



Pediatric Behavioral Health Integration in Primary Care

Understanding One Critical Component
of Pediatric Mental Health Care



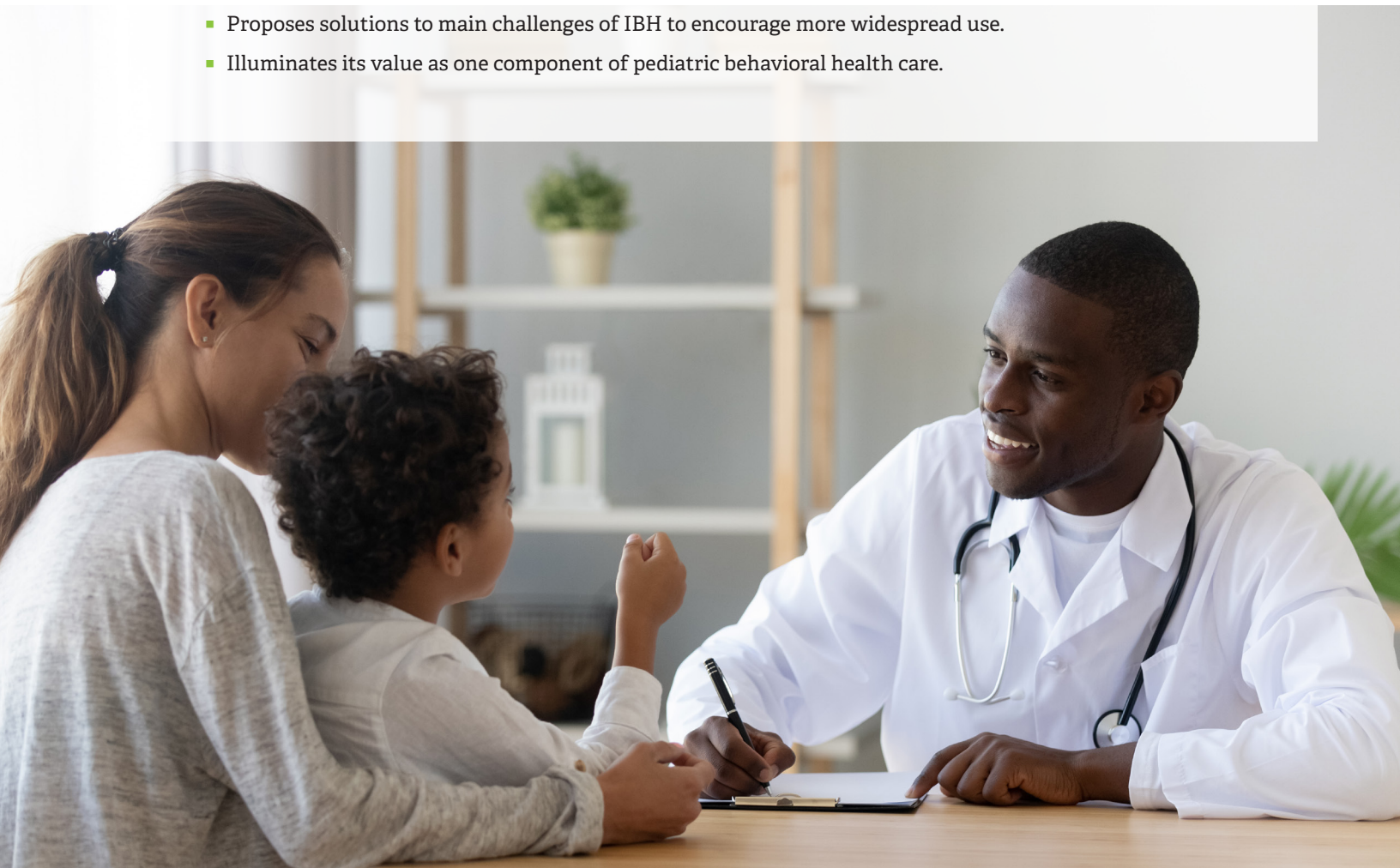
Pediatric Behavioral Health Integration in Primary Care

Understanding One Critical Component of Pediatric Mental Health Care

INTEGRATED BEHAVIORAL HEALTH CARE (IBH) in primary care can improve children's access to behavioral health services, increase communication and collaboration between physical and behavioral health providers, and improve outcomes for patients. Children, adolescents and families are more likely to use behavioral health services offered through their primary care provider (PCP)—a trusted and convenient environment. Since families usually see their primary care provider regularly, behavioral health concerns are more likely to be detected early when they are easier to address. Behavioral health is an umbrella term that encompasses mental and emotional health, resilience and well-being. Behavioral health conditions often affect medical illnesses.

