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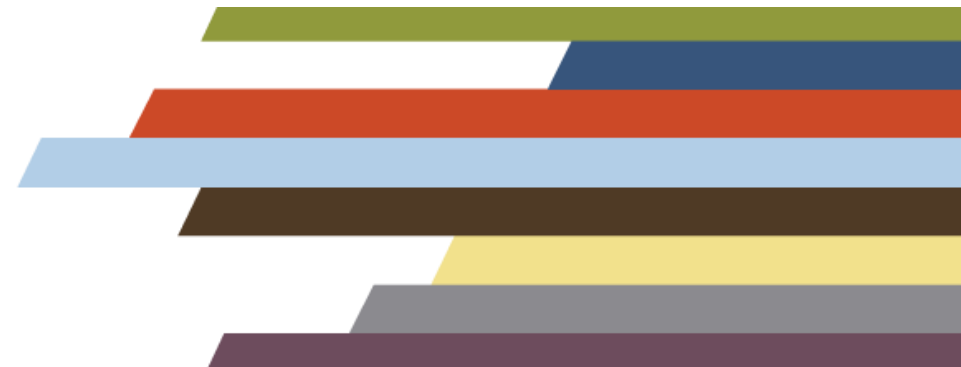
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# **Pediatric Integrated Behavioral Health in Primary Care: Preventing Mental Health Disorders in Later Life**

**Joseph H. Evans, PhD**

**Holly J. Roberts, PhD**

University of Nebraska Medical Center



# Disclaimer

- Joseph Evans and Holly Roberts have no financial, personal, or professional conflicts of interest in this training titled “***Pediatric Integrated Behavioral Health in Primary Care: Preventing Mental Health Disorders in Later Life***”

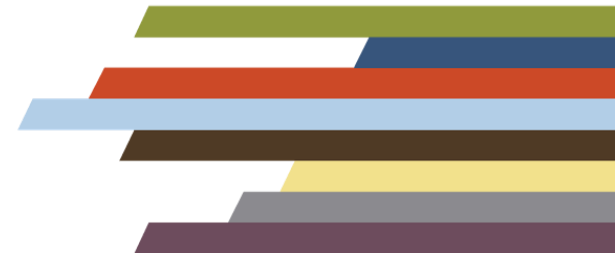
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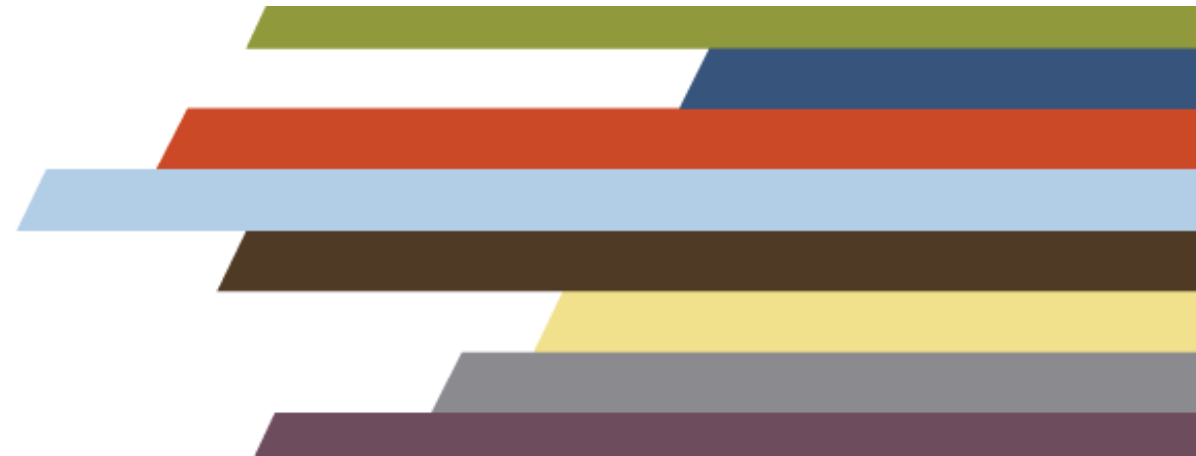
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# Introduction to MHTTC and Opportunities for Training

New to Integrated Behavioral Health?: A Primer for Students and Those New to the Field



# What is the Mid-America MHTTC?

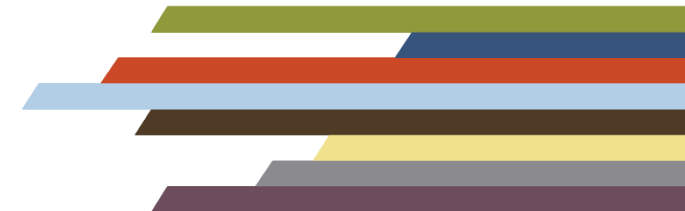
- Funded by the Substance Abuse and Mental Health Services Administration  
(Grant number: H79SM081769).
- 5-year grant of \$3.7 million.
- Awarded to the Behavioral Health Education Center of Nebraska (BHECN) at University of Nebraska Medical Center.
- Serves to align mental health systems and professional competencies with evidence based practices.
- Operates in Missouri, Iowa, Nebraska, and Kansas.
- Provides free training and technical assistance on a variety of topics germane to effective mental health practice.



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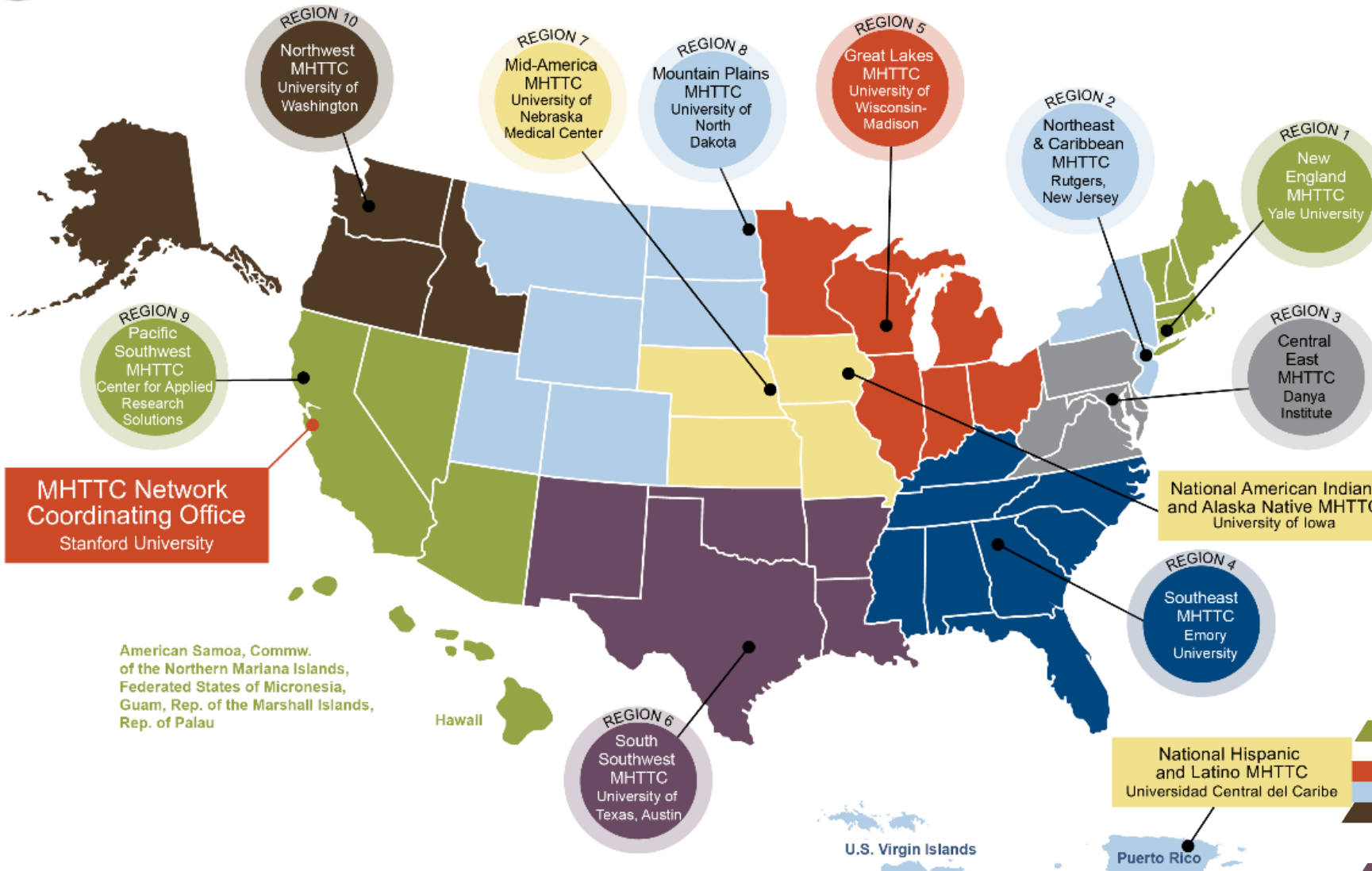
# Where is the Mid-America MHTTC located?



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# Evaluation and Follow-up

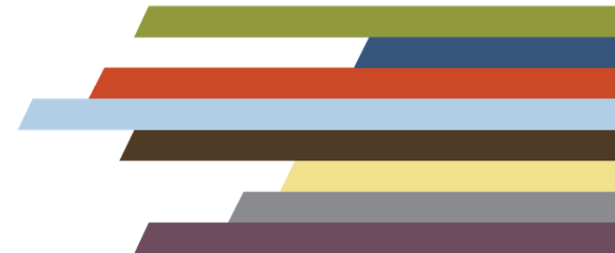
- At the end of this session, you will be asked to complete a brief evaluation.
- Because this event is federally funded, we are required to ask about participants' satisfaction with our trainings.



