BHI COLLABORATIVE PRESENTS

May 20, 2021

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About the BHI Collaborative

*The BHI Collaborative was established by several of the nation's leading physician organizations** to catalyze effective and sustainable integration of behavioral and mental health care into physician practices.*

With an initial focus on primary care, the Collaborative is committed to ensuring a professionally satisfying, sustainable physician practice experience and will act as a trusted partner to help them overcome the obstacles that stand in the way of meeting their patients' mental and behavioral health needs.

***American Academy of Child & Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Medical Association, American Osteopathic Association, and the American Psychiatric Association.*

TODAY'S TOPIC:

How to Address the Growing Behavioral Health Concerns Among Children, Adolescents, and Families

TODAY'S SPEAKERS

Mark S. Borer, MD, DLFAPA, DLFAACAP
Collaborative Psychiatrist, American Academy of Child & Adolescent Psychiatry
Co-Chair,AACAP Healthcare Access & Economics Committee, Psychiatric Access for Central Delaware, P.A

Tatiana Falcone MD, MPH, FAPA, FAACAP
Director of Project IMPACTT, Assistant Professor of Psychiatry
Child and Adolescent Psychiatry
Neurologic Institute, Cleveland Clinic

Christoph Diasio, MD, FAAP
CoManaging Partner
Sandhills Pediatrics Inc

ACCESS TO CARE & SUSTAINABLE REIMBURSEMENT IN THE ERA POST COVID-19

MARK S. BORER, MD, DLFAPA, DLFAACAP

DELEGATE FOR DELAWARE TO AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

CO-CHAIR - AACAP HEALTHCARE ACCESS & ECONOMICS COMMITTEE

CONSULTANT & CME SPEAKER FOR THE DELAWARE CHILD PSYCHIATRY ACCESS PROGRAM

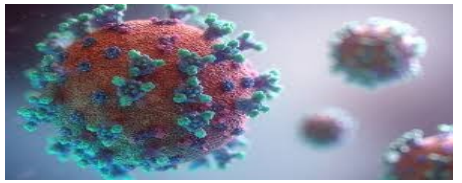
Building Relationships as We Connect the Networks of Care

PROFESSIONAL-TO-PROFESSIONAL

PRACTICE-TO-PRACTICE

ORGANIZATION-TO-ORGANIZATION

Effects of COVID-19



COVID-19 has increased the need for access to care through collaborative care telemedicine:

- by BHI with primary care
- engaging our professional partners in mental health
- and by embedding therapists in integrated practices

Leadership teams at the hubs, consulting on the most difficult patients creating access for the spokes of care delivery.

- as we add new opportunities for care delivery to traditional practice

Effects of COVID-19

Covid-19 has propelled forward the need for reimbursement of:

- Collaborative care telemedicine
- Digital collaborative services
- Population-based care

To meet the needs of our children, families, school and health professionals—

- **For increases seen in depression, anxiety, PTSD, SUD**
- through our local practices
- through our work with regional and national companies

Moving Forward

Child psychiatrists continue to preserve traditional doctor-to-patient practice.

As opportunities open for child psychiatrists who are flexible and wish to expand consultative and collaborative practice.

Child psychiatrists continue to **show our value** and **define our roles in collaborative systems.**

The Future

- **Our future** lies in collaboration and in integrated service delivery.
- **Through engagement** with our professional partners.

Primary Care :
Physicians, NPs, PAs, Nurses
Professionals in Training
Embedded psychologists, Social workers, Counselors
Behavioral Health Coordinators
Community Partners
Peer counselors

Mental Health:
Psychiatrists, Psych NPs, PAs, Nurses
Professionals in Training
Psychologists, Social Workers, Counselors
Behavioral Health Coordinators
Community Partners
Peer counselors

- **Through networks** addressing community health.

The Future

Shared Leadership:

Starts with relationship between one mental health professional or team and a collaborative primary care practice.

Leadership will arise from among various professionals on the teams and leadership hubs.

Child Psychiatrists will not be the leaders of every team to which we consult.

But we will bring leadership skills and be a leader on each team to which we consult.

Per Donald Berwick, MD Institute for Healthcare Improvement

"Ultimately changes in care at the patient and clinician level can produce better outcomes and lower costs."

"CMMI should actively solicit and support tests of radical new care delivery designs.

Viewpoint: Health Policy: JAMA April 6, 2021 Volume 325, Number 13, pg. 1247-8.

Customized Models are Essential

- child psychiatry access programs
- child psychiatry-customized collaborative care models
- primary care behavioral health models
- national or regional models with access to professionals by telemedicine

Networks can offer all of the above!

Essential Elements

- **Competencies for collaborative work in training and practice**
  Multidisciplinary training and **"intercollegiality" in practice**

- **Precision Medicine:** **"Measurement-Based Care in Child & Adolescent Psychiatry"** Child & Adolescent Psychiatry Clinics of N.A. Fall 2020

- **Partnering:** "**Engaging Our Collaborative Partners**" Child & Adolescent Psychiatry Clinics of N.A. Fall 2021

- **Team-building** and successful **move from "exclusionary competition"** to **resolving competitive tensions** through teamwork and shared leadership

Funding Collaborative Care

For Sustainability:

Collaboration and consultation services

need funding by payers, not just grants.

