

# Community Health Workers May Help Make Child Mental Health Care Accessible in Primary Care

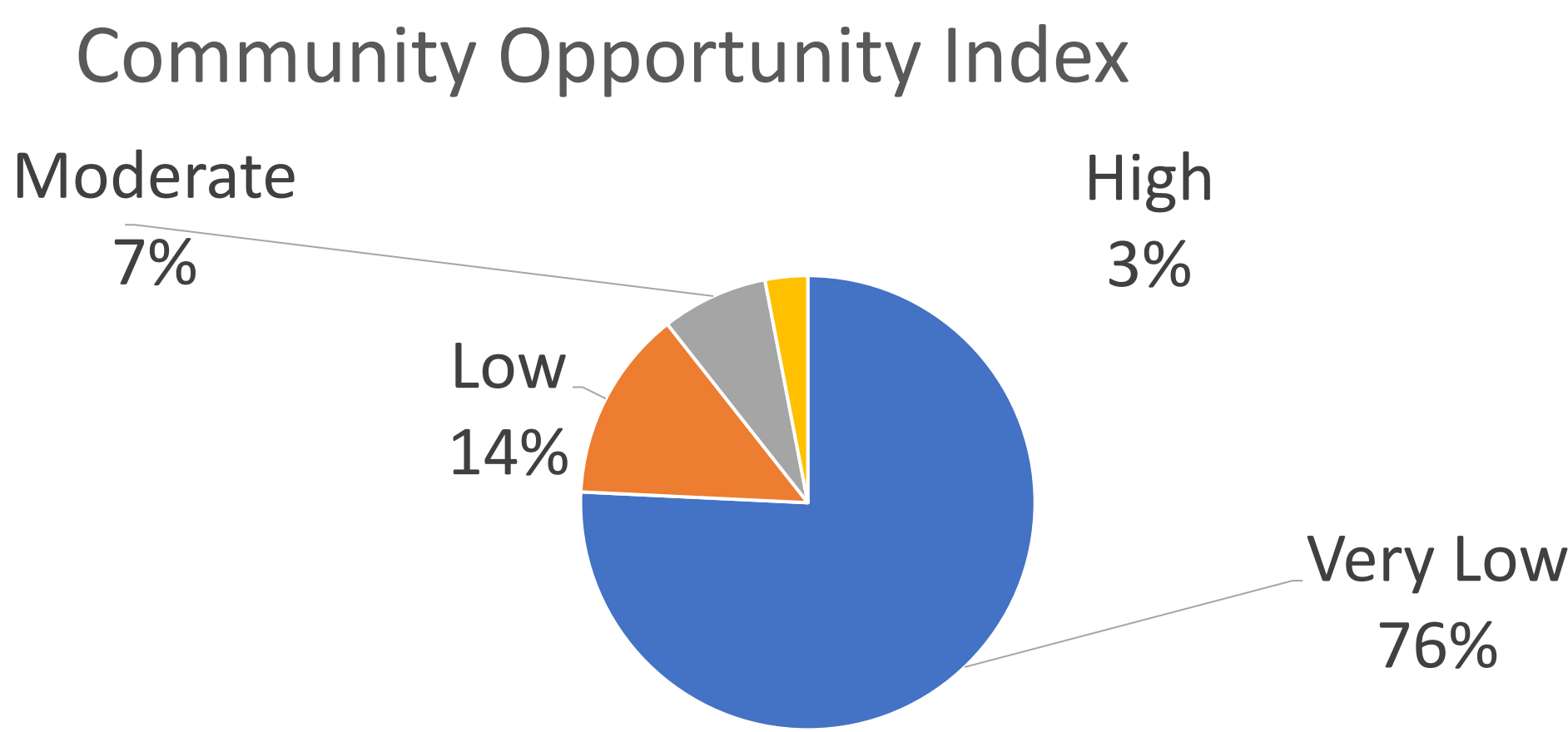
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## INTRODUCTION

