



MCPAP and MCPAP for Moms: Addressing the Shortage of Child and Perinatal Psychiatrists

John H Straus, MD
Founding Director
Massachusetts Child Psychiatry Access Program

October 29, 2018

Are you from one of these states?

Alabama

Alaska

Colorado

Delaware

Iowa

Michigan

Mississippi

Missouri

Montana

Nebraska

Nevada

New Hampshire

New Jersey

North Carolina

North Dakota

Rhode Island

Virginia

Wisconsin

Florida

Kansas

Louisiana

Montana

North Carolina

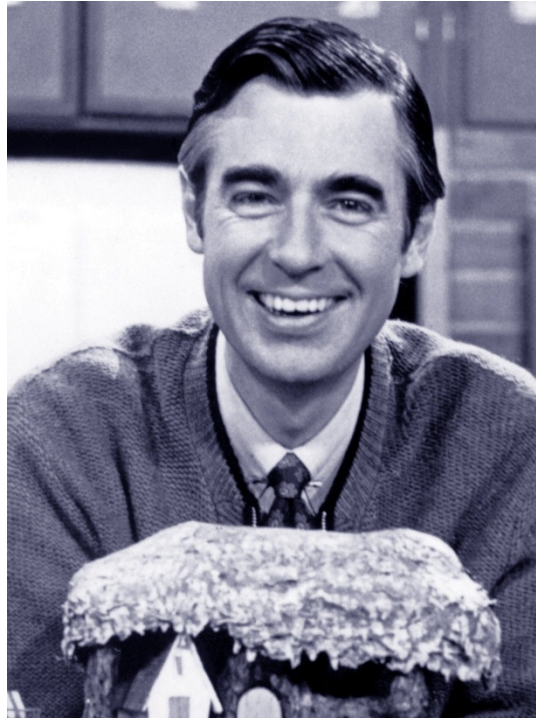
Rhode Island

Vermont

Goals for Today

- ❖ Discuss Need and Vision for Child Psychiatry Access Programs (CPAPs)
- ❖ Describe what is happening in Massachusetts (MCPAP)
- ❖ Describe what is happening with CPAPs across the country
- ❖ Understand expansion of MCPAP to MCPAP for Moms

Remember:



Won't you be my neighbor....