Sustainability for Collaborative Care & BHI

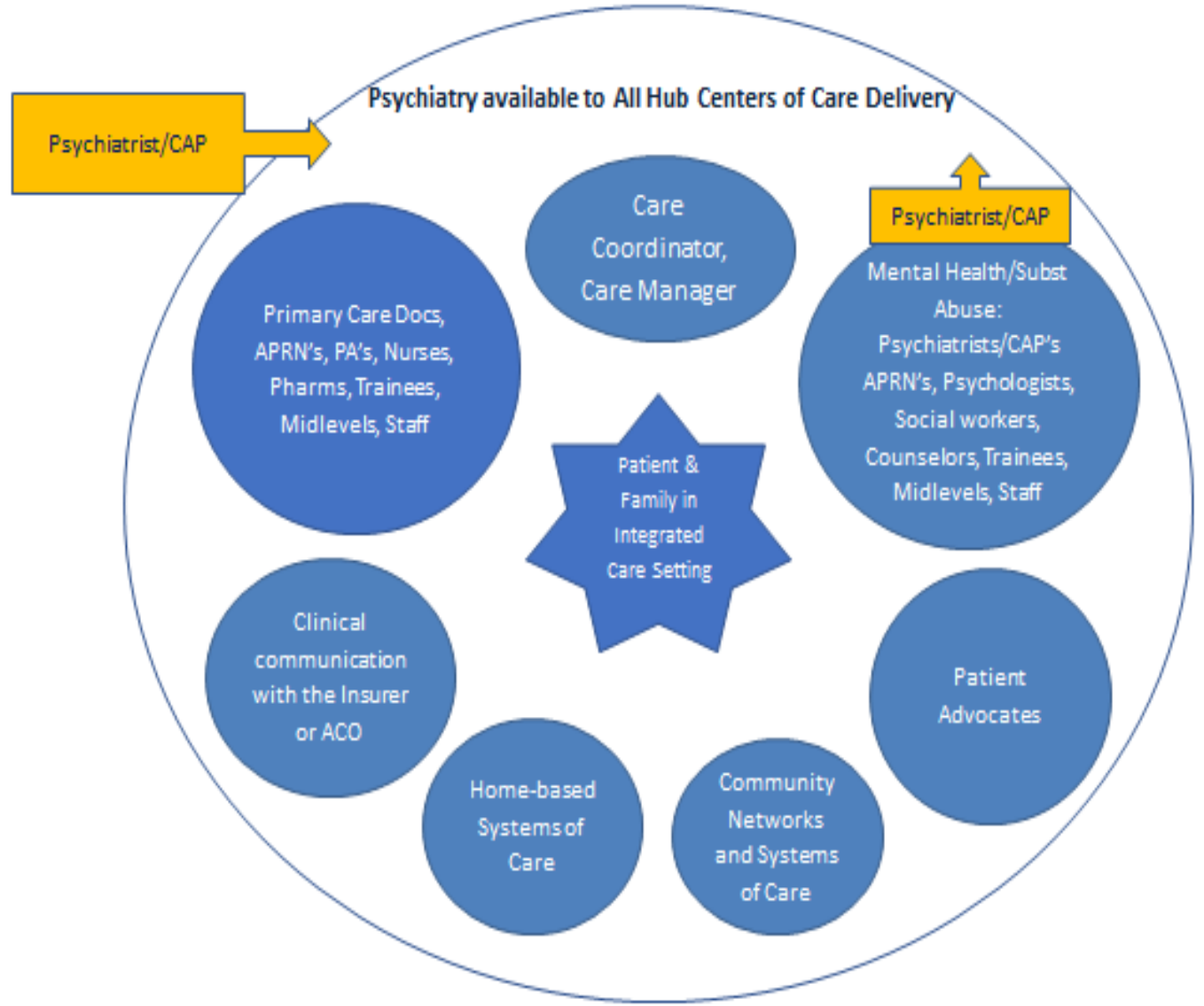
- **Parity Law, Cares Act, Wit v UBH**—for access and fairness
- **HRSA grants for child psychiatry access programs-**-to enhance engagement and build infrastructure.
- **RESET and The Path Forward** sponsored by: APA Center for Workplace Mental Health & National Alliance of Healthcare Purchaser Coalitions.
- **Professional Organizations** Including Those Present & Primary Care Collaborative (PCC).
- **Payer education:** Commercial and Medicaid

Sustainability for Collaborative Care & BHI

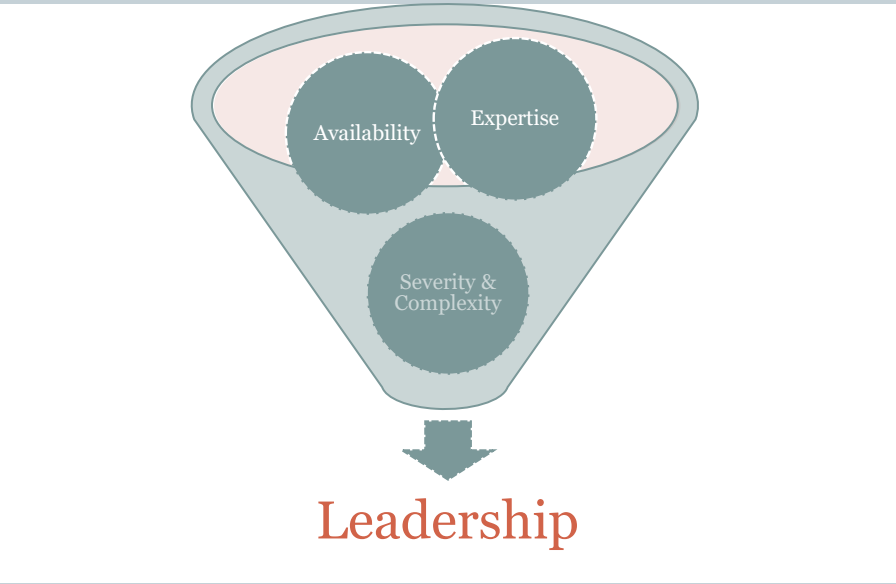
- **Collaborative Care CPT Codes**
- **Interprofessional Digital Service CPT Codes**
- **Value-based/Population-based reimbursement**
- **Access & Telemedicine bills** to which collaborative services are tied.

