Implementation of Pediatric Behavioral Health Services through Telemedicine: One Year Anniversary Lessons Learned

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July 12, 2022

Agenda

- Identify the advantages and disadvantages of using telemedicine for behavioral health
- Tackle some of the issues in which telemental health differs from in-person (confidentiality, increasing patient/family engagement, provider autonomy)
- Learn strategies to manage behavioral health crises through telemedicine (suicidal ideations, child protection concerns, escalation of care)
- Identify methods to assess patient success and program success
- Challenges: Overcome and Ongoing

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Our History

1.4 mm+ Patient Visits
in 2021

75 Offices; 16 States

400K+ Telehealth Visits since 4/2020

Partnerships with 5 Health Systems

1,200+ Employees
including 350+ providers

Expansion into behavioral health and school health
after 17 successful years in urgent care

Why Behavioral Health?

- **Behavioral health needs are escalating** due to many issues related to COVID-19
- Depression and anxiety rates among children and adolescents have almost **doubled** during the pandemic
- ED visits for **suicide attempts** in 12-17 year olds have increased by **39%** (CDC)
- Behavioral health conditions are the **6th leading cause for pediatric Emergency Department visits**
- **Most pediatric PCPs** limit mental health services within their practice
- **Teletherapy is effective and convenient** for families, with high care compliance
- Surveys of PMP families revealed **demand for PMP to provide behavioral health services**

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- **Teletherapy service- ALL VIRTUAL; ONGOING CONTINUITY OF CARE**

- **Care is delivered by:**

Behavioral health care manager
Child/adolescent licensed clinical social worker
Child/adolescent psychologist
Pediatrician/Nurse Practitioner trained in psychopharmacology
Full-time psychiatrist
Sleep/Parent Specialists

- FSA/HSA eligible; insurance contracts to come

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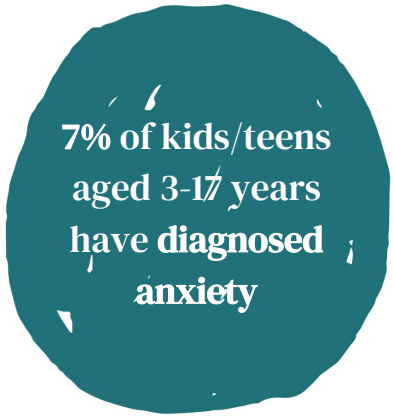
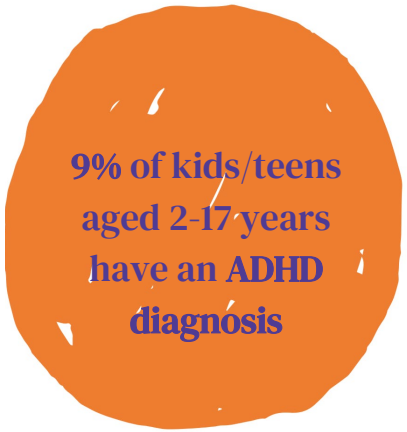
- **Almost 3000 visits**
- Delivering care in **NEW YORK, NEW JERSEY, NORTH CAROLINA, CONNECTICUT, PENNSYLVANIA, and FLORIDA**
- Ages 5-26 years old
- Close contact with medical home, school, outside therapists

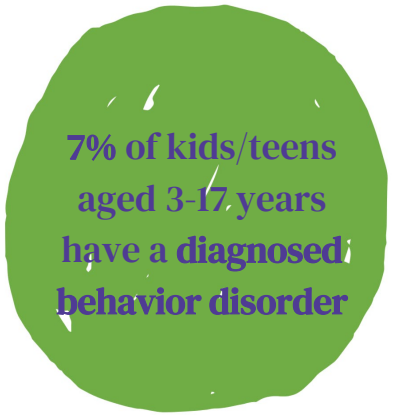
Advantages of Telemental Services

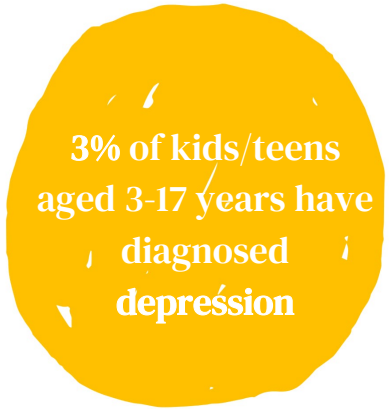
Prevalence of Mental/Behavioral Disorders in United States

