



One Model of Integrating Mental Health Care into a Pediatric Resident Group Practice

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Introduction

Collaborating between primary care pediatricians (PCPs) and mental health (MH) professionals is needed to better prepare the future workforce.

The aim of this poster is to describe a pediatric residency's continuity clinic's model of integrated mental health care.

2010
Needs Assessment
of MH Training

2011
Faculty development:
Child and Adolescent
Psychiatry for Primary
Care

2012
Universal MH Screening
Curricular changes
On-site psychologists

2014-2015
Trauma Learning
Collaborative*
Trauma Screening

2015
Loss of funding for
psychologists

2015
New York State Delivery System Reform
Incentive Payment Program (DSRIP)

Care Delivery Model

Interdisciplinary team: 40 Pediatric Residents, 10 Pediatric faculty members, 1 social worker, 1 care manager, 2 community health workers, 1 psychiatric nurse practitioner (PNP)

Processes: MH screening for each well child visit; Creation of algorithms for positive screens, when to refer to social work vs. PNP. Educational sessions on screening, ADHD medications, and anxiety created. Many PDSA cycles for MH screening.

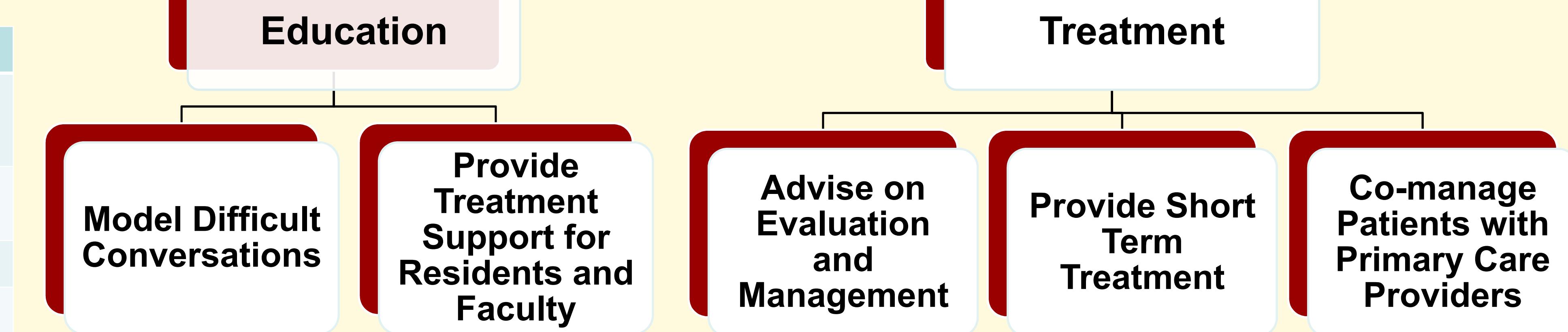
Universal Pre-Visit Mental Health Screening

Age	Mental Health Screen
Newborn visit	Family mental health history, psychosocial history for MH issues
2 week/1 mo.	Maternal depression screen
2 and 4 mo.	Maternal depression screen
6 months	SWYC
9 months	Denver
12 months	SWYC
15 months	SWYC
18 months	MCHAT
24 months	Denver
30 months	MCHAT
36 months	SWYC
4 - 8y	PSC-17 (completed by parent)
9-12y	PSC-17Y (completed by child)
13-21y	Teen screen (Completed by child)

Trauma Screening Using 3 Questions in EMR:

- What good things have happened since our last visit?
- Since the last time I saw you, has anything really scary or upsetting happened to you or your family?
- Which if any of these things are still bothering you?

Psychiatric Nurse Practitioner's Role



Progress To Date:

- 150 children were evaluated by our PNP in the first year.
- Approximately 50% of children seen at the practice are screened for psychosocial issues.
- Anecdotally more patients complete referral when it is an on-site referral.

Next Steps:

- Rigorous evaluation of this program is in the beginning stages: rates of recognition and referrals, patient satisfaction, patient engagement, resident attitudes and behaviors, utilization, and fiscal outcomes.
- Grant to implement Healthy Steps which is a program for MH promotion and prevention for early childhood.