***Multistakeholder Funding:** Requires the help of State Professional Organizations, Legislative Advocacy, Regulatory Agencies, Insurance Commissioners, Healthcare Commissions, and Families.

Consultation Hub for Psychiatrists and CAP's in Integrated Care Settings *



Transformed Practice



Child psychiatrists show **leadership**
through **expertise** and **flexible availability**–
with **our partners in medicine & mental health**

Addressing Behavioral Health Needs in Children and Families – focus on chronic illness –focus on epilepsy

TATIANA FALCONE MD, MPH,FAPA,FAACAP

CHILD AND ADOLESCENT PSYCHIATRIST

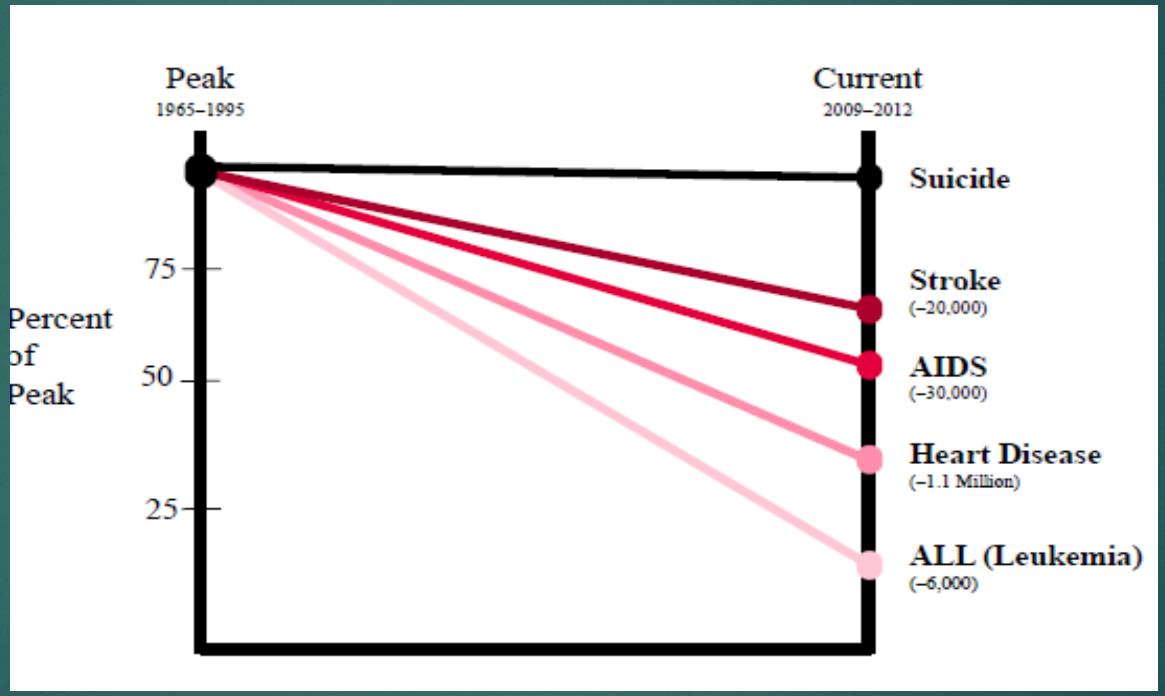
NEUROLOGIC INSTITUTE

CLEVELAND CLINIC

Disclosure

Source	Grant Support
Health Resources and Services Administration Project IMPACTT- Epilepsy	X
National Institutes of Health	X

Mortality from medical causes



Tom Insel MD , NIMH

Let's Start With the End in Mind

- Suicide is a preventable cause of death in patients with epilepsy
- The mortality in people with epilepsy can be up to 3-5 times higher than the general population– (Sudden Unexpected Death in Epilepsy SUDEP, status epilepticus, suicide)
- In population-based studies, suicide accounts for mortality rates up to 3-5 times higher in patients with epilepsy

Christensen et al, 2007; Fazel et al, 2013; Hesdorffer et al, 2016; Thurman et al, 2017, WHO 2005

Take Home Messages-1

- Universal screening for mood and anxiety disorders as well as for suicide for all patients with epilepsy, youth (12 and older) and adults, should be offered in all epilepsy clinics at least every 6 months or more frequent for high risk patients
- Screening is feasible and can save lives
- Brief screen takes 20 seconds, safety assessment - 10 minutes, full safety evaluation - 30 minutes
- Patients who screen positive - might need to be admitted to the hospital if not contracting for safety

Take Home Message -2

- Make sure everybody leaves your office with HOPE
- Patient and family should understand that there are things to do that will help (medication and/or therapy)
- Teaching the patient how to reach for help
  - Personal level (accountability)
  - Family
  - Provider (psychiatrist, therapist, epileptologist)
  - National suicide life line and crisis text line
  - ED