1 in 5 children/adolescents aged 9-17 years have been diagnosed with a **mental health issue**









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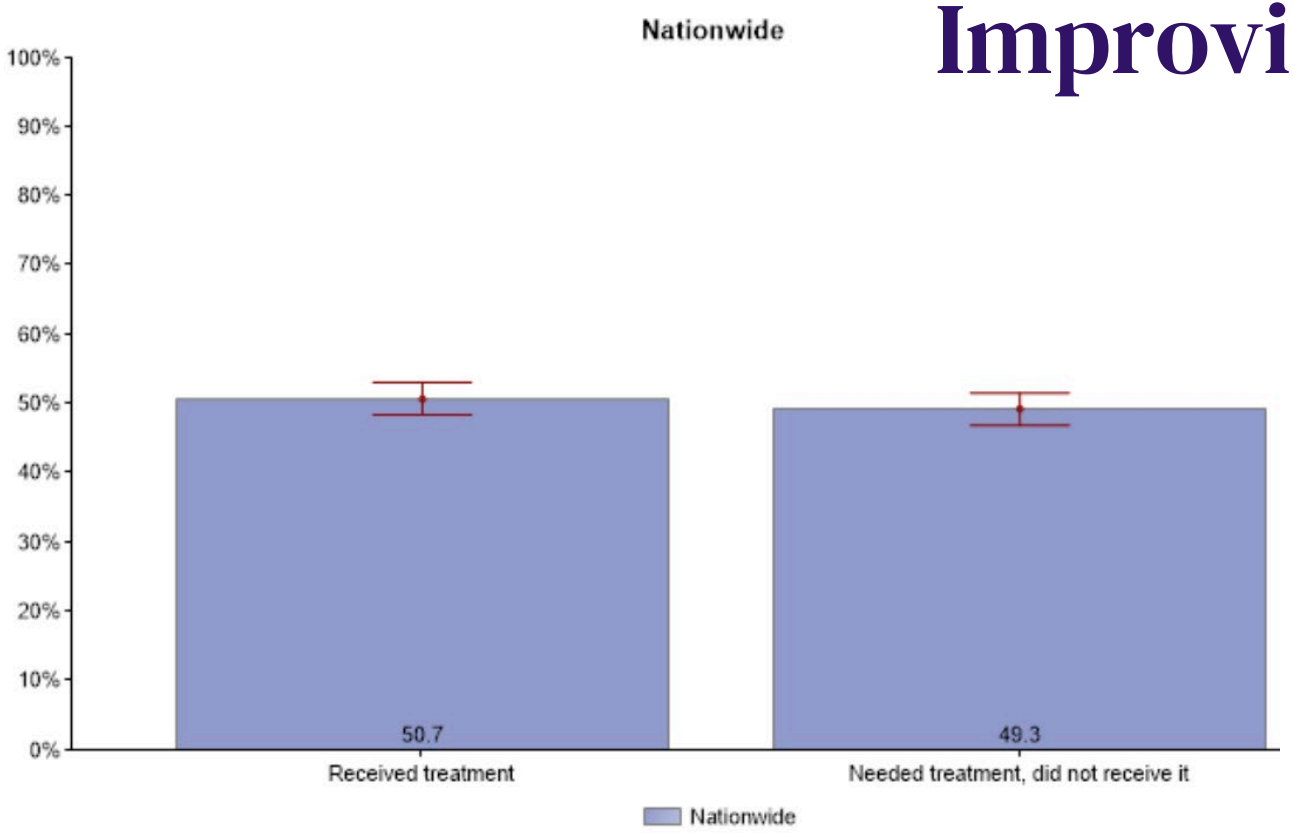
Advantages of Telemental Services: Improving Access



Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query.

