



Services Uniting Pediatrics and Psychiatry Outreaching To Texas
(SUPPORT)

Steven R. Pliszka, M.D.

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Frew Advisory Committee

SUPPORT

- One of the special projects for *Frew*.
- Clinical Demonstration, not randomized research design.
- “Boots on the ground.”
- Evaluation piggybacked onto clinical services.

Primary Care Behavioral Health

- Not consultation alone.
- Not co-location of psychiatric services in primary care clinic.
- Masters-level mental health practitioner is in primary care clinic.
- Flexible scheduling to see patients quickly.
- Brief therapy, behavioral orientation, 1-6 sessions.
- Sub-threshold diagnosis problems accepted and encouraged.

Primary Care Behavioral Health

- Pediatricians encouraged to prescribe psychotropic medication.
- Consulting psychiatrists assigned to each cluster of clinics.
- Masters-level therapists (Licensed Practitioners of the Healing Arts, LPHAs) trained to use rating scales, semi-structured instruments.

Problems Addressed

- Specific Psychiatric Diagnoses.
- Phase-of-Life Issues.
- Health Related Concerns.

SUPPORT Sites

Lubbock

- Texas Tech Lubbock Campus, 79430
- Lubbock Community Health Center

Fort Worth

- Cook Children's Hospital, 76104

Dallas

- Parkland Hospital Dist.
- Oak West Clinic, 75204
 - Deharo/Saldivar, 75211
 - Southeast Dallas Health CTR, 75127
 - Garland Health Center, 75235

El Paso

- Texas Tech El Paso, 79905
- Physicians Associates East, 79936
- Montwood Wellness Center, 79936
- Texas Tech Physicians of El Paso, 79924

Harlingen

- Harlingen Pediatrics Associates, 78550

Weslaco

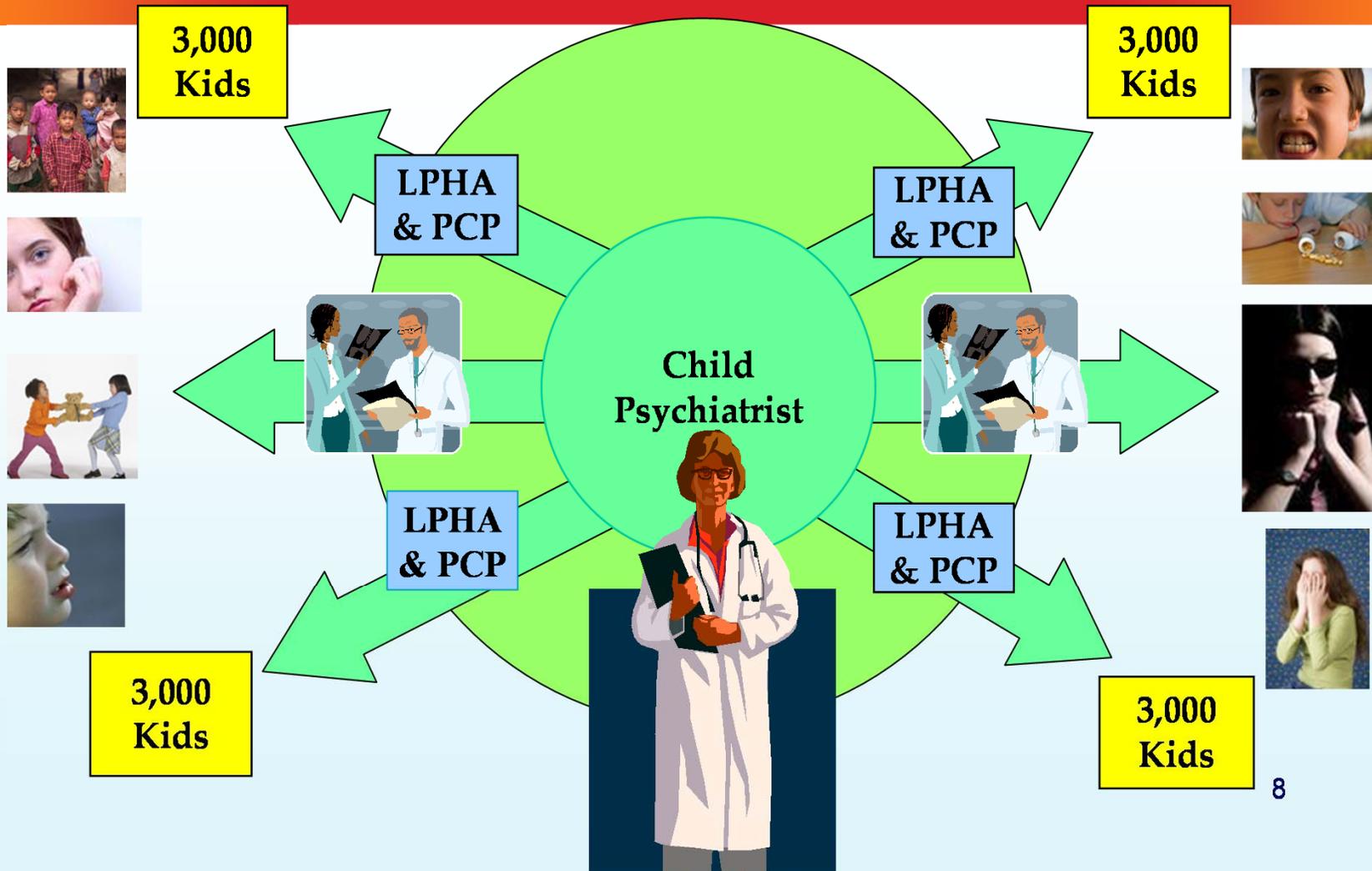
- Mid-valley Pediatrics Allergy Clinic, 78251



San Antonio

- South Texas Center for Pediatrics
- Medical Center, 78229
 - Southcross, 78222
 - The Children's Health Center, 78207
 - Texas Diabetes Institute, 78207

