

Physician

The Independent Medical Business Newspaper

Psychiatric consultations for children

Practical, convenient, and free resources for primary care

By Todd Archbold, LSW, MBA, and Linda Vukelich

For decades, the shortage of child and adolescent psychiatrists (CAPs) and other specialized mental health practitioners has resulted in the challenge of meeting the overwhelming mental health needs in communities all over the country. These needs include managing chronic illnesses like depression, anxiety, and other mood disorders; to triaging and treating acute disorders, like suicidality, that rise to the level of a psychiatric emergency. The CAP shortage has shifted the burden of providing mental health care to primary care clinicians, many of whom feel ill-equipped to manage complex psychiatric illnesses during brief office appointments with little support.

The truth is that nearly one out of five children will suffer from symptoms of a diagnosable mental illness, and nearly 70 percent of those symptoms will begin before the age of 14. A vast majority of these illnesses are highly treatable with appropriate evaluation and intervention. However, many complex situations exist that involve comorbid diagnosis, neurodevelopmental complexities, and family or situational dysfunction.

Nationwide, hospital emergency rooms are becoming more crowded with patients in psychiatric emergencies. Many of these emergencies could have been prevented if early access to psychiatric resources had been available to patient and clinician. Alarming, more than 15 percent of patient visits to hospital emergency departments are a result of a psychiatric crisis and this number has risen steadily over the last decade. Numerous research studies have shown that the lack of access to

care or early identification can result in further social developmental problems and significant worsening of symptoms, not to mention high financial costs for families, hospitals, and taxpayers. Studies also have found that only one out of every four youth identified with a mental illness actually receives treatment.

The Minnesota Collaborative Psychiatric Consultation Service

In 2010, the Minnesota Legislature authorized the Department of Human Services (DHS) to form the Minnesota Collaborative Psychiatric Consultation Service. This collaborative gave primary care clinicians access to child and adolescent psychiatric consultations. The initial group included Essentia Health, Mayo Clinic, PrairieCare, and Sanford Health, with Allina joining the second year. The collaborative was tasked with providing:

1. Voluntary and mandatory consultations to primary care physicians by board-certified child and adolescent psychiatrists
2. Clinical mental health triage by a licensed clinical social worker
3. Training to the primary care community

The initial contract period was for two years lasting from August 2012 to May 2014. During this time the Minnesota Collaborative Psychiatric Consultation Service was the provider of services, fulfilling the state's legislative responsibilities. The service received nearly 1,800 phone calls from primary

care clinicians and others seeking advice and consultation for psychiatric patients. The service provided training in pediatric psychopharmacology to nearly 80 primary care providers statewide to support assessment and management of mental illness in the primary care setting.

While many of the calls to the service were pediatricians voluntarily seeking advice on a case, a majority were providers calling about patients who were prescribed a treatment protocol that required a CAP consultation for state-funded health plans to fill certain prescriptions. We learned through this service that most prescribers were providing excellent care and making appropriate medication recommendations. We also learned that cases requiring mandatory consultations represented a subset of some of the most highly complex youth psychiatric cases, and that those patients were being seen by child and adolescent psychiatrists. While the service was valuable in many ways, the requirement for mandatory consultations proved to be demanding and arduous for the primary care community. Due to the unpopularity of the mandatory consultations, the consortium providing the service did not apply for renewal at the end of the contract period in May 2014. At that point, there was no longer any enforcement of mandatory consultations. However, the voluntary consultations were seen as incredibly positive.

Fast-TrackerMN.org

The Minnesota Collaborative Psychiatric Consultation Service used Fast-TrackerMN.org, an online tool developed by the Minnesota Psychiatric Society's foundation, which is the Minnesota Mental Health Community Foundation. Fast-TrackerMN.org is a free online searchable database of providers and resources designed to easily and quickly locate and connect providers, care coordinators, and patients alike. It adds value to the entire system as a referral tool for providers, a search tool for patients and families, and an information resource for the mental health community through its blog, calendar, and live information

links. Fast-TrackerMN.org remains available for free online searches, and currently contains over 650 clinics offering a variety of resources. With the help of the entire Minnesota mental health provider community, Fast-TrackerMN.org offers providers, advocates, and consumers a single site to find information and services and get connected.

Psychiatric Assistance Line (PAL)

In June 2014, PrairieCare Medical Group received a 12-month grant from the Minnesota Department of Human Services to offer free clinical triage, and child and adolescent psychiatric phone consultations to health care providers, via a service called the Psychiatric Assistance Line (PAL). The new PAL service does not require primary care to have any mandatory consultations for medical approval.

