





## Behavioral Healthcare in Pediatrics (BeHiP)

Michelle Fiscus, MD FAAP  
Past President, TNAAP  
Medical Director, BeHiP Program

Tennessee Chapter

## The view from 30,000 Feet





Tennessee Chapter

### A Brief History of BeHiP...

- BCBS asked TNAAP to assist with training and engagement for providers caring for children in foster care—"Best Practice Network®(BPN) providers
- Saw need for statewide system of care for behavioral health
- 2012 began training physicians statewide to screen for, discuss, and manage pts with BH concerns
- 2014 began training physicians in trauma-focused care, medical mgmt
- 2016 began working on behavioral health care learning collaborative for providers caring for children in foster care
  - Modeled (loosely) after MCPAP program

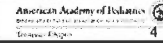
**Ultimate goal:**  
Statewide system of care around pediatric behavioral health



Tennessee Chapter

### The Mental Health Challenge


- 1 in 5 US children have emotional/behavioral symptoms causing impairment
- 1 in 5 ages 13-18 have a mental illness
- 1 in 2 adults with mental illness had symptoms by age 14



Tennessee Chapter

### Primary Chronic Disease Incidence and Cost for Children in Foster Care

Top 10 Chronic Conditions	Percent of Total Paid Dollars		Percent of Members	
	2014-15	2015-16	2014-15	2015-16
Behavioral/Chemical Dependency	62.9%	62.9%	57.3%	57.3%
ADHD	12.3%	11.9%	8.9%	8.9%
Congenital Heart Failure	4.4%	3.7%	3.4%	3.4%
Cancer	3.9%	2.4%	2.9%	2.9%
Obesity	4.9%	4.9%	4.3%	4.3%
Neurology	3.3%	3.9%	4.9%	4.9%
Chronic Asthma Disease	2.9%	3.9%	1.7%	1.9%
Diabetes	1.9%	1.9%	0.9%	0.9%
Trauma	0.9%	0.9%	0.9%	0.9%
Immunology	0.9%	0.9%	0.9%	0.9%




Tennessee Chapter

### Foster Care Outcomes

- At age 21...
  - 48% unemployed (full- or part-time)
  - 33% had not received high school diploma or GED
  - 26% had experienced homelessness in the past 2 years
  - 25% had given birth or fathered a child in the past 2 years
  - 20% had been incarcerated in the past 2 years
  - 25% had no health insurance coverage

– National Youth Transition Database: Data End 15, November 2016

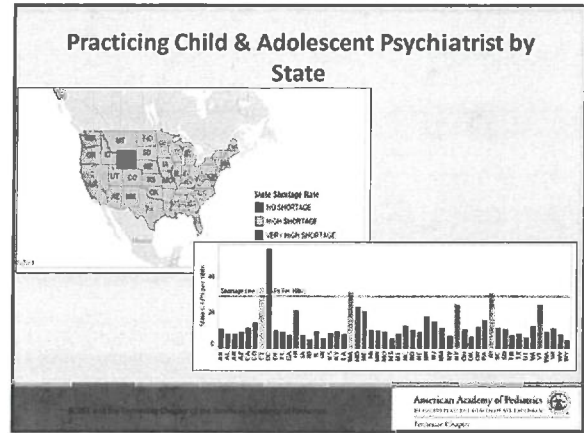


Tennessee Chapter

### The Mental Health Provider Shortage

- In 1990, estimated need for >30,000 child and adolescent psychiatrists by 2000  
(Committee on Graduate Medical Education)
- In 2013, there were 8,000 (AMA 2013)

American Academy of Pediatrics  
PEDIATRIC BEHAVIORAL HEALTHCARE IN PEDIATRICS  
Tennessee Chapter



