



# MO-CPAP

MISSOURI CHILD PSYCHIATRY  
— ACCESS PROJECT —

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**Presented by: Dr. Laine Young-Walker, MD**

MO-CPAP program staff: Wendy Ell, Megan Corbin, Kate Barbier

# Thanks to our supporters

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Missouri Foundation  
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**HRSA**

Health Resources & Services Administration



# Collaborating Partners

- Missouri Department of Mental Health
- University of Missouri-Columbia
  - Department of Psychiatry
  - Assessment Resource Center (ARC)
  - Missouri Telehealth Network (MTN)
- Behavioral Health Network (BHN) of Greater St. Louis
- Behavioral Health Response (BHR)
- NAMI, St. Louis
- Washington University Pediatric and Adolescent Ambulatory Research Consortium (WU PAARC)



# The Need for Youth BH Services

- **20 – 25 percent** of children have behavioral health problems at any point in time.
- **Only one third** of those children are identified and receive treatment.
- **24 percent** of children seen in pediatric offices have behavioral health concerns.



# Missouri at a Glance

- Population: 1.4 million children under age 18
- 146 child psychiatrists
- **11 child psychiatrists per 100,000 children (severe shortage)**
- compared to a mostly sufficient supply = or greater than 47/100,000 children

## Child & Adolescent Psychiatrists (CAPs) Per 100,000 Children in selected Missouri Counties<sup>1</sup>:

City of St. Louis:	24	Audrain:	1
St. Louis County:	39	Boone:	30
St. Charles:	6	Callaway:	0
Jefferson:	1	Cole:	3
Franklin:	0	Cooper:	0
Lincoln:	0	Howard:	0
Warren:	0	Moniteau:	0
		Randolph:	0



<sup>1</sup> American Academy of Child & Adolescent Psychiatry (AACAP). Workforce Maps by State. [https://www.aacap.org/aacap/advocacy/federal\\_and\\_state\\_initiatives/workforce\\_maps/home.aspx](https://www.aacap.org/aacap/advocacy/federal_and_state_initiatives/workforce_maps/home.aspx)

# Suitability of Primary Care Providers for Behavioral Health

- Patients and families often feel more comfortable and trusting of primary care providers.
- Primary care providers have the opportunity to provide prevention and screening.
- Addressing behavioral health issues in primary care setting can reduce stigma.

*Our vision: Address the shortage of child psychiatrists by increasing ability of PCPs to manage mild to moderate behavioral health concerns.*



# Services for enrolled PCPs:



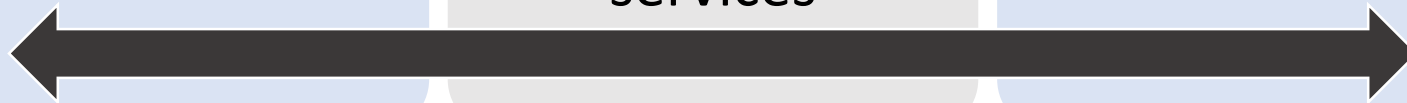
**Timely  
telephonic  
consultations**  
with Child  
Psychiatrists



**Follow up care  
coordination** for  
linkage and  
referral to needed  
behavioral health  
services



**Ongoing training  
and education** for  
Primary Care  
providers & staff



# What MO-CPAP can not do

- Provide emergency or crisis response care to patients
- Offer patients appointments with Child and Adolescent Psychiatrists





# Implementation update

- 5 contracted Child and Adolescent Psychiatrists (CAPs)
- 120 enrolled pediatric primary care providers
  - Eastern Region: 113
  - Central Region: 7
- Phone line went live on July 9, 2018, for Eastern Region, will go live on April 1 for Central Region



# Program expansion

- Beginning **Spring 2019**, MO-CPAP will offer:
  - One-time face-to-face consults via secure video technology to PCPs and patients for the purpose of consulting in complex cases
  - Full time Follow-Up Coordinator (through BHR) to provide more intensive care coordination, link families to resources, and provide follow up; tracking of case disposition/outcomes
  - Services state-wide in October 2020



# Program evaluation approach

- Developing a robust evaluation system that:
  - ✓ Leverages existing resources and strong **stakeholder engagement**
  - ✓ Informs program development, **guides continuous quality improvement**, and monitors outcomes
  - ✓ Is **sustainable** and **scalable** statewide
- What we collect:
  - Baseline data from PCPs at time of enrollment, then quarterly
  - All call data
  - Satisfaction data after consultation calls
  - Utilization data
  - Feedback on educational components
  - Focus group data



