OHS CONNECTICUT Office of Health Strategy

Primary Care Modernization
Pediatric Behavioral Health Integration
Design Group Meeting 2

September 5, 2018

Agenda

Introductions	5 minutes
Review Consumer Comments, Questions and Feedback	10 minutes
Questions for Today's Discussion	5 minutes
Discuss Concept Map and Frame Recommendation to PTTF	55 minutes
Sense of the Group	15 minutes
Adjourn	

Consumer Comments, Questions, Feedback from Meeting 1

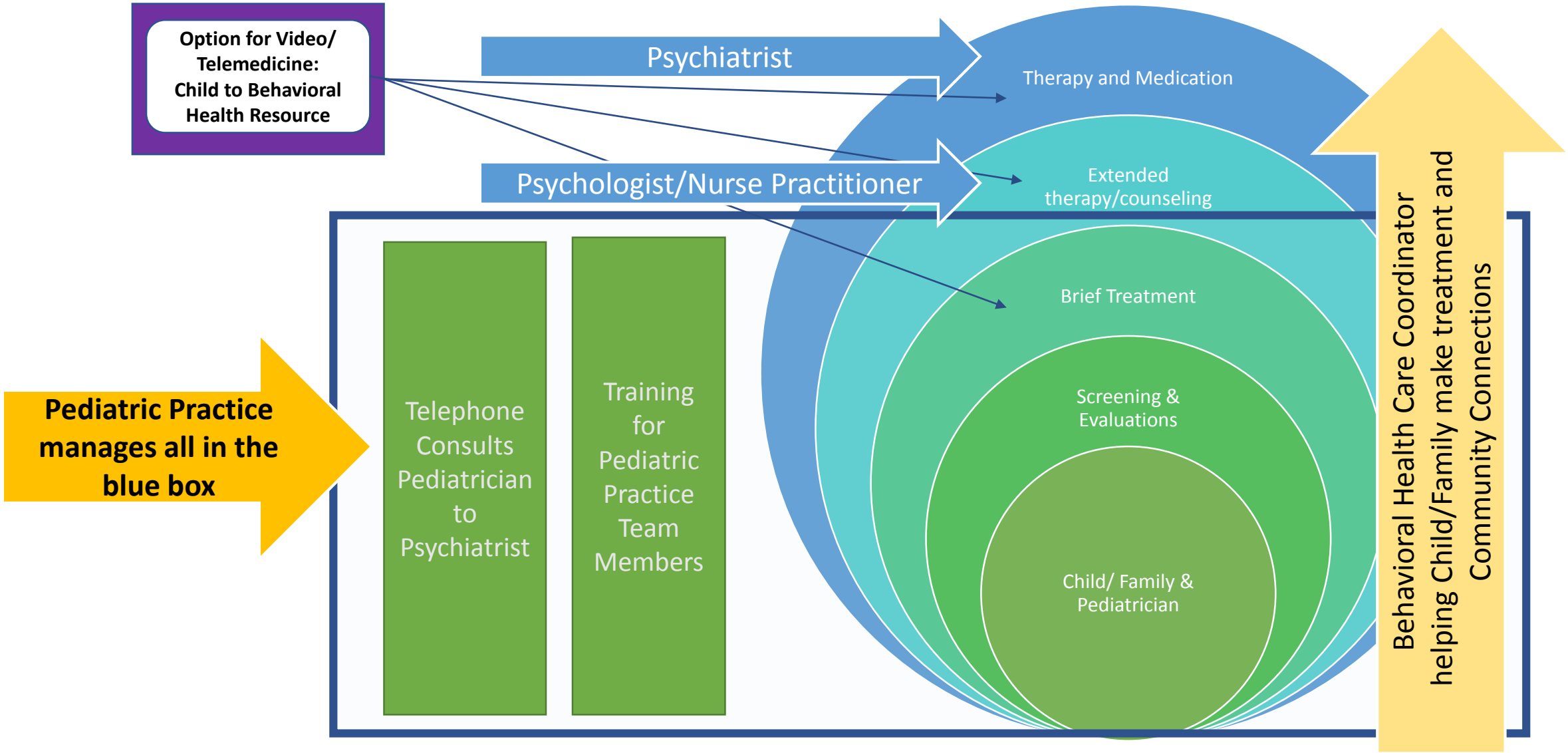
- Better screening for early identification of behavioral health issues
- Need for increased training of pediatricians in mental health evaluation and treatment for child and family ("whole family") approach.
- Concern about rate of psychotropic medications
- Having a mental health clinician (SW, APRN) in the office as part of the team can improve appropriate treatment options
- High deductibles/out of network providers and insufficient capacity in the community to treat positive screenings are barriers to integration and bundling of services
- Pediatricians should not be at risk for performance due to inefficiencies in behavioral health system. Need greater accountability in behavioral health service delivery system.
- Need to involve parents of children with behavioral health needs in conversation for "boots on the ground" perspective