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# Presentation Outline

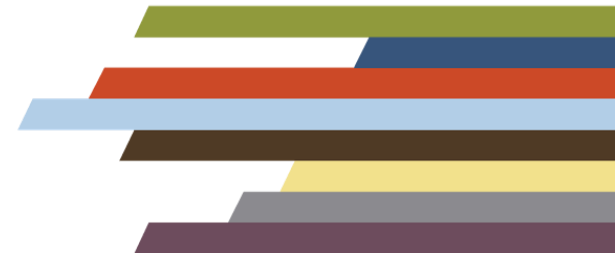
- 1) Introduction to Mid-America MHTTC
- 2) Childhood - Origination of Behavior Disorders.
- 3) Defining a Model of Integrated Pediatric Behavioral Health in Primary Care
- 4) Research and Program Evaluation Results
- 5) Q and A



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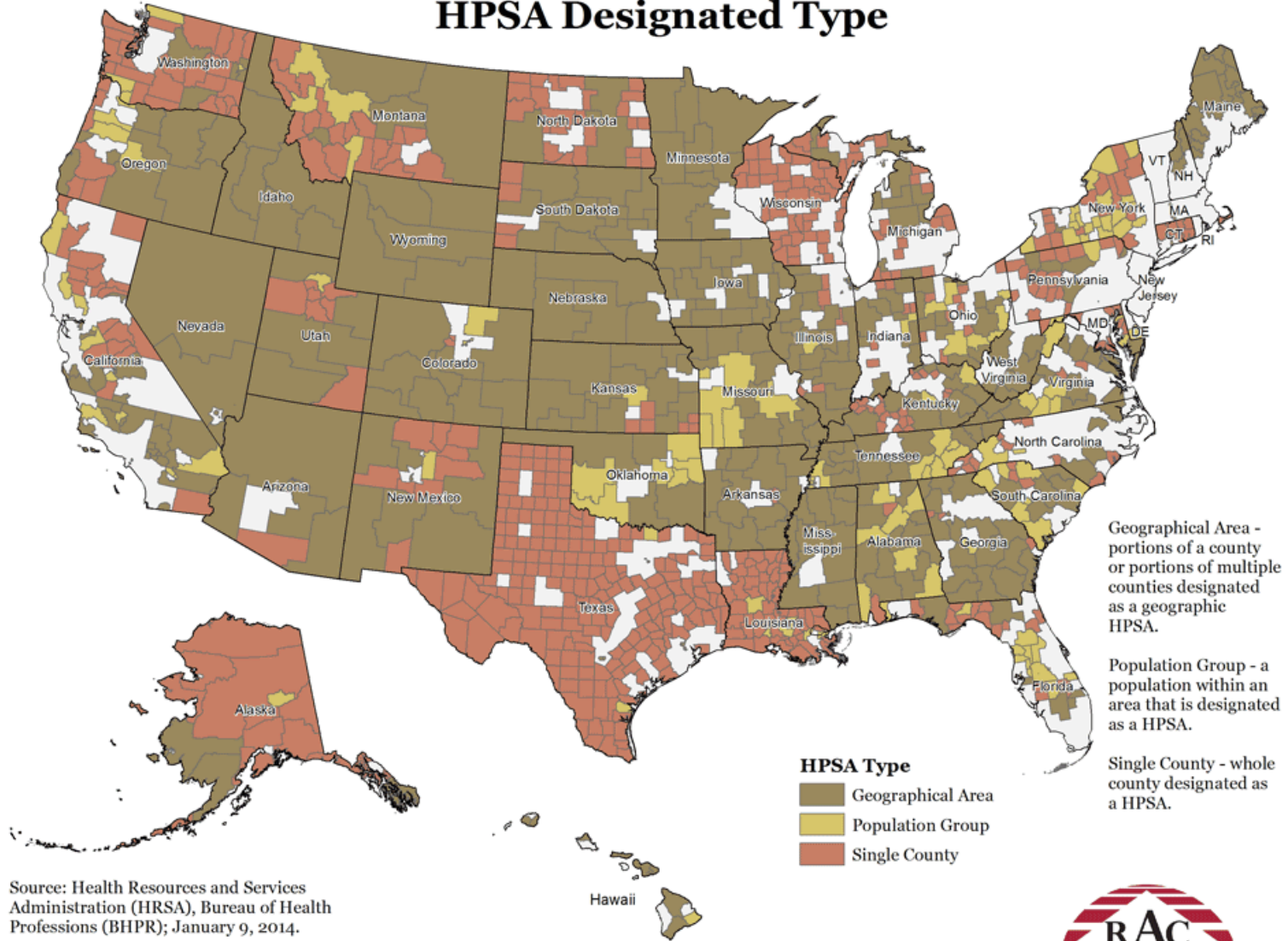
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# Health Professional Shortage Areas (HPSA) - Mental Health

## HPSA Designated Type



Source: Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHP); January 9, 2014.

Note: Alaska and Hawaii not shown to scale

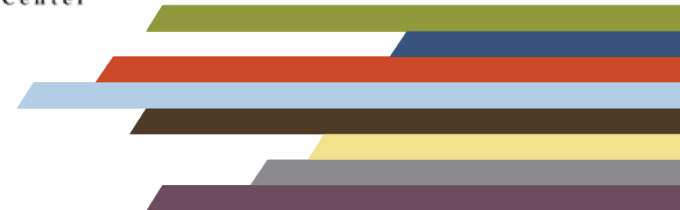


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# **Behavioral Health Problem Origination**

- **20% of children/youth have a need for mental health services but only one-third receive help.**
- **Over 75% of mental health disorders begin in childhood.**
- **Parents initially go to their PCP for child-adolescent behavior problems**
- **Schools are where many BH problems are identified and treated**

# What Parents Expect!!!!

**Little angel?**  
Top treats for kids



What Parents Sometimes Get!!!



# What Parents Sometimes Get!!! Also In Little Girls



# Without Treatment, What Parents Sometimes Create - In Teens!!!



# Behavioral Disorders presenting in Pediatric & Fam Med Primary Care

- Attention Deficit Hyperactivity Disorder
- Oppositional, defiant, aggressive and destructive behaviors
- Academic and school behavior problems
- Anxiety and Depression
- Chronic pain
- Adherence with medical treatment
- Developmental disabilities including autism
- Elimination problems including enuresis, encopresis and toilet training.
- Fears and phobias
- Feeding problems
- Obsessions and compulsions
- Sleep problems including bedtime resistance, night-time awakening and sleep/wake schedule problems.
- Psychoeducational assessment and school consultation
- Tic and habit disorders



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# Oppositional Defiant Disorder



# Who Ate My Snickers???





# ADHD-Hyperactive/Impulsive



# Academic Problems



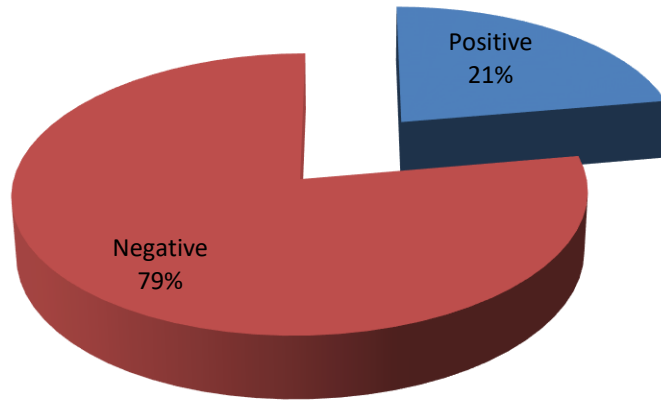
# Conduct Disorder



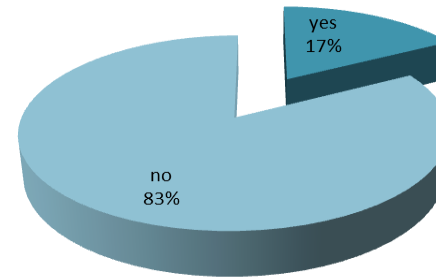


# Child & Adolescent Screenings (36 months data) in Primary Care

Childhood Behavioral Screening  
N=5389



Percent of Parents Requesting Assistance (N=2055)



Screening Results	Positive
All Ages (3-18)	
Total (any disorder)	21%
ADHD - Inattentive	9%
ADHD - Hyperactive	7%
Combined	5%
Oppositional Defiant	9%
Conduct Disorder	3%
Anxiety/Depression	6%
Would Like Help	14.5%

# Effects of Untreated ADHD

Systematic review of 351 articles on ADHD:

For 9 major categories: academic, antisocial behavior, driving, non-medicinal drug use/addictive behavior, obesity, occupation, services use, self-esteem, and social functioning, the following broad trends emerged:

- (1) without treatment, people with ADHD had poorer long-term outcomes in all categories compared with people without ADHD, and
- (2) treatment for ADHD improved long-term outcomes compared with untreated ADHD, although not usually to normal levels.

[Shaw, M., et al. BMC Med.](#) 2012; 10: 99. Published online 2012 Sep 4. doi: [10.1186/1741-7015-10-99](https://doi.org/10.1186/1741-7015-10-99)

# **Effects of Untreated ADHD**

- **School Drop Out**
- **Driving Accidents**
- **Unemployment/Underemployment**
- **Divorce**
- **Unwanted pregnancies**
- **Poor social functioning**

# **EFFECTS OF Enuresis on SELF-ESTEEM**

## **Self esteem threatened by:**

- **Parental Disapproval**
- **Detection and teasing**
- **Repeated failure**
- **Leads to sense of isolation**