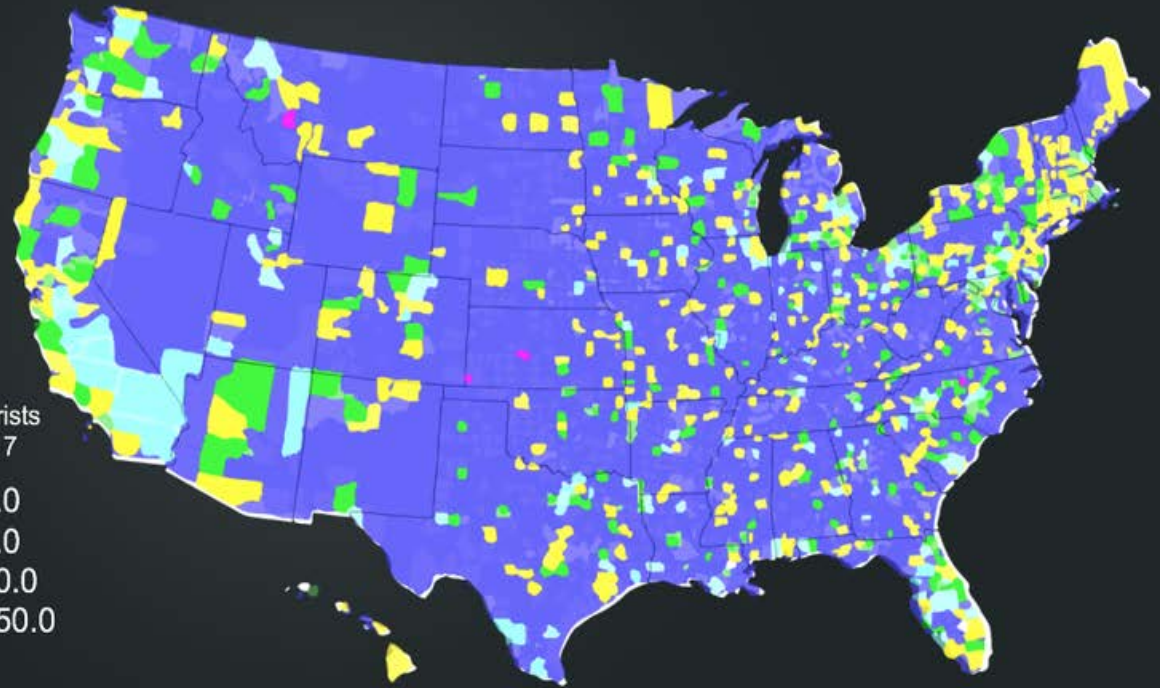
Need

- ❖ 20% of children have behavioral health problem at any point in time.
- ❖ Only one third of those children are identified and receive treatment.
- ❖ 24% of children seen in pediatric offices have behavioral health concerns.
- ❖ 75% of children seen in the ED for non-urgent reasons screen positive for mental health concerns.
- ❖ Inadequate supply of child psychiatrists with huge access issues.
 - Not going to significantly change.
- ❖ Inadequately trained pediatric primary care workforce.

National Shortage of Child Psychiatrists

“The **most common inquiry** we receive at the Balanced Mind Foundation is **where to find a child psychiatrist.**” - Susan Resko, Executive Director The Balanced Mind Foundation

Practicing Child & Adolescent Psychiatrists
2012, rate per 100,000 children age 0-17



@VAHABZADEHMD

MCPAP's Initial Vision - 2004

Support pediatric PCPs (Pediatricians and Family Physicians) to:

1. Manage MH/SUD appropriate for primary care
2. Screen and manage youth with common conditions:
 - ADHD
 - Depression
 - Anxiety Disorders
 - Substance Use Disorders
3. Understand, connect, refer to the community BH system
4. Use standardized BH screening tools
5. Provide population based access – work for all PCPs
6. Provide real time help



Massachusetts Child Psychiatry Access Program

MCPAP Structure – 3 teams (1,500,000 youth)

Boston South

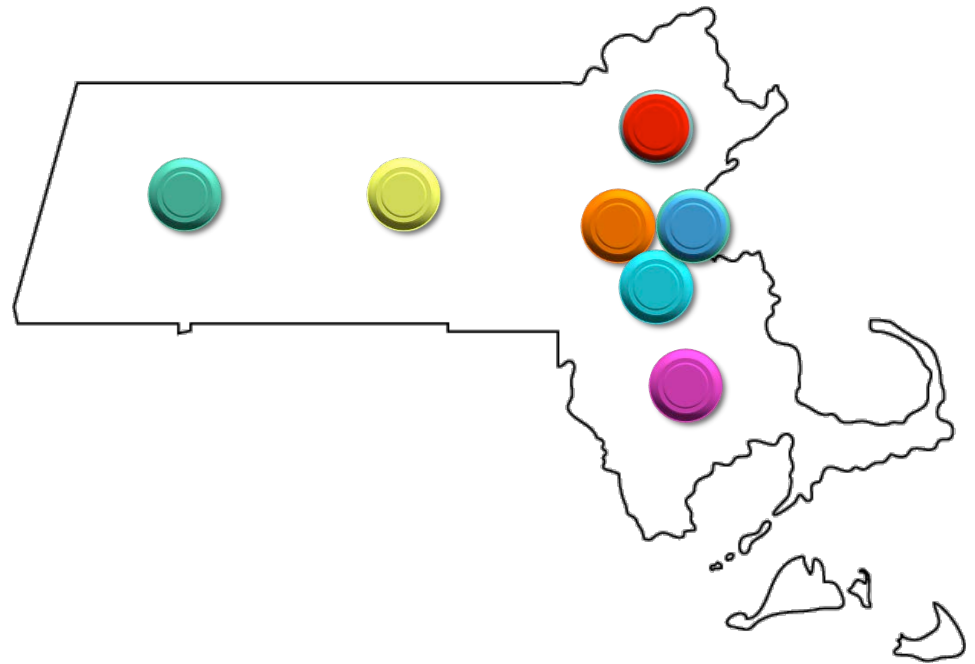
Boston Children's Hospital
Tufts Medical Center
McLean Southeast

