JIM STEINEKE ASST. MAJORITY LEADER
STATE REPRESENTATIVE • 5th ASSEMBLY DISTRICT

(608) 266-2418
Toll-Free: (888) 534-0005
Rep.Steineke@legis.wi.gov

P.O. Box 8953
Madison, WI 53708-8953

October 22, 2013
Testimony on Assembly Bill 452/Assembly Health Committee
Child Psychiatry Consultation Program

Good afternoon Chairman Severson and Committee members,

All of us know someone who has been affected by mental illness. The problem is pervasive but it's often overlooked because it can present itself differently in different people, which may be one of the reasons why Wisconsin's mental health care system needs improvement.

This bill addresses a coverage gap for children with mental health care needs. It establishes a Child Psychiatry Consultation Program that will connect primary care physicians with child psychologists to help them get additional insight on a potential mental health issue.

We need this line because there is a lack of qualified professionals available to help offer treatment options. In 2009, most counties in Wisconsin had fewer than four child and adolescent psychiatrists, and many counties had none.

Additionally, according to testimony provided to the Mental Health Task Force, 13% of school-aged children and 10% of preschool children in the United States have parents expressing concerns about their children's behavior or mental health.

Wisconsin needs more psychiatrists to help address mental health issues early and keep them from growing into serious problems.

The access line will assist healthcare providers in offering enhanced care to children and adolescents with mild or moderate mental health care needs. The access line will also provide referral support for those patients who are considered beyond the scope of primary care practice.

This bill will significantly increase mental health care access for children and adolescents without needing to recruit additional child psychiatrists. It also offers better education opportunities for healthcare providers to reduce the need for future psychiatric referrals, resulting in greater access for those with the most severe mental health needs.

This bill is just one component of the Taskforce's recommendations, but I believe it is essential to get at the root of Wisconsin's deficiencies in mental health care. Thank you for your time, and I'd be happy to answer any questions.

Alberta Darling

Wisconsin State Senator

Joint Committee on Finance

TESTIMONY BEFORE THE ASSEMBLY COMMITTEE ON HEALTH
Assembly Bill 452
Senator Alberta Darling
October 22, 2013

Thank you Committee Chairman Severson and members for giving me the opportunity to testify in favor of Assembly bill 452 which creates a child psychiatry consultation program overseen by the Department of Health Services. I am pleased to be joined by Rep. Steineke to discuss the bill. I would like to commend the work of the Speaker's Task Force on Mental Health and the package of bills they have introduced.

This bill requires DHS to create and administer a child psychiatry consultation program to assist participating clinicians in providing enhanced care to pediatric patients with mild to moderate health care needs, to provide referral support for those patients who need care beyond the scope of primary practice, and to provide additional services. The consultation program is not an emergency referral service. Before January 1, 2015, DHS must review proposals submitted by organizations seeking to provide consultation services through this consultation program (consultation providers) and must designate one urban and one rural regional program hub based on organizations' submitted proposals. Beginning on January 1, 2016, DHS must create additional regional program hubs to expand the consultation program statewide.

Under the bill, DHS must select qualified providers to provide consultation program services. To be a qualified consultation provider, an organization must demonstrate it meets certain criteria as specified in the bill. Beginning on January 1, 2016, a consultation provider must report annually to DHS. The program will be funded by $1 million GPR over the biennium.

I ask that the committee support Assembly Bill 425, to increase access to psychiatry consultation for clinicians who serve children that have mental health treatment needs. Thank you again for allowing me to testify in favor of this important piece of legislation.

Capitol Office: P.O. Box 7882 ▫ Madison, Wisconsin 53707-7882 ▫ Phone: 608-266-5830 ▫ Fax: 608-267-0588 ▫ Toll-free: 1-800-863-1113
District Office: N88 W16621 Appleton Avenue ▫ Menomonee Falls, Wisconsin 53051
Email: Sen.Darling@legis.state.wi.us ▫ **Web page:** www.legis.state.wi.us/senate/sen08/news/

TO: Members of the Assembly Health Committee

FROM: Randall Cullen,MD

DATE:October 22, 2013

SUBJECT: AB 452 re: child psychiatry consultation and AB 454 re:primary care/psychiatry shortage.

Chairperson Severson and members of the committee, thank you for this opportunity to testify on these public policy proposals. Thank you for your interest and initiative in addressing rural mental health needs.

I am a psychiatrist who treats children, adolescents, and adults and have been providing consultation via video, or telepsychiatry, to rural areas of Wisconsin for the past 10 years or so. In the past or present I have provided consultation to patients and staff in numerous county human service agencies including Adams, Forest, Iron, Kewaunee, Lincoln, Manitowoc, Marathon, Marinette, Menominee, Oneida, Sheboygan, and Vilas counties, as well as the Bayfield Chippewa Tribal clinic in Bayfield. I only recently discovered that the Assembly was considering various legislative initiatives regarding rural mental health needs-my fault I'm not on the right mailing lists—so I appreciate the opportunity to comment and hopefully promote further discussion before some actions are taken!

