



# Massachusetts Child Psychiatry Access Project

## Overview and State Innovation Model Grant Updates

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*March 16, 2015*

# MCPAP Overview

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- ▶ MCPAP is a statewide system of child psychiatry consultation teams designed to help pediatric primary care providers (PCPs) meet the needs of all children with behavioral health problems.
- ▶ Funded by the MA Department of Mental Health
- ▶ Administered by Massachusetts Behavioral Health Partnership
- ▶ Providers can use MCPAP for all patients regardless of their insurance status
- ▶ Established as statewide program in 2004 after a pilot in Central Massachusetts

# MCPAP Goals

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- ▶ Increase pediatric PCP's knowledge, skills, and confidence to manage children in primary care with mild to moderate behavioral health needs (e.g., ADHD, depression, anxiety)
- ▶ Mitigate the shortage of child psychiatrists by promoting the rational utilization of psychiatrists for the most complex and high-risk children (e.g., children whose conditions require treatment with complex or multiple psychiatric medications)
- ▶ Advance the integration of children's behavioral health and pediatric primary care

# MCPAP Infrastructure & Staffing

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Six Regional Hubs located at academic medical centers:

- Western MA: Baystate Medical Center
- Central MA: UMass Memorial Medical Center
- Northeast: North Shore Medical Center
- Southeast: McLean Hospital Southeast
- Boston Metro Region I: Massachusetts General Hospital
- Boston Metro Region II: Tufts Medical Center/Boston Children's Hospital

Team Staff at each Regional Hub:

- 1 FTE child psychiatry
- 1 FTE licensed therapist (LICSW, LMHC)
- 1 FTE care coordinator
- Program Administrator

MCPAP Central Staff:

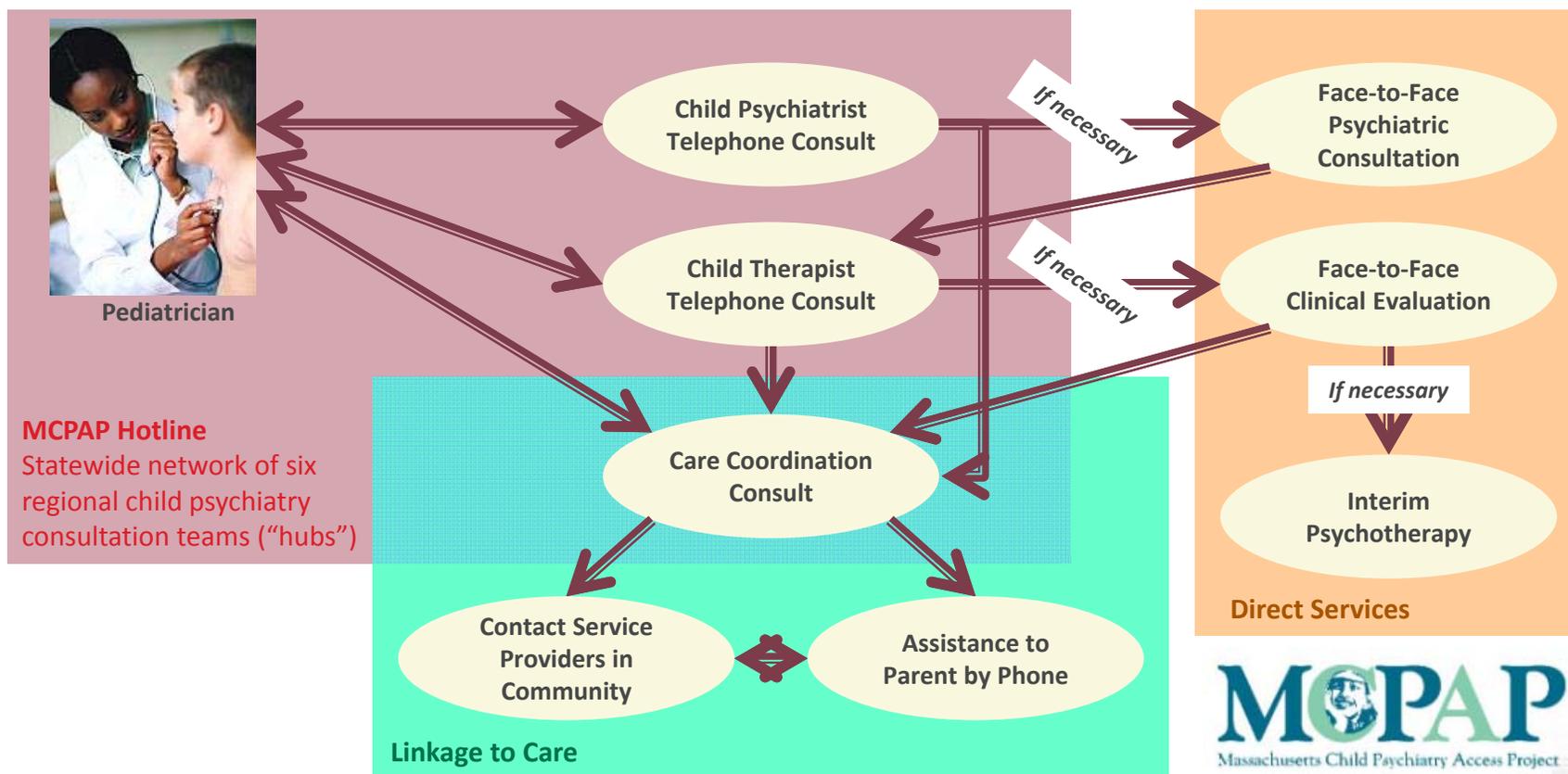
- Founding Director
- Medical Director
- Director
- Health Policy Analyst
- Program Coordinator

