Patient-Centered Mental Health in Pediatric Primary Care: The REACH **PPP** Program

The REACH Institute
with:
Amy Kryder, MD: (VMAP)
Gary Maslow, MD: (NC-PALS)

The REACH Institute

Interventions: What Doesn't Work

- Didactic educational meetings (e.g., CME) - 
- Educational materials (e.g., practice guidelines, AV/web programs) - 
- Audit and feedback +/- 
- Use of local opinion leaders (or KOLs) +/- 
- Local consensus processes – "buy-in" +/- 
- Patient-mediated interventions (use patients to change doctors) +/- 

Cochrane Collaborative, 2007, 2009, 2010, 2011

Interventions: What Does Work?

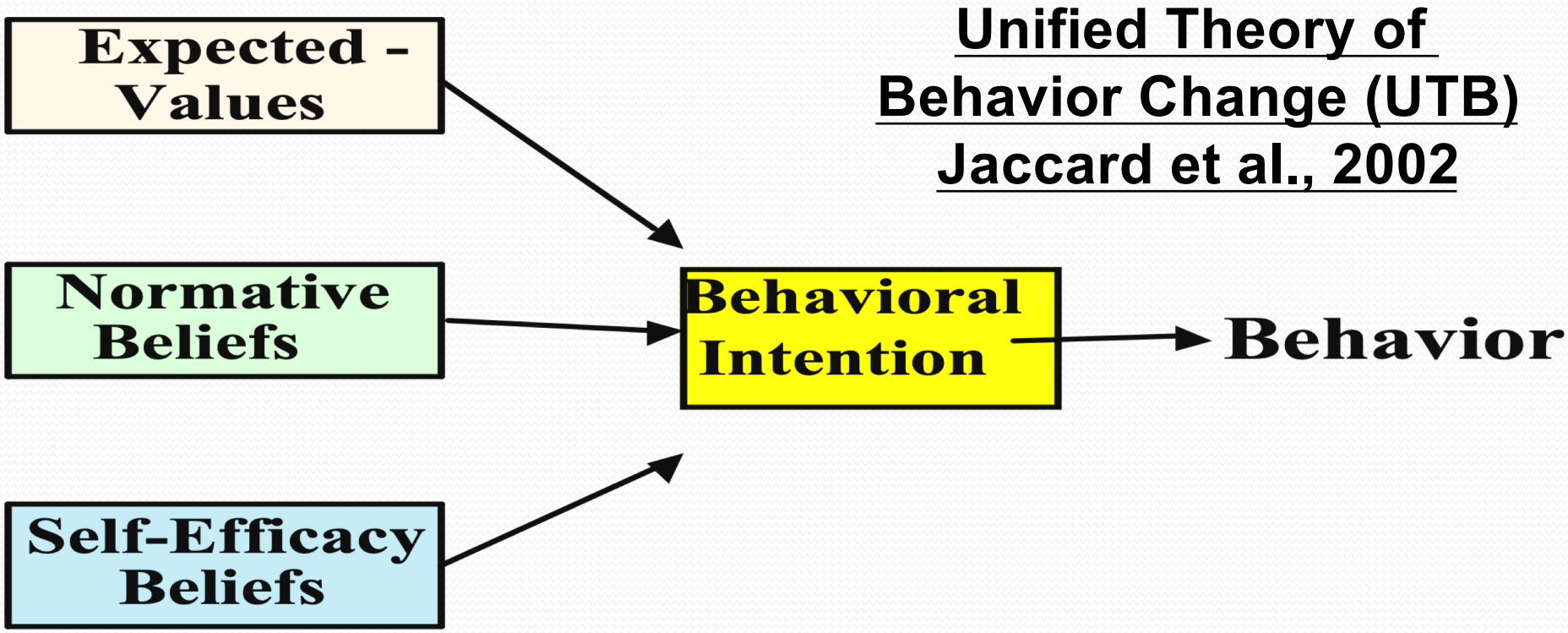
- Educational outreach (academic detailing) + 
- Reminders (manual or computerized) + 
- Multifaceted interventions (combo that includes audit and feedback, reminders, local consensus process, and/or marketing) ++ 
- Interactive meetings (sustained workshops that include discussion and practice) ++ 

Cochrane Collaborative, 2007, 2009, 2010, 2011

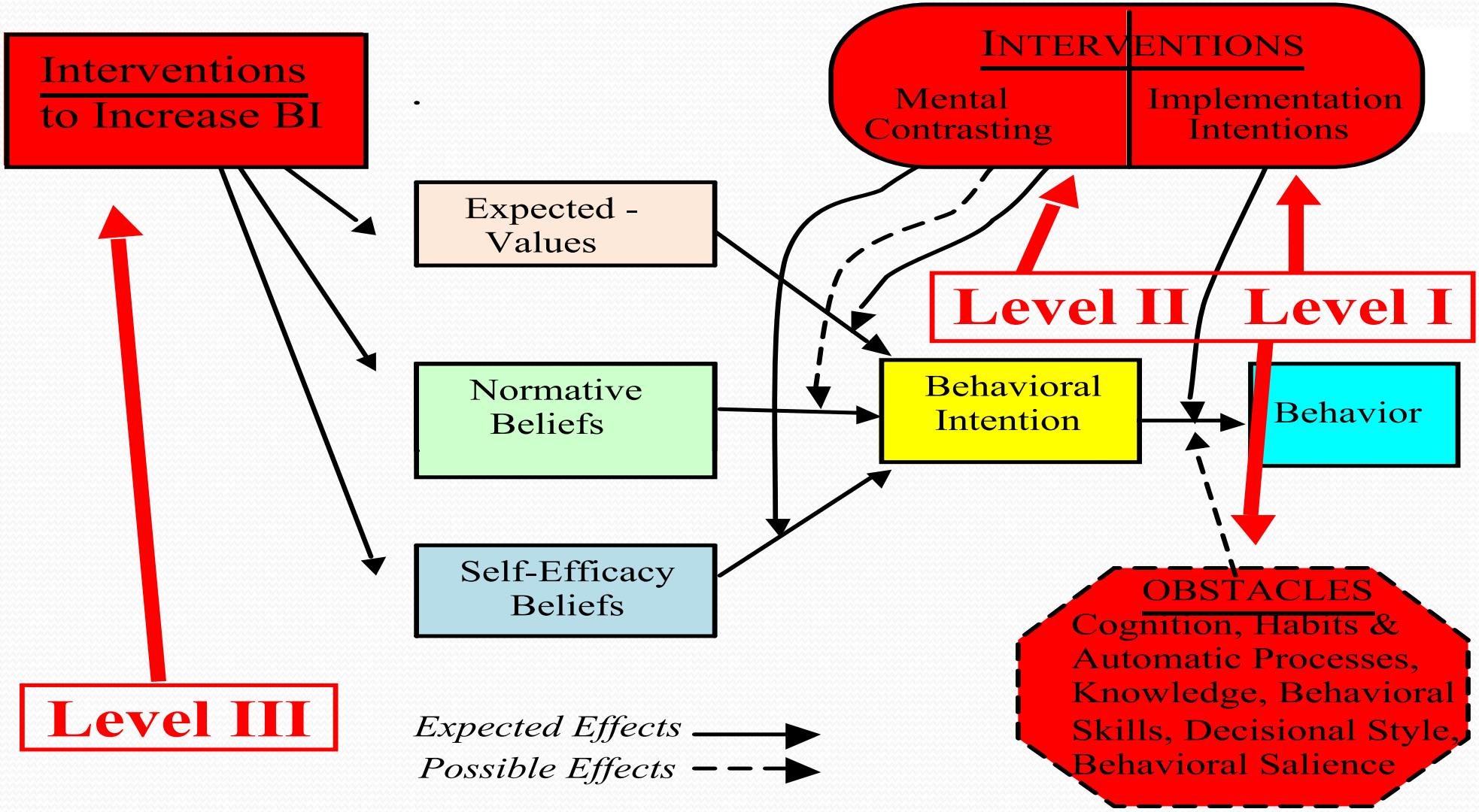
Understanding Why and How People Change: Behavior & Cognitive Behavior Change Theories

