

THE PEDIATRIC PHYSICIANS' ORGANIZATION AT CHILDREN'S

Utilizing Telehealth to Respond to Rising Behavioral Health Needs

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STARTING IN 2020, health care providers confronted a range of clinical and operational disruptions related to the COVID-19 pandemic. Pediatric networks, like the Pediatric Physicians' Organization at Children's (PPOC), experienced yet another level of challenge as pandemic-related traumas triggered an increase in pediatric developmental, behavioral, and mental health concerns.¹ The PPOC was able to meet the unexpected spike in demand by rapidly scaling their existing pediatric behavioral telehealth program. In an interview with Health Policy Commission (HPC) staff, Dr. Jonas Bromberg, Director of the Behavioral Health Integration Program (BHIP) at the PPOC, reflected on how the experience during the pandemic revealed the benefits—to children, families, and clinicians—of incorporating telehealth into pediatric behavioral health care and how their experience as an HPC awardee prepared them to respond to demand created by the pandemic.

*"We learned that **we could do it**. I think there was a lot of hesitation about delving into this **world of telehealth**. I think there was a lot of concern on the part of the behavioral health clinicians about whether they'd be able to do this effectively. **And we can.**"*

– JONAS BROMBERG, PSYD

BACKGROUND: A FAST TRANSITION TO A FULLY VIRTUAL WORLD

In 2017, with funding from the HPC's Telemedicine Pilot pathway of the Health Care Innovation Investment (HCII) Program, the PPOC implemented a telemedicine initiative to **connect pediatric patients, who had no local access to psychiatric care, to child and adolescent psychiatrists at Boston Children's Hospital (BCH)** for remote video consultations and follow-up care. In the fall of 2019, the PPOC applied their experiences from this foundational initiative to develop a telehealth pilot as part of the BHIP, in which behavioral health clinicians integrated in four pediatric practices from around the state began conducting virtual evaluations and follow-up care. By March 2020, seven behavioral health clinicians had completed about 50 telehealth visits. The arrival of the pandemic—and state instituted stay-at-home orders—upended the PPOC's plans for a deliberately-paced, multi-year roll-out. To shift to a fully virtual model, the PPOC had to train the remaining 90% of its behavioral health clinicians who did not have telehealth experience to implement virtual care as quickly as possible.

¹ Panchal N, Kamal R, Cox C, Garfield, R, Chidambaram P. Mental Health and Substance Use Considerations Among Children During the COVID-19 Pandemic. May 26, 2021. Available at: <https://www.kff.org/coronavirus-COVID-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-COVID-19-pandemic/>

ABOUT THE PPOC



Boston Children's
Pediatric Physicians' Organization

The Pediatric Physicians' Organization at Children's (PPOC) is a network of pediatric primary care physicians, nurse practitioners, and physician assistants across Massachusetts. The PPOC, in collaboration with Boston Children's Hospital specialists, created the Behavioral Health Integration Program to enhance the capacity of primary care practices to evaluate and treat common child and adolescent psychiatric concerns.

The 2019 BHIP telehealth pilot provided the PPOC with some advantages. They had already built a telehealth platform and integrated it into the electronic health record (EHR) for patients and providers. They also had developed administrative workflows and **overcome the technological hurdles families commonly faced in using a telehealth platform**. While some health systems were encountering these questions for the first time, the PPOC was able to focus on orienting providers to an established telehealth system. As a result, Dr. Bromberg said, “We bounced back to a volume of care that was fairly typical in a matter of weeks.” As of October 2021, even as many types of care have shifted back to in-person visits, behavioral health clinicians at the PPOC continued to provide virtual behavioral health care in over 50 pediatric practices across the state.

AN UNPRECEDENTED CRISIS IN PEDIATRIC BEHAVIORAL HEALTH

THE CRISIS

The PPOC’s foundation in virtual care delivery from their 2017 HPC pilot prepared them to pivot when the pandemic’s threat to physical health sent people indoors and online. Still, nothing could have prepared the PPOC for the damage the pandemic inflicted on children’s mental health. **“The surge in demand for mental health services has been kind of overwhelming...[A] huge portion of [patients and families who we didn’t have any concern about] emerged as needing some type of support and care during the pandemic,”** said Dr. Bromberg.

According to Dr. Bromberg, the immense stress and social isolation of the pandemic exacerbated the symptoms of children with existing mental health conditions. “People who were managing and coping very well prior to the pandemic all of a sudden, due to this situational stress, began to experience all kinds of concerns,” Bromberg found. “The kids that we were caring for who...previous to the pandemic, we had identified as having mental health concerns, lots of those kids got worse during the pandemic. We saw a lot more, really, depression worsened. We saw a significant increase in suicidal ideation and thinking. Eating disorders just exploded...It just threw everybody off.”

*“I’ve had [primary care] physicians say to me, ‘All I do now is **behavioral health**. It doesn’t feel like I even practice medicine. Every child and family I meet with, there’s some **stress-related, adjustment-related concern** to the pandemic. And even kids I wasn’t worried about previously are reporting things that have me **concerned now.**”*

—JONAS BROMBERG, PSYD

LESSONS LEARNED: THE ROLE OF TELEHEALTH IN EXPANDING PEDIATRIC BEHAVIORAL HEALTH CARE ACCESS

The PPOC was not the only provider in the Commonwealth that received a real-time lesson in the opportunities and limitations of telehealth during the pandemic, but its experience influenced Dr. Bromberg’s perspective on the unique benefits of pediatric behavioral telehealth for children, families, and clinicians.

Telehealth can eliminate some common barriers for families...

