



HASSENFELD
**CHILDREN'S
HOSPITAL**
AT NYU LANGONE

Sala Institute for Child and Family Centered Care

Why & How: Integrated Behavioral Health in Chronic Illness Care

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Disclosures

- K. Ron-Li Liaw, MD and Becky Lois, PhD have no conflicts of interest to disclose.

Learning Objectives

1. Describe the current crisis, gaps, and barriers in addressing behavioral health within chronic illness care.
2. Develop coproduction and improvement science strategies for integrating behavioral health in chronic illness care.
2. Discuss integrated behavioral health implementation challenges and lessons learned

Hassenfeld Children's Hospital at NYU Langone



Realizing the Vision

In the past four years, the Sala Institute has evolved and matured into a **robust platform** for **generating innovative ideas** in **children's healthcare** and integrating these novel approaches throughout our organization while also sharing far beyond **for the good of all children**.





KiDS of NYU Foundation Center for Child and Family Resilience

Fostering the care, comfort, and well-being of children, families and staff

Center for Child and Family Resilience

Strategic Goals

- Enhance and develop programs to provide **cop**ing, **com**fort, **and resilience** support for patients, families, and staff
- Develop and refine a comprehensive measurement strategy to assess the **effectiveness and impact** of resiliency programs



Childhood Chronic Illness

- 1 out of 5 children in the U.S.
- 15 million children under the age 18
- Receive only 50% of recommended care

Childhood Mental Illness

- 1 out of 6 children in the U.S.
- Over 10 million children under age 18
- Fewer than 20% receive any mental health care

“any **physical**, **emotional**, or **mental** condition that prevented him or her from attending school regularly, doing regular school work, or doing usual childhood activities or that required frequent attention or treatment...”

Van Cleave et al. (2010); Mangione-Smith et al. (2007); Patel V et al. (2010)





Why Integrated Behavioral Health?

- Across pediatric chronic medical conditions, when compared to healthy peers:
 - Higher prevalence of depression & anxiety (2-3x that of community samples)
 - Medical non-adherence rates of 50%
 - Twice the number of missed school days over the course of the year
- Chronic medical and mental health comorbidity rates range from 10 to 40%
 - Cardiac
 - Lupus
 - Diabetes
 - Cystic Fibrosis
 - Epilepsy
 - Inflammatory Bowel Disease

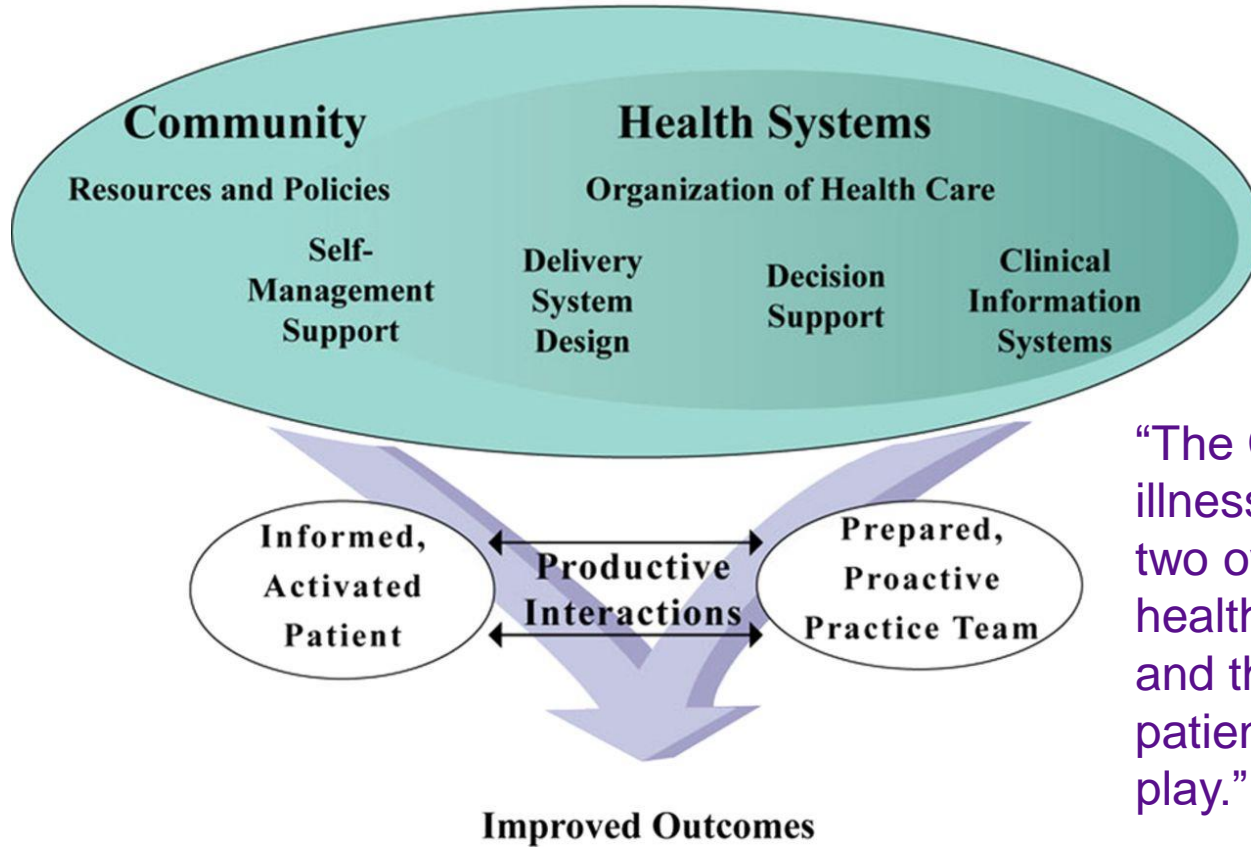
Quittner et al. (2014); Szigethy et al. (2014); Reigada et al (2011); Katon et al (2005)