Specifically, I am proposing that you have further debate on the merits of the telephonic consultation for I believe there is an opportunity for your $500,000 investment to be more carefully considered with a potential for greater impact across the state.

PROBLEMS WITH THE CURRENT PROPOSAL:

- Telephonic consultation is an aging technology. Would you invest in expanding Morse code training once the telephone was invented?
- This proposal addresses consultation to patients being seen in primary care so they are patients who <u>already have access</u> to some mental health care. As you are aware, 50+% of mental health care is provided by primary care. The specialties of

pediatrics and family medicine understand this and have produced protocols and guidelines for the diagnosis and treatment of common mental health issues. I am sure there are primary care providers who would like to consult with psychiatric practitioners occasionally on extra-challenging cases but I'm not sure the telephone is the answer! Wouldn't expanding access to patients who have none AND providing video consultation to providers bring more value and quality to your efforts?

- Massachusetts is used as a model for the telephonic consultation idea, but having practiced in Boston for a decade I can tell you that it's hard to walk down the street in Boston without meeting a psychiatrist—commonly one attached to an academic institution. This is not the case in Wisconsin.
- There is a GREAT deal of **controversy** regarding use of psychotropic medications in children so I'm very skeptical that the quality control over telephonic consultations(and consensus as to appropriate interventions) will be manageable. The idea that a telephone conversation will be helpful is hopeful but ILLUSORY in reality because complicated children need and deserve more than a phone call to develop a treatment plan.
- I can speak to these issues as I have been a consultant to Medicaid for the past 10+ years and have talked with practitioners around the state by phone on many cases regarding medication choices and treatment plans. There are always many issues and more is always needed, eg. reviews of history and hospital records on paper;a sense of the parents and supportive community resources;updated history,etc. This is NOT a simple, short phone call process. If you think it is—sounds good on paper as a quick fix—"the devil is in the details."
- Telephonic consultations are typically not reimbursable by third parties. Video consultations are billable consultations so investment in this technology could potentially be self-sustaining!
- Why would you invest in an old technology when much of the country is moving to video consultation to address these rural, underserved needs?

A VISION-AN ALTERNATIVE PROPOSAL:

- I have had conversations with Dean Golden at UW-Madison Medical School and the Psychiatry Residency director at MCOW—there may be great interest in establishing a telepsychiatry center in either or both schools to serve the state's rural areas. The issue in past discussions has been about the start-up costs and whether there might be legislative support.
- Using the $500,000 in this proposal for a telepsychiatry center would provide an exciting, future-oriented investment in delivering direct-care to patients and providers in a potentially self-sustaining model!
- The technology required for video consultation has become very affordable and accessible in any area with an internet connection with High-Definition quality now easily attained.
- Having a telepsychiatry center(s)in the medical school(s) providing teaching and service to rural sites would offer a hands-on model introducing potential primary care and psychiatry residents to the challenges and rewards of rural practice. Imagine the conversations that this would promote between residents, nursing students, other health professions students as they observed and participated in a model that encourages a realistic understanding of rural mental health care opportunities to further the goals addressed by Bill 454!
- I have met with state officials regarding telepsychiatry services recently and there is excitement and resources at Mendota Mental Health Institute that could be mobilized to participate and coordinate services as well.
- Nationally, there are for-profit organizations that are marketing their psychiatric consultation services via video to rural sites across the country and in Wisconsin as well. I believe a "Wisconsin solution" would serve the citizens and taxpayers of Wisconsin better. Investing in institutional telepsychiatry services would provide a legacy of care and attention to rural citizens—services provided by Wisconsin institutions-- Wisconsin providers who would likely be far

more accountable to quality than someone in front of a video in California!

PROPOSAL:

Seize this opportunity! Convene a subcommittee to look into the details of telepsychiatry consultation as a more effective and sustainable approach than telephonic consultation. Consider the potential impact on promoting interest and discussion among providers in training to address rural mental health needs per the goals of Bill 454 as well! The proposed investment of $500,000 is fantastic and I appreciate your interest in rural mental health, but ,I believe, you can potentially spend it much more wisely with further consideration. Take time and learn about this potentially exciting moment in history to invest in contemporary technology that will have a tremendously positive impact in Wisconsin's rural communities for the future!