# MCPAP Services

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- Telephone consultation with child psychiatrist/APRN or licensed therapist within 30 minutes of request
- Face-to-face psychiatric consultation when indicated
- Care coordination to assist with accessing community-based behavioral health resources including but not limited to psychiatry
- Bridge treatment when necessary
- Training & education for primary care staff in screening, medications, diagnoses, and community resources (e.g., newsletter, website - [www.mcpap.com](http://www.mcpap.com))

# MCPAP Model



## MCPAP Goals<sup>1</sup>:

- Increases pediatric PCP's knowledge, skills, and confidence to address children's behavioral health needs
- Mitigates the shortage of child psychiatrists
- Advances behavioral health integration

<sup>1</sup>W. Holt, The Massachusetts Child Psychiatry Access Project: Supporting Mental Health Treatment in Primary Care, The Commonwealth Fund, March 2010.

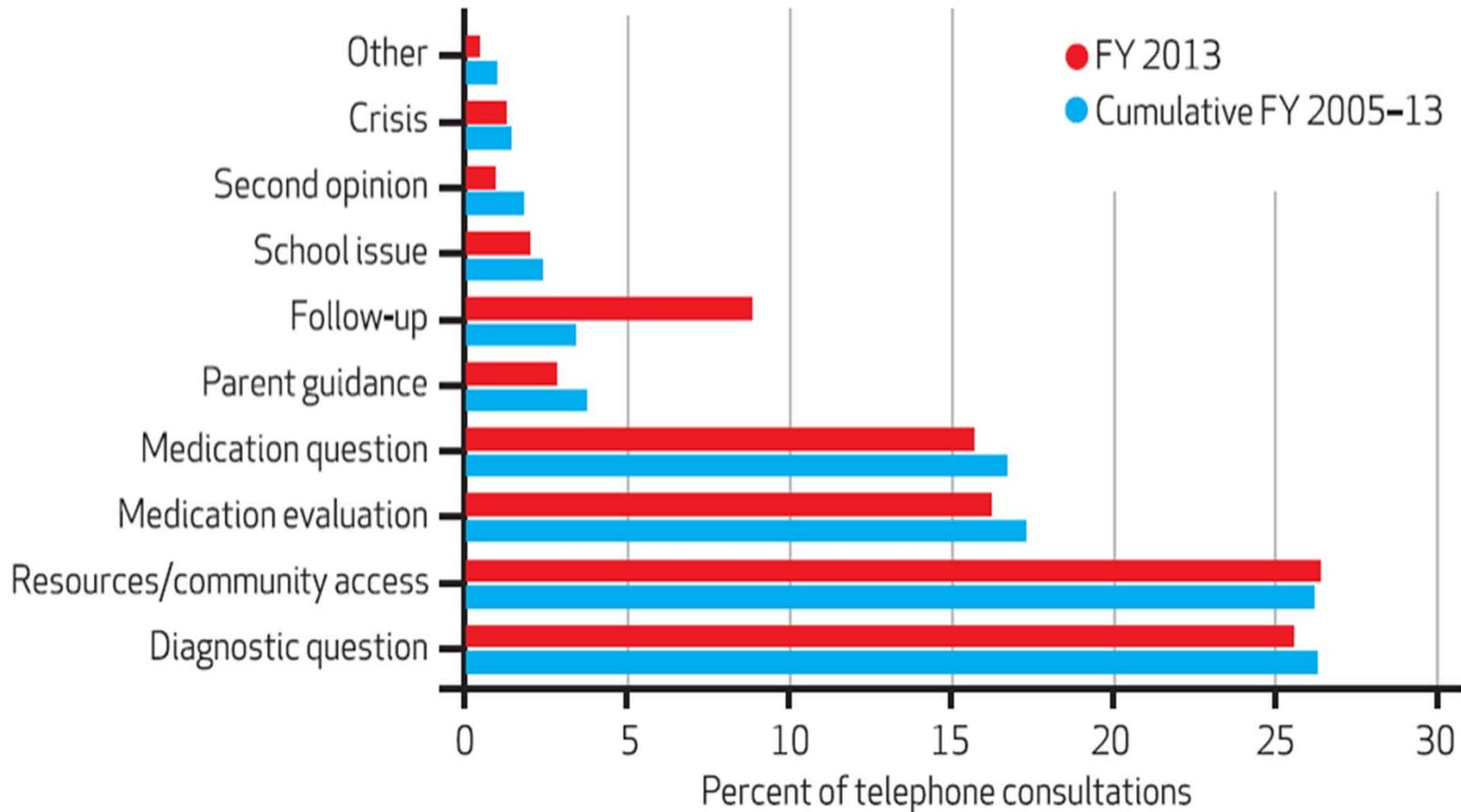
# MCPAP by the Numbers-FY14

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- 3,051 Enrolled Providers
- 461 Enrolled Practices
- 6,408 Unique Patients served
- 22,620 Encounters
- Type of encounters:
  - Phone/email/in-person consultation with PCP (38%)
  - Care coordination (31%)
  - Face to face evaluation (14%)
  - Phone call with family member (5%)
  - Other (15%)