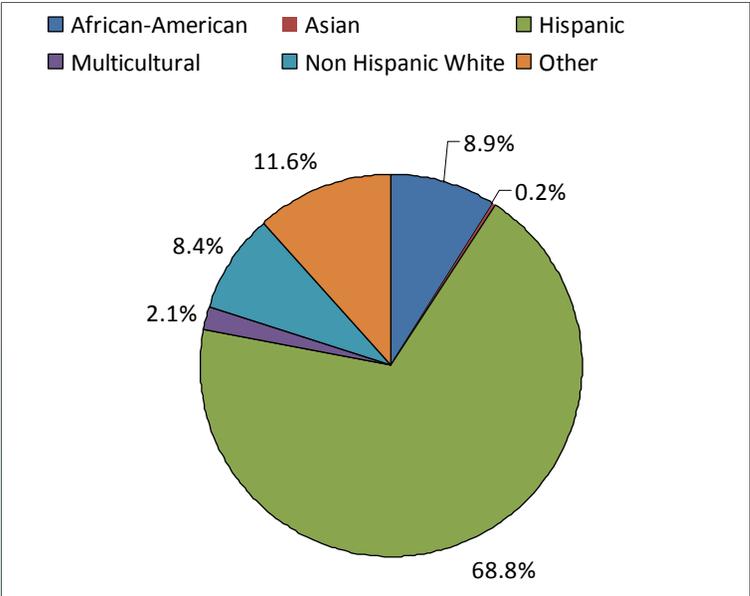
Flexible Model



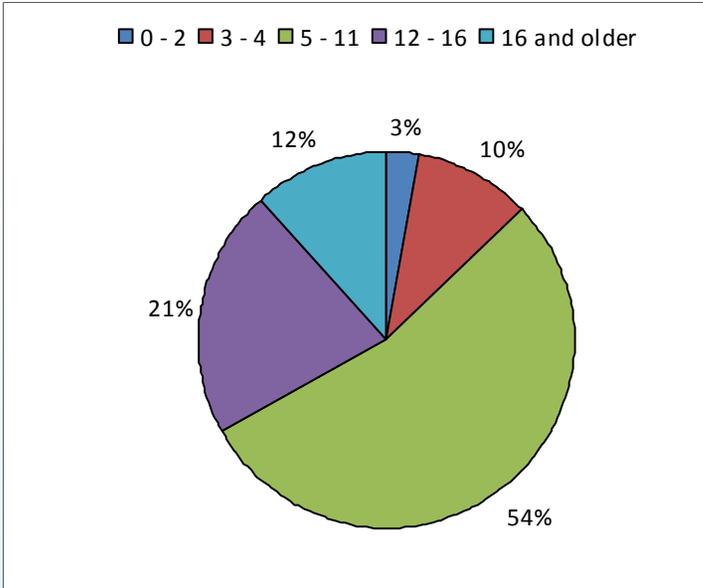
Clinical Results:

Enrollment/Demographics

Ethnicity/Race



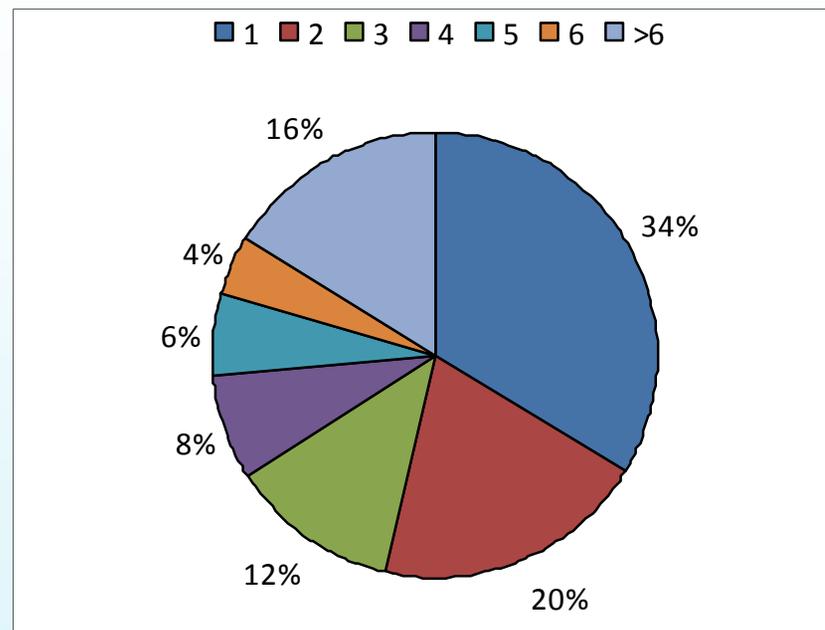
Age of Participants



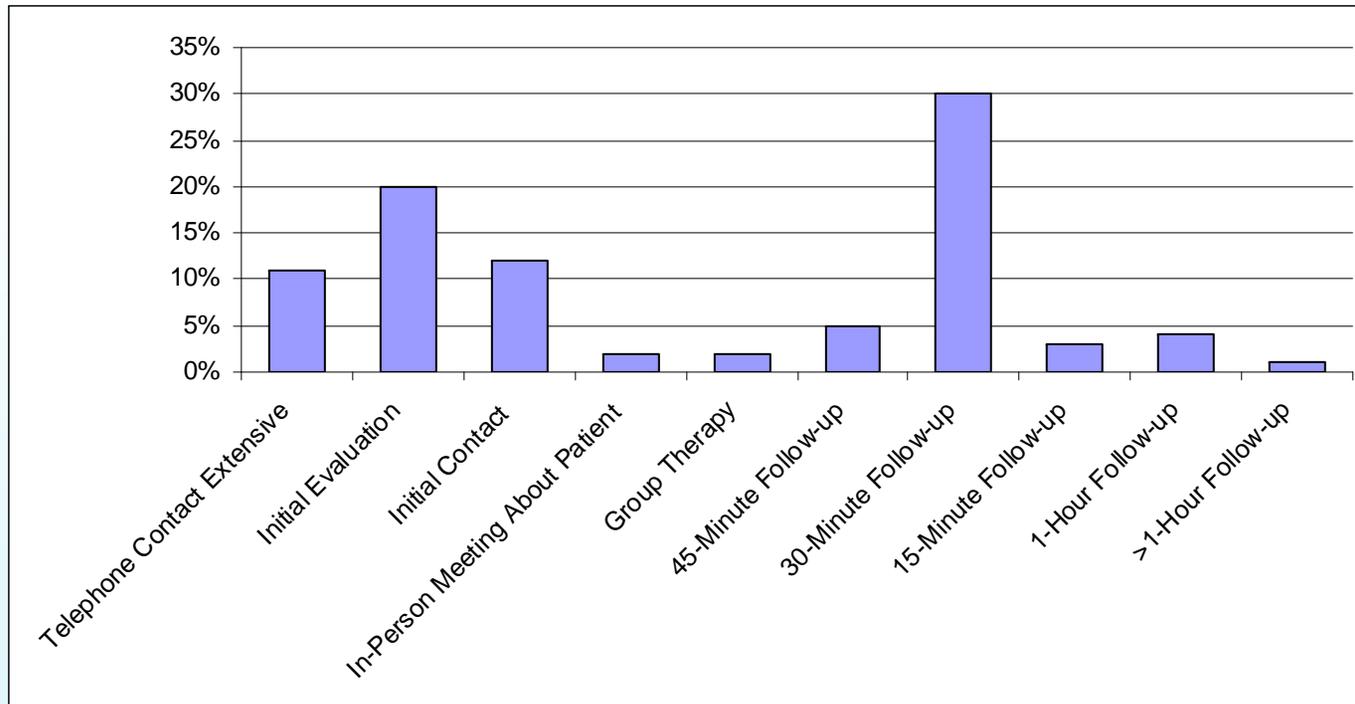
Enrollment over 3 years: 15,175 unique patients