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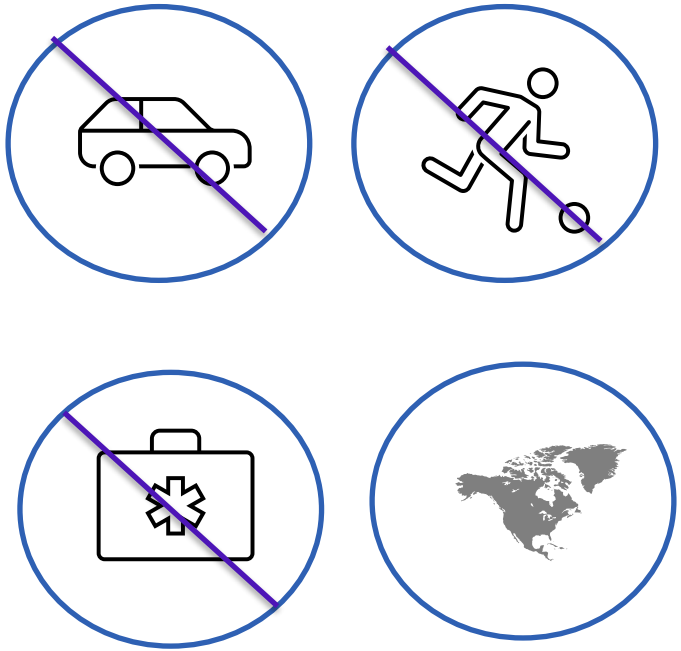
Advantages of Telemental Services

- Expands Access to Care
- Cost-Effective
- Saves Time (providers and patients)
- Ease of Treatment; Convenience
- Preserves Privacy
- Expands Provider Pool
- Relieves Stigma
- Decreases No-Shows
- Can expand services into schools, PCP practices, clinics



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Evidence to Support Telemental Health

- Comfort with technology; extensive exposure
  - Telemental is a good fit for younger populations (Cain et al, Dulcans textbook of child and adolescent psychiatry)
- American Psychiatric Association study (July 2021)
  - Significant decrease in no-show rates for psychiatric appointments
- Much of the data is extrapolated from adult studies
- RCT
  - Nelson et al, 2003 (28 youth; mean 10.3y with depression)
    - Comparable improvement comparing telemental to in-person (therapy)
  - Myers et al, 2015 (223 youth 5.5y-12.9y w/ADHD)
    - Caregivers/teachers reported improvement on all screeners
- Satisfaction studies
  - Blackmon et al, 1997; 43 children (mean 9y)
    - 98% of parents reported satisfaction equivalent to in-person care
  - Pakyurek et al, 2010; case studies; range of problems
    - Video may be superior to in-person

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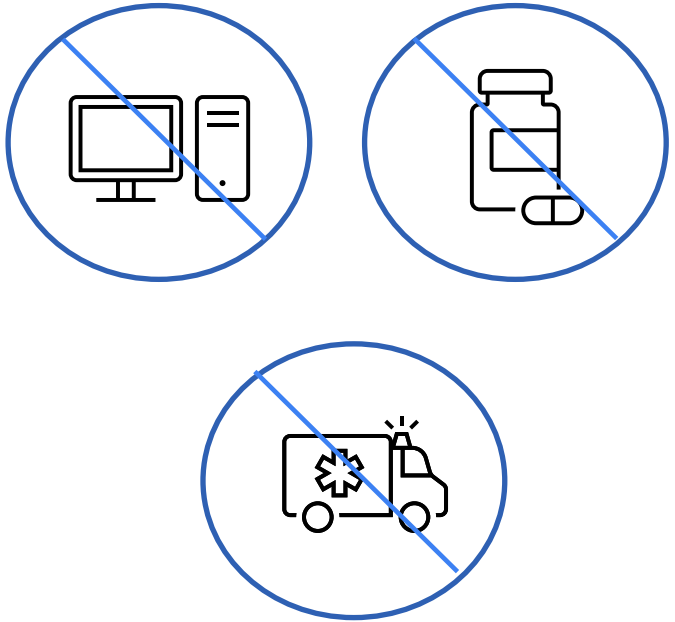
Disdvantages of Telemental Services

- Technology
- Patients requiring in-person services (young, patient with specific needs)
- Changing prescribing requirements
- Provider comfort with telehealth
- More difficult to manage crisis
- Can you obtain the same clinical picture?