The Theory of Reasoned Action (Fishbein & Ajzen, 1975)
Self-efficacy Theory (Bandura, 1977)
The Theory of Planned Behavior (Ajzen, 1981)
Prochaska & DiClemente, 1983
Diffusion of Innovations (Rogers, 1995)
- Unified Theory of Behavior Change (UTB) (Jaccard et al., 2007)

Communication Theory (Jaccard et al., 2007)



Intervention Levels/Types for Behavior Change: (Gollwitzer, Oettingen, Jaccard, & Jensen, 2002)



RED SHAPES denote 3 different intervention levels/types in the model

Patient-Centered Mental Health in Pediatric Primary Care (PPP) Program

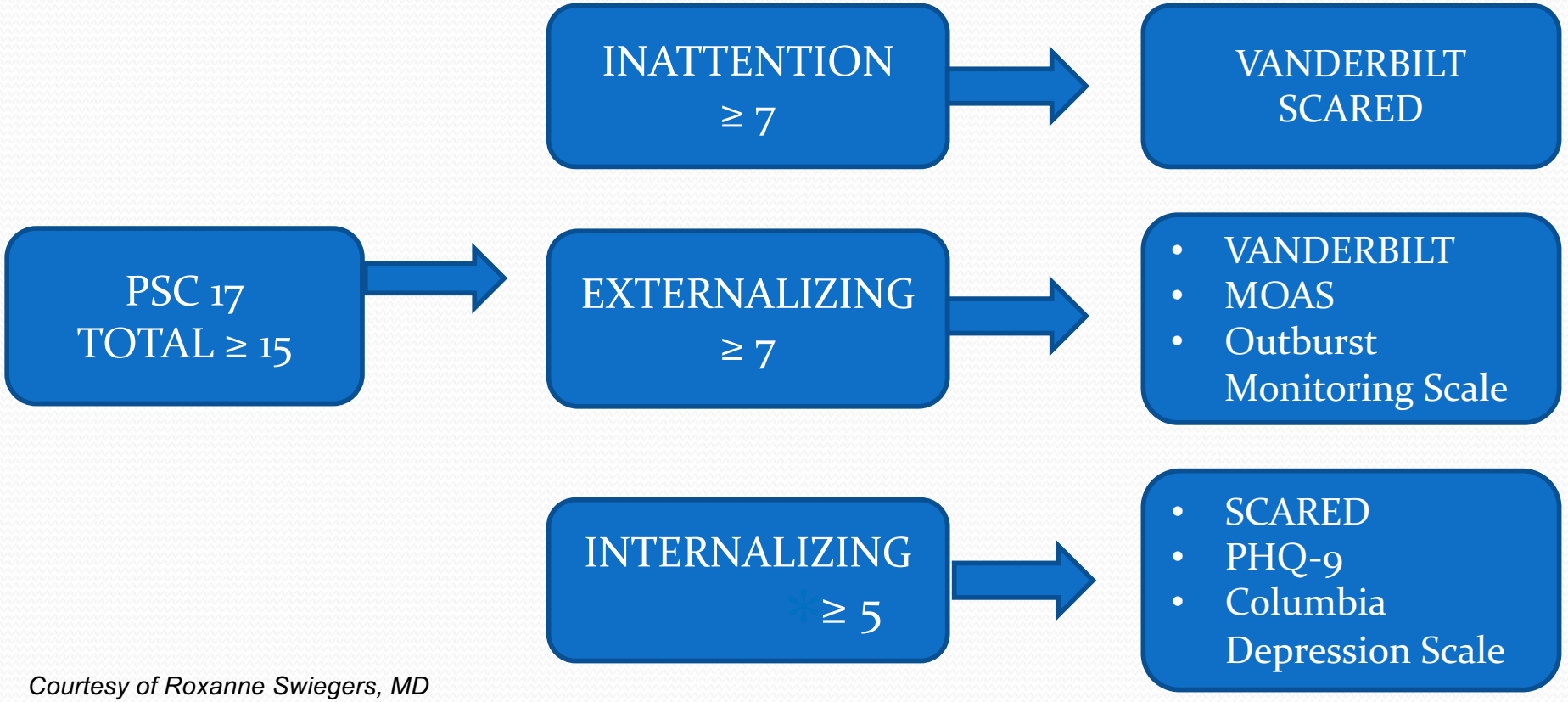
- Skills building program for PCPs
- Based on behav. change science *&* adult education methods
- Interdisciplinary teaching team – PCPs and CAPs
- Focus on evidence-based skills & practices (Dx & Tx)
- Evaluations of impact: Pre-, post- & after 6 months
- Two-part program:
  - Part I (face-to-face/Zoom), 2 ½ days over a weekend
  - Part II (6 months of twice-monthly 1 hr video conferences)

Strategic Goals of REACH PPP

- DDx: Differentiate pediatric MH problems from normal development
- E-B Assessment tools for specific behavioral health problems, e.g.
  - ADHD
  - Anxiety & Depression
  - Oppositional & Conduct disorders
  - Suicidality
  - Bipolar & Psychosis
  - Prioritize which to treat, apply "REACH First Principles"
- E-B Management, incl. patient/family engagement, medication, therapy techniques, MH referrals

Putting Tools Together

MENTAL HEALTH SCREENING AND EVALUATION TOOLS



Courtesy of Roxanne Swiegers, MD

The REACH "First Principles"

1: Complete a Developmental & Contextual Assessment

2: Team Formation, Communication, and Decision-Making

3: Do No Harm

4: Evidence-based Treatment & Prescribing Principles

PPP Progress to Date

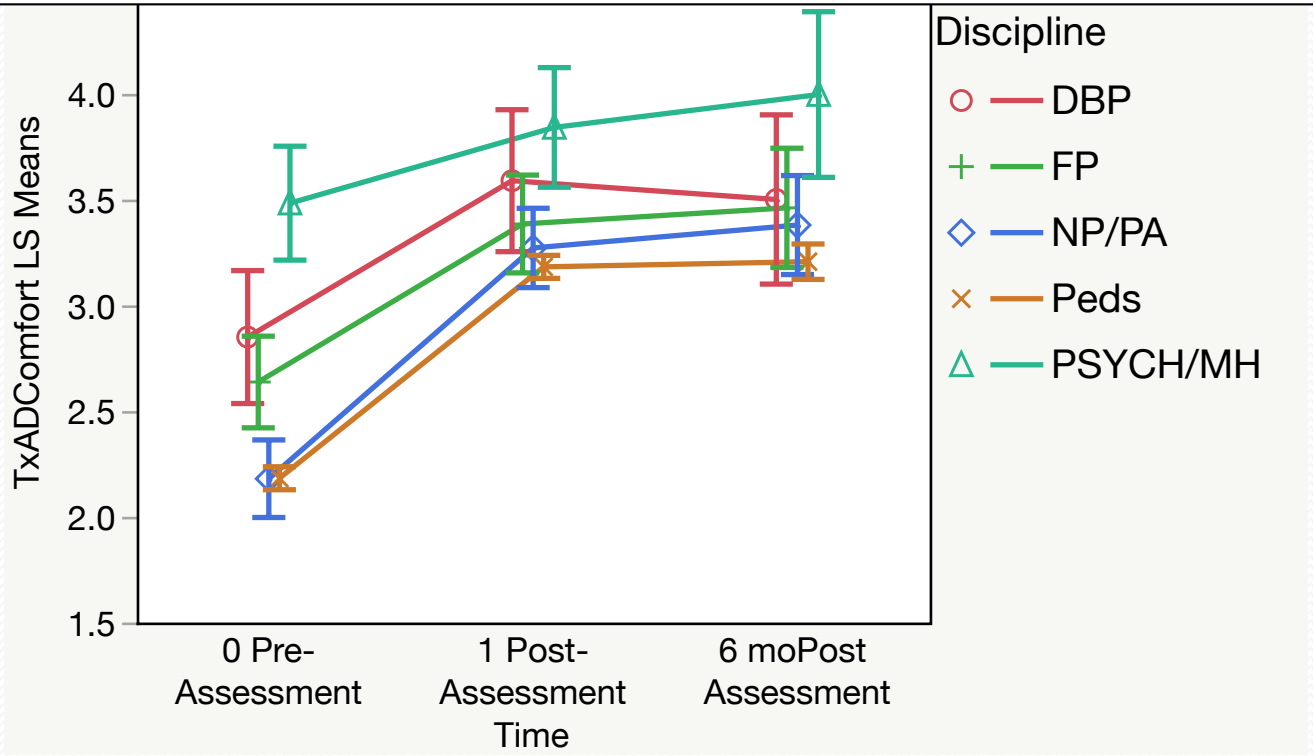
- Given in small groups of 25-60
  - >150 times
- Trained >6,500 primary care providers
- Excellent results–internal data
- Multiple state and regional contracts
- Adapted to 2 other countries (Norway and Canada)
- Substantial external/independent evidence of changes in practice, cost-effectiveness