Childhood Mental Health Treatment Gap

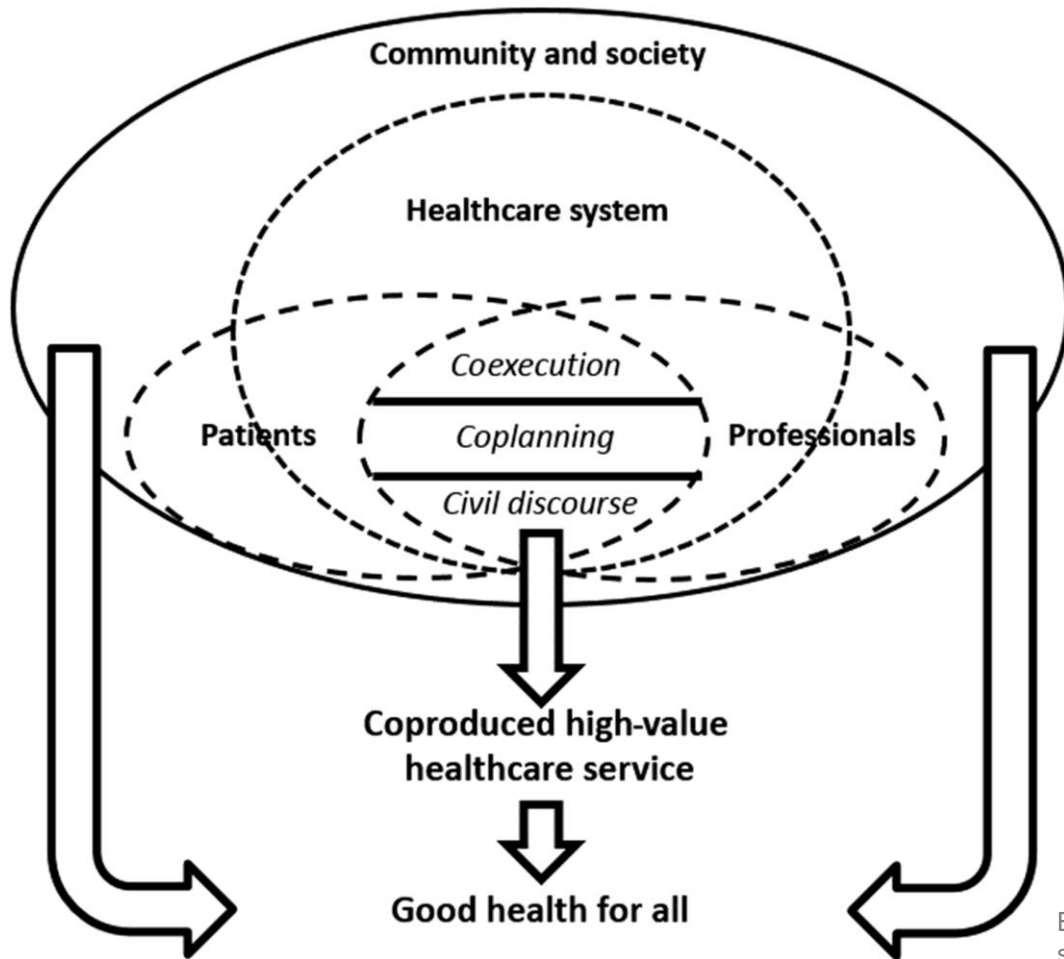
- Despite frequent contact with health care providers, the unique emotional needs of children and adolescents with chronic illness are often left **unidentified and untreated**.
- **Screening** is an important initial step in identifying kids in need of additional emotional support and mental health services.
- In the US, **only 20%** of children with an identified emotional or mental health issue saw a mental health specialist.

Katon, WJ (2003); CDC (2006); APA (2006)

The Chronic Care Model



“The CCM envisions chronic illness care as occurring within two overlapping spheres – the health care system at large and the contexts in which patients live, learn, work, and play.”



Model of Healthcare Service Coproduction

“Services, however, are fundamentally different than products; unlike goods, services are always *coproduced*”

Batalden M, et al Coproduction of healthcare service. *BMJ Qual Saf* (2015).



Integrated Behavioral Health Program Coproducton & Improvement



Patient and Family Engagement

Patient & Family Engagement



Family Consultant
Family Education



Family Advisory Council (FAC)
Youth Advisory Council (YAC)



Senior Family Advisors



Diversity Advisors

Coproduction: Before & After

NYU Fink Children's Ambulatory Care Center
160 E 32nd Street, New York, NY 10016
212-263-5940

Have you been feeling...

- Anxious or full of worry?
- Sad or generally unhappy?
- Overwhelmed?
- Irritable or short tempered?
- Lonely or alone?
- Guilty? Worthless?
- Does your future feel hopeless?
- Like a failure?
- Numb?

Do you...

- Sleep too much or too little?
- Use alcohol or drugs to get through the day?
- Eat more or less than you used to eat?
- Have trouble concentrating or making decisions?

What about experiencing...

- An overwhelming sense of worry or fear?
- Obsessive thoughts that won't go away?
- Compulsive actions or restlessness?
- Panic attacks?

If you answered "yes" to any of these questions, or have experienced similar conditions that are disrupting your daily living, your pediatric gastroenterology team here at Fink wants to help. In association with the NYU Child Study Center, we invite you to participate in a research study designed to address the symptoms of depression and anxiety that you are experiencing.

Fink Children's Ambulatory Care Center



If you answered "yes" to any of these questions, your pediatric gastroenterology team here at Fink wants to help.

You might be eligible for a research study at NYU Langone for teens and young adults ages 12 - 21 years with inflammatory bowel disease, such as Crohn's Disease or Ulcerative Colitis, and depression and/or anxiety.

