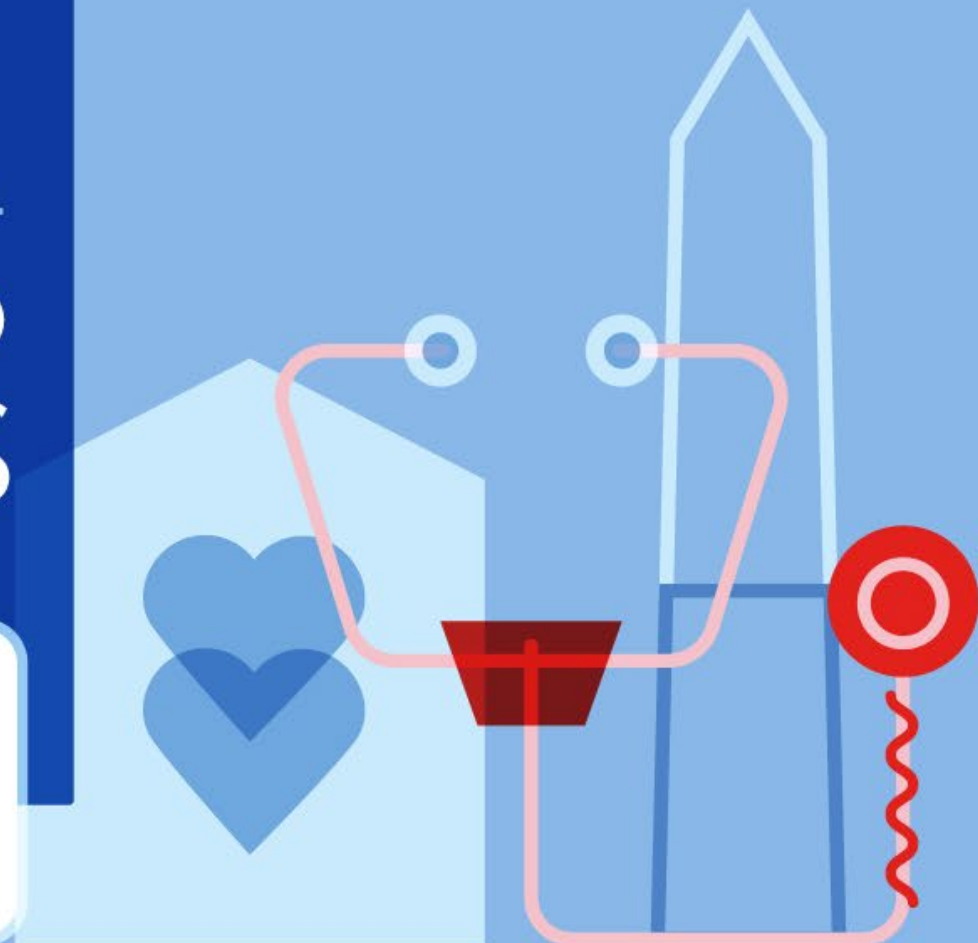
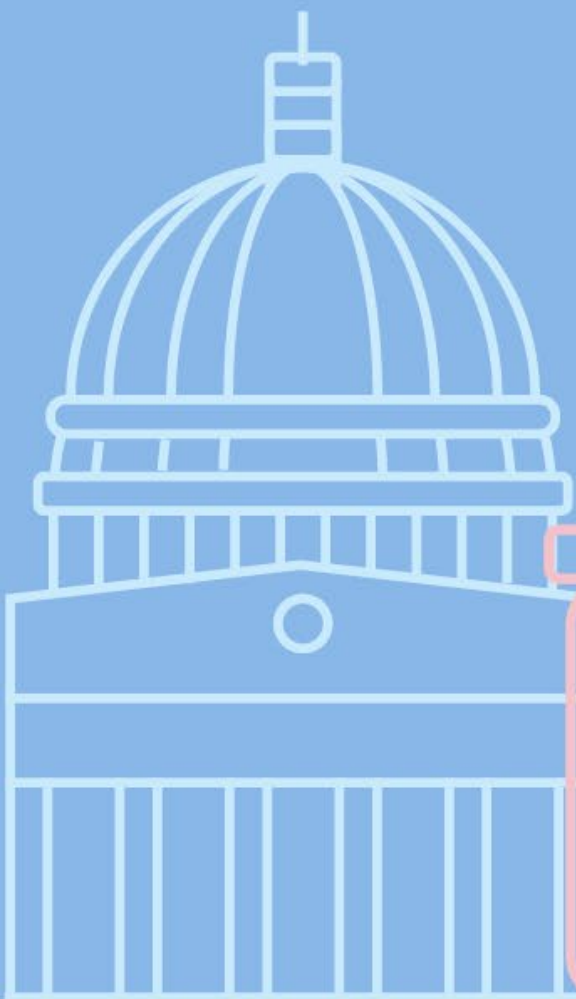




