Integrated Pediatric Health Care: Developments and Directions

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Services for Kids In Primary-care (www.SKIPProject.org)

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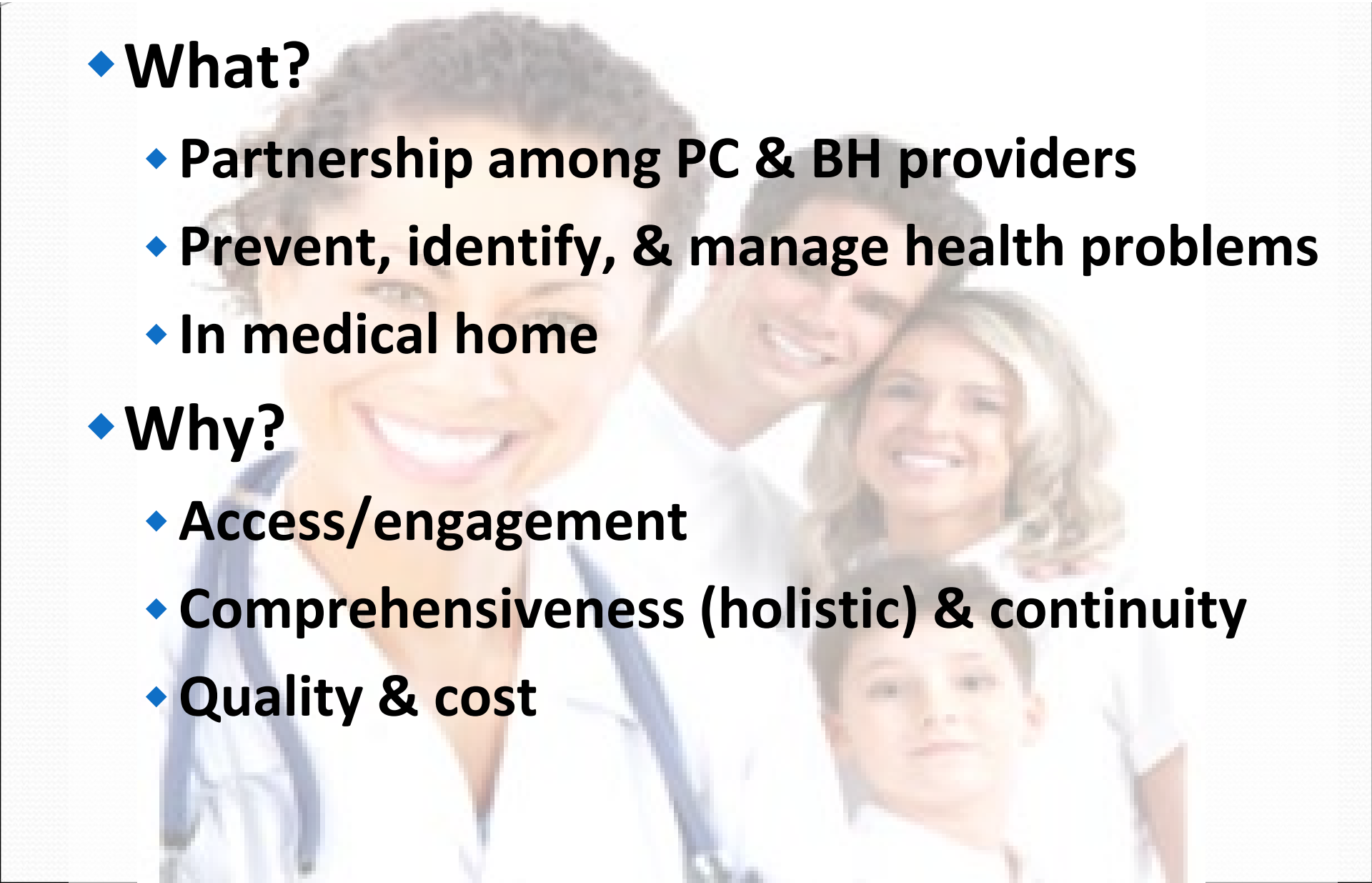
Integrated Health Care