Suicidal Behavior in Children With Epilepsy

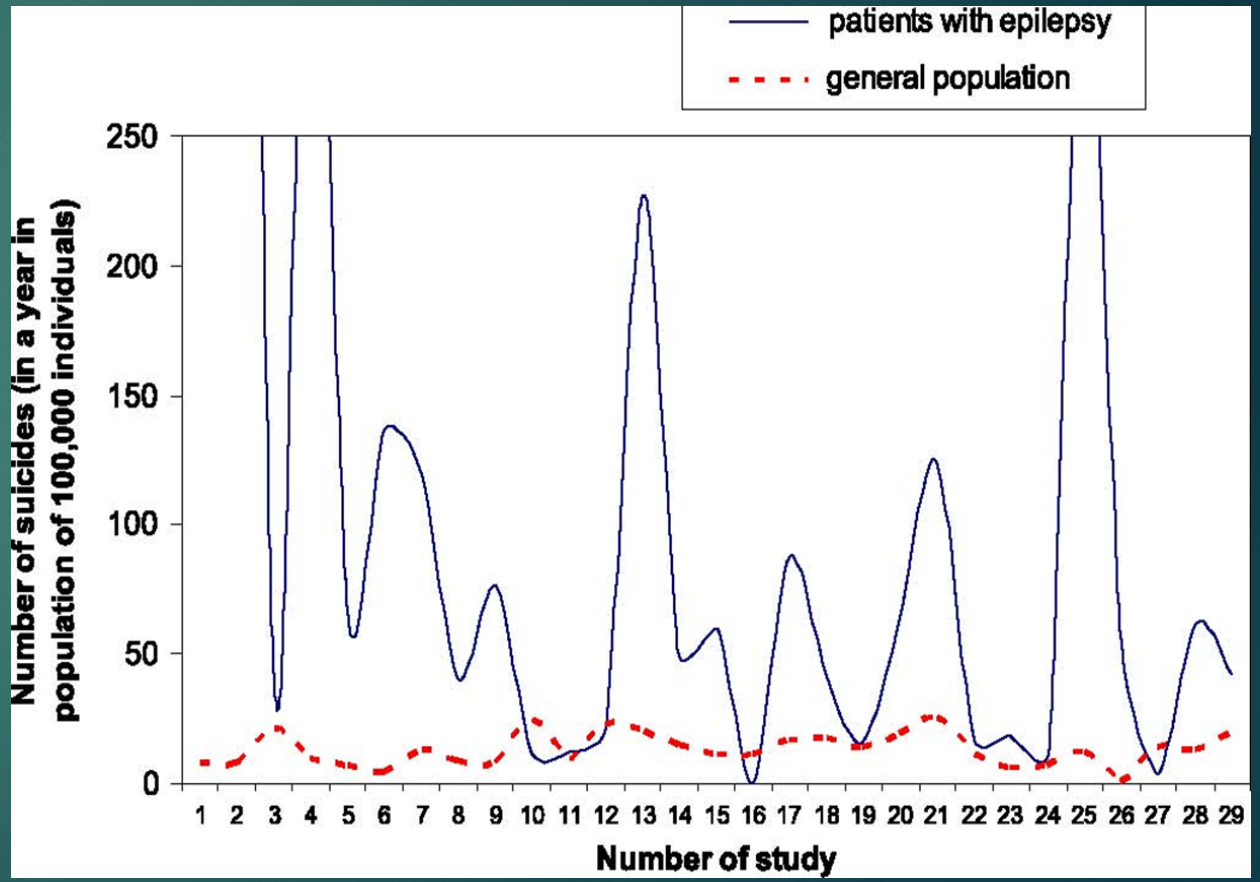
- Previous studies point to increased mental health issues in children with epilepsy, including depression, suicidal ideation, and suicidal or para-suicidal behavior
- Studies have reported suicidal ideation averaging 12.2% across studies; lifetime prevalence of suicide attempts was 20.8% for epilepsy patients
- Caplan et al.[2] reported 37% with a suicide plan among children aged 5-16 with epilepsy

Caplan R, Siddarth P, Gurbani S et al: Depression and anxiety disorders in pediatric epilepsy. Epilepsia 2005; 46:720-730

Jones JE, Siddarth P, Gurbani S, Shields WD, Caplan R. Screening for suicidal ideation in children with epilepsy. Epilepsy Behav. 2013;29(3):521–6.

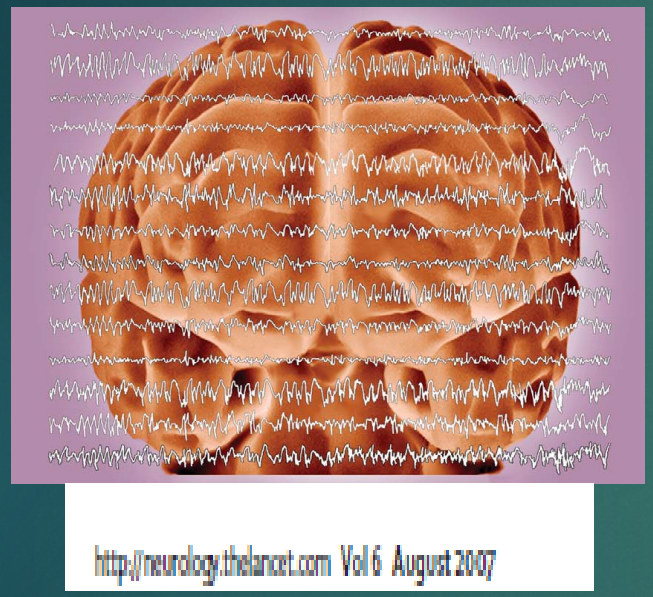
Suicide in the Epilepsies: A Meta-Analytic Investigation of 29 Cohorts