Through our interdisciplinary experience as behavioral health care leaders in children's hospitals, this commentary:

- Provides common understanding of IBH in pediatrics.
- Lays out what can be expected of IBH.
- Proposes solutions to main challenges of IBH to encourage more widespread use.
- Illuminates its value as one component of pediatric behavioral health care.



A Familiar Story

PCPs all over the country are struggling to respond to the behavioral health crisis among youth, made worse by the pandemic. On any given day, providers see a mix of patients with behavioral health concerns. For example, a PCP may see two children recently discharged from inpatient psychiatric care. One has chronic persistent mental health concerns that are poorly managed with medication and no psychiatric providers. Another has longstanding depression who recently attempted suicide. They may be connected to a therapist; however, due to multiple no-shows, care is discontinued. Several more patients have appointments for increasing depression or anxiety. This is a typical day in the life of a PCP in 2021.

An Overtaxed Behavioral Health Care System

Pediatricians' offices are overflowing with behavioral health concerns: from patients who have new concerns and patients whose conditions are more severe than in the past. They are experiencing a syndemic—two simultaneous pandemics—related to COVID-19 and behavioral health. Even before the COVID-19 pandemic, mental health in children had reached crisis level. Kids with pre-existing conditions such as depression, anxiety, ADHD, trauma and obsessive-compulsive disorder have worsened while families avoided care because of virus-related safety concerns. At the same time, there is a surge of new patients with mental health concerns¹ in part resulting from the stress and isolation of COVID-19.

Treating mental health conditions in childhood is more effective than treating

them after children have grown into adults when their conditions have worsened. Without treatment, mental health conditions can prevent children from reaching their full potential as adults and can even shorten their lives.² Half of adults with chronic mental health conditions first had symptoms before the age of 14 and 75% by 24 years old.³ Early identification and treatment in children leads to healthier adults.

The syndemic highlights the nation's acute shortage of mental health services and the need to reinforce and expand the pediatric mental health delivery system and infrastructure. Studies show the limitations of the current system is affecting all children, particularly Black and Hispanic children.⁴ Underserved and rural populations that need these services the most are also the most negatively affected. The current health care system isn't equipped to meet this increasing demand with the traditional model of referrals to behavioral health specialists for care. Integrating behavioral and physical health care within the medical home is one effective approach that increases access to behavioral health care in a setting that is familiar and convenient to youth and families.

Understanding IBH: One Effective Approach

IBH care focuses on prevention, brief problem-focused therapy that attends to the patient's presenting problem, and coordination with other providers and resources for patients with more complex needs. IBH care models have the flexibility to be adapted to meet the highest priority needs for individual primary care practices while still maintaining some core elements.

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¹ Racine, Nicole, et al., "Global Prevalence of Depression and Anxiety in Children and Adolescents: A Meta-analysis," JAMA Pediatrics, published online August 9, 2021.

² Gleason, Mary Margaret, et al., "Addressing Early Childhood Emotional and Behavioral Problems," Pediatrics: Vol. 138, No. 6, 2016.

³ Kessler, Ronald C., et al., "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication," Arch Gen Psychiatry: Vol. 62, No. 6, 2005.

⁴ Marrast, Lyndonna, et al., "Racial and Ethnic Disparities in Mental Health Care for Children and Young Adults: A National Study" Int J Health Serv., Vol. 46, No. 4, 2016.

WHAT IBH IS

Physical and behavioral health care services provided within the same physical space, often with a shared medical record, workspace and staff meetings for direct discussion of patient care.

Occurs within the context of a trusted relationship with the pediatrician.

Flexible framework designed to fit with practice readiness, community resources, population needs, financial considerations.

Meets patients and families where they are.

Can function as an urgent care model for some behavioral health issues providing one-time treatment and support without over-taxing the larger behavioral health care system.

A way pediatric practices can provide more access for children and families.

WHAT IBH IS NOT

Easy, single solution to fix the overtaxed behavioral health care system.