SAMPLE DATA: ANXIETY Disorders Treatment *Self-Efficacy*

Effects of Intensive Coaching by Prof. Discipline

N = 630

Discipline	Number
DBP	20
FP	43
NP/PA	53
Peds	485
PSYCH/MH	24



Source	Nparm	DF	DFDen	F Ratio	Prob > F
Discipline	4	4	701.5	18.0866	<.0001*
Time	2	2	962.6	117.3762	<.0001*
Discipline x Time	8	8	975.1	3.5171	0.0005*

Degree of Treatment Self-Efficacy:

1 = Not at All 2 = a Small Amount

3 = a Moderate Amount 4 = a Great Deal

PPP Impact Training after 12 months NIMH RCT, North Carolina (Jensen et al., 2014)

Decreased perceptions of MH obstacles to practice change

Documented clinician behavior change

MDs have increased satisfaction, comfort, confidence, and skills in their Dx and Tx practices

Medicaid records of trained vs. untrained PCPs reveal State-wide impact:

- Reduced costs: $10/child month in Medicaid children served by PCPs (vs. untrained) ($6,000/MD/yr)
- Reduced medications, increased diagnosis
- More appropriate dosing, family adherence

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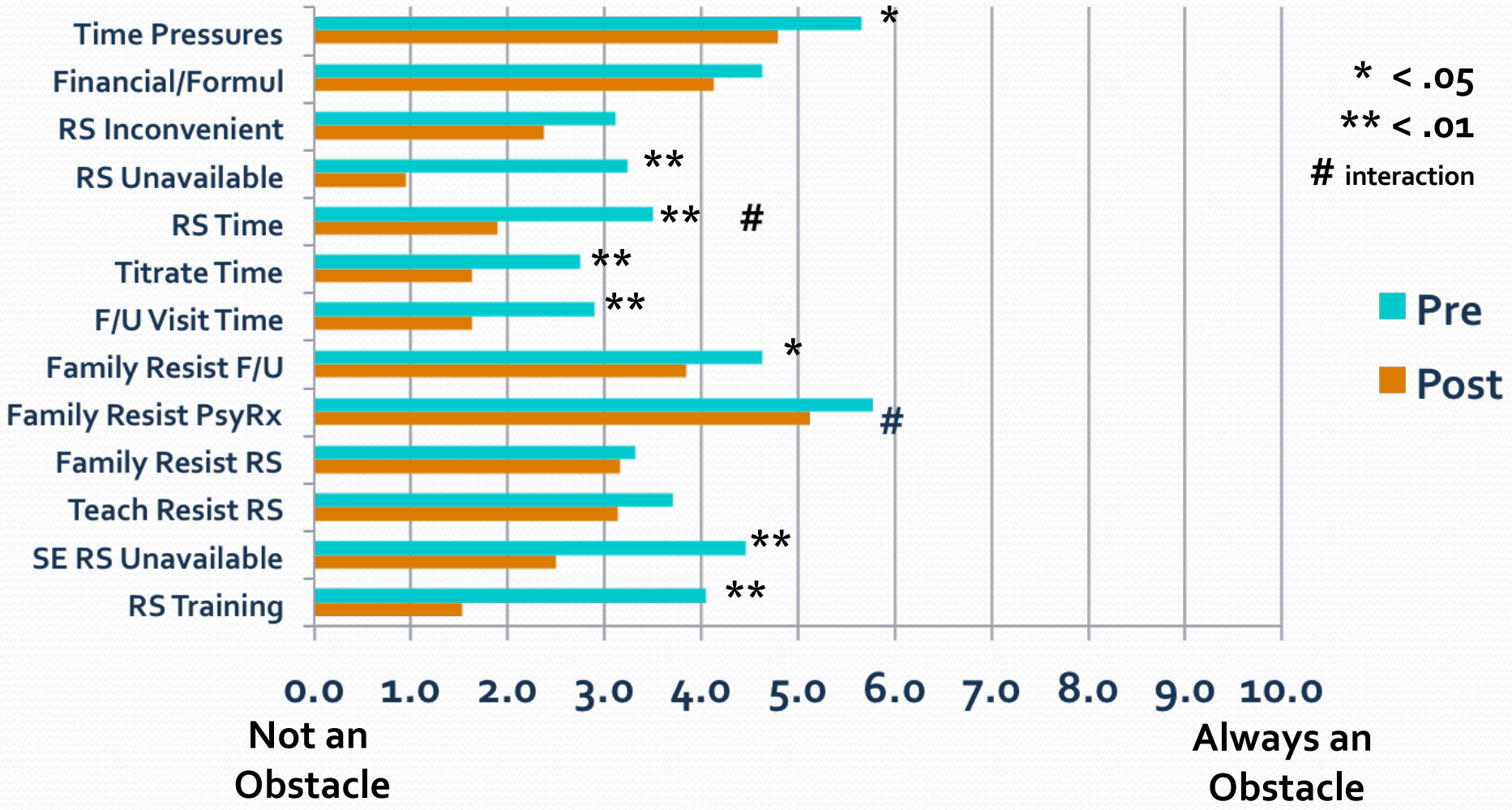
NIMH RCT -- North Carolina Training

PCPs' Perceive Fewer Obstacles to EB-Practices for ADHD Before vs. After Training