- Meta analysis of 29 studies of patients with epilepsy - 50,814 patients
- 187 committed suicide
- Suicide is higher than in the general population



Pompili et al, Epilepsy &Behavior, 2005

The Suicide Risk



- The majority of patients with epilepsy who attempt suicide have a treatable psychiatric diagnosis
- Mood Disorder
- Anxiety disorder
- Early recognition, early treatment

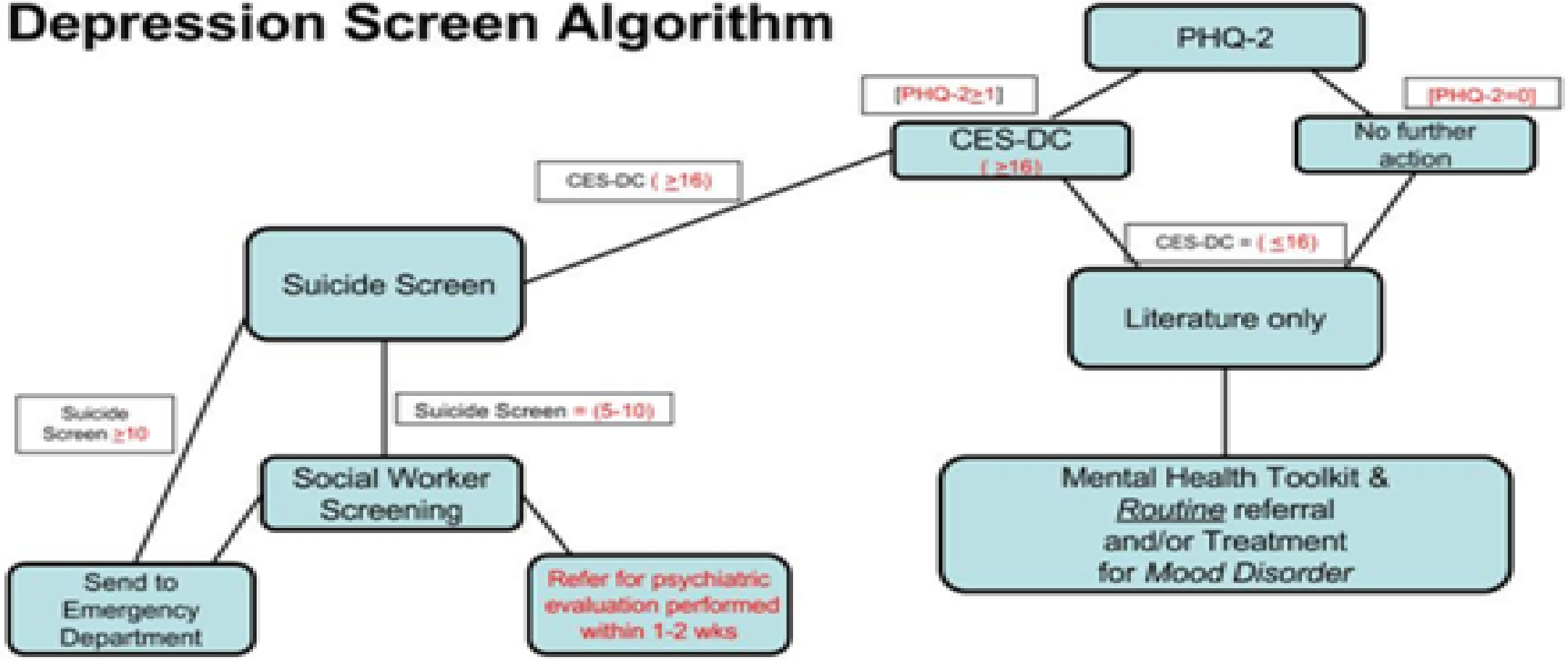
Learning Collaborative, Increasing Psychoeducation - Pediatricians and NP

- 55 pediatricians
- 9 pediatric practices
- Nurses, social workers and NP
- Once a month for 3 years

- Improve knowledge and competencies in caring for pediatric patients with mental health issues
- Improve knowledge and competencies in caring for pediatric patients with epilepsy from the pediatrician perspective
- Improve knowledge and competencies in caring for pediatric patients and facilitating transition to adult care

Falcone et al. Presented at the HRSA grantee meeting 2019

Depression Screen Algorithm



Falcone et al. Epilepsy Currents 2015

- Of the 400 (5303 encounters) people screened, 106 screened positive for suicide, for a base rate of 26.5%. Of these, 50.9% were male and 49.1% were female
- 13 patients were referred to the Emergency room and 13 suicides were prevented
- 13 suicide attempts – among 7 patients
- 10/13 PNES and Epilepsy

- Of the 13 patients, 9 were female and 4 were male; all were Caucasian
- Ages range from 9 to 18 years (M = 15.25 years, SD = 2.34)
- All patients reported suicidal ideation; number of suicide attempts ranged between 0 and 3 (M = 1, SD= 1.05)
- 13 suicide attempts total
- Half of the patients reported thoughts of harming others