Thank you!
Randall Cullen, MD
cullain928@gmail.com
608-212-4822

Consulting Child Psychiatrist to Wisconsin Medicaid-regarding psychoactive drug utilization ;Currently consulting psychiatrist to Forest, Iron, Kewaunee, Lincoln, Marathon, Oneida, Sheboygan, and Vilas counties, as well as the Bayfield Chippewa Tribal clinic in Bayfield and Ho-Chunk Nation Behavioral Health. Former Medical Director of Mendota Mental Health Institute.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Wisconsin Chapter

Wisconsin Chapter
563 Carter Court
Suite B
Kimberly, WI 54136
Phone: 262/490-9075
E-mail: KLaBracke@wiaap.org

October 22, 2013

Assembly Bill 452 – Child Psychiatry Consultation Program

Members of the Assembly Committee on Health

We applaud the recommendation of the Mental Health Task force and resulting bill AB 452 providing for the creation of a Child Psychiatry Consultation Program, and stand in full support. This model, which has been implemented successfully in other states, will assist front-line providers (including pediatricians, family physicians, along with the nurse practitioners and physician assistants within their teams) in providing enhanced care to children and adolescents with mild or moderate mental and behavioral health care needs. The consultation line would also provide referral support for those patients who are considered beyond the scope of their primary care medical home.

Some statistics:

- Pediatric primary care physicians are the main providers of health care, including mental health care, to children and adolescents within Wisconsin.
- 13% of school aged children and 10% of preschool children in the United States have parents expressing concerns about their children's behavior or mental health.
- Since in 2009, most counties had fewer than four child and adolescent psychiatrists, and many counties had none, making timely referrals difficult or impossible.

Psychiatric consultation programs offer a number of benefits in that they:

- Significantly increase mental health care access to children and adolescents within our state, without needing to recruit significant numbers of additional child psychiatrists.
- Meaningfully educate the front-line providers utilizing the program, on mental health care delivery, in a gradual, long-term way. This educational resource will also have the benefit of reducing the need for future psychiatric referrals, resulting in greater access for those with the most severe mental health needs.

Keys to the success of the program include:

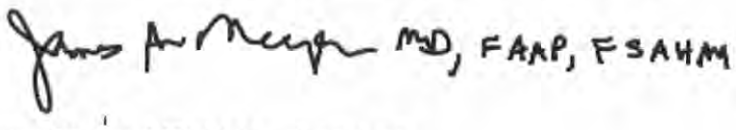
- **Access** - Timely support services by phone are available on a voluntary basis at convenient times and with short turnaround.
- **Program Staff** - Cross-sector support team of mental health professionals ensures a comprehensive approach.
- **Infrastructure** - The administrative staff supports implementation, program monitoring and evaluation.
- **Links to Community Resources** - Providers are able consider an extensive network of resources when accessing support for children and families.
- **Collaboration** - Successful programs rely on collaboration between health care systems and community organizations.

The Wisconsin Chapter of the American Academy of Pediatrics has worked closely with primary care and pediatric mental health providers, Children's Hospital of Wisconsin, the Medical College of Wisconsin, Project LAUNCH, the Wisconsin Statewide Medical Home Initiative and other health partners around the state who collectively developed and forwarded this proposal for consideration. The initiative is also supported by the Wisconsin Medical Society, the Wisconsin Council on Child and Adolescent Psychiatry and the Wisconsin Alliance of Child Psychiatry and Pediatrics.

We strongly encourage the passage of AB 452, a program that will facilitate quality support for Wisconsin's primary care physicians who treat children and adolescents with mental and behavioral health issues.

Sincerely,

AMERICAN ACADEMY OF PEDIATRICS, Wisconsin Chapter



James Meyer, MD, FAAP – President

MEDICAL COLLEGE OF WISCONSIN

Office of Government and
Community Relations

TO: | Members of the Assembly Committee on Health

FROM: | Jon A. Lehrmann, MD
Charles E. Kubly Professor in Psychiatry and Behavioral Medicine
Chairman and Professor
Department of Psychiatry and Behavioral Medicine
Medical College of Wisconsin

DATE: | October 22, 2013

RE: | Testimony in Support of Assembly Bill 452, related to the creation of a child psychiatry consultation program in Wisconsin

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Good morning Chair Severson and members of the Assembly Committee on Health. Thank you for holding this public hearing on Assembly Bill 452, related to the creation of a Child Psychiatry Consultation Program in Wisconsin. My name is Dr. Jon Lehrmann. I Chair the Medical College of Wisconsin's (MCW) Department of Psychiatry and Behavioral Medicine, and am also the Associate Chief of Staff for Mental Health at the Clement J. Zablocki VA Medical Center in Milwaukee.

I am here today representing MCW's support for this legislation. We would also like to credit Assembly Speaker Robin Vos for his leadership in the creation of the Speaker's Task Force on Mental Health. The creation of the Task Force represented a vitally important endeavor, and could not have been timelier. Task Force Chairman Severson, along with the other Task Force members, should also be applauded for their tremendous leadership efforts and dedication toward advancing mental health care policy in Wisconsin.

MCW's Department of Psychiatry and Behavioral Medicine, in partnership with Children's Hospital of Wisconsin, jointly administer the Charles E. Kubly Child Psychiatry Access Project. This project started in 2013 due to a generous gift from Michael and Billie Kubly, and is one of two child psychiatry consultation programs currently operating in the state. I'll talk more about the project in a bit, but would like to first talk about the need for this bill.