A one-size-fits-all approach.

An outpatient behavioral health clinic placed in primary care.

A treatment setting for patients with complex persistent behavioral health concerns.

A replacement for step-down care from inpatient or emergency room treatment.

The exclusive domain of a children's hospital.

Core components of IBH models include:

- Screening, and assessment and diagnosis of behavioral health concerns.
- Brief interventions provided by a pediatrician or behavioral health specialist.
- Care coordination, triage and referral assistance.

Additional components may include:

- Provider training and support.
- Anticipatory guidance for families and support navigating the broader community's behavioral health system.
- Liaising with patient/family, health care and school teams.
- Program development and evaluation.

Goals of IBH include increased access to mental health services, increased communication and collaboration between physical and behavioral health providers, and improved outcomes for patients with mental health disorder symptoms. Critical to any solution addressing demand for behavioral health services will be a common understanding of what IBH is, and what it is not, among policy makers, health administrators, primary care and behavioral health providers.

Challenges to Adoption

The evidence base for IBH showing feasibility, improved outcomes, improved access to behavioral health care and reduced health care costs has been established over roughly the last 10 years.⁵ The population health impact of IBH in pediatrics has significant value in prevention, screening, early identification and proactive intervention that can change the developmental trajectory of a child and produce downstream benefits

through adulthood. Yet, the IBH model has not been widely adopted outside of academic settings primarily due to the shortage of a workforce trained in IBH models of care, lack of reimbursement mechanisms from payers and reliance on illness-based service models. Despite these challenges, opportunities to overcome them exist. Intentional and systematic approaches to address these barriers could allow scaling of IBH.

Workforce challenges

This issue is two-fold. First, there are not enough pediatric behavioral health providers to meet the current and increasing demand of children who need specialized support, especially in rural communities. Second, many primary care providers have limited training or experience in caring for kids who could be appropriately identified and either managed in their offices or triaged to a more suitable setting.

Solutions

Children's Hospital Association's legislative proposal, "Strengthening Kids' Mental Health Now," calls on Congress to "build new and different national capacity" for the pediatric mental health care workforce. Solutions include:

Training the existing pediatric clinical workforce in IBH can expand current capacity for addressing behavioral health needs in kids. Research shows that when pediatricians are equipped with the experience and skills to identify and manage or triage behavioral health challenges, they are willing to do so.⁶

Training the future pediatric clinical workforce will better prepare providers to manage the pre-existing pediatric mental health crisis and the increase in need from the pandemic. Specialties such as pediatrics⁷,

5 Walter, Heather J., et al., "Five-Phase Replication of Behavioral Health Integration in Pediatric Primary Care," *Pediatrics*, Vol. 148, No. 2, 2021.

6 Straus, John H. & Sarvet, Barry., "Behavioral Health Care For Children: The Massachusetts Child Psychiatry Access Project," *Health Affairs*: Vol. 33, No.12, 2014.

7 Poynter, Sue E., et al., "Addressing the Behavioral and Mental Health Education Gap in Pediatric Residence Training," *Pediatrics*: Vol. 146, No. 1, 2020.

nursing, child and adolescent psychiatry, psychology and social work could include IBH in their curricula and fund more training spots.

Extending telehealth flexibility can mitigate the scarcity of clinicians in distant or rural areas to provide virtual access for practices to IBH clinical support. “Strengthening Kids’ Mental Health Now” calls on Congress to enact permanent extensions of Medicare COVID-19 telehealth flexibilities, including those relating to audio-only services and lifting originating site restrictions and geographic limitations. Changes made in the Medicare program may drive adoption of coverage policies by Medicaid and commercial payers that have an impact on pediatrics. In addition, the Centers for Medicare and Medicaid Services (CMS) should be directed to provide guidance to states on how to sustain and enhance the availability of telehealth under Medicaid.

Training a workforce that functions in tandem, thinks cross-disciplinarily and rests on a sustainable system of care will drive growth and depth of competency across the pediatric care continuum. Trained providers benefit from increased skill, confidence and agency. A high-functioning and well-trained system will enhance both the provider and patient experience.

Financing challenges

Another barrier to offering IBH is that insurers do not adequately pay for its core components. As a result, IBH is often financed through pilot and service grants, internal investments and state grants. These mechanisms are time-limited and at risk of sudden discontinuation. Additionally, none of these funding mechanisms are designed for scale—especially to meet syndemic-level needs.



