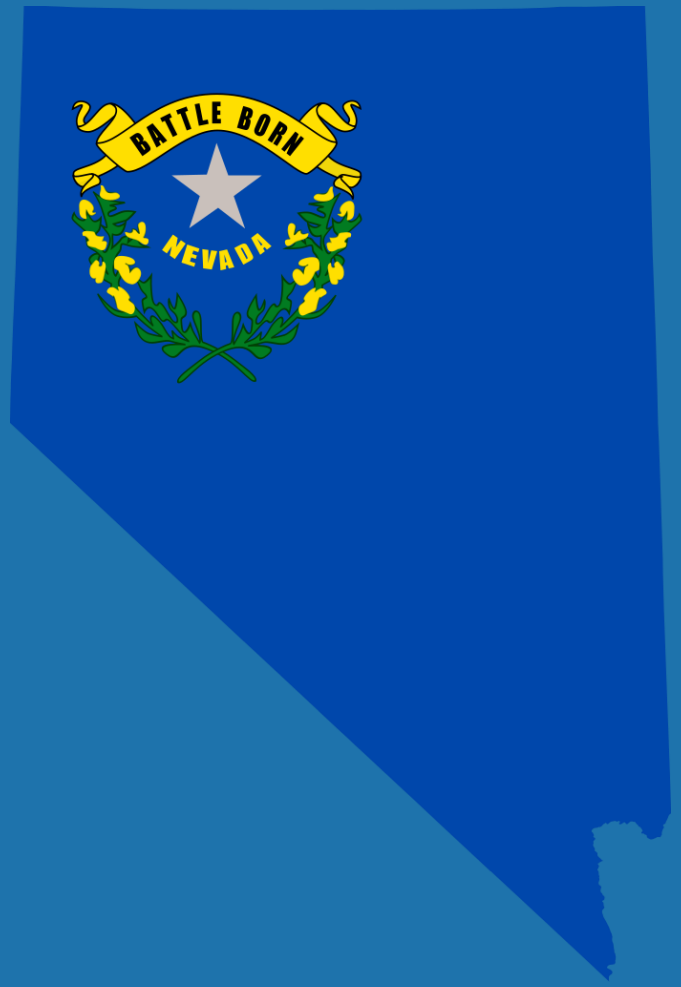
PEDIATRIC ACCESS LINE

DR. LISA DURETTE

THE ISSUE



- Access to child psychiatry is a national problem. It's estimated there's a national need of 30,000 CAPs to meet our population's need, however only 6300 in practice
- NV is in the lowest tier amongst states for CAPs: 100,000 youth
- NV ranks 51st nationally in children's mental health metrics (www.mhnational.org)
- 12-20% youth in primary care practices have behavioral health issues
- 60-80% psychotropic medications (MA and NY studies) are prescribed by PCPs

A Declaration from the American Academy of Child and Adolescent Psychiatry, American Academy of Pediatrics, and Children's Hospital Association

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

WWW.AACAP.ORG

That is why the American Academy of Child and Adolescent Psychiatry (AACAP), the American Academy of Pediatrics (AAP), and the Children's Hospital Association (CHA) are joining together to declare a National State of Emergency in Children's Mental Health. The challenges facing children and adolescents are so widespread that we call on policymakers at all levels of government and advocates for children and adolescents to join us in this declaration and advocate for the following:

THE WHY

- Cost, logistics and stigma associated with seeking psychiatric care, as well as the shortage and unequal distribution of child psychiatrists, limit the availability of psychiatric care for children.

- The primary care setting is often convenient for families, and offers a less stigmatizing setting in which to discuss sensitive concerns.

- Partnerships between primary care practices and non-embedded child psychiatrists provides a consultative and/or co-management service for a primary care practice.

THE WHAT

- Our PAL (Pediatric Access Line program)

  Mental Health Block Grant funded through NV DPBH

- This is a 2 year pilot program. Our goal is to gather 1) pre- and post-project data from the PCPs to determine their qualitative experience with the program and 2) demonstrate patterns of use within a fixed patient population to have a ‘case’ to present to NV Medicaid to ‘turn on’ the CPT code and make this billable service

THE WHO

ALEXAN PEDIATRIC ACCESS LINE

Rupert Ruiz

Wilson Ramos

Alba Perez

Angela Townsend

Brooklyn Ives

Lisa Ruiz-Lee

Ken McKay

Nathan Rudig

Dr. Lisa Durette

Dr. Colin Freedman

Dr. Chau Pham

THE HOW

Call: 702-553-4528

The call will be answered by our care coordinator. They will ask for demographic data to create the encounter and to satisfy MHBG:

- DOB
- Ethnicity
- Race
- Grade in school

And, will ask for the reason for the call (brief clinical).