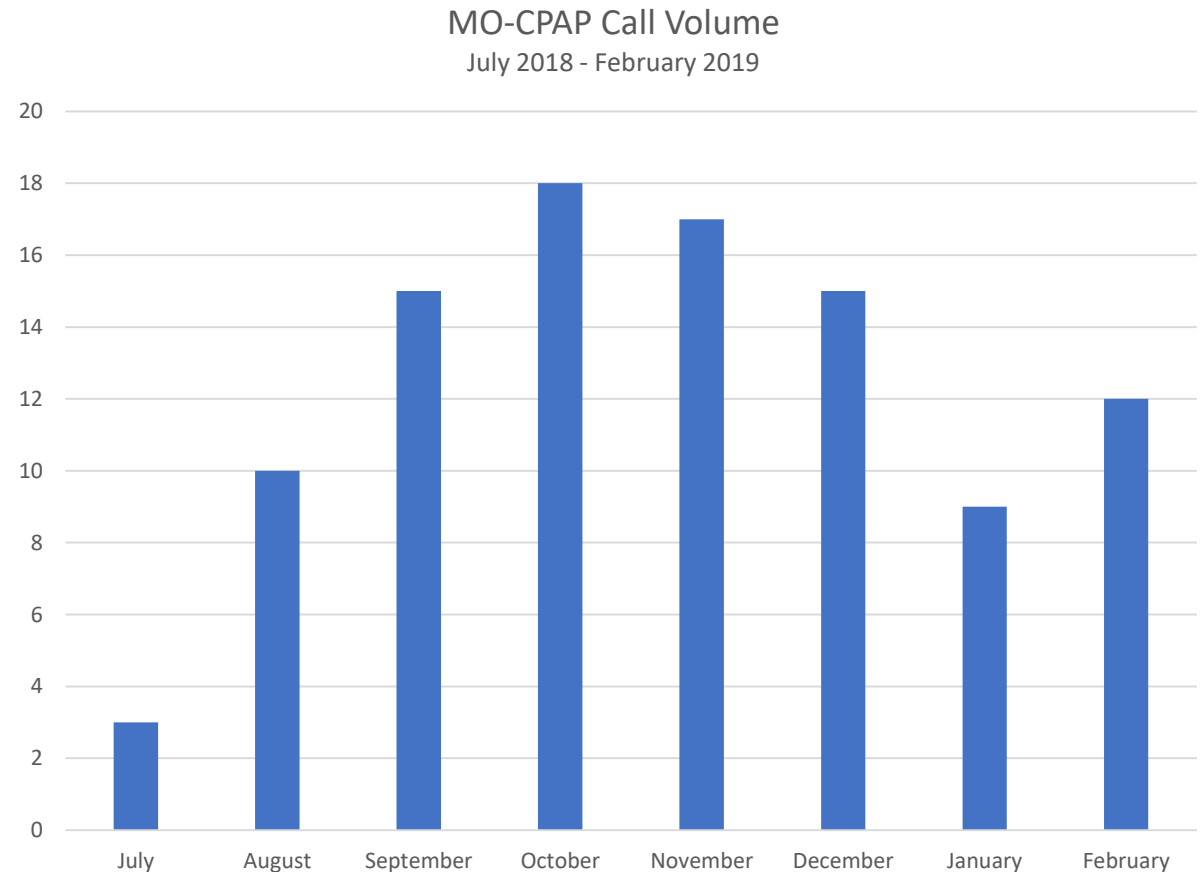
# How we use the data

- Review at every staff and steering committee meeting
- Monitor provider engagement and program utilization
- Provide timely feedback to Child & Adolescent Psychiatrists
- Develop/augment educational supports for enrolled providers
- Inform Central Region & Statewide expansion
- Highlight strengths of Missouri efforts on national stage



# Consult call data

- Enrolled 119 providers to date
- 108 total calls (through 3/13):
  - 91 for psychiatry consult only
  - 8 for linkage and referral only
  - 9 for both consult and referral
- 45 unique PCP callers, several repeat users
- Majority of calls last approximately 5-15 minutes (70% of calls are 10 minutes or less)

