

Integrated Behavioral Health in Pediatric Neurology: *What We Have Done and Where We Are Headed*

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Introduction

- ✦ The purpose of this leadership project was to conduct a needs assessment regarding provider satisfaction and patient care related to the integration of Pediatric Behavioral Health and Wellness (PBH&W) services within Pediatric Neurology.
- ✦ Feedback on Behavioral Health (BH) services were gathered with a survey originally created by Elyse Rosenberg, M.A. and Drs. Kenya Malcolm, Andrew Cohen, and Linda Alpert-Gillis for use in pediatric primary care.
- ✦ Results will (a) determine if expansion of BH services in Pediatric Neurology would benefit both neurology providers and patients and (b) identify barriers impacting patient access to BH services.

PBH&W in Pediatric Neurology

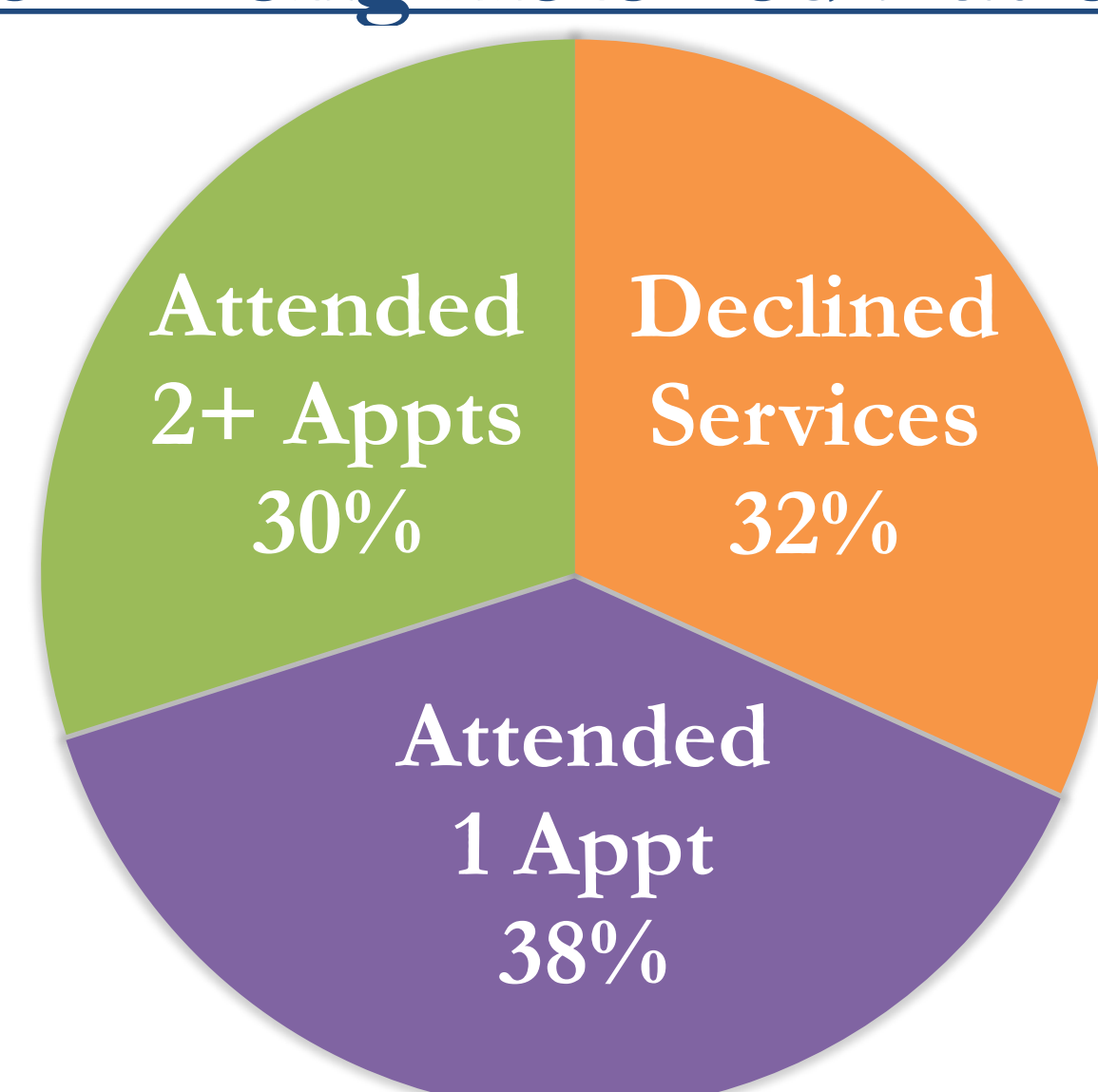
- ✦ In February 2017, Drs. Cohen and Hunt began seeing patients with chronic headache for CBT within the co-located Pediatric Neurology outpatient clinic at East River Road.
- ✦ Patients attend 1-4 visits for headache-focused treatment. Patients who need additional BH services are referred to PBH&W Outpatient Services or another outpatient provider.
- ✦ Also, Drs. Cohen and Hunt conduct warm handoffs (with patients) and curbside consultations (with providers) regarding BH concerns.