Considerations Before Starting

- Recognizing exclusions/limitations for your program
- Guidelines for patients; state variation
- Choosing a telehealth platform that is secure and reliable
- Hiring providers with experience in telehealth
- Development of safety contracts; emergency plans
- Understanding regional prescribing regulations
- Prescribing guidelines for providers

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Managing Confidentiality

Factors to Consider for Confidentiality: Telemental Platform

- Physical environment
  - -Patient
  - -Provider
- Age of the child
- Safety
- Availability of parent, caregiver, trusted adult, significant other
- Rapport

How to Ensure Confidentiality in Teletherapy

- Explaining confidentiality and limits thereof
  - -Before services commence
  - -First session
- Breaching confidentiality
  - -Safety
  - -Preserving rapport

Expectations and Follow Through

- Set clear expectations in writing and reinforce with face-to-face virtual interactions and/or phone calls
- Establish fees for no shows and late cancellations as feasible and appropriate
- Address in real time the first time it occurs with patients and families
- Balance policy with rapport and “real world” consideration
- Ease of rescheduling

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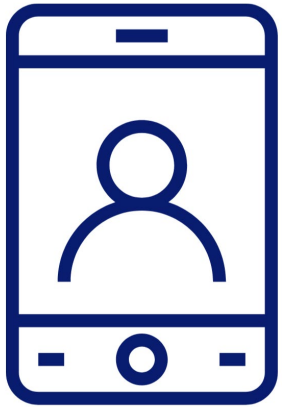
Patient Engagement & Parent Participation

Increasing Patient Engagement

Set the stage



Ensure technology; Video Presence

Establish Rapport

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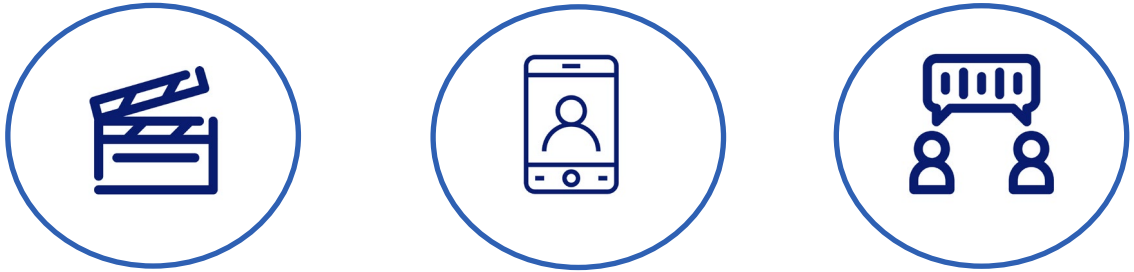
Increasing Patient Engagement



- Private, quiet place; “Are you in a private place?”
- Set expectations for time and who is present

Increasing Patient Engagement

- Shared goal-setting
- Shared decision-making
- Realistic homework
- Clinician availability when it makes the most sense (afterschool hours for children; lunch, evenings and weekends for adults)
- Appointment reminders
- Utilize technology

Increasing Parent Participation

- Set expectations early (how to be contacted, level of involvement desired, how to meet)
- Flexible options for participation (beginning or end of scheduled sessions, separate phone calls, parent consultation sessions)
- Ease and appropriateness of contact
- Discuss with the patient (ahead of time and after the fact)

Provider Autonomy: Therapy and Medication Management

Provider Autonomy

- Establish evidence-based standard of care for the variety of diagnoses being treated- both for therapy and medication management
- Establish note templates, cadence and mechanism of review; CHART REVIEW
- Consider level of severity
- Clinical scenarios during interview process
- Allow for individual experience and creativity of therapists in the team
- Clinical team meetings
- Encourage continuing education

In-person versus Telehealth Handling High Stakes Scenarios

Scenario 1: Adolescent/Teen Privacy Concerns

- Peter is a 16yo M engaging in weekly psychotherapy for behavioral issues
- During one session, Peter was venting his frustration about his parents in his bedroom. But then…. YOU HEAR MOM'S VOICE contradicting Peter's statement

