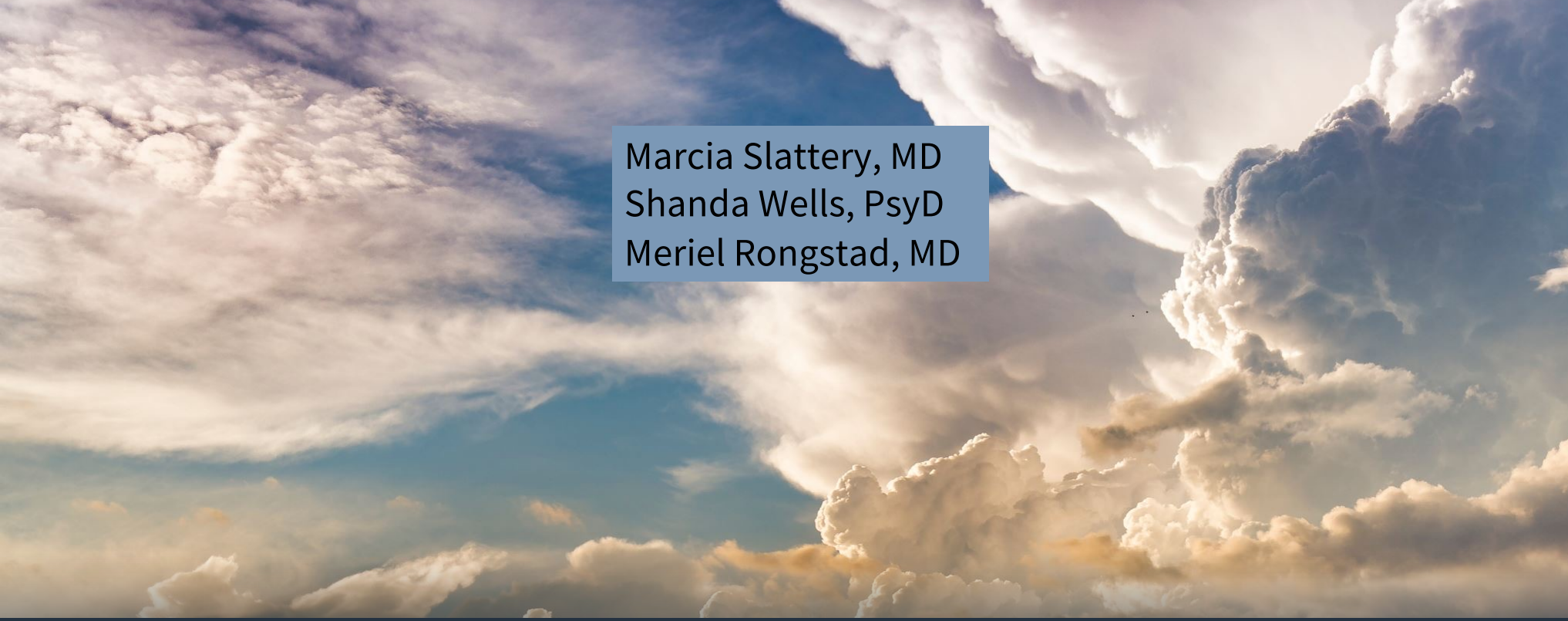


# Pediatric Collaborative Care Review

State of the Program: Sept 17, 2024



Marcia Slattery, MD  
Shanda Wells, PsyD  
Meriel Rongstad, MD

# Conflict of Interest

The planner and speakers of this CE activity has no relevant financial relationships with ineligible companies to disclose.

The speakers do intend to discuss any unlabeled or unapproved use of drugs or devices.



**Department of Pediatrics**  
UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

**Text: 608-260-7097**  
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Please take a moment at the end of the session to complete your evaluation.

Thank you!



