



Child Psychiatry
and I/DD

NC-PAL

North Carolina Pediatric Access Line
Child Psychiatry and I/DD

Helping Primary Care Providers in North Carolina
access Mental Health, Autism, and I/DD resources.

Pediatric Access Programs

- ▶ In 2003, University of Massachusetts launched a program that provided telephone psychiatric consultation to pediatricians. This program is now called the Massachusetts Child Psychiatry Access Program (MCPAP).
- ▶ Through MCPAP, pediatricians were given access to care coordinators and psychiatrists.
- ▶ Pediatricians developed increased knowledge and comfort in treating mental health conditions, and prescription of psychotropics decreased.
- ▶ At start of MCPAP, 8% of pediatricians thought they could meet the psychiatric needs of their patients. After a few years enrolled in McPAP, 63% felt they could meet the needs.
- ▶ MCPAP now has 95% of pediatric providers enrolled in their services. They cover 1.5 million kids with 6 teams.





Child
Psychiatry

Support from Cardinal Innovations:

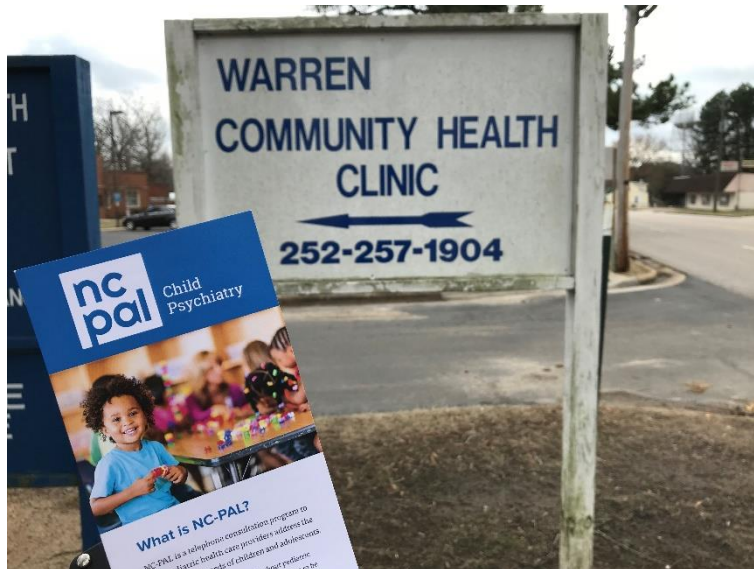
- To provide Telephone Consultation
- To child medical providers
- In 6 Counties North of Durham
- First calls in October 2017



Intellectual/
Developmental
Disability

Support from NC Council on Developmental Disabilities:

- To a partnership between Duke, UNC at Chapel Hill and NC START
- Goal to identify children with IDD in Duke Children's Primary Care and UNC Pediatrics
- And to provide telephone consultation regarding IDD issues
- First calls May 2018



Warren Co. Health Department Children's Clinic
Warrenton, NC

Why is NC-PAL necessary?

- ▶ Identified need among PCPs and staff for access to colleagues with I/DD expertise to increase their competence and comfort in caring for children and adults with I/DD living in the community.
- ▶ Massive shortage of child psychiatrists, particularly in rural areas
 - ▶ Only 62/100 counties in NC have access to child psychiatry services
- ▶ PCPs have fostered trusted relationships amongst patients and their families
 - ▶ They are the best option for delivering mental health care to their community

Source: Oregon Health Sciences University



What is NC-PAL Child Psychiatry?

Specific Aims

- ▶ Provide telephone psychiatry consultation to assist primary care providers in providing mental and behavioral health services to their pediatric patients.
- ▶ Provide community and specialist referral support as needed to meet provider and patient needs.
- ▶ Currently serving five rural NC communities (**Vance, Halifax, Warren, Franklin, and Granville Counties**)

Project Team: Duke Integrated Pediatric Mental Health, Cardinal Innovations Health Care

Partners: Duke and UNC pediatric practices and providers, Cardinal Innovations Health Care, community agencies, families



What is NC-PAL I/DD?

Specific Aims

- ▶ Establish telephone consultation infrastructure to support primary care providers and behavioral health teams caring for children 3 to 22 years with I/DD.
- ▶ Provide referral support for youth with I/DD to connect with appropriate resources.
- ▶ Conduct evaluation focused on feasibility, acceptability, outcomes, and alignment with McPAP.

