Collaborative Care in Pediatric Mental Health: A Qualitative Case Study

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Acknowledgements

Thank you Dr. Sengupta
Outline

1. What is collaborative care?
2. Why is it important?
3. The barriers to practice.
4. INCK - A real life model.
5. The what and why of qualitative research.
7. What I found.
8. What it all means.
Objectives

By the end of the presentation, the listener will be able to:

1. List 3 benefits of collaborative care in the pediatric setting.
2. Explain 3 qualities that are important for the successful implementation of a collaborative care program.
3. Explain 3 barriers to implementing a collaborative care program.
Integrated Care vs. Collaborative Care

Integrated Care:
- Blended behavioral health services with a general medical specialty.
- Not necessarily co-located or in person

Collaborative Care:
- A specific model
- Involves co-location
- Involves a “care manager”
Integrated Care

Partnership between two specialties
Working cooperatively
Mutually beneficial
Why Should I Collaborative Care??

National Need

• 16-20% of children and adolescents have some form of mental or emotional disturbance.
• 15 million kids in need of treatment, only 8,300 practicing child and adolescent psychiatrists

20-40% of kids in need ever receive treatment
Of those that do, only 1 in 5 see a mental health specialist
Why Should I Collaborative Care??

Policy Change
- Affordable Care Act
- MACRA
Why Should I Collaborative Care??

Policy Change
• Affordable Care Act
• MACRA
Why Should I Collaborative Care??

Improved Outcomes
- IMPACT trials
Why Should I Collaborative Care??

Improved Outcomes

- IMPACT model
- Many RCTs, 2012 Cochrane Review
- Asarnow study for pediatric population
STEPPED MODEL OF INTEGRATED BEHAVIORAL HEALTH CARE

1. Primary care provider (PCP) provides first-line treatment
2. PCP receives ad-hoc consultation, usually from an off-site mental health specialist
3. PCP supported by brief intervention from on-site behavioral health consultant
4. PCP supported by a collaborative care team with systematic treatment to target
5. Referral to mental health specialty care

https://aims.uw.edu/stepped-model-integrated-behavioral-health-care
Core Principles of Collaborative Care

- Patient Centered
- Population Based
- Measurement Based
- Evidence Based
- Accountable
Barriers

Financial
Barriers

Financial
Need for culture shift
Service limitations → low referrals
InCK
Integrated Care for Kids
Together, writing a brighter future.
Qualitative Research

Attempts to understand the “human” side of an issue
Can provide an in-depth description of how people experience a given issue
Can identify intangible factors such as beliefs, values, norms.
Methods include participant observations, focus groups, and in-depth interviews
Thematic Analysis

- The most common form of analysis in qualitative research
- Identifies patterns across the data
- Accomplished through “coding” the data set, then grouping the codes into meaningful categories
Why Qualitative Research?
Semi-Structured Interviews

1) Child and Adolescent Psychiatrist
2) Integrated Care Coordinator
3) Pediatrician “Champion” from Delaware Pediatrics
4) Pediatrician “Champion” from Tonawanda Pediatrics
5) Primary Care “Champion” from Highgate Medical Group
6) Two therapists
<table>
<thead>
<tr>
<th>Factors shown to improve Activation:</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strong leadership support</td>
<td>Tell me about the role of the care coordinator. Do you feel this role is clearly defined?</td>
</tr>
<tr>
<td>2. Well defined and implemented care manager roles</td>
<td>Tell me about the role of the primary care champion. How do you conceptualize this role?</td>
</tr>
<tr>
<td>3. A strong primary care champion</td>
<td>How do you communicate with the care coordinator? Do you feel that this is an effective form of communication?</td>
</tr>
<tr>
<td>4. An on-site and available care-manager.</td>
<td>How do you communicate with the care coordinator?</td>
</tr>
</tbody>
</table>

**Factors shown to Improve Remission**

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. An engaged psychiatrist</td>
</tr>
<tr>
<td>2. Not seeing costs as a barrier to participation.</td>
</tr>
<tr>
<td>3. Face-to-face handoffs between the PCP and the care coordinator</td>
</tr>
</tbody>
</table>