Solutions

“Strengthening Kids’ Mental Health Now” proposes strengthening federal Medicaid support for pediatric behavioral health. Solutions include:

Paying for all core components of IBH so the model works as intended and results in improved outcomes and reduced costs. Some essential elements are collaborative care between pediatricians and schools, early intervention, psychoeducation and coaching for parents and case management for families that need to access the broader behavioral health system.

The fee-for-service reimbursement model could be used more effectively by updating

RESPONSIBILITY FOR A FUNCTIONING BEHAVIORAL HEALTH SYSTEM IS SHARED BETWEEN CHILDREN'S HOSPITALS, ACADEMIC CENTERS, POLICY MAKERS AND PAYERS.

and activating existing CMS codes to pay for core components of IBH that bring value but are currently not billable. An understanding is needed that prevention, collaborative care and conditions not resulting in a diagnosis should be consistently paid for across states.

In some circumstances, population-based payments can allow more flexibility to support these core components. For example, per member, per month payments from health plans to providers can be used when all enrollees can be assigned to one or more provider organizations.

Carving-in or bundling behavioral health benefits with physical health benefits by recognizing the cost savings both when behavioral health concerns are identified early and when they are effectively addressed in chronic medical illness.

Establish a new designated pool of grant funding under the oversight of Health Resources and Services Administration (HRSA) supporting pediatric behavioral health care integration as described in “Strengthening Kids’ Mental Health Now.”

A consistent commitment to pay for prevention and needed care across all states. Strengthening Kids’ Mental Health Now suggests requiring CMS to review how Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements are being implemented in states and to provide guidance to ensure children have access to behavioral health services from early identification of problems through needed treatments.

Achieving payment parity. Currently, behavioral health services are reimbursed at a lower rate than physical health services, which leads providers to opt out of both Medicaid and commercial insurance reimbursement.⁸ This issue should also be addressed by raising Medicaid reimburse-

ment levels for behavioral health services to match that of Medicare.

The responsibility for a functioning behavioral health system is shared between children’s hospitals, academic centers, policy makers and payers. Children’s hospitals and academic centers support the technical, functional and clinical aspects of integrating care in the community and ensure screening and treatments are based in science and provide suitable outcomes. Policy makers and payers contribute sustainability by creating the mechanisms to fund those activities.

IBH Effect on Access and Costs

The goal of IBH is not to push behavioral health from specialists to primary care, but to identify behavioral health needs that can be appropriately managed in primary care and triage higher acuity needs. This benefits the behavioral health care system overall by reducing bottlenecks in emergency departments and other settings. The IBH model can be illustrated by thinking about how pediatricians manage headaches in their patients. If the condition becomes increasingly difficult to treat, the patient is referred to a neurologist; however, not all headaches are initially referred to neurologists. The value in this approach is twofold:

Access: Equitable access to pediatric behavioral health services is one of the biggest difficulties in meeting immense demand. Integrating services into the medical home is one approach to open the door to a new population of families who might not otherwise seek or have access to behavioral health treatment. Integrating into a wellness-driven medical home normalizes behavioral health care and reduces stigma, making care more accessible.⁹

⁸ “Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement,” Millman Research Report commissioned by Mental Health Treatment and Research Institute LLC, Issued November 2019.

⁹ Campo, John V., et al., “Integration of Pediatric Behavioral Health Services in Primary Care: Improving Access and Outcomes with Collaborative Care,” Canadian Journal of Psychiatry: Vol. 63, No. 7, 2018.

Costs: Identifying and treating children early means less intensive and less costly treatment later. Early intervention can reduce or eliminate the need for long-term or lifelong treatment. Investing in children's behavioral health is an investment in their overall health. It is analogous to compounding interest: a small investment will eventually yield adult physical and behavioral health dividends.¹⁰

IBH Creates a Win, Win, Win

IBH is patient-centered and mutually beneficial for all stakeholders: children's hospitals, academic centers, policy makers, payers, communities and most importantly patients and their families. It saves money and time by reducing higher acuity, reactive and crisis care. Providers in practices that have adopted IBH report increased confidence in symptom management and talking with families about mental health concerns with the support of a behavioral health provider. IBH gives providers the ability to help the patients they can and offers clear pathways to access for others needing more specialized treatment. Early intervention provided through IBH reduces negative effects in all aspects of a child's life, including physical and behavioral functioning at home, in school and socially.