PAL is available strictly on a voluntary basis for providers. This service is augmented by the Fast-TrackerMN.org online mental health database and funded by DHS. The service is available Monday through Friday from 8:00 a.m. to 5:00 p.m. via a toll-free number; online options for access are available as well. The purpose of both PAL and Fast-TrackerMN.org is to support primary care providers treating youth with psychiatric illness and assisting with triage and referral when necessary. PAL was designed to be convenient by offering both phone and online services. Primary care providers can submit online inquiries that will be answered by email. They also can schedule their own appointment times online, and a PAL social worker will call them when most convenient. PAL is beneficial to patients and families by allowing the assessment and management of mental illness to take place in their primary care provider's office. This means more kids are getting help sooner and avoiding the cost and trauma of untreated mental illnesses.

In the first month, PAL provided almost daily consultations to a variety of health providers on cases ranging from referrals to psychotherapists, to consulting on complex management of medications for comorbid diagnosis. Some examples of specific cases:

- A 7-year-old female presented with ADHD, mild fetal alcohol syndrome, and sleep problems. The pediatrician had already tried clonidine and melatonin to combat the sleep issues but did not have success. A recent trial of 18 mg of Concerta taken in the

morning to combat ADHD worsened the sleeplessness. The patient had been started on a trial of 5 mg of short-acting Ritalin in the morning and at lunch. The pediatrician called PAL for advice on other medications that could help the patient sleep, and for referrals to a therapist.

- A 4-year-old male presented with a history suggestive of intrauterine exposure and/or perhaps reactive attachment disorder. The patient exhibited progressively aggressive behavior. A psychiatric referral had been made, but the appointment was weeks away. The pediatrician sought advice from PAL on referrals to support the family, and suggestions for medications while waiting for the psychiatric appointment.

More than 15 percent of patient visits to hospital emergency departments are a result of a psychiatric crisis and this number has risen steadily over the last decade.

Shifts in psychiatric care

The culture of health care, significantly influenced by federal legislation, is shifting toward integrating psychiatric services into primary care. These efforts are certainly valuable in preventing the progression of symptoms, but also are necessary as the percentage of psychiatric patients and degree of severity only seem to increase over time. Until this integration is logistically feasible, financially viable, and embraced by health systems, PAL is an immediately available bridge resource to primary care. With a successful 12-month grant-supported period, it is hoped that PAL can continue through an extended grant or third-party funding.

PAL provides mental health clinical triage and voluntary psychiatric consultations to primary care clinicians in a way that is convenient, effective, and free. By providing these services, PAL supports and empowers primary care clinicians treating patients with mental illnesses; it strengthens the existing capabilities of primary care providers; and reinforces best practices. Reimbursement methodologies currently exist for primary care providers to be compensated for their time and efforts in accessing PAL.

Feedback

The administrators of PAL and PrairieCare Medical Group continually gather and assess feedback from primary care regarding service needs and effectiveness.

This is done through the dissemination of a "pre-survey," which was conducted in July 2014 to help establish the service. The feedback from the pre-surveys showed that 88 percent of primary care providers reported being more comfortable managing psychiatric conditions if a CAP was available through a service such as PAL. According to the survey respondents, nearly 48 percent reported that they have little or no access to CAPs. The respondents also reported that they are seeking a service that offers easy access and immediate availability. More than 88 percent report having a need to consult with a CAP regarding medication advice and dosing.

PAL also collects follow-up surveys after each consultation to continually assess performance and improve the service. Feedback from follow-up surveys

throughout July shows that 100 percent of the respondents "strongly agree" that the service was easy to access and that the

CAP was helpful. All of the respondents also noted that their comfort level in treating mental illness in their clinic setting has increased as a result of contacting the service.

Here is some of the feedback from PAL so far:

- "What an amazing service. In just 15 minutes, I got at least three new ideas to help me manage my patient."
- "Very helpful, and so easy to access!! I will definitely spread the word."
- "With the dearth of mental health services, a consult line like this is a lifeline for primary care providers."

For more information about PAL, please call (855) 431-6468 or visit www.mnpsychconsult.com. 

Todd Archbold, LSW, MBA, is a licensed social worker, the chief development officer at PrairieCare, and the practice manager of PrairieCare Medical Group. He served on the Executive Committee of the Minnesota Collaborative Psychiatric Consultation Service. **Linda Vukelich** is the owner of Vukelich and Associates, Inc., an association management firm. She is the executive director of the Minnesota Psychiatric Society and the Minnesota Mental Health Community Foundation, and served on the Executive Committee of the Minnesota Collaborative Psychiatric Consultation Service.