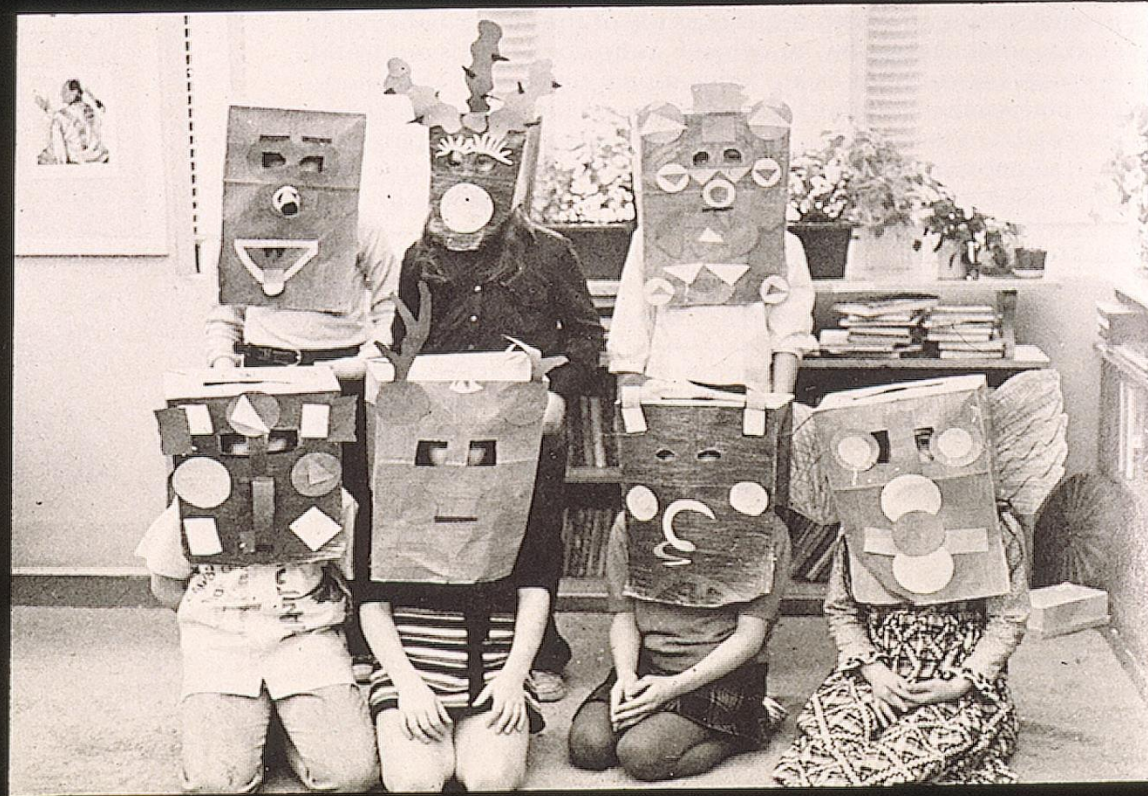
## **Poor self-esteem in childhood:**

- **Complicates a variety of common problems**
- **Represents another problem to be addressed**





# Bedwetters Anonymous



# One Solution: Integrated BH in Pediatric Primary Care

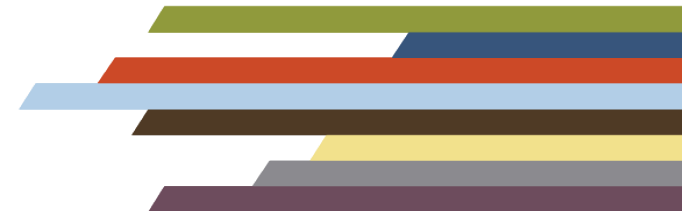
- Provides improved access for patients, families, primary care providers, and behavioral health clinicians.
- Provides improved assessment and treatment for patients and families
- Optimizes mental and physical health outcomes by integrating physical and behavioral care.
- Reduces stigma.



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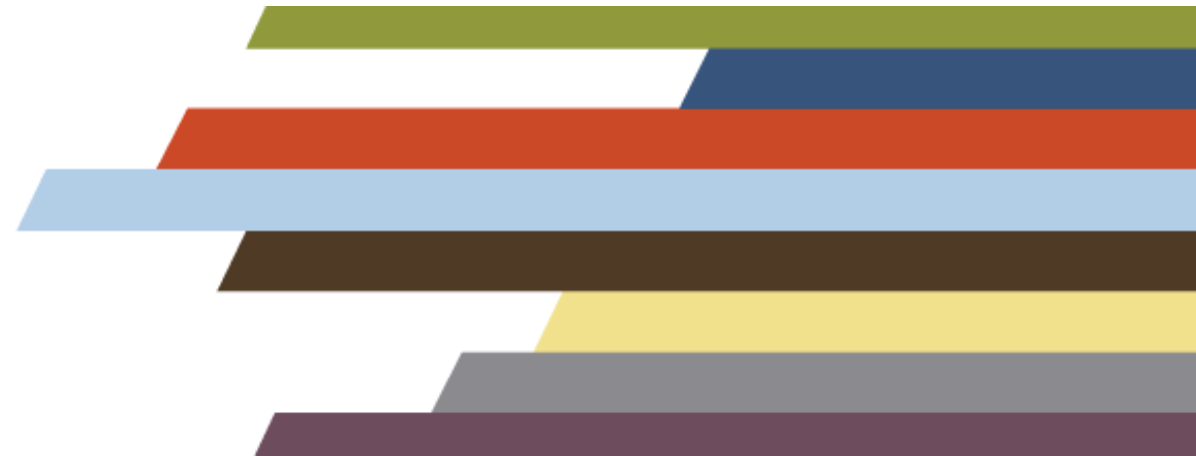


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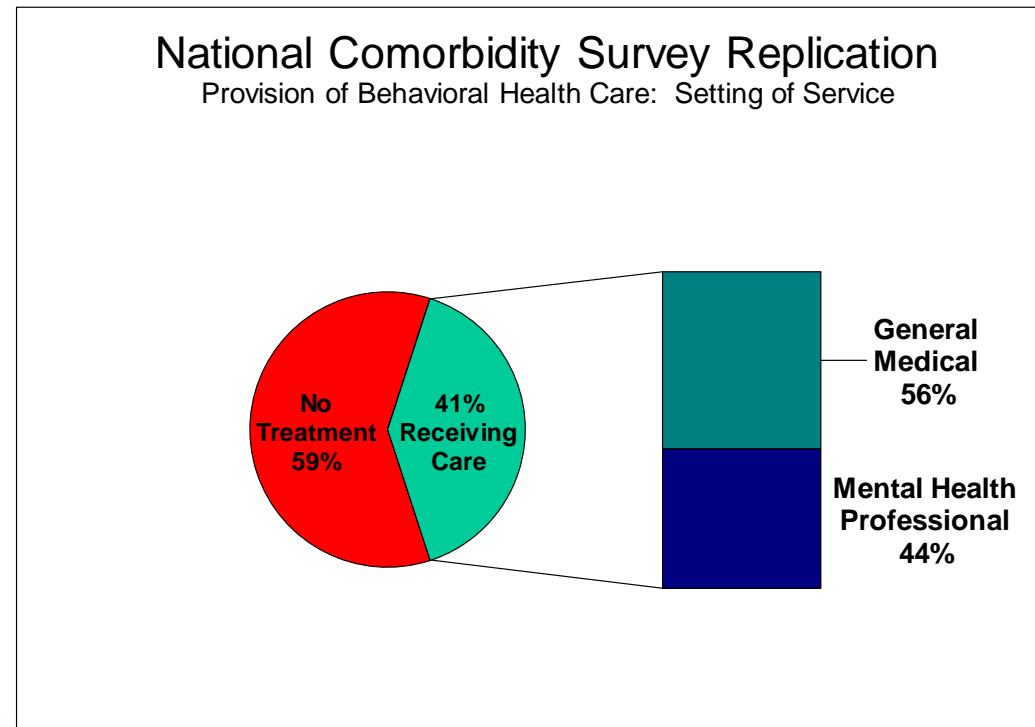
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# Why Integrated Care?



# Why Integrated Behavioral Health in PC?

- Physicians are “de facto” mental health providers



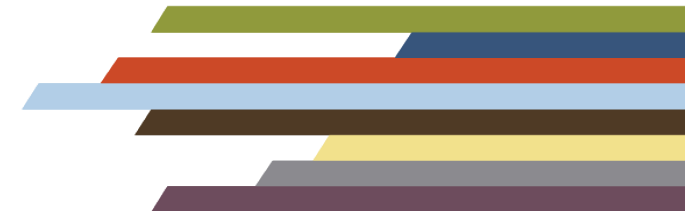
Source: Wang P et al. Arch Gen Psychiatry, 2005: 62.  
Adapted from Katon, Rundell, Unützer, Academy of PSM Integrated Behavioral Health 2014



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# Unmet Behavioral Health Needs

- **67% of individuals with a behavioral health disorder do not get behavioral health treatment<sup>1</sup>**
- **30-50% of referrals to behavioral health from primary care don't make first appt<sup>2,3</sup>**
- **Two-thirds of primary care physicians reported **not being able to access** outpatient behavioral health for their patients<sup>4</sup> due to:**
  - Shortages of mental health care providers
  - Health plan barriers
  - Lack of coverage or inadequate coverage
- **Depression goes undetected in >50% of primary care patients<sup>5</sup>**
- **Only 20-40% of patients improve substantially in 6 months without specialty assistance<sup>6</sup>**

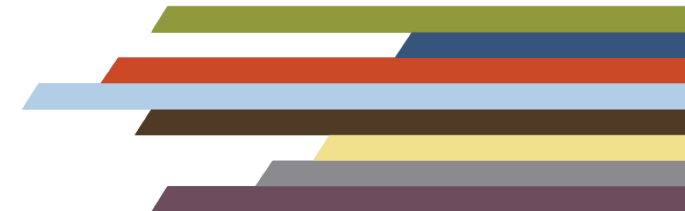
Sources: <sup>1</sup>Kessler et al., NEJM. 2005;352:515-23. <sup>2</sup>Fisher & Ransom, Arch Intern Med. 1997;6:324-333. <sup>3</sup>Hoge et al., JAMA. 2006;95:1023-1032. <sup>4</sup>Cunningham, Health Affairs. 2009; 3:w490-w501. <sup>5</sup>Mitchell et al. Lancet, 2009; 374:609-619. <sup>6</sup>Schulberg et al. Arch Gen Psych. 1996; 53:913-919



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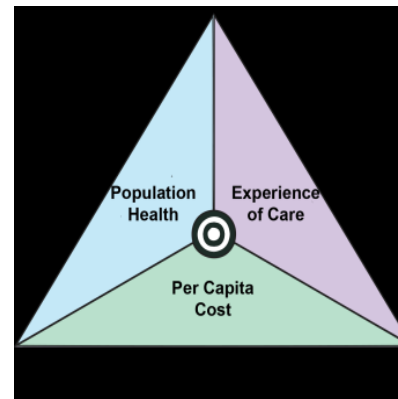


# Six Reasons *Why* Behavioral Health Should be Part of the Primary Care Medical Home

1. **High prevalence** of behavioral health problems in primary care (needing long-term follow-up)
2. **High burden** of behavioral health in primary care
3. **High cost** of unmet behavioral health needs
4. **Lower cost** when behavioral health needs are met
5. **Better health** outcomes
6. **Improved satisfaction**

Triple Aim

*Behavioral health integration achieves the **triple aim**.*



*the map to PCMH success...*



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# **BH Integration in Primary Care**



# Integrated Behavioral Health in Pediatric Primary Care

## Our Pediatric IBH Definition:

- **Provision of BH care within a primary health care setting**  
**Integration of behavioral and physical health care services**
- ***Preventive and first line* interventions for common behavioral/mental health problems presenting in primary care practices**
- **Frequent Informal collaborations and “warm hand offs”**
- **Knowledge when and how to refer for most severe cases**

