CoPPCAP: Colorado Pediatric Psychiatry Consultation & Access Program

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Disclosures of Potential Conflicts of Interest

Source	Disclosure
Grant Funding	HRSA
Grant Funding	CUSOM UPL (Upper Payment Limit)
Employer	University of Colorado
Role	Medical Director/Program Director CoPPCAP
Board Member	National Network of Child Psychiatry Access Programs: Unpaid
Stock or Equity	None

History of Child Psychiatry Access Programs

- MA developed first program; 2004-2005 after privatization of Medicaid and surveys finding access to child psychiatry care #1 concern of pediatric primary care

  - Components derived after pilot U Mass Worcester

  - Peer to Peer Consultation (child psychiatry pediatric primary care clinician) core element

- Success of Massachusetts Child Psychiatry Access Program (MCPAP) led to other states developing programs: WA: PAL, OR: OPAL-K, ME: ME CPAP, DC-MAP, NY, PA, IL, CT; led to formation of National Network of Child Psychiatry Access Programs

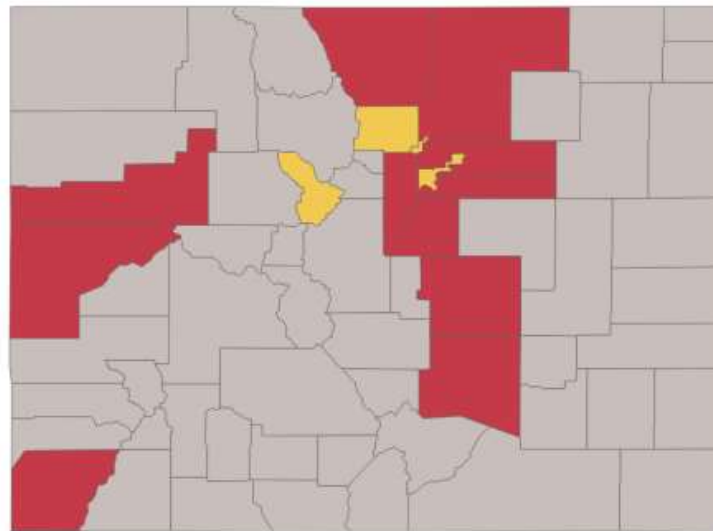- Component of 21st Century Cures Act/now ARPA funding

History of HRSA PMHCAs

- 21st Century Cures Act: written in for creation of PMHCAs in states where lacking or limited
- 2018 federal budget allowed for funding through Title V programs
  - We applied and were funded
- 2019: Second round of applications
- 2019: Stein BA, et.al. published LTE, JAACAP: A National Examination of Child Psychiatric Telephone Consultation Programs' Impact on Children's Mental Health Care Utilization; demonstrated increased access to care increased in states with CPAPs
- 2021: ARPA funding: RFAs for states, territories, tribal lands; 45 total funded projects

Background: Workforce Shortage 2018 data

| Population of Children Under 18	Total CAPs in Colorado	Number of CAPs/100,000 Children	Average Age of CAPs
1,256,943	185	15	52

Practicing Child and Adolescent Psychiatrists by County 2017
Rate per 100,000 children age 0-17

0/64 counties have a sufficient number of child & adolescent psychiatrists for their populations

