

**Massachusetts Child Psychiatry Access Project (MCPAP)
Primary Care Clinician (PCC) Satisfaction Survey
Fiscal Year 2011 (July 1, 2010 through June 30, 2011) with
Multi-Year Analysis including Baseline, FY 2008, FY 2009,
and FY 2010**

July 2011

Summary

MCPAP PCC satisfaction survey results have remained steady over the past four years included in this analysis. Positive results for FY 2008 through FY 2011 are all significantly above baseline on statements regarding adequate access to child psychiatry, ability to meet the needs of children with psychiatric problems, and ability to receive a child psychiatric consultation. Respondents agreed that they find the child psychiatric consultation that MCPAP offers to be helpful. Fifty-two percent of respondents indicated that they are comfortable diagnosing and treating patients with behavioral health issues within primary care. Of those 52 percent, 71 percent of respondents attribute this level of comfort to MCPAP services. This is particularly true in southeastern Massachusetts, where 83 percent of respondents credited their comfort with diagnosing and treating patients with behavioral health issues to MCPAP. Written comments indicate that while respondents are generally pleased with the service MCPAP offers, they believe that more can be done to improve access in Massachusetts.

FY 2011 Response Rate

In FY 2011, MCPAP sent 2,364 surveys to each individually enrolled primary care clinician across the state. We currently have approximately 98 percent of primary care clinicians in Massachusetts enrolled with MCPAP. For the FY 2011 analysis, 664¹ respondents filled out baseline (“Before using MCPAP”) surveys. Subsequently, we received 478 (“After enrolling in MCPAP”) completed surveys (20 percent return rate). Of these 478 respondents, 453 of them used the service in the past fiscal year. With the exception “Details regarding comfort level of respondents in diagnosing and treating patients within primary care,” this analysis excludes data from respondents who indicated on the survey that they did not use MCPAP services. All baseline data were included in our FY2011 analysis, and surveys were sent

¹ Please note that number of baseline surveys changes from year to year as we add new primary care clinicians to our program.

to all MCPAP-enrolled primary care clinicians regardless of whether or not they had previously filled out a baseline survey.

Results Over Time

This analysis includes results for baseline (before receiving services from MCPAP), FY 2008, FY 2009, FY 2010, and FY 2011. Respondents graded the four statements below on a likert scale (strongly disagree, disagree, no opinion, agree, strongly agree, 1-5). We collected baseline data for the first three statements listed below. The last statement (4) was not included in the baseline survey.

1. There is adequate access to child psychiatry.
2. Since participating in MCPAP, I feel that I am usually able to meet the needs of children with psychiatric problems.
3. When I need a child psychiatric consultation, I am able to receive one in a timely manner.
4. I find child psychiatric consultation that MCPAP offers to be helpful.

In FY 2008, FY 2009, FY 2010, and FY 2011 (“After MCPAP”), the mean scores for the first three statements were significantly above baseline (“Before MCPAP”). Scores for all four questions have remained steady over the past four years. (See TABLE 1 and FIGURE 1).

There is adequate access to child psychiatry. (TABLE 1)

For FY 2008, FY 2009, FY2010, and now in FY 2011, the mean response rate on question 1 (adequate access) indicates that respondents disagree that there is adequate access to child psychiatry in Massachusetts. However, the current mean score of the subsequent “After MCPAP” surveys (2.32) is a 51 percent increase over the baseline score (1.54). This perceived increase in access has occurred without any increase in the actual number of child psychiatrists. Comments in the written portions of the survey indicate that while MCPAP has increased access, more needs to be done in terms of providing community-based child psychiatry for patients. Some respondents indicated that MCPAP’s role should be expanded. See below selected comments from the survey regarding this statement:

There is very good access through MCPAP, but outside MCPAP, access is poor.

MCPAP fills a major void in access.

(We have adequate access) only because of MCPAP.

MCPAP has dramatically improved this.

Increasingly the issue is not consultation services, but access to ongoing psychiatric care when it is needed. Another major deficit is local psychiatric inpatient services for acute issues. Sending a kid to Amesbury drastically reduces parental involvement when it would be most helpful to the child. There are multiple other issues of inter agency coordination with the so-called ICC plans, residential treatment centers, and schools. MCPAP ought to be more involved at the policy and advisory level locally. Meetings in Boston are a poor substitute for better local planning. Some effort to better integrate mental health services into a medical home for children should also be addressed. In short MCPAP performs its mission very well, but the mission needs to be broadened.

There is very good access to mental health services through MCPAP, but patients and providers can't get this access without MCPAP.

Without MCPAP, access is EXTREMELY difficult for physicians and families.

