

Improving Behavioral Health Services in Pediatric Integrated Primary Care

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Introduction/Background

- □ Pediatric integrated primary care (IPC) teams may lack knowledge of community behavioral health (BH) services and awareness of the scope of psychology services available for patients.
- ☐ Primary care clinical teams could benefit from more standardized psychology referral processes.
- ☐ Lack of standardization in referral processes can result in stress and burnout for the clinical team.
- ☐ Lack of awareness of available services and need for improved referral processes, particularly during psychology team transitions, resulted in:
 - Demand for psychology exceeding capacity
 - Extended waitlist for psychology appointments
 - ☐ Inefficient capability for answering patient questions regarding BH needs
 - ☐ Integrated behavioral health team being inundated for crisis support during interim appointment waits.

Aim

- Increase IPC team knowledge of:
 - 1. Onsite integrated primary care services
 - 2. Community behavioral health services
 - 3. Appropriate referral processes for patients to BH services

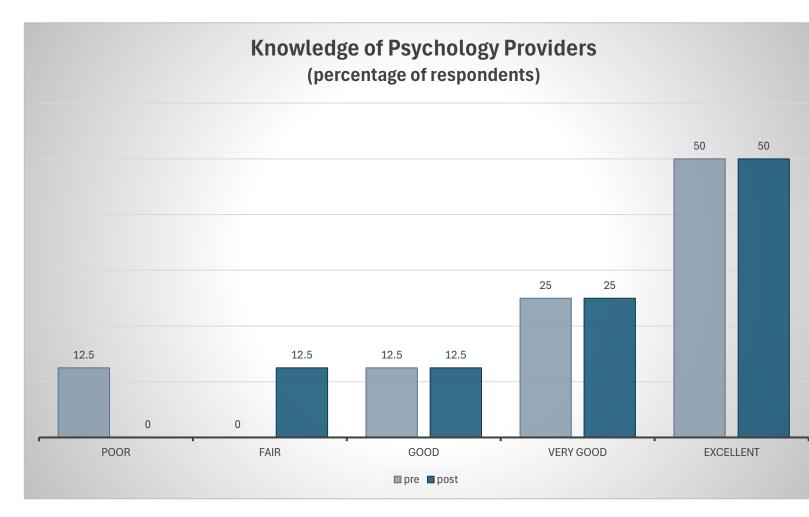
Methods

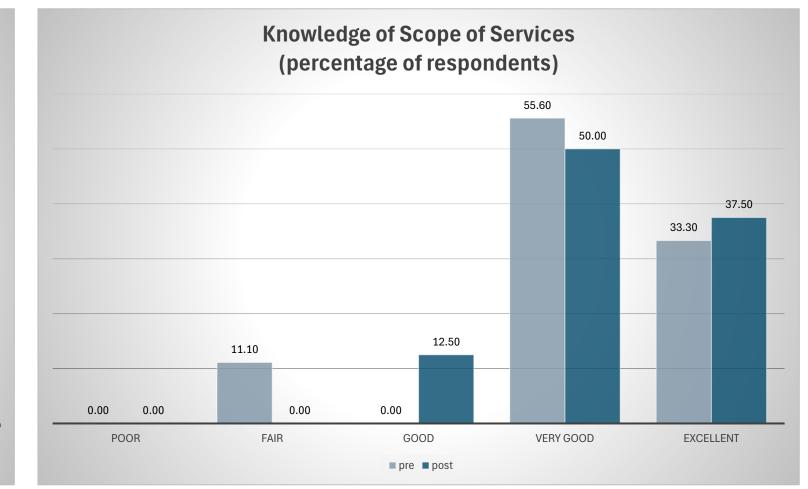
- ☐ Project Timeline: Sept. 2023 August 2024
- □ Project Site: urban integrated pediatric primary care clinic that serves primarily low-income, Medicaid-insured, Black youth.
- ☐ Interventions:
 - □ Development of the following: 1) Psychology provider directory, 2) mental health psychoeducation resources and handouts, and 3) psychology order workflow
 - ☐ Psychology provider attendance at all staff meetings
 - EMR Smartphrases shared with entire clinical team
- Measures:
 - ☐ Pre- and post-intervention knowledge of onsite and community BH services and referral processes
 - \square (N = 8 PCPs, 1 nurse)
 - □ (N = 6 PCPs, 1 Nurse,1 Medical student)
 - Number of orders placed
 - Patient experience surveys