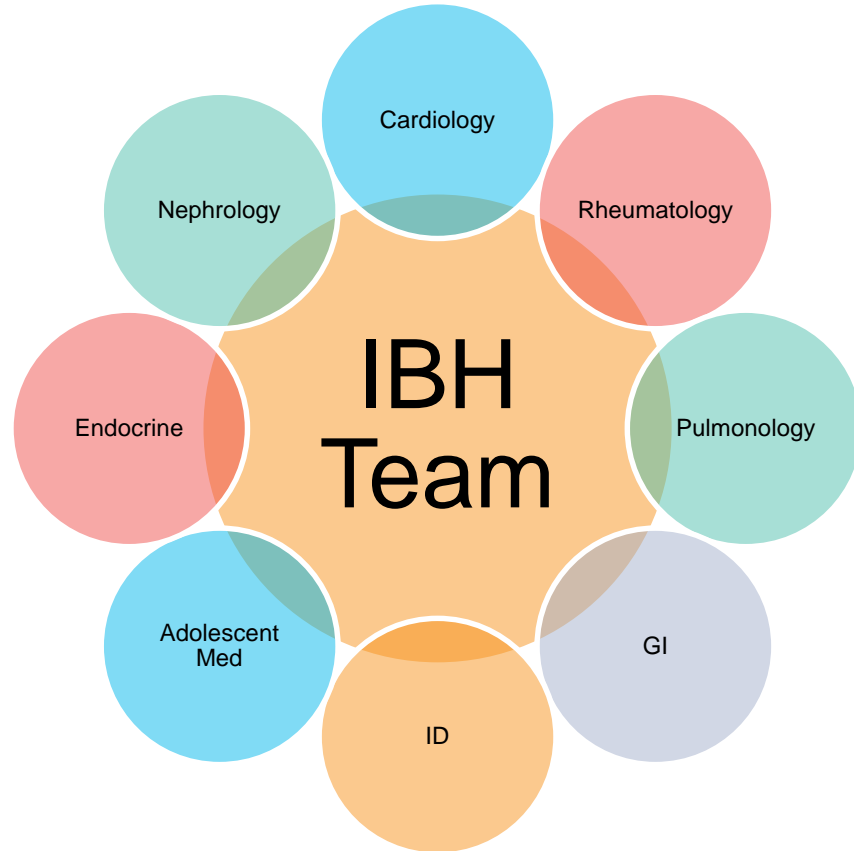
Eligible Participants will receive:

- A no-cost evaluation to share your stresses or concerns
- Free counseling or help getting connected with a mental health provider
- You may be eligible to get up to \$50

For more information, contact Jeanne Cho
Jeanne.Cho@nyumc.org
646.754.7045

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Ambulatory Pediatric Specialty Care

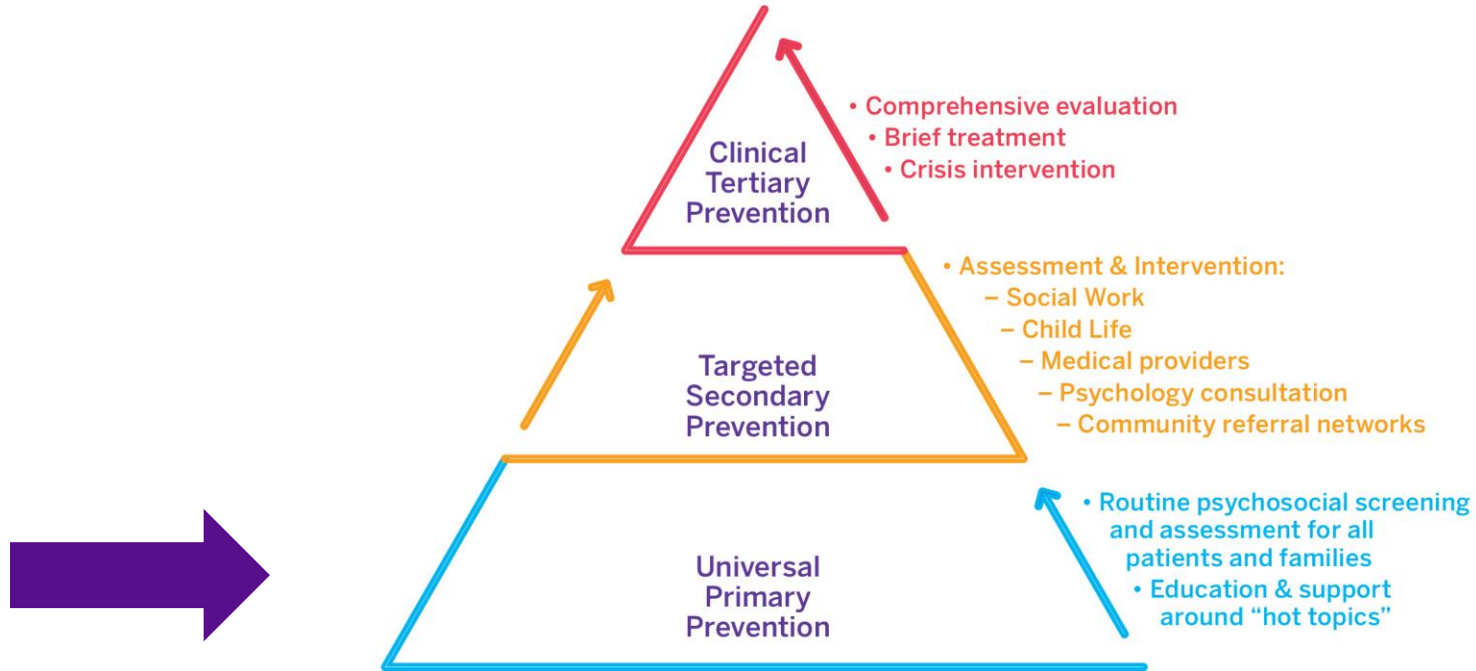


Our Mission

- The Integrated Behavioral Health Program is led by a multidisciplinary team utilizing a patient-centered, strength-based approach to facilitate:
 - Healthy coping
 - Adjustment
 - Overall wellness
- The program partners with providers, patients, families, and the community in an integrated model to foster connections, promote resilience, and enrich the patient-provider experience.



