1,874	7.1%
Psychopharmacological evaluation	1,433	5.4%
None	691	2.6%
M.D. appointment	665	2.5%
Refer to an existing psychiatrist	214	0.8%
Refer to emergency services	125	0.5%
Inpatient	26	0.1%
Grand Total	26,565	

Note: More than one reason for contact may exist.

Source: Massachusetts Behavioral Health Partnership: MCPAP database, query run on 7/20/09; date parameters between 7/1/08 and 6/30/09.

Mean Responses Of Primary Care Providers On Annual Satisfaction Surveys By The Massachusetts Child Psychiatry Access Project, Baseline And Fiscal Years 2008–12.



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Families – Survey Data

- 76% of families mostly or very satisfied
- 78.9% agreed or strongly agreed that services were offered in a timely manner
- 74.2% agreed or strongly agreed that the quality of services they received was satisfying
- 69% agreed that the service met the family need

DVIR et al An assessment of satisfaction with ambulatory child psychiatry consultation services to primary care providers by parents of children with emotional and behavioral needs: the Massachusetts child psychiatry access project University of Massachusetts Parent Satisfaction Study. 13 Feb 2012: 1-7.

Outcomes

- Before enrollment – 8% PCCS said they agreed or strongly agreed that they could meet the needs of children with behavioral health problems
- 2012 – 64% of enrolled provider respondents agreed or strongly agreed that they could meet the needs of children with behavioral health problems
- In 2013 –
 - Encounters – 20,641
 - Youth served – 10,533

Pennsylvania's Telephonic Psychiatric Consultation Service Program(TiPS)

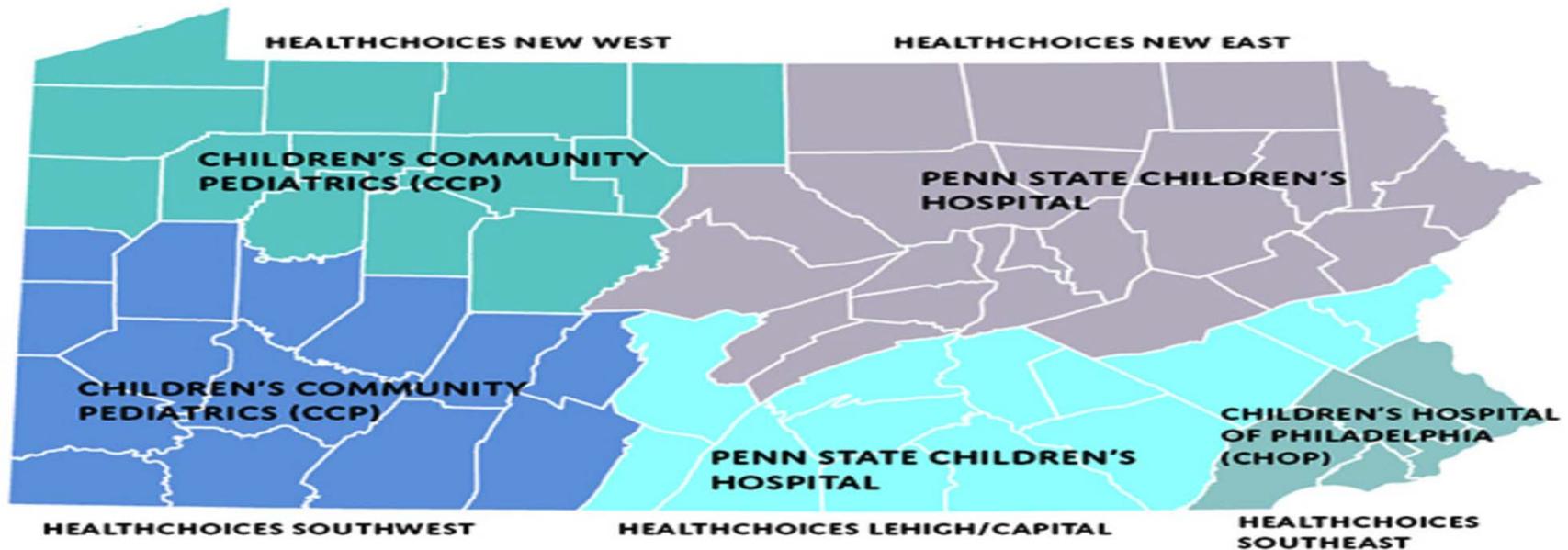
Funded by HealthChoices



Children's TiPS

- TiPS is a **FREE** service to help primary care clinicians(PCCs) deliver high quality psychotropic services for children and adolescents served by Medicaid 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

