

## **PROMISING CONSULTATION APPROACHES**

The promising consultation approaches described below include examples of child psychiatry consultation and liaison, Title V pediatric subspecialty consultation, and family practice pediatric consultation.

### **1. Child Psychiatry Consultation and Liaison**

Child psychiatry consultation and liaison approaches are designed to assist primary care providers in addressing a broad range of behavioral health needs and can include various elements, such as anticipatory support when serious psychological reactions are expected; case-finding support to assist with early detection of problems; education and training support to provide direct supervision, case conferences, and regular education; emergency response support to address urgent problems; and continuing and collaborative care support to assist with children who have chronic behavioral health problems.

In the approach we selected, called *Targeted Child Psychiatry Services (TCPS)*, based at the *University of Massachusetts Medical Center*, in Worcester, Massachusetts, a regional team was established, comprised of two child psychiatrists, one pediatric mental health nurse clinical specialist with prescribing privileges, and one program coordinator. The team is responsible for providing consultation to primary care providers and, when indicated, transitional services into ongoing behavioral health care for children in central Massachusetts, so long as the point of entry is through the primary care provider. Twenty-two primary care practices participated and were able to obtain real-time psychiatric consultation by simply paging the child psychiatrist. Depending on the needs of the child and family, the consultation resulted in: 1) an answer to the

primary care provider's question; 2) referral to the team child psychiatrist for an acute psychopharmacologic or diagnostic consultation, and short-term treatment; or 3) referral to the community mental health system. The team also visited all 22 primary care practices once a year to discuss administrative, patient care, and educational issues.<sup>1</sup>

Evaluation of TCPS found that 1) half of all the referred children could be managed through a telephone consultation with the child psychiatrist within 20 minutes; 2) 16% of the referred children were scheduled within three weeks for a 90-minute evaluation to the university's child psychiatry unit that resulted in a diagnosis and treatment plan and these children were then referred back to the primary care provider with consultation between the primary care provider and child psychiatrist to discuss the results of the evaluation and treatment recommendations; and 3) a third of children with more significant needs were referred to community mental health centers and other local behavioral services for ongoing care. In addition to access improvements, satisfaction among families and primary care providers increased.<sup>2</sup> The Massachusetts Behavioral Health Partnership that manages behavioral health services for the state's Medicaid primary care case management program is adopting portions of this demonstration to be implemented on a statewide basis. The new program is called the Massachusetts Child Psychiatry Access Project. (For more information about TCPS, contact Daniel Connor, MD at [connor@psychiatry.uhc.edu](mailto:connor@psychiatry.uhc.edu).)

### **2. Title V Pediatric Subspecialty Consultation**

Many state Title V Programs for Children with Special Needs support a broad array of specialty consultation arrangements and also multidisciplinary

clinics to extend access to pediatric subspecialty care in underserved areas. The example we selected, *Pediatric Subspecialty Consultation/Education Support to Medical Home Providers*, comes from the *Illinois Division of Specialized Care for Children* (the state's Title V program for children with special health care needs) and makes available some 20 pediatric specialties for consultation -- developmental/behavioral pediatrics, medical genetics, cardiology, gastroenterology, hematology-oncology, neurology, ophthalmology, orthopedics, otolaryngology, pulmonology, urology, physical medicine, and plastic surgery. Medical home providers can call any of these pediatric subspecialists to ask about the management of a specific chronic health condition. The specialists provide an educational support role to the primary care provider and are reimbursed \$300 to respond to seven phone consults. Primary care providers are reimbursed for telephone consults with the specialist if the child is enrolled in the Title V program. (For more information, contact Charles Onufer, MD at [cnonufer@uic.edu](mailto:cnonufer@uic.edu).)<sup>3</sup>

### **3. Family Practice Pediatric Consultation**

In many parts of the United States, particularly in rural areas, family physicians are the primary source of care for children with special health care needs. In the example we selected, *Ventura County Medical Center* operates a network of eight family practice satellite clinics and a family practice residency program to provide a safety net of services for children throughout Ventura County, California. Using a pediatrician "anchor" and onsite specialist consultations from UCLA, Children's Hospital Los Angeles, and Cedars Sinai, they have been able to provide primary care provider consultation support in pediatric dermatology, endocrinology, cardiology, hematology, neurology, oncology, and pulmonology.

Pediatric subspecialists visit monthly with follow-up by the pediatrician to provide ongoing support to family physicians serving as medical homes for children with special needs. (For information, contact Chris Landon, MD at [chris.landon@ventura.org](mailto:chris.landon@ventura.org).)<sup>4</sup>

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<sup>1</sup> Information based on an interview with Dr. Daniel Connor, August 2005. Connor DF, et al. Targeted child psychiatry services: a new model of pediatric primary clinician-child psychiatry collaborative care. *Clinical Pediatrics*, forthcoming.

<sup>2</sup> Levin A. Psychiatrists' creativity closes rural treatment-gap. *Psychiatric News*. 2002; 40.

<sup>3</sup> Information base on an interview with Dr. Charles Onufer, July 2005.

<sup>4</sup> Information based on an interview with Dr. Chris Landon, July 2005.