MCPAP has made a significant difference in access to psychiatric care for my patients. I know I can call anytime and obtain a prompt response. Evaluations thru MCPAP are very timely when I identify a concern, and I am entirely satisfied with the triage process; the entire MCPAP team has made accommodations to evaluate my patients, and when necessary, very promptly. I cannot speak highly enough of the UMass team. The assessments are excellent, and I feel very comfortable that I will be provided guidance on my patients, guidance to prescribe psychotropic medications when appropriate, and help finding psychiatric care in the community when the problem is outside the scope of my practice. One area where timely access is problematic is when a patient is already seeing a therapist at an agency and is on a waiting list to see a psychiatrist. With the support of MCPAP, I can sometimes offer a bridge service and prescribe in some situations until outpatient psychiatric care can be obtained. My experience reaching most psychiatric providers in the community (with some notable exceptions) pales in comparison to access thru MCPAP, and I find I have little leverage to access more prompt care even when the therapist and I feel that it is indicated.

The program is amazing. Very concerned, supportive people working there, bend over backwards to help find a good match, (they) seem to understand the barriers to care.

MCPAP is always great when we call but, I think on the whole, there isn't enough availability and children often wait for needed services.

I am usually able to meet the needs of children with psychiatric problems. (TABLE1)

For FY 2008, FY 2009, FY 2010, and now in FY 2011, mean scores regarding the ability to meet the needs of children with psychiatric problems were significantly above the baseline score. The FY 2011 mean score (3.6) for the ability to meet the needs of children with psychiatric problems was 98 percent above baseline (1.83). The FY 2011 score is the highest score that we have received so far. Before receiving

MCPAP services, only 9 percent agreed or strongly agreed that with existing resources, they were able to meet the needs of children with psychiatric problems. MCPAP is designed mainly to help primary care clinicians meet the needs of children with psychiatric problems. In FY 2011, 71 percent agreed/ strongly agreed that they had the ability to meet the needs of children with psychiatric problems. See below selected comments regarding this statement:

MCPAP has been a great help, for sure, but we need more child psychiatrists! There is no substitute for someone who can actually do the care, not just consult.

It has been helpful - both for providing urgent evaluations for my patients and for helping me with prescribing, but there are still a dearth of providers who can provide continuous care for my complicated patients.

It is very helpful, but the needs are so great that I still often feel I am unable to meet the needs.

We can usually arrange for patients to be seen; ongoing care is difficult because we rarely get ongoing reports from counselors, therapists, or psychiatrists.

Issues of limited insurance coverage with major providers such as Baystate- which does not have contracts with Aetna , etc.- are barriers to quick access.

Much better, still a lack for ongoing care in the community.

Although very accessible, there are a lot of families that do not or cannot make the drive to Brockton. It is unfortunate there is not something in the south coast area.

I am able to receive a child psychiatry consult in a timely manner. (TABLE 1)

In FY 2008, FY 2009, FY 2010, and now in FY 2011, respondents agreed/strongly agreed that they are able to receive a child psychiatry consult in a timely manner. Baseline survey scores show that before MCPAP, respondents disagreed that they were able to receive a child psychiatry consult in a timely manner. Results for FY 2011 on this statement are 123 percent over baseline mean scores. Below please find selected comments regarding this statement:

They are sooo accommodating and helpful!!!!!!!!!!!!!!

MCPAP has improved this situation dramatically.

From the community; MCPAP is usually very prompt.

Call backs are getting a bit slower. Usually, though, we work it out.

Sometimes it is really quick, other times patients have had to wait. But typically phone consultations are very timely.

I find the child psychiatric consultation to be helpful.

In FY 2008, FY 2009, FY 2010, and now in FY 2011, respondents agreed/strongly agreed that they find the child psychiatric consultation to be helpful. No baseline data was collected on this statement because statewide child psychiatric consultation was unavailable before MCPAP:

I cannot speak highly enough of the service provided by Mary Terry (APRN) and Mathieu Bermingham (MD). They are consistently available to help with initial assessments and just as importantly, to offer guidance when medication trials are problematic- this is vital since no one can predict which patients will respond well with minimal side effects. They really see the consults thru until a successful management plan is in place.

It's one of the best aids to practice in my career.

I have been very pleased with the information I have received re: medication management in a rapid manner and the coordination that has been done for therapy.

It gives access that is otherwise not there and in a timely fashion.

MCPAP is absolutely phenomenal.

MCPAP MGH has totally changed our outlook on psych issues and referrals; we all feel supported when we call, and I feel we have a strong backup system in place to help us direct these patients to the appropriate area of treatment/evaluation.