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# Learning Objectives

- Describe the current state of pediatric mental health workforce in Dane County and Wisconsin
- Review the core principles for effective collaborative care
- Review the current state of UW Health Pediatric CC, and Identify areas for improvement in our model
- Identify areas for resident engagement in the collaborative care model



# Wisconsin Youth Risk Behavior Survey 2023, WI Dept of Instruction

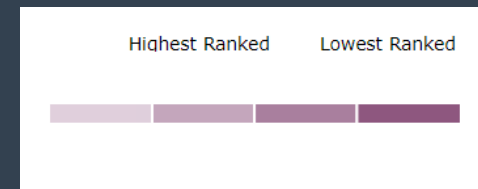
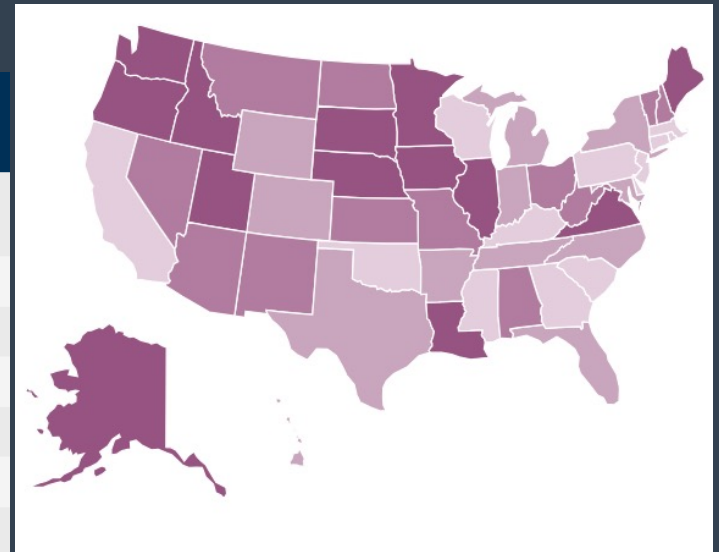
- 1882 high school students
- 59% reported at least one mental health challenge in the past year
- 1 in 5 who felt sad, angry, anxious said they received the help they needed
- More than half the students reported anxiety, up from 40% of students in 2017
- A third felt depressed, up from 24% in 2013
- Suicide: 18.6% seriously considered suicide, 14.9% made a plan to attempt suicide, 8.7% attempted suicide



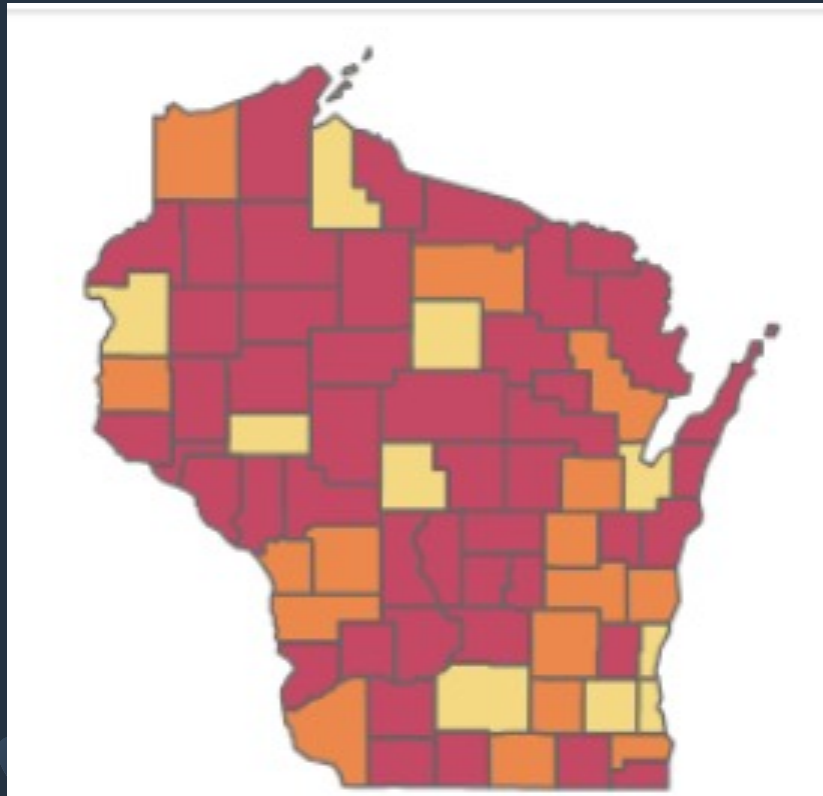
# Youth Ranking 2023 from Mental Health America