Boston North

Mass General Hospital
North Shore Medical Center

West/Central

Baystate Medical Center
UMass Memorial Medical Center



Each team:

- 2 FTE child psychiatrist
- 1 FTE behavioral health clinician
- 1 FTE resource & referral specialist
- 1 FTE program coordinator

MCPAP Structure – Central Administration

MCPAP Central Administration located at Beacon/MBHP

- Founding Director: John Straus, MD (Pediatrician)
- Medical Director: Barry Sarvet, MD (Child Psychiatrist)
- Manager: Beth McGinn (M.Ed.)
- Program Management Specialist: Sara Rosadini, BA
- Business Systems Analyst, Informatics: Jennifer Brust, MA

MCPAP Structure – Population Based

- All youth regardless of insurance
- Funded through Department of Mental Health
- All practices that see youth
- PCPs see mild/moderate so scarce CAPs see complex

Enrollment

MCPAP enrolls PCP Practices in order to:

- Provide orientation, establish mutual expectations and ensure PCPs understand the program and how it works
- Become familiar with the practice and providers and allow the practice to get to know their MCPAP team members
- Collect demographic data for reporting purposes

MCPAP Services



◦ Telephone Consultation



Face to Face Assessment

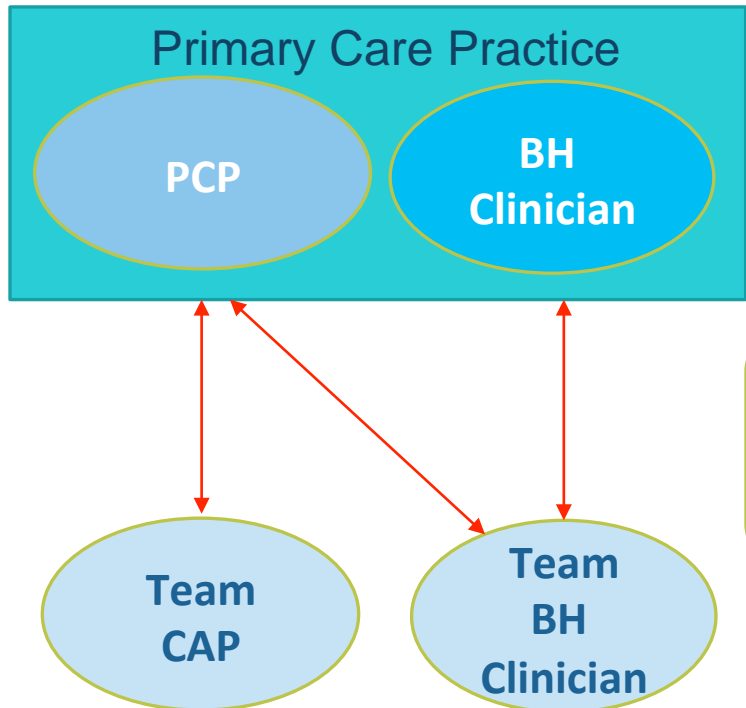


◦ Resource and Referral



Training and Education

Telephone Consultation



- PCP or BH Clinician calls MCPAP Team
- Reaches Program Coordinator

- Program Coordinator pages CAP or BH Clinician
- Caller receives return call within 30 minutes

Caller receives:

1. Answer to question
2. Recommendation for face-to-face appointment
3. Resource and referral assistance

Face-to-Face Assessment

Reasons may include:

- ❖ Diagnostic Question
- ❖ Medication Question
- ❖ Second Opinion
- ❖ Reassurance to PCP

Followed by a consult letter within 48 Hours.

Resource and Referral

Community services can include:

- ❖ Psychiatry
- ❖ Psychotherapy
- ❖ Child home and wraparound services
- ❖ Neuropsychological testing
- ❖ Other services such as support groups, group therapy, social skills groups, parent education, early intervention, etc.

MCPAP contracts for statewide database of resources.