- What?
  - Partnership among PC & BH providers
  - Prevent, identify, & manage health problems
  - In medical home
- Why?
  - Access/engagement
  - Comprehensiveness (holistic) & continuity
  - Quality & cost

Levels of Integration (SAMHSA)

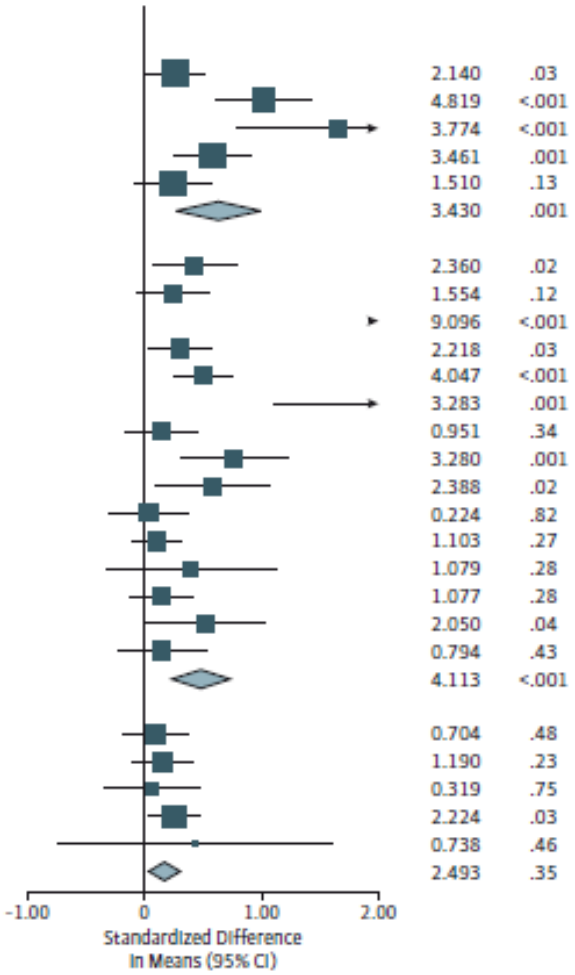
COORDINATED		CO-LOCATED		INTEGRATED	
KEY ELEMENT: *COMMUNICATION*		KEY ELEMENT: *PHYSICAL PROXIMITY*		KEY ELEMENT: *PRACTICE CHANGE*	
LEVEL 1 Minimal Collaboration	**LEVEL 2** Basic Collaboration at a Distance	**LEVEL 3** Basic Collaboration Onsite	**LEVEL 4** Close Collaboration Onsite with Some System Integration	**LEVEL 5** Close Collaboration Approaching an Integrated Practice	**LEVEL 6** Full Collaboration in a Transformed/ Merged Integrated Practice

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013

Research Support for Pediatric Integration

Asarnow et al., 2015, *JAMA* (31 RCTs; 36 comparisons)