Are we missing anything?

Questions for Today's Discussion

- Is this a model that should be required for every pediatric practice?
- Does the Design Group have specific recommendations about staffing and resource intensity?
- Should every practice be required to have the same level of resources (e.g., number of FTEs per 1,000 patient lives)?

Primary Care Modernization – DRAFT Concept Map for Pediatric Behavioral Health Integration



Model Component: Screening

Proposed Recommendation: The Primary Care Modernization payment model should include the requirement that every practice administers a carefully selected, standard set of screening tools.

Access Mental Health CT lists:

- Patient Health Questionnaire PHQ-9
- Patient Health Questionnaire PHQ-9 Bright Futures
- Pediatric Symptom Checklist PSC-17
- Pediatric Symptom Checklist PSC-17 Bright Futures

Design Group Members identified the following:

- CHDI
- USPTF - currently 11 and up, needs to go down to age 4
- ACES – trauma screening

Questions for discussion:

1. Which if any screening tools should be mandatory?
2. Should the recommendation also include or require screening for:
   - Anxiety (reportedly, #1 diagnosis cited by pediatricians calling CT Access Mental Health)
   - Maternal depression

Model Component: Care Coordination

Proposed Recommendation: Provide additional care coordination resources to pediatric primary care.

1. The pediatric practice should have capacity to administer and interpret the results of screenings of children and families.

2. The pediatric practice should have capacity to provide short term interventions to children and families.

3. Each pediatric practice should designate a trained staff person – the behavioral health coordinator -- who connects and follows the child and family to behavioral health and support services in the community.

4. The Advanced Network should ensure that sufficient pediatric behavioral health resources are available in the community for children who need more than screening and short term interventions.

Questions for discussion:

- Should the PCM model mandate a specific staffing level?
- Should the PCM model establish minimum qualifications and/or training for the team member who is responsible for coordinating behavioral health services and supports inside and outside the practice?

Model Component: Case Consultations

Proposed recommendations

- The Design Group recommends that pediatricians have access to **eConsults and supervision by a psychiatrist.** The Design Group recognizes that Access Mental Health CT provides an important resource to support pediatricians in caring for the growing number of children with behavioral health concerns.
- The Design Group recommends use of **video visits and telemedicine** for pediatric/adolescent patients to engage with appropriate therapeutic resources.

Question: Does the design group recommend expanding this model to all practices participating in the PCM model?

Model Component: Training for Pediatric Team

Proposed Recommendation: Clinical members of the pediatric care team should attend at least 3-6 hours of training per year to cover:

- Coding changes
- Building capacity for new techniques such as motivational interviewing
- Communicating and working effectively and efficiently with behavioral health coordinators
- Orientation to new screening requirements

Questions for discussion

1. What kinds of training delivery models will produce high pediatrician participation rates?
2. Do pediatricians have capacity to provide more therapy to patients even with additional training?

Model Component: Performance Monitoring

Does the Design Group have input to share with the Task Force and Payment Reform Council on monitoring the outcomes of improving behavioral health integration?

- Which measures accurately reflect the pediatric practice performance on improving behavioral health integration?

