



Massachusetts Child Psychiatry Access Project

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Take Home Message

MCPAP is an organization that finds the Coalition is an important resource to efficiently develop a cross provider/system solution to an important problem.

MCPAP Services

- Telephonic child psychiatry consultation to PCPs within 30 minutes, Monday thru Friday. Last quarter response time met target for 89% of consultations.
- Face to face consultations (18% of youth served)
- Care Coordination
- Transitional support when youth waiting for behavioral health services
- PCP education - newsletter, practice meetings, CME

MCPAP Overview

- 438 practices with 2,991 individual clinicians
- Over 98% of Commonwealth
- 20,641 encounters, 10,553 youth in FY2013
- Prescriber level care remains with PCP, 70% of time.

MCPAP Developing New Components

- Perinatal/postpartum depression screening and management.
- Improved screening and management of teen substance use.
- Parent training for disruptive behavior in children under 6 using co-located PCP clinicians trained in evidence based practice, Triple P.



NATIONAL NETWORK OF CHILD PSYCHIATRY ACCESS PROGRAMS

An idea that has caught on....

- Alaska
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Illinois
- Iowa
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Missouri
- Nebraska
- New Hampshire
- New Jersey
- New York
- North Carolina
- Ohio
- Oregon
- Pennsylvania
- Texas
- Vermont
- Virginia
- Washington
- Washington DC
- Wyoming
- Wisconsin

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From Coalition Point of View

- Coalition Care Coordination Task Force has developed key elements.
- Element #3 is “facilitating care transitions”
- Need metric to measure “closing the loop”.
Nothing “shovel ready”.

From MCPAP Point of View

- FY13, MCPAP did care coordination for over 7,000 youth.
- Pilot study revealed that only 50% of referrals kept.
- For FY14 MPAP added care coordination/family partner time to provide follow up contact with family.
- Need metrics to measure follow up and report actionable information to PCP.

Perfect Role for Coalition

Coalition Care Coordination Task Force available to help develop questions and answer categories.

Coalition Care Coordination Task Force available to help test with PCPs actionability of information.

Question 1 – Outcome of Referral

- Appointment kept
- Appointment made
- Wait list > 2 months
- No response from family after 3 tries
- Appointment not made
- Service not needed
- Unable to find acceptable time
- Transportation issue
- Connection not made
- Appropriate appointment not available
- Dissatisfied with referral
- Escalated to Crisis
- In process
- Referral provider not responsive
- Estimated wait time error

Question 2

Planning to stay with referral?

- If no, why?
 - No additional visits recommended
 - Not interested at this time
 - Inappropriate match
 - Dissatisfied with referral
 - Insurance change
 - Plan to use alternate referral
 - Other

Informal Results from One Regional Team

134 youth with attempt to follow up care coordination activity.

77 families able to be contacted (57%)

Of 77,

43 kept appointment (56%)

(3 made appointment with different provider because of waiting time or insurance mismatch)

Reasons Appointment Not Kept

- 11 Service not needed
- 6 Appointment not made
- 2 Connection not made
- 5 Wait list
- 1 Provider no longer in practice
- 3 Providers never returned phone calls
- 2 Still in process
- 2 Disliked provider
- 1 Family moved

- Iterative Process that MCPAP and Coalition Care Coordination Task Force will continue.
- Two way street:
 - MCPAP helped by Coalition's expertise
 - Coalition helped by MCPAP developing and testing P&P's for "closing the loop"
- How will this knowledge live on?