AIMS CENTER
W UNIVERSITY of WASHINGTON
Psychiatry & Behavioral Sciences

Celebrating 20 Years Advancing Integrated Care

# Whole Person Care through Pediatric Collaborative Care (CoCM)

April 16, 2024

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# Advancing Integrated Mental Health Solutions (AIMS) Center Introductions

Monica Harrison, MSW, LCSW

Practice Coach/Clinical Trainer

Sara Barker, MPH

Associate Director for Implementation

Kristi Malmstrom, BS

Program Operations Specialist



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# AIMS Center Background

The purpose of the AIMS Center is to inspire providers, researchers, and decision-makers to transform healthcare and improve patient outcomes. We accomplish this by translating and researching evidence-based approaches to behavioral health integration.

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# Zoom Housekeeping

- This webinar is being recorded
  - Link to recording and slide set will be sent out following the presentation
- Using the Q&A function
  - Enter your question at any time
  - We'll answer questions when all presenters are done
  - General questions about Collaborative Care Model (CoCM) Implementation and Financing can be answered at Implementation and Financing Office Hours or the AIMS Center website FAQs

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# Learning Objectives

- By the end of this session, participants should be able to:
  - Define Collaborative Care in the context of the pediatric population
  - Discuss how Collaborative Care can be adapted to meet the unique needs of the pediatric population
  - Provide lessons learned and best practices in providing pediatric Collaborative Care

# Today's Presenters

- Anna Hink, LCSW, PMH-C
  - Clinical Trainer, AIMS Center
- Emily Hannon, MD, IBCLC, FAAP
  - Pediatrician, Western Wake Pediatrics
- Cristin Boswell, LCSW-A
  - Behavioral Health Care Manager, Western Wake Pediatrics
- J. Nathan Copeland, MD, MPH, DFAACAP
  - Child Psychiatrist, Duke Department of Psychiatry and Behavioral Sciences
- Mary Ann Woodruff, MD, FAAP
  - Pediatrician, Pediatrics Northwest
- Wendy Pringle, LMHC
  - Senior Director of Pediatric Healthcare Integration, HopeSparks

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# BACKGROUND

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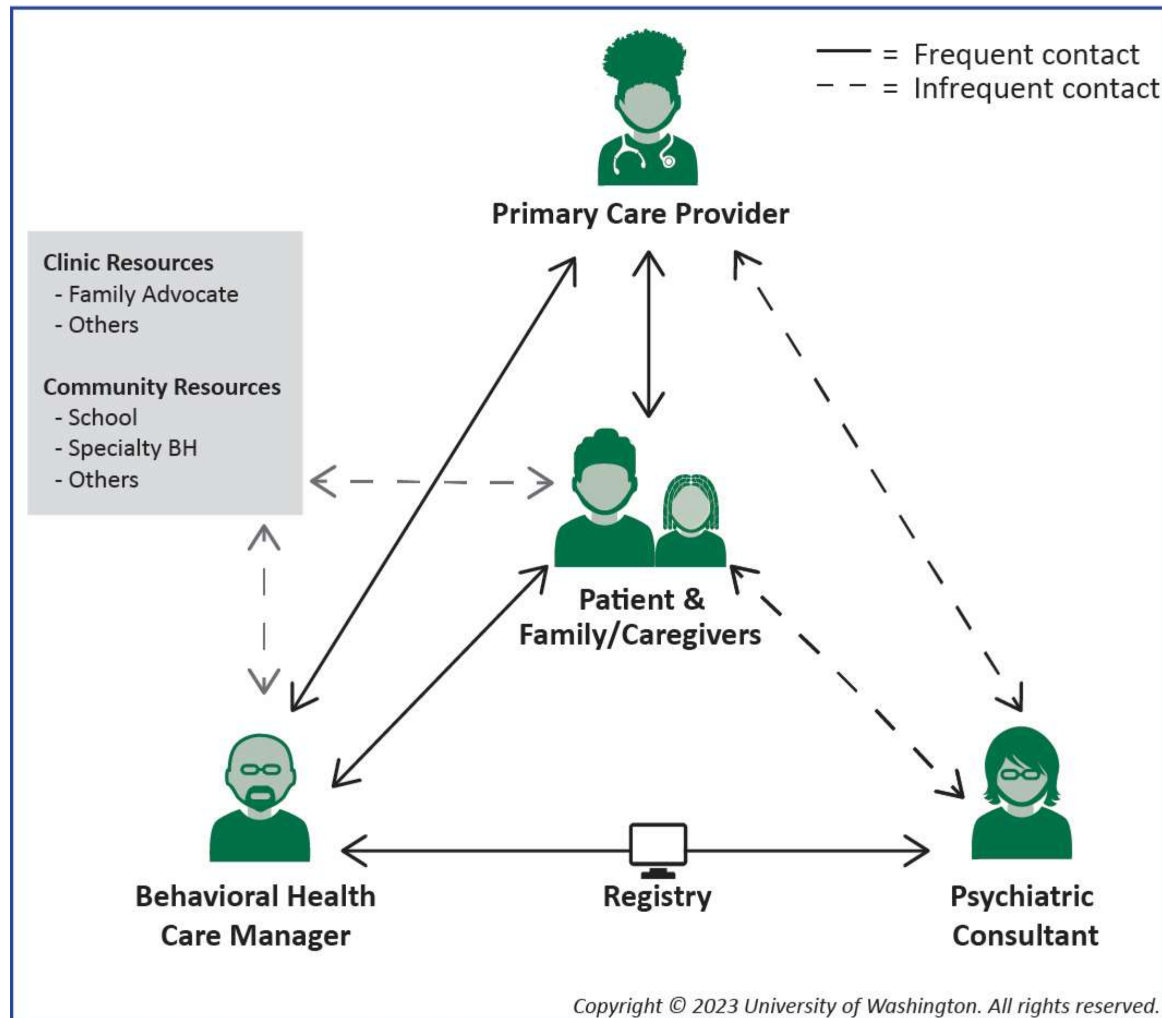
# Overview