Survey Specifics

- ✦ The survey included 10 categories on a 5-point Likert scale.
- ✦ We distributed the survey to 20 neurology providers at the co-located Pediatric Neurology outpatient clinic at East River Road.
- ✦ 75% of providers completed the survey: 7 Attending Physicians, 6 Nurse Practitioners, 2 Neurology Residents.
- ✦ Among respondents, 9 providers referred at least 1 patient to the BH service in Pediatric Neurology, and 6 providers had not.

“They have been wonderful for our headache patients. This, in turn, makes my job much easier.”

Attendance Among Referred Patients (n=108)



Provider Perspective on Helpfulness of BH Services

When involved, BH services have been:	“Helpful” or “Very Helpful”
For the patient	93%
For the family	93%
For the neurology provider	93%

Provider Satisfaction with Integrated BH Services

Neurology providers are satisfied with:	“Agree” or “Strongly Agree”
BH providers’ engagement (e.g., courteous, pleasant, genuinely interested in helping)	100%
BH providers’ ability to communicate with Pediatric Neurology team members	100%
Quality of services provided by BH providers	93%
Overall BH services in Pediatric Neurology	93%
BH services meeting the needs of families	79%

“Overall, behavioral health services can be an extremely effective complimentary treatment approach to our neurologic patients with co-occurring anxiety, depression, OCD, ADHD, etc.”

Provider Endorsed Benefits of BH Integration

Having BH services in Pediatric Neurology has contributed to:	“Agree” or “Strongly Agree”
Improved quality of care for patients and families	100%
Improved continuity of health care	100%
Decreased stigma surrounding BH services	92%
Improved job satisfaction for you as a provider	77%
Increased ability for you as a provider to manage BH concerns	77%
Increased patient attendance to BH visits (compared to making a BH referral outside of Pediatric Neurology)	77%
Cutting down on potential added healthcare costs	69%
Freeing up provider time for more medically related care	62%

Barriers to Utilization of Integrated BH Services

Leading Provider Barriers for Utilizing Integrated BH Services (1=Not at all a barrier, 5=Significant barrier)

- ✦ Delay in getting patients scheduled with a BH provider (m=2.87)
- ✦ During clinic, availability of BH providers (m=2.80)
- ✦ During clinic, knowing how to locate or contact BH providers (m=2.71)

Leading Patient Barriers for Utilizing Integrated BH Services (1=Not at all a barrier, 5=Significant barrier)

- ✦ Distance/time to get to appointments (m=3.40)
- ✦ Transportation challenges (m=3.07)
- ✦ Length of time before initial appointment with a BH provider (m=3.00)
- ✦ Availability of same-day appointments (m=3.00)

Areas for Expansion

Adding BH Services for Other Neurological Conditions (1=Not at all helpful, 5=Extremely Helpful)

- ✦ Obsessive compulsive disorder (OCD) (m=4.92)
- ✦ Attention-deficit/hyperactivity disorder (ADHD) (m=4.58)
- ✦ Tic disorders (m=4.55)
- ✦ Epilepsy/Seizure disorder/Pseudoseizure (m=4.50)
- ✦ Pain disorders (m=4.45)
- ✦ Brain tumor (m=4.33)
- ✦ Movement disorders (m=4.33)

“I have not utilized this service as much because I see less headache than others. I would increase utilization significantly if services were available for tics/anxiety/OCD and pain disorders.”

Implications

Current State of Affairs

- ✦ Neurology providers indicated a significant amount of satisfaction related to the work BH providers are doing directly with patients and the consultation that occurs with providers.
- ✦ Lower satisfaction ratings were noted from providers who had not referred patients to the BH service, which may indicate that the majority of their patients did not meet acceptance criteria for the service (e.g., patients who do not present with headache).
- ✦ Although providers noted some barriers to utilizing the BH service for themselves and their patients, average scores for many of those barriers indicate that providers experience mostly slight-moderate barriers and patients experience mostly moderate barriers.

Possible Changes to Improve the BH Service

- ✦ Expand BH treatment to additional disorders listed above.
- ✦ Provide more education regarding how to contact a BH provider.
- ✦ Expand the amount of time BH providers are in Pediatric Neurology, both to decrease patient wait time for a BH appointment and to increase availability for Neurology providers to receive BH consultation.

Acknowledgments

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