

COMMITTEE ON COLLABORATION
WITH MEDICAL PROFESSIONALS

The American Academy of Pediatrics *Medical Home*

Challenges and Opportunities for Collaborative Health Care in Primary Care

Medical Home redefines the doctor patient relationship to one in which the physician partners with the family in the care of the child. As the child matures that partnership extends to the adolescent.

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Due to the widespread workforce shortage of child and adolescent psychiatrists, pediatricians are increasingly asked to assess and treat children with mental health disorders. It has been recognized that safe and effective child mental health care requires new collaborative partnership between child and adolescent psychiatrists and pediatric primary care clinicians. We are increasingly asked to collaborate with pediatricians and, in this role, need to be involved in developing effective communication strategies, providing diagnostic consultations, providing education about child mental health, and responding to general questions regarding diagnosis and treatment options. In this context it is critical for child and adolescent psychiatrists to fully understand the concept of *Medical Home*.

The key characteristics of the *Medical Home*, as defined by the American Academy of Pediatrics (AAP), are that care is: accessible, continuous, comprehensive, collaborative, compassionate, culturally competent, and family-centered. While the idea grew out of work with children with special health care needs, all children and families are best served with this model of care. It is clear that

having a *Medical Home* is more than just having an insurance card or being able to name a practice where the child or adolescent receives primary care.

Continuity provides the structure for a longitudinal relationship with the family and is essential for promoting healthy physical and social-emotional development. *Medical Home* redefines the doctor patient relationship to one in which the physician partners with the family in the care of the child. As the child matures, that partnership extends to the adolescent. To care for the whole child, in the context of family, school, and community, the *Medical Home* needs to have effective, dynamic relationships with community agencies/services that may assist the child, adolescent, and family with a variety of needs.

Challenges in Primary Care

Primary care practices have several challenges for implementing *Medical Home*:

- Shifting to a perspective of treating the whole child, in the context of home, school, and community.
- Including mental health screening in the routine care provided to children, adolescents, and families.
- Adopting an office systems approach for improvement and reliability of processes.
- Operationalizing family feedback as part of the practice system.

- Considering family needs as well as office needs for scheduling and logistics.
- Assuring the child/adolescent and family role in care planning for a child who has a chronic and/or complex condition.
- Eliminating variation in care within the practice by having standardized protocols for preventive and chronic condition care.
- Providing educational and resource materials: available to non-English speaking families and for those with limited literacy; appropriate to the developmental level of the child/adolescent.
- Knowing the local system of public and private providers (particularly mental health providers).
- Networking with community partners effectively.
- Encouraging other primary care clinicians to develop similar practice models.
- Maintaining continuity and communication with specialists, child care, and school.
- Maintaining an economically viable practice while meeting these expectations.

Challenges for Child and Adolescent Psychiatry

Since patients are more likely to be "shared" with primary care clinicians, there are important challenges for child and adolescent psychiatrists in supporting the *Medical Home*:

- Integrating the traditional child psychopathology approach with a public health model with a greater emphasis on prevention.
- Committing to the development of effective communication and collaborative partnerships.
- Understanding and developing strategies that promote the collaborative and complementary approaches that primary care clinicians and child and adolescent psychiatrists bring to treatment.
- Participating in the training of primary care clinicians in the recognition and management of pediatric social, emotional, and behavioral difficulties.

- Engaging in evaluation of mental health program effectiveness and supporting use of best practices.
- Knowing the local systems of public and private child and adolescent health care providers (particularly pediatricians and family practitioners).
- Being open to protocols that utilize child and adolescent psychiatrists as consultants to child and adolescent mental health care specialists (e.g., psychologists, social workers, nurses) in pediatric practices.

Challenges for Families

Medical Home means a new role for families. Their challenges include:

- Knowing how to choose a *Medical Home*: what questions to ask.
- Knowing the important components of preventive care (continuity, screening, etc.).
- Feeling comfortable with communication and raising concerns and priorities.

Challenges in Health Care System

There are important systemic challenges to the goal of facilitating practices in becoming *Medical Homes*. These include:

- Integrating family-centered principles.
- Facilitating networking between community resources that have historically been in "silos."
- Responding to the paucity of mental health services and shortage of mental health specialists.
- Recognizing the additional risks for children and adolescents living in poverty or foster care.
- Recognizing and responding to the lack of reimbursement for care coordination.
- Reducing the uninsured and underinsured.

Opportunities for the *Medical Home*

While there are multiple challenges to establishment of *Medical Homes*, there are many large and small-scale efforts to help achieve this goal. The provision of *Medical Home* for all children and adolescents is an AAP priority. As such it is critical for child and adolescent psy-

chiatrists to understand this concept so that effective collaboration and communication can occur in the primary care setting.

The following opportunities in the effort to establish the *Medical Home* are under way:

- **AAP National Center of Medical Home Initiatives for Children** supplies support and resources for physicians, families, and other providers and community partners, including the Medical Home Index and Medical Home Family Index. www.medicalhomeinfo.org.
- The **Assuring Better Child Health and Development** (ABCD) initiatives sponsored by the Commonwealth Fund and the National Academy for State Health Policy are now in 23 states to promote developmental and behavioral screening (especially including social-emotional screening) and referral as a routine part of well-child care.
- The promotion of primary care collaboration with mental health professionals, including **co-location/integration of mental health professionals in primary care practices** is outlined in the AAP Task Force on Mental Health's Chapter Action Kit. Several states have collaboration or integration models, including Massachusetts, Washing-

ton, and North Carolina. Massachusetts has regional consult and referral teams available to primary care providers across the state, and Washington has begun a similar system. Community Care of North Carolina (Medicaid community provider networks) has a pilot of co-located mental health professionals in 44 practices across the state.

- **State Early Child Comprehensive Systems** (ECCS) projects began in 2003 with grants from the Maternal Child Health Bureau to support states "in their efforts to build and integrate early childhood service systems that address the critical components of access to comprehensive health services and medical homes; social-emotional development and mental health of young children; early care and education; parenting education; and family support." www.state-eccs.org

The Committee on Collaboration with Medical Professionals is sponsoring an open forum at the 2008 AACAP Annual Meeting entitled, "Building Collaborative Partnerships with Primary Care: An Evolving Role for Child and Adolescent Psychiatrists." The forum will engage AACAP members together with pediatricians in open discussion and critical dialog on the challenges and successes of building collaborative partnerships within the *Medical Home*. ■

Virginia Boosts Mental Health Funding Due in Part to AACAP Member Advocacy

Virginia Governor Timothy Kaine authorized a \$42 million increase in mental health funding. The plan comes largely from AACAP Council Member **Aradhana Bela Sood, M.D.**'s recommendations to fix the gaps in mental health services in Virginia based on findings when she served on the Virginia Tech Review Panel and from her expert testimony. "I am heartened by the governor's plan to increase outpatient clinicians and funding for children's mental health," she says.

Dr. Sood is dedicated to increasing the workforce of trained individuals across Virginia who will serve children and adolescents in need. "As the workforce within the state improves, it will have the effect of improving the delivery of mental health services."

Dr. Sood is Child Psychiatry Faculty Division chair at Virginia Commonwealth University.