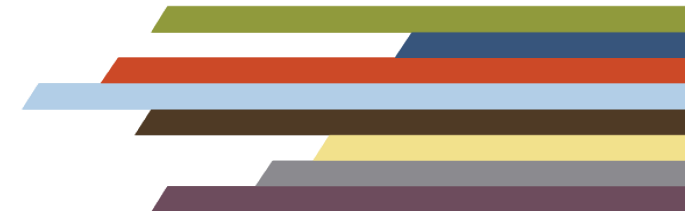


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# Example: Consultation Skills



# Family Therapy



# BH Integration Champion

- Doc Pic



# Integration of Behavioral Health into Primary Care Practice

## Advantages for Patients:

- Ready Access to BH Care
- Convenience: All Health Care (Physical & Behavioral) provided in a patient's "Medical Home"
- Reduced Stigma
- Comfort in the trusted Medical environment
- Patients receive more units of service from trained BH professionals

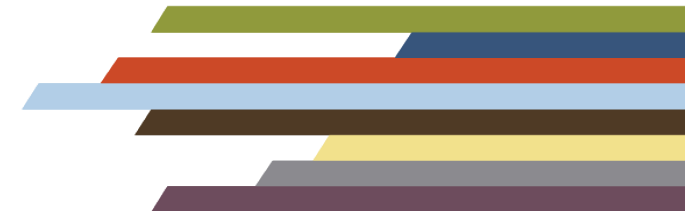


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# Integration of Behavioral Health into Primary Care Practice

- **Advantages for Physicians:**

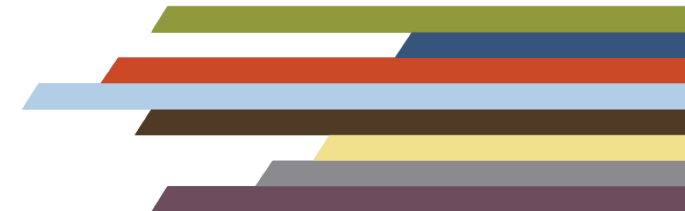
- Physicians have a “ready” referral source
- Docs can triage most “needy” patients/hand off
- Coordinated care is possible
- Patients are seen “in” the practice – reduces stigma
- Saves Physician time
- **===→15-20% MORE PRIMARY CARE PRACTICE PRODUCTIVITY!**



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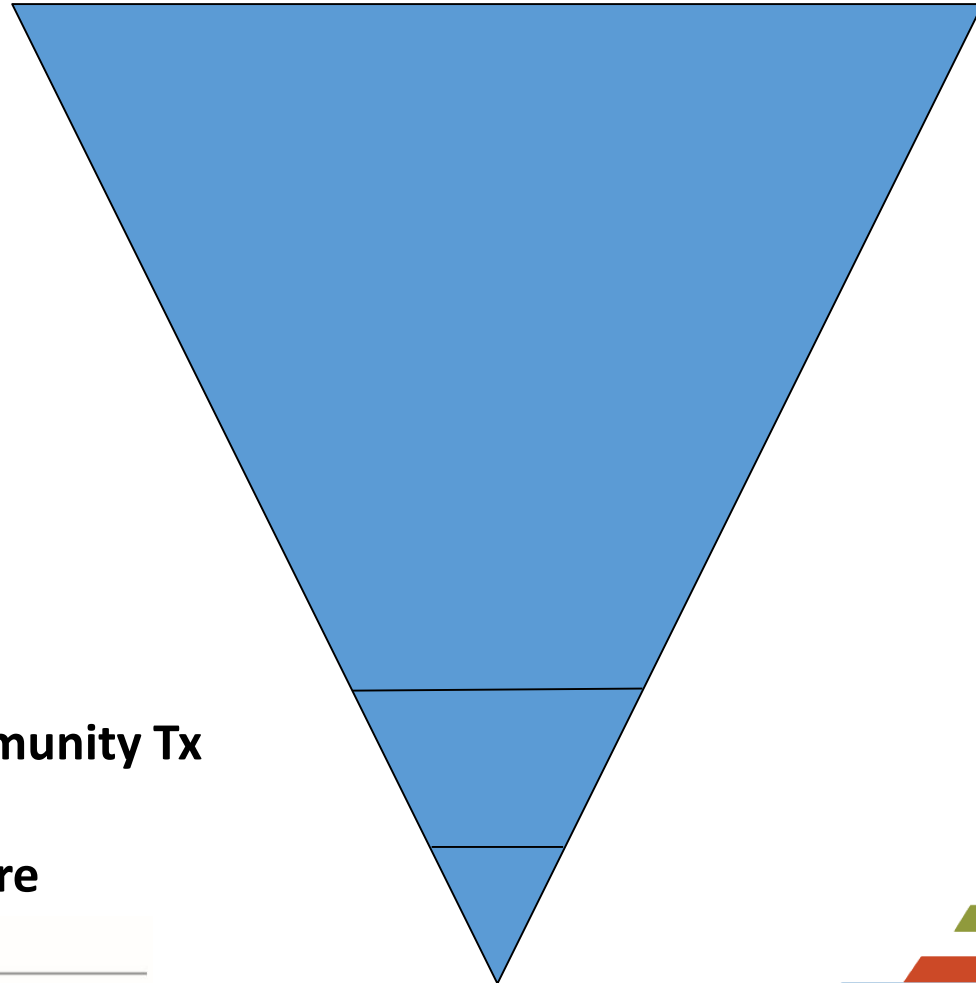


# BH Treatment in PC

**80-85% BH Tx in PC by Physician  
and BH provider**

**10-15% Referral & Community Tx**

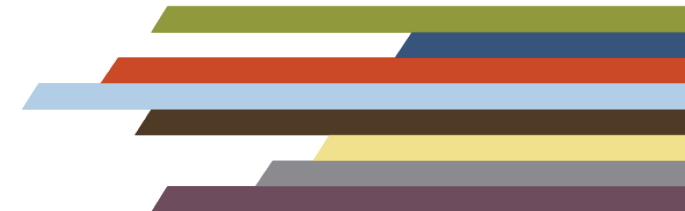
**5% Specialty Care**



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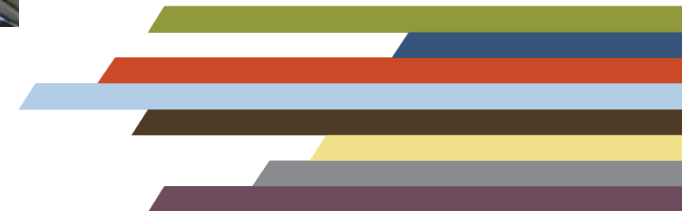
# Primary Care Experience



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# The Primary Care Experience

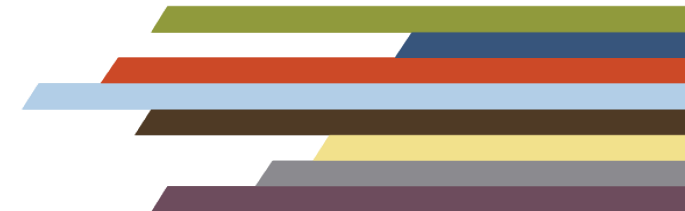
1. See patients in exam rooms
2. Hallway consultations with physicians/staff
3. On the spot consults with patients directly
4. Continuing education talks to physicians/staff (and community providers)
5. Provide training to a variety of students
6. Systems change within the primary care setting
7. Community involvement (hospitals, schools, MH agencies)



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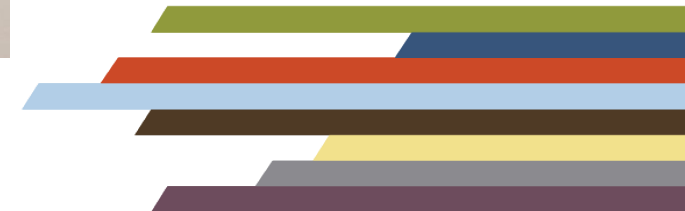
# Clinic Room



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# Behavioral Health Clinics in Underserved Areas (Note: Loan Repayment eligible)