Adolescent/Teen Privacy Concerns

- Acknowledge the breach of confidentiality
- Adolescent's rights
- Pivoting from the initial session plan; FLEXIBILITY
- Managing the family dynamic while addressing the privacy concern
- Reinforce appropriate boundaries
- Maintaining rapport with both the parent and patient

Scenario 2: Suicidal Ideations in Telehealth

- Molly- 16yo female; in your practice for medication management and therapy
- Had been doing well; then admitted to active suicidal ideations with plan
- Tearful, she admits that she is thinking about ending her life tonight, knows how she will do it, but please “don’t tell my parents”

Establish protocols for your Practice

- Start each session knowing patient's location
- Obtain emergency contacts
- Use evidenced-based tools-ASQ; C-SSRS
- Make a plan for continuing contact
- Identify patient's support system
- Safety plans; identify access to lethal means
- If risk becomes imminent and cannot be managed remotely, arrange for the client to go to the nearest CPEP (if possible) or medical ED (if a CPEP is not available)
- If risk is imminent, stay on the phone with the client until other care is present

Ask Suicide-Screening Questions

Ask the patient:

1. In the past few weeks, have you wished you were dead?	Yes	No
2. In the past few weeks, have you felt that you or your family would be better off if you were dead?	Yes	No
3. In the past week, have you been having thoughts about killing yourself?	Yes	No
4. Have you ever tried to kill yourself?	Yes	No

If yes, how? _____ When? _____

If the patient answers yes to any of the above, ask the following question:

5. Are you having thoughts of killing yourself right now?	Yes	No

If yes, please describe: _____

NIH National Institute of Mental Health

For description of study:

*Horowitz LM, Bridge JA, Teach SJ, Ballard E, Klima J, Rosenstein DL, Wharff EA, Ginnis K, Cannon E, Joshi P, Pao M. Ask Suicide-Screening Questions (ASQ): A Brief Instrument for the Pediatric Emergency Department. Arch Pediatr Adolesc Med. 2012;166(12):1170-1176.

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NIMH TOOLKIT: OUTPATIENT

asQ Brief Suicide Safety Assessment

Ask Suicide-Screening Questions

What to do when a pediatric patient screens positive for suicide risk:

- Use after a patient **(10 - 24 years)** screens positive for suicide risk on the asQ
- Assessment guide for mental health clinicians, MDs, NPs, or PAs
- Prompts help determine disposition

1 Praise patient *for discussing their thoughts*

"I'm here to follow up on your responses to the suicide risk screening questions. These are hard things to talk about. Thank you for telling us. I need to ask you a few more questions."

2 Assess the patient

(If possible, assess patient alone depending on developmental considerations and parent willingness.)

Review patient's responses from the asQ

Frequency of suicidal thoughts

Determine if and how often the patient is having suicidal thoughts.

Ask the patient: "In the past few weeks, have you been thinking about killing yourself?" **If yes, ask:** "How often?" (once or twice a day, several times a day, a couple times a week, etc.) "When was the last time you had these thoughts?"

"Are you having thoughts of killing yourself right now?" **(If "yes," patient requires an urgent/ STAT mental health evaluation and cannot be left alone. A positive response indicates imminent risk.)**

Suicide plan

Assess if the patient has a suicide plan, regardless of how they responded to any other questions (ask about method and access to means).

Ask the patient: "Do you have a plan to kill yourself?" **If yes, ask:** "What is your plan?" **If no plan, ask:** "If you were going to kill yourself, how would you do it?"

Note: If the patient has a very detailed plan, this is more concerning than if they haven't thought it through in great detail. If the plan is feasible (e.g., if they are planning to use pills and have access to pills), this is a reason for greater concern and removing or securing dangerous items (medications, guns, ropes, etc.).

Past behavior

Evaluate past self-injury and history of suicide attempts (method, estimated date, intent).

Ask the patient: "Have you ever tried to hurt yourself?" "Have you ever tried to kill yourself?"

If yes, ask: "How? When? Why?" and assess intent: "Did you think [method] would kill you?" "Did you want to die?" (for youth, intent is as important as lethality of method) **Ask:** "Did you receive medical/psychiatric treatment?"

