Integrated Care Training Program

UW Psychiatry & Behavioral Sciences

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Implementing Integrated Care: How do I implement integrated care in a pediatric practice?

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Speaker Disclosures

- No relevant conflicts of interest to disclose

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Learning Objectives

- Learner will be able to discuss key roles when establishing the care team in pediatric integrated care
- Learner will be able to discuss options for outcomes tracking in pediatric mental health
- Learner will be able to identify potential barriers specific to implementing integrated care in a pediatric practice

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The Settings

- Needs assessment
  - Learning comfort level of individual providers
  - Setting targets for treatment
- Demographics
  - Community based clinic
  - University based clinic
- Ability to refer for specialty care
  - Triage plan
  - Autism evaluation

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Pediatrics Special Features

- Family Involvement
  - Collateral, support, transportation, stress
  - Confidentiality
- Developmental Focus
- Systems of Care
  - Schools, therapists
  - DCYF, DDA, Headstart
  - Legal System

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The Integrated Care Team

- Group of pediatricians
- Behavioral Health Care Team
  - Social worker plus part time health navigator
  - Social worker plus care manager, now part time therapist
- Psychiatric Consultant
  - 0.2 FTE child psychiatrist
  - 0.1 FTE child psychiatrist and 0.1 FTE child psychologist

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Screening

- Anxiety
  - GAD-7 (13+)
  - SCARED (Screen for Child Anxiety Related Disorders, 9+)
  - SPENCE (Children's Anxiety Scale, 3+)
- Depression
  - PHQ-A (Patient Health Questionnaire, 12+)
  - MFQ (Moods and Feelings Questionnaire, 6+)
- Trauma
  - CATS (Child and Adolescent Trauma Screen, 7+)
  - SCARED Brief assessment of Anxiety and PTS (7+)

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Challenges

- High baseline utilization of clinic social worker
- Range of provider comfort, brief visits
- Shortage of community providers who can provide evidenced based interventions for pediatric population/parental intervention
- Parental mental health/family system stressors
- Registry for outcomes tracking
- Funding
  - At baseline only paid for time with provider
  - CoCM coding has provided a new means of reimbursement for the high level of non-face-to-face care needed to support kids/families

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Takeaways

- *Increased need to coordinate/get collateral from family and schools*
  - *emphasizes benefit of care coordinator*
- *Screening and tracking outcomes are valuable for population based care*
- *Funding is often the rate limiting step*
  - *CoCM codes are a viable means of covering costs*

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Resources

- AIMS Center office hours
- UW PACC
- Psychiatry Consultation Line
  - (877) 927-7924
- Partnership Access Line (PAL)
  - (866) 599-7257
- PAL for Moms
  - (877) 725-4666

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Pediatric Integrated Care Research

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Questions and Discussion

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