22ND ANNUAL

# BUSINESS <sup>OF</sup> PEDIATRICS



# Improving Mental Health Care in Pediatric Practice

## Updates: Mental Health Access Projects

### Panel: Integrating Behavioral Health into Pediatric Primary Care



# Addressing Behavioral Health in Pediatric Primary Care

## Mental Health Access Projects

- BHIPP
- DC MAP
- VMAP

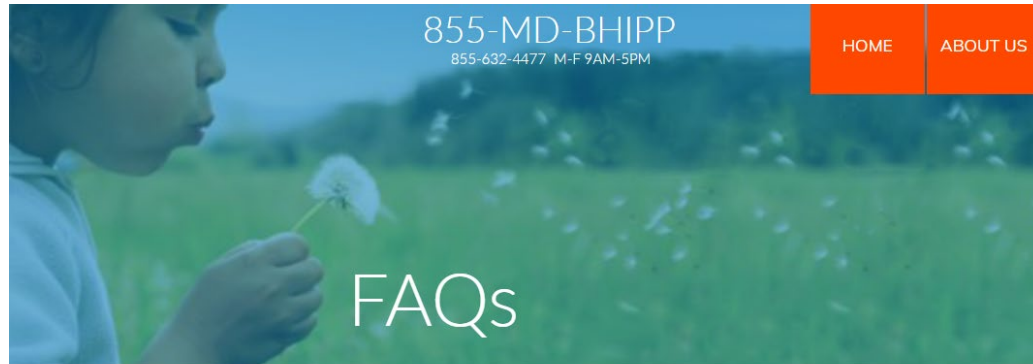
## Integrating Behavioral Health into Pediatric Primary Care (Panel)

- Sandy Chung, MD, Trusted Pediatrics
- Jenna Vallejo, Potomac Pediatrics
- Rachel Bakersmith, Children First Pediatrics
- Donna Marschall, Ph.D., Children's National



Maryland BHIPP: [www.mdbhipp.org](http://www.mdbhipp.org)

855-MD-BHIPP (855-632-4477)



#### CONSULTATION OVERVIEW

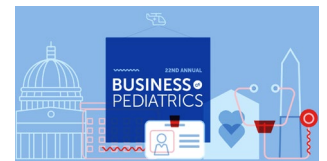
Child mental health specialists are available to provide consultation in many areas of behavior issues, developmental delays, school/learning issues, childhood mental health. Our behavioral health resources, including information on wait times

Who can use BHIPP's services?

How do I sign up for BHIPP?

Is there a fee?

What types of questions may I ask?



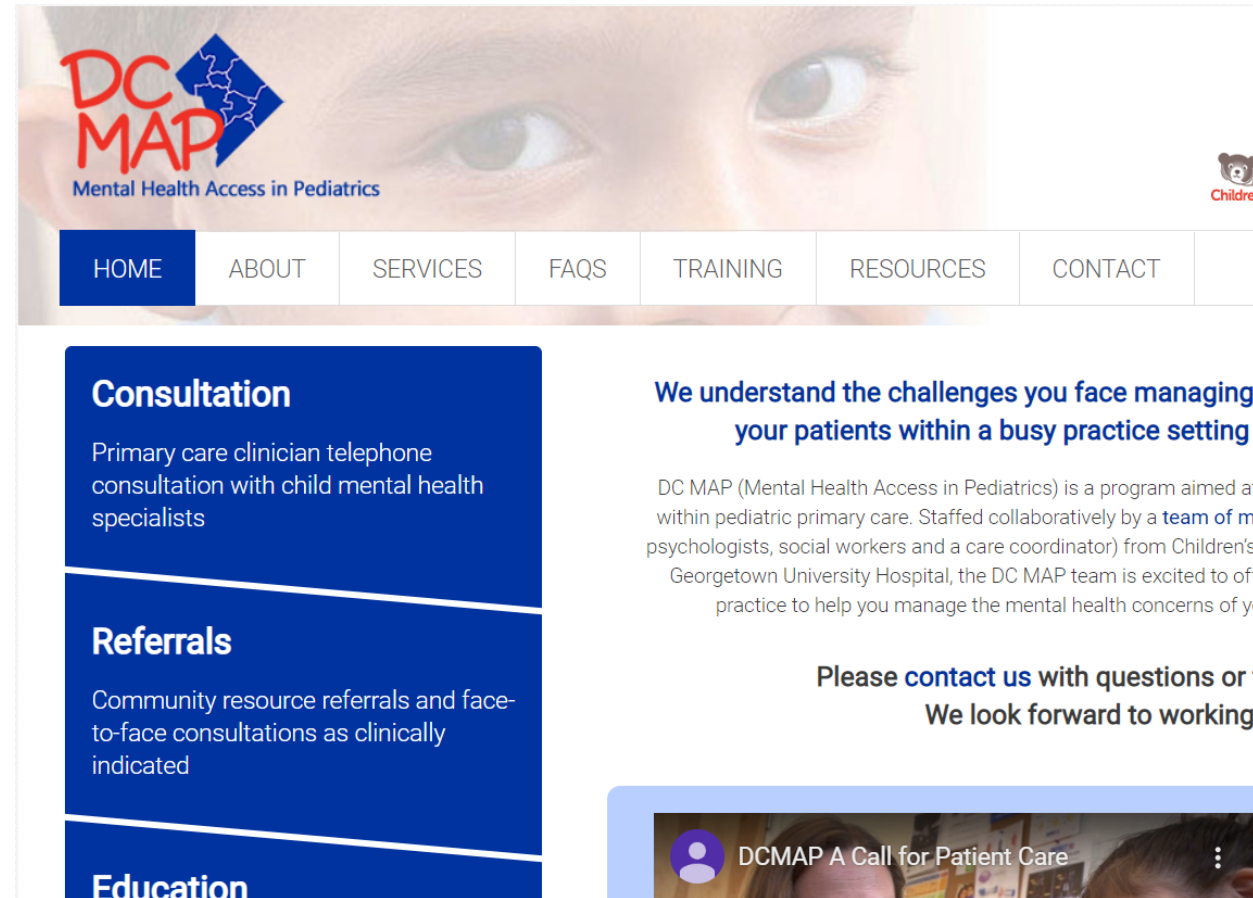
# DC MAP: Mental Health Access in Pediatrics