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# Patient-Centered Team

### Essential CoCM Elements

- Multidisciplinary team that includes the patient, Primary Care Provider (PCP), Behavioral Health Care Manager (BHCM), and Psychiatric Consultant (PC)

### Pediatric CoCM Elements

- Team also includes patient's family/caregivers
- Confidentiality and consent for care in adolescents
- Program partnerships with schools, community, and behavioral health agencies



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# Population-Based

**Essential CoCM Elements**

- Systematic screening & identification of patients
- Measurement of outcomes tracked in a registry
- Stepped approach to care with referral options for patients who need higher levels of care

**Pediatric CoCM Elements**

- Decisions around age range and conditions to treat
- BHCMs collaborate with patient's school or other support systems until referral connection is made
- Caseload size and SDOH/care coordination needs, and family needs
  - BHCM or PCP may provide referrals for family to receive services



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# Measurement-Based Treatment to Target

**Essential CoCM Elements**

- Longitudinal measurement of treatment response
- Scheduled Systematic Caseload Review (SCR)
- Timely treatment adjustments through regular review by a PC

**Pediatric CoCM Elements**

- Monitoring symptoms may vary in frequency and age/caregiver considerations
- Considerations for how to track multiple Behavioral Health Measure responses
  - Patient, caregiver, and teacher scores
- SCR may cover fewer pediatric cases due to complex family systems

# Evidence-Based Treatments

### Essential CoCM Elements

- Individualized structured treatment plans
- Workforce trained to deliver brief behavioral interventions appropriate for primary care

### Pediatric CoCM Elements

- Treatment recommendations focus on behavioral interventions as first line
- Workforce trained to deliver brief behavioral interventions appropriate for pediatrics
- PCPs trained to use psychiatric medications for pediatric populations

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# Accountable

## Essential CoCM Elements

- Provider and practice-level performance metrics
- Use of metrics to drive quality improvement
- Plans for program sustainment

## Pediatric CoCM Elements

- Program drift across a large age spectrum
- Inclusion of Family Advocates to help with continuous quality improvement and program development
- Program sustainment
  - Caseload size and reimbursement amount
  - Billable services

# WESTERN WAKE PEDIATRICS

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# Who We Are

- Single-site, independent, physician-owned pediatric practice
- Over 30 years in the community
- 6 Pediatricians, 3 Pediatric Nurse Practitioners, 1 Lactation Consultant

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# Why We Decided to Bring Collaborative Care to Our Office