Triage

The PCP and the care coordinator will decide if:

1) Call needs to be immediately taken by CAP (and then transferred)
2) Call can be returned within 30 minutes
3) Return call can be scheduled (ex: lunch time, end of day).

The Call

The PCP and the CAP will discuss the case, just like a curbside consult. The CAP may recommend medication changes, additional interventions, or additional assessment.

The CAP will communicate the outcome to the care coordinator, who will facilitate any aftercare needs, such as psychoeducation or consults.

TELE-VIDEO CONSULTATIO

Sometimes, the PCP and the CAP will decide the youth's case is too complex to manage telephonically. In those cases, a tele-video consult will be recommended.

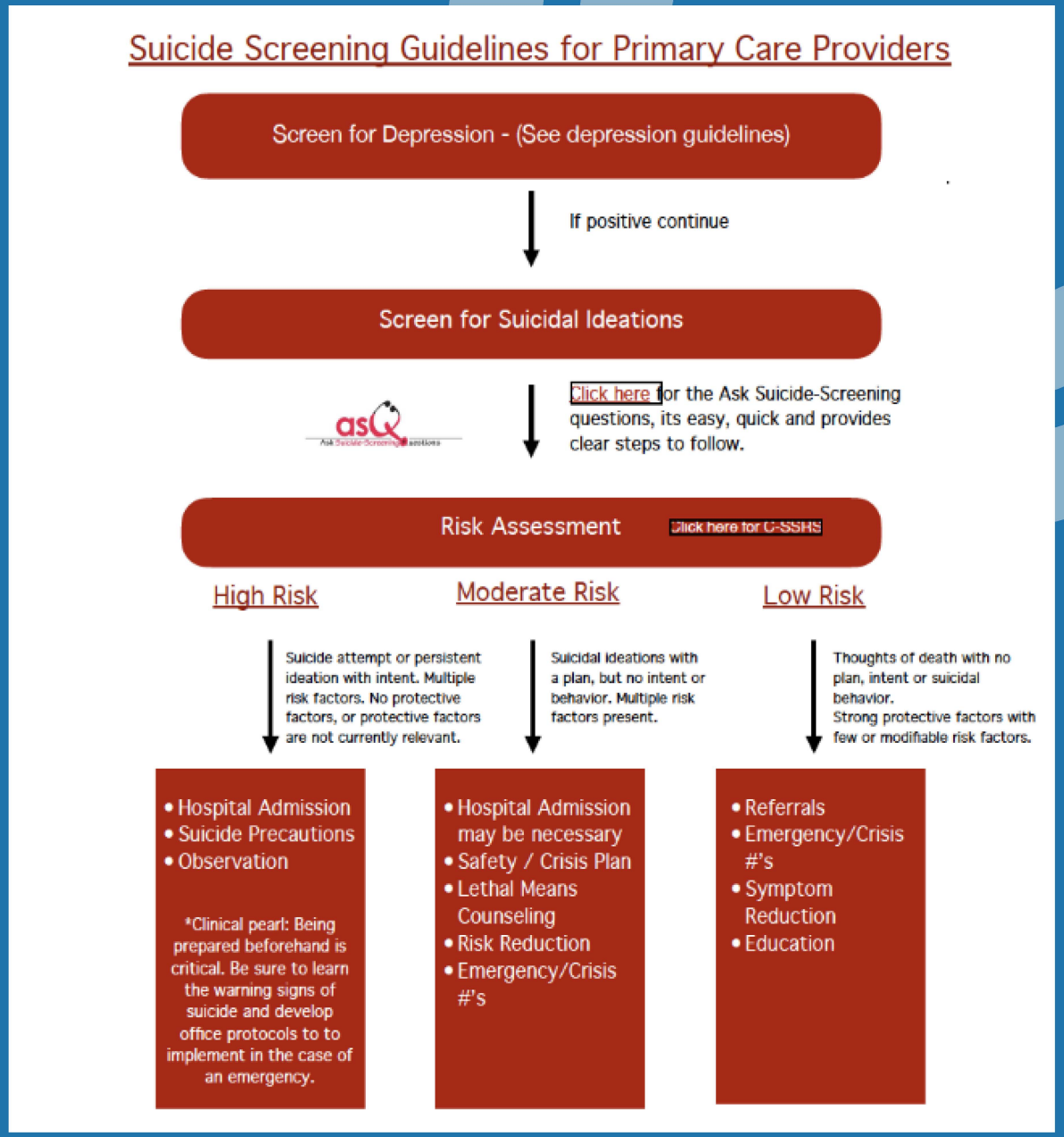
Our care coordinator will work with the youth's family to schedule and facilitate the visit.