[www.dcmmap.org](http://www.dcmmap.org)

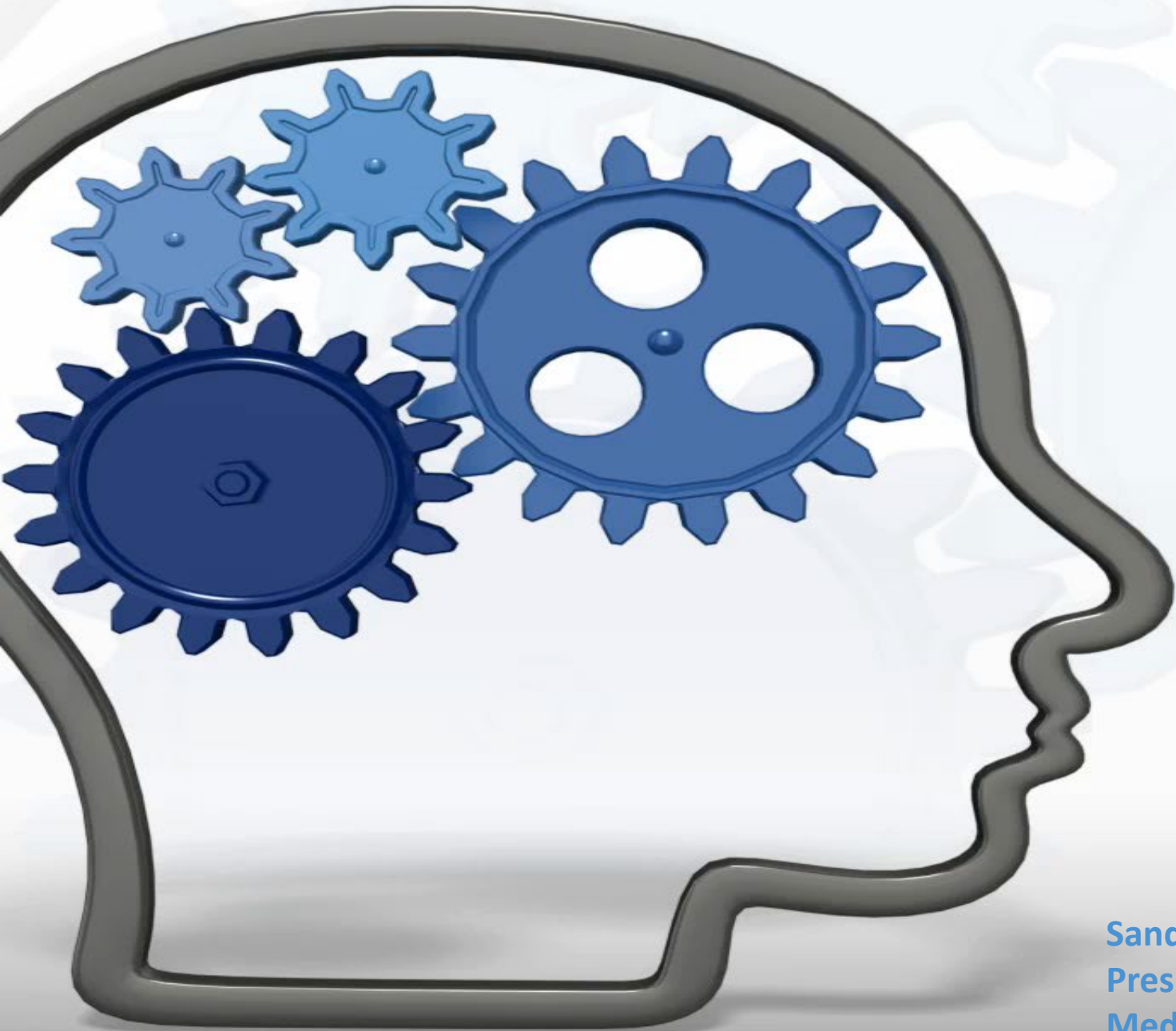
Providers Call:

1-844-30 DC MAP

1-844-303-2627







**VMAP**

Virginia

Mental health

Access

Program

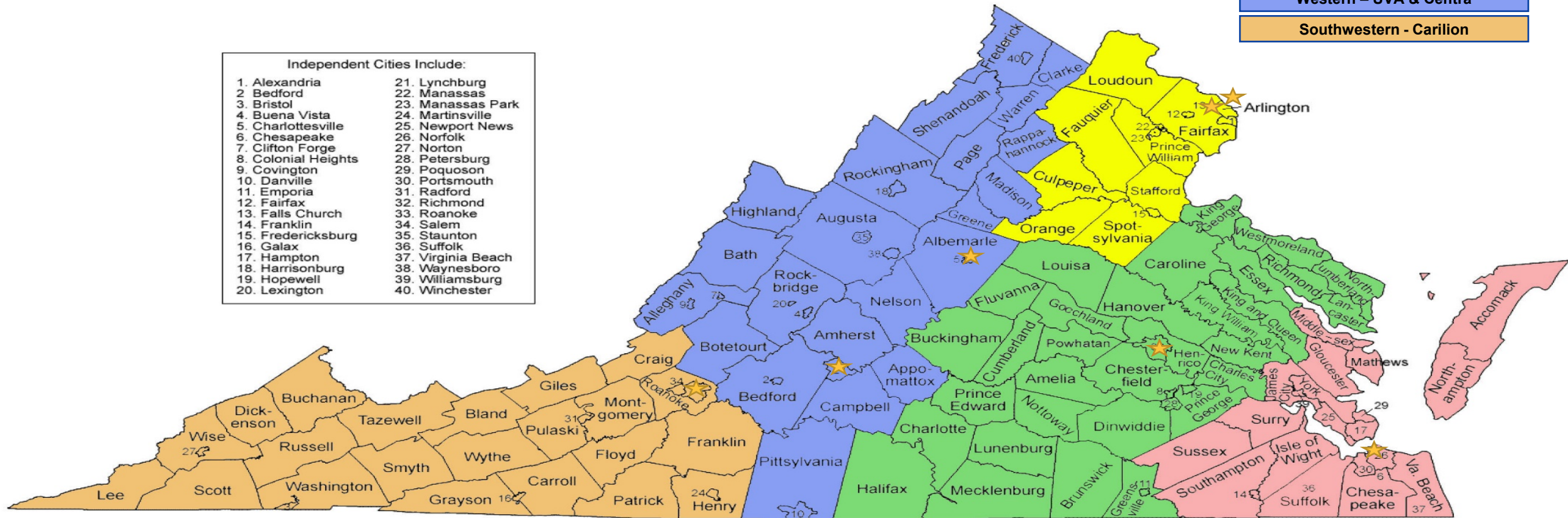
Sandy Chung, MD, FAAP, FACHE  
President, Virginia Chapter AAP  
Medical Director, VMAP



## Five Regional Hubs of VMAP

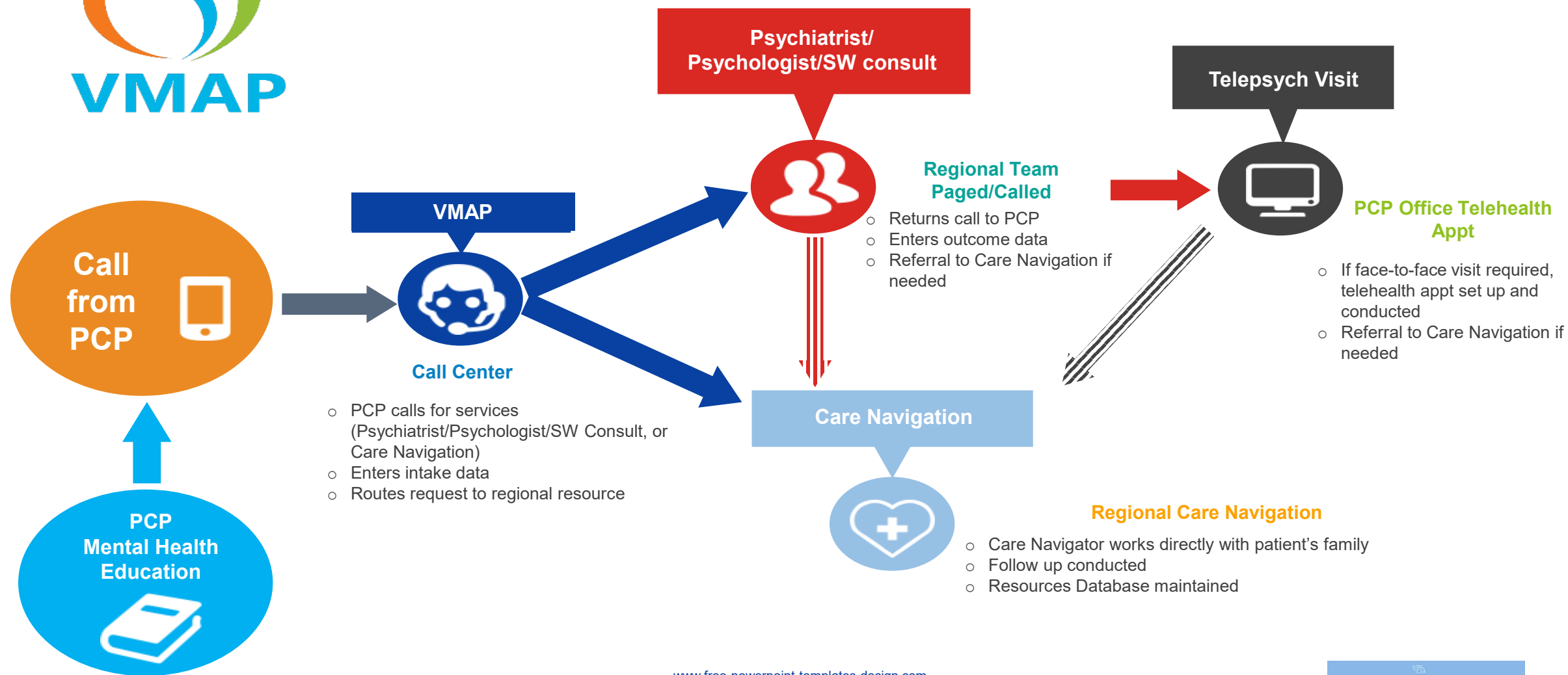
Northern – CNHS & Inova
Central - VCU
Eastern - CHKD
Western – UVA & Centra
Southwestern - Carilion