Falcone et al. Epilepsy Currents 2015

Results

- Nine had been admitted to the pediatric psychiatry inpatient unit in the past (*M* =2.56 admissions; *SD*= 1.74)
- The overall mean score for the SCARED was 47.69 (significant for clinical anxiety)
- The overall mean score for Children Depression inventory (CDI) was 88.3 (significant for depression)
- The mean score of exposure to emotional trauma according to the Adverse childhood experiences was 2
- The total number of visits to the ER for SI or SA in the group of 13 patients was 41 visits with a mean of 3.1 visits

Falcone et al. Epilepsy Currents 2015

Suicide Screening Can Save Lives

- In this case saved 13 lives
- It is feasible to complete suicide screening in the outpatient epilepsy clinic
- The development of an algorithm that integrates suicide screening during the epilepsy appointment facilitated the screening of 400 children
- Of these, 26.5% screened positive for SI or behavior. The algorithm proved useful in organizing and systematizing the screening process
- Integrating mental health care in the epilepsy clinic can improve care and QOL for CWE.
- Screening for MH in CWE is feasible and necessary

QoL Much More That Seizure Control

- Children with epilepsy experience greater reductions in quality of life (QoL) when compared to children with other chronic illnesses
    - Social withdrawal
    - Reduced self-esteem
    - Physical inactivity
- Seizure control has long been the target for improving QoL
- Different psychosocial domains impact QoL for CWE compared to children with other chronic illnesses

Summary

- To improve care for people with epilepsy is important to screen regularly for psychiatric comorbidities (anxiety, depression, and suicide)
- Antidepressants are safe and effective for people with epilepsy, most of the evidence come from adult studies, there is cumulative evidence for adolescents (no RCT evidence yet)
- Youth with epilepsy are at increased risk for suicide – screen them for suicide at every visit
- In people with epilepsy, anxiety can also increase the risk of suicide, is important to treat both
- Always make sure to follow up everybody closely after starting any new medication, specially youth with epilepsy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teşekkur ederim
спасибо
dank je
thank you
gracias
dziękuje
go raibh maith agat
obrigado
sukriya
merci

