Integration of Behavioral Health to Enhance Quality of Primary Care for an Underserved Pediatric Population: Lessons Learned

Sara Sherer, PhD, Bradley Hudson, Psy.D, Melissa Carson, Psy.D, Emily Haranin, PhD, Stephanie Marcy, PhD., Kristy Macias, B.A., Sharon Hudson, PhD.
Fellowship Description

• CHLA is located in the heart of a high-density, low-income, culturally diverse, inner city neighborhood and reflects the community it serves, with over 70% of patients representing underserved ethnic minorities.

• The APA-accredited clinical child postdoctoral fellowship is housed within the Keck USC School of Medicine’s Division of General Pediatrics.

• The fellowship is based on an integrated community mental health and health psychology model and is a two-year, full-time training experience.

• Twenty-one fellows gain expertise in the following subspecialties:
  1. Adolescent Medicine
  2. Child and Family Community Psychology
  3. Early Childhood Mental Health
  4. Project HEAL-Trauma Psychology
  5. Pediatric Psychology
Grant Goals

1. Enhance doctoral psychologists’ ability to provide integrated primary care services focusing on underserved pediatric populations

2. Co-teach a model of integrated primary care, supporting the model’s utilization, and providing consultation to pediatric residents and trainees of other disciplines delivering interprofessional pediatric primary care services

3. Implement and refine integrated primary care protocols for the pediatric ambulatory primary care clinics of Altamed Health Services Corporation, a Federally Qualified Health Center (FQHC)
Grant Activities

• CHLA and its FQHC partner, AltaMed Health Services Corporation, began implementation of an integrated care program in July of 2016.
• AltaMed is the leading provider of primary care in Los Angeles.
• Ninety pediatricians serve more than 10,000 unique pediatric lives.
• Clinics:
  – Children’s Hospital Los Angeles (Ten 2nd year fellows),
  – Community Clinics:
    • Boyle Heights (Five 1st year fellows),
    • Westlake (Six 1st year fellows)
# Summary of Integrated Primary Care (IPC) Fellowship Training Activities

<table>
<thead>
<tr>
<th>Training Activity</th>
<th>Time Commitment</th>
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<tbody>
<tr>
<td>Integrated Primary Care (IPC) Orientation for Fellows</td>
<td>40 hours/year</td>
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<tr>
<td>CHLA Pediatric Grand Rounds</td>
<td>20 hours/year</td>
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<td>IPC Lectures and Retreat</td>
<td>20 hours/year</td>
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<td>Interprofessional Brown Bag Lunches</td>
<td>12 hours/year</td>
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<tr>
<td>Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Leadership Training</td>
<td>32 hours/year</td>
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<td>LEND Weekly Seminar and Interprofessional Case Based Learning</td>
<td>11 hours/month</td>
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<td>IPC Shadowing by Predoctoral Interns</td>
<td>16 hours/year</td>
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<td>Monthly IPC Group Supervision</td>
<td>24 hours/year</td>
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<tr>
<td>Individual Supervision</td>
<td>2 hours/week</td>
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Needs and Competency Assessment

- Utilized needs assessment to determine occurrence of specific behavioral health concerns per primary care physician report,

- Assess physician and supervisor competency and confidence to treat the following behavioral health concerns,
  - Internalizing
  - Externalizing
  - Disorders of Regulation
  - Developmental Disorders/Learning Concerns
  - Traumatic Stress
  - Substance Abuse
  - Procedural Anxiety
Assessing Fellow Competency

- Self-Assessment (parallels needs assessment),
- Supervisor Assessment,
  - Completed every 6 months throughout fellowship,
  - Incorporation of integrated primary care competencies* to fellowship evaluation tool,

  *Sample Items,*
  - Knowledge of the biological components of health and illness and can describe accurately the relationship between commonly treated medical conditions and psychological concerns,
  - The ability to apply evidence-based brief assessments and brief interventions in an integrated primary care setting,
  - The ability to co-interview, co-assess, and co-intervene with other disciplines,

- Solicit Feedback from Physician Partners,

Adapted from McDaniels et al., 2014
Creating a Quality Improvement Cycle

- **Establishing Collaborative Partnerships.**
  - Monthly meetings with physician leadership, the existing AltaMed behavioral health team, and Graduate Psychology Education (GPE) grant faculty,
  - Routine meetings with AltaMed corporate leadership,

- **Rapid Cycle Quality Improvement (RCQI) Project.**
  - Facilitating communication through Electronic Medical Record (EMR) documentation,
    - Documentation in AltaMed and CHLA occurs in separate systems,
    - Initial plans to allow fellows access to AltaMed system were deemed cost prohibitive,
    - Developed a note template that is completed in CHLA electronic mental health record and uploaded to medical chart through AltaMed’s medical record department,
    - Following consults, fellows also complete verbal and/or written communication loop with AltaMed behavioral health social workers who may be following the families on a long-term basis.
RCQI Projects

  - Lack of reliable Wi-Fi as a barrier.
  - Purchased Wi-Fi hot-spots for the clinic.
- AltaMed clinic placements of 1st and 2nd year fellows.
  - Original Plan: Place 1st year fellows in the CHLA AltaMed clinic and 2nd year fellows at AltaMed community clinics.
  - During orientation, complexity and volume of the various clinics were discussed by physicians and administrators.
  - Adjusted Plan: Placed advanced, senior second-year fellows at CHLA AltaMed and new first-year fellows at AltaMed community clinics.
Needs Assessment Outcomes

- The following slides will illustrate initial outcomes of self-report ratings of physician, supervisor and fellow confidence with respect to assessment and management of seven broad categories of behavioral health concerns.

- These slides present scatter plots correlating the confidence levels of the three provider groups (physicians, supervisors and fellows) to the frequency by which they encounter the seven broad categories of behavioral health concerns.

- Each scatterplot was utilized by project faculty to plan and prioritize specific training needed to enhance the effectiveness of psychological consultations within the primary care settings served by fellows.
Externalizing Disorders

Confidence

Frequency Encountered

Low

High

PF
42%, 89%

PMD
62%, 50%

PS
78%, 100%
Traumatic Stress

Frequency Encountered

<table>
<thead>
<tr>
<th>Confidence</th>
<th>Low</th>
<th>High</th>
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<tr>
<td>PF</td>
<td>5%, 63%</td>
<td></td>
</tr>
<tr>
<td>PMD</td>
<td>12%, 19%</td>
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</tr>
<tr>
<td>PS</td>
<td>74%, 93%</td>
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Lessons Learned

• Extensive GPE group supervision is needed to strategize and addressing procedures and challenges fellows face in clinics.

• Even in an environment that welcomes psychology into the milieu, integrating fellows into clinics requires supervisors’ active participation in administrative sessions.

• Even in an environment where physicians support integration of fellows into primary care, practical barriers of a busy practice present an ongoing challenge (space limitations, access to EMR.)
• Even where capacity of existing behavioral health providers is limited, coordination and planning for integrated primary care services complements existing services and contributes to the objectives of the existing programs.

• Fellows have established Integrated Primary Care services and are now seen as an essential component of the AltaMed clinics they serve.
Bradley Ogden Hudson, Psy.D. ABPP
Clinical Professor of Pediatrics
Keck Medicine of USC
Clinical Director
Community Mental Health Service
Children's Hospital Los Angeles
bhudson@chla.usc.edu