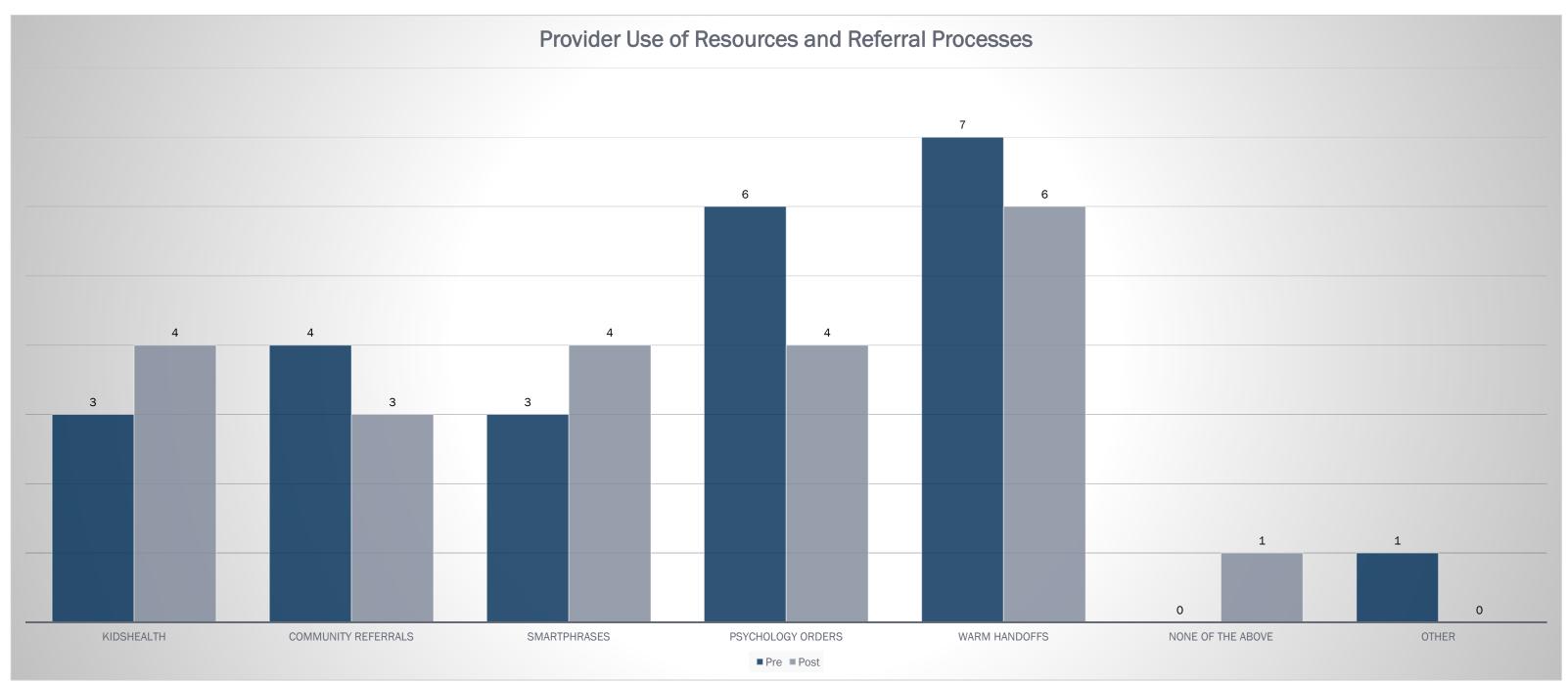


Results

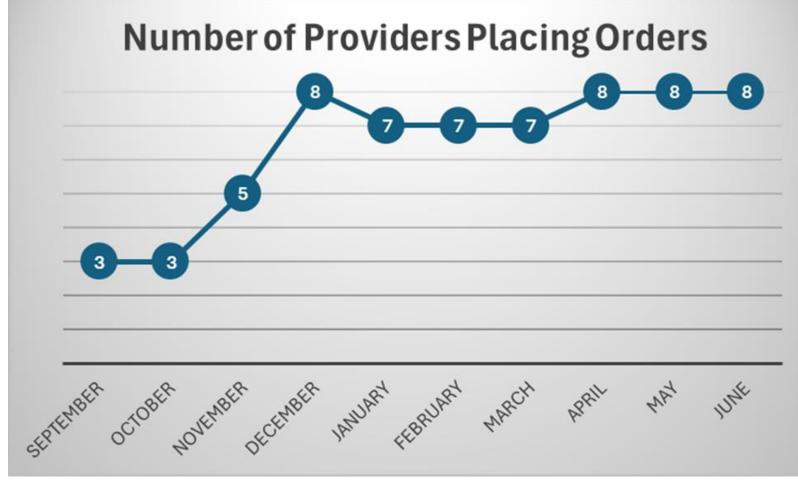
Clinical Team Knowledge of Psychology Services and Referral Processes





