Integrated Behavioral Health Care in the Pediatric Primary Care Setting

Michael Yogman MD, Susan Betjemann LICSW, Anna Sagaser BS, Liza Brecher MS

Abstract

Background
The top five reasons for pediatric office visits in the US today are behavioral health concerns, a departure from the physical concerns that were once the most prominent chronic illnesses of our nation’s youth. Yet children and families face multiple barriers to accessing behavioral healthcare. This paper describes a Quality Improvement project that utilizes a co-located behavioral health and care coordination integration model in a private pediatric primary care office that is a Patient Centered Medical Home. The project was designed to align with the HI goals of the Triple Aim, targeting improved patient and provider experience, population health quality, and healthcare costs.

Methods
A Licensed Clinical Social Worker (LICSW) was co-located into the practice along with a parent partner/care coordinator. Children with behavioral health disorders were provided interventions involving consultation with the primary care physician, short-term treatment or referral for treatment of more complex cases, and care coordination by the parent partner/care coordinator. Outcomes measuring improvement in patient and provider experience, population health quality, and cost savings were examined.

Results
The LICSW had 1573 encounters with over 366 patients in the practice over a 2 year period. Improvements were observed in all aspects of the triple aim. Cost savings averaged $336 pmpm for the total patient population and $716 pmpm for patients with behavioral health disorders.

Conclusion
Behavioral Health Integration improved patient and provider experience, population health quality, and lowered overall cost.

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Behavioral Health Concerns
- Among the top 5 reasons for pediatric office visits
- 20% of children have a mental health diagnosis
- QI project in pediatric practice to demonstrate effect of co-located, integrated, behavioral health on triple aim

Intervention
- LICSW/Care Coordinator: consultation, assessment, short-term treatment, care coordination, and referral
- Encounters Tracked in EMR:

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Population Health Quality
- Improved outcomes for ADD/ADHD, Complex Special Healthcare Needs (CSHCN), Complex Special Healthcare needs with co-morbid Behavioral Health Concerns (CSHCN/BH), Early Intervention/Individual Education Plan (IE/IEP);
- not for Serious Emotional Disturbance (SED: anxiety, depression, substance abuse).

Provider Experience: Organizational Social Context Scale: Percentile Comparison of OSC Pre and Post Intervention

Cost
- Total Medical Expenditures for patients enrolled in 2013 and 2015, regardless of when they enrolled

References


Outcomes

Results

Patient and Provider Experience Measures Pre and Post Intervention

Patient Experience
- Parenting Stress Index: Improved
- Family Centered Care Assessment for Families: Improved
- Client Satisfaction Questionnaire: Improved

Provider Experience
- Family Centered Assessment Self Assessment: Improved
- Physician Belief Scale: Improved
- Organizational Social Context Scale: Improved

Bar graphs show pre and post results: positive gains in proficiency, engagement and functionality; decreases in rigidity, resistance and stress (wave 1=pre,wave2=post).

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