Mental Health Screening in Pediatric Primary Care: Results from a Quality Improvement Learning Collaborative

Leandra Godoy, PhD, Melissa Long, MD, Tamara John Li, MPH, Mark Weissman, MD, Lee Savio Beers, MD
April 1, 2016
Society for Behavioral Medicine
Learning Objectives

• Describe a QI Learning Collaborative to improve standardized mental health screening in primary care

• Summarize changes in mental health screening practices
Early identification and treatment are beneficial, yet a majority of children with mental health needs are not receiving services\textsuperscript{1-3}
Background: “Primary Care Advantage”

- Frequent contact with families
- Family-provider relationship (longitudinal, trusting)
- Behavioral health is already a common topic
- Opportunity to reduce stigma
Background: Case for Screening
Clinical impression alone may fail to identify up to 50% of children at risk for a mental health disorder.

June 2010: AAP Task Force on Mental Health

Brief screening in early childhood predicted 67.9% of children found to have MH disorders in early elementary school.

February 2015: AAP Clinical Report

Promoting Optimal Development: Screening for Behavioral and Emotional Problems
New (2013) requirement by Medicaid MCO for annual mental health screening using an approved standardized tool

Consistent with national trends, ~only 1 in 10 PCPs in DC said they were usually able to meet the needs of children w/MH problems.\textsuperscript{7-9}
**Local Context: Approved Screening Tools**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-12 mo</td>
<td>Edinburgh Postpartum Depression Scale (EPDS)</td>
</tr>
<tr>
<td>3-66 mo</td>
<td>Ages and Stages Questionnaire: Social-Emotional (ASQ-SE)</td>
</tr>
<tr>
<td>2-17 yrs</td>
<td>Strengths and Difficulties Questionnaire (SDQ)*</td>
</tr>
<tr>
<td>18+ yrs</td>
<td>Patient Health Questionnaire-9 (PHQ-9)*</td>
</tr>
</tbody>
</table>

* Alcohol and suicide screening also recommended
Local Context: Washington, DC

• Formation of the DC Collaborative for Mental Health in Pediatric Primary Care
  – Multi-disciplinary, public-private coalition
    • DC Departments of Health, Behavioral Health, and Health Care Finance
    • Children’s National Health System, Medstar Georgetown University Hospital
    • Children’s Law Center
    • DC Chapter of the AAP
  – Provided support to the project
Project Aims

• Increase *practice readiness* to implement and sustain mental health screening at well visits using an approved standardized tool

• Increase the number of well visits where a mental health screen is *administered, scored/documentined, and billed*
Project Overview

• Free 16-month Quality Improvement Learning Collaborative for primary care practices serving children in Washington, DC and surrounding areas
  – ABP and ABFP Maintenance of Certification Part IV credit
  – CME credit available for all project activities
  – DC practices received ASQ:SE

An Introduction to ASQ:SE
Ages & Stages Questionnaires®: Social-Emotional

Children's National
Project Overview

2014

Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec
---|-----|-----|-------|-----|------|------|-----|------|-----|-----|-----
### Startup Period

2015

Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec
---|-----|-----|-------|-----|------|------|-----|------|-----|-----|-----

**Round 1:** February-October 2014

**Technical Assistance Only:** November-December 2014

**Round 2:** January-June 2015
Startup Period: Preparing Practices & Families

• Identify screening champion(s)
• Identify screening tool used—when and how
• Develop detailed workflow (can change as you go)
• Prepare:
  – Families
  – Support staff
  – Providers (“at-risk” screens)
• Think about how to evaluate success
• Feedback to practice team and Learning Collaborative
Preparing Practices

Mental Health Resource Guide
dchealthcheck.net

AAP Mental Health Toolkit
<table>
<thead>
<tr>
<th>Posters (Courtesy of Boston Project LAUNCH)</th>
</tr>
</thead>
</table>

**Checking in on her emotions is just as important as checking her heartbeat.**

<table>
<thead>
<tr>
<th>Letters/Introduction</th>
</tr>
</thead>
</table>

**Dear family,**

We wanted to provide you with information about a new initiative we are starting.