**Kearney (27,000) Clinic**



**Columbus (21,000) Pediatrics**



**Crawford (900) Legend Buttes Clinic**

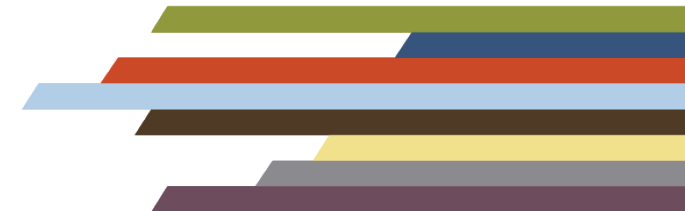


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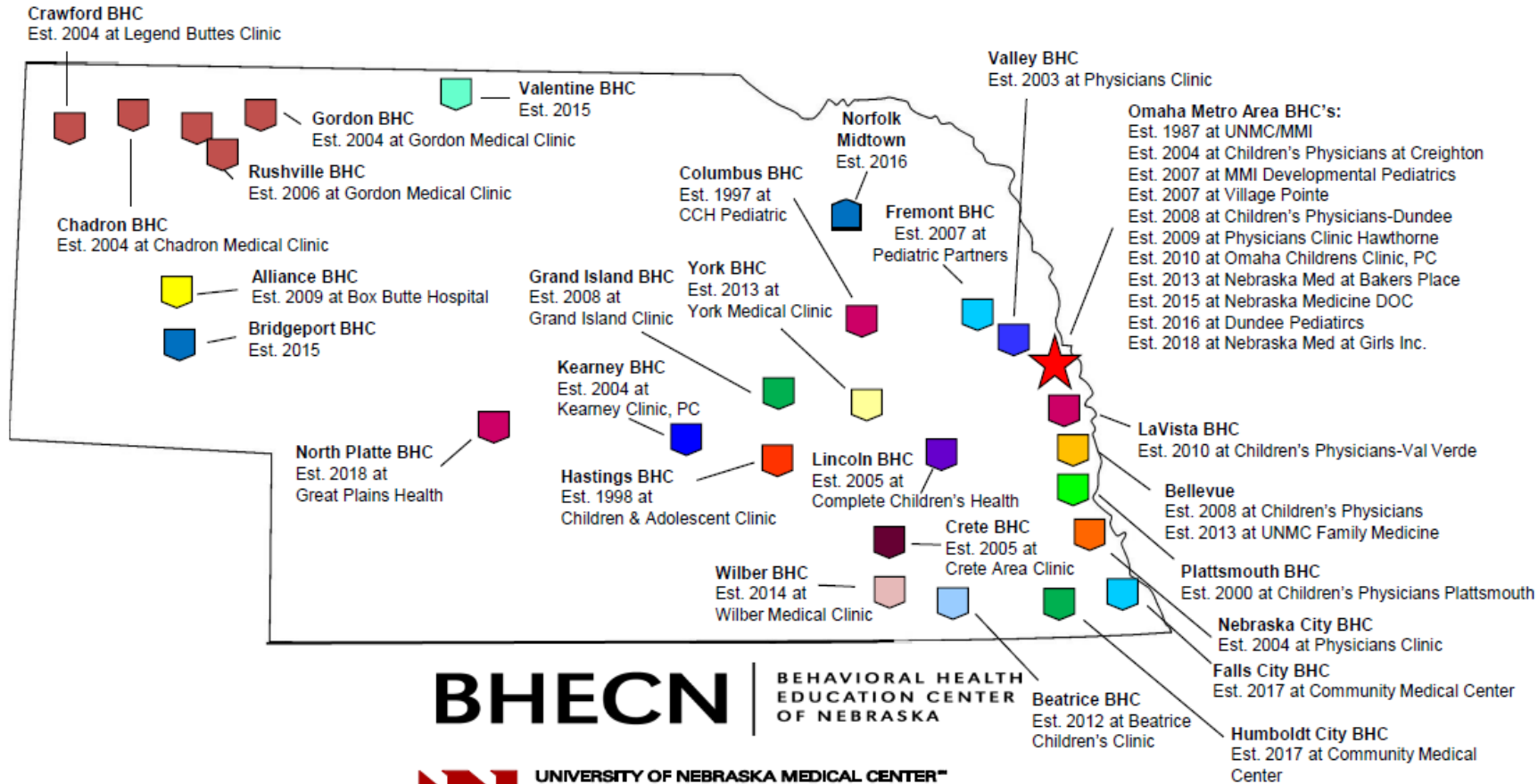
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# Munroe-Meyer Institute Department of Psychology Behavioral Health Clinics



**BHECN**

BEHAVIORAL HEALTH  
EDUCATION CENTER  
OF NEBRASKA



UNIVERSITY OF NEBRASKA MEDICAL CENTER  
**MUNROE-MEYER INSTITUTE**



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# **Barriers to Integrated Behavioral Health in Primary Care**

- **Lack of graduate training programs with an integrated care emphasis**
- **Few trained IBH Supervisors**
- **Transition from traditional BH care to brief, targeted interventions**
- **Convincing PCPS that integrated care is value-added**
- **Start-up costs**



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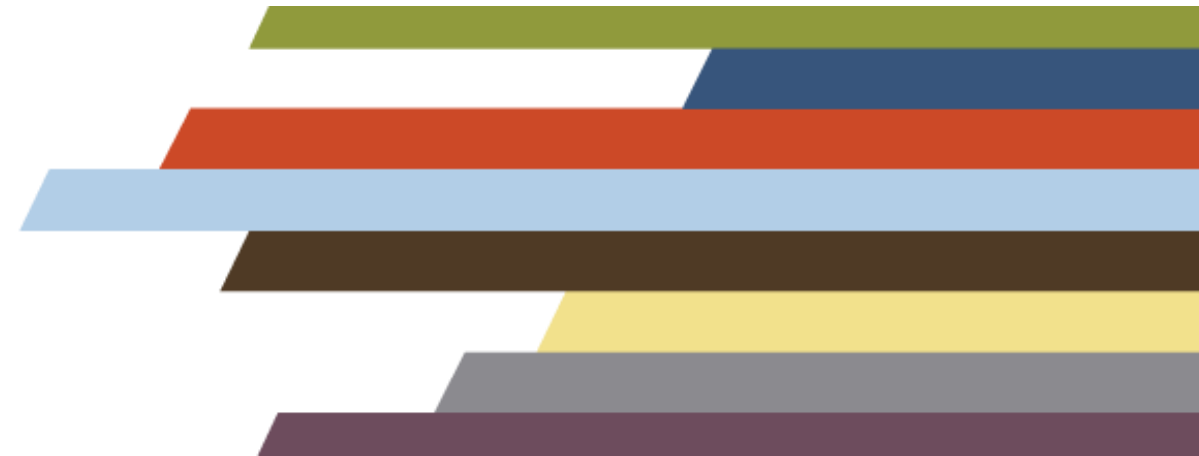
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# **Training and Business Models for Integrated Care**

New to Integrated Behavioral Health?: A Primer for Students and  
Those New to the Field



# Treatment Approach

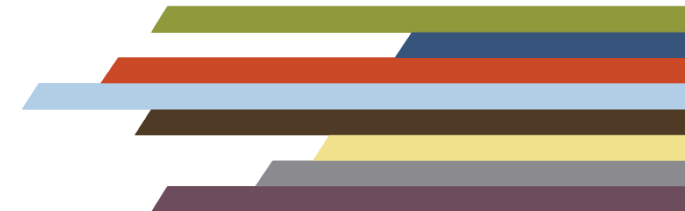
- **Treatment Approach**
  - Behavioral Health Clinic employs an active, practical, brief and empirically-based approach to treatment.
  - *Usually* both the child and parents attend all sessions.
  - During the first session, parents are interviewed to determine the nature of the problem and a potential course of treatment.
  - Additional sessions are usually scheduled weekly, then every other week.
  - The number of sessions depends upon the nature and severity of the problem, but a total of four to ten visits is common.
  - Average is 4-5 sessions



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# Training in Competencies for Integrated BH

**Core Competency Clusters (McDaniel; Palermo; Hofses)  
with 54 sub-areas (Hofses):**

- **Science**
- **Professionalism**
- **Interpersonal**
- **Application**
- **Education**
- **Systems**

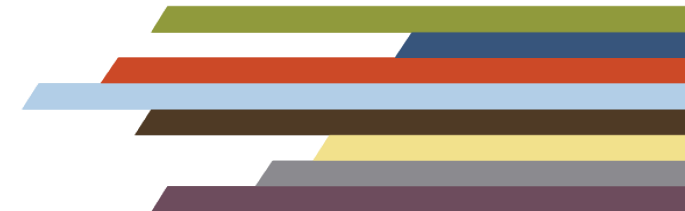


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# Training in Application

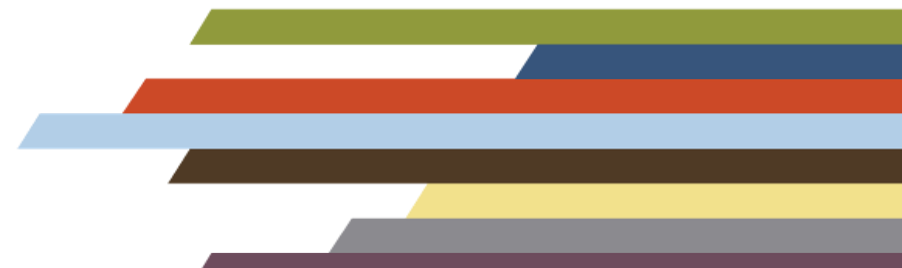
- ❑ Module 1: Integration of Behavioral Health into Primary Care: Opportunities
- ❑ Module 2: Family Engagement in Developmental Monitoring and Screening
- ❑ Module 3: Working with Schools: Negotiating the Special Education System
- ❑ Module 4: Basic Considerations in Selecting Discipline for Children



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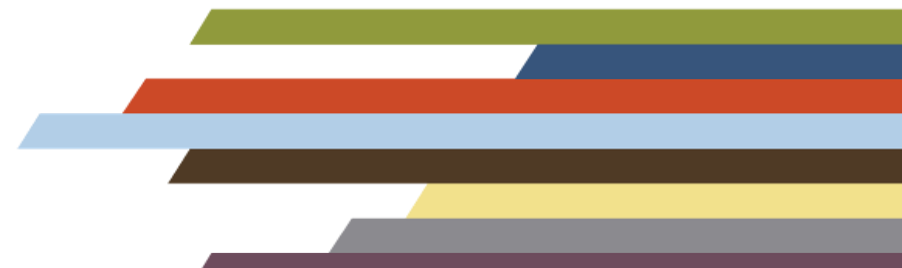
- Module 5: Child & Adolescent Anxiety Disorders
- Module 6: Cognitive-Behavior Therapy
- Module 7: Youth Involved with the Juvenile Justice System 101 for Integrated Behavioral Health Professionals
- Module 8: Motivational Interviewing



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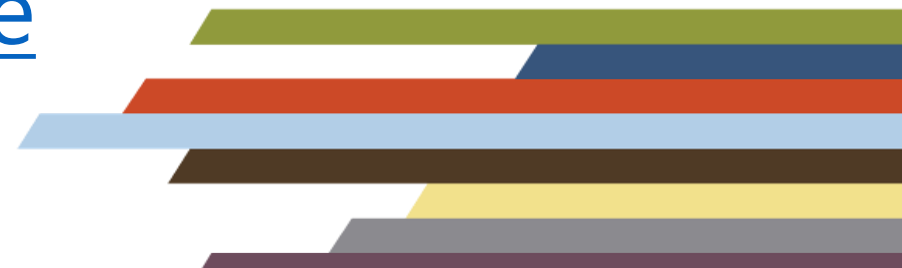
- [Module 9: Obsessive Compulsive Disorder \(OCD\)](#)
- [Module 10: Crisis Management in Primary Care](#)
- [Module 11: Behavioral Health Screening in Primary Care](#)
- [Module 12: ADHD](#)
- [Module 13: Adolescent Discipline](#)



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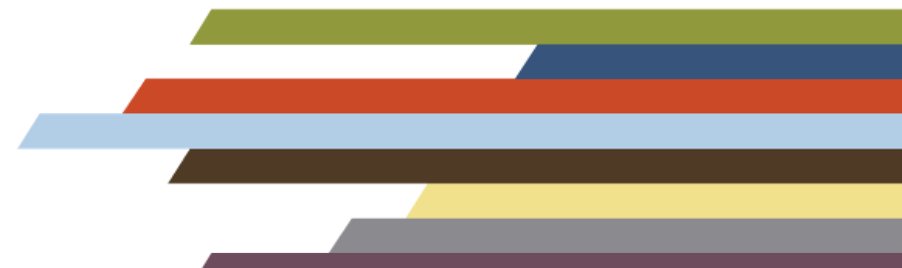
- [Module 14: Encopresis](#)
- [Module 15: Classroom Strategies for Behavioral Health Management](#)
- [Module 16: Psychopharmacology](#)
- [Module 17: Enuresis](#)



