

Part of Rady Children's Health Network, Children's Physicians Medical Group (CPMG) is an Independent Physician Association that proudly provides San Diego and Southern Riverside counties with the only integrated delivery network of pediatric primary care, specialty care, and hospital services. Children's Primary Care Medical Group (CPCMG) is the region's largest medical

group specializing in health care for kids from birth through adolescence in San Diego and Southwest Riverside counties. CPMG and CPCMG's mutual mission with Rady Children's Hospital

– San Diego is to restore,

sustain, and enhance the health and developmental potential of children through excellence in care, education, research, and advocacy.

The U.S medical system has...historically bifurcated mental and physical healthcare

Developing an Innovative Pediatric Mental Health Integrated Care Program

INTRODUCTION

Between 2007 and 2018, there was a 57% increase in suicide among Americans aged 10-24.¹ By 2021, the interplay among the COVID-19 pandemic and the longstanding impacts of structural racism, health care inequality, and lack of mental health providers led to a national emergency in child and adolescent mental health in the U.S.² Although many people who receive treatment for mental health conditions recover, lengthy wait times, insurance network barriers, and stigma contribute to persistent access barriers.³ The U.S. medical system has also historically bifurcated mental and physical healthcare,⁴ resulting in silos that fail to address the whole child.

CHALLENGE

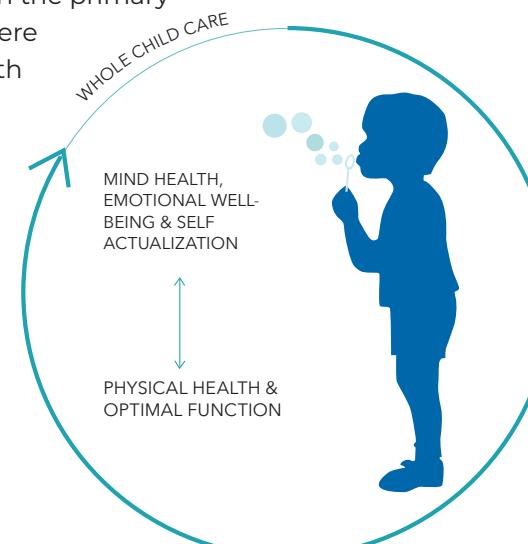
At Rady Children's Hospital San Diego (RCHSD), childhood mental health concerns were increasing prior to the COVID-19 pandemic.⁵ Between 2011 and 2019, RCHSD had a 1700% increase in child and adolescent emergency department (ED) visits for mental health concerns. Although integrated care models are effective in reducing stigma and addressing access barriers,⁶ there are system-, clinic-, and provider-level implementation challenges, including the following⁷:

- Limited evidence-based research on integrated care
- Institutional and infrastructural adaptations required for integrated care culture
- Difficulty recruiting therapists with integrated care experience
- Insufficient reimbursement rates, fiscal system changes, and difficulty establishing long term financial sustainability.

INTERVENTION

In 2020, RCHSD, CPMG, and CPCMG partnered to launch a Primary Care Mental Health Integration (PCMHI) Program. This initiative blends elements of Primary Care Behavioral Health and Collaborative Care models to provide evidence-based, accessible, and cost-effective mental health care to children and youth across San Diego and Riverside Counties.

PCMHI begins in the primary care setting where integrated health therapists are embedded. These therapists are introduced to patients



through warm handoffs from primary care physicians and provide brief, evidence-informed therapies over 1-6 sessions. PCMHI employs a “hub and spoke” model, where “spokes” represent the primary care pediatric sites with embedded therapists. The “hubs” are free standing mental and behavioral health clinics where higher acuity, long-term cases can be treated. Patients at the hub may receive therapy, psychiatry, or both services. Care coordinators provide support to patients who receive care at spoke or hub sites.

Administrative leadership across RCHSD, CPMG, and CPCMG identified these shared objectives:

- Increase access to evidence-based mental health care for children
- Foster early identification and prevention of common childhood mental health conditions
- Increase mental health education for participating PCPs
- Commit to clear, open communication across all providers
- Ensure a fiscally sustainable model.

PCMHI developed communication protocols to help clinicians and office staff optimize patient care:

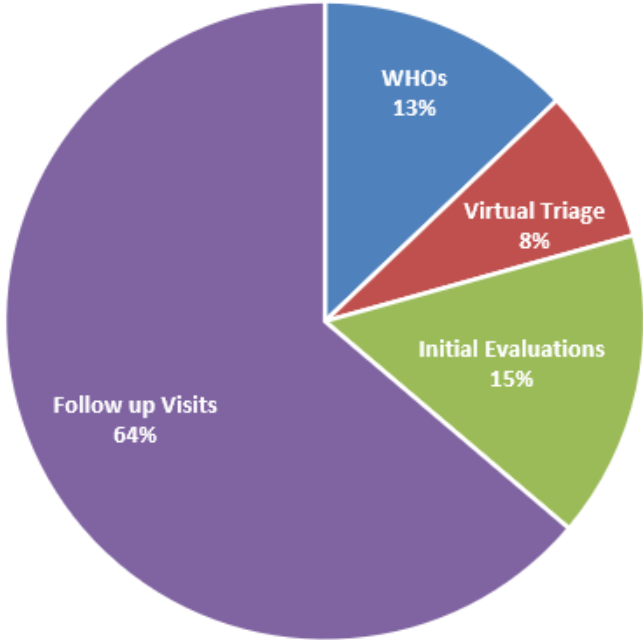
- Warm handoffs that utilize the PCMHI “Convene, History, Assessment, Triage, and Safety” framework (CHATS), as described in the diagram below

C Convene	Team members all meet with patient and guardian together
H History	PCP gives background with patient and guardian present
A Assessment	PCP gives assessment of patient and explains MHI role in treatment
T Triage	IHT triages (assigning track, expected length of treatment)
S Safety, Supplementals, Schedule	Safety assessment/plan(refer to ED/BHUC if necessary) Supplemental information Schedule initial evaluation

PCMHI CHATS mnemonic used to describe and standardize elements of the PCP-to-therapist warm handoff at MHI-affiliated pediatric primary care offices.