Independent Cities Include:	
1. Alexandria	21. Lynchburg
2. Bedford	22. Manassas
3. Bristol	23. Manassas Park
4. Buena Vista	24. Martinsville
5. Charlottesville	25. Newport News
6. Chesapeake	26. Norfolk
7. Clifton Forge	27. Norton
8. Colonial Heights	28. Petersburg
9. Covington	29. Poquoson
10. Danville	30. Portsmouth
11. Emporia	31. Radford
12. Fairfax	32. Richmond
13. Falls Church	33. Roanoke
14. Franklin	34. Salem
15. Fredericksburg	35. Staunton
16. Galax	36. Suffolk
17. Hampton	37. Virginia Beach
18. Harrisonburg	38. Waynesboro
19. Hopewell	39. Williamsburg
20. Lexington	40. Winchester





# How Does VMAP Work?



[www.free-powerpoint-templates-design.com](http://www.free-powerpoint-templates-design.com)

## Virginia Regions

Northern (CNMC/Inova), Central (VCU/VTCC), Eastern (CHKD), Western (UVA/Centra), Southwestern (Carilion)



# Current VMAP Funding

HRSA Grant - \$445,000 per year  
for 5 years (awarded 9/18)

In Kind Support - \$189,818

Governor's Budget  
\$1.23 million for 2019-2020

CIGNA Grant \$100,000 for 2019

Overall budget need for statewide  
VMAP Program = \$6 million/year



**We will need your advocacy help this legislative session in  
January!**

# VMAP Education for PCPs



REACH programs held in 2019  
**256 Providers Trained**

Coming Soon!

April 24-26, 2020 REACH –  
Charlottesville (Western)

April 17-19, 2020 REACH – Falls Church  
(Northern)

May 1-3, 2020 REACH – Lynchburg  
(Southwestern)



Project ECHO – Northern VA  
June 2019  
Central VA Sept 2019  
**49 Providers Training**

Coming Soon!  
Southwestern VA scheduled  
early 2020

For more information on how to sign up,  
VMAP Website: [www.vmapforkids.org](http://www.vmapforkids.org)  
or the Virginia AAP Chapter website:  
[www.virginiapediatrics.org](http://www.virginiapediatrics.org)



American  
Board of  
Pediatrics

Mental Health Screening QI  
Project  
ABP MOC Part 4 credit with **41  
physicians** ending Sept 2019

Coming Soon!  
Winter 2020





**1-888-371-VMAP (8627)**

**Primary Care Providers –  
We are open for your calls!**

**Mon, Tues, Fri 9-5  
Wed, Thurs 9-1**

**\*\*Important – you need to enroll yourself and your  
practice first ([www.vmapforkids.org](http://www.vmapforkids.org))**

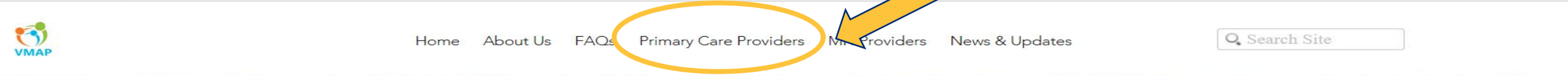
**The call center will take your information and  
information about the patient**

**Expect a call back from the psychiatrist within 30  
minutes**



www.vmapforkids.org

PCPs go here



# VIRGINIA MENTAL HEALTH ACCESS PROGRAM

Collaborative Care for Children and Adolescents



## WHAT IS VMAP?

Children have so much to offer to the world - we believe in the power that they hold, and know that they will mold future generations to come.





## VMAP Will Give You:

- Education and training on mental health screening, diagnosis and treatment education through [REACH](#) and [Project ECHO](#)
- Access to a consult line to a regional child psychiatrist and psychologist/social work
- Capability to do telepsychiatry or telepsychology visits in your offices
- Assistance for your families through Care Navigators who will help your families find mental health resources in your community

## VMAP is NOT a Referral Line!

We are here to help you learn how to manage mental and behavioral health in your practice. Please plan on participating in an educational program if you register for VMAP.

The time and how you participate in the education is up to you!

**Need to complete 1 Practice Form Per Practice** a, see:

[Virginia Chapter of the AAP.](#)

### Register to Use VMAP:

To sign up for VMAP, please complete the practice demographics and provider enrollment forms below.