Project Team: Duke Integrated Pediatric Mental Health, UNC General Pediatrics, UNC Carolina Institute for DD, NC START Central team.

Partners: Duke and UNC pediatric practices and providers, Alliance and Cardinal Innovations LME MCOs, community agencies, families



NC-PAL I/DD: Targeted Outcomes

- ▶ Change in PCP understanding of IDD/system issues
- ▶ Change in PCP perceived self-efficacy
- ▶ Change in comfort in PCP with IDD related psychopharmacology
- ▶ Change in PCP efficacy with resource finding/referral
- ▶ PCP satisfaction with the consultation program
- ▶ Change in IDD system access, including specialists
- ▶ Family satisfaction with consultation
- ▶ Change in quality of life indicators

Long-term goal: *Create Medical Health Homes that are proactive in caring for physical and mental health needs of children with I/DD and their families*



Developing I/DD Intervention

- ▶ Identified the need to provide outreach to many of these patients, as opposed to only responding when individual is in crisis/distress.
 - ▶ To develop a consultative service for the I/DD population, it is necessary to have both:
 - Telephone consultation to provide information to parents and providers in real time
- AND*
- Proactive strategies to support individuals with I/DD including case finding and needs identification.



Case Finding and Chart Review

| | n = 498 | % |
|--|---------|-----|
| I/DD and Related Diagnosis (patients may have multiple diagnoses) | | |
| Intellectual Disability | 91 | 18% |
| Autism Spectrum Disorder | 344 | 69% |
| Congenital/ Chromosomal | 91 | 18% |
| Down's Syndrome | 48 | 10% |
| Other Dev. Disability | 92 | 18% |
| Mental Health Diagnoses (patients may have multiple diagnoses or may have none) | | |
| ADHD | 155 | 31% |
| Anxiety | 80 | 16% |
| Sleep-Wake D/O | 65 | 13% |
| Disrupt., Impulsive Control, Conduct D/O | 38 | 8% |
| Eating Disorder | 20 | 4% |
| Adjustment D/O | 20 | 4% |
| Depressive Disorder | 18 | 4% |
| Mood Disorder | 18 | 4% |
| Trauma/Stressor Rel. D/O | 14 | 3% |



Case Finding and Chart Review

| | n = 498 | % |
|--|---------|-----|
| CAP-C | | |
| Yes | 19 | 4% |
| No | 479 | 96% |
| Seizures | | |
| Yes | 50 | 10% |
| No | 433 | 87% |
| Historically | 15 | 3% |
| Primary Medical Diagnoses Encountered | | |
| <p>Adrenal insufficiency, allergic rhinitis, Angelman Syndrome, anoxic brain damage, asthma, blindness, brain tumor, bronchomalacia, cardiac dysrhythmia, cerebral palsy, chronic kidney disease, congenital heart disease, Crohn's disease, deafness, Dravet syndrome, dysphagia, encephalopathy, epilepsy, fetal alcohol syndrome, GERD, Graves' disease, Hirschsprungs' disease, hypertension, hypopituitarism, hypothyroidism, microcephaly, migraine, obesity, panhypopituitarism, Peters plus syndrome, Pompe's disease, prediabetes, pre-hypertension, seizure disorder, septo-optic dysplasia, short stature, spastic quadriplegia, spina bifida, static encephalopathy, paroxysmal supraventricular tachycardia, thyroiditis, tuberous sclerosis and visual impairment.</p> | | |



Case Finding and Chart Review

| | n = 498 | % |
|--|---------|-----|
| Managed Care Organization | | |
| Alliance BHC | 406 | 82% |
| Cardinal Innovations | 81 | 16% |
| Sandhills Center | 6 | 1% |
| Engaged in Behavioral/ Mental Health Services | | |
| Yes | 212 | 43% |
| No | 286 | 57% |
| Engaged in Behavioral Therapy | | |
| Yes | 87 | 17% |
| No | 411 | 83% |
| Engaged in Medication Management | | |
| Yes | 182 | 37% |
| No | 316 | 63% |
| Innovations Waiver | | |
| Never screened for IDD eligibility | 346 | 69% |
| Screened for IDD eligibility; not on RUN | 30 | 6% |
| On Registry of Unmet Needs | 55 | 11% |
| Enrolled on Innovations waiver | 49 | 10% |
| Unknown | 18 | 4% |