**Other Questions**

<table>
<thead>
<tr>
<th>Communication</th>
<th>How do you communicate with ______? How do you feel about this form of communication?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient experience</td>
<td>What is your sense of patient satisfaction with the program?</td>
</tr>
<tr>
<td>Exploratory questions</td>
<td>What are your thoughts overall as to what is working, and what could be improved?</td>
</tr>
</tbody>
</table>
Analysis

Verbatim transcription
Line-by-line coding
Identifying themes
Results: Themes

1. The program as an evolving entity.
2. The need for a skilled and dedicated team.
3. Location and physical environment.
5. Problems inherent to mental health treatment.
6. The value of early intervention.
Results: Themes

1. The program as an evolving entity.
   a. The triage process
   b. Culture change
   c. Ongoing education/ Managing expectations
   d. The role of the care coordinator

2. The need for a skilled and dedicated team.

3. Location and physical environment.


5. Problems inherent to mental health treatment.

6. The value of early intervention.
Theme #1: The Program as an Evolving Entity

“I think we built the car while we were going 60 miles per hour, just straight out from the beginning.”
Theme #1: The Program as an Evolving Entity

Subthemes:

a. The triage process
b. Culture change
c. Ongoing education/ Managing expectations
d. The role of the care coordinator
Theme #1: The Program as an Evolving Entity

“We’ve always gone back and said ‘what do we need to do to tweak the triage process? That’s how we’ve said: ‘two hospitalizations or more and it’s really unlikely that we’re going to be able to do good work that’s going to move someone forward in eight sessions of psychotherapy.’”
Theme #1: The Program in Evolution

Subthemes:

a. The triage process
b. Culture change
c. Ongoing education/ Managing expectations
d. The role of the care coordinator
Theme #1: The Program as an Evolving Entity

“I feel like having these clinicians embedded allows me to be more hands-on and take care of more problems myself, because I know that I have the back-up right there in my own office. I practiced for 8 years in Maryland, and never once did I prescribe an SSRI. Now it’s great to be able to handle a lot of this on my own, and know that I have the backup that I need.”
Theme #1: The Program as an Evolving Entity

Subthemes:

a. The triage process
b. Culture change
c. Ongoing education/Managing expectations
d. The role of the care coordinator
“Often (the PCPs) would have certain patients who they would definitely want with us, but the therapist only has so many slots. So sometimes I have to have that tough conversation with the parents, explaining that I understand that you were told you could see this therapist, but your son requires a higher level of care.”
Theme #1: The Program as an Evolving Entity

Subthemes:

a. The triage process
b. Culture change
c. Ongoing education/Managing expectations
d. The role of the care coordinator
Results: Themes

1. The program as an evolving entity.
2. The Importance of the Team.
   a. Flexible care coordinator
   b. Skilled therapists
   c. Dedicated psychiatrist
3. Location and physical environment.
5. Problems inherent to mental health treatment.
6. The value of early intervention.
Theme #2: The Importance of the Team

Subthemes:

a. **Flexible care coordinator**
b. **Skilled therapists**
c. **Dedicated psychiatrist**
Theme #2: The Importance of the Team

“She is crucial to helping. When I have someone in crisis she is the person we call.”
Theme #2: The Importance of the Team

Subthemes:

a. Flexible care coordinator
b. Skilled therapists
c. Dedicated psychiatrist
Theme #2: The Importance of the Team

Subthemes:

a. Flexible care coordinator
b. Skilled therapists
c. Dedicated psychiatrist
Results: Themes

1. The program as an evolving entity.
2. The need for a skilled and dedicated team.
3. Location and physical environment.
   a. Benefits of co-location
   b. Space limitations
5. Problems inherent to mental health treatment.
6. The value of early intervention.
Theme #3: Location and Physical Environment

Subthemes:

a. Benefits of co-location
b. Space limitations
Theme #3: Location and Physical Environment

“Dr. S uses this [the PCP’s] office to see patients, and there is a huge comfort level. I think sometimes there is a stigma associated with going to see a psychiatrist, and even driving to that office that says ‘Psychiatry,’ people are embarrassed. It’s much more hidden in this office.”
Theme #3: Location and Physical Environment