### A Primary Care Solution

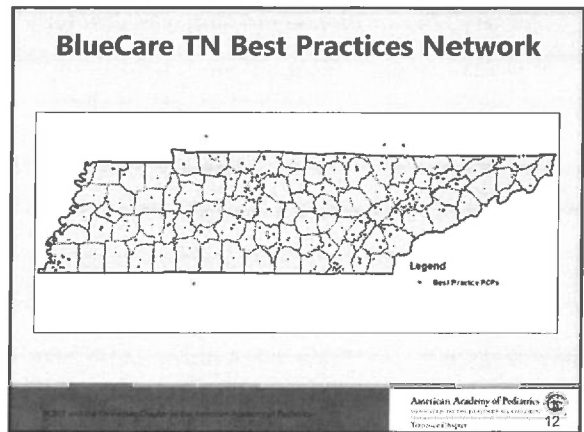
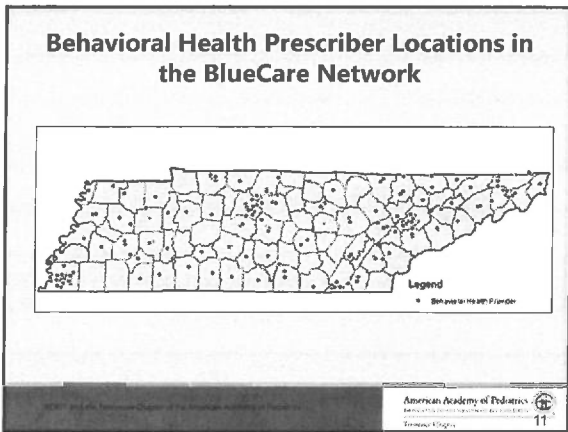
- Primary Care Providers (PCPs) are often the first point of contact for families with behavioral health concerns
- PCPs are frequently in the best position to identify and discuss behavioral health concerns with families

American Academy of Pediatrics  
PEDIATRIC BEHAVIORAL HEALTHCARE IN PEDIATRICS  
Tennessee Chapter

### BeHiP 3 Pilot Logic Model

Resources	Activities	Outputs	Short Term Outcomes	Long Term Outcomes
<ul style="list-style-type: none"> <li>Community pediatricians</li> <li>Community partners</li> <li>Regional DCS</li> <li>Regional COE</li> <li>BlueCare</li> <li>TNAAP</li> </ul>	<ul style="list-style-type: none"> <li>Training</li> <li>PDSA/MOC4</li> <li>Data collection</li> <li>Video collaborative</li> <li>Formation of BeHiP network</li> <li>Create foster care system care coordination model</li> </ul>	<ul style="list-style-type: none"> <li># physicians impacted</li> <li># system changes made</li> <li># PDSA cycles completed</li> <li># videos sessions completed</li> <li># foster children impacted</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholder engagement</li> <li>Improved payment</li> <li>Networking</li> <li>Coalition building</li> <li>Improved patient care</li> </ul>	<ul style="list-style-type: none"> <li>Sustainable regional BH collaborative network</li> <li>Improved PCP-provided BH care to all patients</li> <li>Improved BH collaboration &amp; referral</li> <li>Reduced cost</li> <li>Reduced inappropriate medication use</li> <li>Improved overall healthcare for children</li> </ul>

American Academy of Pediatrics  
PEDIATRIC BEHAVIORAL HEALTHCARE IN PEDIATRICS  
Tennessee Chapter




### BeHiP I

Increase pediatrician confidence and competency in:

- Screening
- Talking to patients and their families
- Understanding treatment
- Knowing when, how, and to whom to refer a patient
- Networking

© 2017 and the Tennessee Chapter of the American Academy of Pediatrics




American Academy of Pediatrics  
13

### HEL<sup>2</sup>P<sup>3</sup>

**Hope**  
**Empathy**  
**Language, Loyalty**  
**Permission, Partnership, Plan**

© 2017 and the Tennessee Chapter of the American Academy of Pediatrics




American Academy of Pediatrics  
14

### BeHiP I

- 5 face-to-face regional trainings across Tennessee
- 1 BEHIP introductory training video
- 6 Guidance Videos
  - Anxiety
  - Inattention and impulsivity
  - Depression
  - Disruptive behavior and aggression
  - Social/emotional guidance for children birth to age 5
  - Substance use and abuse

© 2017 and the Tennessee Chapter of the American Academy of Pediatrics



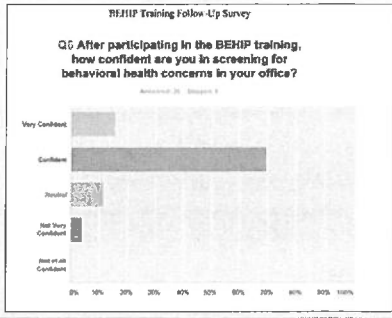
American Academy of Pediatrics  
15

### Results

BEHIP Training Follow-Up Survey


**Q6 After participating in the BEHIP training, how confident are you in screening for behavioral health concerns in your office?**

Answered: 26, Skipped: 2



Confidence Level	Percentage
Very Confident	~10%
Confident	~65%
Neutral	~15%
Not Very Confident	~5%
Not at all Confident	~5%