- Weekly conferences that allow teams to discuss cases and address questions across disciplines
- PCP real-time requests for psychiatric feedback regarding psychopharmacologic care
- Use of a shared electronic health record (EHR).

COMPLETED PCMHI VISITS AS OF JUNE 2024 (TOTAL 39,928 APPOINTMENTS WITH 7,304 PATIENTS)



Virtual triage appointments occur when warm handoffs (WHOs) are not possible. During virtual triages, IHTs meet the patient, assess their concerns, and determine next steps for treatment.

RESULTS

Between June 2020 and August 2023, PCMHI established integrated care teams in nine primary care clinics and four regional hubs. Clinic populations are diverse, range from 2,000 to 15,000 individuals, and most PCMHI patients are insured through Medicaid managed care. As of June 2024, PCMHI completed 39,928 mental health appointments with 7,304 patients, including:

- 5,141 warm handoffs

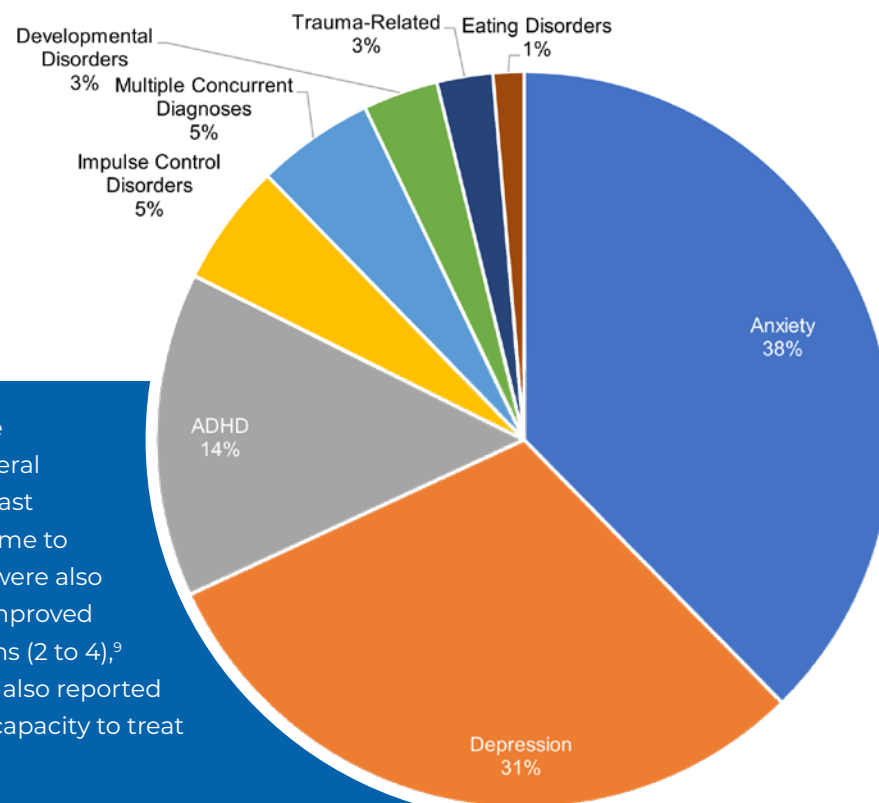
- 3,108 virtual triage appointments
- 6,208 initial evaluations
- 25,471 follow-up visits.

Of the above visits, psychiatry completed 937 initial evaluations and 4,199 follow-up appointments.

PCMHI currently relies on fee-for-service reimbursement and institutional support. For long-term fiscal sustainability, the program seeks additional revenue sources, more comprehensive payer contracts, and strategies to improve billing paradigms. Future efforts will target sustainability, implementation challenges, billing and funding strategies, and measurement-informed care workflows on a large scale. ❖

Preliminary results showed a 62% reduction in the Patient Health Questionnaire (PHQ-9) depression symptom screening scores and a 44% reduction in the General Anxiety Disorder (GAD-7) screening scores between the initial assessment and last documented screening.⁸ Between June 2021 and June 2024, the average wait time to initial appointment decreased from 10.4 to 9.3 days, or 11.1%. PCPs at IHT clinics were also surveyed before and 8-months after PCMHI implementation. Results showed improved scores in PCPs' perceptions about patient access to behavioral health evaluations (2 to 4),⁹ access to therapy (1 to 4), and psychiatric medication consultation (2 to 4). PCPs also reported strong beliefs in early mental health integration and its ability to increase their capacity to treat patients more effectively and ease their workload.

BEHAVIORAL HEALTH INTEGRATION PATIENT DIAGNOSES



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