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Project Description

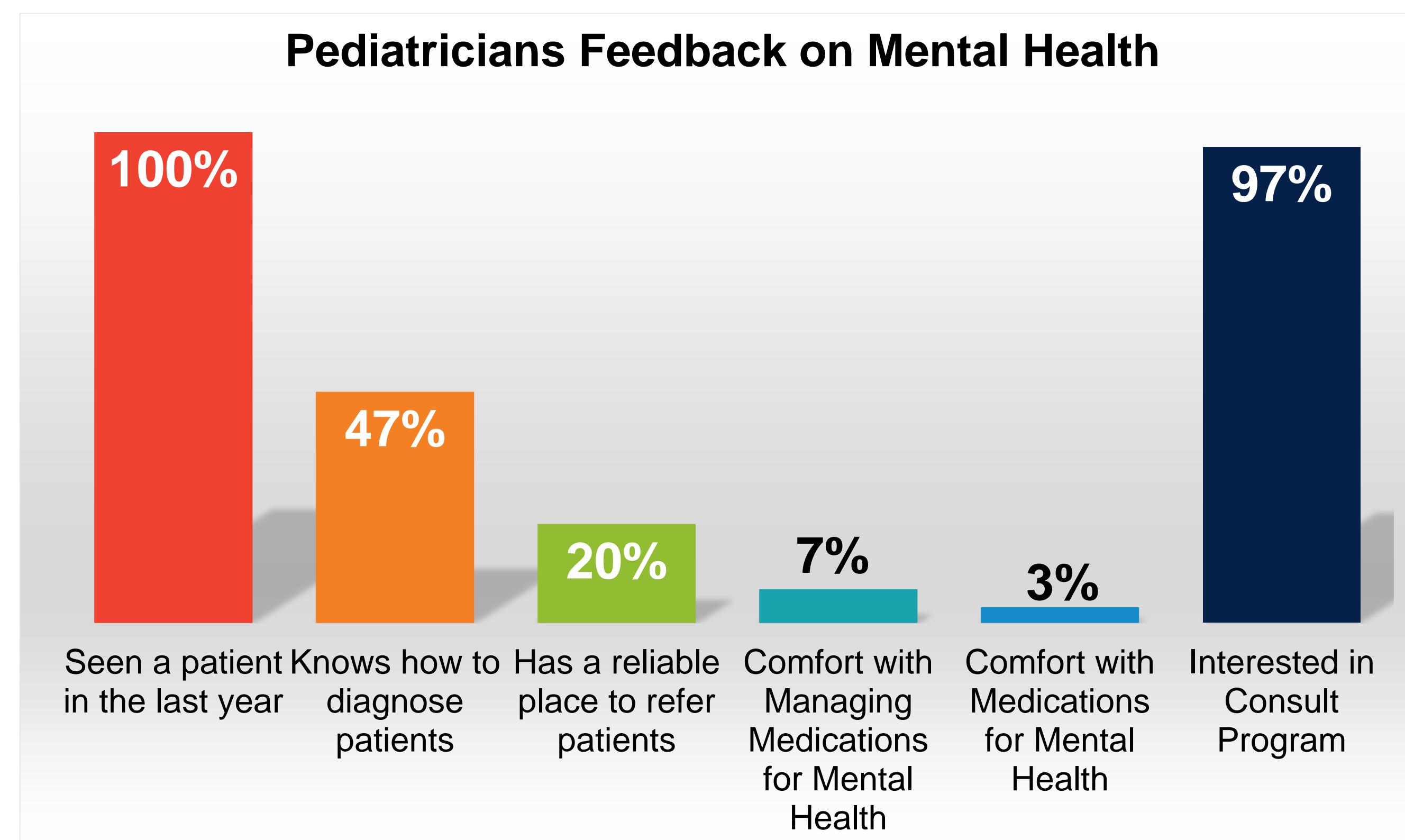
I wanted to address mental health care access for children by incorporating it into primary care. I believed I could do this by creating an educational and consultative program for Pediatricians.