Clinical Results: Patient Visits

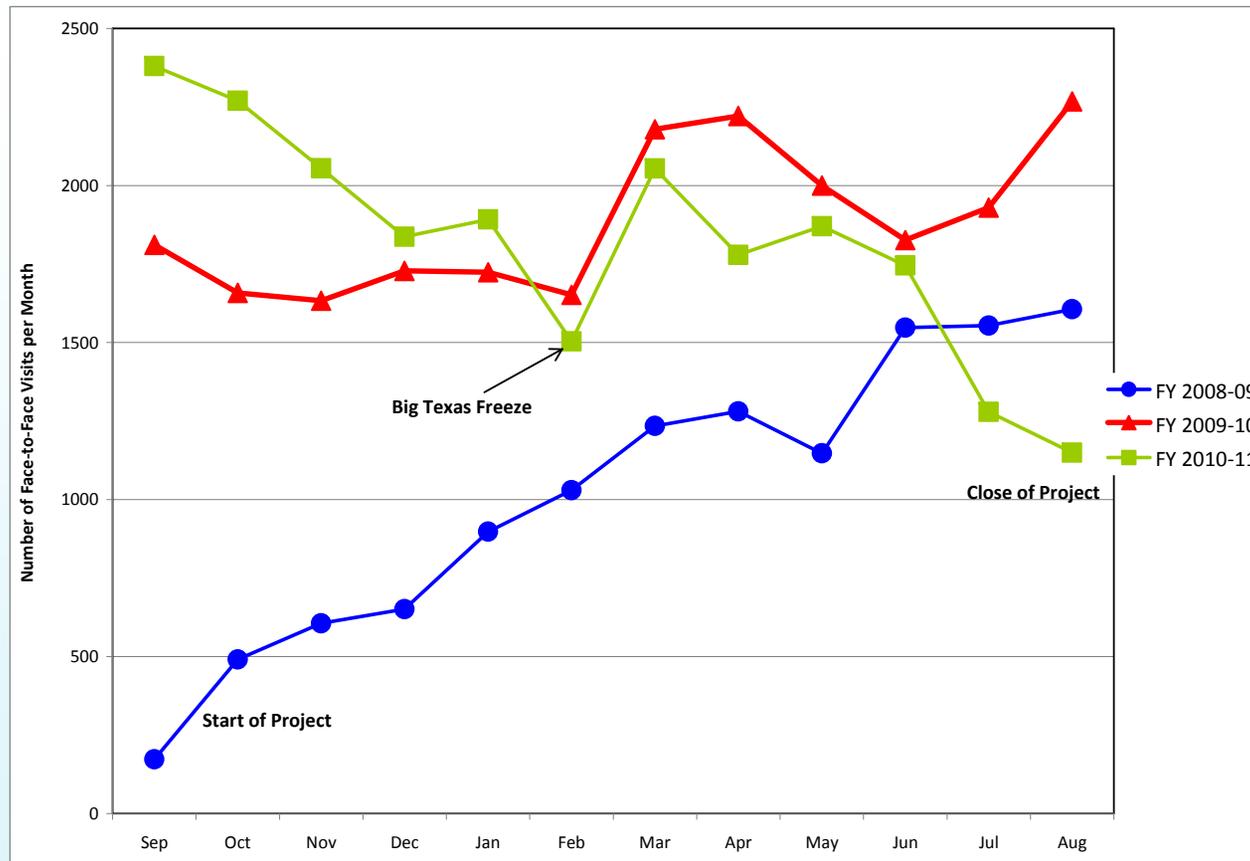
Number of Patient Visits Attended by SUPPORT Participants



