Massachusetts Child Psychiatry Access Project

Overview and State Innovation Model Grant Updates

Christina Fluet, MPH

March 16, 2015
MCPAP Overview

- MCPAP is a statewide system of child psychiatry consultation teams designed to help pediatric primary care providers (PCPs) meet the needs of all children with behavioral health problems.
- Funded by the MA Department of Mental Health
- Administered by Massachusetts Behavioral Health Partnership
- Providers can use MCPAP for all patients regardless of their insurance status
- Established as a statewide program in 2004 after a pilot in Central Massachusetts
MCPAP Goals

- Increase pediatric PCP’s knowledge, skills, and confidence to manage children in primary care with mild to moderate behavioral health needs (e.g., ADHD, depression, anxiety)

- Mitigate the shortage of child psychiatrists by promoting the rational utilization of psychiatrists for the most complex and high-risk children (e.g., children whose conditions require treatment with complex or multiple psychiatric medications)

- Advance the integration of children’s behavioral health and pediatric primary care
MCPAP Infrastructure & Staffing

Six Regional Hubs located at academic medical centers:

- Western MA: Baystate Medical Center
- Central MA: UMass Memorial Medical Center
- Northeast: North Shore Medical Center
- Southeast: McLean Hospital Southeast
- Boston Metro Region I: Massachusetts General Hospital
- Boston Metro Region II: Tufts Medical Center/Boston Children’s Hospital

Team Staff at each Regional Hub:

- 1 FTE child psychiatry
- 1 FTE licensed therapist (LICSW, LMHC)
- 1 FTE care coordinator
- Program Administrator

MCPAP Central Staff:

- Founding Director
- Medical Director
- Director
- Health Policy Analyst
- Program Coordinator
MCPAP Services

- Telephone consultation with child psychiatrist/APRN or licensed therapist within 30 minutes of request

- Face-to-face psychiatric consultation when indicated

- Care coordination to assist with accessing community-based behavioral health resources including but not limited to psychiatry

- Bridge treatment when necessary

- Training & education for primary care staff in screening, medications, diagnoses, and community resources (e.g., newsletter, website - www.mcpap.com)
MCPAP Model

MCPAP Hotline
Statewide network of six regional child psychiatry consultation teams (“hubs”)

MCPAP Goals:

• Increases pediatric PCP’s knowledge, skills, and confidence to address children’s behavioral health needs
• Mitigates the shortage of child psychiatrists
• Advances behavioral health integration

If necessary

Face-to-Face Psychiatric Consultation

Face-to-Face Clinical Evaluation

Interim Psychotherapy

Direct Services

Contact Service Providers in Community

Assistance to Parent by Phone

Linkage to Care

Child Psychiatrist Telephone Consult

Child Therapist Telephone Consult

Care Coordination Consult

Pediatrician

Mass DMH
Department of Mental Health

MCPAP by the Numbers-FY14

- 3,051 Enrolled Providers
- 461 Enrolled Practices
- 6,408 Unique Patients served
- 22,620 Encounters
- Type of encounters:
  - Phone/email/in-person consultation with PCP (38%)
  - Care coordination (31%)
  - Face to face evaluation (14%)
  - Phone call with family member (5%)
  - Other (15%)

FY2014 Data (July 1, 2013-June 30, 2014)
Reasons for Contact

![Bar chart showing reasons for contact with telephone consultations, including categories like Other, Crisis, Second opinion, School issue, Follow-up, Parent guidance, Medication question, Medication evaluation, Resources/community access, and Diagnostic question. The chart compares data for FY 2013 and cumulative FY 2005-13.](chart-image)

Disorders Discussed in Consults

- Normal developmental behavior
- Conduct disorder
- Psychosis
- Developmental disability
- Comorbidity
- Eating disorder
- Substance use or concern
- Obsessive compulsive disorder
- PTSD/trauma
- Bipolar
- Mood disorder
- Adjustment disorder
- Autism spectrum disorder
- Other
- Oppositional defiant disorder
- Deferred diagnosis
- Depression
- Anxiety
- ADHD

MCPAP: Expanding the Model

MCPAP is building on its successful model and infrastructure to address the following issues:

- Early childhood mental health: Implementing an evidence based parenting intervention in primary care
- Adolescent substance use: Conducting statewide training of PCPs in adolescent SBIRT (with SIM grant funds)
- Postpartum depression: MCPAP for Moms provides psychiatric consultation and support to obstetricians, midwives, and PCPs to address postpartum depression.
New Opportunities for MCPAP

- Health care reform has increased emphasis on the integration of behavioral health in pediatric primary care.

- Accountable care models are requiring pediatric PCPs to take responsibility for behavioral health care.