Note: Past suicidal behavior is the strongest risk factor for future attempts.

Symptoms Ask the patient about:

Depression: "In the past few weeks, have you felt so sad or depressed that it makes it hard to do the things you would like to do?"

Anxiety: "In the past few weeks, have you felt so worried that it makes it hard to do the things you would like to do or that you feel constantly agitated/on-edge?"

Impulsivity/Recklessness: "Do you often act without thinking?"

Hopelessness: "In the past few weeks, have you felt hopeless, like things would never get better?"

Anhedonia: "In the past few weeks, have you felt like you couldn't enjoy the things that usually make you happy?"

Isolation: "Have you been keeping to yourself more than usual?"

Irritability: "In the past few weeks, have you been feeling more irritable or grouchier than usual?"

Substance and alcohol use: "In the past few weeks, have you used drugs or alcohol?" **If yes, ask:** "What? How much?"

Sleep pattern: "In the past few weeks, have you had trouble falling asleep or found yourself waking up in the middle of the night or earlier than usual in the morning?"

Appetite: "In the past few weeks, have you noticed changes in your appetite? Have you been less hungry or more hungry than usual?"

Other concerns: "Recently, have there been any concerning changes in how you are thinking or feeling?"

Social Support & Stressors

(For all questions below, if patient answers yes, ask them to describe.)

Support network: "Is there a trusted adult you can talk to? Who? Have you ever seen a therapist/counselor?" **If yes, ask:** "When?"

Family situation: "Are there any conflicts at home that are hard to handle?"

School functioning: "Do you ever feel so much pressure at school (academic or social) that you can't take it anymore?"

Bullying: "Are you being bullied or picked on?"

Suicide contagion: "Do you know anyone who has killed themselves or tried to kill themselves?"

Reasons for living: "What are some of the reasons you would NOT kill yourself?"

https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials/index.shtml

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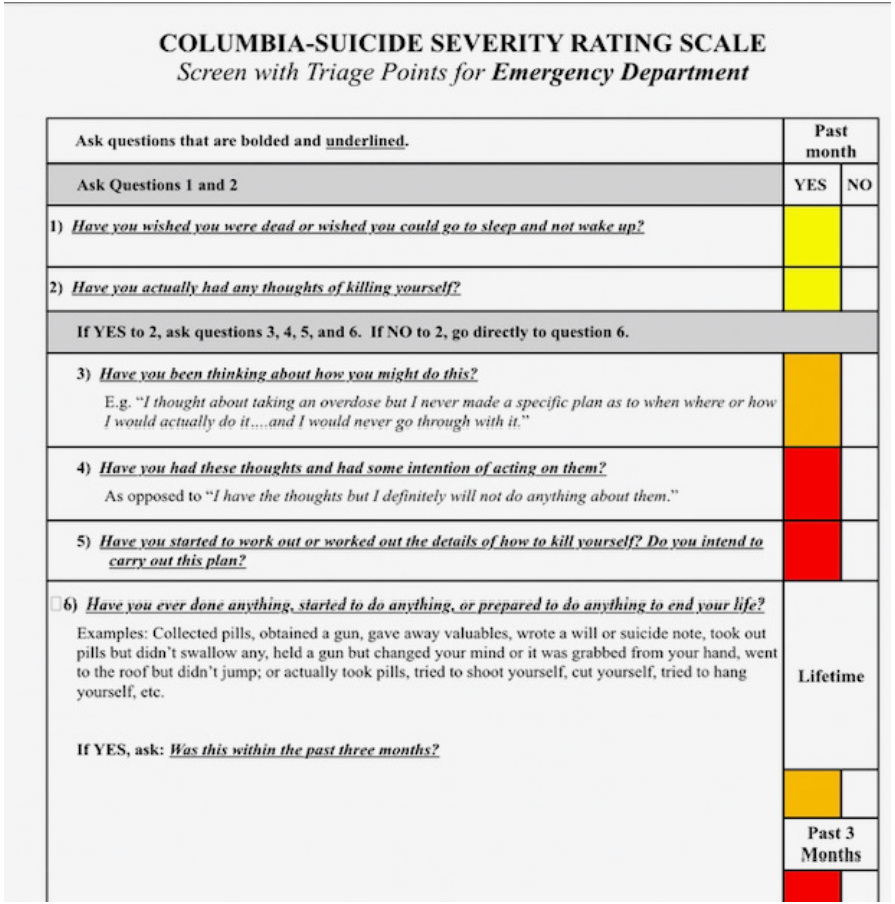
C-SSRS: Columbia-Suicide Severity Rating Scale



COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen with Triage Points for **Emergency Department***

Ask questions that are bolded and underlined.	Past month	
Ask Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
☐ 6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	**Lifetime**	
If YES, ask: ***Was this within the past three months?***		
	Past 3 Months	

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C-SSRS Algorithm

Item 1 Behavioral Health Referral at Discharge

Item 2 Behavioral Health Referral at Discharge

Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions

Item 4 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

Item 5 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

Item 6 Over 3 months ago: Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions

Item 6 3 months ago or less: Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

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Patient Safety Plan

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Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Name_____ Phone_____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

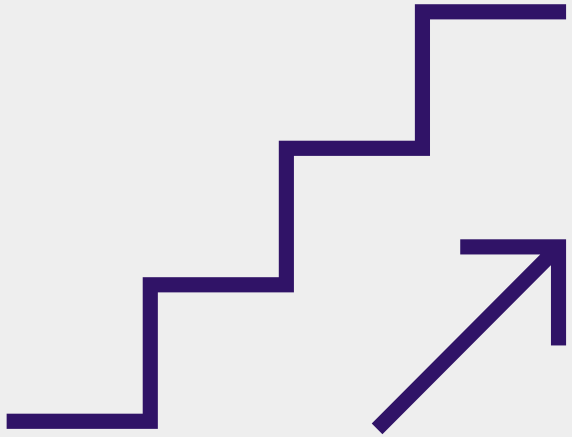
_____

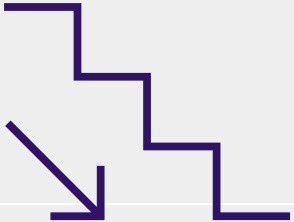
Scenario 3: Escalation of Care

- Zena is a 14 yo girl with h/o depressed mood. Enrolled in psychotherapy for the first time
- Parent reported Zena has a h/o scratching and superficial cutting, but she denies doing so in at least 9 months
- Reports some passive suicidal ideation, mostly when stressed due to school work, friends, or family conflict
- After 1 mo therapy, Zena shares her SI is more regular; thinking about how it might be better if she was not alive; Denies a plan or intent
- 10 weeks into therapy, Zena reports she took an overdose of Tylenol 4 days ago, did not tell anyone
- Took another overdose yesterday

Escalation of Care

- Safety planning at start of care
- Review safety plan
- Family involvement
    - -Breaching confidentiality
    - -Ensuring physical safety
- Bridging gap to IOP/PHP
- Collaboration
- Step-down





Child Protection

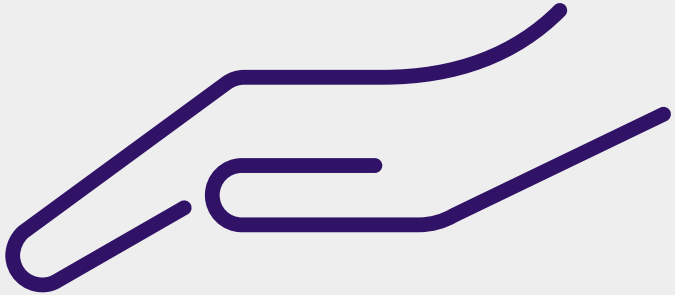
Scenario 4: Child Protection

- Billy is a 9 yo boy presenting with his parents due to complaints about disruptive and off-task behavior at home

- During one of the first few therapy sessions, Billy says he is triggered to poor behavior after getting a “whooping”

Child Protection

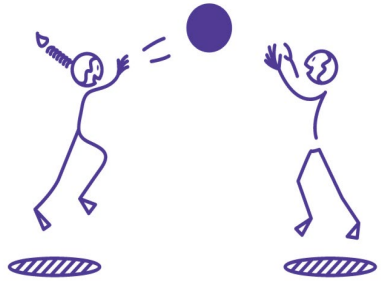
- Be armed with the right numbers
- Know what is reportable
- Ask the right questions
  - -Open ended: where, extent, fear
  - -Non-leading
  - -History
- Involving parents
  - -Safety (ESPECIALLY IN TELEMEDICINE)
  - -Rapport
- When to involve a supervisor



Is Telehealth Always the Right Choice?