Practice Demographic Form

**Each Provider Needs to Enroll**



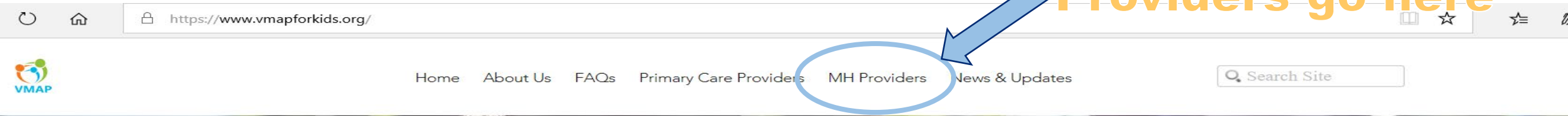
Provider Enrollment Form

Only one practice demographic form needs to be completed per practice. If you are unsure if your practice has submitted a form, please submit one just in case.

Each individual provider (MD, DO, NP, or PA) needs to complete a provider enrollment to use VMAP services.

www.vmapforkids.org

**Mental Health  
Providers go here**



# **VIRGINIA MENTAL HEALTH ACCESS PROGRAM**

Collaborative Care for Children and Adolescents



## **WHAT IS VMAP?**

Children have so much to offer to the world - we believe in the power that they hold, and know that they will mold future generations to come.

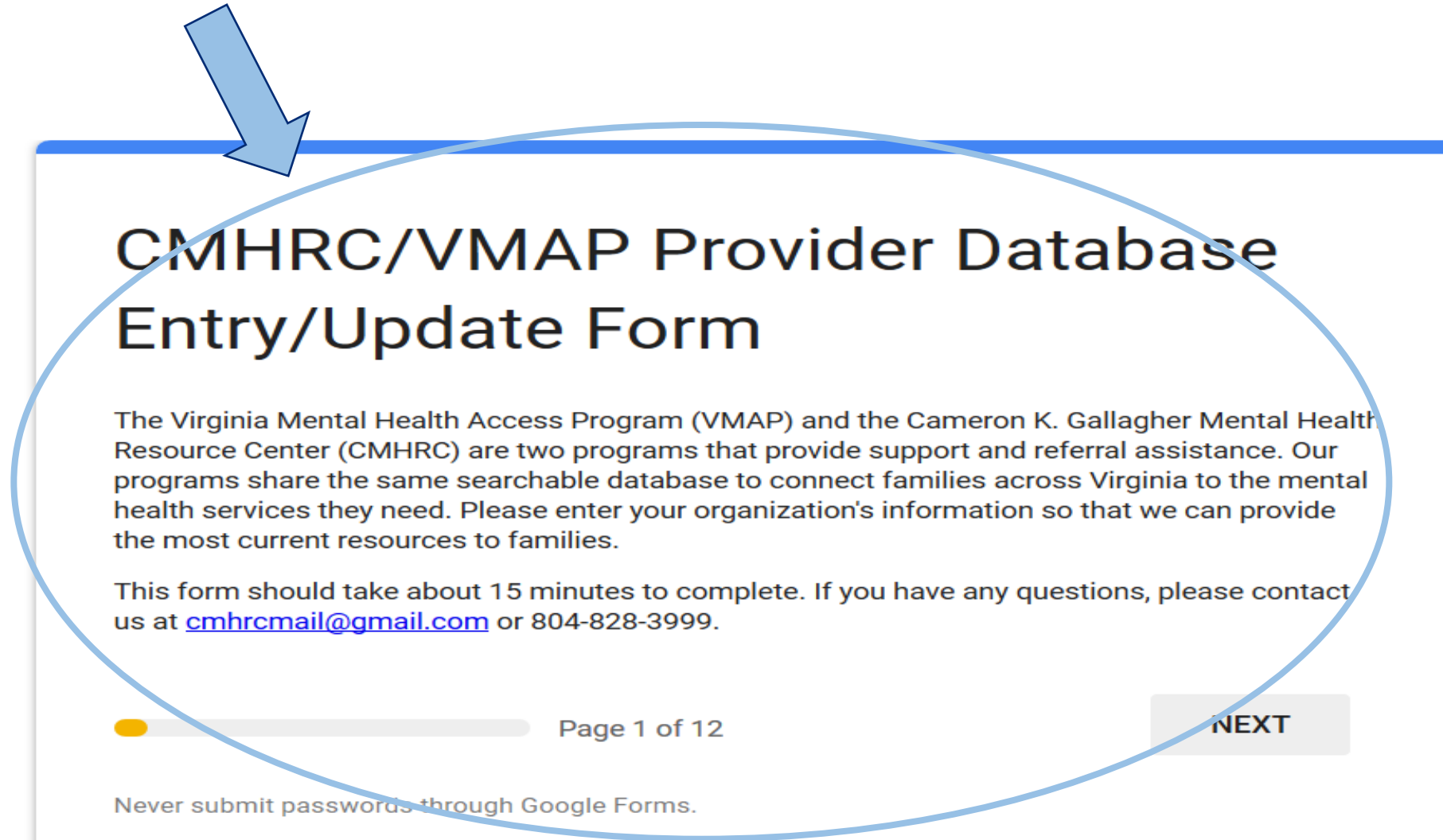


it should take no more than 15 minutes to complete and could make a world of difference for a family. Once your program is in our database, we may contact you on an annual basis for updates or changes.

