Integrated Behavioral Health Prevention in Pediatric Primary Care: A Change Package for Practice

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Acknowledgments and Partners

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- The Ohio Colleges of Medicine Government Resource Center
- CCHMC: Behavioral Medicine and Clinical Psychology, General and Community Pediatrics, James M. Anderson Center for Health Services Excellence
- Key stakeholders in pediatric care, health systems, and education
What we will cover

• IBH and Comprehensive Primary Care Program requirements
• What is IBH-P
• Practice readiness and IBH-P adoption
• Elements and implementation of IBH-P
• Impact and outcomes
• Challenges and solutions
The change package:

Integrated Behavioral Health Prevention in Pediatric Primary Care
### Core CPC Activity Requirement for Behavioral Health Integration

<table>
<thead>
<tr>
<th>Activity Requirement</th>
<th>Behavioral Health Integration</th>
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</thead>
<tbody>
<tr>
<td><strong>Rule</strong></td>
<td>Practice uses screening tools to identify attributed individuals in need of behavioral health services, tracks and follow up on behavioral health service referrals, and has a planned improvement strategy for behavioral health outcomes.</td>
</tr>
</tbody>
</table>
| **Provider Criteria for Scoring** | • The practice identifies patients in need of behavioral health services through regular use of specific tools and processes designed for anticipatory diagnosis  
• The practice has a systematic approach to timely referral and ongoing follow-up for members with behavioral health needs  
• The practice validates that services recommended were received with a provision to close gaps in care if necessary  
• The practice integrates behavioral health activities into broader systems, including care plans, risk stratification, and team-based care delivery  
• The practice has planned improvement strategy for behavioral health related outcomes |
## Bonus payment “scorecard” for CPC for Kids

### Bonus payment “scorecard”

<table>
<thead>
<tr>
<th></th>
<th>Additional supports for children in foster care</th>
<th>Behavioral health linkages</th>
<th>School linkages</th>
<th>Transitions of care</th>
<th>Select wellness measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>High (5 pts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Areas of focus for wellness measures include:</td>
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<td></td>
<td></td>
<td></td>
<td>• Lead testing</td>
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<td></td>
<td></td>
<td>• ACES and/or SDOH screening</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Tobacco cessation for ages 12-17</td>
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<tr>
<td>Medium (3 pts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Fluoride</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Breastfeeding</td>
</tr>
<tr>
<td>Low (1 pt)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None (0 pts)</td>
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</tbody>
</table>

**Note:** Scoring to incorporate risk-adjustment for geographic and/or other factors

**Source:** ODM working group conversations and stakeholder input.
## Behavioral health criteria

<table>
<thead>
<tr>
<th>High (5 pts)</th>
<th>Provider is integrated with behavioral health provider</th>
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<tbody>
<tr>
<td></td>
<td>• Provider and behavioral health providers collaborate closely (e.g., through co-location, shared EHR) and have shared responsibility for improved outcomes through individual patient care and practice design</td>
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<tr>
<td></td>
<td>• Behavioral health and medical providers are involved in care in a standard way across all providers and patients</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medium (3 pts)</th>
<th>Provider collaborates closely with behavioral health provider</th>
</tr>
</thead>
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<tr>
<td></td>
<td>• Provider and behavioral health providers collaborate (e.g., through physical or digital co-location, shared EHR)</td>
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<tr>
<td></td>
<td>• Walk-in or same-day availability for patients with behavioral health needs</td>
</tr>
</tbody>
</table>

| Low (1 pt)    | Provider coordinates with behavioral health provider |
|               | • Provider routinely exchanges information relevant for patients with the behavioral health provider (written or electronic) |
|               | • Provider has interactive channels of communication with behavioral health providers |

**Note:** In order to meet criteria for a scoring tier, providers must meet the requirements listed as well as any requirements in lower tiers.
What is Integrated Behavioral Health-Prevention?