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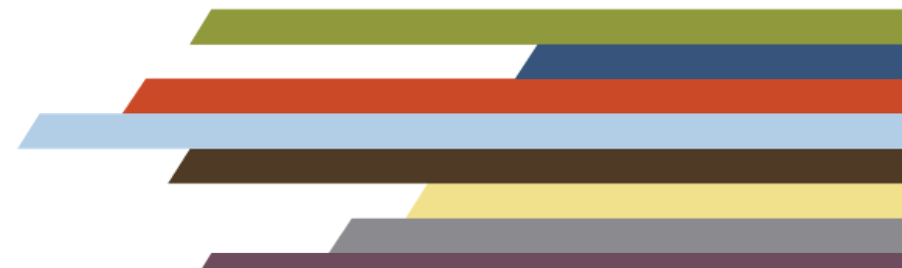
- [Module 18: Telehealth](#)
- [Module 19: The Business of Behavioral Health Care](#)
- [Module 20: Multiculturalism in Behavioral Health](#)
- [Module 21: SBIRT: Screening and Brief Intervention for Substance Use in Primary Care](#)



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# Training in Essentials for IBH

- **Communicate frequently and provide feedback on patients' progress to the referring provider(s)**
- **Keep hallway consultations short**
- **Encourage warm hand-offs**
- **Provide brief copy of notes**
- **Be available for warm hand-offs and/or consults**

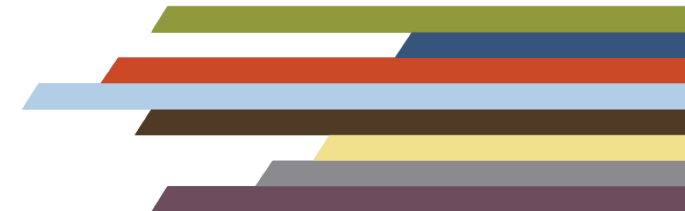


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# Training in Essentials for IBH

- Use exam rooms (NOT distant conference rooms or offices)
- Provide hallway consultation
- Enter sessions with the PCP to consult as needed for behavior
- Ask physicians into sessions regarding meds (needs &/or reductions)
- Suggest presentations over lunch on behavioral health topics
- Be involved in the primary care experience

**This looks very different than practicing in a stand alone clinic!!!**

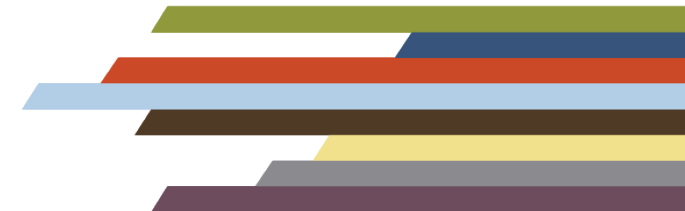


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# **Business Models for Integrated Care**

- **Employed by Clinic**
- **Independent Practice**
- **Contractual Practice**
- **Partnership**

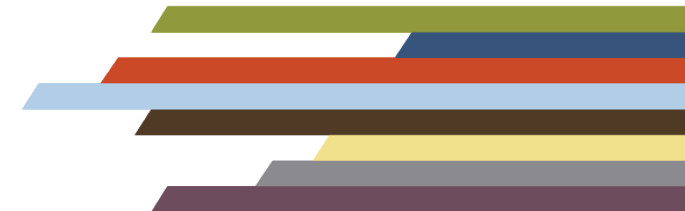


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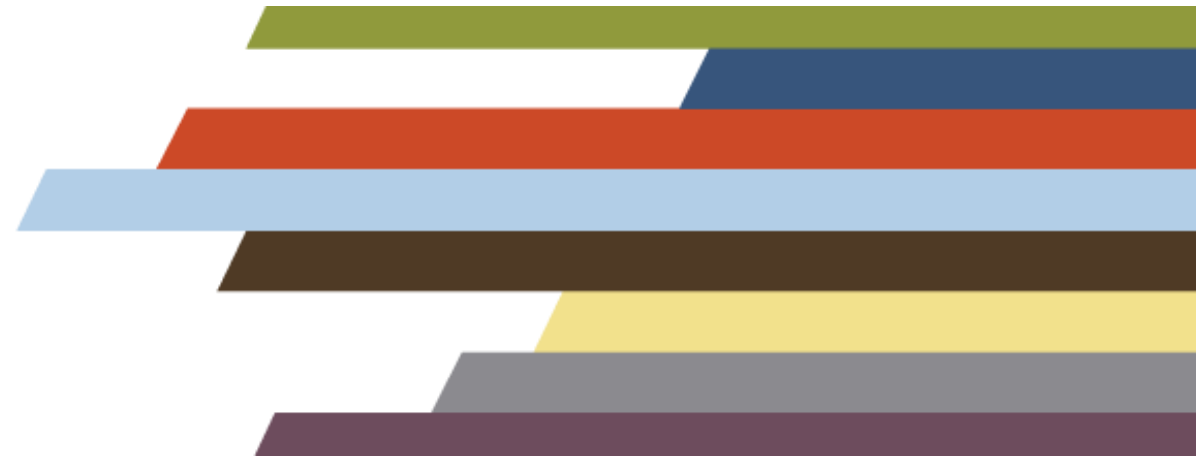
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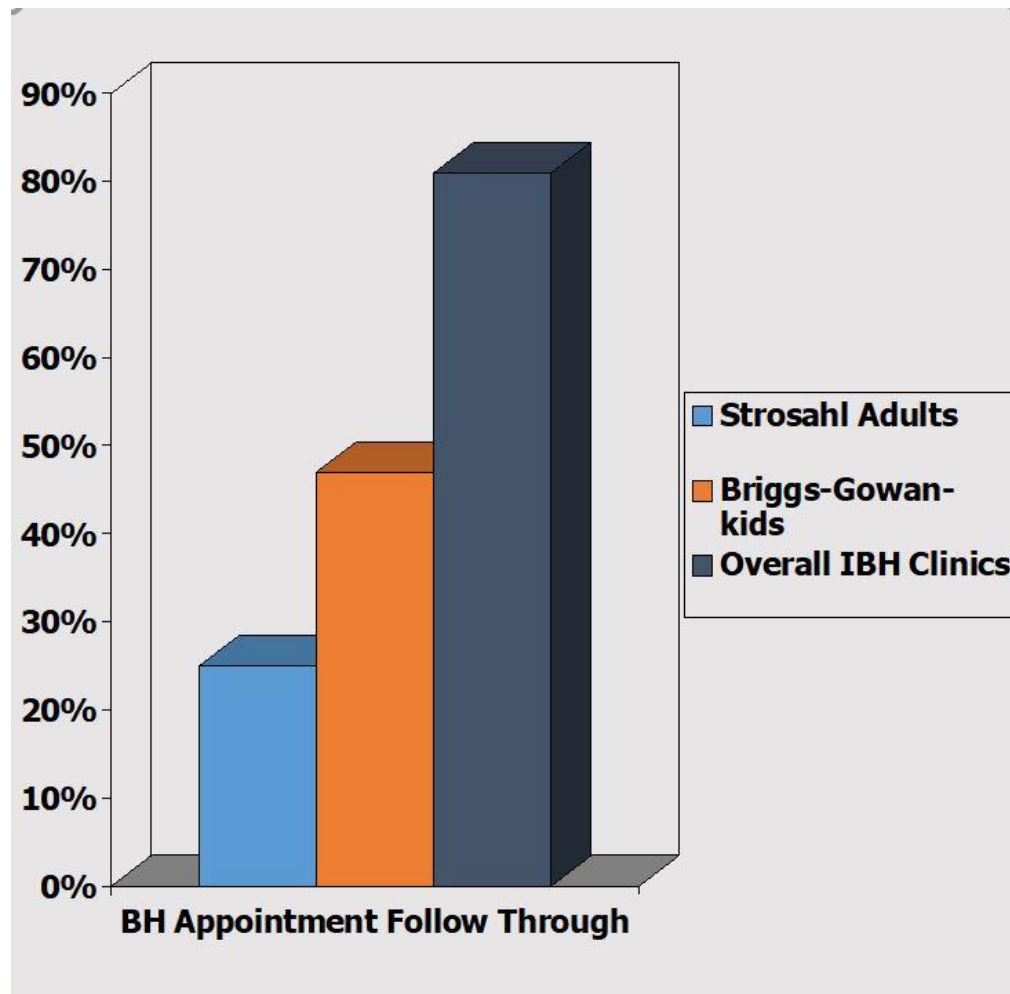
# Research and Program Evaluation

New to Integrated Behavioral Health?: A Primer for Students and  
Those New to the Field





# Show Rates for Initial Appointments



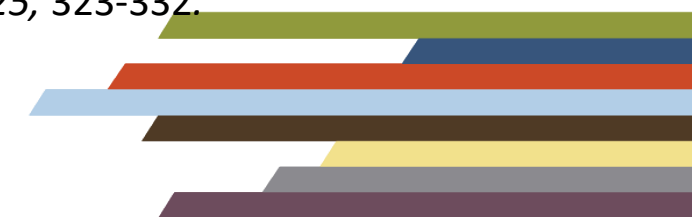
Valleley, R.J., Kosse, S., Schemm, A., Foster, N., Evans, J., & Polaha, J. (2007). Integrated Care for Children in Rural Communities: An Examination of Patient Attendance to Behavioral Health Services. *Families, Systems, & Health*, 25, 323-332.