Because the psychiatry shortage is so acute, primary care providers – such as pediatricians and family physicians - have by necessity become the front-line mental health care providers. Unfortunately, however, many of these clinicians do not receive extensive mental health care training in medical school or within their medical residency programs.

8701 Watertown Plank Road
Post Office Box 26509
Milwaukee, Wisconsin 53226-0509
(414) 955-8217
FAX (414) 955-6501

In Milwaukee, 92% of the clinicians utilizing our Charles E. Kubly Child Psychiatry Access Project initially reported being unable to meet the needs of children with psychiatric problems. 75%, however, also believed that they should be able to deliver basic mental health services. Even more concerning, these clinicians stated that there were no mental health resources to easily access in the region, creating frustration and a deficit of necessary care.

Milwaukee is not alone, however, and the bill speaks directly to the needs of our state. First, Wisconsin can significantly increase mental health care access to children and adolescents on a case-by-case basis, without having to recruit significant numbers of additional psychiatrists.

Second, the program will create long-term, educational value for the clinicians who utilize the consultation line. This will allow these clinicians to begin independently dealing with mild to moderate mental health conditions, reducing referrals and allowing greater access for patients with the most severe mental health needs.

The Medical College of Wisconsin is very concerned, however, with the provision that sunsets the funding for the program on July 1, 2015. Most respectfully, to be viable this program must have an on-going revenue stream in order to be successful. Setting up a program of this caliber will take considerable private-sector resources, not only employee resources, but also infrastructure resources.

There must be reassurance that funding will be available for a longer-term, specified duration. Certainly the regional contracts with DHS should not be indefinite, but should provide more stability, such as a 4-5 year funding horizon per contract.

A longer funding horizon also speaks to the ability of the state to adequately evaluate the effectiveness of the program, before making decisions related to future funding. If this concern cannot be addressed, we would have to very seriously weigh our ability to apply to the program, as the potential of hiring and laying-off staff within a one or two-year time horizon would not be a path our organization could pursue lightly.

Having said that, we are very grateful for the legislature's consideration of this proposal and hope this concern can be addressed. We believe the legislation directly speaks to the experiences and successes that MCW and the Children's Hospital of Wisconsin have seen through our joint partnership with the Charles E. Kubly Child Psychiatry Access Project. I believe that Wisconsin would receive very similar results from the enactment of this bill.

Thank you again for your time and attention. Now, more than ever, your consideration of this bill is vital to the mental health well-being of so many individuals and families in Wisconsin – who currently struggle to obtain the access and resources they need.

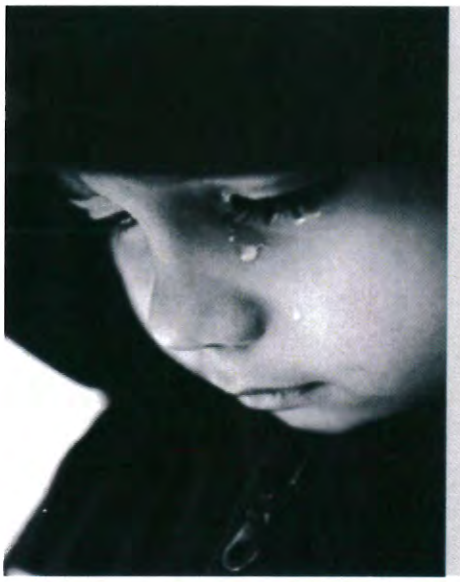
I am available if you have any questions. Thank you.

The Charles E. Kubly Child Psychiatry Access Project

at Children's Hospital of Wisconsin / Medical College of Wisconsin Department of Psychiatry & Behavioral Medicine

The Problem: **92%** of primary care clinicians initially reported being unable to meet the needs of children with psychiatric problems.

The Need: **75%** believe that, as primary care clinicians, they should deliver basic mental health services.



Without the Charles E. Kubly Child Psychiatry Access Project, Clinicians Said...

"There's just nothing... there are no answers."

"It's extremely frustrating in Milwaukee where there are no services to refer to."

"I don't feel like we are good guides."

One Year Into the Project, Clinicians Now Say...

"I needed my hand held for a bit... [but now I'm] feeling confident."

"If I have a question, honest to goodness they will respond quickly with the appropriate information so I have the tools in hand."

"I'll be disappointed if it doesn't continue forward, it's nice to have someone I know who I can go to with these questions."