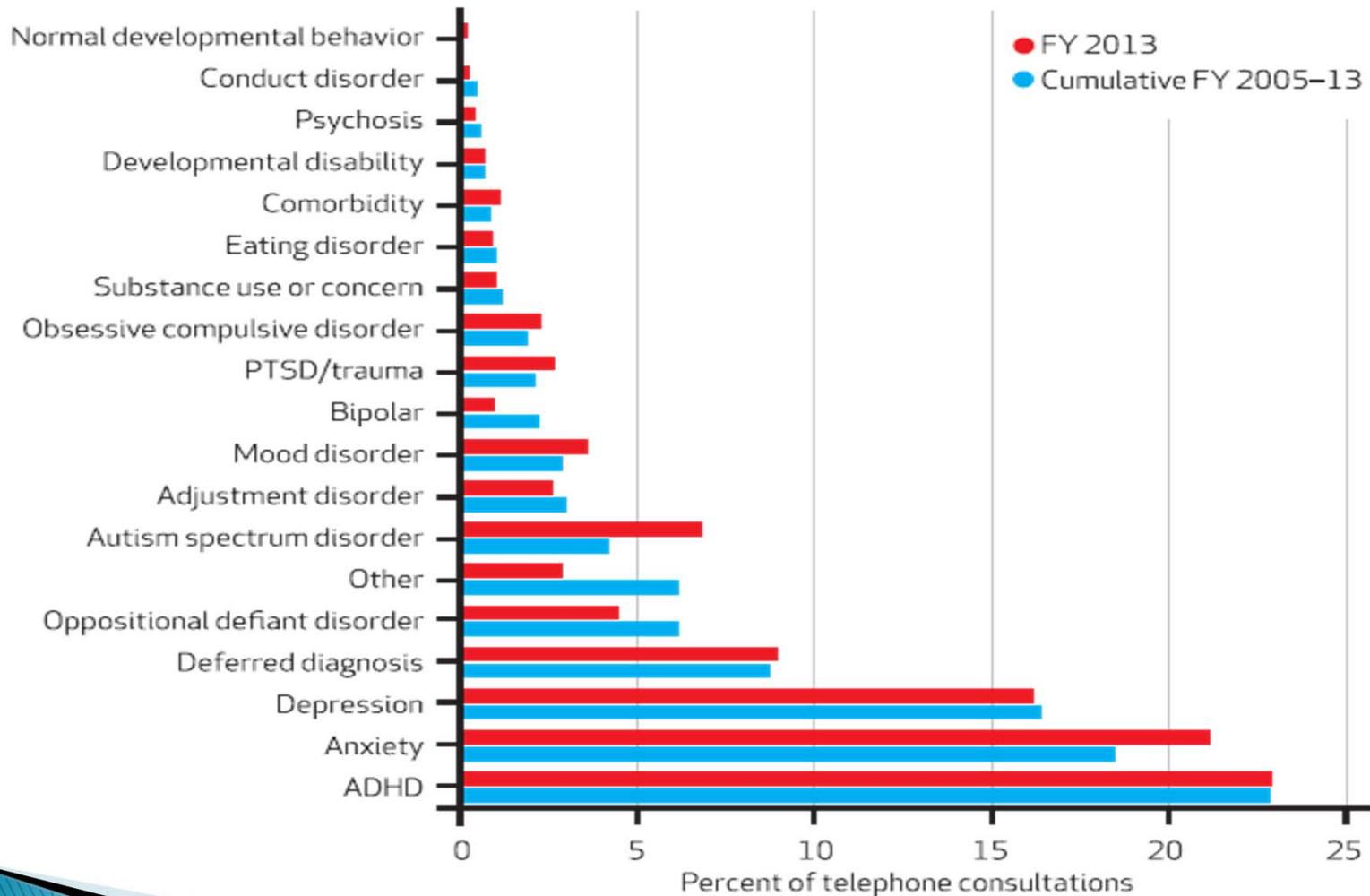
FY2014 Data (July 1, 2013-June 30, 2014)

# Reasons for Contact



Straus JH, Sarvet B. Behavioral Health Care for Children: The Massachusetts Child Psychiatry Access Project. Health Affairs. 2014

# Disorders Discussed in Consults



Straus JH, Sarvet B. Behavioral Health Care for Children: The Massachusetts Child Psychiatry Access Project. Health Affairs. 2014

# MCPAP: Expanding the Model

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MCPAP is building on its successful model and infrastructure to address the following issues:

- Early childhood mental health: Implementing an evidence based parenting intervention in primary care
- Adolescent substance use: Conducting statewide training of PCPs in adolescent SBIRT (with SIM grant funds)
- Postpartum depression: MCPAP for Moms provides psychiatric consultation and support to obstetricians, midwives, and PCPs to address postpartum depression.

# New Opportunities for MCPAP

- ▶ Health care reform has increased emphasis on the integration of behavioral health in pediatric primary care
- ▶ Accountable care models are requiring pediatric PCPs to take responsibility for behavioral health care
- ▶ With this increasing emphasis on integration, PCPs need more resources such as child psychiatric consultations, training, and referral and care coordination support

# CMS State Innovation Model (SIM) Grant

Department of Mental Health receives a portion of EOHHS' SIM grant funds to advance pediatric behavioral health integration by enhancing MCPAP in the following areas:

- Restore MCPAP hubs to full time coverage
- Enhance MCPAP hubs' and PCPs' competencies to manage adolescent substance use
- Increase utilization of MCPAP among PCPs
- Develop sustainability strategies for MCPAP
- Evaluate outcomes that result from grant activities

# Restoration of MCPAP to Full Time Coverage

- ▶ Due to level funding over several years, MCPAP had to decrease the coverage at regional hubs to 80%. Most hubs cut back to being open 4 days a week.
- ▶ SIM grant funds have enabled the hubs to restore their coverage to 100%. Each hub is available M-F, 9-5pm to respond to PCP calls within 30 minutes.
- ▶ Since restoration to full coverage, the percentage of calls responded to within 30 minutes has increased from 89% in early 2014 to 93% in the last quarter of 2014