Clinical Results: Services Provided

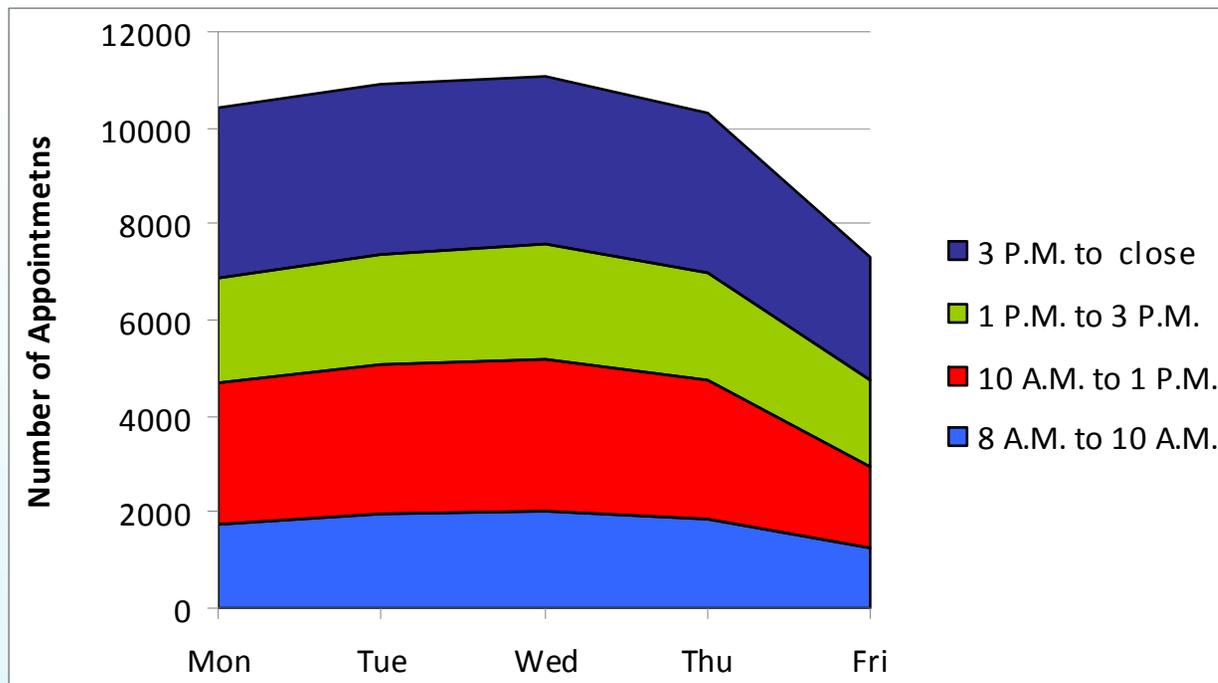


Clinical Results: LPHA Efficiency



Clinical Results:

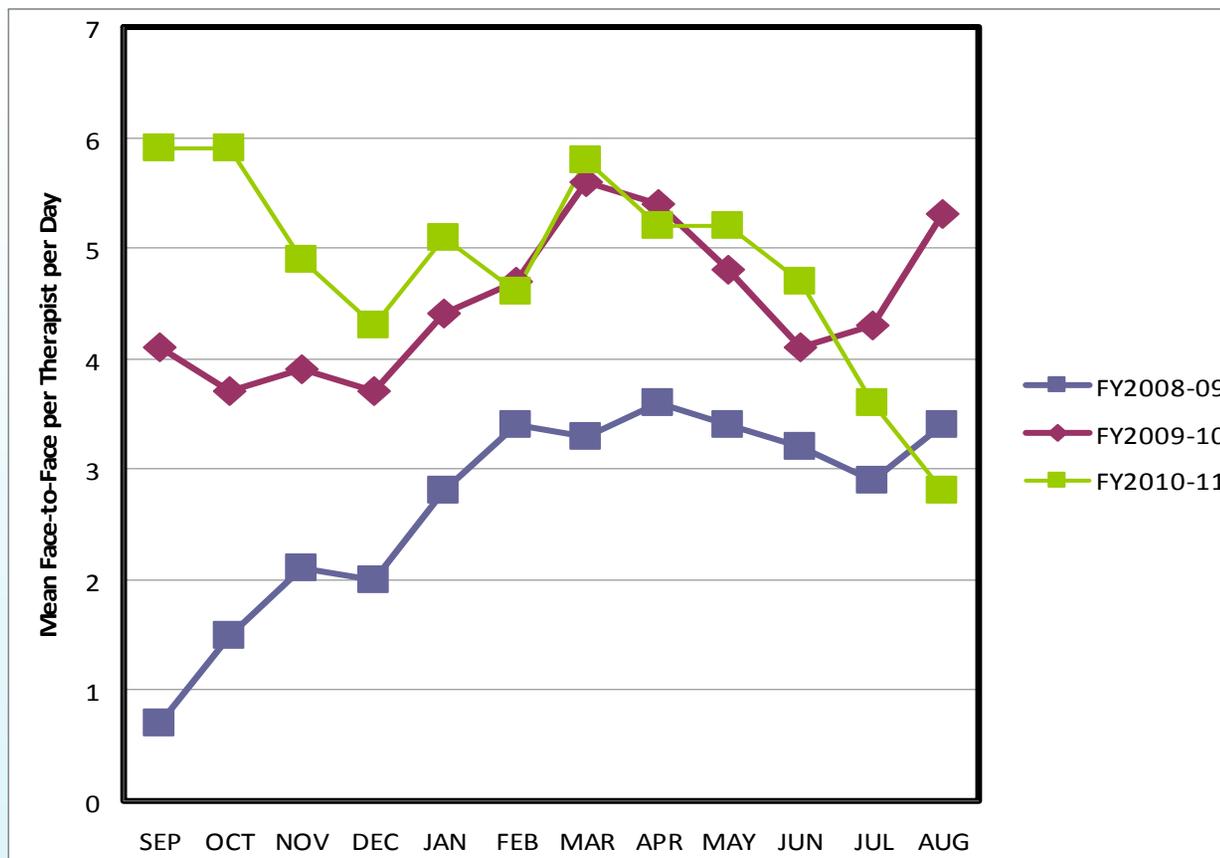
When Do People Come?



Who was Efficient?

- LPHA personality
- LPHA experience
- Geographic layout of clinic
- Pediatrician involvement/enthusiasm