*The **Charles E. Kubly Child Psychiatry Access Project** started in 2013 due to a generous gift from Michael and Billie Kubly. The program strives to improve and expand mental health care to children by implementing a linkage intervention. Pediatricians from two Milwaukee-area clinics have access to a child psychiatrist for general case consultation, as well as a case manager for community mental health resource information. This project also provides informed curriculum for pediatricians on management of psychiatric issues in their patient population, a second opinion clinic, and access to child psychiatry for diagnostic and management dilemmas. The project is a unique endeavor, as it is only one of two existing programs in the state.*

A Worsening Crisis: Insufficient Child Psychiatry Access

September 24, 2013
Jon A. Lehrmann MD, Robert Chayer, MD, and Ryan Byrne MD,

Department of Psychiatry and Behavioral Medicine

Medical College of Wisconsin

Common Situation:

Photo from truenature productions, FLICKr CKr

Medical College of Wisconsin

Take Away Messages

1) There is and will always be a shortage of child and adolescent psychiatrists, especially in Wisconsin
2) Primary care physicians are already treating the majority of children with mental health diagnoses
3) Primary care physicians have limited training and resources to treat these children
4) The Charles E. Kubly Psychiatry Access Project is an attempt to provide this education and increase mental health resources

Medical College of Wisconsin

Child Psychiatry has been identified as greatest specialty need in all of medicine since 1990's

Photo from truenatureproductions, FLICKr

Medical College of Wisconsin

Prevalence of Mental Illness in Children

- 20% of Children in US suffer from mental illness but only 20% of these children receive treatment (NRCIM)
- 50% of all psychiatric disorders begin before age 14, and 75% before age 24 (National Comorbidity Survey Replication- Adolescent Supplement)

Approximately 60% of psychopharm is prescribed by PCP's

Photo from monica158, FLICKr

Evidence of Child Psychiatry Shortage:

- Approximately 70 Child and Adolescent Psychiatrists practice in Wisconsin
- Only a handful practice in the northern third of the state
- HRSA (Health Resources and Services Admin)of the U.S. Dept of Health and Human Services points to a critical shortage of mental health professionals in WI with a shortfall of 250.
- 95 of the vacancies are in Milwaukee County.
- Only 2 CAP in all of Racine

Pediatrician Comfort in Dxing and Treating Mental Illness

- Most pediatricians are comfortable diagnosing ADHD, Eating Disorders, and Depression (Taub et al 2005)
- Most Pediatricians are **not** comfortable diagnosing Bipolar dis., PTSD, and Autism (Taub et al 2005)
- Lack of Comfort prescribing all psychotropics in pediatricians other than stimulants and SSRI's (per Taub et al study)

How much training in Mental Health?

- 10 pediatricians and 2 APP's between two CMG clinics reported no specialized training in psychopharmacology

Costs of Inadequate MH Care for our Children

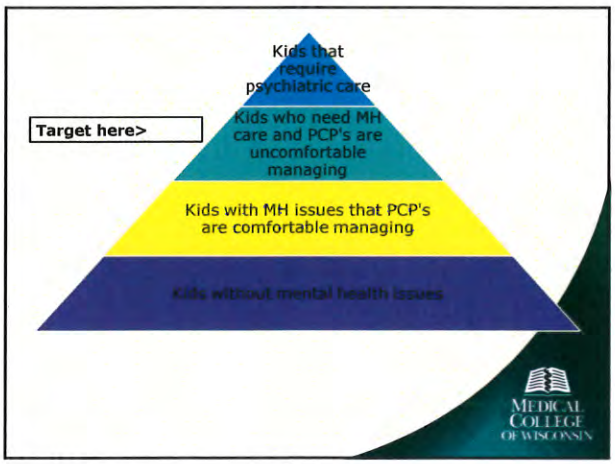
- Individual and Family Suffering
- Missed Class/School/Education opportunities
- Parents missed work
- Depression causes more Burden to Society than Cancer
- Suicide
- End up in correctional system instead

PCP's have relatively little preparation/ training to deal with Mental Health problems

- MCW's Pediatric and Internal Medicine Residencies have no required psychiatry rotations
- The American College of Graduate Medical Education requires no specific psychiatry training for pediatricians and family practitioners

In response: <u>The Charles E. Kubly Child Psychiatry Access Pilot Project</u>

- **Objective**: Improve mental health care for children
- **Goal**: Implement a **Linkage Intervention** whereby pediatricians have daily and timely access to a CAP for general case consultation, and access to MH case manager for community MH resource information. CAP will also provide informed psychiatric curriculum for pediatricians



Charles E. Kubly Child Psychiatry Access Pilot Project

Targets:

- Westbrook Pediatrics and children w/ mental illness
- Metcalfe Park Pediatrics and children w/ mental illness
- Planned expansion to SE Wisconsin Pediatric and Family Medicine Clini

Building Sustainability

Charles E. Kubly Child Psychiatry Access Pilot Project

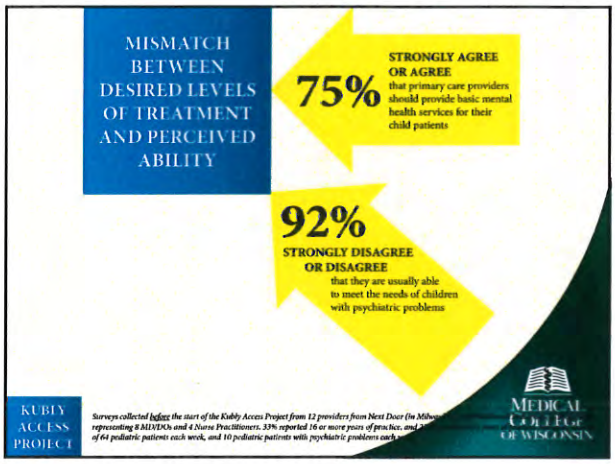
Funding:

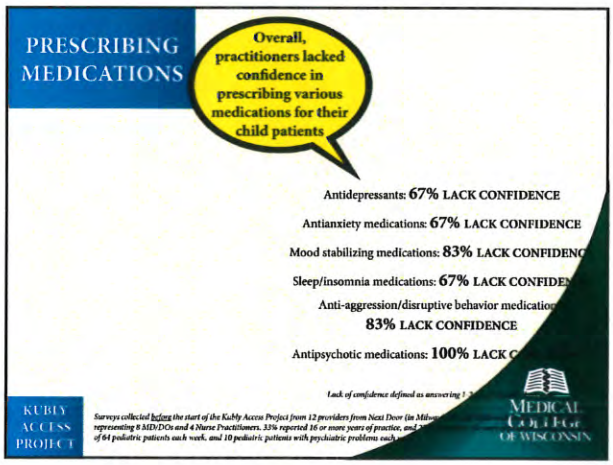
- Billie and Dr. Michael Kubly generously agreed to fund this pilot project in the name of their son Charlie. The Kubly's also endow the Chair of the Dept of Psychiatry and Behavioral Medicine at MCW

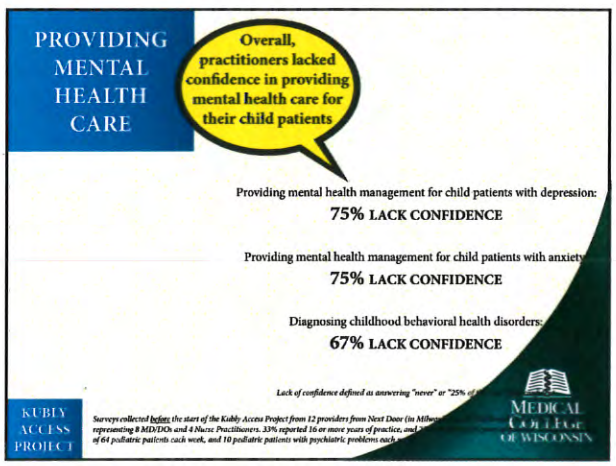
Charles E. Kubly Child Psychiatry Access Pilot Project

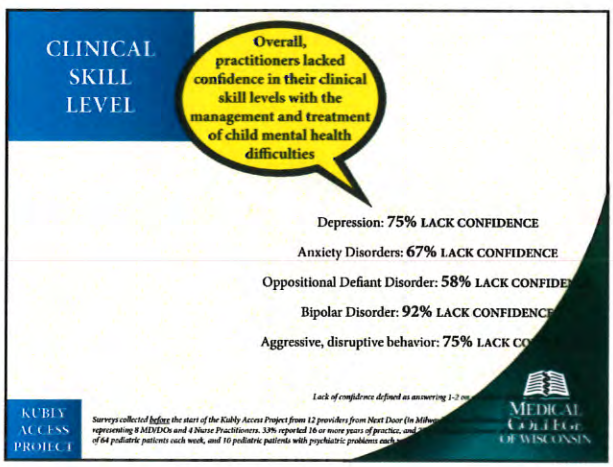
Studying the Outcomes:

- Children's Hospital of Wisconsin's Leadership supports this project
- Obtained IRB Approval in Feb., 2013
- Developed Assessment Tools (used CAP Access website)
- Collecting Data


MISMATCH BETWEEN DESIRED LEVELS OF TREATMENT AND PERCEIVED ABILITY
75%
STRONGLY AGREE OR AGREE
that primary care providers should provide basic mental health services for their child patients
92%
STRONGLY DISAGREE OR DISAGREE
that they are usually able to meet the needs of children with psychiatric problems
KUBLY ACCESS PROJECT
MEDICAL COLLEGE OF WISCONSIN


PRESCRIBING MEDICATIONS
Overall, practitioners lacked confidence in prescribing various medications for their child patients
Antidepressants: 67% LACK CONFIDENCE
Antianxiety medications: 67% LACK CONFIDENCE
Mood stabilizing medications: 83% LACK CONFIDENC
Sleep/insomnia medications: 67% LACK CONFIDE
Anti-aggression/disruptive behavior medicatio
83% LACK CONFIDENCE
Antipsychotic medications: 100% LACK C
KUBLY ACCESS PROJECT
MEDICAL COLLEGE OF WISCONSIN


PROVIDING MENTAL HEALTH CARE
Overall, practitioners lacked confidence in providing mental health care for their child patients
Providing mental health management for child patients with depression:
75% LACK CONFIDENCE
Providing mental health management for child patients with anxiety
75% LACK CONFIDENCE
Diagnosing childhood behavioral health disorders:
67% LACK CONFIDENCE
KUBLY ACCESS PROJECT
MEDICAL COLLEGE OF WISCONSIN


