



EXECUTIVE SUMMARY

Behavioral Health Integration in Pediatric Primary Care:

Considerations and Opportunities for Policymakers, Planners, and Providers

by Elizabeth Tobin Tyler, JD, MA, Rachel L. Hulkower, JD, MSPH,
and Jennifer W. Kaminski, PhD

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Estimates consistently indicate that 13% to 20% of US children have been diagnosed with a mental disorder^{1,2} and that treatment for these disorders accounts for the most costly childhood medical expenditures.³ Researchers have demonstrated the critical importance of early childhood social-emotional development for lifelong productivity and success.⁴ Timely and adequate behavioral health therapy can promote lifelong health and development. Conversely, untreated or poorly managed childhood mental health disorders have significant consequences not only for the child and family but also for a range of systems, including health care, child welfare, and juvenile justice systems and public education.

Because of a shortage of pediatric psychiatrists and other behavioral health practitioners,^{5,6} pediatric primary care providers often identify and manage their patients' behavioral health problems. Integration of behavioral health care with pediatric primary care offers a unique opportunity for early intervention on a population level to prevent behavioral health problems from interfering significantly with functioning in both childhood and adulthood. It also leverages scarce behavioral health resources by making consults and referrals more timely and efficient.

Generally, pediatric behavioral health integration can be described as “the approach and model of delivering care that comprehensively addresses the primary care, behavioral health, specialty care, and social support needs of children and youth with behavioral health issues in a manner that is continuous and family-centered.”⁷

Most of the research on behavioral health integration (BHI) has focused on adults—and shows promise for both improved health outcomes and cost savings.⁸ Preliminary studies of pediatric BHI have also pointed to improved behavioral health outcomes for children who are served through an integrated care model.⁹ Reforms to the health care system, particularly those focused on value-based payment models, have provided new opportunities for system integration that facilitates BHI.

While substance abuse disorder is also an important component of behavioral health, particularly for adolescents, this report focuses exclusively on mental health and developmental disorders in children. It explores the prevalence of childhood behavioral health problems, describes the need for, barriers to, and models of BHI in pediatrics, and offers BHI policy and implementation considerations for policymakers, planners, and providers.

Key Findings

- There are significant access barriers for families seeking behavioral health treatment. It is estimated that only 15% to 25% of children with psychiatric disorders receive specialty care.¹⁰
- There are well-documented shortages of child psychiatrists in the United States, with most states experiencing severe shortages, having between 1 and 17 psychiatrists per 100,000 children.¹¹ A 2016 report from the US Department of Health and Human Services projects significant shortages of other behavioral health practitioners as well.⁶

- Identification of mental health problems in children by primary care pediatricians continues to rise, as does psychotropic drug use among children and adolescents, yet two-thirds of pediatricians report lack of training in treatment of children's behavioral health needs.¹²
- Treatment of mental health disorders accounts for the most costly childhood medical expenditures, totaling \$13.9 billion in 2012, far more than other costly conditions, such as chronic obstructive pulmonary disease and asthma (\$8.3 billion).³ Medicaid costs for children using behavioral health services are nearly five times higher than for children using only physical health services, averaging \$8,520 per child compared with \$1,729 per child.¹³
- Mental health disorders in children and youth have a substantial impact on other systems, including child welfare, juvenile justice, and education. It is estimated that 70% of children in the juvenile justice system have a mental health disorder.¹⁴
- A meta-analysis of randomized controlled trials to evaluate whether BHI for children and adolescents leads to improved behavioral health outcomes compared with usual primary care found treatment interventions targeting mental health problems and using collaborative models improved outcomes.⁹
- Health care delivery innovations, such as the patient-centered medical home in pediatric primary care, are supportive of BHI, and the American Academy of Pediatrics advocates for the development of behavioral health competencies in primary care pediatricians.¹⁵

Promising Models of Pediatric BHI

Different models of BHI have been developed in recent years, from facilitating consultation by child and adolescent specialists to on-site care coordination to colocation of pediatric primary care and behavioral health services.

Consultation

One of the most prominent models of consultation is the Massachusetts Child Psychiatry Access Project, in which primary care pediatricians can access timely assistance for any patient with a behavioral health concern through phone consultation with a child psychiatrist. After initial assessment, patients with more significant needs may receive short-term therapy or referral.¹⁶

Care Coordination

Models of care coordination are being piloted at the state level. For example, in Wisconsin, through a partnership among the Department of Health Services and the Department of Children and Families, the Care4Kids program provides a medical home for children in the child welfare system. The program coordinates primary care with behavioral health and other social services through an individualized care plan based on the needs of the child.

Colocation

Colocation of primary care and mental health providers is being piloted in pediatric practices. For example, Community Care of North Carolina, a statewide Medicaid primary care case management program, has colocated mental health professionals in pediatric primary care practices.¹⁶

New Opportunities for Pediatric BHI

Health reform efforts that support pediatric BHI include the following:

- Treatment of behavioral health issues as an essential health benefit under the Affordable Care Act
- The Mental Health Parity and Addiction Equity Act of 2008, which seeks to advance parity in insurance coverage for behavioral treatment with other medical treatment
- Value-based payment reforms, such as accountable care organizations, that coordinate care across providers and incentivize efficiency
- The expansion of Medicaid in some states, which has increased the funding available to Medicaid managed care programs and community health centers to broaden and better integrate behavioral health services
- Medicaid health homes that blend multiple funding sources to integrate and coordinate medical and behavioral health care for patients with multiple chronic conditions, including serious mental illness
- States' use of the Medicaid Delivery System Reform Incentive Payment program to integrate children's behavioral health into Medicaid managed care

Actions States Can Take to Support Pediatric BHI

1. Develop a strategic plan to transform pediatric primary care practices to include BHI
2. Leverage and direct Medicaid funds toward preventive BHI in pediatric primary care
3. Support pediatric BHI through managed care contracts and accountable care organizations
4. Develop quality measures for BHI in pediatric primary care
5. Design BHI to leverage scarce pediatric behavioral health resources

Conclusion

Given the prevalence of behavioral health disorders in children and adolescents and the unique opportunity presented in pediatric primary care for early intervention, BHI in pediatric primary care offers great promise for identifying and effectively treating children's behavioral health concerns. Health care delivery system reforms are supporting new mechanisms for designing and financing innovative approaches to BHI in pediatric primary care. Policymakers, planners, and providers can work together to use data and evidence-informed strategies that create sustainable programs that address the mental health needs of children and families.

Notes

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- ⁶ Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. *National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025.* Rockville, MD: 2016.
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