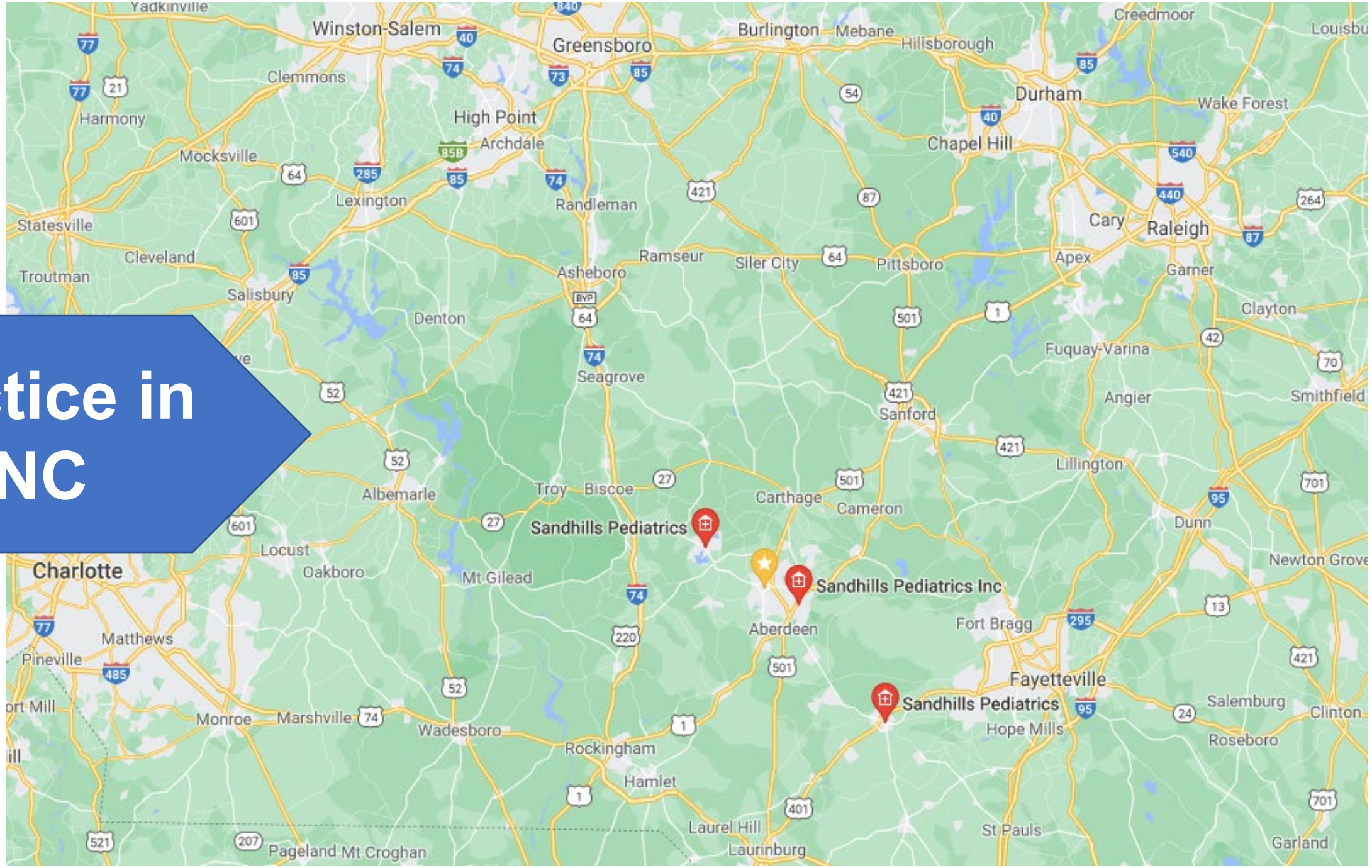
Christoph Diasio MD FAAP

Sandhills Pediatrics

Southern Pines, NC

President NC Pediatric Society

Practice in Mid NC



Practice Info

24,000 active patients

55% Medicaid

5% CHIP

39% Private insurance

1% uninsured

Our Journey

Senior Partner- 31 years in practice, 95% mental health

A phone call in Oct 2013

- Eager for help- The answer is YES!
- In the last 7 years- added a psychiatric NP, then a PhD Psychologist, then 3 LPCs and a Master of Ed

Barriers

NC Medicaid- Local Mgt Entity (LME) system

- “Closed panel”
- Insurance company issues

Group NPI- no longer single specialty

- Was triggering audits

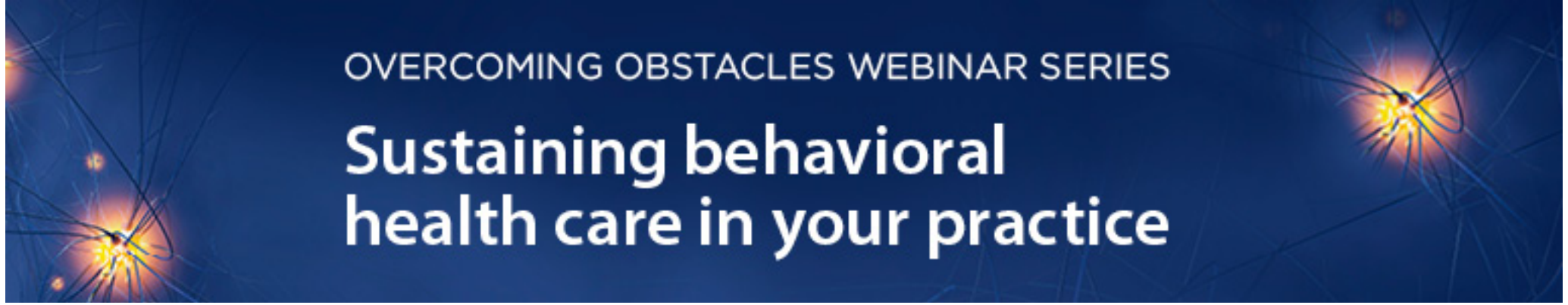
Problems to Opportunities

- LME Grant
  - Non-CPT based payment
- Meetings c LME
- Visits by state Medicaid Director, Secretary of HHS
- Efforts continue with private payors
- Medicaid Change July 1 to MCOcaid
  - Non-CPT payments from MCOcaids?

Conclusion

- It's not easy, but it's worth it
- No one who integrates mental health into physical health wants to go back to silo!
- Will take sustained effort!

QUESTIONS?



UPCOMING WEBINAR

Beating Physician Burnout with Behavioral Health Integration

June 24, 2021 1-2pm CT

In this webinar, physician experts will share how implementing behavioral health integration has helped to increase joy and satisfaction in their practice. Experts will highlight the benefits brought by BHI in practice and underscore best practices that have helped to reduce administrative burden and increase physician satisfaction prior to and during the course of the pandemic.

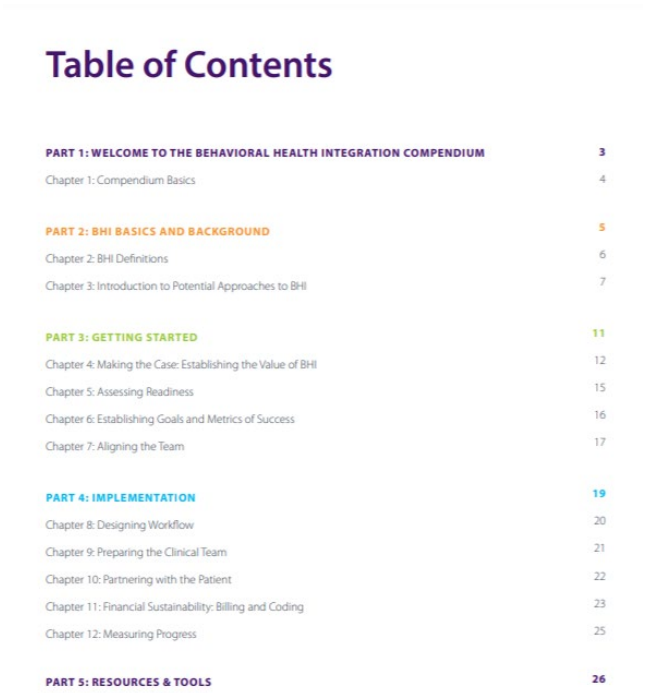
BHI Collaborative *"On Demand"* Webinars

- The Value of Collaboration and Shared Culture in BHI
- Behavioral Health Billing & Coding 101: How to Get Paid
- Implementation Strategies for Virtual BHI
- Financial Planning: Quantifying the Impact of BHI
- Physicians Leading the Charge: Dismantling Stigma around Behavioral Health Conditions & Treatment
- Privacy & Security: Know the Rules for Communication of Behavioral Health Information
- Effective BHI Strategies for Independent Practices
- Advancing Health Equity through BHI
- Bolstering Chronic Care Management with BHI

Watch these webinars on the Overcoming Obstacles YouTube playlist now!