Case Finding and Chart Review

| | n = 498 | % |
|---|---------|-----|
| Behaviors (Within Last 6 Months) | | |
| Yes | 206 | 41% |
| No | 292 | 59% |
| Category of Behaviors | | |
| Tantrums/ Emotional Outbursts | 126 | 25% |
| Aggression Towards Others | 109 | 22% |
| Impulsivity | 90 | 18% |
| Self- Injurious Behaviors | 44 | 9% |
| Property Destruction | 18 | 4% |
| Wander/Elopement | 20 | 4% |

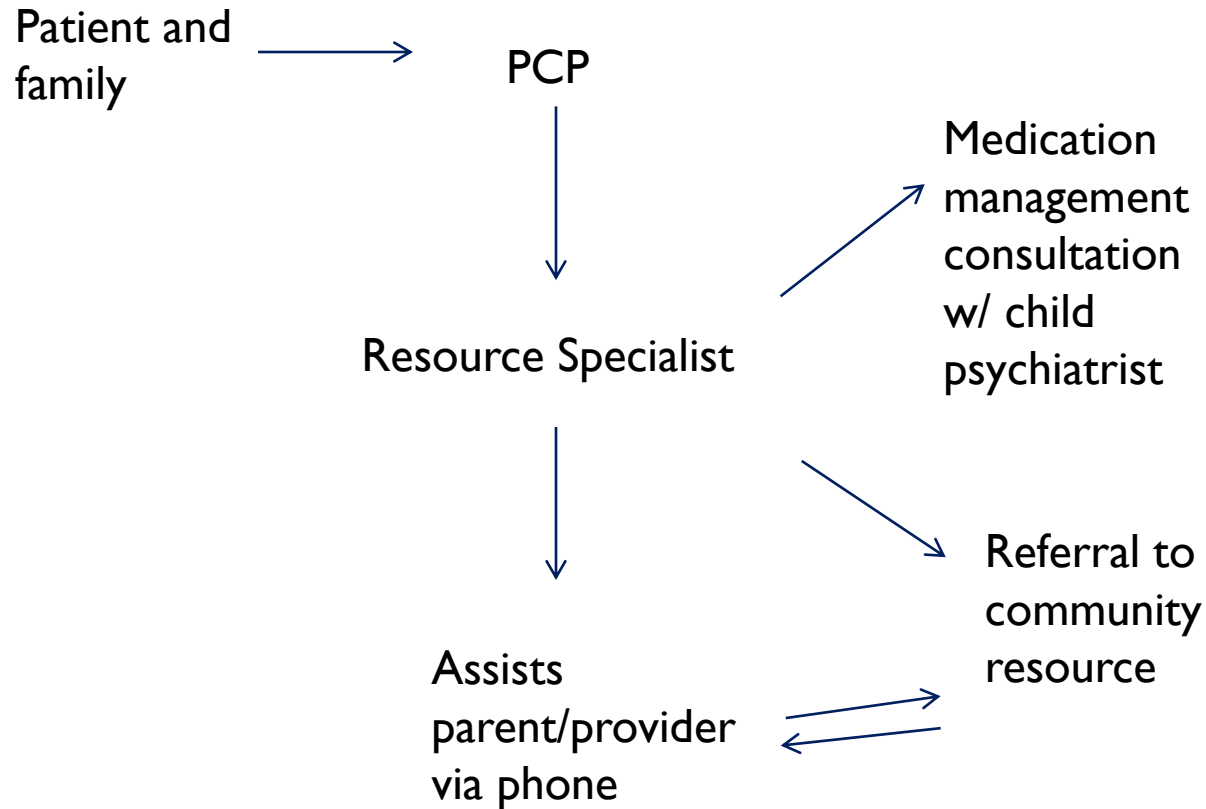


NC-PAL Consultation Services

- ▶ **Child psychiatry consultation via phone – services for providers available during business hours**
 - ▶ Care coordinator/resource specialist or child psychiatrist will be available
 - ▶ Can make referrals to community resources and programs
 - ▶ Our child psychiatrist has a 30 minute window to call a PCP back in regards to a patient
- ▶ **Educational opportunities will be provided for PCP staff**
- ▶ **Monthly newsletters will be sent out via email**
 - ▶ Updates on behavioral healthcare and best practice techniques