Considerations:

- Age
- Diagnosis
- Family Dynamic
- Forensic



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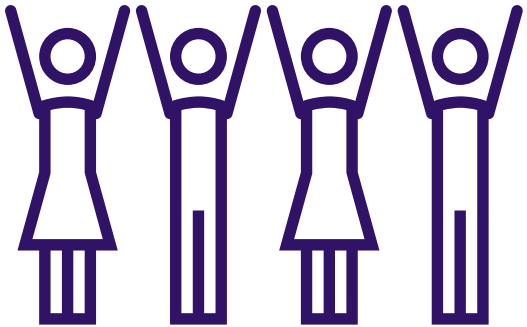
How to Measure Success



Measuring Patient Progress

- Screening tools on every patient on intake and then at a regular cadence
- Mark success as patients meet treatment goals, subjectively report improvement and improve on screening tools

Patient Example:

22yM with anxiety, depression, passive suicidal ideations. Receiving psychotherapy and medication management through our program.
Initial PHQ-9: 19, GAD-7: 15
Repeat at 3 months: PHQ-9: 11, GAD-7: 9
Repeat at 6 months: PHQ-9: 4, GAD-7: 5

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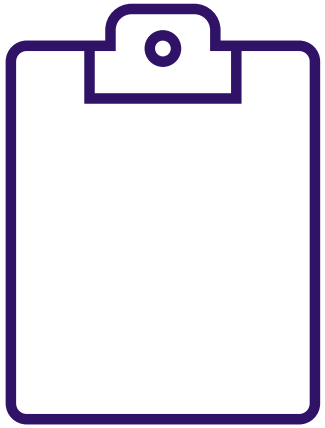
Measuring Patient/Program Satisfaction



- Follow-Up Phone Calls
- Emailed Surveys
- Manage NPS Scores
- Follow Retention Rates
- Track Cancellations/No-Shows

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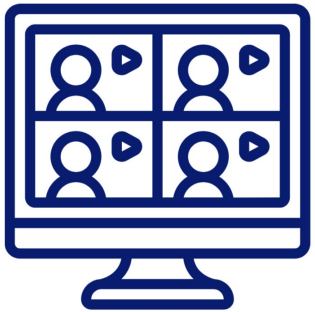
Challenges and Lessons Learned

Technology

- Screen sharing (play, worksheets)
- Facilitating links for a number of email addresses and/or phone numbers (parent involvement, collaboration)
- Completion of homework
- Sustaining long visits/appointments

Clinician Self-Care

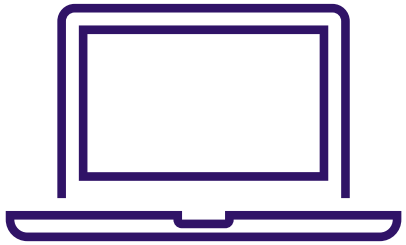


Pitfalls of Working Remotely:

- Solitude of virtual service provision
- Sedentary
- Compulsion to multi-task
- Rapid change of hats

- What We Do:
- Infuse meetings with moments of calm and shout outs
- Engage clinicians in sharing their individual passions/specialties
- Involve clinicians in work projects outside of service provision
- Encourage use of PTO
- Processing in clinical meetings (feedback, support, guidance)

Communication



Technology is great but…Are we too accessible?

- Ensure clear parameters and channels for contacting clinicians
  -in writing and reinforced
- Clear messaging on voicemail, out of office assistant
- Memorialize after-hours/emergency plan
- Lead by example, modeling appropriate contact

Thank you…Questions?

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"You wouldn't let this happen to your phone; don't let it happen to you. Self-care is not selfish. It is a priority."

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