[Youth data 2023 | Mental  
Health America  
\(mhanational.org\)](#)

Rank ^	State
01	District of Columbia
02	Delaware
03	Wisconsin
04	Pennsylvania
05	Massachusetts
06	New Jersey
07	New Hampshire
08	Connecticut
09	Nevada
10	Oklahoma



# County Data for Child Psychiatrists



Mostly Sufficient Supply (>=47) | High Shortage (18-46)\* | Severe Shortage (1-17)\* | No CAPs

[Workforce Maps by State](#)  
([aacap.org](http://aacap.org))

County	CAPs	CAPs/100K children	Pop<18 yrs
Dane	46	41	111,550
Columbia	0	0	12,196
Sauk	0	0	14,743
Green	0	0	8,063
Rock	2	5	37,158
Milwaukee	44	20	221,958
Ozaukee	7	36	19,294
Brown	12	19	62,444
Ashland	1	29	3,434

# Pediatric Mental Health Challenges

- Problem/Challenge:

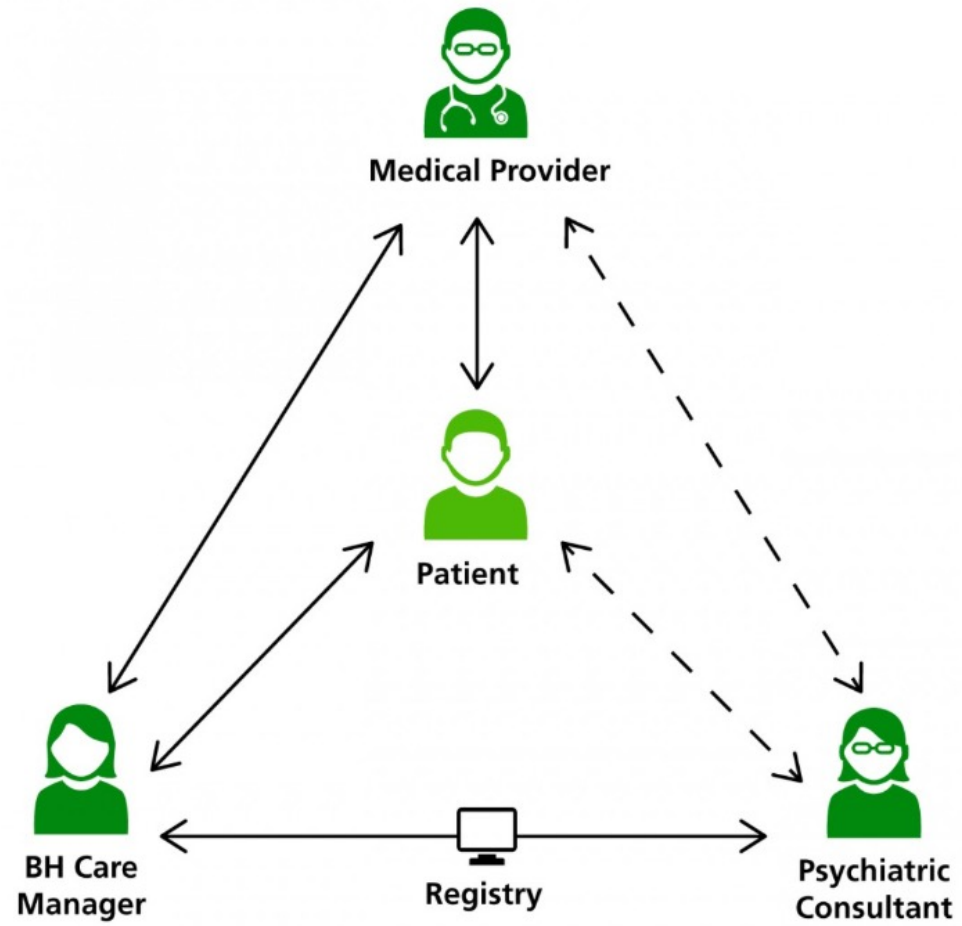
- Mental Health conditions and treatment need has exponentially increased and continues to rise
- Specialty mental health providers, especially Child/Adolescent Psychiatrists, are in very high demand and limited in number