- Psychologist part of the primary care team
- Conducting screening of emotional and behavioral health
- Universal access, provided during WCVs
- Focused on 0-5 years
- 15-minute prevention visit, longer if needed
- Guidance on emotional and behavioral health and development
- Highly flexible, rapid response based on screening or assessment
- Brief interventions or, as needed, short- and long-term treatment
- Facilitating referrals and transitions to specialized behavioral health providers
- Communicating with outside care and other service providers
Benefits of IBH-P

- Almost all children see pediatricians, access & engagement
- Behavior problems typically first identified by pediatricians
- Prevention more cost-effective than treatment
- Valuing of emotional and behavioral health, reduce stigma
- Greater reach to minority and underserved populations
- Bridge to treatment if needed
- Psychologist is a resource for practice: training, building competence
Practice Readiness

Assess current state: gaps and needs

Practice adopts clear vision of the value of integrated behavioral health
Commitment to prevention as essential to pediatric care

Practice uses a team model of care
Procedures are in place for collaboration and coordinated care

Shared access to the medical record
Work space available for psychologist

All providers in the practice have embraced an integrated behavioral health model
Leverage of behavioral health training and expertise among clinical team members

Screening for emotional and behavioral health
Process and outcome data are collected
Integrated Behavioral Health (IBH): Timeline for Spread

- **2016**: First fulltime IBH-P provider integrated into one CCHMC primary care clinic
- **2017 & 2018**:
  - Expanded IBH-P to 2 additional CCHMC primary care locations
  - Developed financial and clinical model for spreading IBH to community (PHO)
- **2019**: IBH implemented in two community practices
- **2020**: Expanded IBH to 2 additional community practices and CCHMC Adolescent Medicine clinic
- **2021**: Expanding IBH to 3 additional community practices
## IBH Planning Timeline

<table>
<thead>
<tr>
<th>Practice Readiness (6-12 months &lt; start date)</th>
<th>Recruitment (6-9 months &lt; start date)</th>
<th>Pre-Onboarding (3-6 months &lt; start date)</th>
<th>Post-Onboarding (3-6 months &gt; date)</th>
<th>Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readiness assessment</td>
<td>Sample ads and HR support in recruiting</td>
<td>Monthly mtgs with practice</td>
<td>Monthly mtgs with practice; weekly mtgs with BH provider; BH learning collaborative</td>
<td>Monthly- quarterly mtgs with practice; weekly mtgs with BH provider</td>
</tr>
<tr>
<td>Introductory mtg/clinic visit</td>
<td>Screening candidates</td>
<td>Help with credentialing</td>
<td>Shadowing/ clinic visits</td>
<td>BH learning collaborative</td>
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<td></td>
<td>Standardized interview questions</td>
<td>Schedule, note templates, letters for families, scripts for providers</td>
<td>Monthly data analysis</td>
<td>Monthly data analysis</td>
</tr>
</tbody>
</table>
IBH-P in Action
IBH-P Interventions

- Behavioral screening
- Promoting health emotional and behavioral development
- Early detection and response
- Collaboration with the clinical team
- Enhancing competence of pediatricians and clinical team
- Linkages to additional providers and resources
Core clinical elements of IBH-P

- Affirmation & validation
- Guiding attributions
- Modeling positive interactions
- In the moment pivoting
- Experiential learning
- Increasing distress tolerance
- MI: empathy & reflection
- MI: ambivalence & choice
- Anticipating barriers
Content of IBH-P visits

Most common parent concerns and focus of IBH-P visits

- Social/emotional development: 53%
- Sleep: 24%
- Feeding: 12%
- Language development promotion: 8%
- Motor development promotion: 3%
- Safety: 1%
Universal IBH-P expands reach and access
IBH-P is the first behavioral health contact for low income and other vulnerable populations.
IBH-P reaches diverse populations
Parents use learned skills and report success

The majority of parents (92%) report using all (40%) or some (52%) of the IBH-P interventions and a corresponding improvement in child behavior concerns.
IBH-P associated with decreased ED use

Aligns with goals pf CPC. Prepared by GRC.
BHI-P associated with increase in WCVs
Challenges, solutions, next steps

- Maintaining focus on prevention in the face of acute treatment needs
- Operationalizing and standardizing the clinical pivot
- Tailoring of IBH-P to fit clinic resources and structure
Questions and comments and contacts

Contact us!

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