The CAP will call you after the visit to discuss recommendations and treatment planning. The care coordinator will follow up with the family and facilitate any recommendations made AND will send the consult report to you for the EMR.

*Same process applies for psychological testing, when applicable.

www.center4cs.org

PEDIATRIC ACCESS LINE



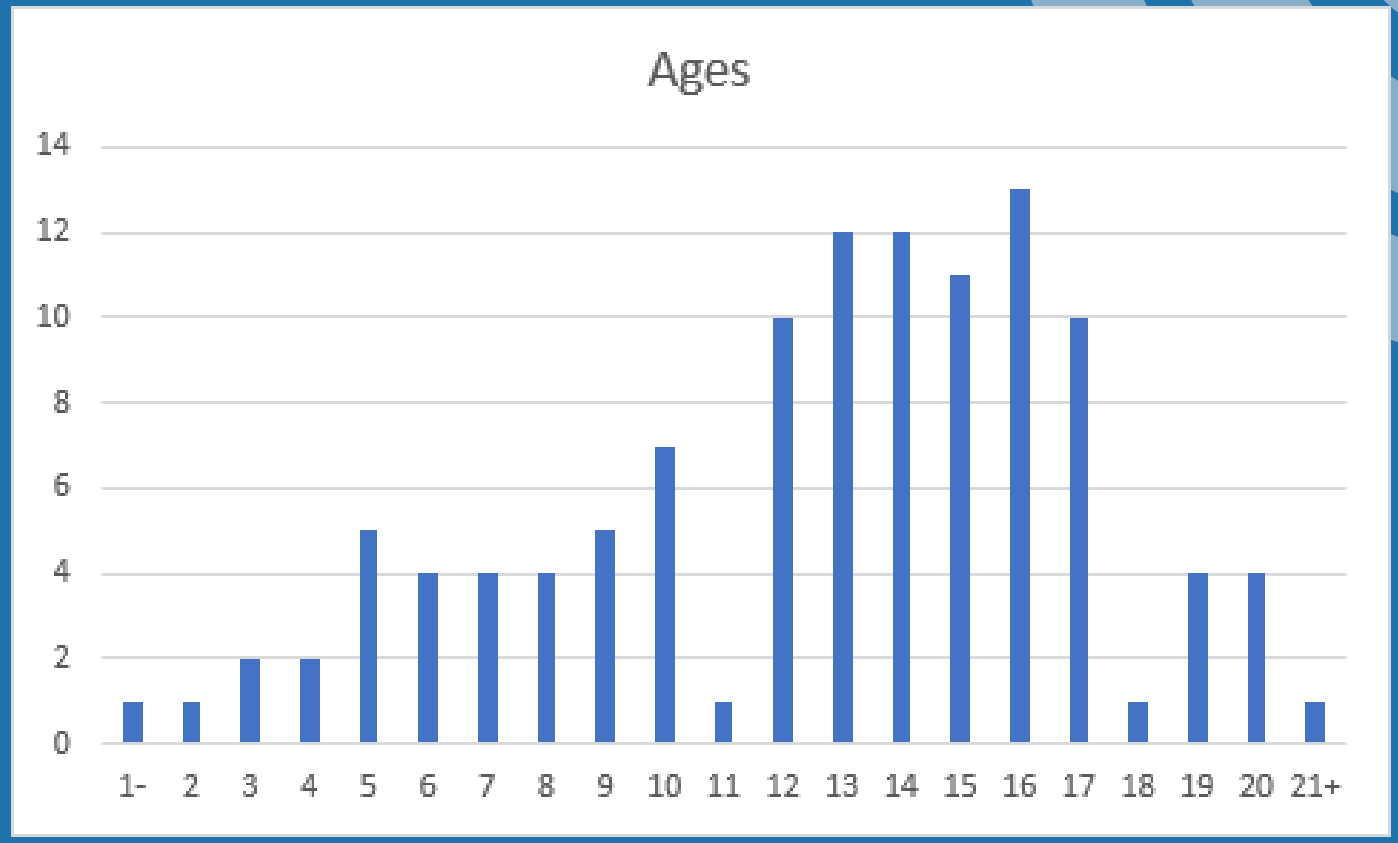
WHAT HAVE WE DONE SO FAR?