Problem Statement:

- One in 5 children have a major mental health disorder.
- The American Academy of Pediatrics recommends that Primary Care Providers (PCPs) for children should initiate diagnosis and management of mental health disorders in children.
- Nine out of 10 children have a primary care provider, but only 1 in 3 primary care providers feel that they have sufficient training to diagnose and treat mental health disorders in children.

Discovery:

I developed an initial business model and interviewed 30 Pediatricians and Child Psychiatrists to understand the barriers to care.



Goals:

1. Create a program to increase the **knowledge** and **efficacy** of UCSF Health Pediatric Network PCPs to diagnose and manage children with mild to moderate ADHD, Depression and Anxiety and to partner in a consultative model of care with Child Psychiatry.
2. Increase access for children with mental health conditions by having PCPs managed mild to moderate conditions and increasing capacity in psychiatry for moderate to severe conditions.

Outcome-oriented Objective:

- Establish an educational intervention for Pediatric PCPs.
- Establish a consultative program with electronic and telehealth components.
- PCPs managing 25% of common mental health conditions.
- Child Psychiatry access increases to 65% new patients seen in 14 days.

Results

Pilot e-Consult

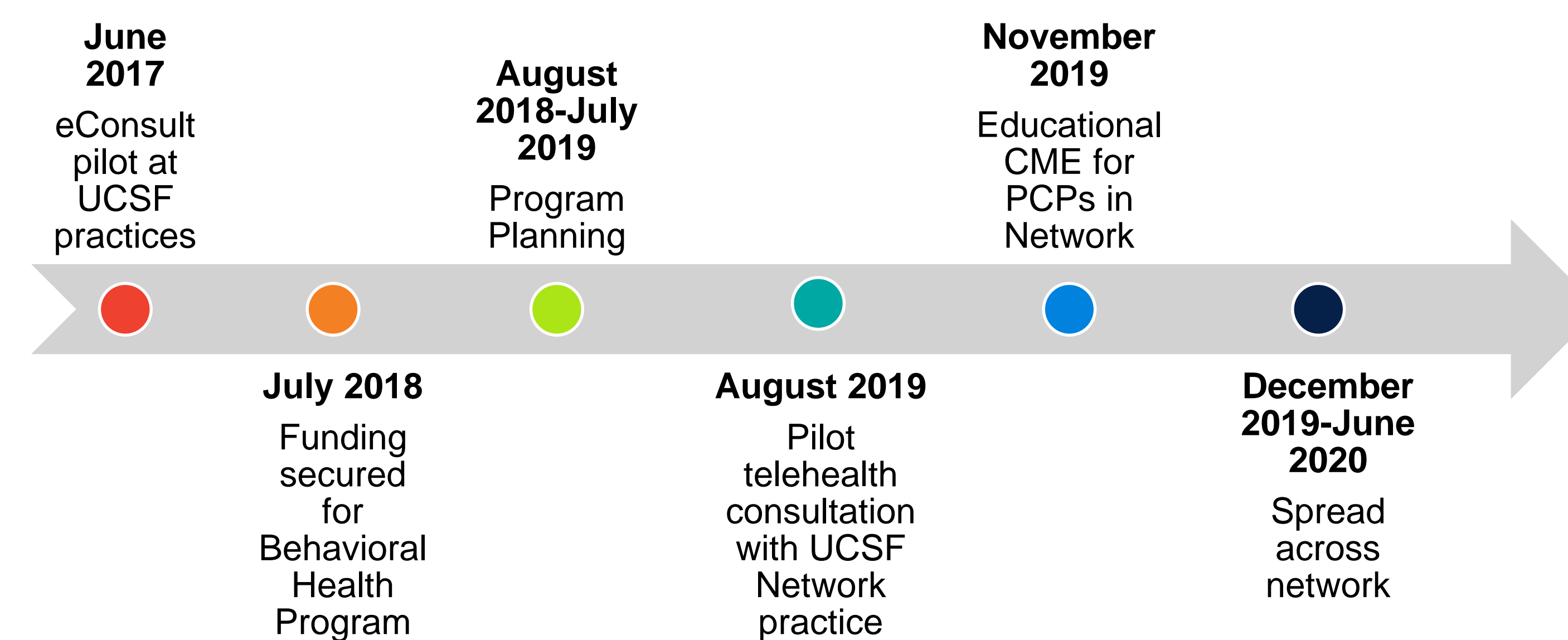
UCSF Practices that see children began a pilot of e-Consultation with Child Psychiatry in 2018.

