

Universal Promotion of Child Behavioral Health in Primary Care

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Background

- Primary care (PC) offers a unique setting for health promotion.
- Greater than 90% of children visit a healthcare provider each year.
- PC represents an opportunity to provide non-stigmatizing, integrated health services to underserved populations.

Aims

- Present learnings from 9 months of an innovative universal PC intervention.
- Intervention focuses on positive parenting and child behavioral health (BH) for families with children 0 to 5 years during routine well child checks (WCC).



Methods

- Using EHR process and outcome data
- Captured impact of BH screening & clinical services provided by a pediatric psychologist.
- Observational and qualitative data illustrate the impact on professional development and practice transformation.

Process & Outcome Measures

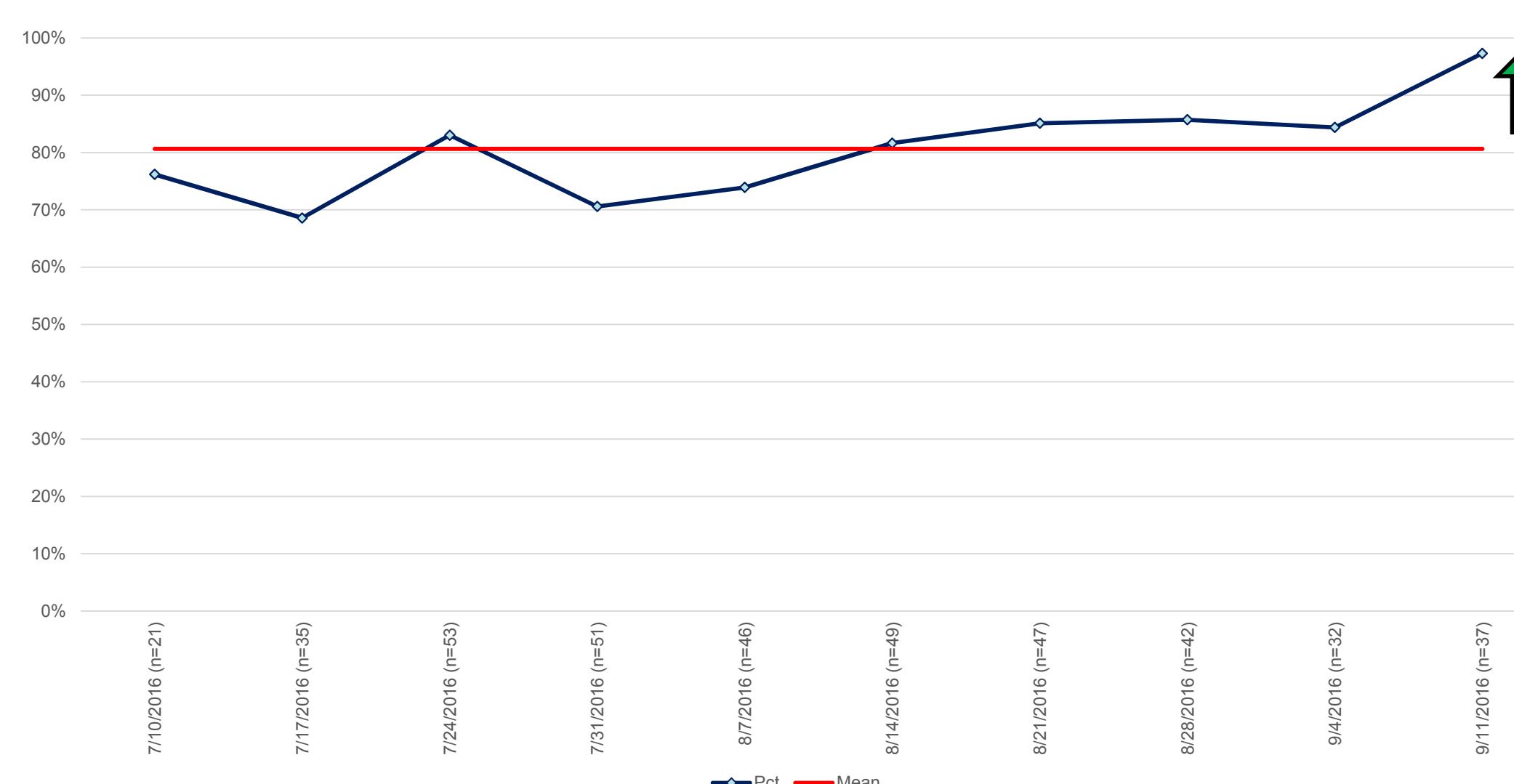


Figure 1. Percentage of Patients 2-6 Years who Completed a **Strengths & Difficulties Questionnaire** (social-emotional screener) at their WCC