Data from program inception to October 2021

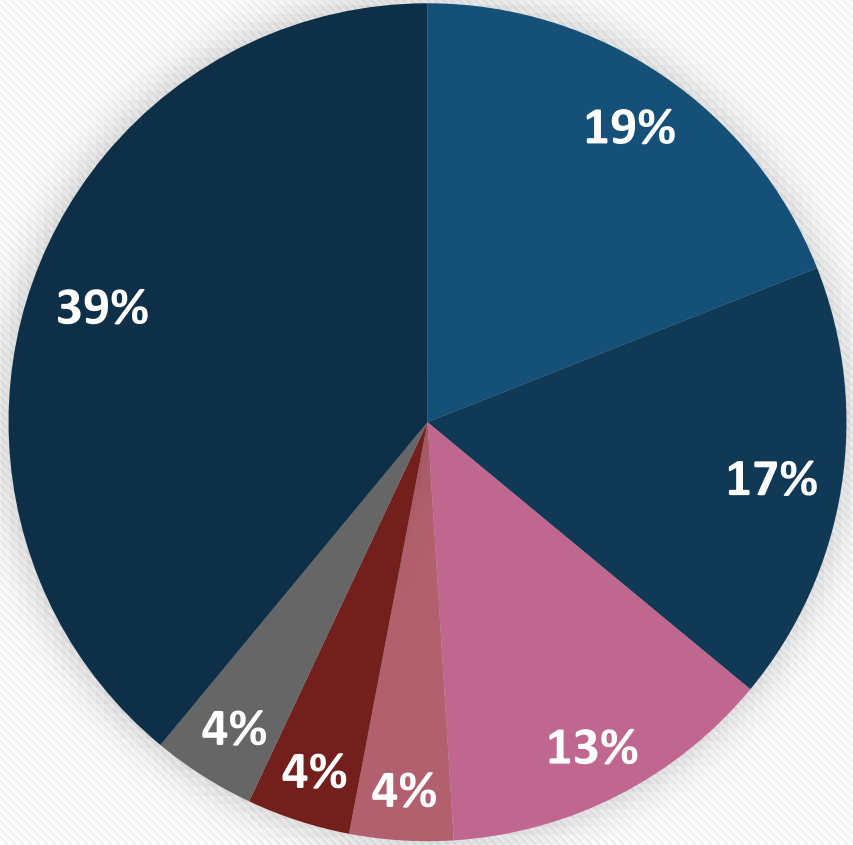
ENROLLED PCPS

- 178 primary care clinicians statewide
  - Enrolled primary care clinicians include:
    - Pediatricians
    - Family Medicine Physicians
    - Family Medicine Resident Physicians
  - Geography:
    - Las Vegas
    - Reno
    - Carson-Tahoe
    - Rural sites: Wendover, Austin, Elko