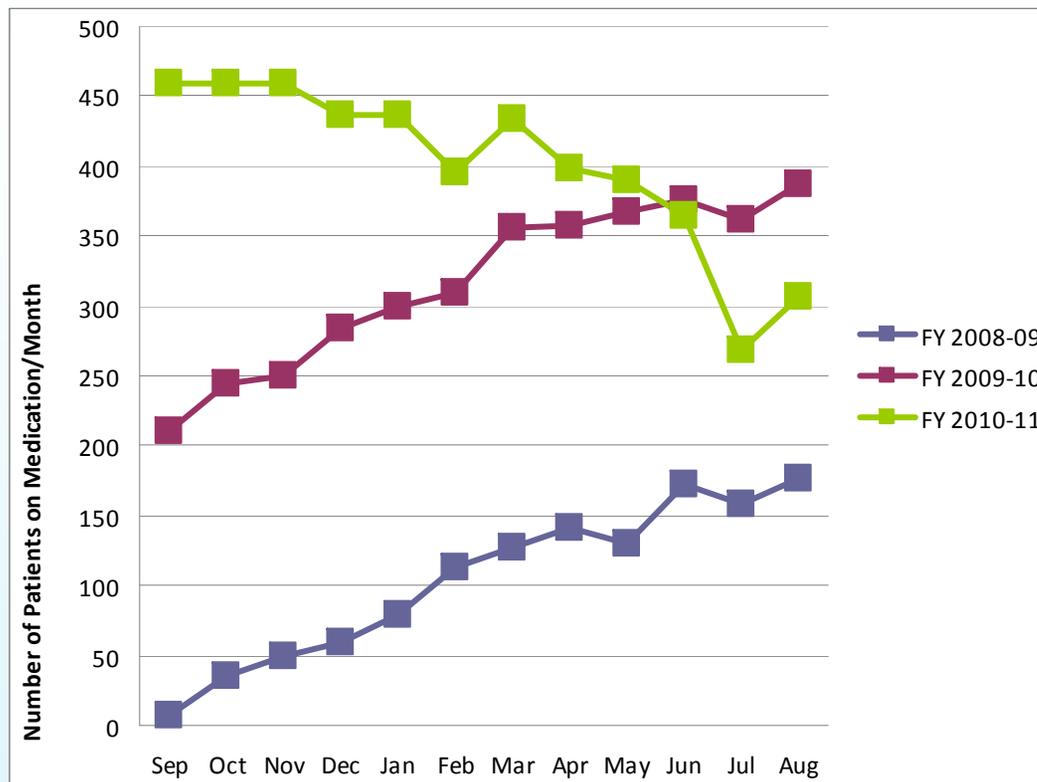
Patients Seen Per Day by Therapist



Clinical Diagnoses by LPHA

Diagnosis	Number of Patients	Percent
Phase-of-Life Issue	8,560	57.74%
ADHD	4,857	32.76%
Adjustment Disorder	3,642	24.57%
Anxiety	946	6.38%
Depression	728	4.91%
Autism Spectrum Disorder	701	4.73%
Oppositional Defiant Disorder (ODD)	655	4.42%
Medical Issue Focus of Treatment	325	2.19%
Abuse a focus of treatment	236	1.59%
Conduct Disorder (CD)	208	1.40%
Post-Traumatic Stress Disorder	191	1.29%
Bipolar Disorder (BP)	167	1.13%

Psychotropic Medication



2,207 (15.1%) children placed on at least one medication during the 3-year period.

08/31/2011 - funding ended.

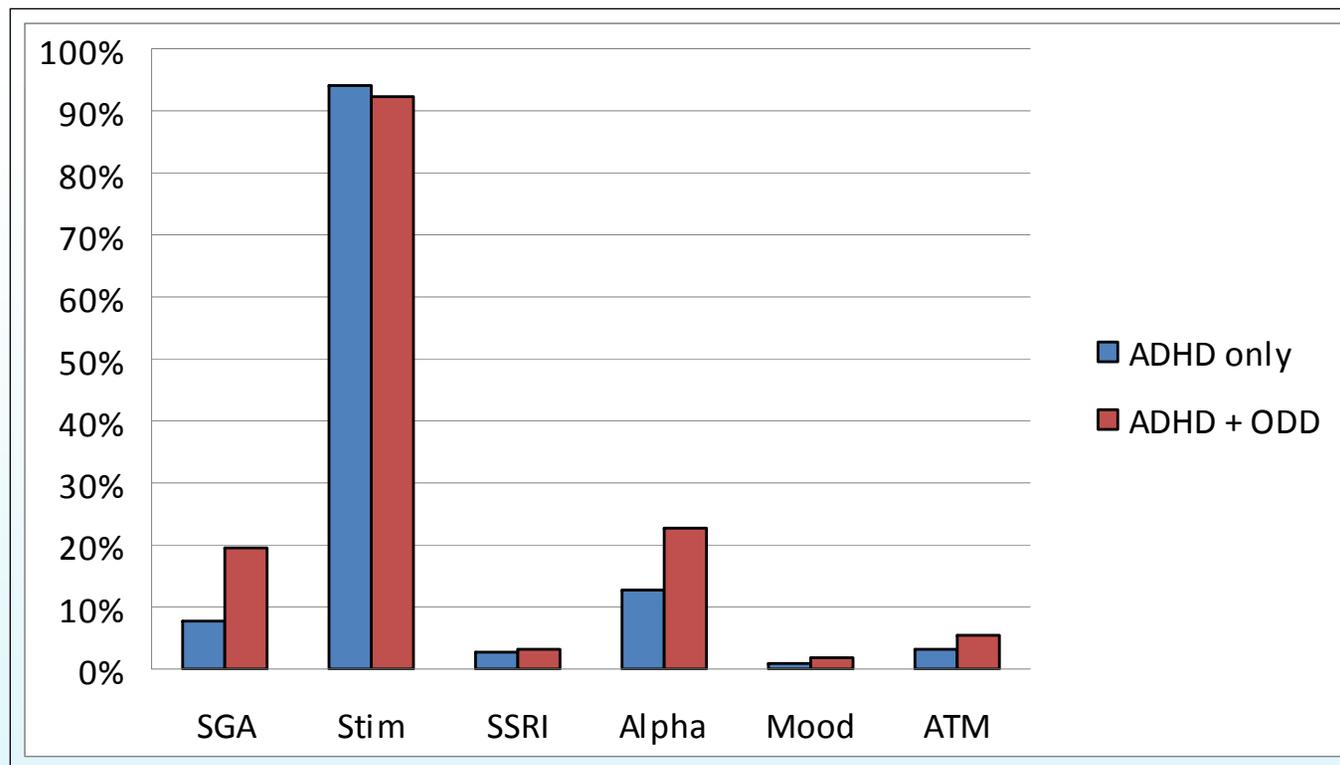
Drop in medications for FY 2010-2011 due to phase out.