**What it is:** Asking you to answer questions about your child’s social and emotional development (e.g., feels sad, gets along with others).

**Why?** As your primary care provider, we care about your child’s entire wellbeing and we want to help support healthy emotional and physical development.

**How it works:**

- You complete the form before seeing your provider.
- **Ask a staff member if you have any questions or would like help completing.**
- Your provider will review it and discuss it with you during your visit today.
- Please bring up any additional issues related to your child’s adjustment as well!

**Important things to know:**

- We are asking all children and families to complete questionnaires.
- Completing this questionnaire is voluntary.
- Your responses may be included in your child’s medical record and will be kept confidential.

Thank you for taking the time to complete this questionnaire! We appreciate it and look forward to working with you to provide the best possible health care for your child.

Sincerely,

Clinic Staff
Participating Practices

• 16 practices enrolled in either or both Rounds
  - DC: 14
  - MD: 1
  - VA: 1

• 10 practices participated in both Rounds
  - 6 community health centers affiliated with academic health centers
  - 2 Federally Qualified Health Centers
  - 2 private practices
Project Components

- Monthly practice team meetings
- Monthly team leader calls
- Monthly learning sessions
- 3 PDSA cycles (per round)
- Onsite and virtual support from Mental Health & QI coaches
- Data collection (e.g., monthly chart audits, practice readiness inventory)
Project Map
## Practice Readiness

### Aims: Practices will Improve...

<table>
<thead>
<tr>
<th>Readiness to perform mental health screening</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessment</strong></td>
</tr>
<tr>
<td>• AAP Mental Health Practice Readiness Inventory</td>
</tr>
<tr>
<td>• Completed by practice team</td>
</tr>
<tr>
<td>• Completed at pre-, mid- and post-project</td>
</tr>
</tbody>
</table>

- 4-page self-assessment: Extent to which practice promotes and supports MH care
- Domains:
  - Community resources
  - Health care financing
  - Support for children and families
  - Decision support for clinicians
  - Clinical information systems/delivery system redesign
# Results: Practice Readiness

Scores range from 3-“We do not do this well” to 1-“We do this well”  **Low is good**

<table>
<thead>
<tr>
<th></th>
<th>Pre-Project (Feb, 2014: n=10 practices) Mean (SD)</th>
<th>Mid-Project (Oct, 2014: n=9 practices) Mean (SD)</th>
<th>End-Project (June, 2015: n=8 practices) Mean (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Resources</td>
<td>2.3 (0.21)</td>
<td>1.8 (0.29)</td>
<td>1.7 (0.41)</td>
</tr>
<tr>
<td>Health Care Financing</td>
<td>2.5 (0.00)</td>
<td>1.8 (0.39)</td>
<td>1.8 (0.19)</td>
</tr>
<tr>
<td>Support for Children and Families</td>
<td>2.0 (0.49)</td>
<td>1.7 (0.35)</td>
<td>2.0 (0.38)</td>
</tr>
<tr>
<td>Clinical Information System Redesign</td>
<td>2.5 (0.25)</td>
<td>2.4 (0.25)</td>
<td>2.4 (0.44)</td>
</tr>
<tr>
<td>Decision Support for Clinicians</td>
<td>2.2 (0.42)</td>
<td>2.0 (0.19)</td>
<td>2.0 (0.45)</td>
</tr>
</tbody>
</table>
# Mental Health Screening

<table>
<thead>
<tr>
<th>Aims: Practices will Improve...</th>
<th>Assessment</th>
</tr>
</thead>
</table>
| % Well child visits in which approved mental health screening tool administered | **Chart Review**  
  - Completed by providers  
  - Completed pre-project (30 charts for 6 months before start date) and monthly (at least 10 charts) throughout project  
  - Well child visits 1-18 years |
| % Screens with results scored and documented |            |
| % Screens appropriately billed using 96110 |            |
Results: Mental Health Screening