Source	Standardized Difference In Means (95% CI)	z Value	P Value
Treatment			
Collaborative care			
Kolko et al,[50] 2014	0.267 (0.023 to 0.512)	2.140	.03
Richardson et al,[60] 2014	1.020 (0.605 to 1.434)	4.819	<.001
Kolko et al,[52] 2012	1.649 (0.792 to 2.505)	3.774	<.001
Asarnow et al,[42] 2005	0.587 (0.225 to 0.919)	3.461	.001
Clarke et al,[35] 2005	0.246 (-0.073 to 0.565)	1.510	.13
Summary effect	0.634 (0.272 to 0.997)	3.430	.001
Other integrated mental health care			
Perrin et al,[58] 2014	0.430 (0.073 to 0.787)	2.360	.02
Reid et al,[59] 2013	0.244 (-0.064 to 0.551)	1.554	.12
Spijkers et al,[61] 2013	2.450 (1.922 to 2.978)	9.096	<.001
Kjobli and Ogden,[36] 2012	0.304 (0.035 to 0.572)	2.218	.03
Lavigne et al,[53] 2011	0.500 (0.258 to 0.743)	4.047	<.001
Warner et al,[37] 2011	2.764 (1.114 to 4.414)	3.283	.001
Kolko et al,[51] 2010	0.149 (-0.159 to 0.457)	0.951	.34
Lavigne et al,[54] 2008 (nurse)	0.764 (0.308 to 1.221)	3.280	.001
Lavigne et al,[54] 2008 (psychologist)	0.588 (0.105 to 1.070)	2.388	.02
Epstein et al,[47] 2007	0.038 (-0.293 to 0.368)	0.224	.82
Wissow et al,[67] 2008	0.110 (-0.085 to 0.305)	1.103	.27
Turner and Sanders,[63] 2006	0.400 (-0.326 to 1.126)	1.079	.28
Borowsky et al,[44] 2004	0.144 (-0.118 to 0.407)	1.077	.28
Mufson et al,[38] 2004	0.528 (0.023 to 1.032)	2.050	.04
Patterson et al,[56] 2002	0.151 (-0.222 to 0.524)	0.794	.43
Summary effect	0.400 (0.275 to 0.634)	4.113	<.001
Substance use			
Walton et al,[65] 2013 (CBI)	0.057 (-0.174 to 0.368)	0.704	.48
Walton et al,[65] 2013 (TBI)	0.158 (-0.102 to 0.418)	1.190	.23
Audrain-McGovern et al,[43] 2011	0.066 (-0.342 to 0.475)	0.319	.75
Pbert et al,[57] 2008 (cessation)	0.256 (0.030 to 0.481)	2.224	.03
D'Amico et al,[46] 2008	0.440 (-0.728 to 1.608)	0.738	.46
Summary effect	0.172 (0.037 to 0.307)	2.493	.35



Error bars indicate 95% CI. CBT indicates cognitive-behavioral therapy; TBI, traumatic brain injury. Because this figure breaks studies into finer categories than those in the overall moderator analyses, summary effect sizes may differ slightly.

Study Characteristics

Asarnow et al., 2015, *JAMA* (25 Treatment Comparisons)

		Coordination	Co-Location	Collaboration	Training
Study Type	Efficacy	2	12	5	0
	Effectiveness	0	2	0	4
Problem Type	Externalizing	1	10	2	2?
	Internalizing	0	2	3	0
	Substance Use	0	4	0	1

Summary of Effects

- Overall Effect Size (ES) = 0.42
  - TX (0.42) > PREV (0.07)
  - Collaborative (0.63) = Other (0.40)
  - No differences by:
    - Type of problem, age, rigor
- Summary
  - Modest results
  - Need practice direction (how to)

Other Outcomes

- More service use & completion
- High satisfaction
- Less caregiver distress/burden
- More provider self-efficacy & practices
- Some long-term clinical benefits
- Some cost-benefit

Challenges

- Model compatibility (regulations, roles)
- Cost (provider, training, services)
- Reimbursement
- Burden
- Provider “fit” (collaborative)
- Maintaining quality