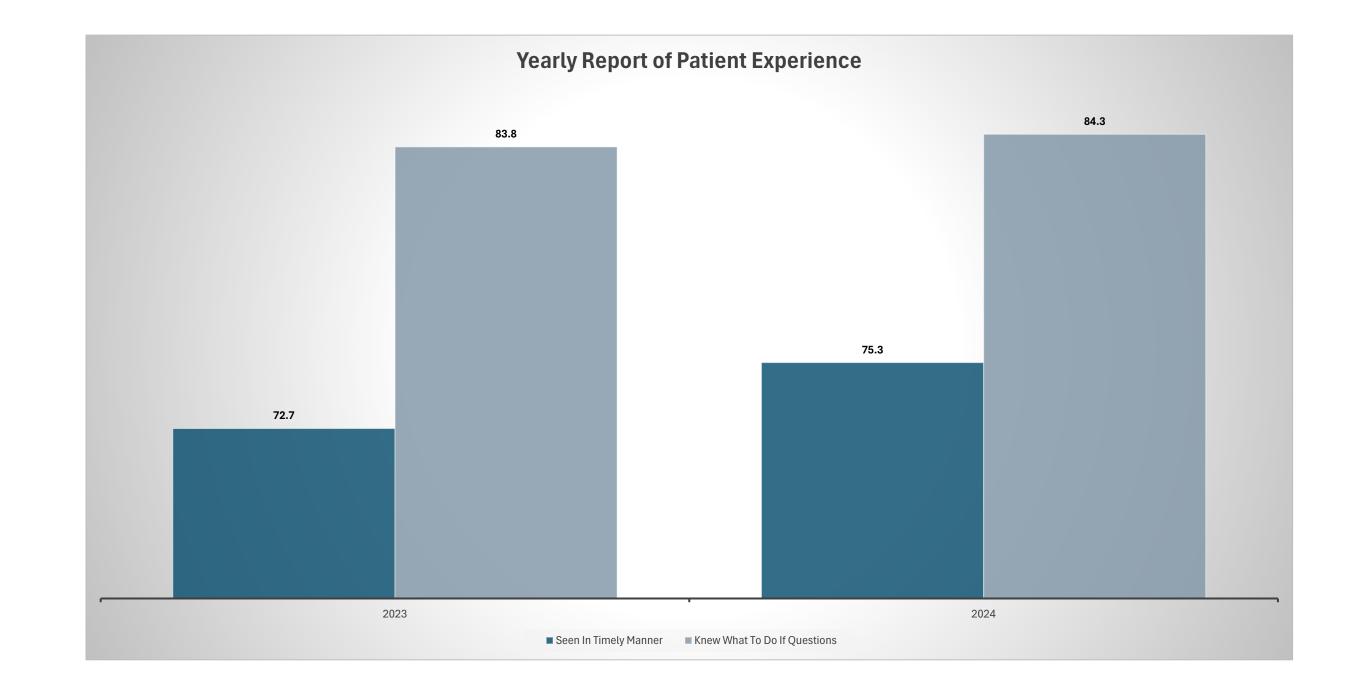


Psychology Orders Placed





Patient Experience





Discussion/Conclusion

Summary:

- ☐ Improved knowledge of BH services
- ☐ Increased number of clinical team members placing psychology orders in patient EMR
- ☐ Increased number of psychology orders being placed
- ☐ Patient experience improved during this project timeline

Conclusion:

- ☐ Use of QI facilitated clinical team use of standardized processes, which benefits patients and psychology providers in IPC settings.
- ☐ QI was used to better understand and improve clinical team knowledge, processes, and thoughts about psychology services in the clinic.

Limitations:

- Need for improved variables to better capture patient experience
- ☐ Fluctuations in office climate with implementation of new office processes.

Next Steps

- ☐ Develop and implement standard, streamlined processes for warm handoffs, ADHD evaluations, and ASD evaluations
- ☐ Initiate routine integrated talks with primary care team and psychology team to facilitate continuous communication.
- ☐ Disseminate project results to full integrated care team
- ☐ Future Aims:
 - Better understand the role, needs, demands of the patient service representative and integrated care team members.
 - Assess time to appointment from referral
 - Qualitative patient experience data collection

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