Training and Education

On-site at practices, via webinar, videoconference, newsletter:

- Screening and toolkits – SUD (S2BI)
- Clinical topics (brown bag lunch)
- Resources and mental health system
- Clinical guidelines and Clinical Pearls
- Practice transformation, BH integration
- Case rounds
- Monthly clinical conversations (webinar) between expert and PCP

Engagement, Engagement, Engagement

- ❖ Be helpful on every call
- ❖ Mentor, coach
- ❖ Personalized, local
- ❖ Resource and Referral
- ❖ Tailored education
- ❖ No system required tasks for PCPs



Additional MCPAP Services

Provided by Central Administration:

A A Text Size MOBILE CRISIS INTERVENTION CONTACT US Google™ Custom Search



ABOUT MCPAP FOR PROVIDERS REGIONAL TEAMS BEHAVIORAL HEALTH PROGRAMS FOR FAMILIES

Connecting Primary Care with Child Psychiatry

<p>MCPAP About MCPAP</p>  <p>PLAY VIDEO »</p>	<p>FOR PROVIDERS ONLY Enroll In MCPAP</p>  <p>ENROLL NOW »</p>	<p>MCPAP Diagnostic Resources</p>  <p>USE NOW »</p>	<p>SWYC/MA Version Includes PPD Screen</p>  <p>ACCESS TOOL HERE »</p>
---	--	---	---

www.mcpap.org



NEWS

December 2015

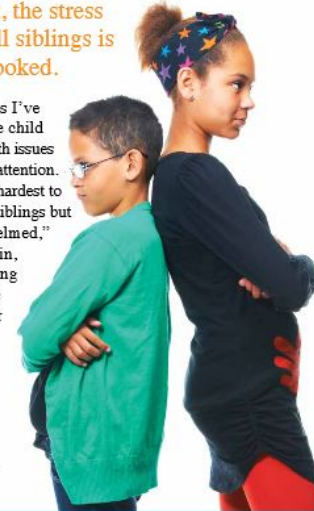
What About the Siblings?

By Elaine Cottlieb

While the struggles of children with mental health or behavioral health conditions are well known, the stress on their well siblings is often overlooked.

"In most families I've worked with, the child with mental health issues gets most of the attention. Parents try their hardest to pay attention to siblings but they are overwhelmed," says Emily Rubin, director of Sibling Support, Eunice Kennedy Shriver Center and Lecturer, Department of Psychiatry, University of Massachusetts Medical School.

Continued on page 2



In this Issue:

- ADHD Assessment & Treatment Pilot Project: mehealth **6**
- MCPAP for Moms Pediatric Toolkit Revised **7**
- Clinical Conversations **8**

Leadership:

- John Straus, MD
Founding Director
- Barry Sarvet, MD
Medical Director
- Marcy Ravech, MSW
Director



1000 Washington St., Suite 310
Boston, MA 02118
E-mail: mcpap@valueoptions.com

www.mcpap.org

MCPAP is funded by the Massachusetts Department of Mental Health

Sustainable Funding

- ❖ Budget set by annually by legislature as part of Department of Mental Health appropriation
- ❖ All insurers (both Medicaid and Commercial) pay their share proportional to their utilization of program
- ❖ Share for each commercial insurer based on their outpatient spending as reported annually to Division of Insurance similar to formula for state purchasing of child vaccines

MCPAP Results: Use and Cost

- ❖ Over 95% of pediatric PCPs enrolled (463 practices, 3,026 providers).
- ❖ 63% of primary care pediatricians used FY16.
- ❖ Utilization (annual average FY16 thru FY18):
 - 80% well child visits with standardized behavioral health screen
 - 6,000 children served
 - 7,580 phone consults
 - 2,192 consult visits
 - 3,407 referrals arranged
- ❖ Prescriber level care remains with PCP 68% of episodes, no CAP needed.
- ❖ \$2.33 per child per year.
- ❖ Commercial insurers pay their share (56%).