NC-PAL Clinical Process

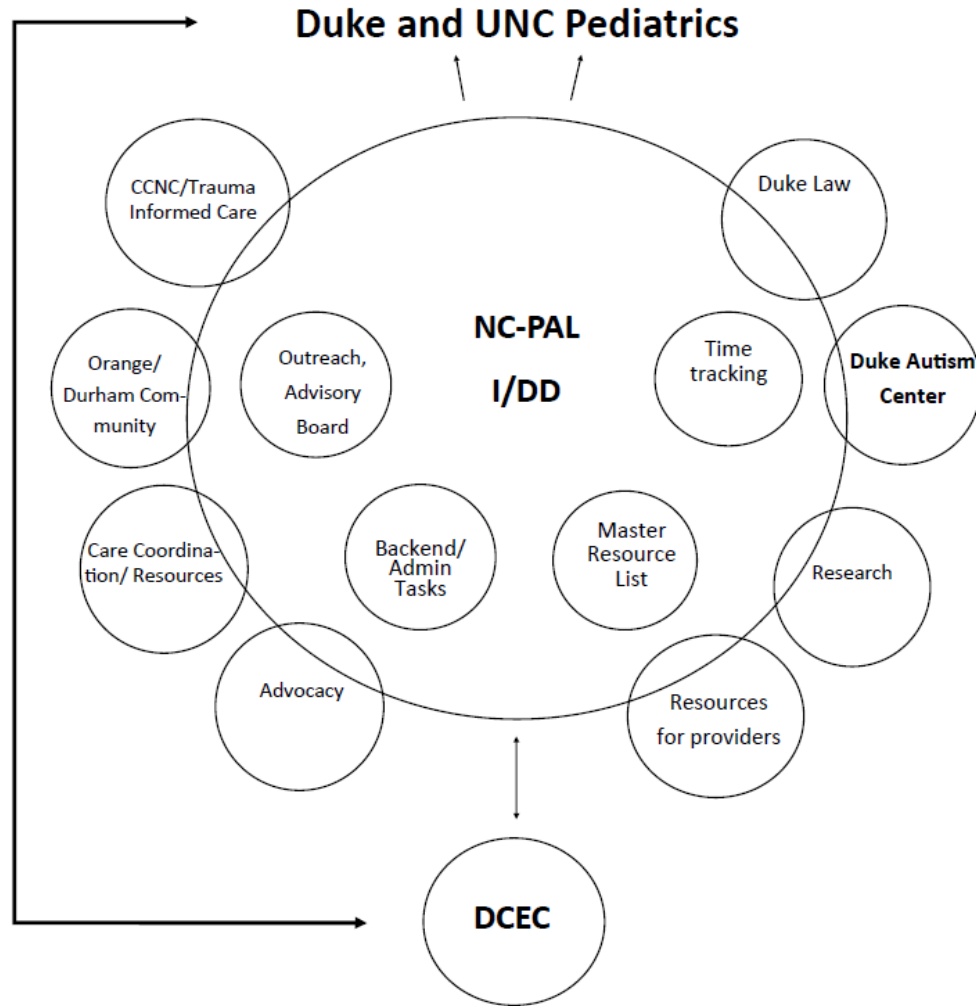


What questions do providers ask?

- ▶ **Diagnostic questions**
- ▶ **Medication management and algorithm questions**
 - ▶ Selection, side effects, needing a second opinion
- ▶ **Questions about various forms of support**
 - ▶ General help with accessing behavioral health community resources, referrals
 - ▶ Behavioral therapies, support groups, parenting resources,
 - ▶ Information about navigating system and I/DD services



NC-PAL I/DD



Summary of Key Activities

- ▶ Held 2 Advisory Board meetings with a committee comprised of individuals, family members and community stakeholders
- ▶ Completed case identification/ needs assessment
- ▶ Began taking NC-PAL calls Oct 2017
- ▶ Began taking NC-PAL I/DD calls May 2018
- ▶ Ongoing meetings with
 - ▶ NC-PAL I/DD team (Duke IPMH, UNC/ CIDD, NC START)
 - ▶ NC-PAL team (Duke IPMH, Cardinal)
 - ▶ TEACCH's ECHO team
 - ▶ Evaluation staff
- ▶ Presentations
 - ▶ 2018 START Conference
 - ▶ Duke Children's Primary Care providers
 - ▶ North Carolina Consultation Summit

