PediPRN: Pediatric Psychiatry Resource Network

BREAKFAST OF CHAMPIONS
MAY 11, 2018

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Disclosures

- No financial interest in or affiliation with any commercial supporter to disclose.
Pedi PRN Presentation

- Overview of PediPRN
- Program development next steps
  - Recruitment
  - Sustainability
- Case presentations
- Questions
PediPRN

- PediPRN= Pediatric Psychiatry Resource Network
- Modeled after MCPAP- Massachusetts Child Psychiatry Access Project
- Innovative model of telephonic consultation and collaboration between pediatric primary care providers and child psychiatry providers.
- It is designed to help pediatric primary care providers meet the behavioral health care needs of children in their practices.
- Home location: Lifespan- Bradley, RI, and Newport Hospitals
- Grant initiated 12/15/16
- Funding
  - SIM grant
  - Rhode Island Foundation
  - VanBeuren Charitable Foundation
- Service is available to all Pediatric Primary Care Providers (PPCP’s) in the state of RI at no cost
Pediatric Primary Care Needs Assessment

- Increasing prevalence of behavioral health problems in children (20% of population)
- National shortage of child psychiatrists
- Pediatric feedback
  - Requested training in screening, diagnosing and treating behavioral health problems
  - Requested information about community behavioral health referrals and resources
PediPRN Goals

- Increase PPCP’s knowledge, skill and confidence to screen and manage children in primary care with mild to moderate mental health needs
- Promote the rational utilization of scarce specialty resources for more complex and high risk children
- Advance integration of children’s behavioral health and pediatric primary care
PediPRN Model of Support

Primary Care Taking Lead

ChΨ

Less Complex

More Complex

Child Psychiatrist Taking Lead

PCP

ChΨ

PCP

ChΨ

PCP
PediPRN Program Design

- Lifespan Sites - Bradley, Rhode Island, and Newport
- Behavioral Health Team
  - Psychiatrists/APRN
    - Karyn Horowitz, MD, Clinical Director
    - Richard Smith, MD
    - Leila Sadeghi, MD
    - Wei Song, MD
    - Bev Rich, APRN
    - Marta Majczak, MD
  - Clinical Coordinator
    - Marianela Dougal, LICSW
  - Care Coordinators
    - Bradley Outpatient Support Staff
  - Psychologist/research data analyst
    - David Barker, PhD
Program Process

- (401) 432-1KID
- Assist with referring families for treatment in community

- Care coordinator

- Child Psychiatrists/APRN
  - Phone consultation
  - Face-to-Face (if necessary)

- Clinical Coordinator
  - Phone consultation
  - Face-to-Face consultation
  - Interim Therapy
Services

- Telephone consultation
  - Weekdays
  - 8.30am-5.00pm
- Face-to-Face consultation
- Care coordination
- Transitional therapy services while youth are waiting placement in outpatient behavioral health services
- Training and education through Bradley Conference, lectures, website, and e-blasts
Consultation questions

- Diagnostic clarification
- Treatment planning
- Unable to access behavioral health resources
- Second opinion
- Screening support
- Pharmacological – side effects, selection, dosage, etc.
- Psychotherapy – selection, referrals, monitoring
PediPRN Statistics as of April 24, 2018

- **Overview**
  - Providers enrolled 336
  - Practices enrolled 56
  - Providers utilizing PediPRN 134
  - Number of Encounters 446
  - Children/Adolescents Served 338

- **Telephonic consultations**
  - Mental health conditions for children/adolescents
    - Anxiety (25%)
    - Attention Deficit Hyperactivity Disorder (19%)
    - Depression (19%)
  - Common reasons for contact
    - Medication consultation (50%)
    - Information about resources (17%)
    - Second opinion (11%)
    - Diagnostic consultation (12%)
    - Crisis Consultation (4%)
## Insurance Providers of Consultation Patients

### Insurance Providers (C.13)

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Comparison PediPRN to MCPAP in 1st Year

Cumulative use of Pedi-PRN services across time

- Cumulative Encounters
- Cumulative MCPAP Encounters
- Cumulative MCPAP Patients
- Cumulative Patients
PediPRN Encounter Density

Encounter density across weekdays & time of day

Mon  Tue  Wed  Thu  Fri

Time (24 hour clock)
PediPRN Next Steps

- **Ongoing Care Delivery**
- **Sustainability**
  - MCPAP as model
  - NNCPAP resources
  - Legislative, grant, and institution options
- **Increase volume**
  - Outreach efforts/focus groups
  - Community education
  - Considering peer supervision group
  - Participate in events with pediatric primary care providers
  - Bradley Conference
  - Website and e-blasts
Case #1

- 12 year-old female with severe anxiety (separation anxiety and school avoidance) presented to the ED twice within 2 weeks with severe somatic symptoms
- No medical findings aside from tachycardia
- Lorazepam 0.5mg PRN prescribed from ED with follow-up visit to PCP
- Received call from PCP with questions about benzodiazepine use in young adolescent and next steps for treatment
- Had completed the SCARED with significant elevations in all areas
Case #2

- 12 year-old female with recent suicide attempt and admission to psychiatric hospital
- Discharged from inpatient setting to PCP with an appointment for therapist and no psychiatrist follow-up appointment
- Discharge note suggested PCP to initiate medication and acknowledged family history of bipolar disorder
- Received call from PCP prior to meeting with family regarding which medication to pick and how to monitor given family history
Case #3

- 16 year old girl at boarding school with escalation of anxiety in context of multiple family stressors
- PCP consulted about use of benzodiazepine prn and break from school
- Advised against use of a benzodiazepine due to potential risks
- Recommended SSRI and counseled PCP on considerations in selecting an SSRI, typical starting dose, typical dose titration schedule, monitoring frequency and informed consent
- Discussed value in patient resuming regular structure rather than encouraging school avoidance
- Provided psychoeducation on anxiety and avoidance
- Discussed therapy options for this patient in school, as well as out of school
Case #4

- 17yoF with h/o depression and anxiety
- Has therapist for herself, mom not engaged in treatment
- PMH: Pituitary adenoma s/p resection
- PCP started patient on fluoxetine 20mg and increased to 40mg one month ago
- Drowsy and sluggish in the am but improvement per therapist (more engaged, improved sleep, motivation and energy)
- Discussed option of decreasing fluoxetine to 30mg and re-evaluate in 2 weeks
- If side effects continue (if side effect!) consider switch to alternate SSRI or SNRI
- Monitor closely and **encouraged** to call back for consult if desired to either augment Prozac, if gains but still symptoms of anxiety/sedation
How to Contact PediPRN

- Call PediPRN at (401) 432-1KID (432-1543)
- Visit website (www.pediprn.org)
  - Resources
  - Registration
  - Upcoming educational events
  - Educational resources
- Marianela Dougal, LICSW (Clinical Coordinator)
- Hours of operation
  - Monday through Friday
  - 8:30am to 5pm
PediPRN website: www.pediprn.org

Pediatric Psychiatry Resource Network (PediPRN)

Provider Resources

About Enrolling

It is preferred that practices enroll in PediPRN before using the free service. Pediatric primary care physicians are requested to use the enrollment form and complete the pre-enrollment survey. If practices are not enrolled at the time of call, the care coordinator will assist in getting your practice enrolled at that time. PediPRN services are

- Take our pre-enrollment PediPRN survey
- Enrollment form
- Take our post-enrollment PediPRN survey
References

- Massachusetts Child Psychiatry Access Program – www.mcpap.com
- American Academy of Child & Adolescent Psychiatry - www.aacap.org