Screening rates increased and were sustained

Mental Health Screening Completed using an Approved Tool
Results: Outcomes of Screening

On average:
- 11% of children had previously identified mental health issues
- 30% of completed screens had scores in the clinical range

*Screening helped to identify children with mental health needs*
Results: Billing for Mental Health Screening

Appropriately billed for Completed Mental Health Screens using CPT Code 96110

<table>
<thead>
<tr>
<th>Month</th>
<th>MH Screening completed</th>
<th>Used 96110 code for MH Screening?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline: 14/10 Practices</td>
<td>1%</td>
<td>39%</td>
</tr>
<tr>
<td>May-14 (9 Practices)</td>
<td>10%</td>
<td>65%</td>
</tr>
<tr>
<td>Jun-14 (9 Practices)</td>
<td>10%</td>
<td>64%</td>
</tr>
<tr>
<td>Jul-14 (9 Practices)</td>
<td>10%</td>
<td>43%</td>
</tr>
<tr>
<td>Aug-14 (8 Practices)</td>
<td>10%</td>
<td>44%</td>
</tr>
<tr>
<td>Sep-14 (8 Practices)</td>
<td>10%</td>
<td>50%</td>
</tr>
<tr>
<td>Oct-14 (10 Practices)</td>
<td>10%</td>
<td>71%</td>
</tr>
<tr>
<td>Nov-14 (10 Practices)</td>
<td>10%</td>
<td>85%</td>
</tr>
<tr>
<td>Dec-14 (9 Practices)</td>
<td>10%</td>
<td>88%</td>
</tr>
<tr>
<td>Jan-15 (10 Practices)</td>
<td>10%</td>
<td>64%</td>
</tr>
<tr>
<td>Feb-15 (10 Practices)</td>
<td>10%</td>
<td>72%</td>
</tr>
<tr>
<td>Mar-15 (10 Practices)</td>
<td>10%</td>
<td>65%</td>
</tr>
<tr>
<td>Apr-15 (9 Practices)</td>
<td>10%</td>
<td>61%</td>
</tr>
<tr>
<td>May-15 (9 Practices)</td>
<td>10%</td>
<td>72%</td>
</tr>
<tr>
<td>June-15 (9 Practices)</td>
<td>10%</td>
<td>76%</td>
</tr>
</tbody>
</table>
Limitations

• Practices had variable levels of engagement
• Data was self-reported
• May not generalize to other settings
  – Implemented in an urban setting with a strong primary care and academic infrastructure
  – Required significant resources to provide practice support
  – May be harder to get “buy-in” without regulatory requirement
Conclusions

• QI Learning Collaboratives can be an effective way to:
  – Improve practice readiness to address mental health issues
  – Implement routine mental health screening
  – Create change across multiple practices

• **Keys to success:**
  – Longitudinal and comprehensive practice support
  – Engaging an array of stakeholders and champions
  – Preparing and empowering clinicians
Next Steps

Screening Updates:
• Evaluation: Linking to care, improved outcomes
• 96127 CPT code (mental health specific)
• Expand use of TS modifier
• Expand age range
• Expand areas assessed (postpartum, ACES)

Ongoing Support:
• Resource guide ➔ online, searchable format
• Quarterly calls and technical assistance as needed
• DC MAP
DC MAP
Mental Health Access in Pediatrics

• Services provided:
  – Phone consultation with child MH experts
  – Brief, time-limited follow-up services as clinically indicated
  – Mental health education and training

• Goals:
  – Increase collaboration between PCPs and MH providers
  – Improve identification, evaluation, and treatment of MH issues
Questions??

Leandra Godoy, PhD
lgodoy@cnmc.org
References