# Adolescent Substance Use Screening, Brief Intervention and Referral to Treatment (SBIRT)

- ▶ DMH and MCPAP are partnering with DPH's Bureau of Substance Abuse Services and Boston Children's Hospital Center for Adolescent Substance Abuse Program to develop a training plan for pediatric Primary Care Providers in screening and addressing adolescent substance use
- ▶ This team is revising the 2008 SBIRT toolkit for PCPs-- a central piece of training plan.
- ▶ SBIRT Toolkit will train PCPs to use a new screening tool- S2BI and will include role plays for PCPs to practice brief interventions.
- ▶ MCPAP will implement statewide training of PCPs starting in 2015 using SBIRT toolkit through hub site visits, webinars, etc.

# Screening to Brief Intervention (S2BI) Tool

S2BI	
In the past year, how many times have you used	
<ul style="list-style-type: none"><li>• Tobacco?</li><li>• Alcohol?</li><li>• Marijuana?</li></ul> <p><b>STOP if all "Never." Otherwise, CONTINUE.</b></p> <ul style="list-style-type: none"><li>• Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?</li><li>• Illegal drugs (such as cocaine or Ecstasy)?</li><li>• Inhalants (such as nitrous oxide)?</li><li>• Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?</li></ul>	<ul style="list-style-type: none"><li><input type="radio"/> Never</li><li><input type="radio"/> Once or twice</li><li><input type="radio"/> Monthly</li><li><input type="radio"/> Weekly</li></ul>

Levy, Sharon, Weiss, R., Sherritt, L., Ziemnik, R., Spalding, A., Van Hook, S., & Shrier, L. A. (2014). An Electronic Screen for Triaging Adolescent Substance Use by Risk Levels. *JAMA Pediatrics*.

# MCPAP Utilization Activities

- ▶ 75% of enrolled practices and 41% of providers used MCPAP at least once in FY14
- ▶ DMH and MCPAP are examining MCPAP encounter data to identify facilitators and barriers of provider use of MCPAP
  - MCPAP recently completed practice update where they updated enrolled PCP information which included removing PCPs who were no longer practicing. Key step to improving the accuracy of utilization data.
- ▶ All Payer Claims Database pharmacy analysis:
  - Describe psychotropic prescribing practices of pediatric PCPs
  - APCD data will be combined with MCPAP utilization data for targeted outreach to enrolled practices.

# MCPAP Sustainability

- ▶ Develop a sustainability framework for MCPAP
  - ▶ Financial:
    - ▶ FY15 budget included language for DMH to assess a surcharge on commercial insurers
    - ▶ Regulations allowing EHS to collect surcharge in 4<sup>th</sup> quarter of FY15 have been finalized
    - ▶ Public hearing to be held March 20<sup>th</sup>
    - ▶ Surcharge will be collected via process similar to the DPH immunization program
  - ▶ Programmatic:
    - ▶ Exploring ways MCPAP can complement different emerging models of pediatric behavioral health integration (e.g., pediatric medical homes, PCPRI, ACOs, etc.)

# Evaluation of Grant Activities

- ▶ Grant metrics:
  - Provider utilization metric- 41% of enrolled PCPs have used MCPAP once in past year
  - Response time metric- 93% of PCP calls are responded to within 30 minutes
- ▶ Substance use survey:
  - Provider survey was administered in Winter 2014 and found that while 96% of PCPs screen adolescents annually, only 57% use a validated screening tool.
  - The same survey will be readministered in late 2016 to assess changes in PCP screening and other SBIRT practices.
- ▶ MCPAP Evaluation Advisory group is meeting quarterly to advise on overall evaluation activities.

# Upcoming Activities for DMH & MCPAP

- ▶ Kick off the SBIRT statewide training of pediatric PCPs
- ▶ Begin APCD analysis of pediatric PCP's psychotropic prescribing practices
- ▶ Examine MCPAP utilization by provider type (e.g., pediatrician, family practitioner, NP, behavioral health provider) and practice type
- ▶ Assess the MCPAP surcharge on commercial insurers
- ▶ Identify PCPR practices with low MCPAP use and plan targeted outreach to increase their MCPAP use