Canada REACH Findings - 2018

Significant differences
N= 99 trained, 7753 untrained MDs

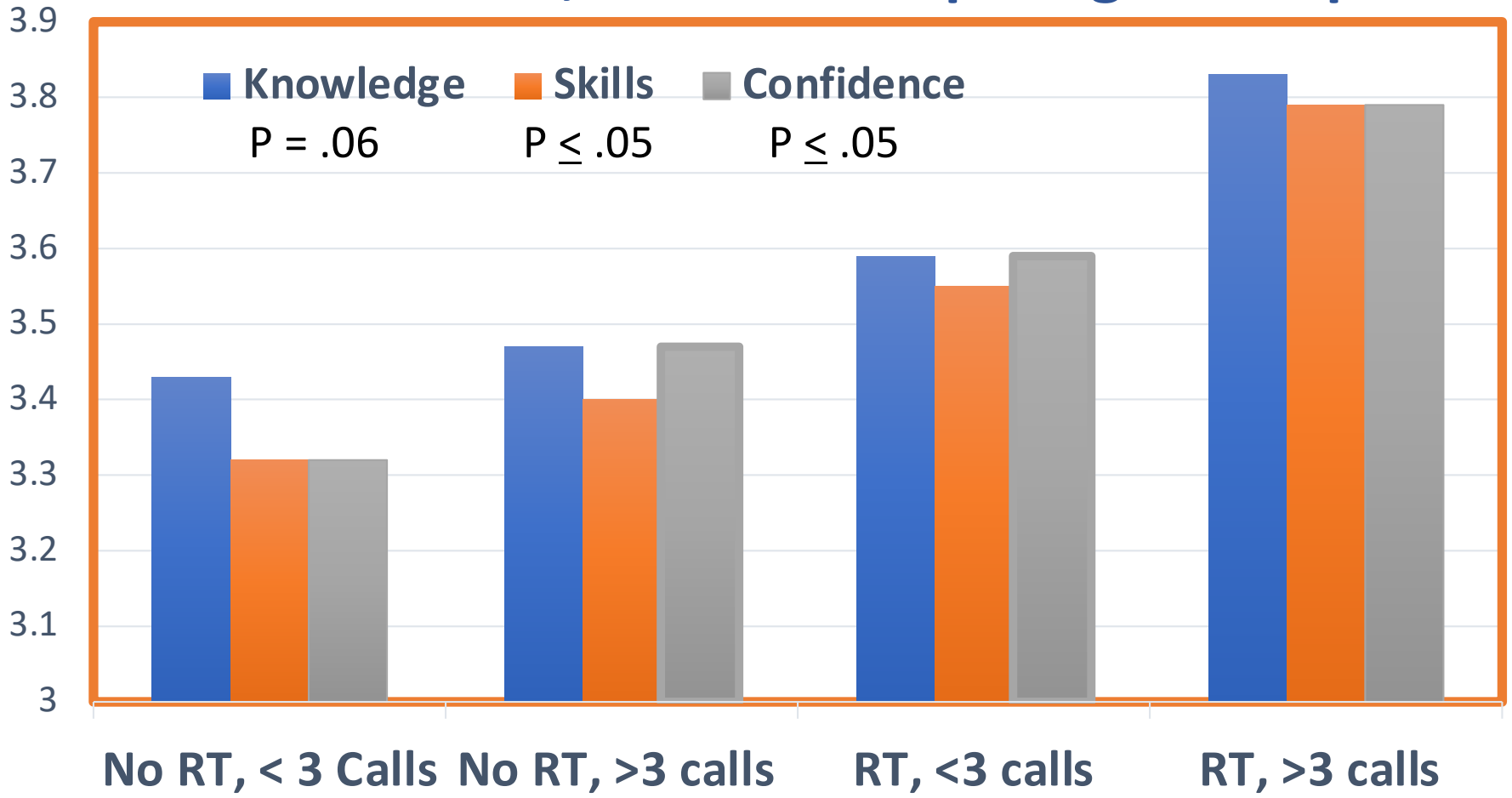
	Compared to non-trained primary care MDs	Compared to themselves, pre training
MH ED referrals	↓	↓
Appropriateness of Referrals	↑	↑
Better Wait times	↓	↓
Length of stay	↓	↓
Costs	↓	↓

New York Project TEACH

Knowledge, Skills, & Confidence:

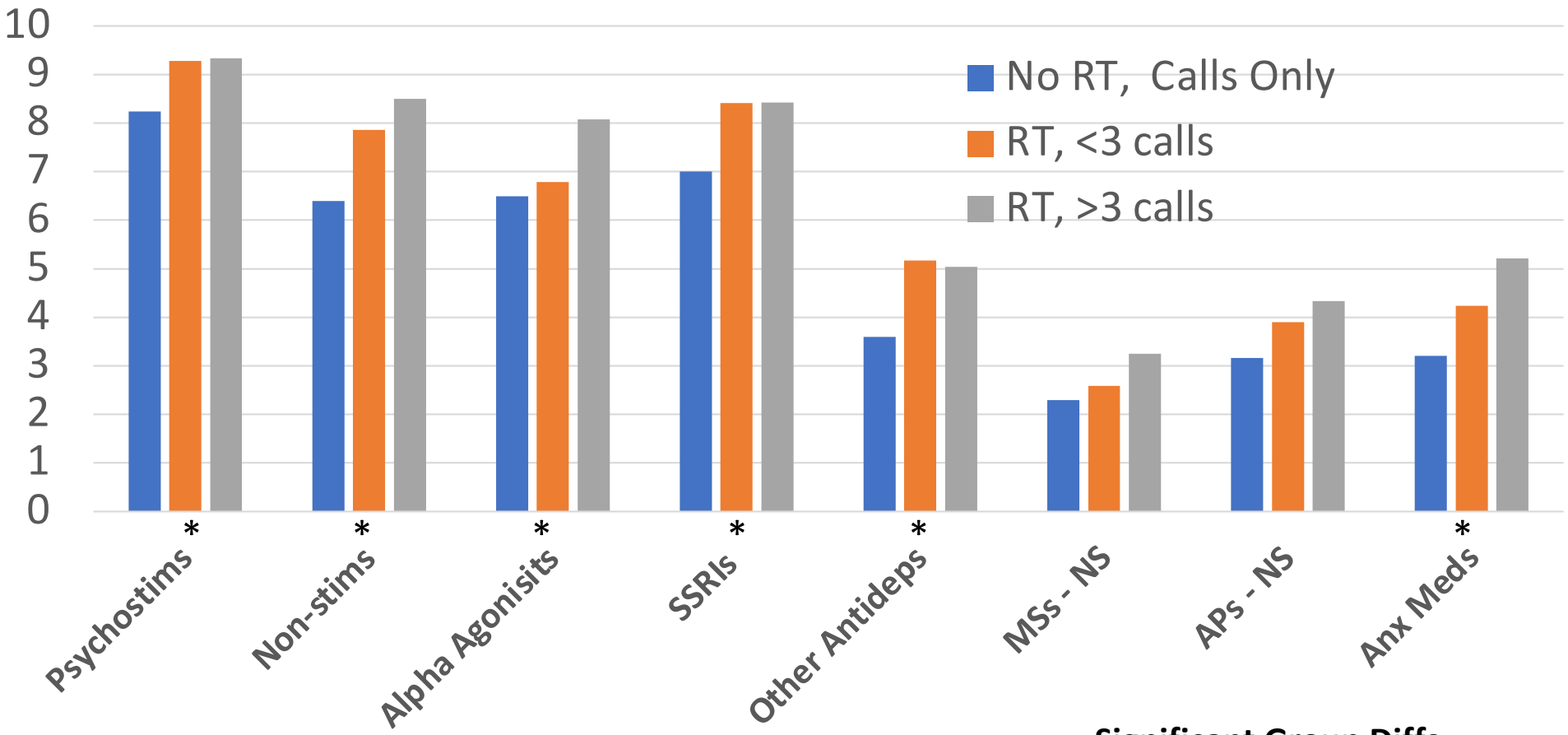
N = 356, ANOVA Comparing 4 Groups

1 = No Increased Skills
5 = Greatly Increased



Project TEACH, supported by the Office of Mental Health, NYS, Presented at AACAP, 2016, D. Kaye et al.