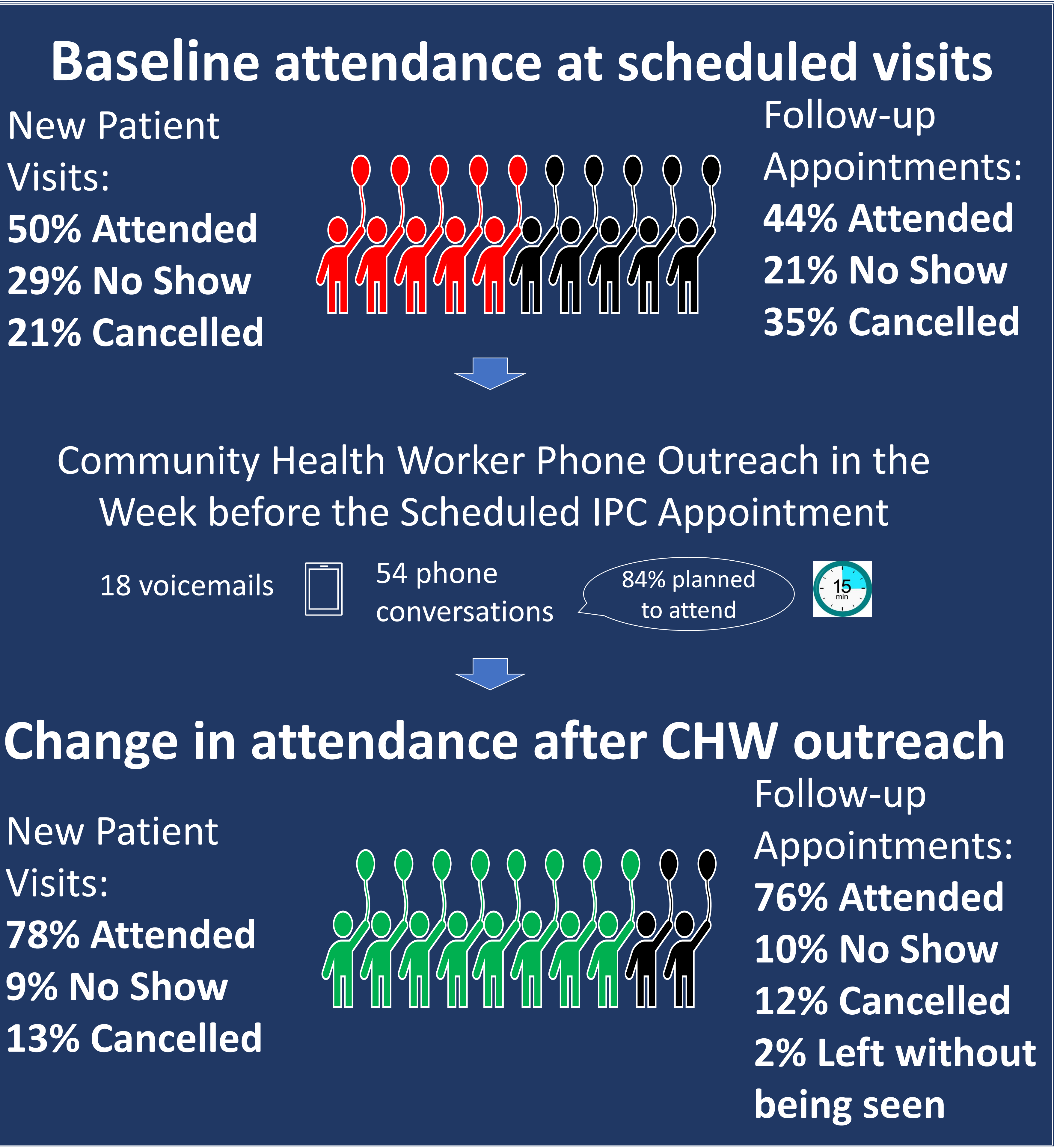
- There are disparities in child mental health treatment access and treatment retention in terms of race, ethnicity, socioeconomic status, and insurance coverage (1,2).
- Integrated primary care (IPC) is intended to make mental health care more accessible (3, 4). However, disparities persist in treatment attendance (5, 6).
- At this primary care clinic, the patient population is predominantly children of color who mostly live in neighborhoods rated as “very low” on the Child Opportunity Index. The demand for behavioral health services is high with more than three hundred patients waiting to see providers.



