Small Group Discussion Notes

Topic: Translating research to practice in diverse settings – Primary Care

Existing Resources

- *From Paul Carbone (UT)*: The Neurobehavior HOME Program in Salt Lake City is a Medicaid-funded, capitated contract for comprehensive medical and mental health services. Because it is capitated, they can be flexible and efficient in care delivery. They typically meet at least every three months with each patient, have hour-long appointments, and often have both the medical provider, psychiatrist, and behavioral provider in the appointment together. There are approximately 50 staff providing services, including case management. They found that each patient uses ~12 hours of care coordination per year, and that for each incremental increase in the care coordinator staff they see a linear reduction in costs and hospital care needed. Here are two articles that describe the program in more detail:

From Co-Location to Integrated Teams

Building a Person-Centered Me

- *From Alice Kuo (CA)*: The UCLA program is a Med-Peds clinic designed as a full-service, interdisciplinary practice rather than an ASD/DD specific practice. Thus, they are fully staffed for after-hours coverage, etc. They use a traditional fee-for-service model, but the services offered by allied health professionals (dieticians, psychology, etc.) are free. Because of the contributions from the allied health providers, the billing providers can see more patients. The payor mix is approximately 10% Medicaid (most of those are individuals with disabilities). The staff is very comfortable with patients with ASD/DD and will take the time necessary to help patients through the visit, etc. Because they make this time investment early on, the patients are much better able to tolerate physical exams and other procedures throughout life.
- *From Stephanie Weber (OH)*: Ohio uses the Medicaid Technical Assistance and Policy Program (MEDTAPP) which teaches about how to work with Medicaid
- *From Kurt Freeman (OR)*: Senate Bill 832 (language attached below) has allowed our psychology LEND interns to bill for same day consultations in general pediatric clinics, as well as for us to create (and bill for) a general pediatrics behavioral health clinic. The latter is a brief session service (1-3, sometimes more) to either provide focused evidence-based interventions for various presenting issues, or to provide stabilization and maintenance while patients seek more intensive mental health care. The psychology interns provide these behavioral health services to all general pediatrics patients, including those with special health needs/disabilities, and provide indirect and direct training to pediatric residents regarding addressing emotional/behavioral challenges.

Senate Bill 832.pdf

Obstacles or Challenges Experienced

- *From Toni Whitaker (TN)*: We have had at least one local Pediatrician (with a little local spread) performing fairly consistent secondary screening for Autism with the STAT. She was trained in a joint venture with Boling Center and we gave direct feedback as she needed it. Our challenges were finding time to connect with her regularly (we made it work well with one person, but larger groups would take more dedicated time). Her challenge was initially in getting her practice to allow her the dedicated time to perform longer visits (when pay wasn't always as good). Over time, her practice did seem to see the value of having someone "in house" to tackle developmental issues and has expanded this a bit. The Tennessee Chapter of AAP has been working to continue this model (training for Pediatricians).
- *From Alice Kuo (CA)*: There is a gap in continuity clinic training for residents around developmental screening.
- For funding opportunities, there seems to be a gap around developing and testing care models or EHR infrastructure. AHRQ focuses on dissemination of evidence-based models, but not necessarily on creating them.

Opportunities for Grantee Collaboration

- *From Paul Carbone (UT) and Alice Kuo (CA)*: The AAP supports a primary care research network called Pediatric Research in Office Settings (PROS), where community pediatricians can integrate a clinical research protocol into their practice – like a "citizen science" approach to primary care research; it might be feasible to create a PROS protocol around autism.
- Other research ideas included commonly studied health outcomes like access to and use of regular primary care; other outcomes used by groups include the Aberrant Behavior Checklist (Ohio), and the Parent Concerns Questionnaire (ATN).
- EPIC might see a benefit to integrating developmental screeners into the software if enough folks suggested it or complained about it.

Lessons Learned

- *From Toni Whitaker (TN)*: Every primary Pediatrician is not right for this role, but a handful of those who have a specific interest will help with bottlenecks in getting diagnoses and services.