49/64 counties do not have a child & adolescent psychiatrist

CAPs Per 100K Children

- 🟩 Mostly Sufficient Supply (>=47)
- 🟥 Severe Shortage (1-17)*
- 🟨 High Shortage (18-46)*
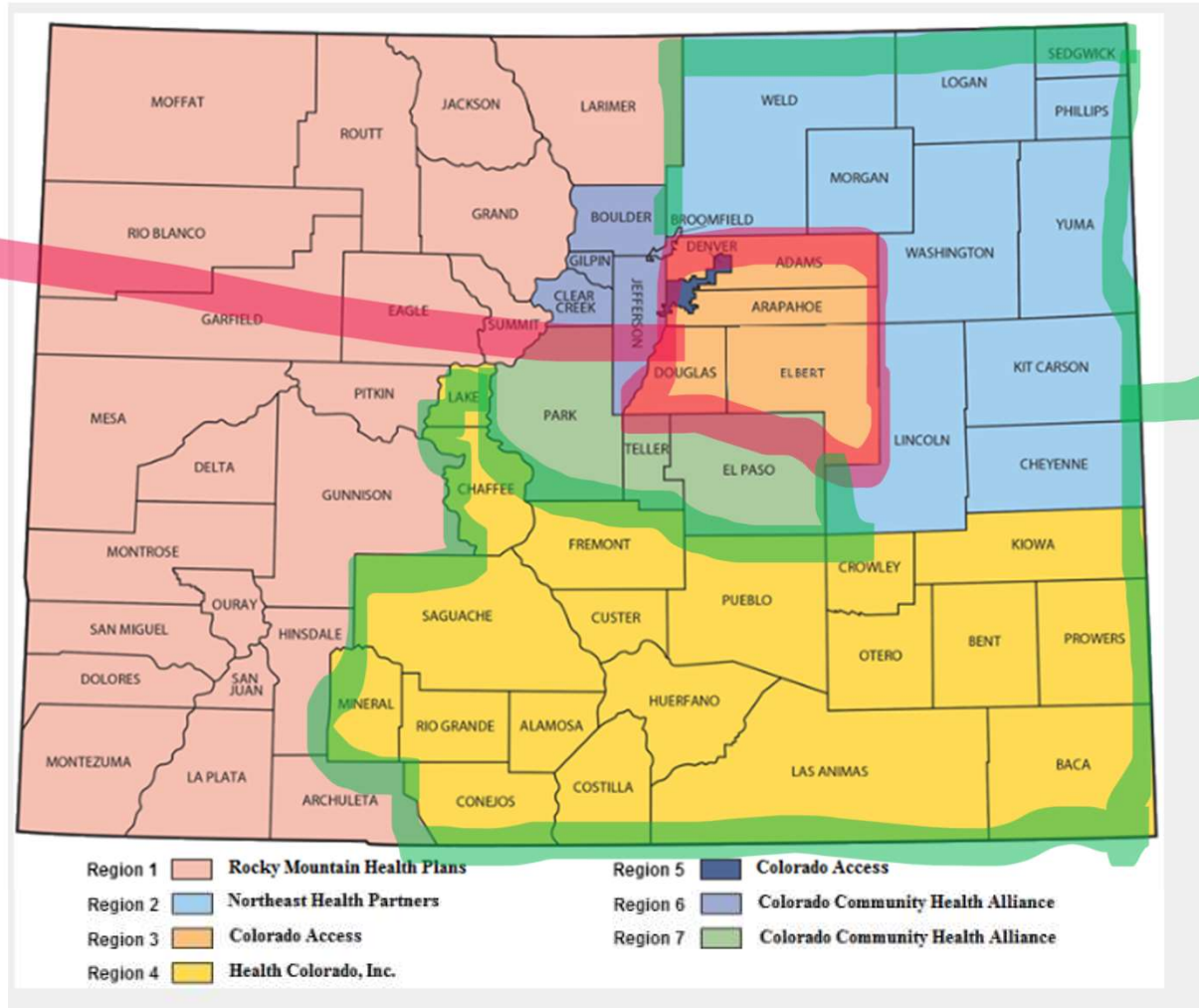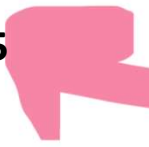- ⬜ No CAPs
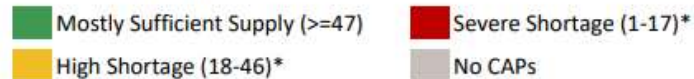
Colorado: Complex Landscape

History of CO PMHCA's

- **Colorado Health Foundation support in 2012 led to development of C-PACK (Colorado Psychiatry Access & Consultation for Kids)**

  - **Co Access & Beacon Health offered components in different areas/regions of state**

- **Loss of CHF funding, but previous continued support for C-PAC (changed from C-PACK), Value Options/Beacon Health Options in their regions; CO Access: accesscare/VCCI**

- **Managed Medicaid major change 2018; RAE structure new entities, new regions**

- **2018 HRSA Funding & U of Co funding**

  - **CoPPCAP developed with goals to create statewide PMHCA in conjunction with current programs; develop core offerings/metrics**

accesscare;
Regions 3 & 5

C-PAC Regions
2 & 4

Region 1	Rocky Mountain Health Plans	Region 5	Colorado Access	
Region 2	Northeast Health Partners	Region 6	Colorado Community Health Alliance	
Region 3	Colorado Access	Region 7	Colorado Community Health Alliance	
Region 4	Health Colorado, Inc.			