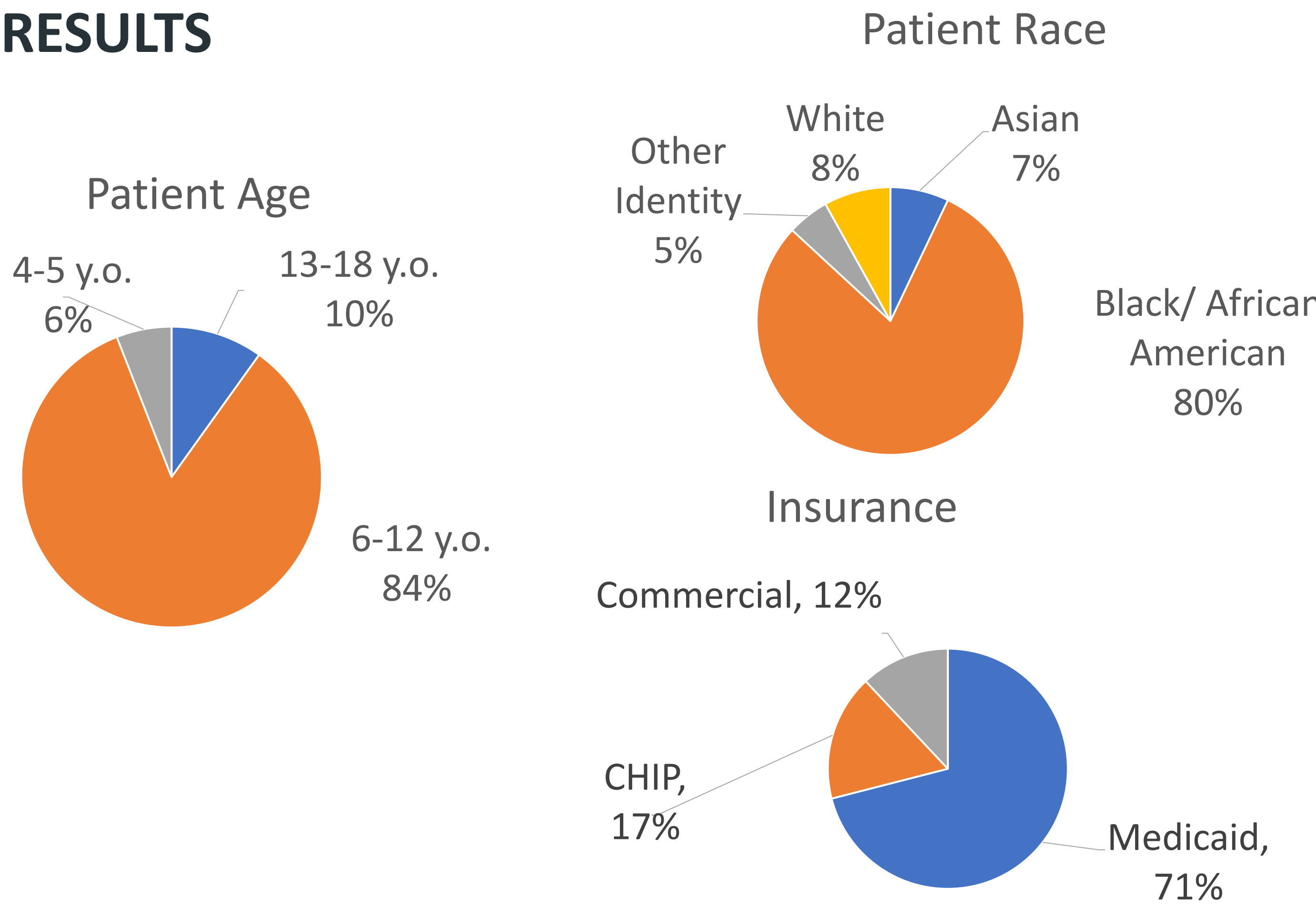
## METHODS

1. A quality improvement project was conducted by the primary care clinic's interdisciplinary behavioral health work group (MD, SW, PhD) to improve access to behavioral health care for youth in primary care. The focus of the project was improving the attendance rate at scheduled visits with a psychologist in integrated primary care.
2. Collaborating community health workers (CHWs) conducted brief phone outreach in the week prior to scheduled appointments to provide an appointment reminder with information about the services available. CHWs completed a survey summarizing what was discussed in their phone call.
3. Electronic medical record data were used to compare session attendance rate before and after the phone outreach.

Attendance improved for new patient and follow-up child mental health visits with a psychologist in primary care after receiving phone outreach by a community health worker.



## RESULTS



- **>25% increase in attendance rate**
- **Significant reduction in no show rate, which allowed for higher slot utilization in clinician schedule**
- **What was discussed during CHW calls:**
  - Appointment reminder (100%)
  - Information about the appointment (100%)
  - Information about IPC programming (100%)
  - Whether planned to attend the appointment (100%)
  - Barriers to attendance
    - Work schedule (6%)
    - Appointment time (4%)
  - Rescheduling (7%)
  - Connecting with medical team about supplies (2%)
  - Answering questions about reason for appointment (2%)
  - Answering questions about insurance coverage (2%)
  - Providing school excuse letter (2%)

## CONCLUSIONS

- Partnering with CHWs may result in a significant improvement in patient attendance.
- Potential further improvement by combining CHW intervention with new fast pass Epic feature to allow cancellations to be converted into appointments for other patients who were waiting for visits.
- This pilot highlights a potentially powerful partnership to address disparities in treatment engagement.
- Results of this pilot are consistent with existing research, which suggests that live phone outreach can help reduce disparities in attendance (7).
- This pilot had insufficient sample size and patient demographic information to assess for differences in attendance rate for patients of different demographic backgrounds.
- Further research is needed in a more controlled study to better understand pilot findings and to explore patient experience.



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