Since patients could engage in virtual care from anywhere, Dr. Bromberg found, **working parents could more easily fit telehealth into their schedules**. As a result, providers reported seeing more fathers engaged in their children’s behavioral health care with the fully virtual model, Dr. Bromberg said. “Some of our offices are located in places where you have to drive into the city and deal with traffic and parking. To eliminate those things, when the situation allows you to, is a huge win for families.”



Before the pandemic, the PPOC’s behavioral health clinicians rarely held group therapy sessions because of low attendance. The virtual environment changed that. “One example would be a practice that in August [2020] ran a series of discussion forums for parents about returning to school,” Bromberg

commented. “Doing it virtually allowed a much larger number of families to participate in that activity... Being able to very conveniently hop online for an hour and not have to completely disrupt an evening just made these sorts of things so much more accessible to more families.” Because of this success, the BHIP has begun to offer more group education and therapy sessions. Dr. Bromberg is optimistic about the virtual sessions’ potential not only to improve accessibility and more efficiently meet increased demand, but also to **provide more affordable care and bring together patients with shared experiences.**

Virtual care also might be more palatable to people concerned with the stigma associated with seeking mental health care. Dr. Bromberg observed, “The distance [telehealth] creates probably helps some families who would have been reluctant to engage in mental health care previously. It provides a little more distance and comfort.”

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...but may create new ones.

While the flexibility and distance of telehealth improved behavioral health care access for most parents and families, telehealth presented new barriers for some, raising equity concerns. “Some families and kids that we care for were reluctant to bring us into their home and show us their living situation,” Dr. Bromberg recalled. “**Many kids did not have the privacy to have a behavioral health session** with their clinician. Those [are the] sorts of limitations that I don’t think we can overcome for some families.”



Telehealth creates new behavioral health access points for many children...

Telehealth offered more options for pediatric patients to access behavioral health care. For example, the telehealth model enabled children to attend visits during free periods in the school day. This was especially the case at the start of the pandemic when children were learning from home. As children returned to in-person learning, some schools enabled these school-day visits to continue. Dr. Bromberg said, “If they had a free block during the day, [some teenage patients] were able to make an arrangement with the guidance department to... get a private space, and be able to have a virtual [behavioral health] session... They were able to then, after school, participate in whatever activities were available. It became easy for them to weave this into their school day.” Dr. Bromberg hopes that **schools, families, and providers will continue to work together to support students and explore incorporating virtual visits into spaces at school**, which will offset an anticipated demand for evening visits after work and school hours.



...but may not be appropriate for all children.

Bromberg cautioned against relying exclusively on virtual care, particularly for small children. He noted, “Little kids aren’t going to sit down in front of a computer and stay there. They’re running all over the room, running all over the house.” Major mental health crises, too, were difficult—though not impossible—for behavioral health clinicians to manage. Dr. Bromberg qualified, “The point at which you would run into those limitations is probably a little further out than I think many people would have thought.”



Telehealth creates new flexibility and efficiency for behavioral health providers...

Dr. Bromberg noted that the added flexibility of the telehealth platform had the potential to benefit not only families and patients, but also providers, offering **gains in efficiency and the potential to reduce provider burnout.** Initially, during the pilot telehealth program, the PPOC found that having office staff was advantageous for consistency. “However, what

we learned during the pandemic is, particularly when it comes to scheduling follow up visits, I think a lot of clinicians felt like, ‘Yeah, I can do this, and it gives me a little bit of flexibility and freedom. If someone else is doing this for me, it may not always,’” Dr. Bromberg said. “People feel like they have a little bit more control over their workday in a positive way.”



The virtual environment also enabled practices in the PPOC to rapidly scale up their clinical staff beyond what would be possible in existing office space, adding about 25 telemedicine-enabled clinicians in three months. This new capacity benefitted patients by **increasing provider availability in a time of need** but was also beneficial for many clinicians by normalizing work schedule flexibility.

Nevertheless, Dr. Bromberg emphasized that for the vast majority of patients, telehealth would not inhibit providers’ diagnostic capacities or ability to provide high-quality care. “I think there’s a lot of trepidation on the behavioral health side, feeling like you need to be present with the patient, sit in the room with them so you can see more than just the upper part of them. There are a lot of nonverbal cues that you see in a room with somebody that you miss on telehealth. [But] I would think a lot of our clinicians would say they were needlessly worried about some of that stuff. A lot of that stuff comes through. **People are able to very comfortably and effectively work. So don’t let your predispositions and biases get in the way of you embracing something new and powerful.**”



...and yielded some unanticipated benefits.

In order to schedule and attend telehealth visits, patients were required to create an EHR portal login. As virtual care overtook in-person care, the proportion of families with EHR portal logins grew from a relatively small number to about 75% of the PPOC’s families. Increasing **EHR use improved communications between providers and patients as well as patient care**, as patients could view their medical records and health education materials at their convenience. “We have an enormous library of self-management material that [they can] access through the portal,” Dr. Bromberg said. “[Telehealth] encouraged families to register for the portal, and now they can benefit from all the things there...[to] manage their care, [and] participate in their care.”

LOOKING AHEAD

In January 2021, the Commonwealth passed an omnibus health care law that mandates² permanent telehealth payment parity for behavioral health care. This policy will smooth the way ahead for other behavioral health organizations interested in embracing telehealth for the long term. Within the BHIP, Dr. Bromberg will promote a mixed model of care to harness the assets of both virtual and in-person visits.

*“There are a lot of reasons why patients, and families, and clinicians are **very satisfied** with [virtual care]. It gives us a **flexibility that we didn’t have before**, just in terms of people managing their schedules and **their lives.**”*

– JONAS BROMBERG, PSYD

2 Chapter 260 of the Acts of 2020, “An Act Promoting a Resilient Health Care System that Puts Patients First,” available at <https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter260>.