CLINICAL SKILL LEVEL
Overall, practitioners lacked confidence in their clinical skill levels with the management and treatment of child mental health difficulties
Depression: 75% LACK CONFIDENCE
Anxiety Disorders: 67% LACK CONFIDENCE
Oppositional Defiant Disorder: 58% LACK CONFIDE
Bipolar Disorder: 92% LACK CONFIDENCE
Aggressive, disruptive behavior: 75% LACK CO
KUBLY ACCESS PROJECT
MEDICAL COLLEGE OF WISCONSIN

RESOURCES & ACCESS

Overall, practitioners indicated a lack of resources and access to providing mental health care to their child patients

With existing resources I am usually able to meet the needs of children with psychiatric problems:
92% LACK RESOURCES

When I want to, I can consult with a mental health specialist about my child patients within a reasonable period of time:
75% LACK RESOURCES

I have an established relationship with a mental health specialist, who helps me care for my child patients:
75% LACK RESOURCES

When I need to, I can make referrals for therapists skilled in cognitive behavior therapy:
50% LACK RESOURCES

I can find a therapist/counselor when needed for Medicaid patients:
67% LACK RESOURCES

I can find a psychiatrist when needed for Medicaid patients:
75% LACK RESOURCES

Lack of resources defined as answering "strongly disagree" or "disagree"

KUBLY ACCESS PROJECT

Surveys collected before the start of the Kubly Access Project from 12 providers from Next Door (in Milwa... representing 8 MD/DOs and 4 Nurse Practitioners. 33% reported 16 or more years of practice, and 2... of 64 pediatric patients each week, and 10 pediatric patients with psychiatric problems each...

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Drs. Barb Calkins and Susie Vincent at Westbrook Pediatrics, and Drs. Ishrat Siddique and Patricia Safavi at Next Door Pediatrics shared their thoughts about the Kubly Access Project.

ALL THE PROVIDERS WERE UNIFORMLY POSITIVE ABOUT THE PROJECT

"I'll be disappointed if it doesn't continue forward, it's nice to have someone I know who I can go to with these questions."

Although actual use of the Access line was admittedly low, all providers discussed that knowing they had "backup" and receiving the educational sessions made them feel "confident" and "empowered" to treat their patients' psychiatric problems.

"I needed my hand held for a bit… [but now I'm] feeling confident."

KUBLY ACCESS PROJECT

Surveys collected before the start of the Kubly Access Project from 12 providers from Next Door (in Milwaukee) representing 8 MD/DOs and 4 Nurse Practitioners. 33% reported 16 or more years of practice, and 25%... of 64 pediatric patients each week, and 10 pediatric patients with psychiatric problems each week.

MEDICAL COLLEGE OF WISCONSIN

The providers indicated they were seeing patients most commonly with AHDH, depression and anxiety, and the educational sessions Drs. Byrne and Kim provided on these topics were also greatly appreciated.

PATIENTS AND PARENTS...

"...don't like to talk about mental health, I must bring it up if I notice a problem with [for example] depression, which I probably wasn't doing in the past."

The providers also noted the lack of psychiatric services in Milwaukee.

"It's extremely frustrating in Milwaukee where there are no services to refer to."

KUBLY ACCESS PROJECT

Surveys collected before the start of the Kubly Access Project from 12 providers from Next Door (in Milwaukee) representing 8 MD/DOs and 4 Nurse Practitioners. 33% reported 16 or more years of practice, and 25%... of 64 pediatric patients each week, and 10 pediatric patients with psychiatric problems each week.

MEDICAL COLLEGE OF WISCONSIN

Questions?

Photo from Grayslake YMCA, FLICKr

MEDICAL COLLEGE OF WISCONSIN

Bibliography

- Thomas CR, Holzer CE. The Continuing Shortage of Child and Adolescent Psychiatrists. J Am Acad Child Adolesc Psychiatry, 2006,; 45:1-9
- The Massachusetts Child Psychiatry Access Project (MCPAP). http://www.mcpap.com/ Accessed Aug 20,2012

Bibliography

- Kelleher KJ, McInrney TK, Gardner WP, Childs GE, Wasserman RC. Increasing Identification of Psychosocial Problems:1979-1996. Pediatrics. 2000; 105(6):1313-1321.
- Connor DF, McLaughlin TJ, Jeffers-Terry M, O'Brien WH, Stille CJ, Young LM, Antonelli RC; Targeted Child Psychiatric Services: A New Model of Pediatric Primary Clinician-Child Psychiatry Collaborative Care. Clinical Pediatrics. 2006; 45:423-434.