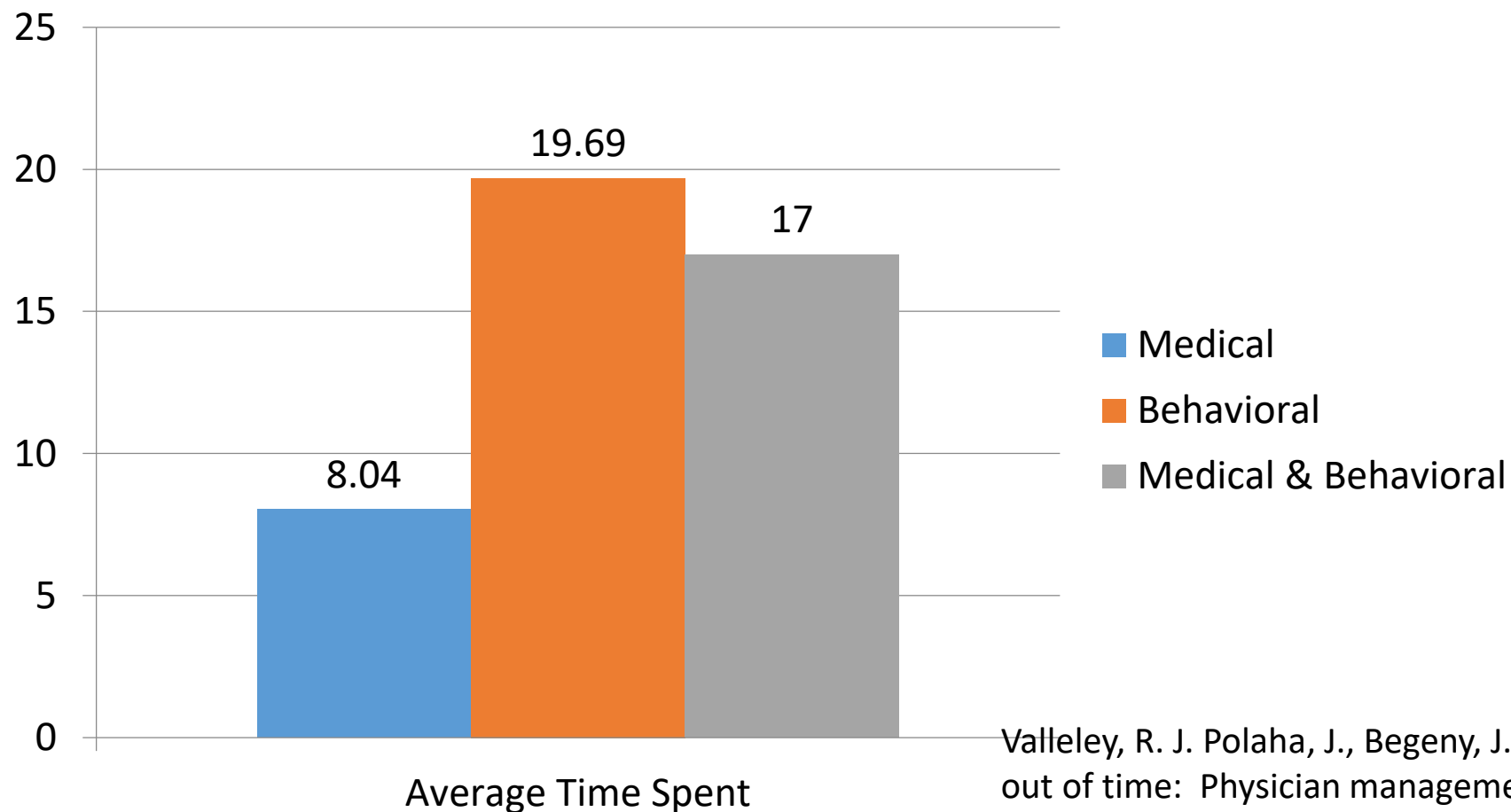
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# Physician Time Spent in Minutes



Valleley, R. J. Polaha, J., Begeny, J., & Evans, J. H. (2006). Running out of time: Physician management of behavioral health concerns in rural pediatric primary care. *Pediatrics Electronic Pages*, 118, e132-e138.

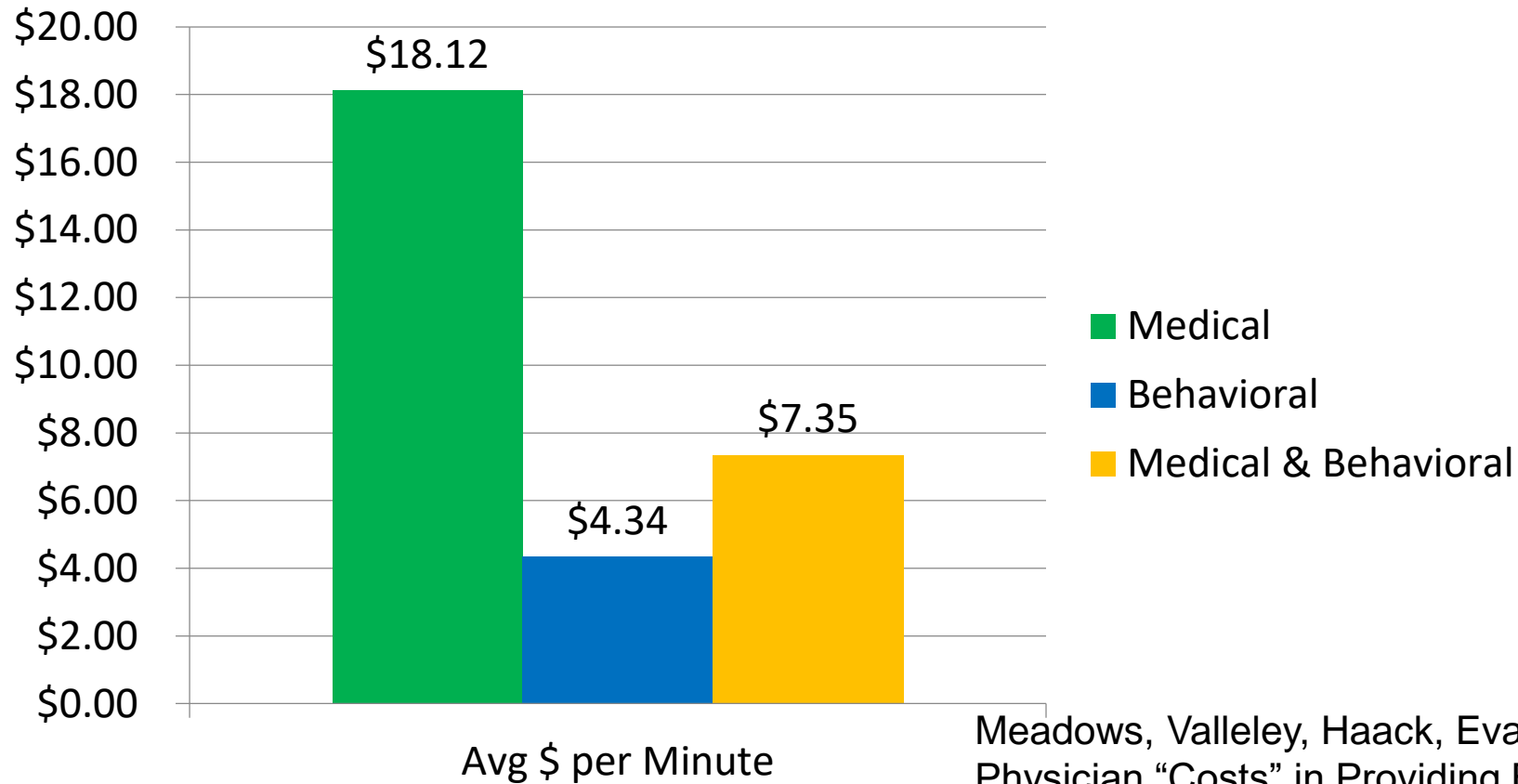


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# Physician Reimbursement in Minutes



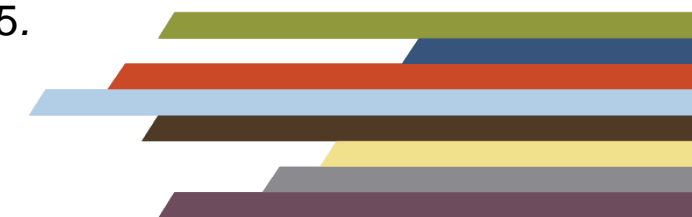
Meadows, Valleley, Haack, Evans, and Thorson (2011).  
Physician "Costs" in Providing Behavioral Health in Primary Care.  
*Clinical Pediatrics*, 50, 447-455.



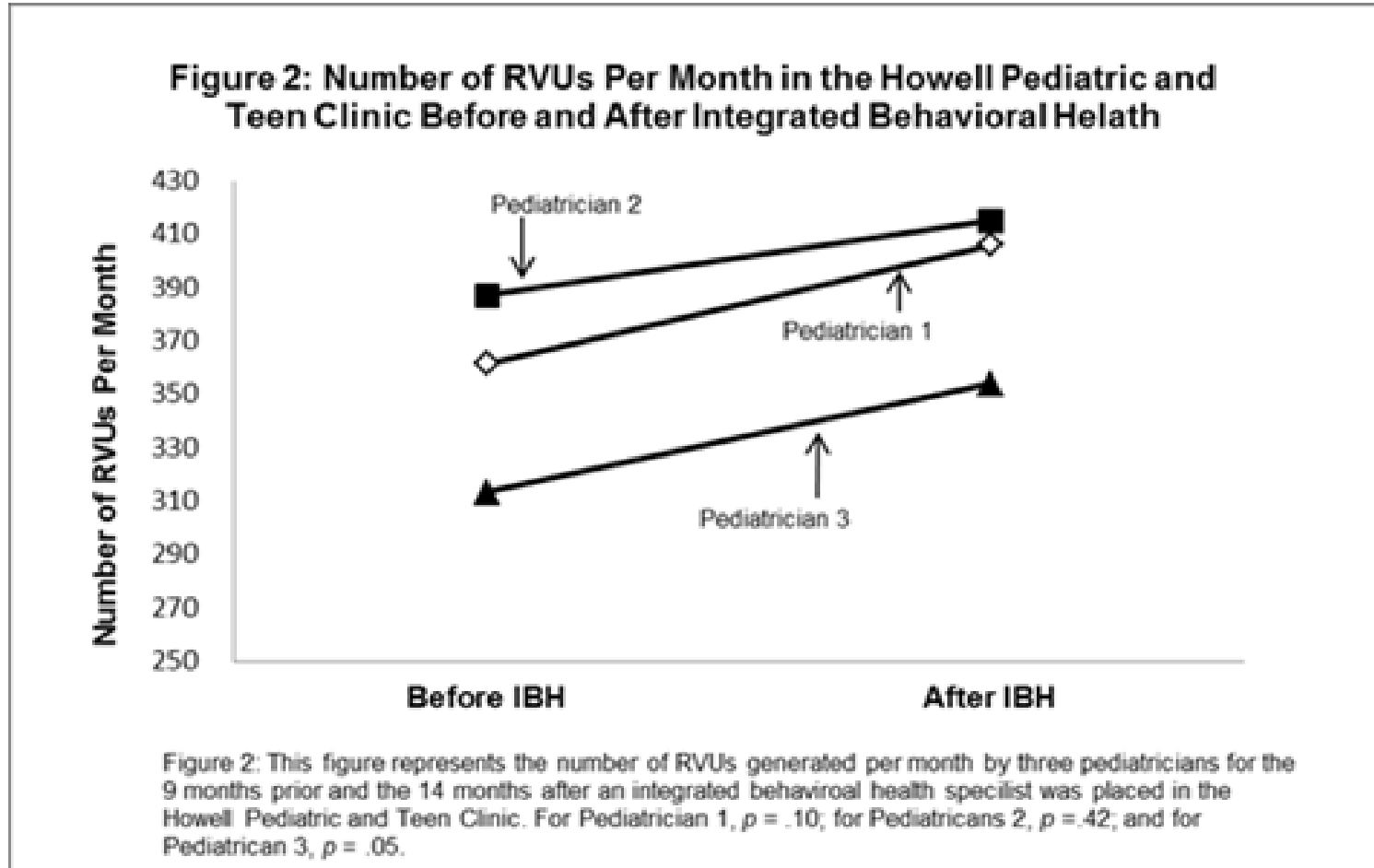
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# Clinician Time Usage: University of Michigan Integrated BH Project