MCPAP Results: PCP Knowledge

PCPs reported comfort treating:

ADHD – 77%

Depression – 68%

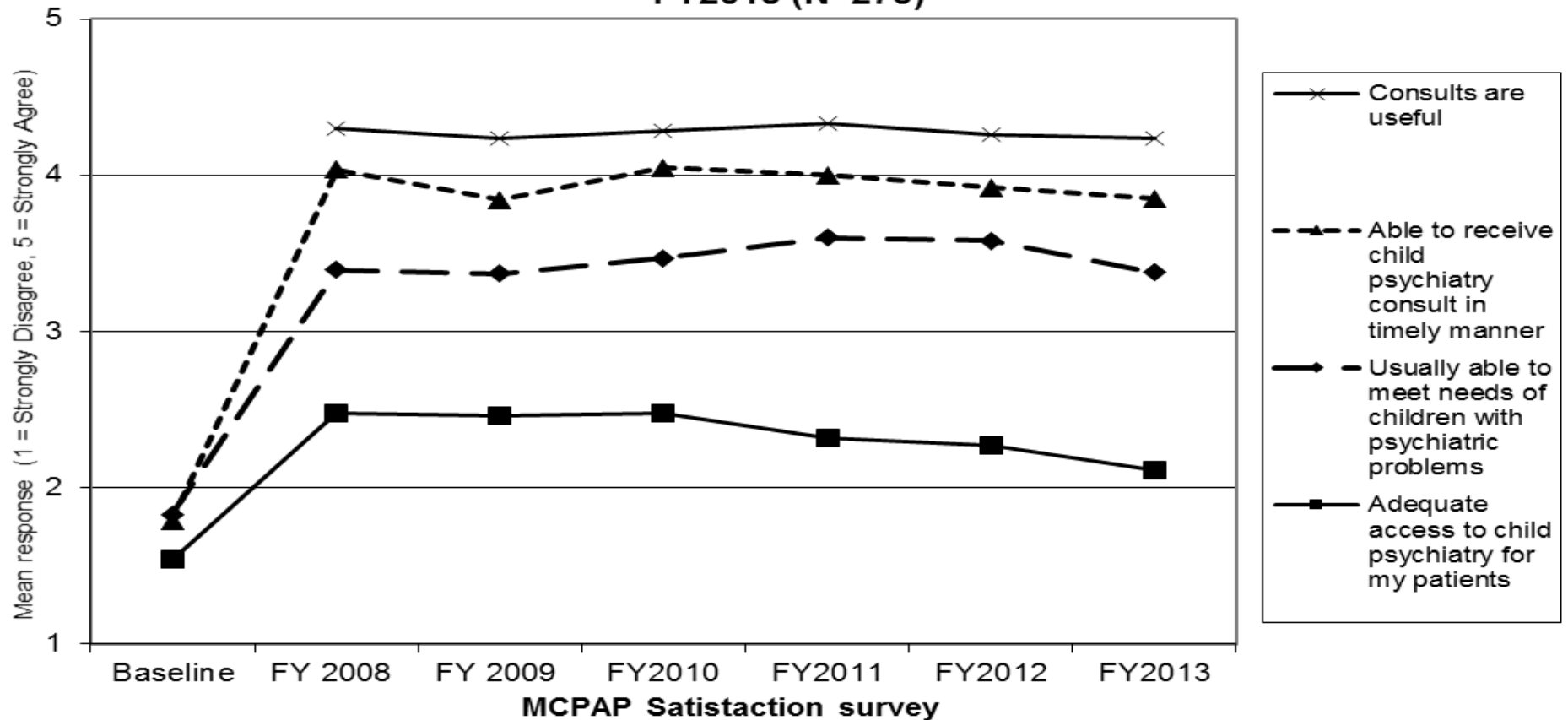
Anxiety – 67%

SUD – 15%

(SIM grant support to increase SUD competence.)

MCPAP Results: Satisfaction

Mean MCPAP Satisfaction Survey Responses
Baseline, FY 2008, FY 2009, FY 2010, FY2011, FY2012, &
FY2013 (N=275)



MCPAP Evolving Vision (1)

1. Support Integration of behavioral health into primary care.
2. Support increasing presence of co-located BH clinicians.
Rarely child psychiatrists!
3. Support PCPs with complex youth
 - ❖ In rural areas when no child psychiatry available
 - ❖ In urban areas when PCP can be advocate, MCPAP second opinion

MCPAP Evolving Vision (2)

Move from Access to Quality Outcomes

4. Support the collaborative care model –
Proven to achieve good outcomes (Impact Model)
5. Peer review of consultation activities
6. Population Outcomes

Collaborative Care

- ❖ Evidence based:
 - routine screening,
 - guidelines, clinical pearls
 - educational component (learning collaborative, Project Echo)
- ❖ Team care (includes care coordinator, behavioral health clinician)
- ❖ Measurement based – treat to measured outcome (PHQ-9)
- ❖ Population based – tracking all children
- ❖ Consultation from child psychiatry when stuck or via case conferences.
- ❖ Accountable – cost effective

How has this changed calls?

