

## Behavioral Health in Pediatrics

### Practice Improvement Project

#### PROJECT SUMMARY

The Behavioral Health in Pediatrics (BeHiP) training program provides pediatric healthcare providers with tools and strategies to screen for, assess, and manage patients with emotional, behavioral and substance abuse concerns. It also encompasses strategies to provide for more efficient workflow (including information on coding), more effective care, and improved family and physician relationships.

#### BEHAVIORAL HEALTH IMPACT

Mental Health is becoming a larger portion of primary care pediatrics. One in five children in the United States have emotional symptoms causing impairment. More than half of U.S. children (66%) experience a traumatic event by the age of 16. These children persistently suffer from chronic disease and will make up half of the adults with mental illness. This underscores the importance of screening and addressing these problems in early childhood and adolescence. It also points to the opportunity to impact change in childhood disease and prevent significant adult morbidity by improving our recognition and treatment in childhood.

#### PROJECT BACKGROUND

The three major types of toxic stress to children are child maltreatment, parental substance abuse and postpartum depression. 75-130 children per 1000 are effected by significant toxic stress. Unrecognized, this can have permanent effects on the brain. Primary care identifies less than 3 out of 10 kids with significant behavioral concerns. When we do detect these at-risk children many do not get the services they need. Currently, ten percent of US ambulatory visits are related to behavioral health.

#### PROJECT STRUCTURE

This project is presented by the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) and the Pediatric Healthcare Improvement Initiative for Tennessee (PHiIT). This program is a state wide pediatric practice improvement partnership funded by the state of Tennessee and administered by the Tennessee chapter of the American Academy of Pediatrics (TNAAP).

PHiIT offers Quality Improvement (QI) services for all Tennessee pediatric and family practice providers. For this project, practices will schedule a visit with the **PHiIT Quality Coach**. This visit will include a detailed presentation of the program, assessment of the practices improvement experience and assistance with the development of a QI Team.

**Providers may attend an in-person Regional BeHiP training or complete the following BeHiP Learning Modules found on the Vanderbilt University School of Medicine Online Learning System.**

**All providers must view and complete the following modules:**

- PHiIT QI 101

**For providers who do not attend an in-person Regional BeHiP training, the following modules must be completed:**

- BeHiP I - Module 1: Introduction to Behavioral Health in Pediatrics
- BeHiP II - Module 8: Coding and Workflow

**All providers must select at least one (1) of the following BeHiP I modules to view based on the area of behavioral health of which the practice would like to focus:**

- Module 4: Inattention
- Module 5: Anxiety
- Module 6: Depression

Practices will enter baseline data into a **web-based data collection system** called QI Teamspace, developed by PHiIT. When a practice joins the project, the Practice QI Team will enter baseline data on practice performance on screening for anxiety/depression, screening for ADD/ADHD, and follow-up for the respective behavioral concerns. Once baseline data is collected and analyzed, PHiIT staff will review the baseline data with the QI team. The Practice QI team will then decide in what area and age group they would like to focus their quality improvement efforts. The QI Team and the other members of the practice will begin working on implementing at least one (1) of the recommended process changes:

1. Implement a Validated Anxiety/Depression Screening annually from 11 years and older (Pediatric Symptom Checklist PSC-17, Pediatric Symptom Checklist PSC-35, Screening for Child Anxiety Related Disorders SCARED, Patient Health Questionnaire PHQ-9)
2. Implement a Vanderbilt Assessment Scale or Conner's Rating Scale annually for all children with diagnosis of ADD/ADHD
3. For patients with ADD/ADHD, behavior problems or anxiety/depression; 4-6 week planned follow up for unstable children and 4-6 month planned follow up for stable children

The Plan, Do, Study, Act (PDSA) model is coached as the practice works on quarterly PDSA cycles. These cycles are submitted regularly to the PHiIT program to document the innovative work each practice is completing.



PHiIT provides **office visits** to assist each practice in the challenging but important work of integrating high value behavioral health care into the unique environment of the individual practice. The providers will engage in monthly support calls with the PHiIT staff and other PHiIT practices.

The practice will enter quarterly follow up data to track the uptake and maintenance of practice changes. PHiIT provides **effective communication tools** for the practice to visualize performance, value the process improvement work and better serve patients.

The project will run for one year. At the end of one year, each practice will present the PDSA cycle topics that the QI Team has worked on, project data, project challenges and lessons learned to the other practices participating in a learning collaborative.