Medication and Diagnosis

Diagnostic Group*	Number
Attention-Deficit/Hyperactivity Disorder only with no other mental disorder	1,260
Attention-Deficit/Hyperactivity Disorder with Oppositional Defiant Disorder	183
Bipolar Disorder with Attention-Deficit/Hyperactivity Disorder	74
Bipolar Disorder without Attention-Deficit/Hyperactivity Disorder	31
Autism Spectrum Disorder with Attention-Deficit/Hyperactivity Disorder	123
Autism Spectrum Disorder without Attention-Deficit/Hyperactivity Disorder	20
Depression any type without Bipolar Disorder or Autism Spectrum Disorder	235
Depression with Attention-Deficit/Hyperactivity Disorder	102
Depression without Attention-Deficit/Hyperactivity Disorder	133
Anxiety Disorder without Bipolar, Depression, or Autism Spectrum Disorders	111
Anxiety Disorder with Attention-Deficit/Hyperactivity Disorder	84
Anxiety Disorder without Attention-Deficit/Hyperactivity Disorder	27

*Numbers of ADHD subjects vary due to differing combinations of diagnoses

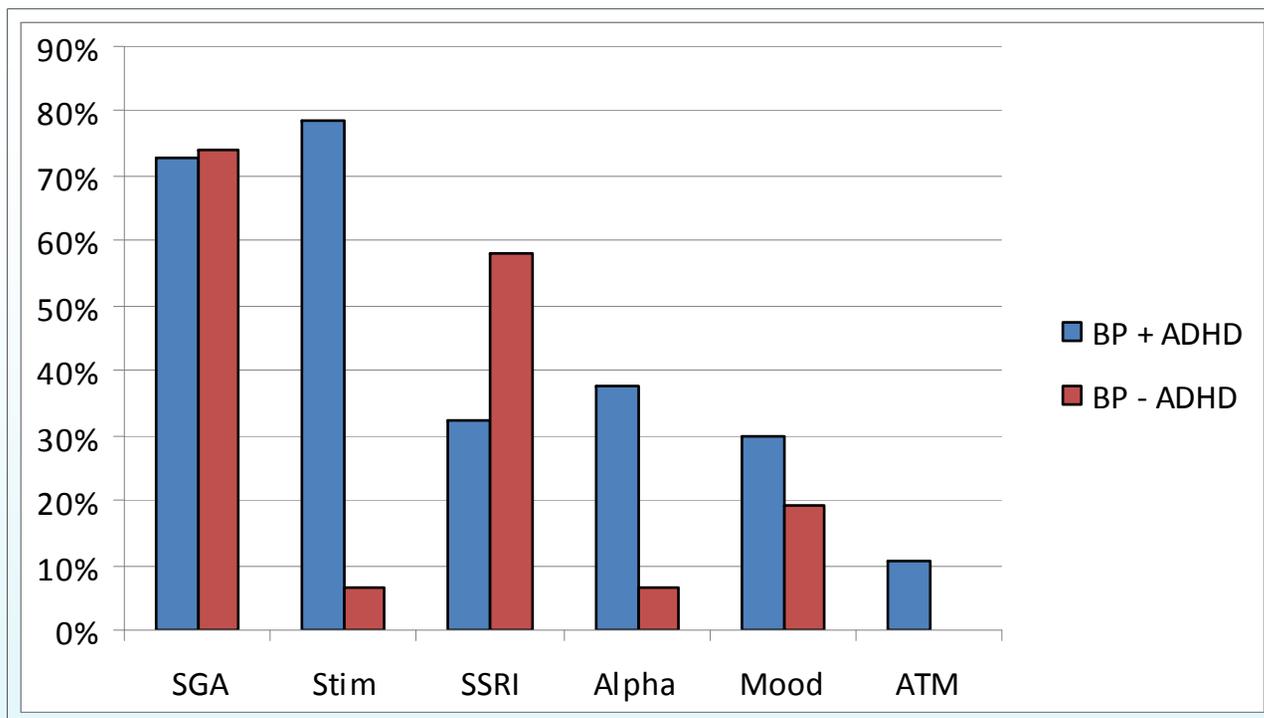
Medication and ADHD



ADHD-Attention-Deficit/Hyperactivity Disorder
Alpha-Alpha Agonists
ATM-Atomoxetine
ODD-Oppositional Defiant Disorder

SGA-Second Generation Antipsychotics
SSRI-Serotonin Reuptake Inhibitors
Stim-Stimulants

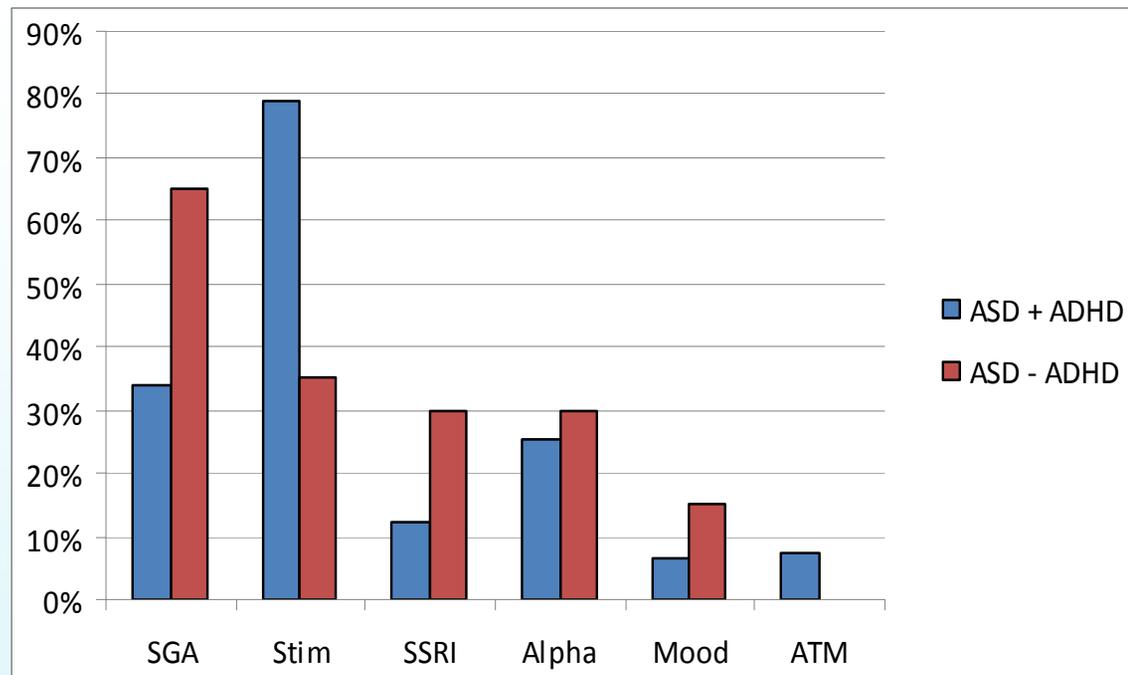
Medication and Bipolar Disorder



ADHD-Attention-Deficit/Hyperactivity Disorder
Alpha-Alpha Agonists
ATM-Atomoxetine
BP-Bipolar Disorder