- Long waiting list for community-based therapy
- Physicians and Nurse Practitioners desperate to learn more about psychiatric care (diagnosis and treatment) in the wake of the pandemic
- Provide “wrap around” services for our patients and their families in a familiar, comfortable environment
- Provide the care we wanted to provide for our patients, but did not always have time as the provider with a 15-minute appointment slot
- Our BHCM focuses on ages 6-21; diagnoses ADD/ADHD, depression, anxiety
- Participation with IEPs and 504 plan meetings, collaboration with schools as patient advocate and representative of our office
- Safety planning and suicide prevention in the office

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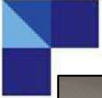
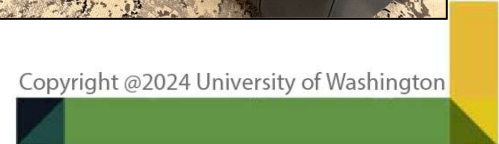
# Billing and Return on Investment

- Initial month – 99492 is used for the initial month
  - 0-15 minutes – cannot bill
  - 16-35 minutes – bill G2214
  - 36-85 minutes – bill 99492 (70min)
  - 86-115 minutes – bill 99492 (70min) + 99494 (16-30min)
  - 116 and greater minutes – bill 99492 (70min) + 99494 (30min) + 99494 (16-30min)

- Subsequent months – 99493 is used for any months following
  - 0-15 minutes – cannot bill
  - 16-30 minutes – bill G2214
  - 31-75 minutes – bill 99493 (60min)
  - 76-105 minutes – bill 99493 (60min) + 99494 (16-30min)
  - 106 and greater minutes – bill 99493 (60min) + 99494 (30min) + 99494 (16-30min)





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# CoCM Behavioral Health Care Manager Core Training

### 1. Behavioral Health Care Manager Course
*9-10 hours*

A comprehensive BHCM overview and training course conducted via The AIMS Center. Online, self-paced modules. CEs provided.

### 2. REACH Course
*16.25 hours*

A dynamic 3-day interactive course taught by experts in pediatric behavioral and mental health. Focus on building skills and confidence in diagnosing and treating pediatric behavioral health problems. CEs provided.

### 3. Motivational Interviewing
*8-10 hours*

Online, self-paced modules that provide education and resources to enhance professional's knowledge and confidence in providing effective and efficient adolescent-specific MI techniques. CEs provided.

### 4. Behavioral Activation and Exposure Therapy Concepts
*6 hours*

Train and support the BHCM in delivering evidence-based behavioral therapies for youth and families with common mental health concerns.

### 5. SAFETY-A
*6 hours*

SAFETY-A is a developmentally-informed approach to safety planning for children and adolescents. SAFETY-A is provided after a youth has attempted suicide, engaged in self-harm behaviors, or expressed strong suicidal urges.

In addition to the above training, the NC-PAL CoCM team will facilitate weekly learning collaboratives between BHCMs across all pilot sites.



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## Collaborative Care Program for Behavioral Health
## Patient Information and Consent

**What is the Collaborative Care Program?** Western Wake Pediatrics is pleased to offer a Collaborative Care Program for patients to help support behavioral health. The Collaborative Care Program is an evidence-based program to help children, teens, and their families support the mental health care provided by our medical team.

**Who are members of our Collaborative Care Team?** Your Western Wake Pediatrics provider (your doctor or nurse practitioner) is the leader of this team. The team also includes our Behavioral Health Care Manager, Cristin Boswell, and a pediatric/adolescent Psychiatrist from Duke Health.

**What are the benefits of our Collaborative Care Program?**

- Regular check-ins with our Behavioral Health Care Manager to monitor your child's progress (in-person in our office, via video visit, or by phone call).
- Brief problem-solving sessions conducted by our behavioral health care manager with your child and family that can start immediately, like helping children/teens create and practice strategies to help with anxiety or attention, and working on ways to help family interactions and home support.
- Your child's case will be reviewed on a frequent basis with our dedicated Duke Psychiatrist, to offer the best recommendations for your child's care, especially if medications are prescribed. Your child will not interact directly with the psychiatrist.
- The average enrollment time in the Program is 4-6 months, but may vary depending on treatment needs.
- If advanced care is required, we will help your child establish care with a community therapist or psychiatrist.