A working interdependency of the systems in children's lives, such as health care and education, is critical to their well-being and futures. Linkages between those systems, such as those inherent in IBH, strengthen the whole behavioral health system and make it work better. IBH creates a win for payers, a win for providers and a win for patients and their families.



EARLY INTERVENTION
PROVIDED THROUGH
IBH REDUCES NEGATIVE
EFFECTS IN ALL ASPECTS
OF A CHILD'S LIFE.

¹⁰ Wilkes, T.C., et al., "Association of Child and Adolescent Psychiatric Disorders with Somatic or Biomedical Diagnoses: Do population-based utilization study results support the Adverse Childhood Experiences Study?" The Permanente Journal: Vol. 16, No. 2, 2012.

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This commentary is authored by behavioral health experts from nationally ranked children's hospitals who have extensive experience in integrated behavioral health care. Opinions are their own.

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About

Children's Hospital Association is the voice of more than 220 children's hospitals, advancing child health through innovation in the quality, cost and delivery of care.

This commentary was produced within the Accountable Health Learning Collaborative (AHLIC). The AHLIC is an interdisciplinary group of peers from 25 children's hospitals who are leaders in the delivery transformation and payment innovation necessary for a move to accountable care.

Continued Discussion

The intent of this commentary is to stimulate continued examination of the role of integrated behavioral health in pediatrics. The authors welcome additional or alternative viewpoints. Comments can be directed to Nancy Hanson, Manager, Community and Child Health at nancy.hanson@childrenshospitals.org.



**CHA appreciates your
feedback to this paper
via this simple, 6 question
survey. Thank you!**

Appendix A

Making the Case for IBH

INTEGRATED BEHAVIORAL HEALTH CARE (IBH) as envisioned focuses on prevention, brief problem-focused therapy, and coordination with other providers and places for patients with more complex needs. The needs of individual clinics and populations vary, and IBH models have the flexibility to be adapted to meet the highest priority needs for individual practices while still maintaining some core elements.

Core components of IBH models are likely to include screening, assessment and diagnosis of behavioral health concerns; brief interventions provided either by a pediatri-

cian or behavioral health specialist; care coordination, triage and referral assistance. Additional components may include provider training and support; anticipatory guidance for families and support navigating the broader community's behavioral health system; liaising with patient/family, health care and school teams; and program development and evaluation.

IBH can be an effective approach for promoting health at a systems level and can make available previously inaccessible services for diverse populations.

Why adopt IBH?

Promote health equity

Addresses inequitable access by embedding behavioral health services within primary care and offering a trusted space to seek behavioral health care.

Increase access

- Expands capacity and competencies of PCPs to care for children with common behavioral health conditions.
- Provides rapid assessment and triage of behavioral health concerns like a medical urgent care model.
- Reduces the wait time between symptom identification and first contact with a behavioral health provider.
- Promotes better adherence to future behavioral health appointments.
- Offers quick, convenient access to services.

Reduce costs and improve physical and behavioral health

- Values whole child treatment.
- Normalizes behavioral health concerns by treating them in a primary care setting as typical issues that arise in development over time. Cost savings occur as caregivers are more inclined to seek treatment early as well as broach parenting concerns that might otherwise go unmentioned.
- Chronic mental illness brings large societal and insurance costs. Identifying and treating children early can reduce long-term costs.

Reduce demand on limited resources

- More effective referrals.
- Early detection and intervention reduce the chronicity of behavioral health concerns for many children. This can reduce the need for referrals to specialists outside the primary care setting, reserving scarce resources for longer term, more severe cases.
- Leverages systems, resources and approaches that increase the effectiveness of interventions across behavioral health systems, such as trauma-informed care, telehealth and integrated health records.

Support continuity of care

- Follow-through and adherence with behavioral and physical health interventions are improved as physical and behavioral health visits can be coordinated and occur within a trusted location.
- Supports patient and family connections with community providers, schools and other specialty care clinics.
- Improves outcomes when this care is integrated.

Foster resilience

- Focuses on health promotion from a strengths-based approach and fosters resilience in families.
- Children and parents learn how to better manage life's challenges, skills that will stay with them as they grow and mature.