SGA-Second Generation Antipsychotics
SSRI-Serotonin Reuptake Inhibitors
Stim-Stimulants

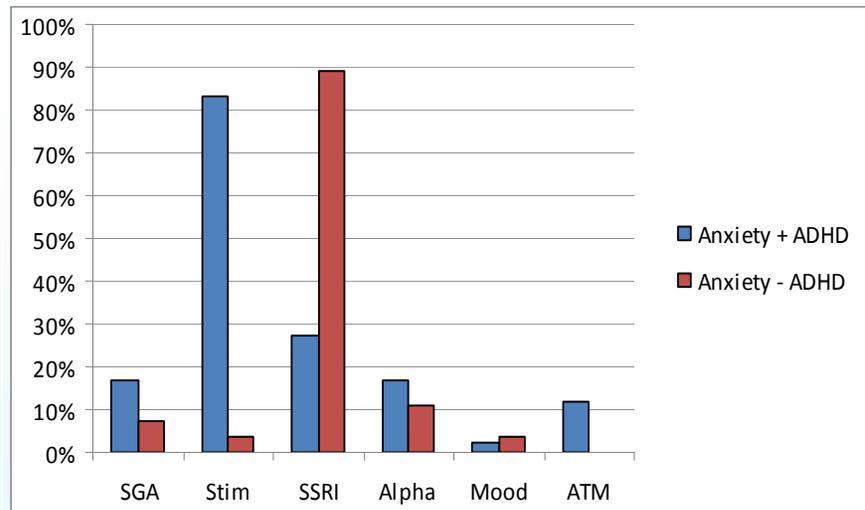
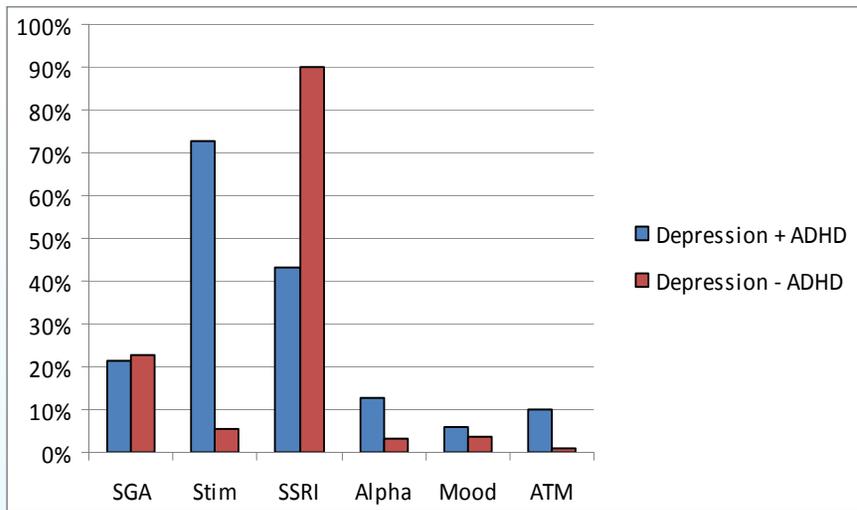
Medication and Autism Spectrum Disorder



ADHD-Attention-Deficit/Hyperactivity Disorder
Alpha-Alpha Agonists
ASD-Autism Spectrum Disorders
ATM-Atomoxetine

SGA-Second Generation Antipsychotics
SSRI-Serotonin Reuptake Inhibitors
Stim-Stimulants

Medication and Depression/Anxiety



ADHD-Attention-Deficit/Hyperactivity Disorder
Alpha-Alpha Agonists
ATM-Atomoxetine

SGA-Second Generation Antipsychotics
SSRI-Serotonin Reuptake Inhibitors
Stim-Stimulants

Diagnosis and Medication

Children with Diagnosis Treated with Medication

Group Diagnosis	Total with Diagnosis	Number Treated with Medication	Percent
Attention-Deficit/Hyperactivity Disorder	4,857	1,866	38.4%
Depression	728	257	35.3%
Bipolar Disorder	167	105	62.8%
Autism Spectrum Disorder	701	143	20.4%