Thank you…

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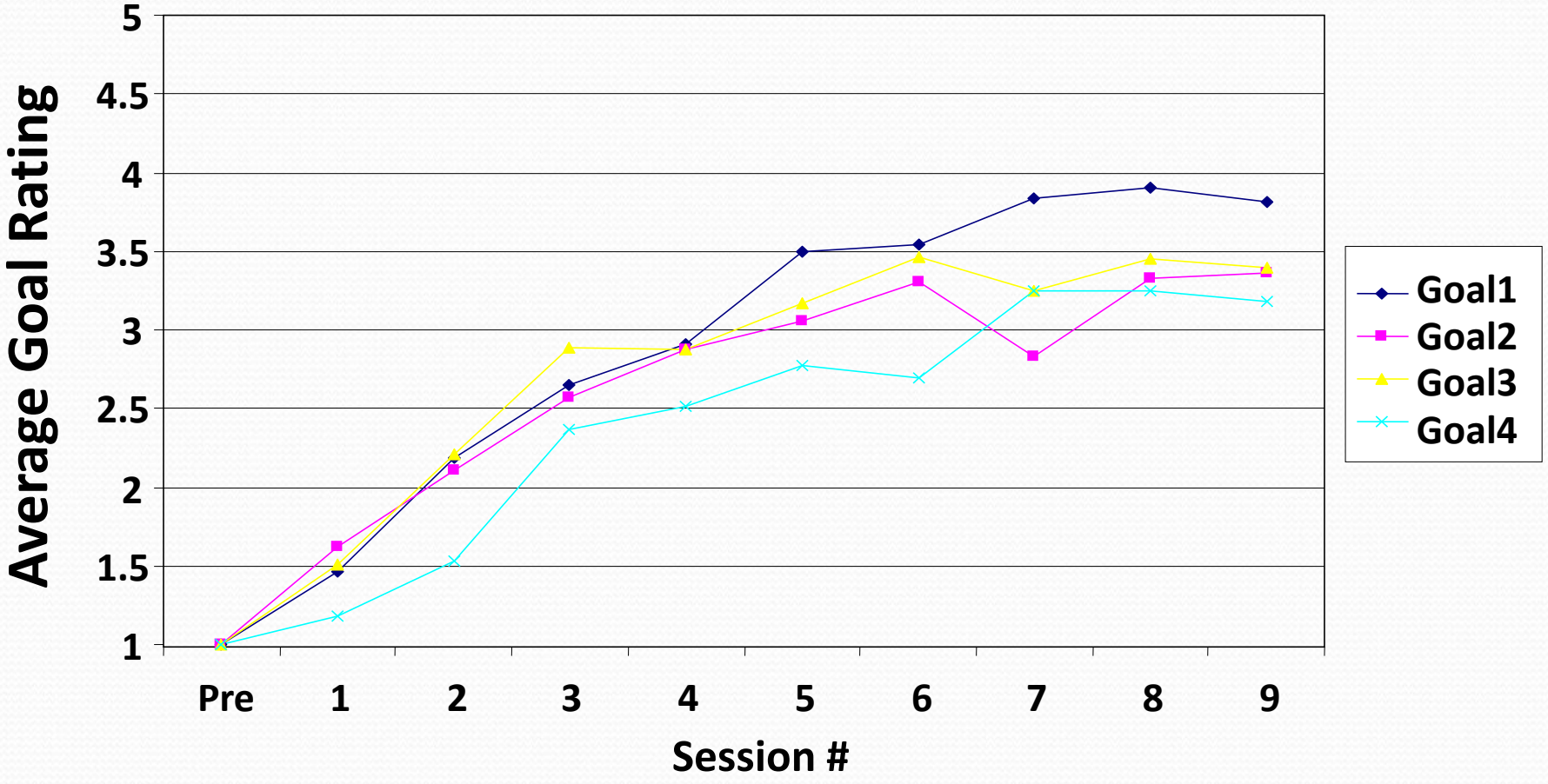
Individualized Goal Attainment Ratings (IGAR)