Regional Accountable Entities

Colorado CPAP Programs: C-PAC: Closed 7/31/20
Amy Annett
Christine Andersen

C-PAC

Colorado Psychiatric Access & Consultation for Adults and Kids

www.cpack.com

Colorado Access: "accesscare"/VCCI
George Roupas

CoPPCAP Program Details

- CoPPCAP: Colorado Pediatric Psychiatry & Consultation and Access Program funded through HRSA & UPL

- HRSA PMHCA: Pediatric Mental Health Care Access program

- Core Components: Peer to Peer Consultation, Pt Consultation, Resource Identification & Education

- Education for pediatric primary care clinicians core feature

  - Traditional LNL

  - ECHO's

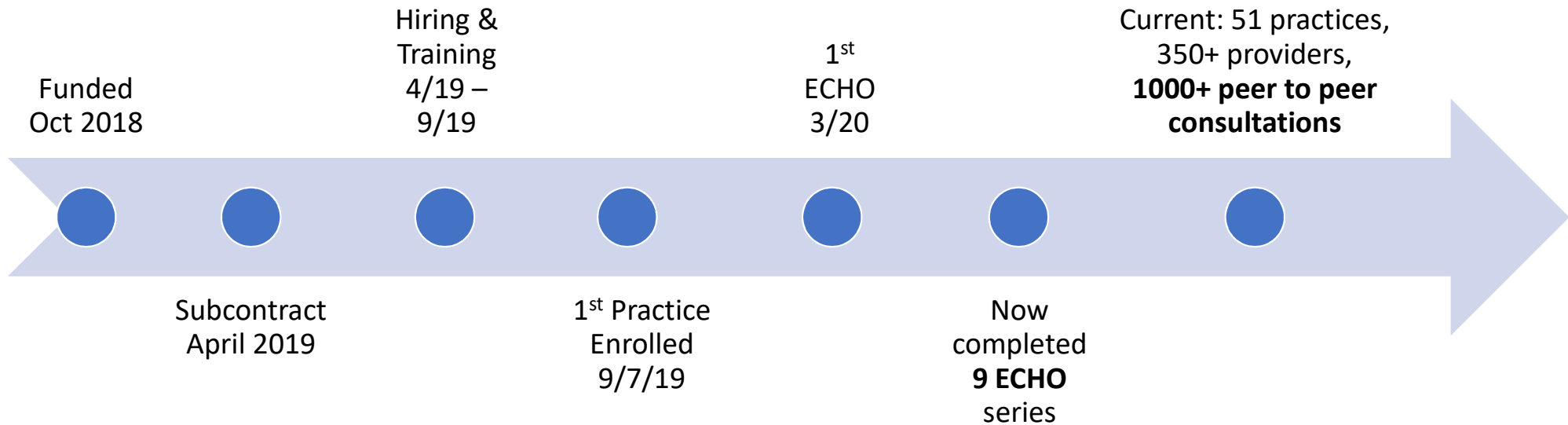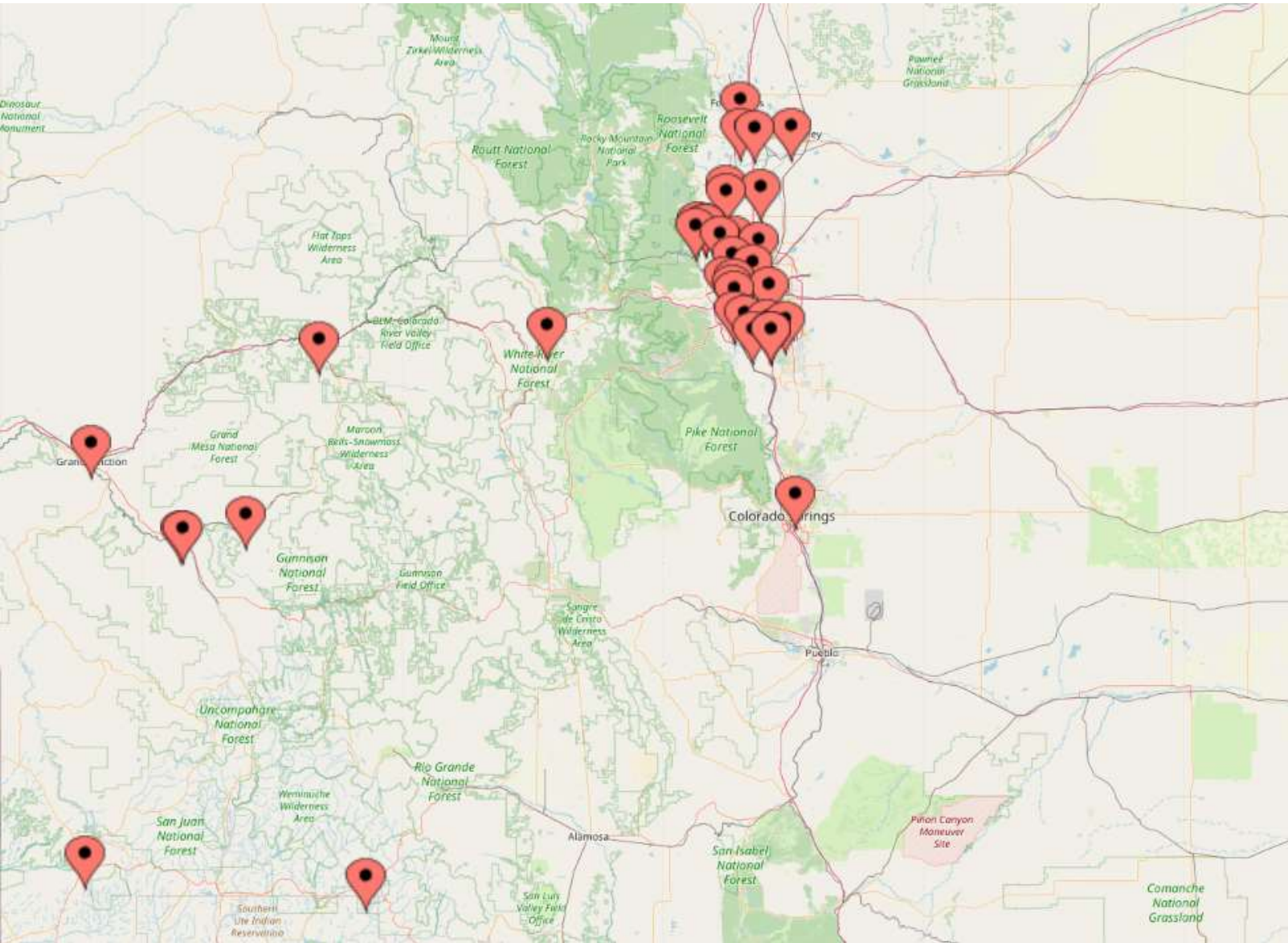 - Learning Collaborative