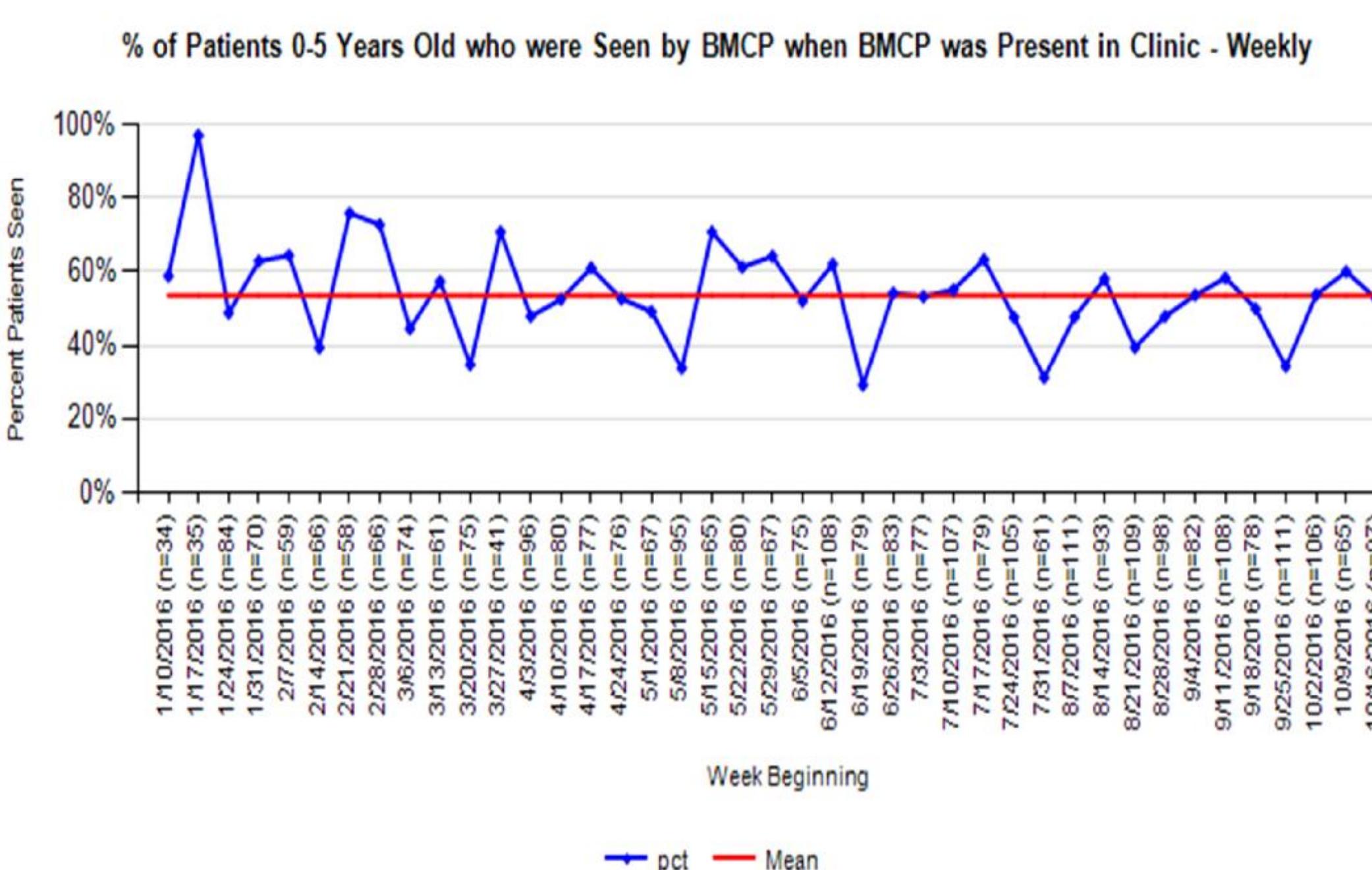


Figure 2. Percentage of Patients 0-5 Years who Received BH Services at their WCC

Table 1. Snapshot of Innovation Activities

Staff	20
Attending Providers	7 (2.3 FTE)
Resident Providers	31
Psychologists	2 (1.0 FTE)
Total SDQs (0-5yo)	692
Unique Patients Encounters	1442
Total Patient Encounters	2183

Results

Practice Transformation & Training

Medical Residency Training

- Monthly pre-clinic didactics focused on BH topics, including effective communication with families.
- Focused shadowing of psychologist during intern year.
- Observations of Motivational Interviewing (MI) skills (using a standardized tool).
- Precepting with psychologists around BH topics.
- Exposure to Healthy Steps for Young Children (Healthy Steps) training.