Integrated Behavioral Health Stepped Care Model



Universal / Primary Prevention: Mental Health Screening

- 20% of U.S. children, either currently or at some point during their life, have had a seriously debilitating mental disorder (NIMH; Merikangas et. al, 2010)
- ~50% of these children receive mental health treatment (CDC, 2012)
- *Pediatrician is the most common point of contact*
- **Why screen in subspecialty care?**
- **higher prevalence rates of MH disorders in children with chronic illness as compared to general population**

Mental Health Screening: Standardization & Customization of PRO Tools

- *Depression*
 - PHQ-2, 9/A*
- Anxiety
- Quality-of-Life
 - PedsQL core & disease modules (parent & child report)
- Family Stress
 - Stress Thermometer
 - PedsQL Family Impact Module

Fink Screening Initiative

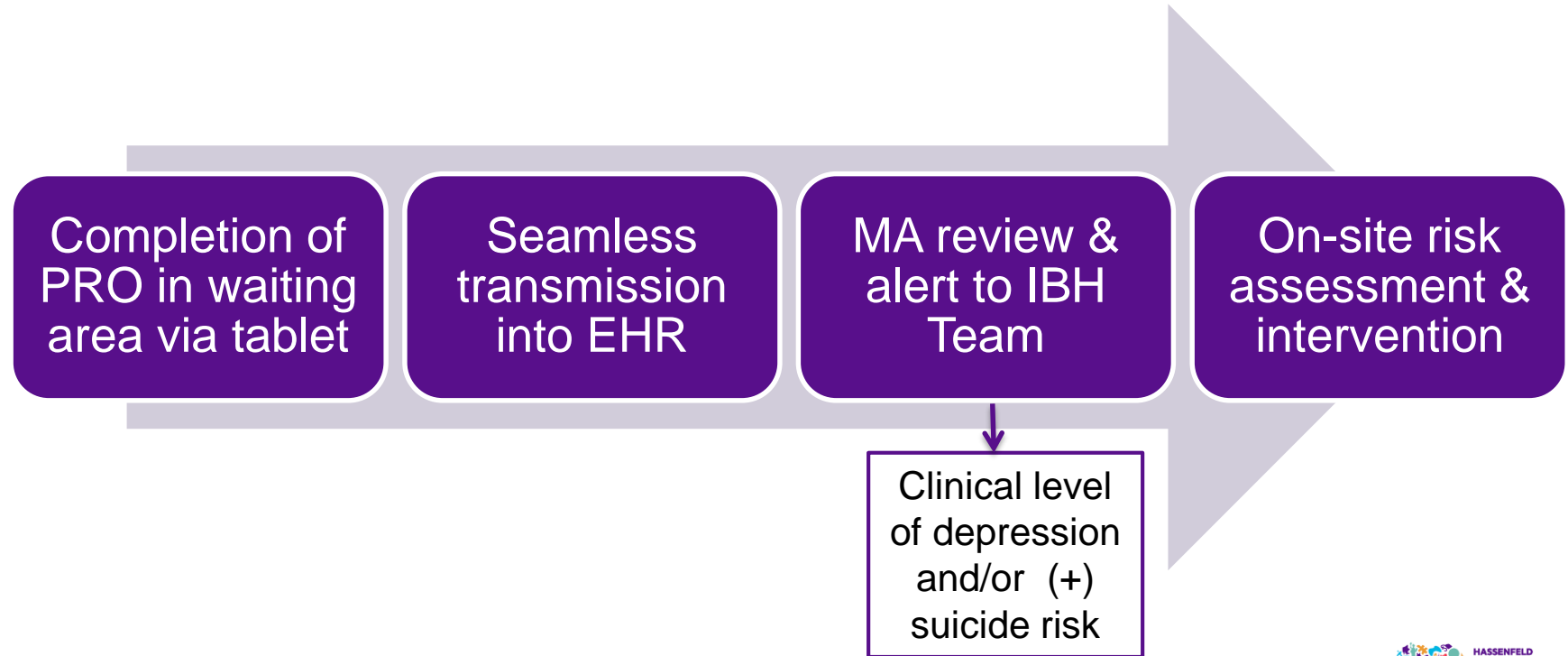
Identifying Risk and Improving Outcomes: Partnering with Families to Support Pediatric Patients and Families

	# Screened	% of Eligible	Positive Scores	Positive PHQ	Positive SCARED/GAD
<u>IBD</u>					
Patient report	66	38%	28 (42%)	10 (15%)	18 (27%)
<u>CF</u>					
Patient report	73	100%	3 (4%)	2 (3%)	1 (1%)
<u>Gender</u>					
Patient report	44	30%	14 (35%)	14 (35%)	N/A
TOTAL	183		<u>45 (25%)</u>		

Achieving the Ideal State: Partnership with Population Health

- NYU Langone Health was awarded one of 29 Practice Transformation Network awards from the Center for Medicare and Medicaid Innovation, as a part of its Transforming Clinical Practice Initiative (TCPI)
- TCPI GOAL: transform ambulatory health care delivery to produce better outcomes and reduce costs
 - improve workflow, patient experience and staff satisfaction
- TARGET: Universal mental health screening at The Fink Center
 - Pilots:
 - Cystic Fibrosis
 - Adolescent Medicine/Gender