  - Peer to Peer Consultation

Population health model core principle

What should be core elements for state-wide program?

Element	CoPPCAP	C-PAC	VCCI
Peer to Peer Consultation	Yes	Yes	Yes
Formal Education Plan	Yes	Ad hoc	No
Resource Identification	Yes	Yes	Yes
Pt Consultation to Guide Care	Yes	No	Yes
Supporting IBH Clinicians	Yes: education	No	Yes, telehealth into practice

CoPPCAP Timeline

CoPPC∆P
Colorado Pediatric Psychiatry
Consultation & Access Program

Funded
Oct 2018

Hiring &
Training
4/19 –
9/19

1st
ECHO
3/20

Current: 51 practices,
350+ providers,
**1000+ peer to peer
consultations**

Subcontract
April 2019

1st Practice
Enrolled
9/7/19

Now
completed
9 ECHO
series

Map of Enrolled Practices (YTD)
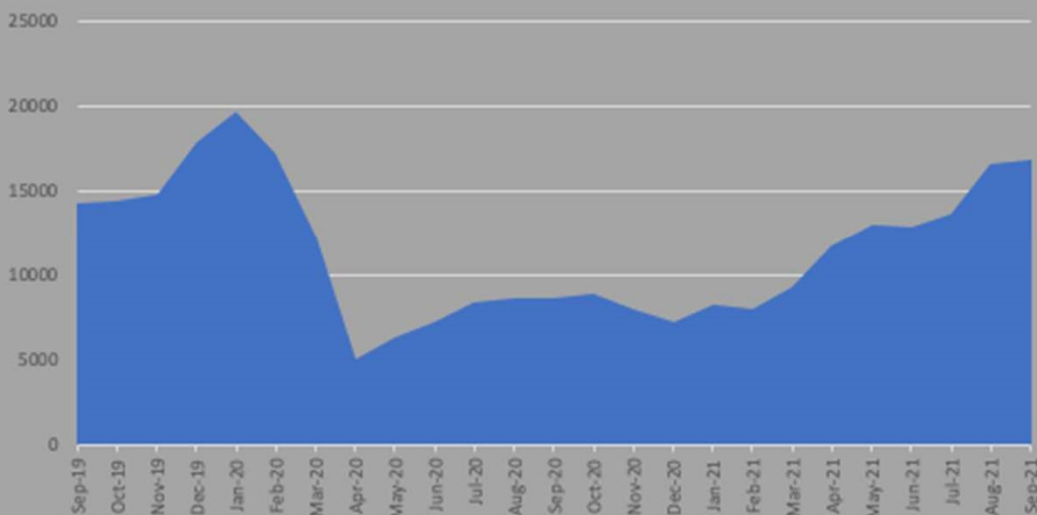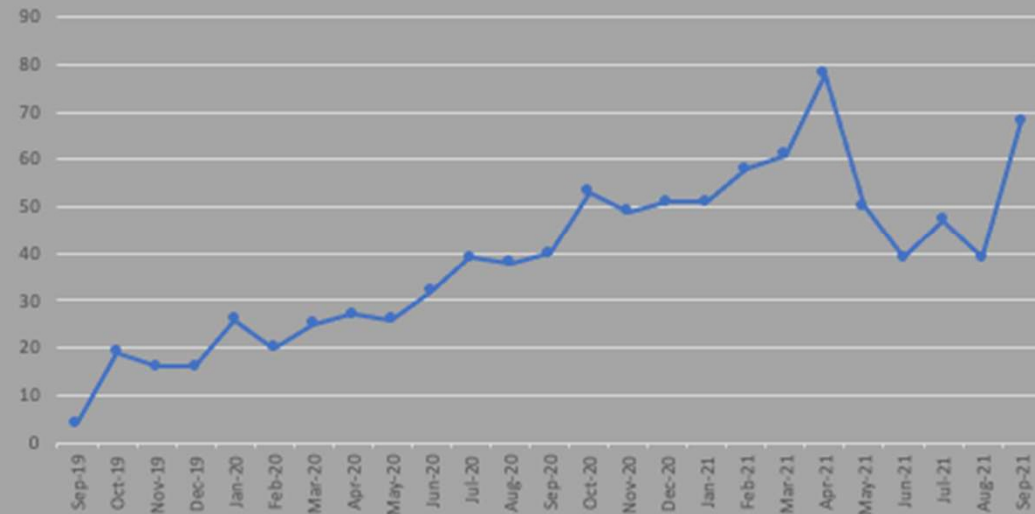
Data From Peer-to-Peer Consultations

Age Group	Consultations	%
0-6	153	17%
7-12	262	28%
13-18	466	51%
18+	40	4%
Total	**921**	**100%**

Outcomes	0-6	7-12	13-18	18+
Outcome (choice=General Medical Education)	73	144	279	26
Outcome (choice=Med Change)	55	138	247	21
Outcome (choice=Differential Diagnosis Clarification)	51	101	135	8
Outcome (choice=Screening Tools Education)	38	66	89	7
Outcome (choice=Request/Recommend PCP conduct Additional Screening)	20	33	48	2

Consultations	0-6	7-12	13-18	18+
Consultation Request Type (choice=General Question)	5	4	2	0
Consultation Request Type (choice=Patient Specific Question)	118	241	424	38
Consultation Request Type (choice=Referral/Resource)	21	26	49	4
Consultation Request Type (choice=Other)	3	1	0	0
Reason(s) for Consultation (choice=Screening)	1	2	2	0
Reason(s) for Consultation (choice=Diagnosing)	17	26	34	3
Reason(s) for Consultation (choice=Initializing Medication)	39	71	91	9
Reason(s) for Consultation (choice=Ongoing Medication Management)	56	138	299	28
Reason(s) for Consultation (choice=Face-to-Face (1x))	0	4	3	0
Reason(s) for Consultation (choice=Referral Assistance)	4	6	12	1
Reason(s) for Consultation (choice=Community Resource Assistance)	26	40	68	6
Reason(s) for Consultation (choice=Psychological & Behavioral Health)	16	17	20	2
Reason(s) for Consultation (choice=Other)	10	8	9	1