© 2017 and the Tennessee Chapter of the American Academy of Pediatrics

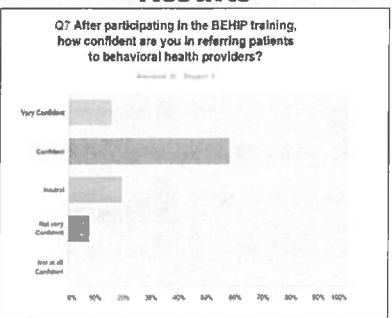


American Academy of Pediatrics  
16

### Results


**Q7 After participating in the BEHIP training, how confident are you in referring patients to behavioral health providers?**

Answered: 26, Skipped: 2



Confidence Level	Percentage
Very Confident	~10%
Confident	~65%
Neutral	~15%
Not Very Confident	~5%
Not at all Confident	~5%

© 2017 and the Tennessee Chapter of the American Academy of Pediatrics




American Academy of Pediatrics  
17

### BeHiP II

Raise pediatrician confidence and competency in:

- Trauma-informed care
- Adverse Childhood Events (ACEs)
- Navigating the Department of Children's Services (DCS)
- Basic psychopharmacology
- Treating v. referring
- Networking

© 2017 and the Tennessee Chapter of the American Academy of Pediatrics



American Academy of Pediatrics  
18

### Psychopharmacology

- 9% of children and adolescents prescribed psychotropics
- Children in foster care prescribed psychotropics 3-11 times more than Medicaid children not in foster care

American Academy of Pediatrics  
Division of Developmental and Behavioral Pediatrics  
Tennessee Region 19

### Primary Care Psychopharmacology

**PCPs**

- Provide >50% of US mental health care
- Prescribe >75% of the anxiolytics, antipsychotics, and mood stabilizers
- Beyond stimulants, many PCPs are uncomfortable with prescribing psychotropic medications

Magellan Health Services (2013). *Appropriate Use of Psychotropic Drugs in Children and Adolescents*

American Academy of Pediatrics  
Division of Developmental and Behavioral Pediatrics  
Tennessee Region 20

### BeHiP II

- Transition BeHiP I content to online modules
- 5 face-to-face regional trainings/networking events
- Transition BeHiP II content to online modules

American Academy of Pediatrics  
Division of Developmental and Behavioral Pediatrics  
Tennessee Region 21

### Results from BeHiP III

**Q10 Please rate your level of knowledge of this topic BEFORE this training:**

(Knowledge of: Regional TB)

**Q10 Please rate your level of knowledge of this topic AFTER this training:**

(Knowledge of: Regional TB)

American Academy of Pediatrics  
Division of Developmental and Behavioral Pediatrics  
Tennessee Region 22

### BeHiP III

**Behavioral Health Integration Pilot Project**

- Identify providers in one region
- Train providers
- Build relationship between providers and their COE and regional DCS offices
- Create a telemed learning collaborative
  - Pediatricians and support staff, area behavioral health resources, coordinated school health, DCS, COE, BCBS, BeHiP faculty and staff
- Replicate to remaining regions

American Academy of Pediatrics  
Division of Developmental and Behavioral Pediatrics  
Tennessee Region 23

### BeHiP III

**Q9 Please rate your level of knowledge of this topic BEFORE this training:**

(Knowledge of: Regional TB)

**Q9 Please rate your level of knowledge of this topic AFTER this training:**

(Knowledge of: Regional TB)

American Academy of Pediatrics  
Division of Developmental and Behavioral Pediatrics  
Tennessee Region 24

### What are COEs?

- Part of a statewide network to enhance the quality of services provided to children in or at-risk of entering the Tennessee child welfare or juvenile justice systems (Vanderbilt COE Website)
- Children and families are more likely to have developmental, physical, or psychiatric disabilities, and ACEs

American Academy of Pediatrics  
25

### Centers of Excellence for Children in State Custody (and at risk of custody)

American Academy of Pediatrics  
26

### BeHiP III

- Since March 2017
  - 7 practices trained, 5 currently participating
  - 8 monthly collaborative calls
  - Data collected through PHiIT TNAAP QI project
  - Systems Changes: Improved scheduling access for behavioral health services, integrated review with DCS staff, pilot to move 72hr DCS intake to medical home, improved provider billing
  - Direct patient intervention

American Academy of Pediatrics  
29

### Challenges...

- Recruiting physicians
- Case submissions
- Billing for services
- Demonstrating the business case for this collaborative
- Future funding

American Academy of Pediatrics  
26

### Key Takeaways

- Collaboration between BCBS and state chapters of professional societies such as AAP can result in solutions to healthcare challenges
- Raising the confidence and competency of pediatricians around behavioral health concerns is critical to bridging gaps in access to care
- Identifying barriers at the provider level and fostering relationships between providers and regional resources is crucial to sustaining change

American Academy of Pediatrics  
29