Bibliography

- Connor DF, McLaughlin TJ, Jeffers-Terry M. Targeted child psychiatric services: a new model of pediatric primary clinician-child psychiatry collaborative care. Clin Pediatr 2006; 45:423-34.
- Sarvet B, Gold J,Bostic, JQ, Masek BJ,Prince BJ, Jeffers-Terry M,Moore CF, Molbert B, Straus JS, Improving Access Mental health care for Children: The Massachusetts Child Psychiatry Acc Project. Pediatrics 2010; 126, 6 1200

Bibliography

- Taub J, Johnsen M, Breault C, "Issues for Pediatricians who Prescribe Psychoactive Medications: Training, Experience, Needs, Implications", 17th Annual Conference Proceedings- A System of Care for Children's Mental Health: Expanding the Research Base, pp197-200, Tampa Fl, 2005.
- National Research Council and Institute of Medicine (2009)
- National Comorbidity Survey Replication-Adolescent Supplement (2010)

Bibliography

- Cunningham PJ. Beyond Parity: Primary Care Physicians' Perspectives On Access To Mental Health Care. Health Affairs 28, no.3 (2009): w490-w501
- www.**dhs.wisconsin.gov**/publications/p0/p00376.pdf
- www.**nimh.nih.gov**/statistics

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Wisconsin Assembly • Committee on Health
Testimony in support of Assembly Bill 452 (2013)

Dipesh Navsaria, MPH, MSLIS, MD
dipesh@navsaria.com
22 October 2013

Thank you for the opportunity to comment on this important bill today. I am Dr Dipesh Navsaria, a primary-care pediatrician here in Madison. I am also a board member of the Wisconsin Chapter of the American Academy of Pediatrics, which is in support of this bill. In this, we are joined by the Wisconsin Council of Child and Adolescent Psychiatry, the Wisconsin Academy of Family Physicians, and the Wisconsin Alliance for Child Psychiatry and Pediatrics, among others. The Wisconsin Chapter of the American Academy of Pediatrics has a long-standing dedication to improving outcomes for children and adolescents with mental and behavioural health issues — one of these has been an effort to improve communication and support between primary care providers and specialists.

My clinical practice is at a federally-qualified health center, where virtually 100% of my patients are living under or near poverty. As you are aware, behavioural concerns and mental health disproportionately impacts children and youth living in poverty. I am able to handle a good number of the many small mental health concerns that arise—ADHD, depression and the like. However, a strikingly large number of my patients have needs that go above and beyond my training; I am able to prescribe necessary pharmaceuticals, but the appropriate choice of medication, dosage, and proper combinations of those requires deeper training and experience than I am able to provide.

I am very lucky in that my clinic is one of a small number of systems which has created a small version of the proposed consultation model within itself. I am able to periodically refer a complex patient to a child and adolescent psychiatrist who can perform a one-time evaluation which will conclude with careful, extensive written comments and recommendations back to me. While the psychiatrist will not routinely see the patient back, she is available to me via phone or secure messaging for ongoing advice as the situation evolves. This system is generally *not* available to my colleagues throughout Wisconsin, and they struggle as a result to access quality mental health advice for their patients.

Let me tell you clearly how important this is: in my prior career as a physician assistant in a rural area of another state, I regularly witnessed how terrible children's mental health was. The few specialists that existed were miles away and frequently would not take certain types of insurance coverage. In the meantime, responding to the pleas for help from families, school and others, primary-care providers would use medications that largely had the effect of essentially sedating children, without a clear rationale for their use. I once even encountered a young woman who, before the age of 19, had been labeled with schizophrenia, depression and bipolar disorder — none of which she truly had.

As I am sure you are all aware, mental health has deep and profound effects on physical health and can greatly tax the ability of a family to keep up with daily life. Without appropriate and timely care with the correct expertise, the consequences can be at the least wearing, and at the most can escalate to the point of florid suicidality or homicidality.

I would like to make one other point: our health care system frequently "divides" traditional health care from mental health. While I fully understand and appreciate privacy around mental health, the system often makes it very difficult for me to know what is going on with my own patient with respect to their mental health. Consultation models such as this one preserve the integrity of the medical home and allow me to have the "full picture" of my patients' health and well-being. Additionally, by allowing the patient to receive the majority of their care in their local medical home, we reduce the often significant barriers which exist in having a patient seen by a specialist elsewhere. A regional hub-based program maximizes local resources and builds relationships. This model is well-researched and successful — Massachusetts is the "gold standard", but Minnesota and Oregon have also had similar models.

While this model may temporarily pull child and adolescent psychiatrists from direct patient care, past experiences have shown that by having more than one child and adolescent psychiatrist staff the line each week, this can work — and with the goal of keeping the patient in the care of their primary care medical home, the psychiatrist is freed up to see more patients with the most serious issues.

The Speaker's Task Force on Mental Health was an important move forward, and I am grateful for both the awareness the Task Force brought to this topic as well as the recommendations promulgated — this child psychiatry consultation line is one of them.

In summary, this proposal would be a key, important step forward in improving the health of children in Wisconsin by leveraging the relationships with primary care medical home, combining it with the power of expert specialty care, and connecting via modern communications. I ask the Assembly Committee on Health to give strong support to this bill.

Thank you.