ECHO Data to Date

ECHO 1.0 Pediatric Psychiatry Core Essentials

Topics: Screening & Assessment
What is Therapy?
ADHD
Anxiety Disorders
Depressive Disorders
Trauma (ACEs)
Suicide
Crisis & Chaos in Primary Care

99 Unique Providers all 5 series
50 providers participated across 3 series (Year 2)
33% of providers from **rural counties**

27 Physicians
15 Nurse Practitioners
3 Physician Assistants
4 Embedded Behavioral Health Clinicians
1 Practice manager

ECHO 2.5 Pediatric Psychiatry Beyond Core Essentials

Topics: Screening and Assessment,
Pharmacotherapy - Beyond 2 SSRIs
Disruptive Behavior
Comorbidity
Non-suicidal Self Injury
Physically Ill Children
Suicide
Substance use disorders

87 Unique Providers all 4 series
71 providers participated across 3 series (Year 2)
32% of providers from **rural counties**

41 Physicians
7 Physician Assistants
21 Nurse Practitioners
2 Embedded Behavioral Health Clinicians

Digital Changes & Opportunities

MCPAP 2004

- Palm pilots for data collection
- Telephone encounters
- In person consultations
- Developing website

CoPPCAP 2020

- E-consults
- Zoom meetings; ECHO's
- HIPAA compliant portals
- Telehealth visits

But engagement is still about the relationships built, trust, willingness to meet providers where they are at, and the children and families we support!

Goals of CoPPCAP

- ***Improve access to child mental health*** care by establishing a statewide teleconsultation service

- Serve as a ***central source of training and information about pediatric mental health care to pediatric primary care providers***

- Provide ***in-person or telehealth patient consultation*** to guide care

- Support ***identification of local resources***

- **Ultimately:** decrease death by suicide, increase early identification and treatment of disruptive behavior disorders, anxiety disorders, and depression presenting in childhood

Gratitude, Many Thanks

CoPPCAP Team: Ryan Asherin, Xiaoshen Jin, Kristin Larpenter, Doug Novins, Susan Young
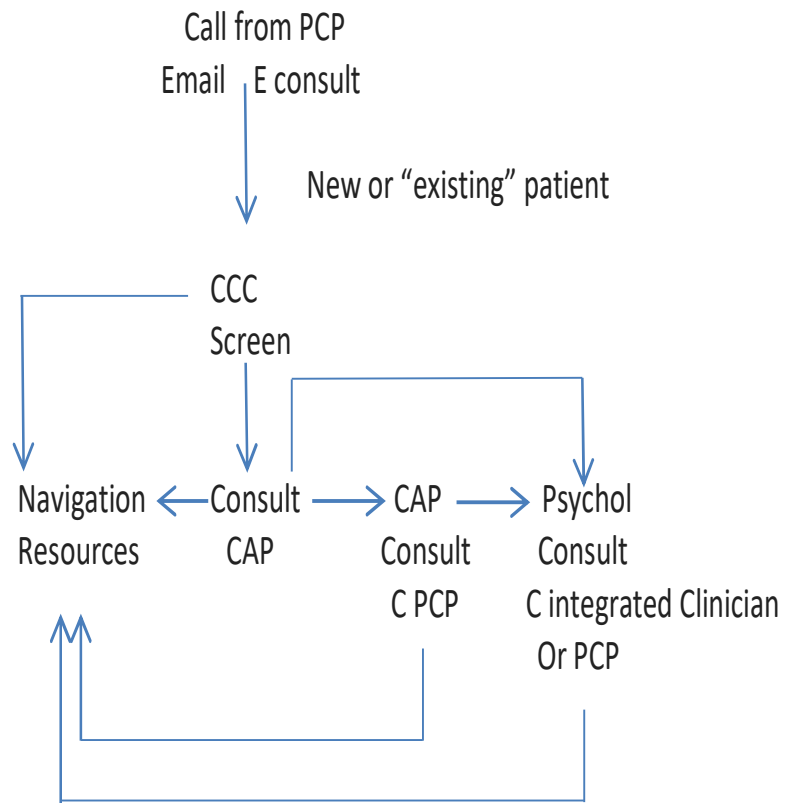
CDPHE Team: Jennie Munthali, Andrew Erhardt