“We do hear from a lot of folks, especially on the pediatric side “I wasn’t sure about taking my kid into a clinic, but I felt comfortable bringing them here because they’ve know Dr. X forever, they’ve known them since they were a baby, we are comfortable here.”
Theme #3: Location and Physical Environment

Subthemes:

a. Benefits of co-location
b. Space limitations
Theme #3: Location and Physical Environment

“We sometimes have to find the space to have the psychiatrist and the social workers see their patients. We’ve had to put someone in the kitchen.”
Results: Themes

1. The program as an evolving entity.
2. The need for a skilled and dedicated team.
3. Location and physical environment.
   a. Flexibility
   b. Informal
   c. Time limitations
   d. EMR barriers
5. Problems inherent to mental health treatment.
6. The value of early intervention.
Theme #4: Communication

Subthemes:

a. Flexibility
b. Informal
c. Time limitations
d. EMR barriers
Theme #4: Communication

Subthemes:

a. Flexibility
b. Informal
c. Time limitations
d. EMR barriers
Theme #4: Communication

Subthemes:

a. Flexibility
b. Informal
c. Time limitations
d. EMR barriers
Theme #4: Communication

“I underestimated how intensely busy these guys and gals are. They are seeing their 30 or 40 patients a day, they don’t necessary have the time to sit there and have a 15 or even 5 minute conversation about that patient.”
Theme #4: Communication

Subthemes:

a. Flexibility
b. Informal
c. Time limitations
d. EMR barriers
“A parent will say ‘the therapist can see all the pediatrician notes in the EMR.’ But actually they can’t.”
Results: Themes

1. The program as an evolving entity.
2. The need for a skilled and dedicated team.
3. Location and physical environment.
5. Problems inherent to mental health treatment.
   a. Patients lost to follow-up
   b. Financial barriers
   c. Limited hours
6. The value of early intervention.
Theme #5: Problems Inherent to Mental Health Clinics

Subthemes:

a. Patients lost to follow-up
b. Financial barriers
c. Limited hours
Theme #5: Problems Inherent to Mental Health Clinics

“The complaint I hear more often is “I didn’t connect. I don’t want to talk.”

“There are times that a therapist and a child don’t see eye to eye and that happens no matter who that therapist is.”
Theme #5: Problems Inherent to Mental Health Clinics

Subthemes:

a. Patients lost to follow-up
b. Financial barriers
c. Limited hours
Theme #5: Problems Inherent to Mental Health Clinics

Subthemes:

a. Patients lost to follow-up
b. Financial barriers
c. Limited hours
Results: Themes

1. The program as an evolving entity.
2. The need for a skilled and dedicated team.
3. Location and physical environment.
5. Problems inherent to mental health treatment.
6. The value of early intervention.
Theme #6: Early Intervention

• “Sometimes I see kids, 3 and 4 years old, and because parents don’t know how to manage the behavior you start getting parent-child interaction problems. So I think that some kids that would have gone to a therapist in the community at ages 9, 10, or 11 with some really bad behavioral problems turned that course early.”
Theme #6: Early Intervention

“30% of the kids that come to see Dr. S, the family would never go to a mental health professional until maybe they are 17 or 18 and they are cutting themselves.”
Discussion

Themes Common to other Studies:

- Importance of leadership
- Care coordinator’s role drift
- Change as a process
- EMR barriers
- Warm handoffs?
Discussion

Themes unique to this study:

• Lack of financial barriers beyond usual community care
• Value of early intervention
Summary

• Satisfaction with the program overall
  • Early and brief intervention
  • Comfort with co-location

• Areas for improvement:
  • Linked EMR
  • Space/ time limitations
  • Need for administrative help
Limitations

Generalizability
- Specific area and population
- Unique funding structure

Participant selection bias
Responder bias
Researcher bias
Next Steps

Patient/ Family experiences
Outcome studies
Cost-effectiveness analysis
Follow-up for families screened out of the program
“When I talk to my team each of them says: “this is a different way of doing things. This is a way that makes more sense to me.”
EVERYTHING IS AWESOME!

EVERYTHING IS COOL WHEN YOU'RE PART OF THE TEAM!
References