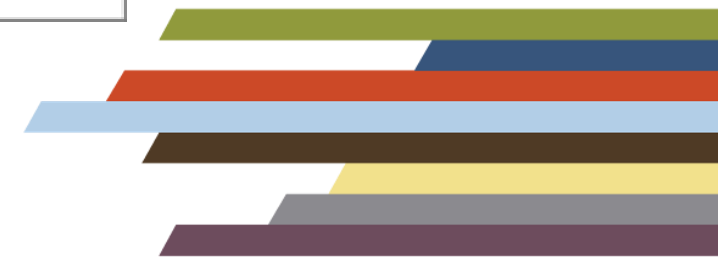


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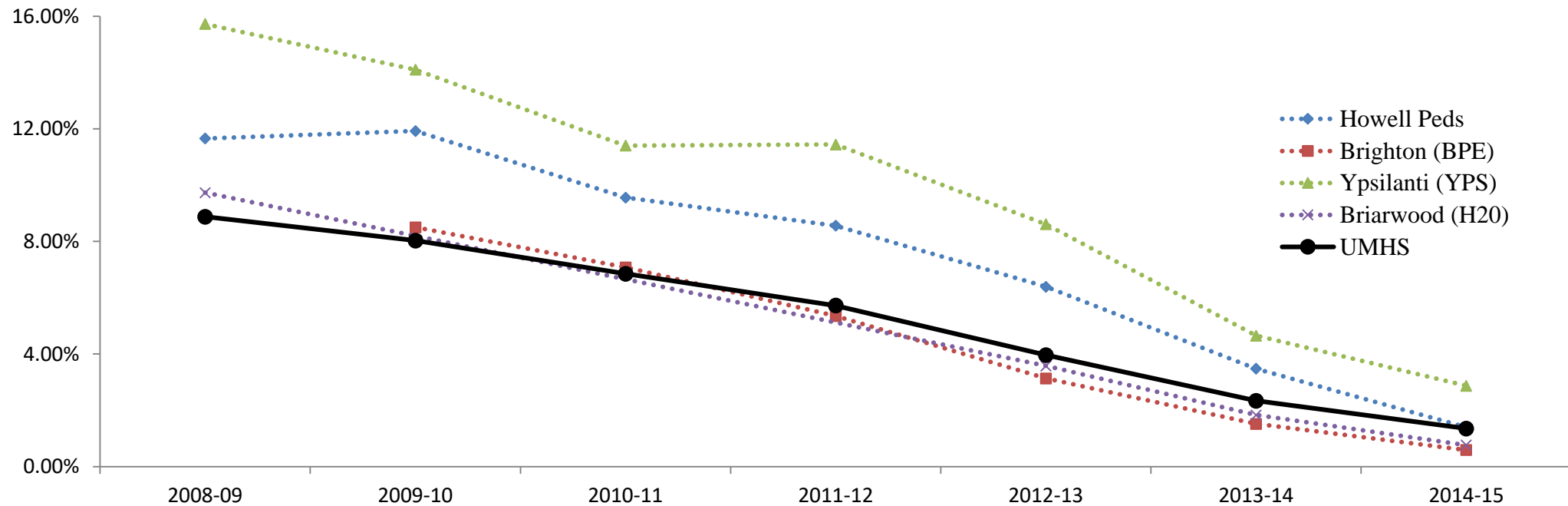
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# QI/Program Evaluation – U Michigan

## Percentage of patients ages 2-5 who were prescribed a stimulant, anti-psychotic, or anti-depressant

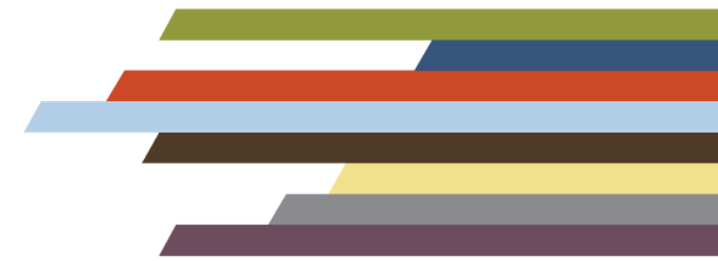


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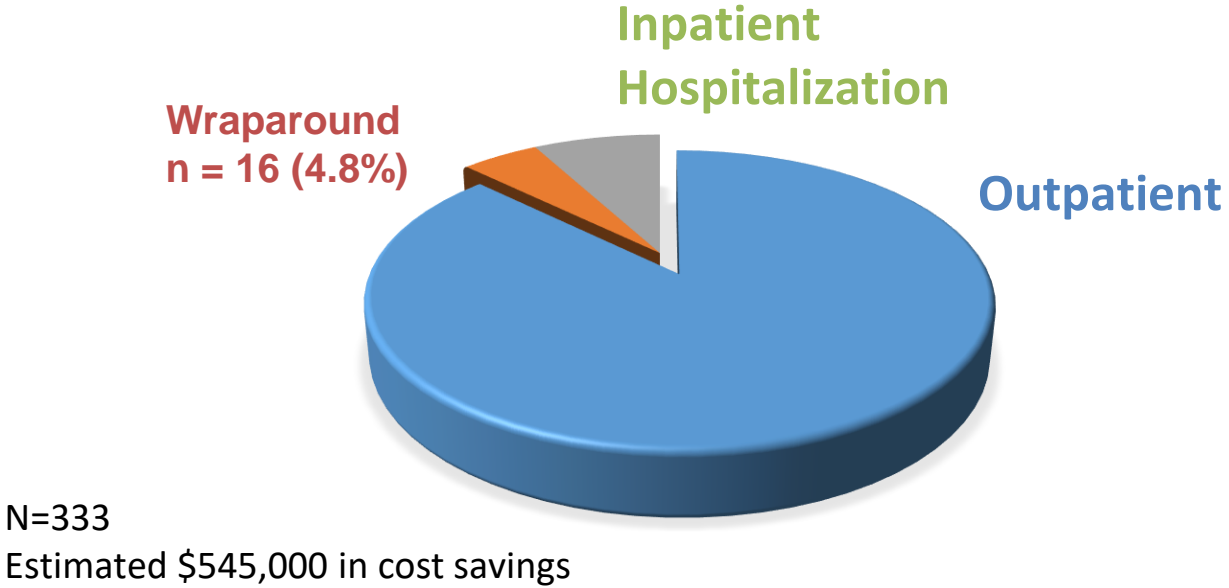
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# BH Provider Crisis Evaluations - Geisinger Health Systems (PA)



# Physician Satisfaction of Integrated Behavioral Health in PC

- Physicians who have adopted an integrated model of care report strong agreement that this type of model helps to improve factors such as:
  - Quality and continuity of care for their patients
  - Time that it allows them to spend on medical issues
  - Cost
  - Follow-up
  - Confidence with identification/management of problems
  - Reduced stigma for their patients.

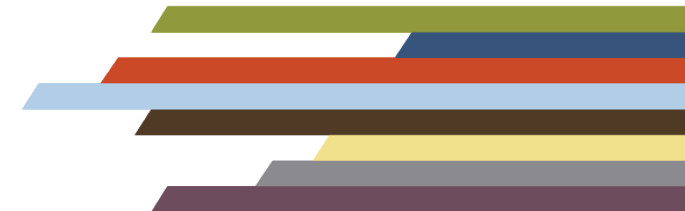
Hine, Grennan, Menousek, Robertson, Valleley, & Evans. (2016). Physician Satisfaction with Integrated Behavioral Health in Pediatric Primary Care: Consistency Across Rural and Urban Settings. *Journal of Primary Care and Community Health*. 1-5.



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# Integrated BH Care: Next Steps

## More training is available:

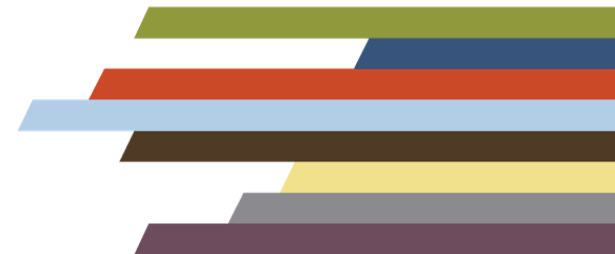
- Graduate Coursework ala Div 38 Health Psychology
- Internships in Integrated BH (e.g., CHOP, VCU, Michigan, MMI)
- Post-graduate Fellowships (e.g., Geisinger, OHSC)
- Certificate Training - MHTTC
- Intensive Pre-service Training
- Continuing Education - MHTTC



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# Mid-America Mental Health Technology Transfer Center (MHTTC)

Requests for training access and/or technical assistance can be directed to:

1. Brandy Clarke, PhD

[Brandy.Clarke@unmc.edu](mailto:Brandy.Clarke@unmc.edu)

402-559-6408

2. Holly Roberts, PhD

[hroberts@unmc.edu](mailto:hroberts@unmc.edu)

402-559-6408

3. Bill Baerentzen, PhD

[mogens.baerentzen@unmc.edu](mailto:mogens.baerentzen@unmc.edu)

402-552-7697



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