CO-AAP: Ellen Brilliant, David Keller, Jeanne Van Cleave

CHCO: Physician Relations, One Call, PCN, Legislative Affairs

ECHO Colorado

CoPPCAP Child & Adolescent Psychiatrists: Austin Butterfield, Eva Kolb, Cassidy McNitt, John Peterson, Celeste St. John-Larkin

Model of Consultation Overview

Call from PCP

Email   E consult

New or "existing" patient

CCC
Screen

Navigation ⟵ Consult ⟶ CAP ⟶ Psychol
Resources   CAP   Consult   Consult
                                    C PCP   C integrated Clinician
                                                       Or PCP

CoPPCAP
Colorado Pediatric Psychiatry Consultation & Access Program

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CoPPCAP

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Pediatric Mental Health Support

Colorado Pediatric Psychiatry Consultation & Access Program

• • •

provides consultation to pediatric care providers by licensed child & adolescent psychiatrists, psychologists, and specialized community resource navigators

All Pediatric Primary Care & Family Medicine Clinics Qualify for Services
No Insurance Based Restrictions for Consultation

Enroll Now

CoPPCAP
Colorado Pediatric Psychiatry Consultation & Access Program

ECHO Series on
Mental Health in Primary Care

Discussion & case based presentations designed for you

1.0: Core Essentials – Begins 6/18 @ 7:30 AM
2.5: Beyond Core Essentials – Begins 6/25 @ 12:00 PM

click now to learn more

Why partnering with pediatric primary care providers matters →

↓ What pediatric primary care providers can expect

Colorado Child Psychiatrist Workforce Shortage

Practicing Child and Adolescent Psychiatrists by County 2017
Rate per 100,000 children age 0-17

CoPPCAP SERVICES

- Telephone consultation (within 45 minutes of a request) with a child psychiatrist or e-consult answered within 24 hrs.
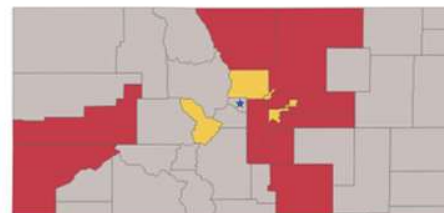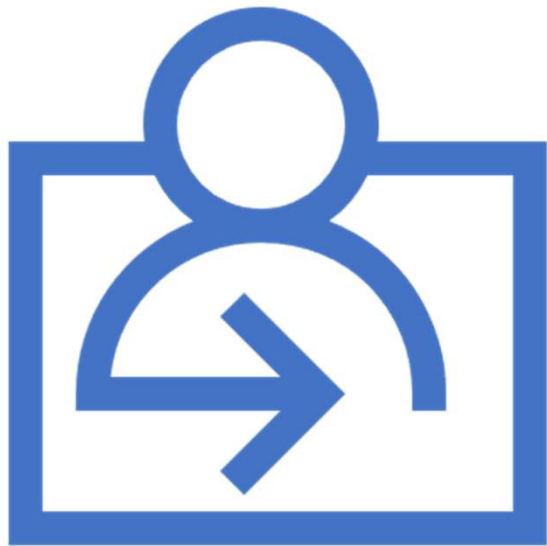
Practice Enrollment/Engagement

- Referrals to CoPPCAP from:
  - CHCO PCN/Pt Relations teams/"One Call"
  - Self-referral on website
  - Advisory Committee
- Enrollment process:
  - In person originally/now Zoom
  - Review: Participation agreement, encounter form
  - Education re program, presurvey collected
- Trainings offered:
  - Assessment/Screening, Depression, Anxiety, Suicide

Other Partnerships/Ideas with RAEs/HCPF?

- Supporting behavioral health KPI's?

- Supporting RAE supporting universal socioemotional screening?

- Supporting RAE with resource identification of evidence-based treatments and providers?

- Where does Value-Based Purchasing fit in?

- How to partner with Tribal Nations?

- How to partner with school-based health centers?