

Boots on the Ground: Training the Healthcare Workforce to Implement Evidence-Based Practices

(With Public Charitable Foundation Support)

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The Child Health and Development Institute of CT (CHDI): A Nonprofit Subsidiary of the Children's Fund of CT

- Provides the infrastructure for training the workforce in evidence-based practices
 - *Educating Practices in the Community Program*
 - Statewide training of pediatric and family medicine practitioners
 - *Dissemination and Implementation Support Center*
 - Statewide training of behavioral health providers



Training: A Catalyst for Practice Transformation



Educating Practices in the Community (EPIC)

AN EFFECTIVE APPROACH TO PRIMARY CARE PRACTICE CHANGE

Evidenced-based Training

- Traditional methods of education, such as conferences and grand rounds, and distribution of literature have little impact on changing practice. EPIC instead uses *academic detailing*, an evidence-based educational strategy, to promote practice change.
- The *academic detailing* model:
 - Includes onsite visits to primary care child health sites to provide training to promote change
 - Has been shown to be effective in a variety of practice areas, including Autism screening, asthma care, and the pain and fear associated with immunizations

Unique Training Experience

- Focus is on educating the entire office team, including nurses, physicians, and administrative staff to promote a team approach to practice change
- Emphasis is on practice-based change made possible by state and local resources and policies

EPIC is Effective

- Through twelve years of EPIC trainings, CHDI has helped over 80% of CT's pediatric practices improve the quality of their care and expand the scope of their services
- CT children are healthier because of EPIC
 - Trainings have directly contributed to increased rates of:
 - Screening for developmental and behavioral health issues
 - Screening for postpartum depression
 - Physical health services, e.g., preventive oral health care, early hearing detection

SAMPLE EPIC MODULE

Addressing Postpartum Depression: Opportunities in the Pediatric Setting

- **Making the Case:** Postpartum depression is the most under-diagnosed condition in pregnant women and new mothers. *Early detection and intervention are critical* given the *high prevalence* of this condition (upwards of one in five new mothers experience depressive and/or anxiety symptoms warranting treatment), its pervasive and *long lasting impact on infant development*, and *treatable* nature.



Connecticut Department of Social Services

Medical Assistance Program Provider Bulletin

2016-63

- **TO: Physicians, Certified Nurse-Midwives (CNM), Physician Assistants (PA), and Advanced Practice Registered Nurses (APRN)**
- **RE: Maternal Depression Screenings**
- This provider bulletin includes guidance to providers who perform maternal depression screenings during medical visits for HUSKY Health members.
- **Overview:**
 - Maternal depression screenings can be performed on mothers who are HUSKY Health members for up to one year after delivery. Multiple screenings can be performed on the mother whenever there is a documented concern that the mother may have a health risk of depression.
 - Providers must use validated screening tools and evidence-based practice guidelines, such as the Edinburg Postnatal Depression Scale (EPDS). Qualified screening tools can be found on the American Academy of Pediatrics Web site: www.aap.org/sections/scan/practicingsafety/toolkit_resources/module2/epds.pdf.
 - For information about maternal depression, evidence-based intervention guidelines and the validated screening tool, please access the American Academy of Pediatrics Web site: <http://www.aap.org>.
- **Depression Screenings Performed by Pediatric Providers:**

Pediatric medical providers can perform the depression screening on the mother of their pediatric patient to assess if there is a health risk to their pediatric patient. Based on the potential health risk to their pediatric patient, a pediatric provider can perform multiple medically necessary depression screenings on the mother until their patient turns one year old.
- **Billing for Maternal Depression Screenings:**
 - The maternal depression screenings should continue to be coded as a health risk assessment using the Current Procedure Terminology (CPT) code: 99420. Coding a modifier, to identify a positive or negative screen, with this CPT code is not required.
 - Pediatric medical providers can bill the maternal depression screen using their pediatric patient's HUSKY Health number. All maternal depression screenings performed in a pediatric medical office will be considered a health risk assessment to ascertain the safety of their pediatric patient.
 - Uninsured or undocumented mothers who are in need of a depression screen should be directed to the INFOLINE by calling 211 for alternative resources.

Postpartum Depression Module

Presentation Objectives

- Increase knowledge about postpartum depression, its prevalence, symptoms, and possible effects on infant and child development
- Encourage the universal use of screening tools to identify postpartum depression in the pediatric primary care setting
- Provide information about local referral sources for postpartum depression

EPIC provides:

- Sample screening tools
- Guidelines for office protocols and reimbursement strategies
- Educational materials for families
- Referral resource information
- CME and Maintenance of Certification credits
- Lunch or snack

It's All About Partnerships



Funding Streams for EPIC

- Funds secured through:
 - Joining forces to advance common agendas (must pick the “right” topics)
 - State Agencies
 - Department of Public Health (suicide prevention, early hearing detection)
 - Office of Early Childhood (postpartum depression, infant mental health)
 - Children’s Hospitals
 - CT Children’s Medical Center (Help Me Grow)
 - Coalitions
 - Coalition Against Domestic Violence (Domestic Violence and Children)
 - Local grants
 - Donations from foundations and individuals with common agendas

Evidence-Based Practice Dissemination and Implementation Support Center



Training Behavioral Health Providers to Implement Evidence-Based Treatment

- CHDI's Dissemination and Implementation Support Center
 - Collaborates with state systems and agencies to translate research and state policies into practice
 - Disseminates evidence-based behavioral health practices statewide via training
 - Provides ongoing support to sustain practice changes
 - Evaluates the public health impact of the changes



Example: Trauma-Focused Cognitive Behavioral Therapy

- Competitive application process to participate in the training
 - Primarily mental health clinics, but private practices and clinicians can apply
 - Willingness to collect data, in-house staff oversight
- Goal: Sustainability
- Funding for training and research secured from the CT Department of Children and Families (DCF)
 - DCF also provides performance-based financial incentives to the providers meeting expectations
- Quality Improvement Evaluation:
 - >600 behavioral health clinicians trained at 35 agencies
 - nearly all agencies sustained practice of TF-CBT for up to 9 years
 - >6,200 children have received TF-CBT and demonstrated improvements

Integrated Care Workforce Development

- Freely accessible Integrated Primary Care graduate level curriculum made available by the Society for Health Psychology, American Psychological Association
- Flexible implementation: Full semester course; Adjunct content to an existing course; Group independent study; Colloquia series; Workshop series; Adjunct to integrated primary care practicum, internship, or post-doctoral training curriculum



INTEGRATED PRIMARY
CARE PSYCHOLOGY

AN INTRODUCTORY CURRICULUM

Where the Rubber Meets the Road

- Facilitators that advance training to improve behavioral health outcomes for children, youth, and families:
 - Infrastructure
 - Partners with shared agendas
 - Diverse and blended funding streams