PMH Calls vs. Reach Training vs. Combination Effects on PCPs' Prescribing Comfort, by Med Class
1 = Uncomfortable, 10 Very Comfortable

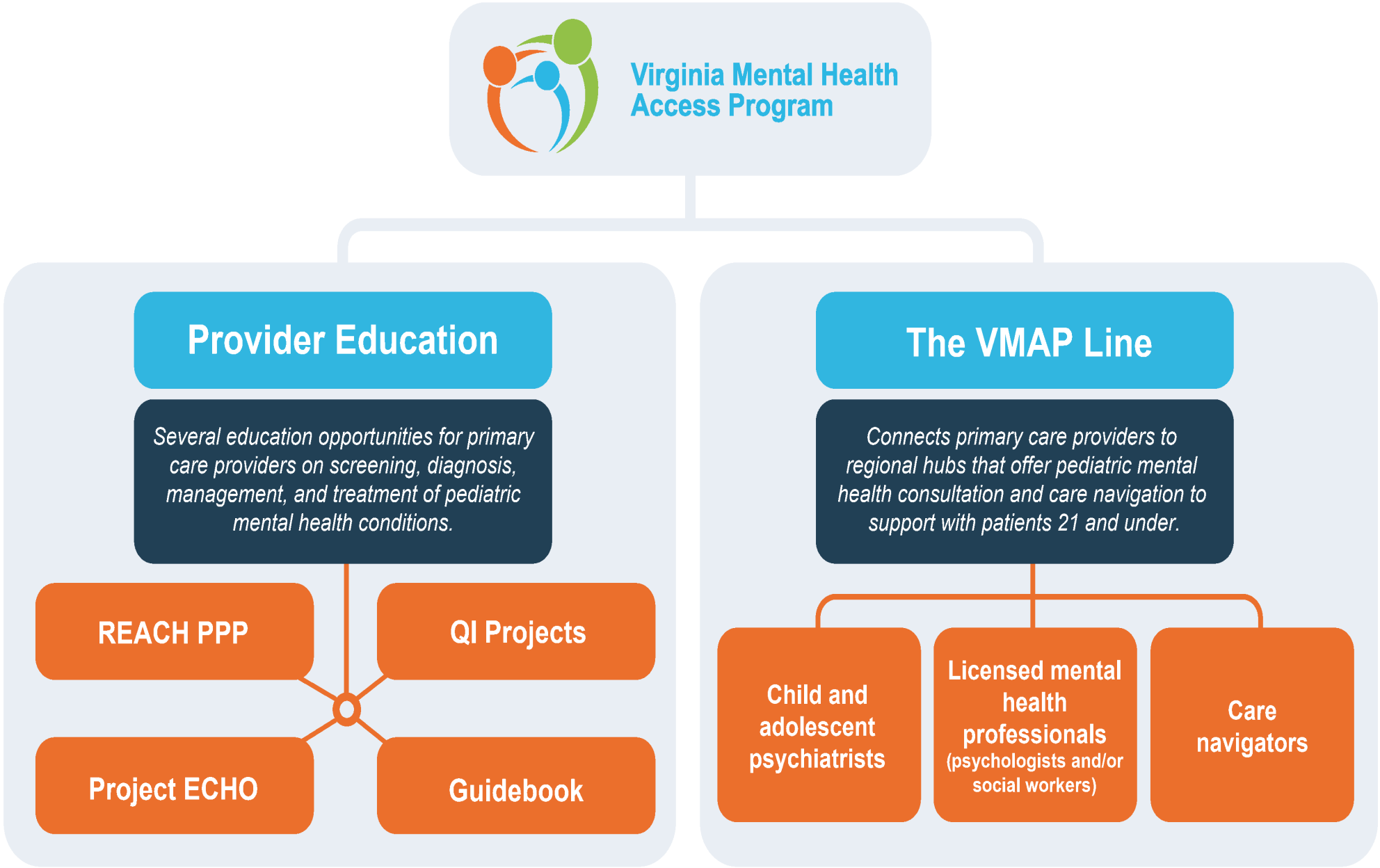


Significant Group Diffs
ANOVAs: * = p < .05

Project TEACH, supported by the Office of Mental Health, NYS, Presented at AACAP, 2016, D. Kaye et al.

Pediatric Mental Health Care Access Programs (PMHCA)

- Virginia Mental Health Access Program - (VMAP)
  - Amy Kryder, MD (Sandy Chung, MD, PI)
- North Carolina Psychiatric Access Line - (NC-PAL)
  - Gary Maslow, MD (PI)


Virginia Mental Health Access Program
Provider Education
Several education opportunities for primary care providers on screening, diagnosis, management, and treatment of pediatric mental health conditions.
REACH PPP
QI Projects
Project ECHO
Guidebook
The VMAP Line
Connects primary care providers to regional hubs that offer pediatric mental health consultation and care navigation to support with patients 21 and under.
Child and adolescent psychiatrists
Licensed mental health professionals (psychologists and/or social workers)
Care navigators

Why VMAP?

Virginia is
48th lowest in the nation
for youth mental health access to care, considering prevalence of illness

(The State of Mental Health in America, 2023)

Over
65% of pediatricians
reported they lacked mental and behavioral health knowledge and skills

(McMillan, Land, & Leslie, 2017)

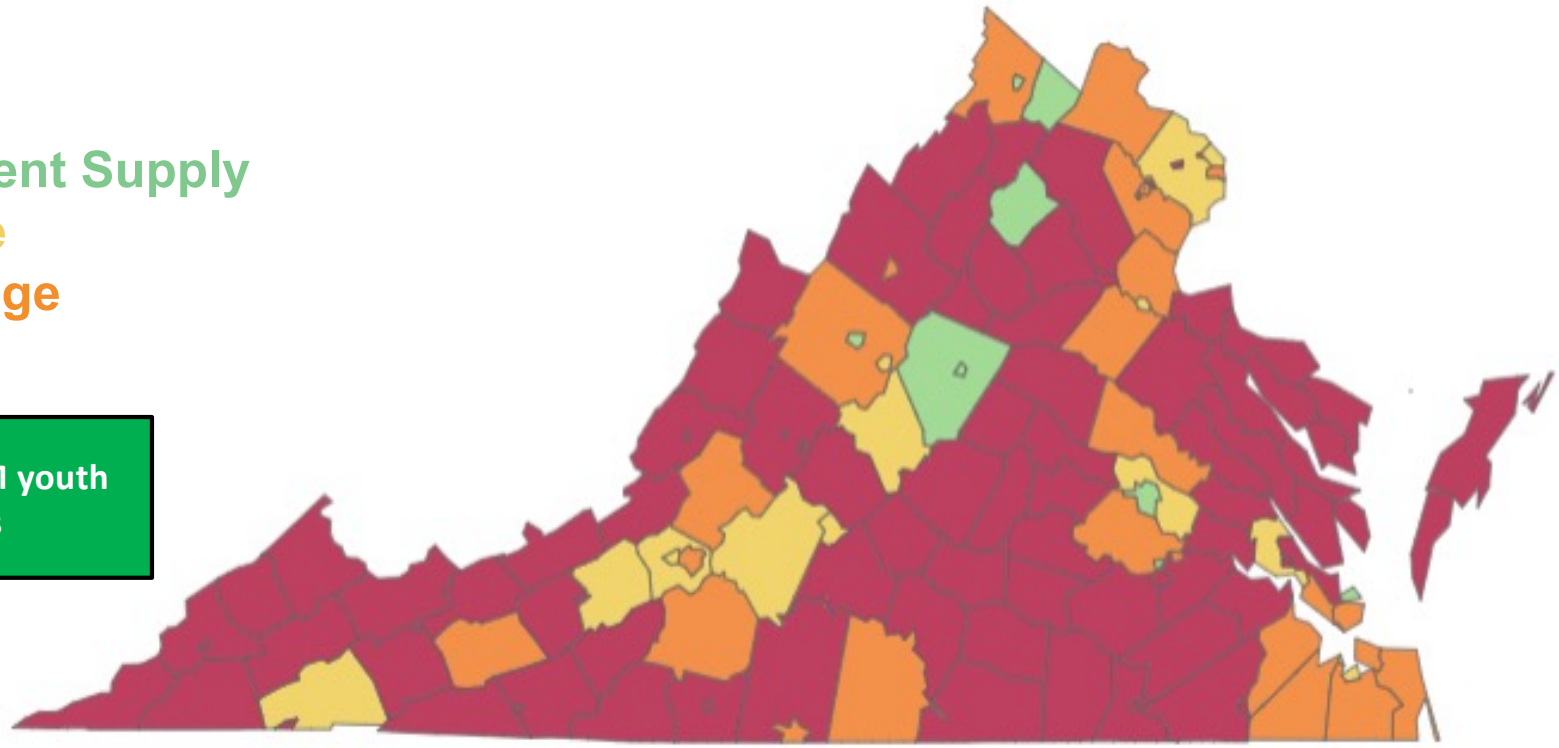
In Virginia, there are
only 14
child and adolescent psychiatrists available
per 100,000
children below the age of 18