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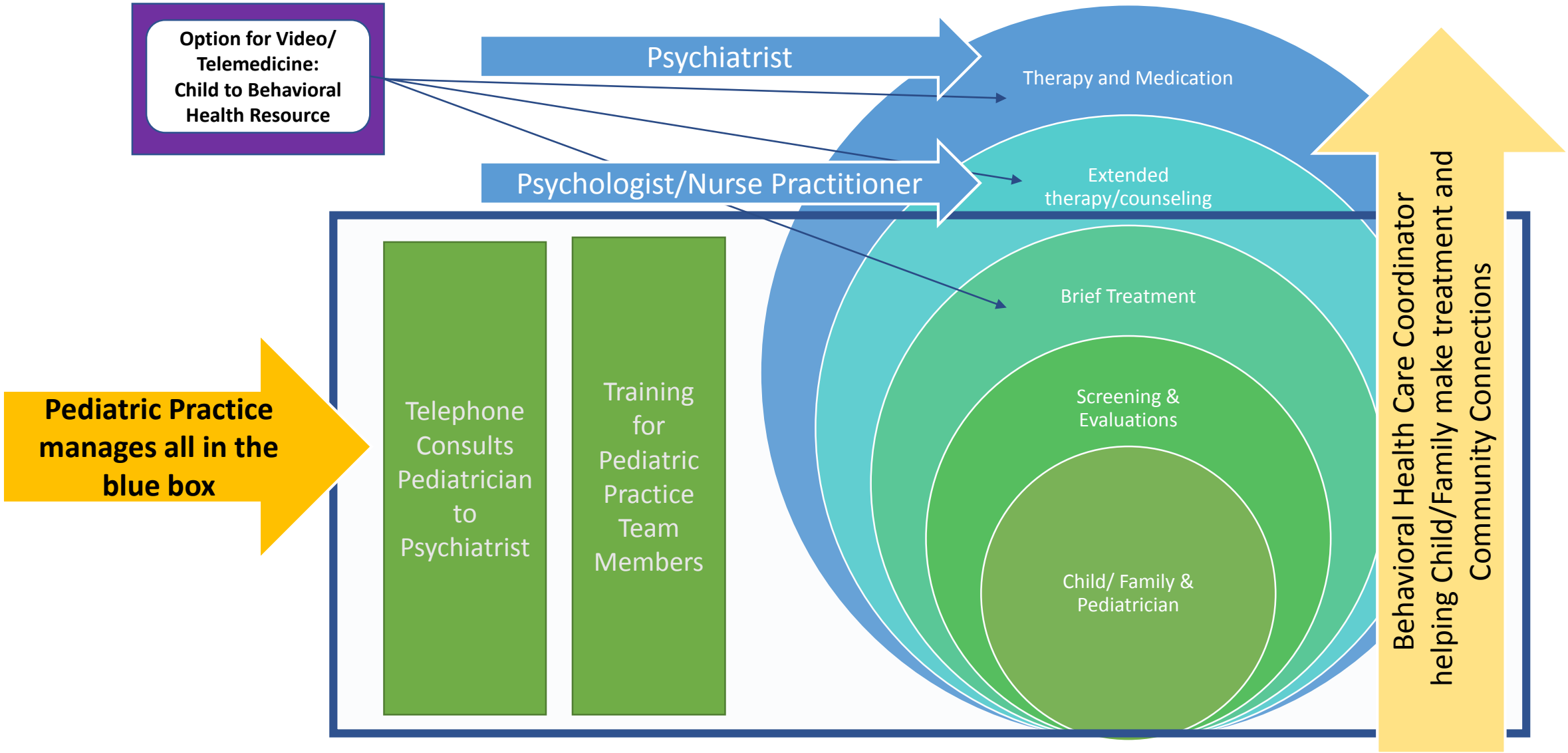

Final Question

- Does this diagram reflect the sense of the group? Is anything missing?

Next Steps

- Collect today's recommendations and incorporate into skeleton
- Send to Task Force for review on September 25
- Task Force makes recommendation to Payment Reform Council (PRC)
- PRC reviews
- Final PRC report at end of year