If you have multiple office locations, please complete a new survey for each office location or after completing the first survey.

Enroll to be in our referral database  
by completing the online form

If you have any further questions or prefer to complete the survey over the phone with a VMAP team member, contact Program Coordinator, Rachel Reynolds at [rachel.reynolds@vcuhealth.org](mailto:rachel.reynolds@vcuhealth.org)



## CMHRC/VMAP Provider Database Entry/Update Form

The Virginia Mental Health Access Program (VMAP) and the Cameron K. Gallagher Mental Health Resource Center (CMHRC) are two programs that provide support and referral assistance. Our programs share the same searchable database to connect families across Virginia to the mental health services they need. Please enter your organization's information so that we can provide the most current resources to families.

This form should take about 15 minutes to complete. If you have any questions, please contact us at [cmhrcmail@gmail.com](mailto:cmhrcmail@gmail.com) or 804-828-3999.

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[NEXT](#)

Never submit passwords through Google Forms.



# QUESTIONS?



Sandy Chung, MD, FAAP, FACHE

[schung@fairfaxpeds.com](mailto:schung@fairfaxpeds.com)

[www.vmapforkids.org](http://www.vmapforkids.org)



# Practice Panel: Models for Integrating Behavioral Health into Primary Care Pediatric Practice Settings



Sandy Chung, MD  
Trusted Doctors



Jenna Vallejo  
Potomac Pediatrics



Rachel Bakersmith  
Children First  
Pediatrics



Donna Marschall, Ph.D.  
Children's National





# We Are Trusted Doctors

Premier Pediatric Supergroup

Sandy Chung, MD, FAAP, FACHE  
CEO

# Located in Northern Virginia

➤ Over 70 Providers

➤ 13 Locations

➤ Over 260  
Employees





# Working to Improve Mental Health



Employing  
Child Psychologists







POTOMAC  
PEDIATRICS®

Rockville, MD

12 Pediatric Providers

9 Pediatricians

1 Physician Assistant

1 Nurse Practitioner (PRN)

1 Psychiatrist (full time)

Co-located Therapy Services: 2 Psy.D and 2 LCSW-C



# Primary Care Psychiatry



## Concept:

1. Patient evaluated by Psychiatrist
2. Psychiatrist determines patient's pathway
3. Patient is treated and stabilized by psychiatrist.
4. Patient transfers back to PCP once stabilized for medication maintenance
5. PCP consults w/ Psychiatrist or refers patient back to them to be re-stabilized.

## Pathways:

Psychiatrist  
Psychiatrist  
Psychiatrist



PCP  
Therapy (referred out)  
PCP & Ongoing Therapy



# Primary Care Psychiatry

## Integration Challenges:

1. Recruiting & Hiring
2. Insurance Credentialing & Contract Negotiations
3. LOTS of planning!!!
4. Efficient scheduling structure
5. Educating Staff & Patients on Program
6. Educating patients on insurance coverage (or lack of), specialist copays, limited benefits.

## Benefits:

1. Higher patient compliance
2. Ability to manage a mental health crisis without directing to the ED
3. High level of care coordination between psychiatrist, therapists, and PCP
4. In the moment professional consults
5. Patient satisfaction increased
6. Behavioral health educational seminars for staff, providers, and patients.



# MENTAL HEALTH INTEGRATION

**Children First Pediatrics**

**Rockville & Silver Spring, MD**

**9 General Pediatrics Providers (6 MD's, 3 NP's)**

**As of January 2020 -7 on our Mental health team  
(Employed at CFP: 4 LCSW-C, 2 Psy.D.) & 1 co-locate Psy.D.**



# INTEGRATION SPECIFICS

## What kind of Integration:

- With the volume of patients needing services we decided to hire therapists as our employees. Co-locate worked well for a while but this gives us more control and more access for our patients. We share some of these therapists with other practices that may not need a full time therapist.

## Why did we do it? Barriers we faced:

- Lack of Patient compliance when you refer out
- Insurance limitations with community specialists
- Insurances are rating you
- Limited availability or timeliness of appointments
- Knowing if patient complies/adheres to plan with specialist
- Stigmas associated with certain services

## Other reasons we integrated:

- Have a higher patient satisfaction-medical home model
- Patients routinely come to PCP office so why not make services more accessible and improve quality of care?

# WHAT DID WE LEARN?

## Challenges

- By far the most challenging, time intensive and REWARDING
- Takes a lot of time and planning –PDSA cycles
- Takes the most employee training and implementation-must have staff on board!!
- Learning curve and growing pains
- Most labor intensive to continue but benefits outweigh the costs
- Finding appts for med cks (our providers now prescribe anxiety/depression meds)
- Some insurances require authorization (Medicaid)

## Successes from Integration

- Patient satisfaction increased
- Seeing pts in needing more immediate help same day or within a day
- Costs to insurances more controlled and claims more simple than Pediatrics (few denials)
- More control over where your patients are going and for what
- Better outcomes
- Better tracking of your patients and knowing they are actually scheduling appts

# Integrated Care at the Children's National Hospital

## Children's National Expands Primary Care with Embedded Mental Health Services

October 23, 2014

Share:     



Washington, DC—Moving some mental health services into a primary care setting can remove barriers to mental healthcare and provide easy, quick access to services to the many that need them. This integrated model is one government agencies and mental health organizations advocate as a means to increase the availability of treatment and improve the nation's mental healthcare system.