Psychology Postdoctoral Fellow

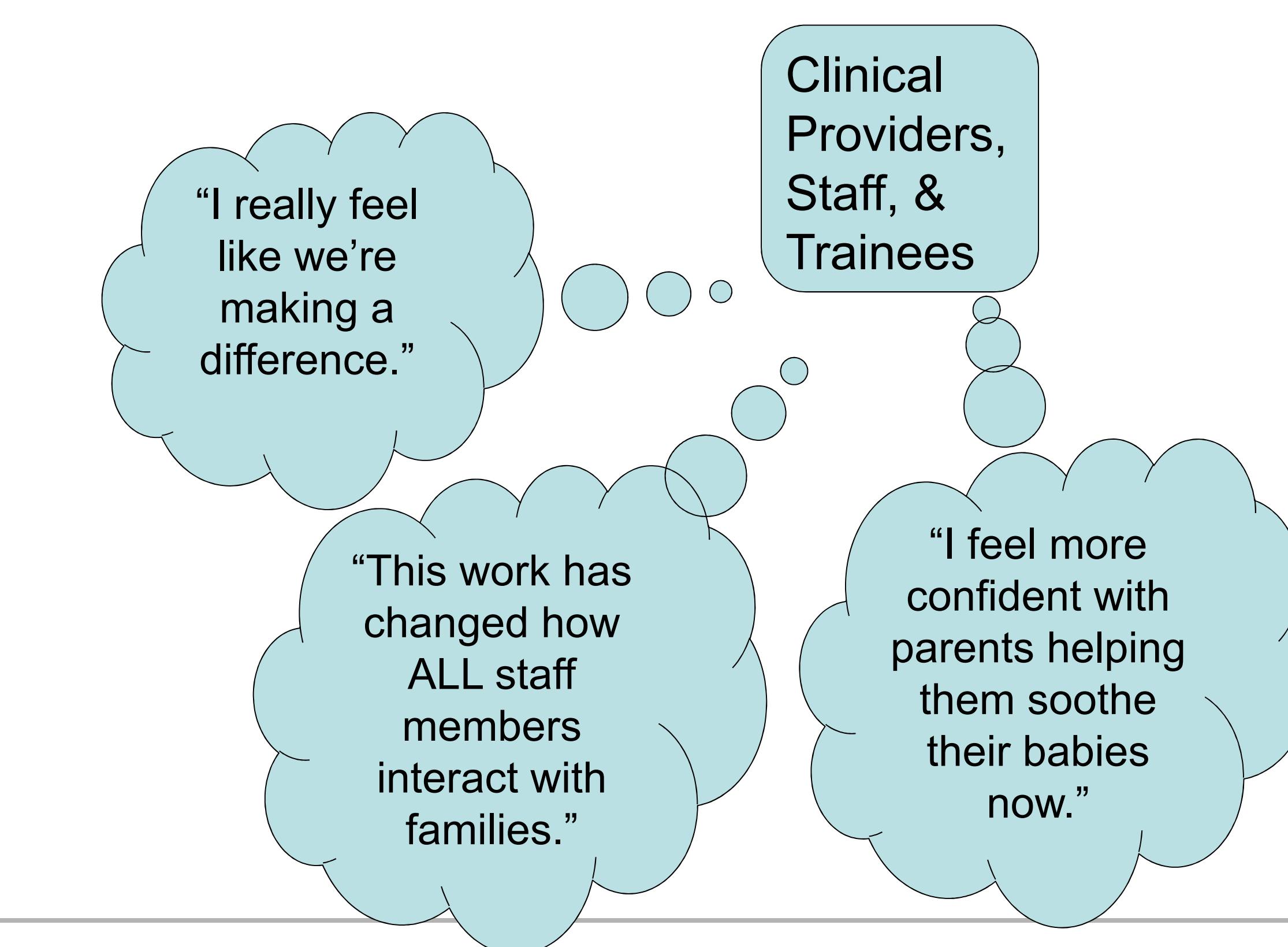
- Collaborating on program development and research.
- Training on expanded Healthy Steps model.

Staff & Providers

- Formal training on Healthy Steps model and BH topics.
- Encourage shadowing and collaborative provision of services to enhance team-based care.