Regional TiPS teams

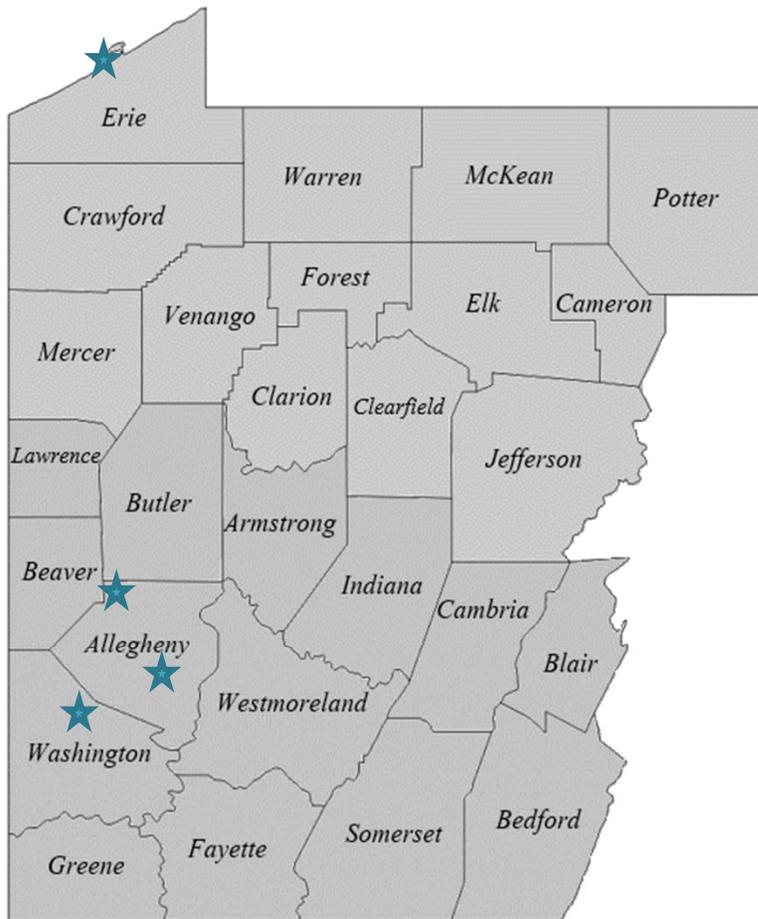


CHILDREN'S COMMUNITY PEDIATRICS (CCP)
844-972-8477

PENN STATE CHILDREN'S HOSPITAL
800-233-4082
"PRESS 4"

CHILDREN'S HOSPITAL OF PHILADELPHIA (CHOP)
267-426-1776

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- Children's TiPS serves 27 counties in Western PA.
- Face to face evaluations are available in Wexford, Pittsburgh, Erie, and Bridgeville.
- Telepsychiatry is also available in the Erie location.

How is TiPS Activated?

PCC has a question about a medication or a behavioral health
PCC obtains verbal consent from patient/guardian & has patient information available



PCC Office Calls: 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



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 and/or Child Psychiatrist, if needed

Three Paths of TiPS Care Coordination

1. Resources to PCP

2. Resources to Family and Follow-Up

3. Schedule TiPS Evaluation, Resources to Family, and Follow-Up

What the PCC Needs 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(including service history), 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

- Paid for by Medicaid managed care providers in PA
- Available to providers serving children with managed Medicaid and Medicaid FFS (Access- Fee For Service)
- Not available to children with only commercial or CHIP
- Can still provide consultation for general questions
- We may have additional funding to provide services to UPMC in the upcoming year

****DON'T FORGET THAT CHILDREN CAN HAVE MEDICAID IN PA FOR MANY REASONS RELATED TO PHYSICAL HEALTH AND BEHAVIORAL HEALTH CONDITIONS****

Initial Enrollment Process

- Anyone can call the TiPS line, but in order to take advantage of the program your practice must enroll.
- A complete enrollment requires
 - A list of doctors in practice with Promise IDS
 - 1 Enrollment form
 - Signed by 1 provider or practice manager
 - Number of Providers
 - Locations of practices
 - Pre-Tips Provider Experience Survey
 - In-person practice visit from a TiPS Psychiatrist.

Statistics

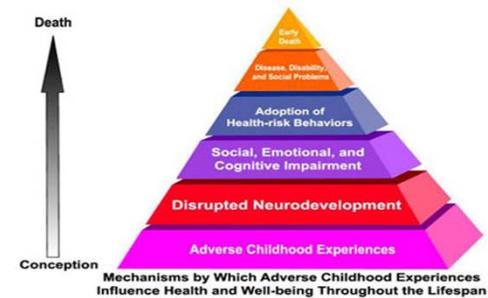
Enrollment

- ❖ 67 Primary Care Practices in 111 Locations
- ❖ Over 590 Prescribing Medical Professionals

Utilization

- ❖ 262 Phone Calls
 - ❖ 63 Psychiatry Appointments
 - ❖ 89 Therapy Appointments
- ❖ 150 Care Coordination Cases

What Aren't We Talking About Today....



Graph illustrating how adverse childhood experiences can lead to disrupted neurodevelopment (through a dysregulated stress response system) that has a variety of negative outcomes, all which build on one another. Cumulatively, as seen at the top of the pyramid, this greatly increases risk for early death. Graph from Jumpstart Tulsa.

Thank You

- Department of Human Services:
David Kelley, MD and Dale Adair, MD
 - Office of Educational and Regional Planning (OERP), Western Psychiatric Institute and Clinic
 - Children's Community Pediatrics Behavioral Health, Children's Hospital Behavioral Science Division
 - SBIRT Funding: CACHS, IHI, UPMC HealthPlan, CVS
- HealthChoices
Insurance Plans:
- UPMC for You
 - Gateway
 - AmeriHealth
 - Aetna Better Health
 - United Healthcare of PA
 - Tips Team