(American Academy of Child and Adolescent Psychiatry, 2019)

Child & Adolescent Psychiatrist Shortage in Virginia

Mostly Sufficient Supply
High Shortage
Severe Shortage
No CAPs

Only 23,086 of 1.86 M youth live in sufficient areas



(American Academy of Child and Adolescent Psychiatry, 2019)

VMAP
Virginia Mental Health Access Program

+

The REACH Institute

Since Fall 2021

14 Courses

333 Participants

14 Faculty

2 Administrative Staff

Evaluations and outcomes consistent with programs run by national REACH faculty

Pre and Post Survey data:

Retained or improved knowledge and skills

6 months post weekend course

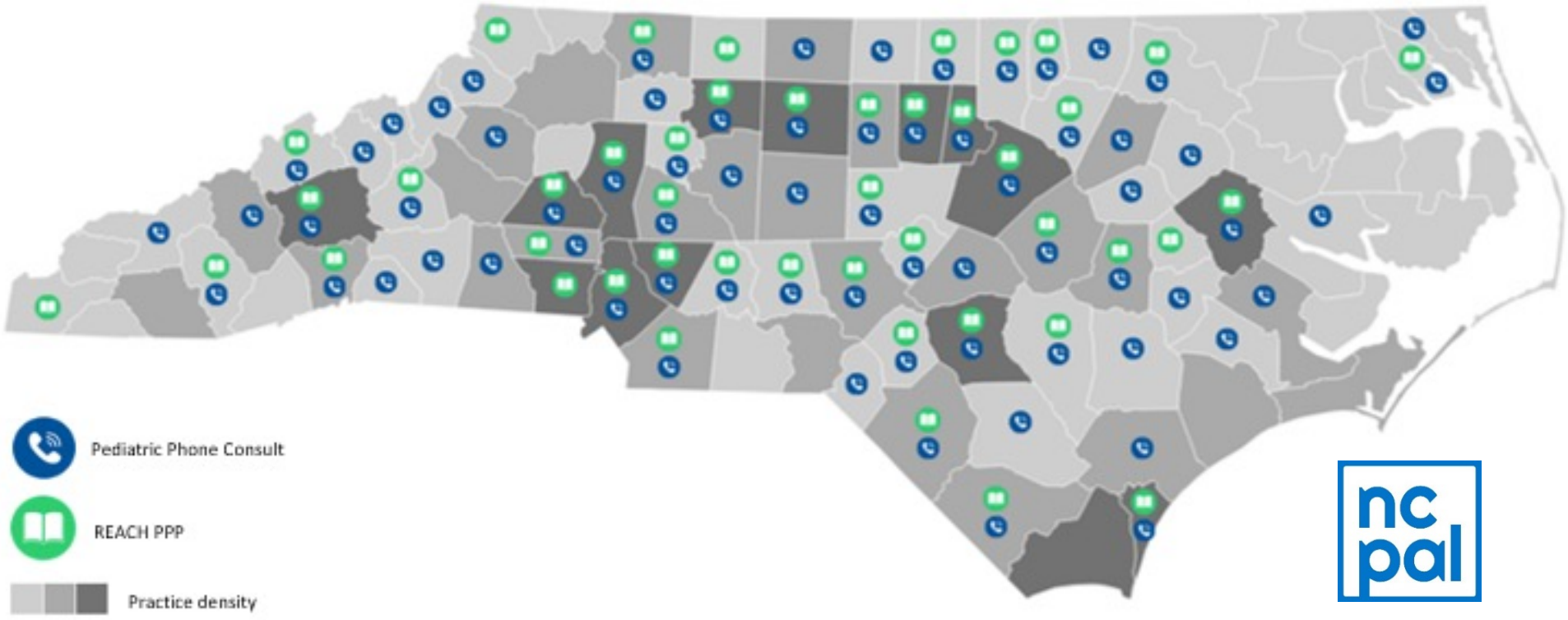
What else?

Medical Board recognition to meet physician needs

PART 4 MOC
THE AMERICAN BOARD *of* PEDIATRICS

North Carolina Psychiatry Access Line and REACH PPP

REACH Training Central Part of NC-PAL program
Built through initial HRSA funding
10 trainings a year with significant support from NC DHHS
20+ trainers (Faculty at Duke and UNC)
350+ trained over past 4 years
150+ trained in 2023



Outcomes of REACH PPP Training and NC-PAL

- Examined NC Medicaid data
  - 750+ NC-PAL involved providers
  - 529 had seen pediatric patients with Medicaid
    - 136 REACH and Called NC-PAL
    - 80 REACH only
    - 293 Called NC-PAL Line
  - 60% of providers were Pediatricians
  - 20% were in rural counties
  - ~250,000 children with Medicaid were cared for by NC-PAL trained providers
    - 86K Black (35%), 62K Hispanic (25%)
- Looked at HEDIS Measure AMM
  - Antidepressant Medication Management measure
    - Effective Acute Treatment Phase: 84 days (12 weeks) minimum with gaps in treatment up to a total of 30 days
    - Looked at if prescription filled for at least 84 days out of 90, no gap

- Examined new antidepressant scripts for 381 patients cared for by 176 of the providers
- Baseline for Antidepressant compliance is that <33% of adolescent filled scripts consistently after new start
- **Key finding**: Participants in NC-PAL all had high performance for the modified AMM HEDIS measure

	Prescription Filled for >84 days out of 90
Overall	56%
REACH Trained and NC-PAL Caller	60%
REACH Trained Only	57%
NC-PAL Caller only	50%