- 24 consults placed (12 FY18, 12 FY19)
- Diagnoses were Depression, Anxiety, ADHD, Behavioral Disorders
- 33% of the patients prescribed medication by PCP as a result of the consultation

Pilot Telehealth Consultation

Starting in Fall 2019 UCSF Benioff Children's Physician Bancroft Pediatrics practice will begin a pilot of telehealth consultation

Timeline



Lessons Learned

- The key to creating this program was the repeated engaging and consensus building from constituents to create buy-in and significant support for program building.
 - Buy-in from PCPs to agree to manage these patients is key.
- Finding time and resources to support the behavioral health experts is critical. A significant philanthropic approach was used to create infrastructure to launch this program.
- Connectivity and communication are key to the success of this program.
 - Connectivity to across EHR platforms allows better patient care.
 - Integrating EHR and telehealth infrastructure into existing practices requires significant time and detailed work.

Next Steps:

- Currently piloting the telephone/telehealth consultation for PCPs.
- An educational CME program for PCPs to increase comfort with diagnosis and management of common mental health concerns in children will happen in November 2019.
- Dissemination of the consultative model to network practices in a phased approach will start in December 2019.
- Creating structures that utilize new rules that allow reimbursement for telehealth and consultation to create sustainability.

Mission Model Canvas

Key Partners <ul style="list-style-type: none"> • UCSF Child Psychiatry • UCSF Benioff Children's Physician (UCBP) Clinically Integrated Network (CIN) • UCSF CIN • UCSF Office of Population Health and Accountable Care 	Key Activities <ul style="list-style-type: none"> • Identify gaps for PCPs • Develop training/educational program for PCPs • Create telehealth consultative platform 	Value Propositions <p>Customers:</p> <ul style="list-style-type: none"> • Pediatric PCPs • Patients • Child Psychiatrists/Behavioral Health Providers <p>Value Proposition</p> <ul style="list-style-type: none"> • Earlier Diagnosis • Earlier Initiation of Treatment • Better Management of mild to moderate ADHD, Depression and Anxiety. • Better use of referral resources 	Buy-in & Support <ul style="list-style-type: none"> • PCPs– use Clinically Integrated Network of providers • Mental Health Providers– Align with UCSF Child Psychiatry. 	Beneficiaries <ul style="list-style-type: none"> • Patients with mild to moderate: ADHD, Depression and Anxiety • Pediatric PCPs with patients with suspected mild to moderate ADHD, Depression and Anxiety.
	Key Resources <ul style="list-style-type: none"> • Support for infrastructure for consultative model • Funding for CME and Educational program for PCPs (UCSF Office of Population Health and Accountable Care) 		Deployment <p>Use existing Clinically Integrated Network to provide education, target population and assessment of impact.</p>	Health System <ul style="list-style-type: none"> • Improved value in management of patients with mild to moderate ADHD, Depression and Anxiety. • Improved capacity for Mental Health providers for more severe/acute conditions.
Mission Budget/Cost <ul style="list-style-type: none"> • Behavioral Health Consultants 3 FTE — Philanthropy donated • IT support 100 hours — Philanthropy donated • PCP Training — \$3,000 			Mission Achievement/Impact Factors <ul style="list-style-type: none"> • Increase diagnosis and management of ADHD and Depression in Primary Care Practices by 25% • Improve Mental Health Access to Child Psychiatry, 65% new patients seen in 14 days 	