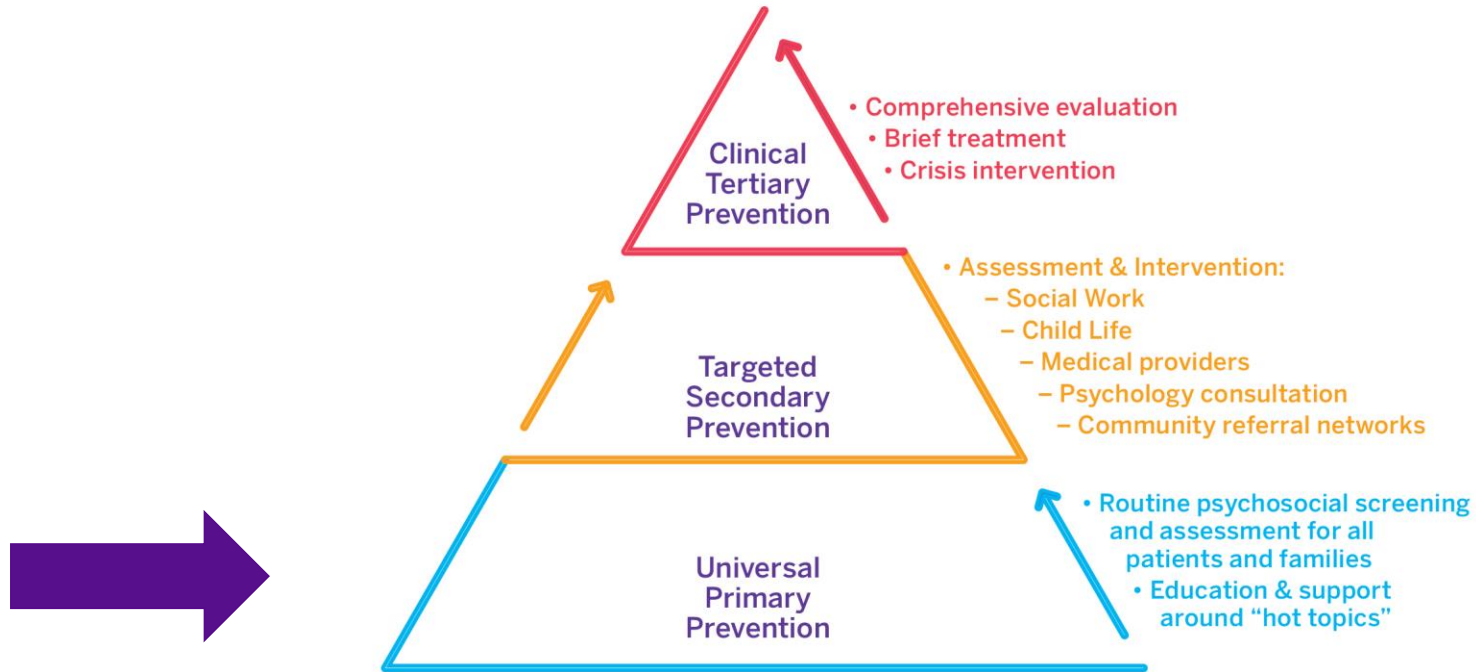
Ideal Screening Workflow





Matched Interventions

Integrated Behavioral Health Stepped Care Model

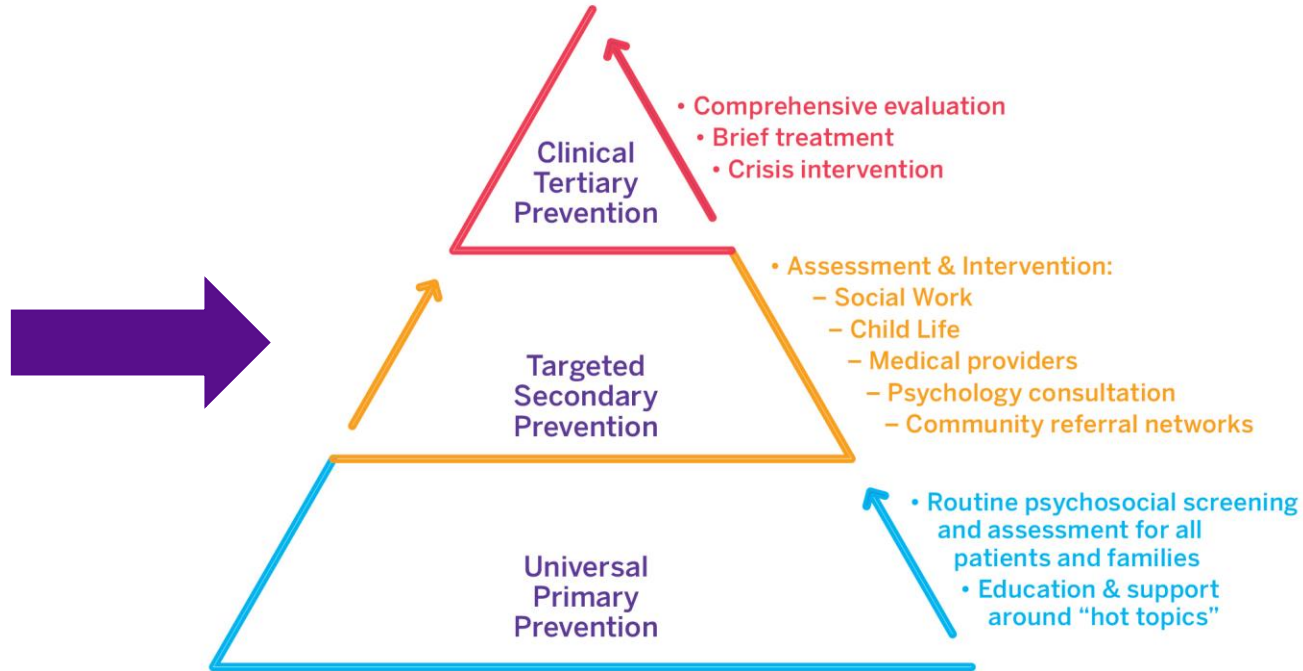


Primary Prevention Intervention: Educational Groups & Workshops

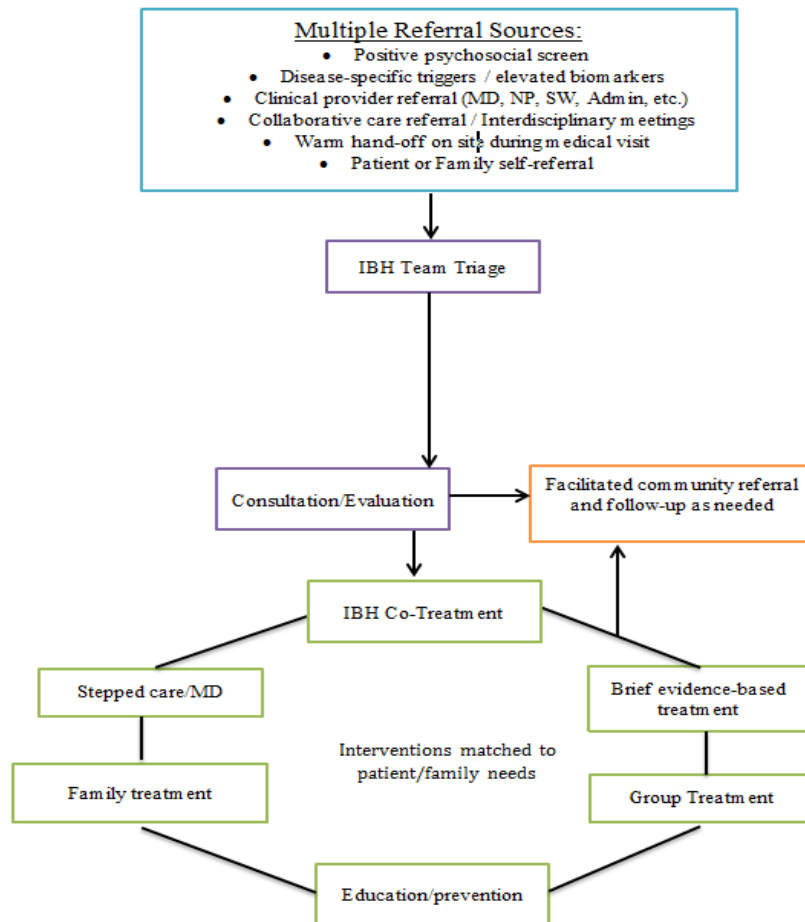
- Illness-specific groups
 - Coping & communication focused
 - Patient-parent-provider partnership
- Workshops to promote resilience
 - Decreasing Distress and Increasing Success Around Your Child's Health



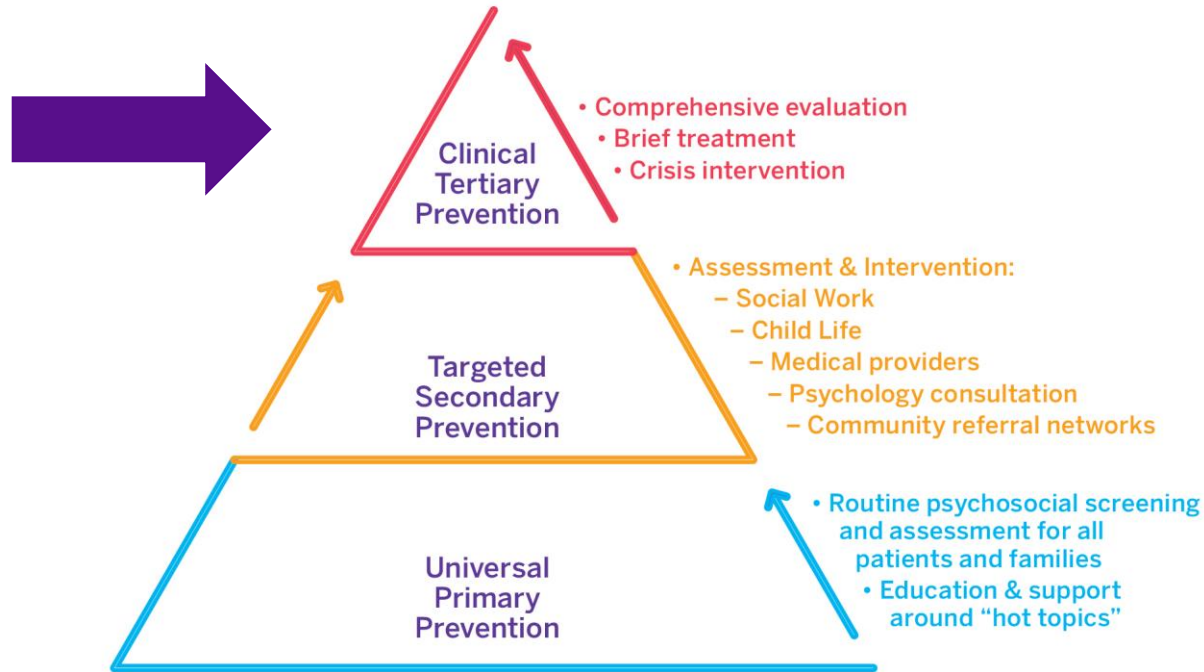
Integrated Behavioral Health Stepped Care Model



Fink Integrated Behavioral Health Workflow



Integrated Behavioral Health Stepped Care Model



Behavioral Emergency Response Protocol: Algorithm for Risk

DRAFT

- Positive for suicidality during screening
- Patient/family verbal report of SI
- Other behavioral emergency

Is patient safe to go home?

Yes

Discharge home with services:
• Possible follow-up treatment with Fink IBH team

Follow up with pt & family within the week and update Fink med provider.

No

Transfer to Bellevue C-CPEP

Inform family of plan (with MD/NP if possible).
TWO STAFF MEMBERS MUST BE PRESENT.