- With this increasing emphasis on integration, PCPs need more resources such as child psychiatric consultations, training, and referral and care coordination support.
Department of Mental Health receives a portion of EOHHS’ SIM grant funds to advance pediatric behavioral health integration by enhancing MCPAP in the following areas:

- Restore MCPAP hubs to full time coverage
- Enhance MCPAP hubs’ and PCPs’ competencies to manage adolescent substance use
- Increase utilization of MCPAP among PCPs
- Develop sustainability strategies for MCPAP
- Evaluate outcomes that result from grant activities
Restoration of MCPAP to Full Time Coverage

- Due to level funding over several years, MCPAP had to decrease the coverage at regional hubs to 80%. Most hubs cut back to being open 4 days a week.
- SIM grant funds have enabled the hubs to restore their coverage to 100%. Each hub is available M-F, 9-5pm to respond to PCP calls within 30 minutes.
- Since restoration to full coverage, the percentage of calls responded to within 30 minutes has increased from 89% in early 2014 to 93% in the last quarter of 2014.
DMH and MCPAP are partnering with DPH’s Bureau of Substance Abuse Services and Boston Children’s Hospital Center for Adolescent Substance Abuse Program to develop a training plan for pediatric Primary Care Providers in screening and addressing adolescent substance use.

This team is revising the 2008 SBIRT toolkit for PCPs—a central piece of training plan.

SBIRT Toolkit will train PCPs to use a new screening tool—S2BI and will include role plays for PCPs to practice brief interventions.

MCPAP will implement statewide training of PCPs starting in 2015 using SBIRT toolkit through hub site visits, webinars, etc.
Screening to Brief Intervention (S2BI) Tool

<table>
<thead>
<tr>
<th>S2BI</th>
<th>In the past year, how many times have you used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tobacco?</td>
</tr>
<tr>
<td></td>
<td>Alcohol?</td>
</tr>
<tr>
<td></td>
<td>Marijuana?</td>
</tr>
<tr>
<td></td>
<td><strong>STOP if all “Never.” Otherwise, CONTINUE.</strong></td>
</tr>
<tr>
<td></td>
<td>Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?</td>
</tr>
<tr>
<td></td>
<td>Illegal drugs (such as cocaine or Ecstasy)?</td>
</tr>
<tr>
<td></td>
<td>Inhalants (such as nitrous oxide)?</td>
</tr>
<tr>
<td></td>
<td>Herbs or synthetic drugs (such as salvia, &quot;K2&quot;, or bath salts)?</td>
</tr>
</tbody>
</table>

MCPAP Utilization Activities

- 75% of enrolled practices and 41% of providers used MCPAP at least once in FY14
- DMH and MCPAP are examining MCPAP encounter data to identify facilitators and barriers of provider use of MCPAP
  ◦ MCPAP recently completed practice update where they updated enrolled PCP information which included removing PCPs who were no longer practicing. Key step to improving the accuracy of utilization data.
- All Payer Claims Database pharmacy analysis:
  ◦ Describe psychotropic prescribing practices of pediatric PCPs
  ◦ APCD data will be combined with MCPAP utilization data for targeted outreach to enrolled practices.
MCPAP Sustainability

- Develop a sustainability framework for MCPAP
  - Financial:
    - FY15 budget included language for DMH to assess a surcharge on commercial insurers
    - Regulations allowing EHS to collect surcharge in 4th quarter of FY15 have been finalized
    - Public hearing to be held March 20th
    - Surcharge will be collected via process similar to the DPH immunization program
  - Programmatic:
    - Exploring ways MCPAP can complement different emerging models of pediatric behavioral health integration (e.g., pediatric medical homes, PCPRI, ACOs, etc.)
Evaluation of Grant Activities

¬ Grant metrics:
  ◦ Provider utilization metric- 41% of enrolled PCPs have used MCPAP once in past year
  ◦ Response time metric- 93% of PCP calls are responded to within 30 minutes

¬ Substance use survey:
  ◦ Provider survey was administered in Winter 2014 and found that while 96% of PCPs screen adolescents annually, only 57% use a validated screening tool.
  ◦ The same survey will be readministered in late 2016 to assess changes in PCP screening and other SBIRT practices.

¬ MCPAP Evaluation Advisory group is meeting quarterly to advise on overall evaluation activities.
Upcoming Activities for DMH & MCPAP

- Kick off the SBIRT statewide training of pediatric PCPs
- Begin APCD analysis of pediatric PCP’s psychotropic prescribing practices
- Examine MCPAP utilization by provider type (e.g., pediatrician, family practitioner, NP, behavioral health provider) and practice type
- Assess the MCPAP surcharge on commercial insurers
- Identify PCPR practices with low MCPAP use and plan targeted outreach to increase their MCPAP use