1. Ask what PCP is going to do next?
2. Ask what measure are you going to track progress?
3. Remind PCP that they can call back if child not making progress.

Formation in Massachusetts

Child Mental Health Task Force

- ❖ Led by state chapter of American Academy of Pediatrics
- ❖ State chapter of American Academy of Child and Adolescent Psychiatrists
- ❖ Advocates (NAMI, National Federation for Children's Mental Health)
- ❖ Providers (PCPs, Medical Centers, Child Psychiatry Programs, Psychiatrists)
- ❖ Health Plans
- ❖ Legislators
- ❖ State Health Services Administration - Medicaid
- ❖ State Health and Social Service Agencies
- ❖ Department of Mental Health

Pilot

Decided on Legislative Path

Where has MCPAP gone next?

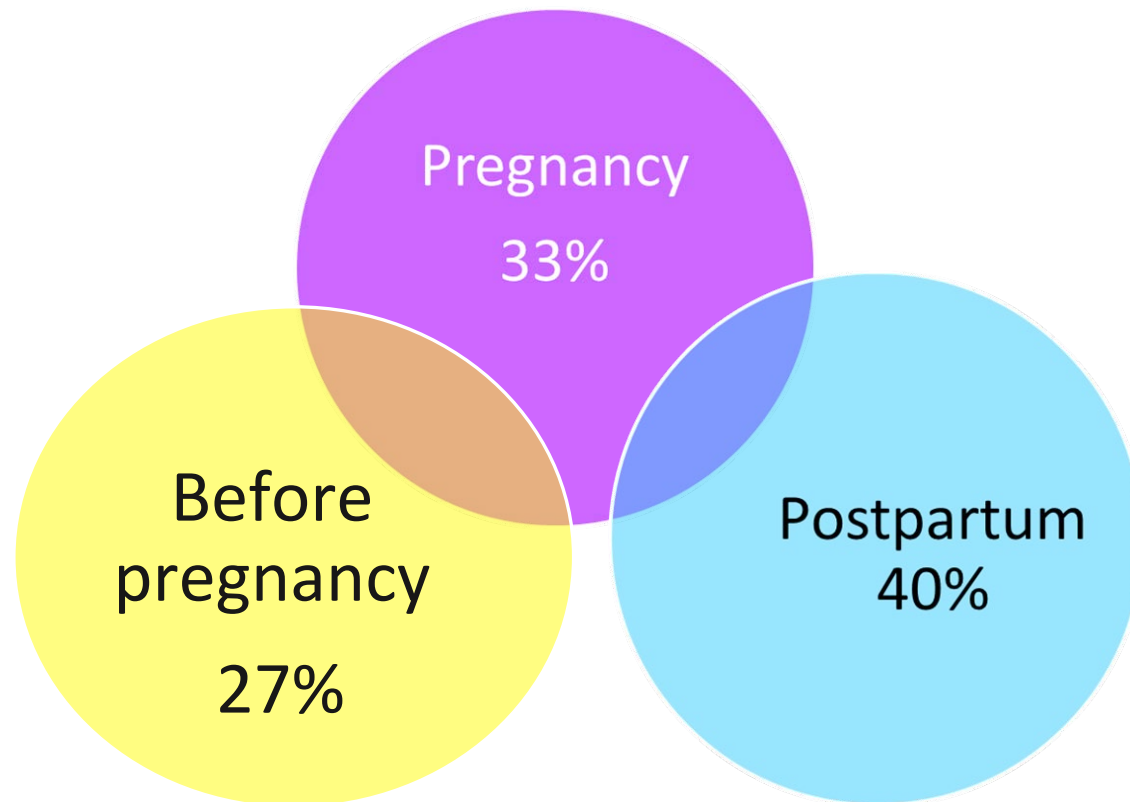
MCPAP for Moms

Post Partum Depression

1. 1 in 7 women
2. Most prevalent ACE
3. Dads and Adoptive parents
4. mcpapformoms.org