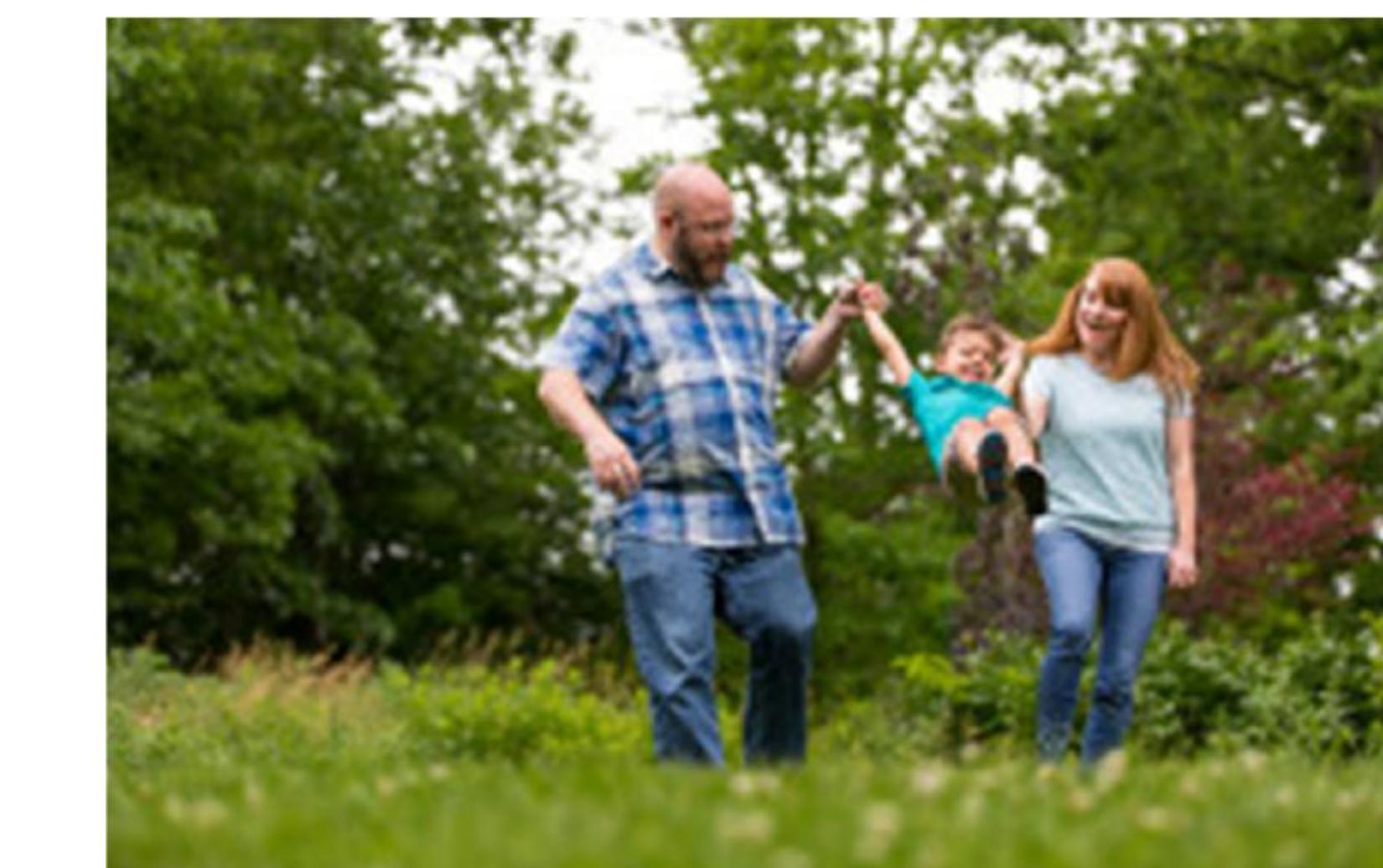
Observational and Qualitative Feedback

- ↑ use of MI skills
- ↑ modeling of positive parenting skills
- ↑ awareness of BH needs



Conclusion

- Universal BH promotion services offer the potential to transform patient- and systems-level outcomes.
- Need to explore staffing models that would enable program to increase penetration
- Need to explore costs and sources of sustaining revenue streams.
- Expand this BH promotion model to other urban PC sites.



Reference

- Child Trends Databank. (2014). Well-child visits. Retrieved from <http://www.childtrends.org/?indicators=well-child-visits>
- Crawford, D. E., & Briggs, R. D. (2016). The Goodness of Fit between Evidence-Based Early Childhood Mental Health Programs and the Primary Care Setting. In *Integrated Early Childhood Behavioral Health in Primary Care* (pp. 35-70). Springer International Publishing.

Acknowledgement/Funding Sources

We thank Cincinnati Children's Hospital Medical Center for supporting this work. We also thank Allison Glance for assistance with data analysis.