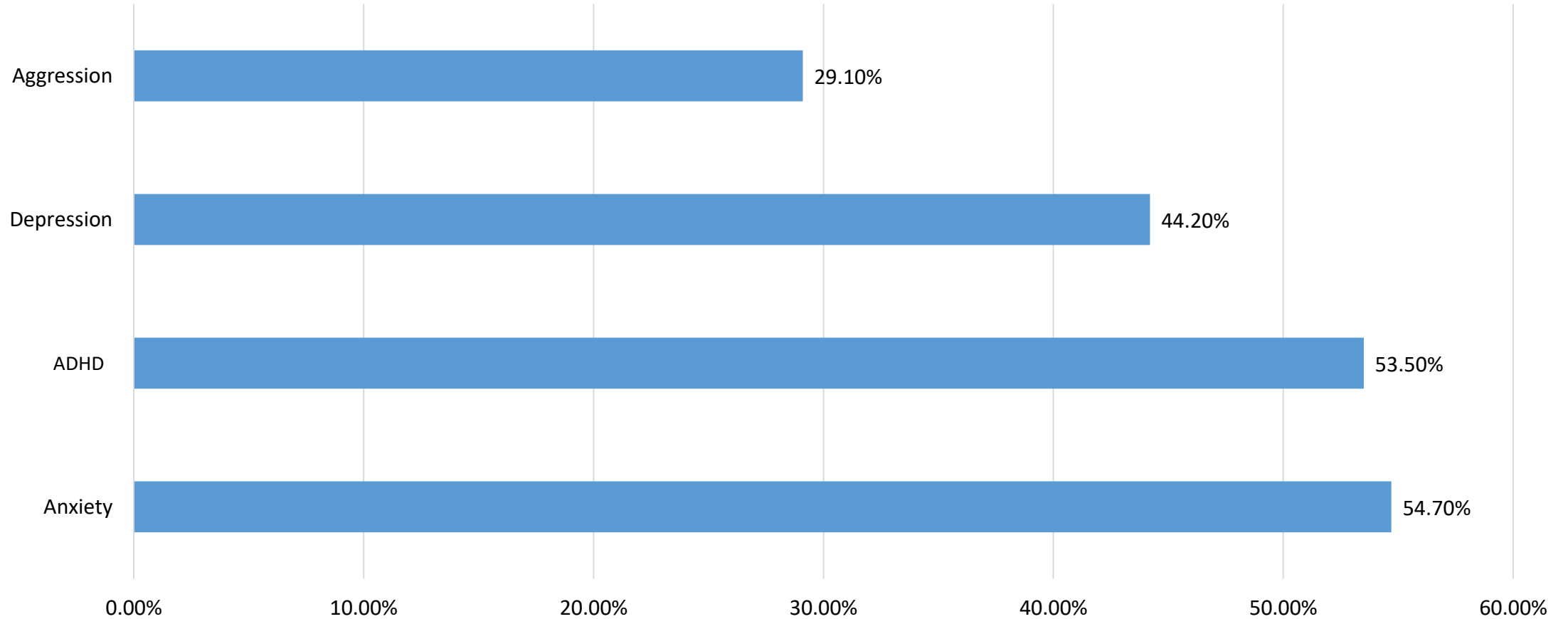


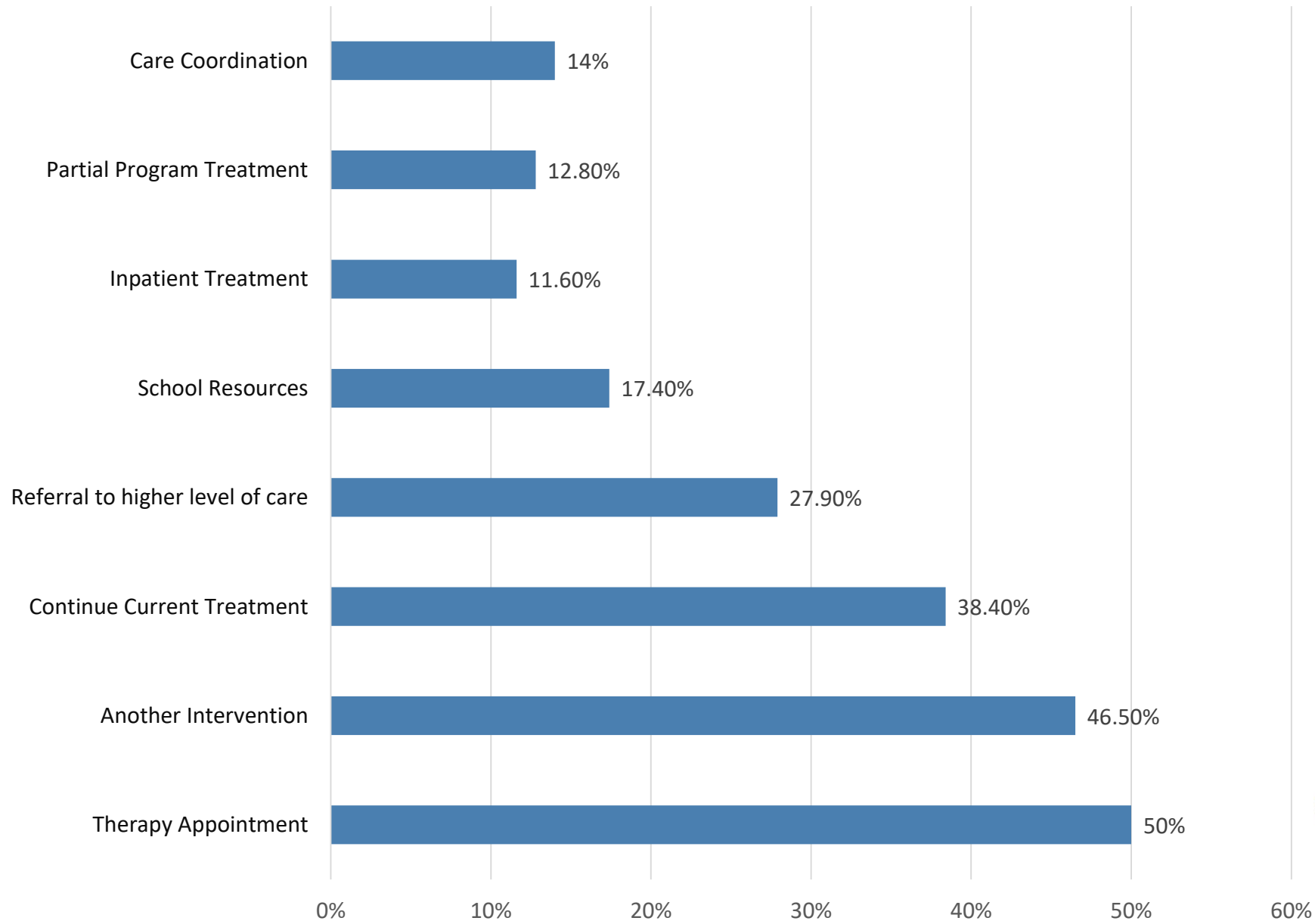
# Call Characteristics

- ~98% of PCPs request medical consult with CAP
  - Less than half of those providers indicate a specific medication question
    - CAPs report discussing a medication intervention on ~80% of calls
  - Other needs: therapy/behavioral intervention, second opinion, triage/level of care
    - CAPs report discussing a therapy appointment about half the time
  - Most calls include multiple diagnoses, complex issues
- Average age of youth being consulted on: 12 ½ years old
  - 30% are 10 & under
  - 18% are 7 & under
- Slightly more males than females
- Primarily Caucasian (~90%)
- Very few children in foster care
- Nearly 75% privately insured



# Common Potential Diagnoses Discussed





Interventions Discussed





# Provider Satisfaction

- 97% (29/30) of PCPs agree or strongly agree:
  - I am better able to care for my patient after consulting with the CAP.
- 100% (30/30) of PCPs agree or strongly agree:
  - I will seek consultation on future cases if I need help.



# Provider feedback

- What has been the most helpful?
  - The **excellent guidance and reassurance** that my plan was on track and reinforced my skills; the CAP called back quickly and allowed me to move ahead with my patient's care.
  - **I feel I have backup** when prescribing whether bridging a family to a new psychiatrist or starting meds.
  - **Very helpful practical management information.** I learn the tips I would learn on rounds during residency.
  - **Clinical expertise** provided by a psychiatrist that is not available in medical literature. Being able to ask multiple questions (one generates another) in a timely manner and also **plan for "what if" scenarios** when the patient returns/follows up. The CAPs explanations were well communicated and concise as well as his email allowing me to call back with follow up questions.

# CAP feedback

*“PCPs are handling situations that are much more complex and they are doing a great job! I am so impressed with the providers that call.”*

- Reported to MO-CPAP staff during monthly CAP meeting (March 1, 2019)



# Learn more about MO-CPAP

- Visit the MO-CPAP website:  
[medicine.missouri.edu/mo-cpap](https://medicine.missouri.edu/mo-cpap)
- **Contact MO-CPAP staff to schedule a practice visit:**  
[umhspsymo-cpap@health.missouri.edu](mailto:umhspsymo-cpap@health.missouri.edu)

Enrollment is open now for Eastern and Central  
Region providers!