Cristin Boswell, LCSW-A
Behavioral Health Care Manager

**What are the costs of the Collaborative Care Program?**
Your insurance will be billed monthly for the time our team spends helping your child. As with other care, some of this cost may be passed along to you for co-payment depending on your insurance coverage. Typically, the cost of participation in this program is less than the cost of similar sessions with a community therapist.



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# Lessons Learned

- LOTS of information and guidance on the University of Washington AIMS Center website:
  - Hiring - https://aims.uw.edu/team-structure/behavioral-health-care-manager/
  - Training - https://aims.uw.edu/behavioral-health-care-managers/
- Identify a Physician or Provider Champion
- Talk to your local Clinically Integrated Network (CIN), Pediatric Psychiatry Department at academic medical center, and state or local AHEC office

# HOPESPARKS/PEDIATRICS NORTHWEST

# Transforming Pediatric Healthcare

## Addressing the Mental Health Crisis through Collaboration

# The Who

- All families eligible (3 – young adult)
  - Demographics in CoCM match practice
- All primary care pediatricians at Peds NW
- Integrated Therapists at HopeSparks
- Psychiatric Providers (Psych ARNP)
- Community Health Workers
- Both organizations with buy-in

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# The How

- Universal screening at primary care – Primary Care Medical Home Model
    - Ages 3 to young adult
- Identifying mild to moderate anxiety, depression and behavior concerns
- Identifying Social Health Needs
- Referral into Collaborative Care Model
- Two generation approach

# The What in Collaborative Care

- The Registry
- First Approach Skills Training (FAST) curriculum, created by Seattle Children’s psychologists: brief CBT for primary care
- Treatment to Target
- Stepped care
- All families are introduced to CHW
- Nearly 2000 families seen in CoCM with an 89% connect rate, 2 days until contact by therapist with family

# Collaborative Care Program Outcomes

- Paired Samples Effect Sizes

| Outcome | Effect Sz. | Standardizer | Pt. Est. | 95% CI |
|---|---|---|---|---|
| PSC-35 | Cohen's d | 7.66 | **1.0** | .65 – 1.33 |
| | Hedge's | 7.72 | **.99** | .65 – 1.32 |
| SCARED | Cohen's d | 11.69 | **1.10** | .79 – 1.32 |
| | Hedge's | 11.74 | **1.05** | .79 – 1.30 |
| PHQ-9 | Cohen's d | 6.14 | .63 | .35 - .90 |
| | Hedge's | 6.18 | .62 | .34 - .89 |
| GAD-7 | Cohen's d | 4.74 | .61 | .26 - .95 |
| | Hedge's | 4.78 | .60 | .26 - .94 |

- Effect Sizes: Small = .2; Med = .5; Large = .8
- Behavior, depression and anxiety symptoms change after IBH+FAST!



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# Collaborative Care Works in Pediatrics

- Two generation approach changes lives
- Upstream: potential for prevention
- Onus on us to connect
- Families embrace this model
- Results persist
- Workforce solution
    - Effective teams of care
    - Low staff turnover
- Transformation of primary care
- Improved prescribing at primary care
- Removing barriers to care
- Addressing social health needs
- Knowledge increases for all care team members
- “Right resources at the right time in real time”

"At first people refuse to believe
that a strange new thing can be done.
Then they begin to hope it can be done.
Then it is done and all the world wonders
why it was not done centuries ago."

- *The Secret Garden,*
Frances Hodgson Burnett

# MANY THANKS TO OUR PRESENTERS!

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# Q & A

# Additional Resources

Implementation Guide for Pediatric CoCM:

https://aims.uw.edu/resource-library/pediatric-collaborative-care-implementation-guide

AIMS Center Implementation and Financial Office Hour Info:

https://aims.uw.edu/what-we-do/office-hours

AIMS Caseload Tracker (now includes SCARED, Vanderbilt and SMFQ): https://aims.uw.edu/aims-caseload-tracker/

# Upcoming Quarterly Webinars

- Upcoming topics
  - 20th Anniversary: Lessons Learned & New Directions
    - July 10, 2024, 11am-12pm PDT
  - Rural CoCM
    - October 15, 2024, 10am-11am PDT
- Let us know what you'd like to hear about!

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# WEBINAR FEEDBACK

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# Thank you for joining us!

University of Washington AIMS Center
uwaims@uw.edu