Call Peds Transport Team: 855-733-5761
Call 911 if patient is not in behavioral control (inform Peds Transport Team of 911 call)

Fax assessment to CCPEP: 212-562-3665

Primary IBH team member follows-up with Bellevue next day and updates team and provider via email.



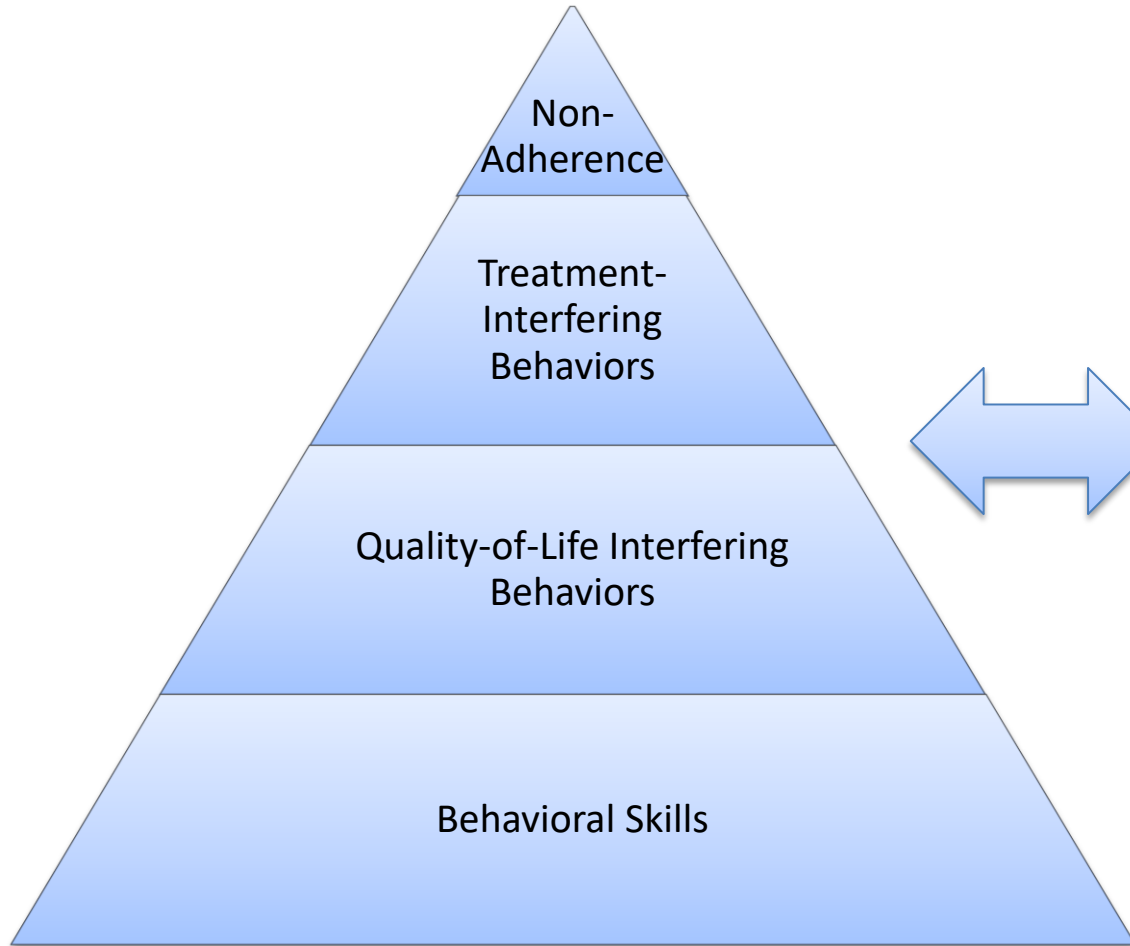
Integrated Brief Behavioral Therapy (IBBT)

- 4-8 sessions based on presenting problem
 - Rapport building, orientation to treatment, psychoeducation
 - Skill building: mindfulness, relaxation, cognitive restructuring, behavioral activation, problem-solving
 - Emphasis on illness adjustment & acceptance
 - Relapse prevention: how to cope ahead for the roller coaster

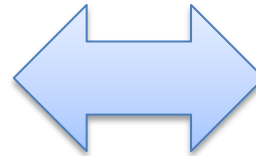
Adaptation of DBT for Adolescents with Chronic Illness (DBT-CMI; Lois & Miller, 2017)

- Focus on medical non-adherence as the target behavior to treat
- Conceptualize non-adherent behavior as a product of:
 - emotional avoidance
 - lack of illness acceptance
 - negative reinforcement