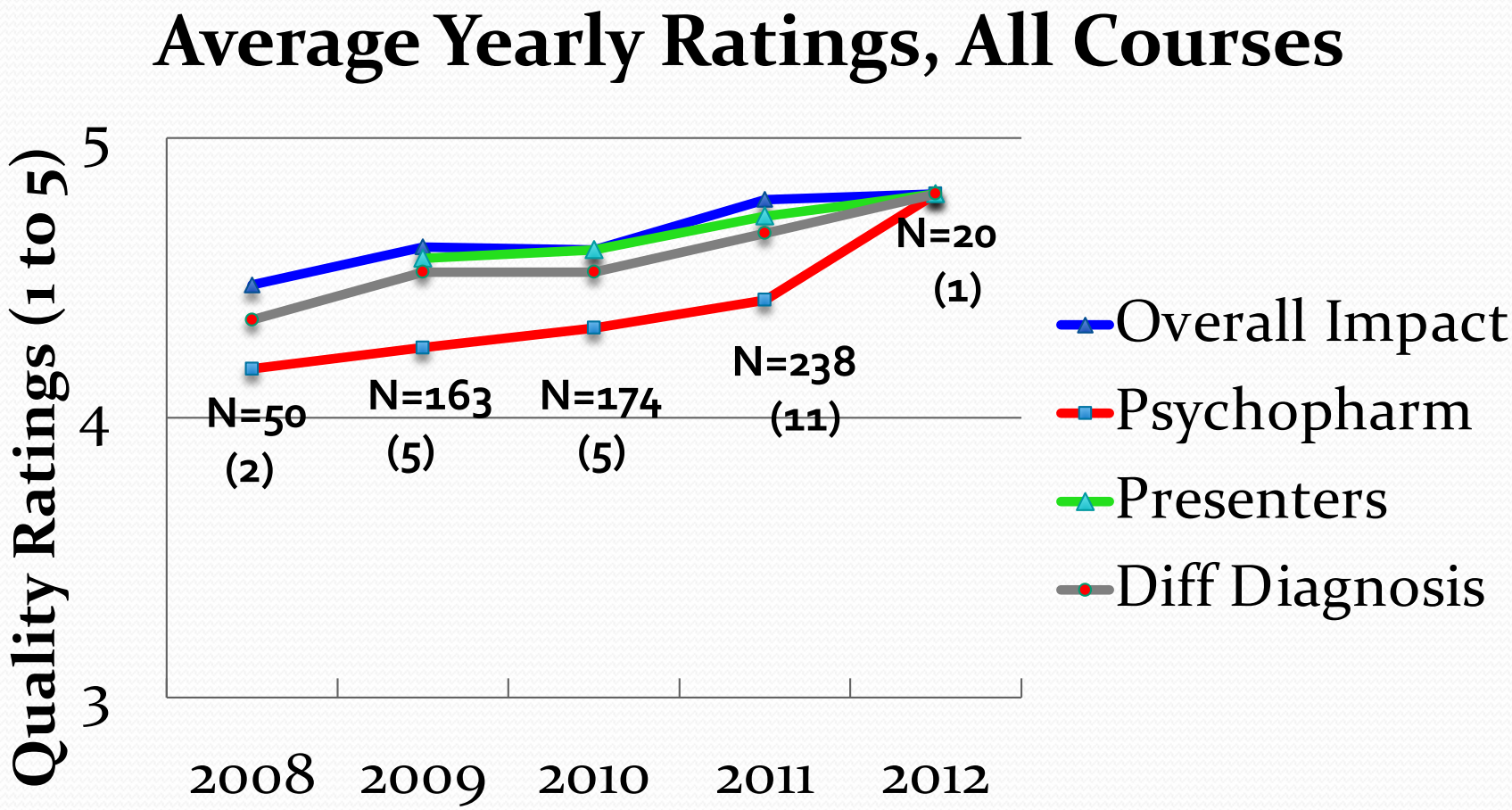
Summary of Principles Applicable to Successful PCP Training Efforts

- Trainings must include how to use free screening, assessment, and treatment monitoring tools
- Involve PCPs as co-teachers
- Focus on training in *skills*, NOT knowledge of new facts
- Sustained coaching and follow-up support is essential
- Strong, positive relationships between teachers and learners are paramount
- Teachers' role and mind sets must be as *facilitators*, not "experts"

Q & A

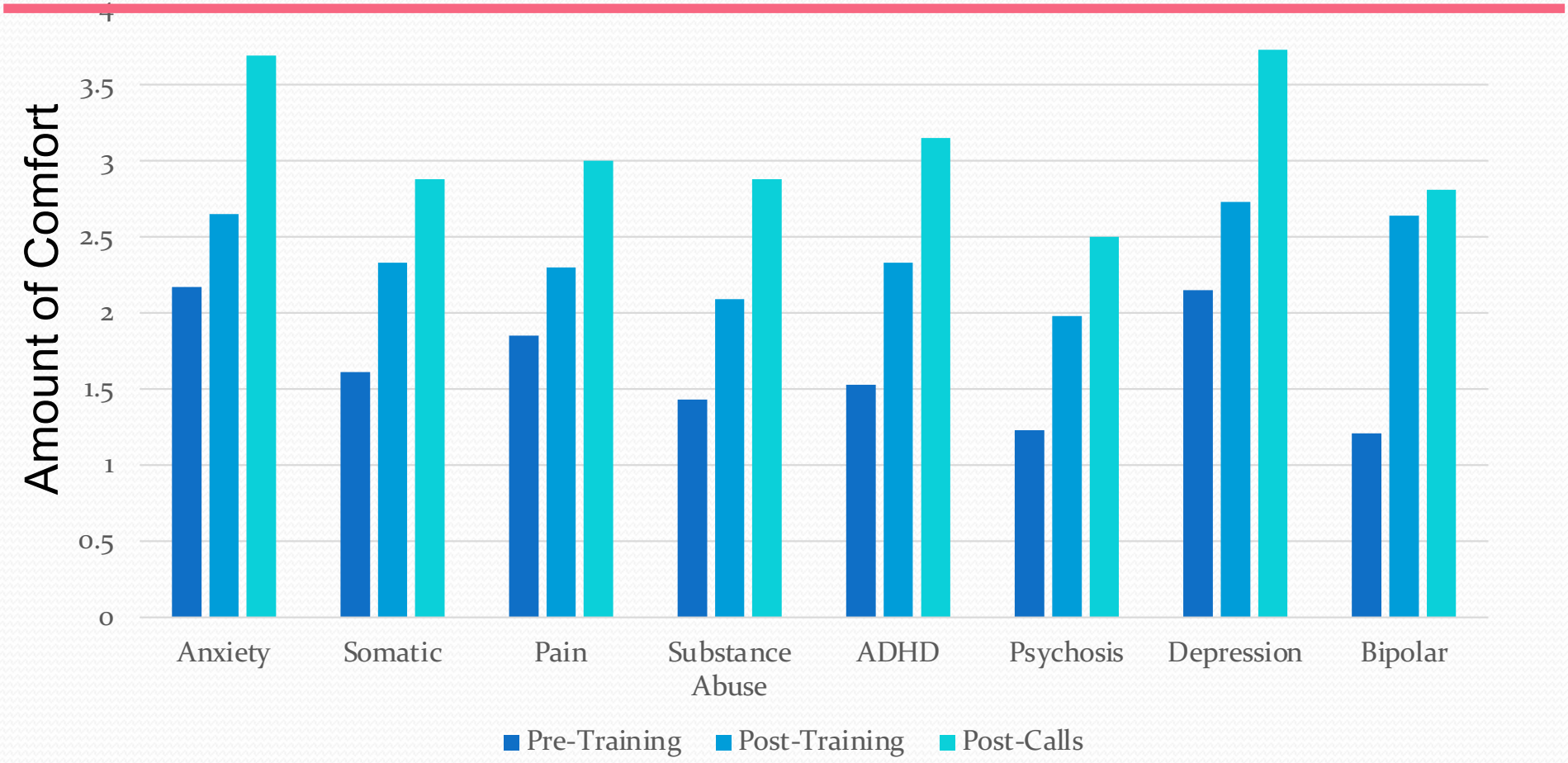
Additional Evaluation Data

PPP Training Quality & Impact Ratings:
Increasing Impact with Ongoing Training Improvement