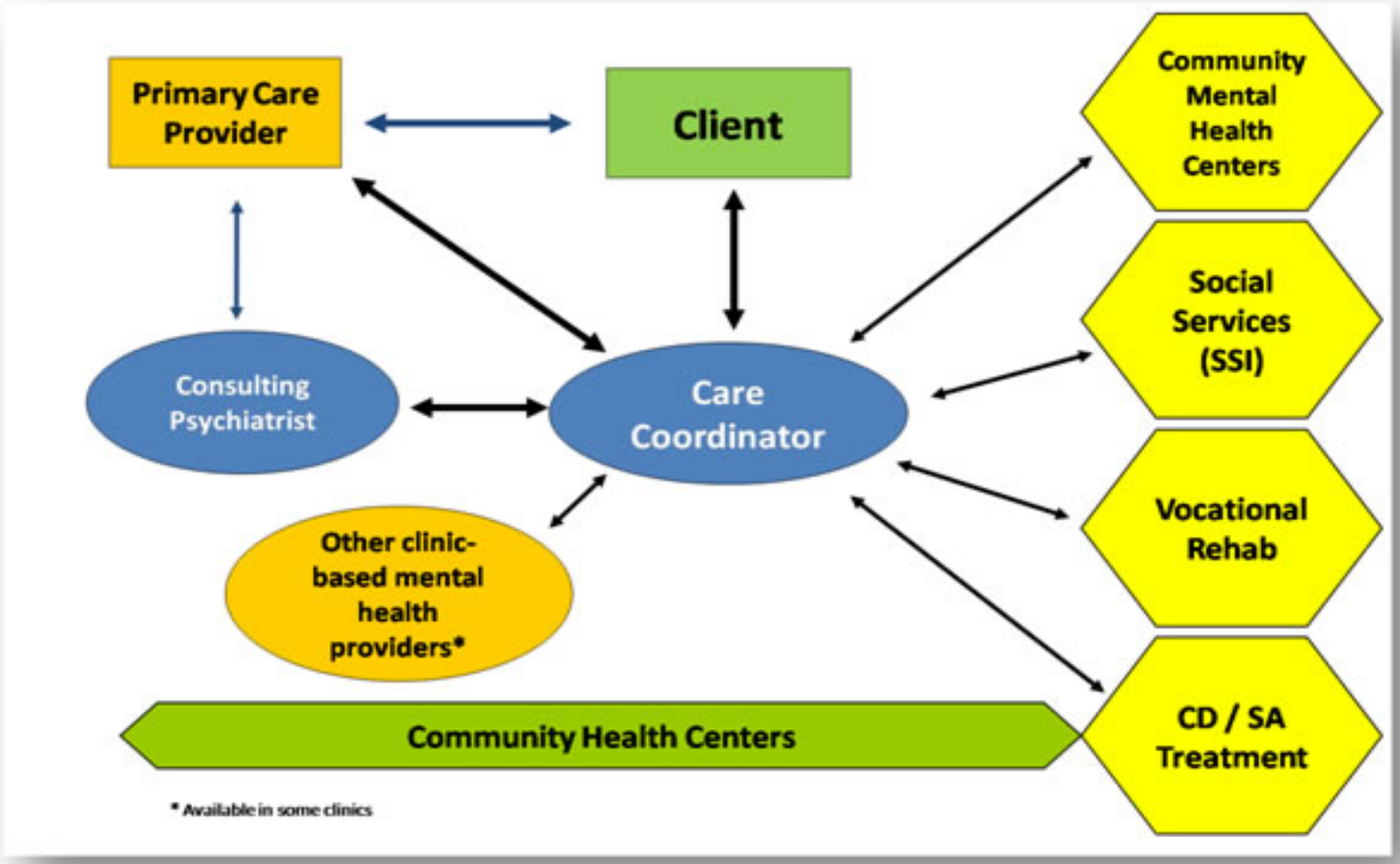
(Kolko et al., 2012, *Archives of Pediatrics & Adolescent Medicine)*



Collaborative Care Approach

- Incorporates 6 chronic care model principles
- Key elements
  - Consultation
  - Direct clinical service
  - Communication
  - Care coordination
  - Education
  - Continuity of care

Collaborative Care Delivery System



Benefits

- Access
- Acceptability
- Child & caregiver gains
- Provider practices & morale
- Multidisciplinary/holistic
- Cost-effective
- Long-term health impact