On July 1, 2014, Children's National Health System began offering mental health services in the primary care setting, the Whole Bear Care: Primary Care Behavioral Health Services program, by embedding a child psychologist in the hospital's Adolescent Health Center and Children's Health Center (CHC) from 9

- Whole Bear Care launched in 2014
- North Star → Increased ACCESS to quality and timely care
- >40,000 patients at six primary care centers w/ 5 psychologists, 1 postdoctoral fellow, 11 pre-doctoral trainees
- Continued growth, by January 2020, 2 additional sites and new psychologist



# Whole Bear Care Service Provision & Billing

## Services

- Patient consultation (scheduled & same day)
- Provider consultation
- Short-term patient follow up
- Care collaboration

## Billing

- Patient billing and reimbursement
- Additional sources of funding





## View @ 10,000 feet:

- ✓ Improved patient access and outcomes
- ✓ Decreased stigma
- Paradigm shift from siloed care to integrated and coordinated care
- Unrealistic expectations
- Culture differences

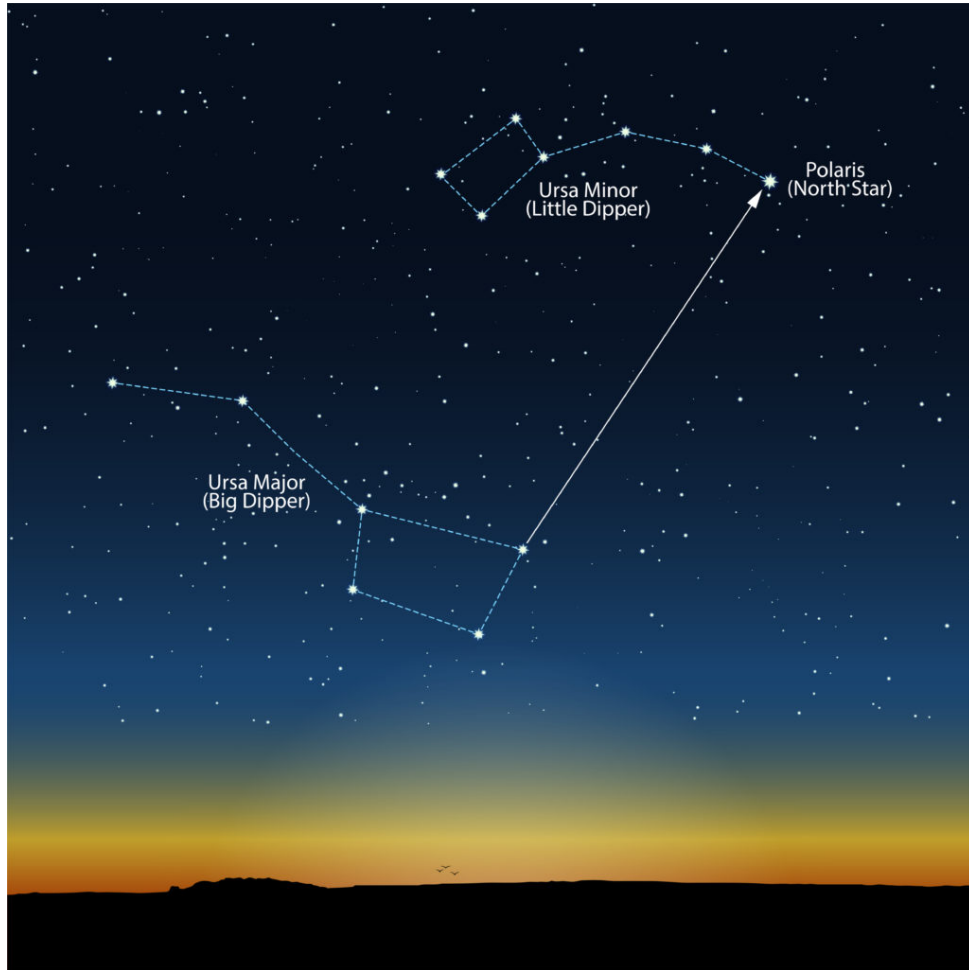
## View on the ground:

- ✓ Collaborative care
- ✓ Workforce – “pipeline”
- Reimbursement limitations
- Logistics





# Setting up for Success



- ❖ Find your “North Star”: What will guide you through this process
- ❖ Find your Champions: Early clinic/leadership buy-in is crucial
- ❖ Find your Model: Provider and practice needs differ
- ❖ Find the right Behavioral Health provider for your patients
- ❖ Find the funding source that fits your practice
- ❖ Find the infrastructure and resources needed



# Questions & Discussion:

## Addressing Behavioral Health in Pediatric Primary Care

### Mental Health Access Projects

- BHIPP
- DC MAP
- VMAP

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