Assessment & Diagnosis: Comfort Changes via Sustained Support

n = 47 Pre, 46 Post, 26 Post Calls



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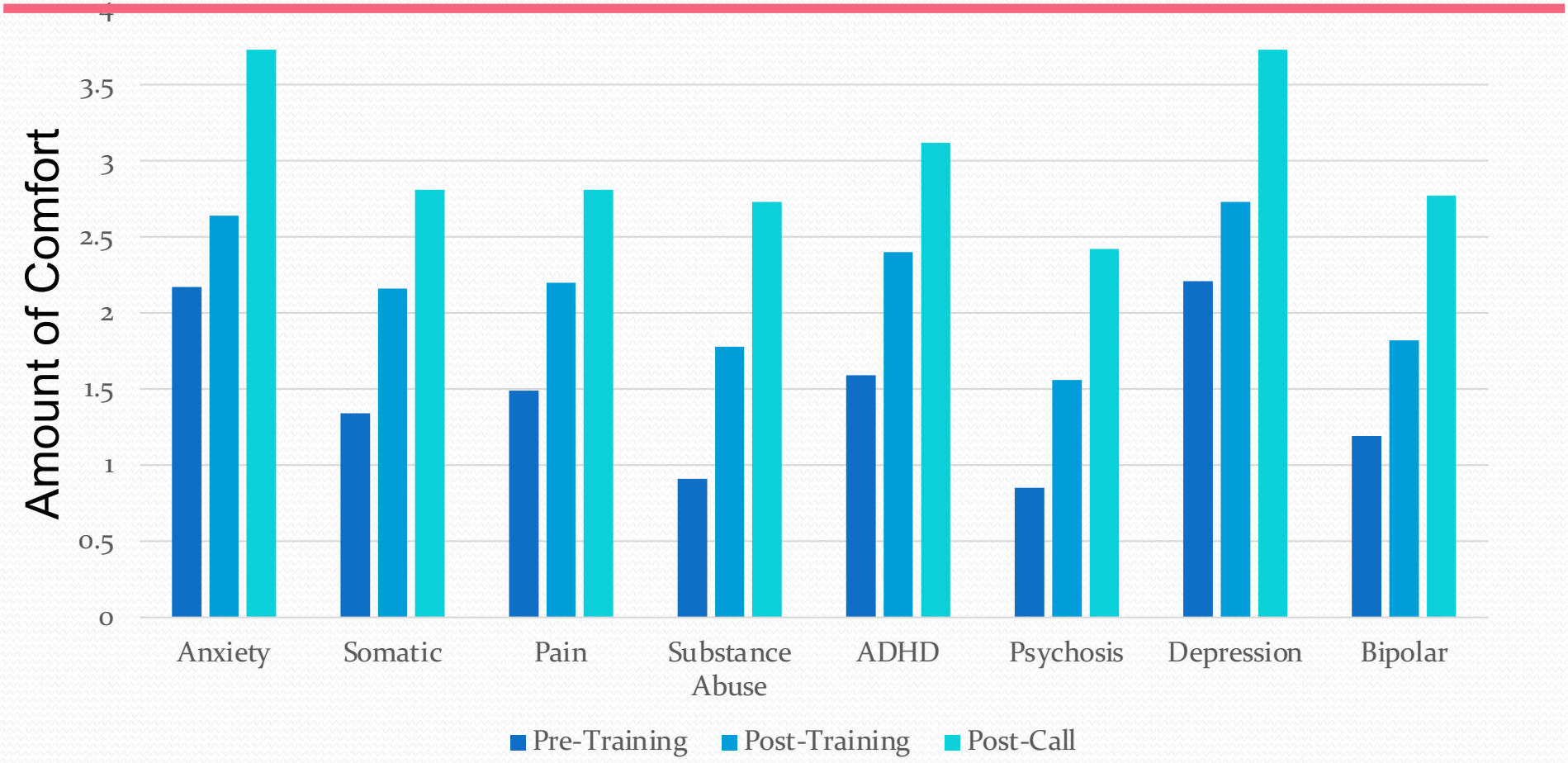
Management & Treatment: Comfort Changes via Sustained Support

n = 47 Pre, 46 Post, 26 Post Calls



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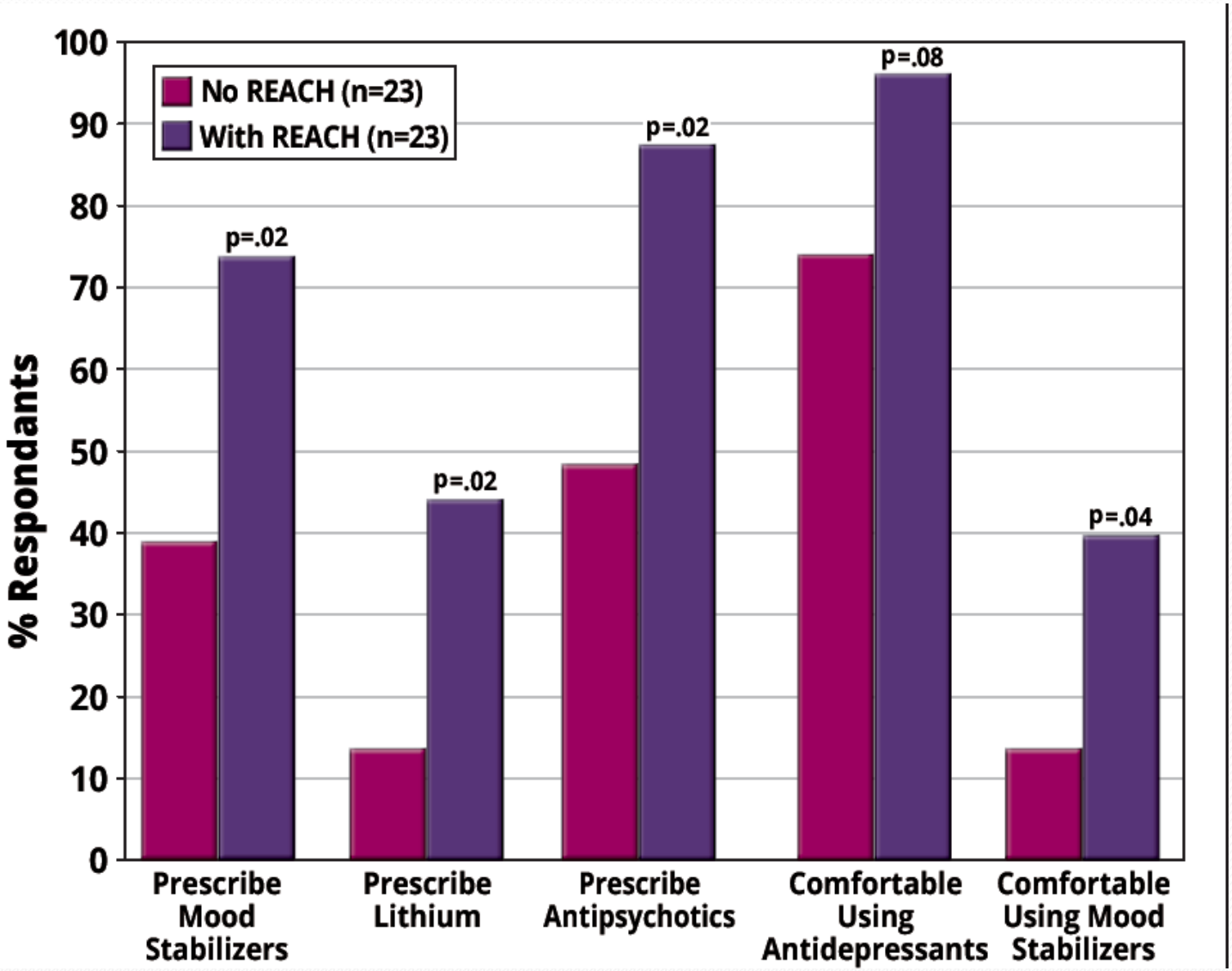
Impact of REACH Training vs. >2 Traditional CMEs New York State CAP-PC (Hargrave et al., 2014)



Reduced PMPM Costs for Meds, REACH Trained PCPs vs. Untrained PCPs