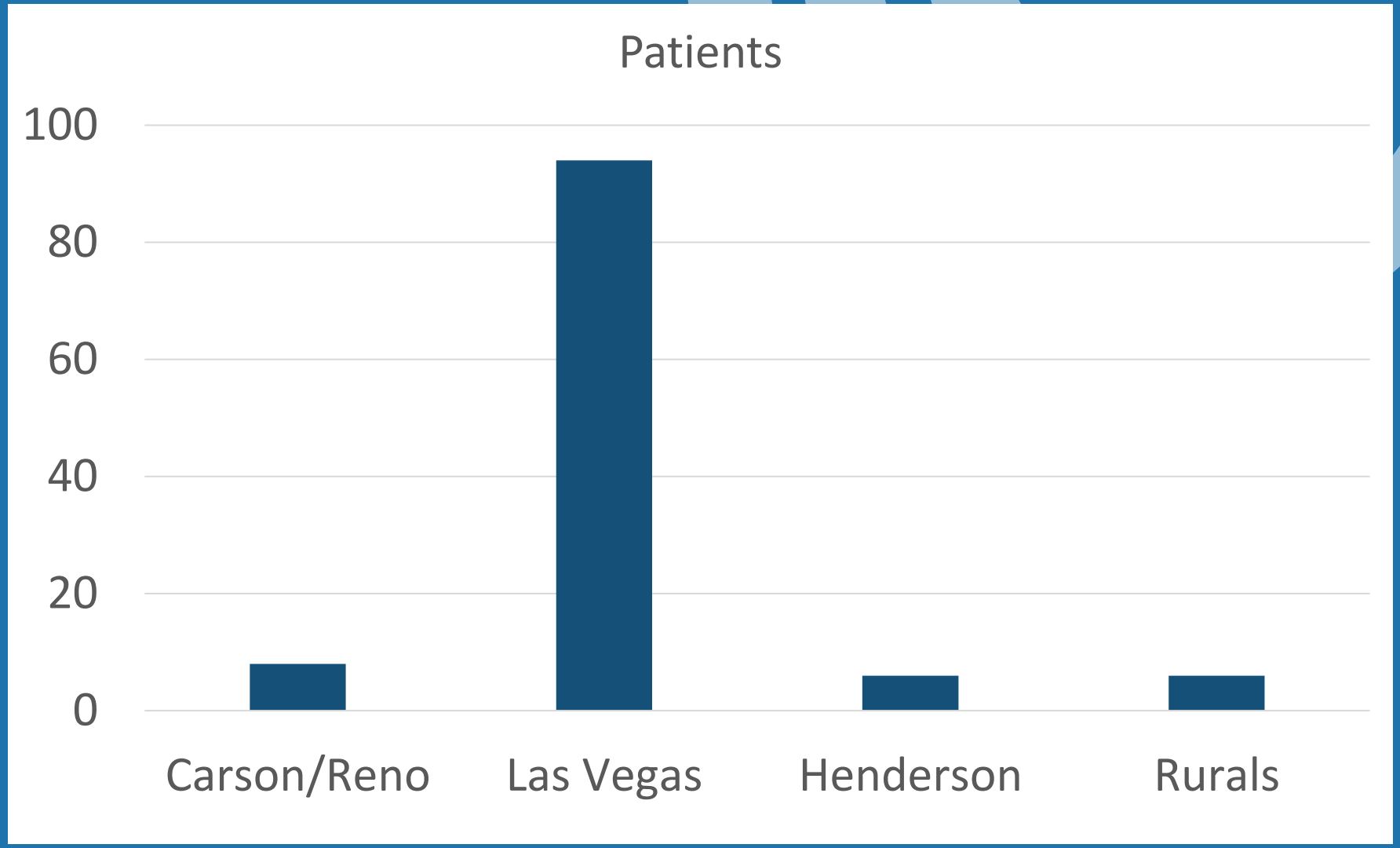
Patients Served: 114



Average age, 12.6y. Range is 1 week to 25 years. 60% fall between 12-17y.


19%
17%
13%
4%
4%
4%
39%
Anxiety Disorders
Attention Deficit & ODD
Autism Spectrum Disorders

Call Origin Site



NEXT STEPS

1) Our northern NV care coordinator is engaging in clinic outreach to both Reno/Carson and northern rural primary care clinics

2) Our team is continuously engaged with the NV chapter of the American Academy of Pediatrics, providing ongoing education and outreach

3) Identification of patient/family needs and proposal of creative solutions via the RFP process through DPBH

THANK YOU!!

MHBGINFO@CPLC.ORG

HTTP://WWW.CENTER4CS.ORG

WWW.FACEBOOK.COM/PAL.PROGRAMLASVEGAS

@PAL_LINE