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
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
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
Pediatrics Special Features

• Family Involvement
  – Collateral, support, transportation, stress
  – Confidentiality

• Developmental Focus

• Systems of Care
  – Schools, therapists
  – DCYF, DDA, Headstart
  – Legal System
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
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+)
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
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*
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
Pediatric Integrated Care Research


Questions and Discussion

• Ask questions in the chat or unmute yourself
Registration

• If you have not yet registered, please email uwictp@uw.edu and we will send you a link