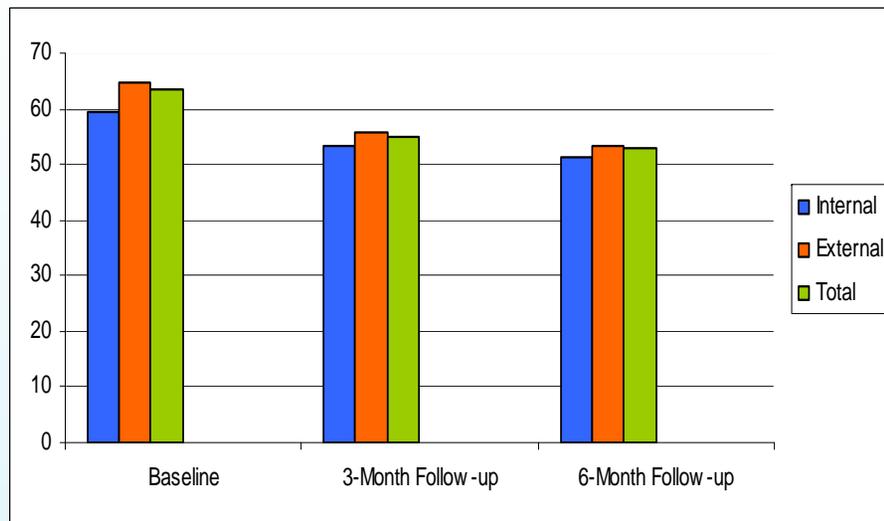
Evaluation Methods

N ~ 4,000

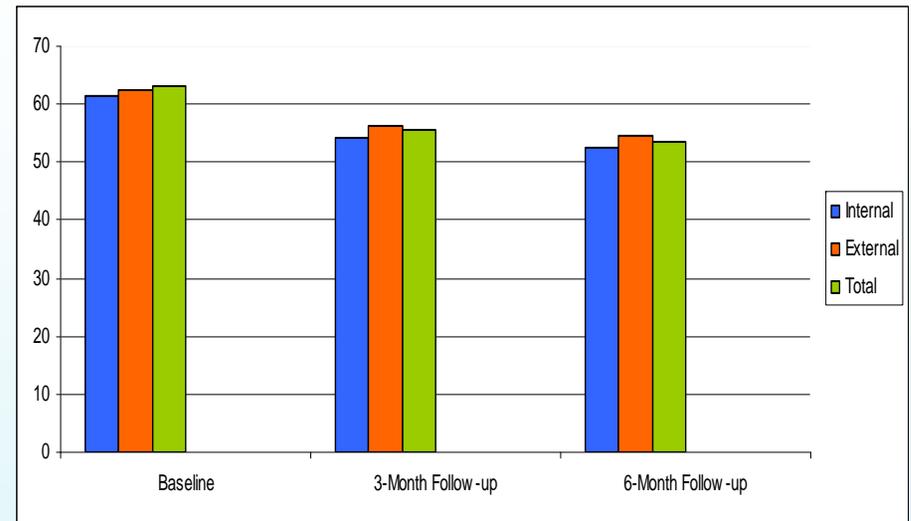
Instrument	Data Captured	Purpose	Collected
Child Behavior Checklist	Behavioral and Social Problems associated with specific Diagnostic and Statistical Manual diagnoses	Documentation of mental health assessment and intervention; study completion patterns	Administered at intake, 3-month and 6-month follow-up
Pediatric Quality of Life Scale	Impact of treatment on child's health and feelings, peer, school, and social relations	Documentation of mental health assessment and intervention; study completion patterns	Administered at intake, 3-month and 6-month follow-up
Clinical Satisfaction Survey	Level of satisfaction with LPHA performance	Assess provider/staff satisfaction with integration of LPHA	Administered 1, 12, and 24-month follow-up after implementation
Parent/Client Satisfaction Survey	Level of satisfaction with type and scope of services provided	Assess participants satisfaction with the SUPPORT Project	LPHA at 3-month and 6-month follow-up
Chart Review	Progress Notes	Documentation of mental health assessment and nature of services received	90 days prior to the implementation of SUPPORT and 90 days prior to the end

Child Behavior Checklist Outcomes

Ages 1.5 to 5-Year Olds



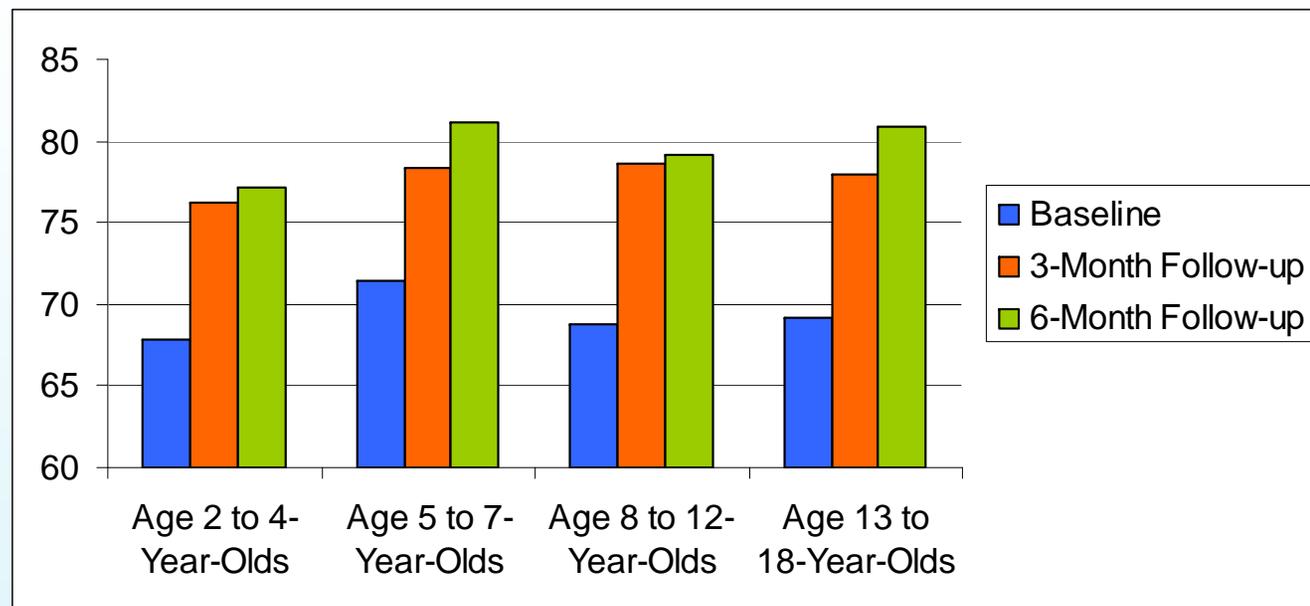
Ages 6 to 18-Year-Olds



All changes significant, $p < .001$

Quality of Life Outcome

Pediatric Quality of Life Total Score



SUPPORT Outcome

- High degree of satisfaction among both parents and pediatricians (Mean ~1.4 on 5 point scale, 1 = best)
- Decline in school absences
- Few predictors of outcome (Treatment paradox of open trials- more severe patients stay longer in treatment.)

Conclusions

- Mental health professionals can be integrated into primary care pediatric practice.
- Pediatricians will prescribe accurately with close psychiatric consultation.
- Follow through in the Medicaid population remains a problem even in the integrated model.

Challenges

- Compliance issues
- Differences in integrated care model between pediatrics and adult medicine
- Psychiatrist role was key/didactic training of pediatricians was not utilized
- Who manages the behavioral consultants time?

Challenges

Funding for integrated mental health care:

- Billing codes for behavioral health are not available.
- Cost of LPHA:
 - Salary - \$46,000 + 25% benefits + 25% overhead = \$71,875.
 - 10 units per day/2,300 units/year: break-even point = \$31.25/per unit.
- Some sites have continued with program by billing for traditional mental health services, this leads to a colocation model.