Research Directions

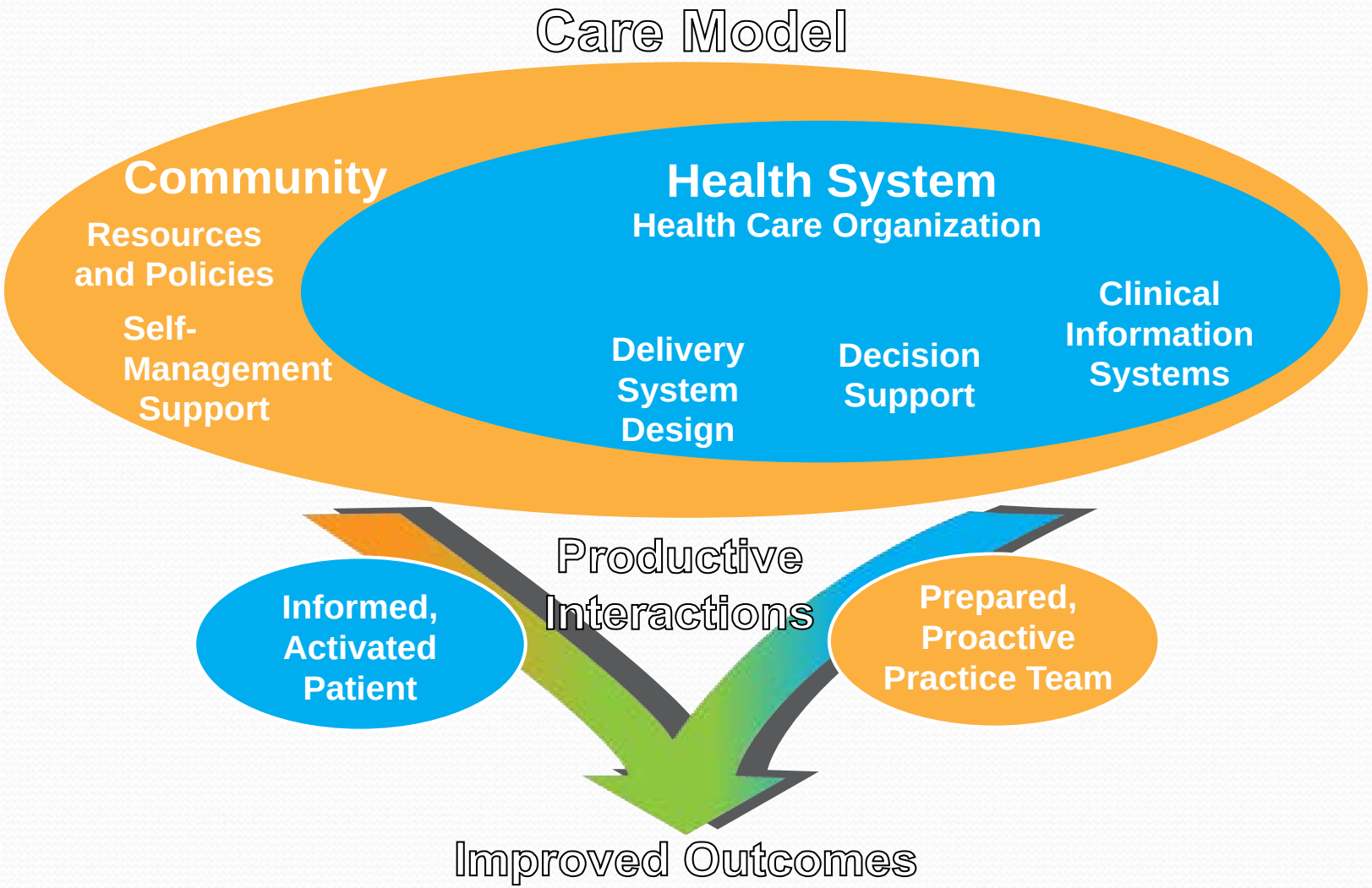
- Surveys of needs & experiences
- Workforce integration
- Dissemination (EBP guidelines)
- Core competencies
- Tests of implementation strategies
- Care quality tools
- Document sustainability

Practice Directions

- Partnerships with BH providers
- Care team training
- Novel financial resources
- Technology
- Individual progress monitoring

Care Manager Triage Follow-up Call

Chronic Care Model



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