DBT-CMI Treatment Hierarchy



Secondary Targets



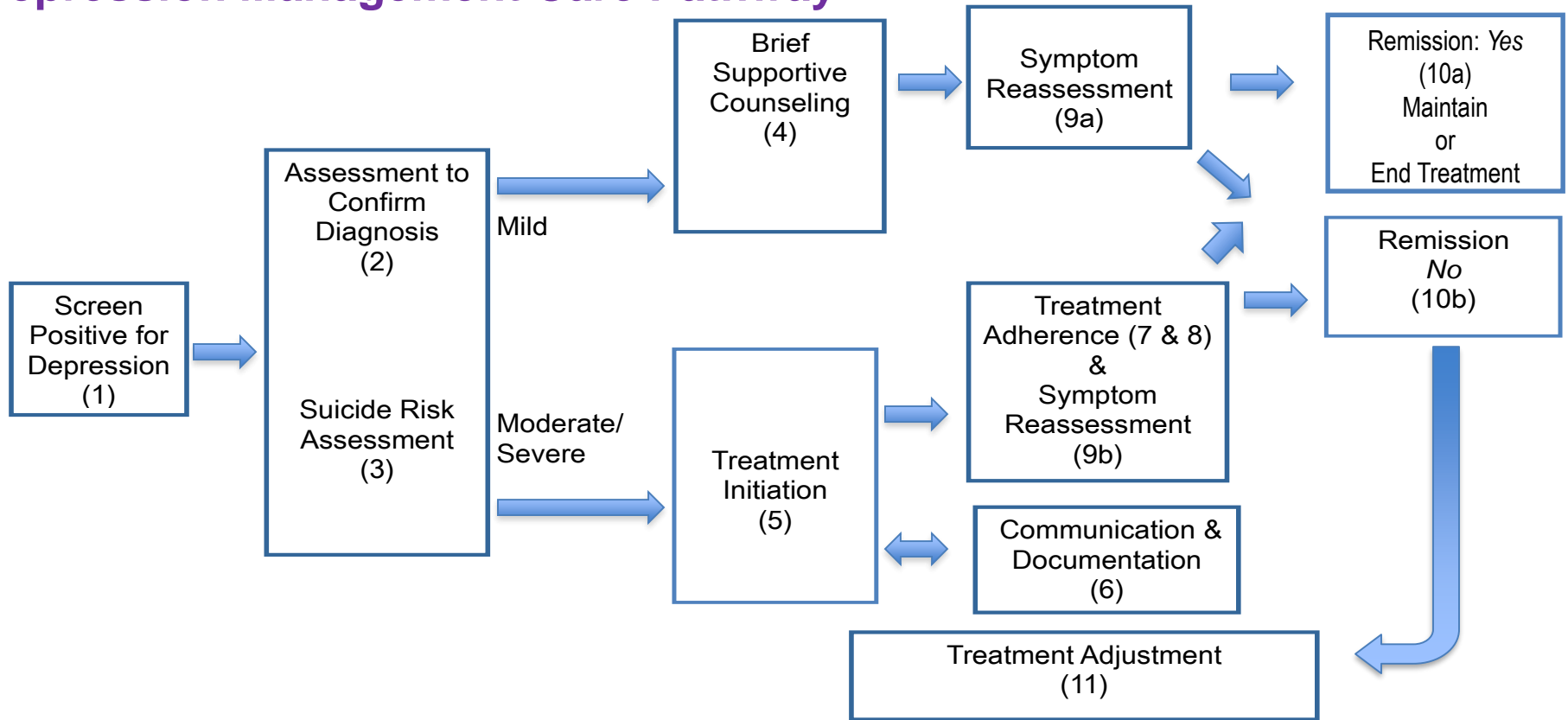
High emotional
vulnerability;
Avoidance

Teen Social
Pressures (peer,
parent, MD)

Shift of Illness
Responsibility
(parent ↔ teen)

Non-Acceptance/
Invincibility

Depression Management Care Pathway





Outcomes & Testimonials

IBH outcomes to-date: Process

- Since program initiation in 10/2016:
 - 3676 IBH encounters with patients and families (Social Work, Child Life, and Psychology)
 - 800 psychology encounters
- Screening initiative:
 - Screened 183 patients across three subspecialty clinics, with 25% reporting elevated mental health risk
- Survey of Fink patients & families:
 - 50% of parents were aware of IBH services on-site
 - 64% of patients were aware
 - Majority (85%) were interested in receiving these services if/when needed
 - Majority (83%) were interested in 1:1 support

IBH outcomes to-date: Outcome

- Behavioral Emergency Response Protocol implementation (4/2017): resulted in 10 imminent risk assessments (1/month)
 - 60% required ER transfer (1 psych admission)
- Medical team report: Level of integration with behavioral health services (IPAT; SAMHSA tool)
 - Level 1 (minimal collaboration) - Level 6 (full collaboration in an integrated practice)
 - Baseline average (2/2017): 3 (basic collaboration on site)
 - Post-implementation (2/2018): 4 (close collaboration onsite with some systems integration)

Medical Provider Level of satisfaction with IBH services

Time it takes to find mental health providers



Availability of IBH appointments for my patients



Ease of referring a patient for IBH appointments



Feedback from IBH providers about my patients



IBH care received by my patients

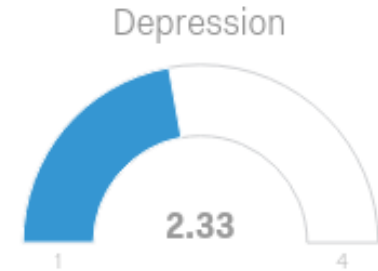
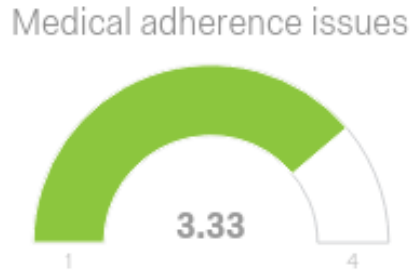


My job as a pediatrician/nurse/etc as it relates to the mental health needs of pediatric patients

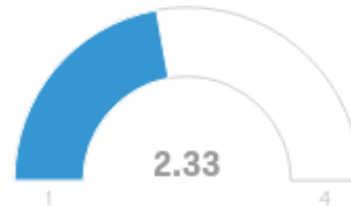


Note: 1=not at all satisfied; 4=extremely satisfied

Self-rated competencies when dealing with MH issues: Ongoing Opportunities



Next steps to take after your patient
has a positive mental health screen



Note: 1=not at all competent; 4=extremely competent

Testimonial: Faith, 20 y/o with Cystic Fibrosis

“The Integrated Behavioral Health team at Fink have not only been an amazing addition to my CF team but also key members of my personal support system . . . As soon as therapy entered my life, many “Aha!” moments of self-discovery and CF management were able to arise. Little did I know how much CF actually affected my emotional wellbeing . . . If mental health had been considered a factor earlier, I do believe my journey with CF would have had a smoother transition into adulthood . . . It is a wonderful feeling to sit across from someone who knows and understands my story beyond the constraints of Cystic Fibrosis.”

Thank you

Presentations available:

www.childrenshospitals.org

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