Communication and Interaction of Pediatricians with Systems of Care

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A paper presentation at the University of South Florida Research and Training Conference on Tuesday, March 3, 2009

Study Background and Purpose:

Relationship Between Primary Care and SOC

- It has long been recognized that pediatrician involvement in systems of care (SOC) has been severely limited, with a very limited number of actual referrals to SOC stemming from primary care.
- There is a lack of communication and interaction between pediatricians and mental health providers with respect to service planning, medication management, and care of children.
- The extent to which pediatricians in funded communities are aware of and interact with services provided by SOC is unknown.

Pediatric Survey: Purpose

- The purpose of the Pediatric Survey of Child Mental Health Services was to:
  - investigate the role of pediatricians in systems of care
  - learn how pediatricians identify and refer children and youth with mental health needs
  - learn more about the factors that facilitate and inhibit communication and interaction between pediatricians and mental health providers

Study Methodology

- A random stratified sample was drawn from a comprehensive list of pediatricians in target areas that reflected zip code areas of youth participating in SOC programs funded between 2002 and 2004.
- These funded SOC programs included a total of 29 sites located in 17 states and two U.S. territories (Guam and Puerto Rico).
- The sample was proportionally allocated based on the total number of pediatricians in each SOC community.
- 675 pediatricians were identified for the study and 351 (52%) pediatricians responded to the survey.

Practice/Pediatrician Characteristics

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>65.3%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>4.9%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>6.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>20.1%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0.9%</td>
</tr>
<tr>
<td>Prefer not to respond</td>
<td>3.4%</td>
</tr>
</tbody>
</table>
Practice/Pediatrician Characteristics

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>45.1%</td>
</tr>
<tr>
<td>Female</td>
<td>50.7%</td>
</tr>
</tbody>
</table>

Age (Mean) 50.6

Practice Size

<table>
<thead>
<tr>
<th>Practice Size</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric group practice 3-10 pediatricians</td>
<td>30.1%</td>
</tr>
<tr>
<td>Self-employed solo practice</td>
<td>16.3%</td>
</tr>
<tr>
<td>Two physician practice</td>
<td>9.5%</td>
</tr>
<tr>
<td>Medical school or university</td>
<td>8.6%</td>
</tr>
<tr>
<td>Multispecialty group practice with primary and specialty care</td>
<td>7.7%</td>
</tr>
<tr>
<td>Other</td>
<td>27.8%</td>
</tr>
</tbody>
</table>

Patient Information

Average percentage of patients covered by insurance type.

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRICARE (Military)</td>
<td>2.7%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>2.8%</td>
</tr>
<tr>
<td>Uninsured Private, fee</td>
<td>5.8%</td>
</tr>
<tr>
<td>Private, (HMO, IPA)</td>
<td>30.0%</td>
</tr>
<tr>
<td>Public (Medicaid)</td>
<td>34.0%</td>
</tr>
</tbody>
</table>

Average percentage of patients within race/ethnicity categories.

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribal/Reservation</td>
<td>2.0%</td>
</tr>
<tr>
<td>Rural</td>
<td>16.4%</td>
</tr>
<tr>
<td>Urban, not inner city</td>
<td>31.7%</td>
</tr>
<tr>
<td>Urban, inner city</td>
<td>10.3%</td>
</tr>
<tr>
<td>Suburban</td>
<td>49.2%</td>
</tr>
</tbody>
</table>

Geographic location of patients.

Pediatricians’ familiarity with Systems of Care

<table>
<thead>
<tr>
<th>Systems of Care</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhat/Very Familiar with Federal SOC</td>
<td>10.8%</td>
</tr>
<tr>
<td>Somewhat/Very Familiar with Local SOC</td>
<td>10.6%</td>
</tr>
</tbody>
</table>
Interaction with Systems of Care

Among those who were familiar with the local system of care:

- Referred patients to local SOC in past 12 months (n = 44): 27.3%
- Worked with SOC staff in the past 12 months (n = 44): 18.2%

Pediatrician’s role in treatment

- Remain in ongoing communication with MH providers regarding the primary health care of children with MH disorders:
  - 86.5%
  - 63.1%

Mental Health Referral

Pediatricians’ referral to MH services in past 12 months

- Referral Practices:
  - 98.8% Received feedback
  - 77.9% Often/Always
  - 34.7% Telephone call
  - 40.7% Written feedback

Mental Health Referral

Most common methods of feedback from MH providers

- Often/Always Received Feedback:
  - Face to face: 4.8%
  - Telephone call: 5.4%
  - Written feedback: 31.5%
  - Feedback through parent: 44.3%

Communication Between Pediatricians and MH Providers

Difficulty obtaining a consultation from or referral to MH providers

- Not Available / With Great Difficulty:
  - Psychologist: 22.3%
  - Child Psychologist: 35.5%
  - Psychiatrist: 45.6%
  - Child Psychiatrist: 53.9%

Communication Between Pediatricians and MH Providers

Most commonly cited barriers to connecting children to Mental Health Services

- Barriers:
  - Shortage of providers: 69.0%
  - Insurance/Finance: 66.8%
  - Companionship: 20.0%
  - Lack of commitment from parent: 15.9%
  - Families refuse to admit problem: 12.1%
**Communication Between Pediatricians and MH Providers**

Most commonly cited strategies for addressing barriers:

- Increase family reimbursement
- Increase number of providers
- Increase funding for training
- Increase communication between PCP and MHP
- Education of patients, families, community

**Conclusions**

- Very few of the pediatricians surveyed in this study were familiar with the federal SOC initiative, or with their local SOC programs.
- Even among those pediatricians familiar with the local SOC program, relatively few had made referrals to the program.
- A majority of pediatricians surveyed perceive that a shortage of mental health providers exists within their geographic area.
- Pediatricians report a lack of feedback from mental health providers about referrals they have made to mental health providers.

**Implications**

- Survey results indicate that systems of care is not effectively integrating primary care into system of care communities.
- Study results do, however, provide insight into how pediatrics can be more effectively integrated within the systems of care community, both in terms of referrals and in the provision of a more integrated and appropriate service array for participating children, youth, and their families.

**Implications [cont.]**

- Pediatricians recommend increasing the number of available mental health providers to increase access to mental health services.
- The lack of communication between pediatricians and mental health providers, however, indicates that merely increasing services may not be sufficient to increase pediatrician involvement in systems of care.

**Implications [cont.]**

- The strategies identified by pediatricians that may be the most comparatively simple to introduce to improve pediatrician involvement in systems of care include increasing funding for training and educating patients, families and communities. It may be useful to focus programmatic efforts there to improve involvement.
- Study results have implications for how the program can more effectively integrate primary care throughout systems of care; multiple gains for children, youths and families will result from more effective integration.
- The increased emphasis on a public health approach in systems of care and other programmatic efforts to engage the primary care child-serving sector can also offer strategies to improve communication and service integration between systems of care and pediatricians.
DHHS2  We need to either specify the additional insights that were generated by this study. If there are no additional findings stemming from the study, then we need to drop this bulleted text.
DHHS, 1/21/2009

DHHS3  We need to either specify the additional insights that were generated by this study. If there are no additional findings stemming from the study, then we need to drop this bulleted text.
DHHS, 1/21/2009

DHHS4  Kara - Not sure I agree with this statement anymore - this study identifies and documents the problems well, but have we learned enough to know how to intervene to change this pattern of limited pediatrician involvement? If not, perhaps we need to soften this statement some. I did slightly reword inorder to soften this same.
DHHS, 2/25/2009