- Addressing the Problem/Challenge:

- Maximize PCP knowledge and skill in assessing and treating pediatric MH conditions (AAP)
- Maximize appropriate use and efficiency of Pediatric Collaborative Care Program







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# Role of the Behavioral Health Consultant

01

## **Understand the pace of a primary care clinic**

- PCP sees 18-20 patients per day vs psychiatrist seeing 14-15
- Primary care appointments are 15-30 min vs 45-60 in Psychiatry

02

## **Care Management**

- Warm handoffs
- Outreach

03

## **Engage in active treatment with evidence based approaches**

- Problem solving treatment
- Behavioral activation
- Motivational interviewing

04

## **Huddle with Team Psychiatrist**

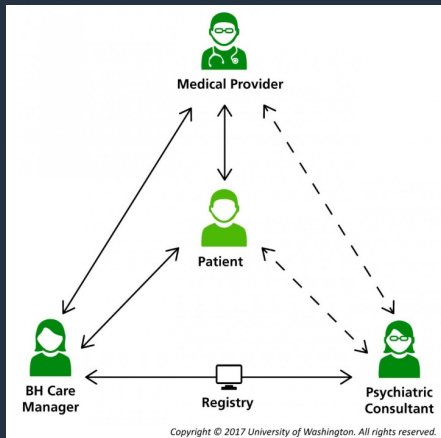
- Communicate requested changes in care with PCP

05

## **Discharge patient from Collaborative Care within a year**

- Relapse prevention
- Escalate to a higher level

# Role of the Team Psychiatrist



Psychiatric Expertise

Partner with BHC and PCP

Focus the Team

- Case Review Process (Goal: review all patients on BHC Reporting Work Bench)

Recommendations

- Diagnosis
- Psychotherapy
- Pharmacotherapy
- Psychoeducation

# Appropriate Referrals

- Mild to moderate anxiety
- Mild to moderate depression
  - Considerations of Who to Refer to CC vs Who to Refer for Higher Level of Care:
    - Severity of Symptoms
      - Safety (child/others eg harm, aggression), Function (e.g. school attendance), Distress
    - Chronicity
    - When in doubt: Ask your BHC
- 14 year old with 2 “panic attacks” in prior months. Anxious about starting high school.
  - **Target Symptoms:** worry about upcoming experience (HS), Physiological symptoms of anxiety
- 11 year old with anxiety, worries of becoming lightheaded/dizzy and “passing out”; attending school
  - **Target Symptoms:** worry, reassurance-seeking, somatic symptoms of anxiety
- 8 year old with resistance to separate from parent at home and for activities; tantrums with separation; attending school
  - **Target Symptoms:** Worries, separation resistance/anxiety, tantrums

# Inappropriate Referrals to Pediatric Collaborative Care

- Chronicity
- Severity
- Level of impairment
- Wait time to access higher level of care
- 17 yo with long history of depression and anxiety; Past SI; active SH. PMH: on sertraline, trazodone. Unstable home life, multiple past schools; failing most classes. Teen questions whether she has bipolar disorder; reports hearing voices. Recently at Dane Co Crisis Center.
  - Concerns for CC appropriateness: chronicity, severity, safety
- 6 year old with 6-9 mo h/o “meltdowns” at home and school ; unable to attend school due to level of physical aggression and running out of the classroom; worries about monsters
  - Concerns for CC appropriateness: safety, functional impairment

# Pediatric Resident Participation

## New ACGME requirements: take effect 2026

- Convert 3 months of inpatient work to ambulatory primary care
- One of those months should be Mental Health

## Run PCP registry

## Run TP registry

## Join TP meetings with BHC

## Shadow BHC during patient contact

## Asynchronous Learning

- Video library from this series covering co-morbid conditions, medications
- Review training videos from the AIMS institute introducing Collaborative Care

# Pediatric Collaborative Care

- Questions?
- Your experiences?
- Areas of Improvement?