Collaborative Resource – *BHI Compendium*

The BHI Compendium serves as a tool to learn about behavioral health integration and how to make it effective for your practice and patients.



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Download Now
to learn how to make the best decisions for the mental health of your patients.

AMA PIN Discussion *(May)*

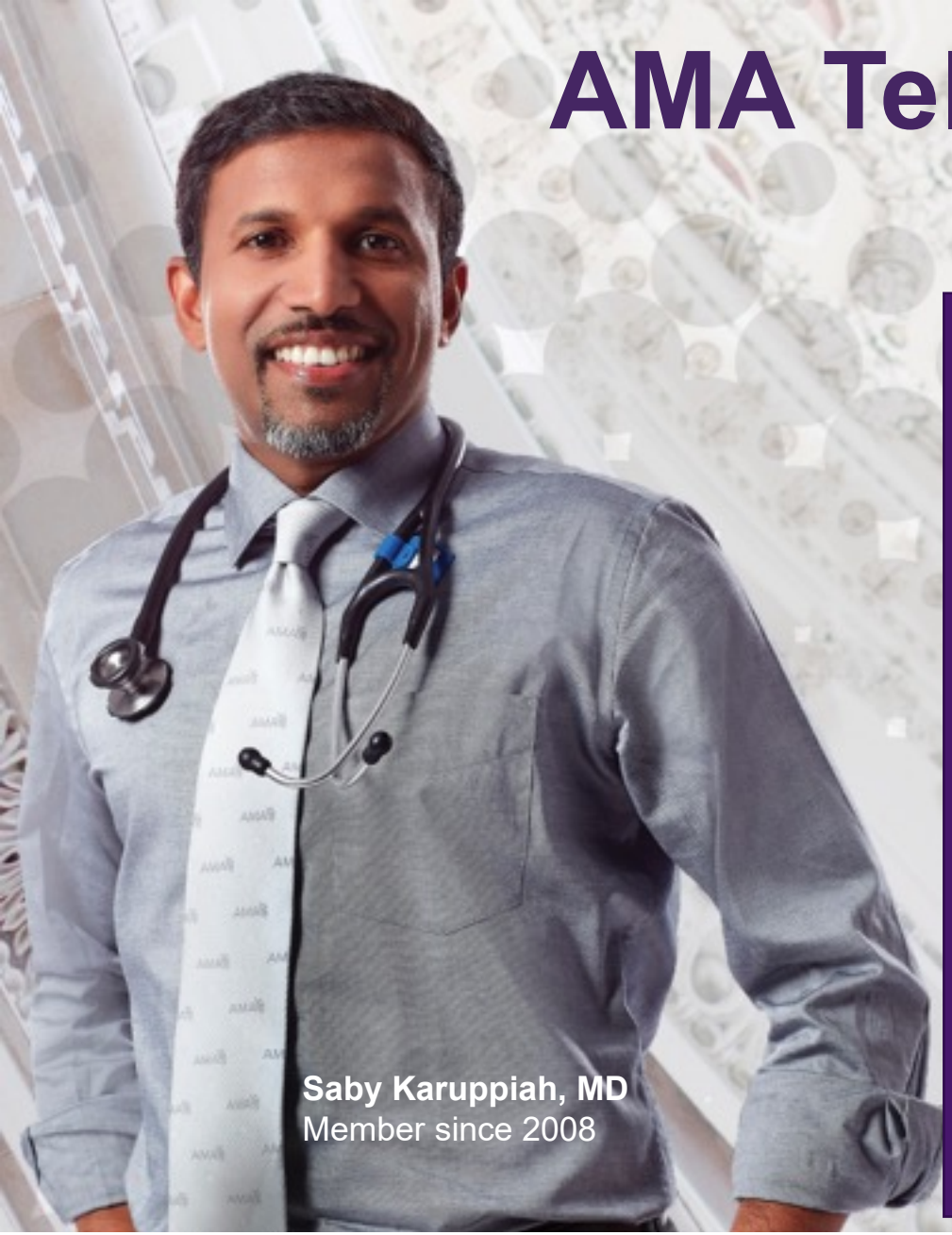
COVID-19 Innovations: What's next for behavioral health solutions?

- **Day/Time:** *May 20th – May 28th (~One week)*
- **Description:** *Online panel discussion on innovations made amid COVID-19 that specifically address behavioral health care*
- **Potential topics:**
  - *The nation's past struggles with behavioral health stigma, financial barriers, and limited access to treatment*
  - *How patients stand to benefit if access to care is made more equitable and more feasible financial pathways are available*
  - *Highlight companies that are innovating in behavioral health in ways that may never have been possible without the wide-spread adoption of telehealth*

Join the conversation today at https://innovationmatch.ama-assn.org/

Lase Ajayi, MD
Member since 2013

AMA Telehealth Immersion Program *(June)*



Clinical Case Study: *Behavioral Health*

- Day/Time: *June 10th 11am-12:30pmET*
- Description: *Interactive virtual session focused on the opportunities and techniques for delivering integrated MH/BH care via telehealth*
- Speakers:
  - Yun L. Boylston, MD, MBA, FAAP, partner, Burlington Pediatrics P.A.
  - Justin Hunt, MD, MS, Medical Director of Behavioral Health at Oak Street Health

Learn more about the Telehealth Immersion Program here.

Thank you for joining!