Part IV MOC will be awarded to providers completing project requirements.

## BeHiP Data Dictionary

### CHART PULL CRITERIA

#### Baseline

- 10 Randomized charts of children seen for ADD/ADHD related visit within the last year (Behavioral Health Follow-up – Phase 4)
- 10 Randomized charts of children seen for a Depression/Anxiety related visit within the last year (Behavioral Health Follow-up – Phase 4)
- 20 Randomized charts of adolescents 13 years and older with an acute visit in the last year (Adolescent – Phase 3)

#### Quarterly Review

- 5 Randomized charts of children seen for ADD/ADHD related visit within the last year (Behavioral Health Follow-up – Phase 4)
- 5 Randomized charts of children seen for a Depression/Anxiety related visit within the last year (Behavioral Health Follow-up – Phase 4)
- 10 Randomized charts of adolescents 13 years and older with an acute visit in the last year (Adolescent – Phase 3)

Measure	Measure Numerator	Measure Denominator
Well Child Care	Patients who had well care visit in the 12 months before the acute visit	Patients >13 years of age with an acute visit in the defined measurement period

Screening For Anxiety and Depression	Patients who were screened for depression and/or anxiety using an approved standardized screening tool in the 12 months before the acute visit	Patients >13 years of age with an acute visit in the defined measurement period
Intervention or Follow Up for Anxiety and Depression	Patients with a positive screen for depression/anxiety who received one or more of the following interventions: Intervention not documented, Office provider counseling, Referred to counseling, Referred to Psychiatrist, Return in less than 30 days for follow-up	Patients >13 years of age with an acute visit in the defined measurement period with a positive screen for depression and/or anxiety using an approved standardized screening tool
Suicide Screening	Patients who were screened for suicide	Patients >13 years of age with an acute visit in the defined measurement period
Intervention or Follow Up for Suicide Ideation	Adolescents with a positive suicide screen who received one or more of the following interventions: Intervention not documented, Office provider counseling, Referred to counseling, Referred to Psychiatrist, Return in less than 30 days for follow-up, Referred to rapid community response team, Referred to the Emergency Department	Patients >13 years of age with an acute visit in the defined measurement period and who screened positive for suicidal ideation
Screening for Substance Abuse	Patients screened for substance abuse	Patients >13 years of age with an acute visit in the defined measurement period
Intervention or Follow Up for Substance Abuse	Patients a positive substance abuse screen who received one or more of the following interventions: Intervention not documented, Office provider counseling, Referred to counseling, Referred to Substance Abuse Counseling, Return in less than 30 days for follow-up	Patients >13 years of age with an acute visit in the defined measurement period who screened positive for substance abuse
Unstable ADD/ADHD Follow Up	Patients diagnosed with ADD/ADHD who are unstable with a planned follow up in 2-6 weeks	Patients with a visit for ADD/ADHD in the defined measurement period and this visit is a new diagnosis or had a change in medication therapy
Stable	Patients diagnosed with ADD/ADHD who are stable with a planned follow up in 4-6	Patients with a visit for ADD/ADHD in the defined measurement period and this visit is a chronic visit for an existing

ADD/ADHD Follow Up	months with consideration of chronic triggers	diagnosis and had no change in medication therapy
ADD/ADHD or Anxiety Depression assessment	Patients with a diagnosis of ADD/ADHD with a validated measurement tool on the chart in the last 12 months	Patients with a visit for ADD/ADHD in the defined measurement period
Unstable Anxiety/Depression Follow Up	Patients with diagnosis of Anxiety or Depression who are unstable with a planned follow up in 2-6 weeks	Patients with a visit for Anxiety/Depression in the defined measurement period and this visit is a new diagnosis or had a change in medication therapy
Stable Anxiety/Depression Follow Up	Patients with a diagnosis of Anxiety or Depression who are stable with planned follow up in 4-6 months with consideration of chronic triggers	Patients with a visit for Anxiety/Depression in the defined measurement period and this visit is a chronic visit for an existing diagnosis and had no change in medication therapy
Anxiety/Depression assessment	Patients with a validated measurement tool on the chart in the last 12 months	Patients with a visit for Anxiety/Depression in the defined measurement period

### CONTACT

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Nick Desai, MD Assistant Professor of Pediatrics, Vanderbilt University School of Medicine; BEHIP Facilitator

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## SUPPORTING LITERATURE

ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management. *Pediatrics*; originally published online October 16, 2011; DOI: 10.1542/peds.2011-2654.

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