

# Triad Adult and Pediatric Medicine

Medical Home Primary Mental  
Health Care Integration



# AAP Defines Medical Home

- ❖ Accessible
- ❖ Family-Centered
- ❖ Continuous
- ❖ Comprehensive
- ❖ Coordinated
- ❖ Compassionate
- ❖ Culturally competent



# Integrative Health Care What We Know



- 80% of people with a behavioral health disorder will visit primary care at least one time in a calendar year
- 50% of all behavioral health disorders are treated in primary care
- 48% of the appointments for all psychotropic agents are with a non-psychiatric primary care provider

# Integrated Services

- ❖ Behavioral Health services are part of the “medical” treatment at the medical clinic
- ❖ Team consultation and coordination of patient care between developmental and behavioral health care team members and the primary care physicians
- ❖ Specialty cross training for all team members

# “New” Cast of Players

- ❖ Interpreters
- ❖ Primary Care Provider
- ❖ Behavioral Health Providers
- ❖ Community Liaisons
- ❖ Nutritionists
- ❖ Psychiatrist
- ❖ Developmental Pediatricians
- ❖ Family
- ❖ School



Level of Care	% of Primary Care Population	Key Service Characteristics	Triad Adult and Pediatric Medicine
Behavioral health consultation	60%	Brief, general in focus; oriented around a specific issue from health care provider 15 to 30 minutes 1-3 visits	Screening protocols at every physical within adult and pediatric population Brief intervention (Motivational Enhancement, Stages of Change, Parenting Education/support, Relaxation/Coping Skills) ADHD clinic, Obesity clinic, Adolescent clinic and Teen Mom Clinic
Integrated Programs	30%	Focused on high cost or high frequency conditions. Employs temporary co-management approach: Program structured is manual zed, with condensed treatment strategies; emphasis on patient education and self management strategies	Protocols to address depression, anxiety, PTSD, substance Use, adolescent high risk unhealthy behavior, and obesity
Specialty Consultation	10%	Reserved for high utilizers and multiproblem patients. Emphasis on containing excessive medical utilization, giving providers effective behavior management strategies and community resource case management. Goal to maximize daily functioning of patient, not necessarily symptom elimination. Services are brief, infrequent, and predicable over time	Chronic psychosocial and or physical problems that need to be managed over time within the primary care setting which include patients with chronic progressive diseases, personality disorders, long-term evolving stress factors (Team Directed Care Clinics)

Visit	Screen Tool
<b>2 mo. &amp; 4 mo.</b>	<b>EPDS</b>
<b>6,12,18, or 24 36,48,60 mos.</b>	<b>ASQ MCHAT</b>
<b>6-12 years Every PE</b>	<b>PSC</b>
<b>12 yrs – 21 yrs</b>	<b>GAPS/BRIGHT FUTURES/CRAFT</b>
<b>18 and Older</b>	<b>Annual screens for depression, anxiety, and substance use</b>

# Anxiety

- Screening, brief intervention, medication monitoring, and consultation sessions (TF-CBT, CBT, Relaxation/Coping Skills)
- Referral to specialty treatment (patients with substance abuse or history of co-morbid psychiatric conditions)
- Use of GAD7 screening tool with general primary care adult population (scores above 10 clinically considered significant)
- Type of anxiety disorder important in determining treatment regimen

# Depression

- Screening (PHQ9), brief intervention (MI), medication monitoring, and consultation sessions (CBT)
- Monitoring of psychotropic medication with PHQ9 through acute, continuation, and maintenance phase of treatment (usually 6 to 9 months but could be longer) with care coordinator, LCSW, PCP, psychiatric consult
- Referral to specialty mental health treatment for patients with substance abuse or history of co-morbid psychiatric conditions

# High Risk Substance Use

## Screening, Brief Intervention, and Referral to Treatment

- Screening (Audit) provided to general population (screening requires only 2-4 minutes)
- PCP scores Audit (scoring and interpretation of the screening

test takes less than a minute)

- For those who screen positive, the intervention for most patients requires less than five minutes. (Simple Advice)
- If brief counseling (motivational interviewing intervention ) is required, (15 minutes) the PCP reviews the material and develops a plan for monitoring with the patient and may refer patient to LCSW/LCAS (co-management)
- Patients meeting criteria for a substance abuse disorder receive referral for specialty substance abuse treatment. Primary care coordinates care.

# History

- How long has initiative been in effect
- Financial Support
- Sustainability
- Small communities or larger practices
- Success
- Barriers to expanding to other practices