Focus on Obstetric Practices

- ❖ 60% of women who will develop PPD are identifiable before delivery
- ❖ Teach all obstetric providers to screen and manage PPD



MCPAP for Moms

- ❖ One virtual team for whole state located in 3 sites
- ❖ 1 FTE Perinatal Psychiatrist
- ❖ 2 FTEs Resource and Referral
- ❖ .2 FTE Medical Director
- ❖ Screen: initial and 6 month prenatal visits and postpartum visit
- ❖ 1, 2, 4, 6 WCC visits - SWYC
- ❖ Importance of SUD consultation, any mental health problem
- ❖ Teach all obstetric providers to screen and manage PPD

MCPAP for Moms is 4 years old

OB Practices Enrolled	146 (74%)*
Trainings	130
Women Served	4,544
Doc-doc Telephone Encounters	3,083
Face to Face Evaluations	281 (9%)
Care Coordination Encounters	5,518
Telephone Encounters with Ob/Gyns and MWs	992 (71%)
Telephone Encounters with Psychiatric Providers	242 (14%)
Telephone Encounters with Other Providers	361 (15%)

What is happening nationally?

MCPAP – an idea that has caught on!

National Network of Child Psychiatry Programs (NNCPAP.org)

Alaska

Arkansas

*California

*Colorado

Connecticut

*Delaware

Florida

Georgia

Illinois

*Iowa

*Maine

Maryland

Massachusetts

*Michigan

Minnesota

Mississippi

*Missouri

Nebraska

*New Hampshire

*New Jersey

New York

*North Carolina

*Ohio

Oregon

Pennsylvania

Rhode Island

Texas

*Vermont

*Virginia

Washington

Washington, DC

*Wisconsin

Wyoming

Over a third of all children in US covered – 24 million.

*Partial state, Red = Developing



Funding Mechanisms

- ❖ State Funding
- ❖ Pennsylvania Model
 - Medicaid capitation to physical health plans increased in proportion to their child population and plans jointly contract with vendor to provide consultation service.
- ❖ Insurance surcharge to state to cover cost of program.
- ❖ Direct Medicaid funding – DYSRP funds
- ❖ Grant funding – HRSA grants
 - 21st Century Cures Act
- ❖ Health plans agree to split up cost

Variations on MCPAP Model

- ❖ Include standard didactic component at enrollment
- ❖ Include learning collaborative
- ❖ Promote standard algorithms – Project Echo
- ❖ Pre-consult form completed by PCP
- ❖ Rotate child psychiatrist between group of practices
- ❖ Add psychotropic medication review, prior approval
- ❖ Include regional behavioral health clinicians

The Future - MCPAP Expansion

- ❖ Increase use of Video Child/Family Consultation
- ❖ Building access program for adult SUD/chronic pain

References

- ❖ Holt, W. The Massachusetts Child Psychiatry Access Project: Supporting Mental Health Treatment in Primary Care. Commonwealth Fund Publication #1378 v41. March 2010. Access at www.commonwealthfund.org.
- ❖ Sarvet B, Gold J, Bostic JQ, Masek BJ, Prince JB, Jeffers-Terry M, Moore, C, Molbert B, Straus JH. Improving access to mental health care for children: the Massachusetts Child Psychiatry Access Project. *Pediatrics*. 2010;126(6):1191–200.
- ❖ Sarvet B, Gold J, Straus JH. Bridging the divide between child psychiatry and primary care: the use of telephone consultation within a population-based collaborative system. *Child Adolesc Psychiatr Clin N Am*. 2011;20(1):41–53.
- ❖ Straus JH, Sarvet B. Behavioral Health Care for Children: The Massachusetts Child Psychiatry Access Project. *Health Affairs*, 33, (December 2014): 2153-2161.

Contact

John H. Straus, M.D.

Massachusetts Behavioral Health Partnership

Beacon Health Options

1000 Washington Street, Suite 310

Boston, MA 02118

John.Straus@beaconhealthoptions

617-790-4120