Comfort in diagnosing and treating patients with behavioral health issues within primary care

In the FY 2011 satisfaction survey, we added the following two statements (scored on the likert) regarding comfort in diagnosing and treating patients with behavioral health issues within primary care:

1. I am comfortable diagnosing and treating patients with behavioral health issues within primary care.
2. If the answer to the above question is strongly agree or agree, I am comfortable diagnosing and treating patients as a result of MCPAP.

Fifty-two percent of respondents indicated that they are comfortable diagnosing and treating patients with behavioral health issues within primary care (See TABLE 2).

Of these 52 percent, 71 percent of respondents indicated that the comfort they feel regarding diagnosing and treating patients with behavioral health issues is due to MCPAP (See TABLE 3). This is particularly true in southeastern Massachusetts, where 83 percent of respondents attributed their comfort with diagnosing and treating patients with behavioral health issues to MCPAP.

Below are selected comments regarding the respondent's comfort in diagnosing and treating patients with behavioral health issues within primary care:

Depends on severity

I am becoming better at it. I am more comfortable with medications.

I believe I can diagnose and understand, but if you mean treating /prescribing on an ongoing basis, I definitely disagree.

I need all the help I can get!

It depends. I am comfortable treating minor behavioral issues, ADHD, and learning disability by myself. I am not comfortable treating mood disorders or drug abuse by myself.

This is very case dependent. I am comfortable dealing with these issues and deciding if I can deal with the concerns myself or if a referral is needed. Often patients and their families with behavioral health issues need ongoing counseling and support that I alone cannot provide. Because of MCPAP, I am comfortable helping kids with treatment as an intermediate step until they find a psychiatrist who will treat them long term.

MCPAP is a piece of my comfort along with extensive CMEs on child psychiatry.

I do a lot of eating disorders, ADD, anxiety, and depression, but there are so many kids with complicated problems (autism plus, Downs plus, suicidal gestures, etc.) who need specialist help. Certainly, MCPAP increases my comfort level -- I feel that I have someone to consult with in order to make the best clinical decisions, even when dealing with a behavioral health issue outside my usual comfort zone.

I am comfortable with ADHD and Depression (in older children), but other behavioral health issues I am not comfortable with.

I feel very comfortable recognizing a mental health issue, but diagnosing it accurately and treating I feel less comfortable.

These comments demonstrate the wide range of skills within primary care with behavioral health issues. MCPAP tailors its advice to the individual needs of the primary care clinician. MCPAP is careful not to ask primary care clinicians to provide care at a complexity level more appropriate to a specialist.

Details regarding comfort level of respondents in diagnosing and treating patients with behavioral health issues within primary care²³

Four hundred seventy six respondents answered the question regarding whether or not they were comfortable diagnosing and treating patients with behavioral health issues within primary care. Of the 247 respondents who indicated that they did feel comfortable, 189 of them (77 percent) used MCPAP services one or more times within the last 10 months of FY 2011. Of the 159 respondents who indicated that they did not feel comfortable diagnosing and treating behavioral health issues within primary care, 115 of them (72 percent) used MCPAP services one or more times during the last 10 months of FY2011. Of the 70 respondents who indicated that they had no opinion regarding comfort level, 54 of them (77 percent) used MCPAP services during the last 10 months of FY2011. The top three reasons for contact were the same for groups that indicated comfort versus those who indicated that they were not comfortable. The top three reasons for contact are: Resources – Community Access, Diagnostic, and Medication Evaluation. See TABLE 4.

MCPAP response time

MCPAP encounters continue to increase (See FIGURE 2). Yet in October 2009, our program endured a 20 percent budget cut. Growing concern about the effects of that budget cut prompted us to add a question to our survey regarding MCPAP response time. We were particularly concerned about our regions that had to cut psychiatry time in order to stay within budget. Unfortunately, previous annual surveys did not include a question about MCPAP response time, so we do not have a frame of reference. While the answer to the question regarding the ability to receive a child psychiatric consult in a timely manner had a very positive result, the FY 2011 satisfaction survey shows that response times vary from our official policy of a response within 30 minutes. Seventy-eight percent of respondents indicated that they received a call back from a child psychiatrist the same day that they called. Twenty-two percent of respondents indicated the call back was later than a same day call back. Only 18 percent of respondents indicated that they received a call back in less than one hour. Our survey did not clarify that some PCCs specifically request a call back at a particular time which might happen to be greater than 30 minutes. Also, our survey did not address the situation in which a specific clinician may have been requested. Our

² Includes respondents who indicated on the survey that they used MCPAP within the last year and those who indicated that they did not use MCPAP within the last year.

³ Individual primary care provider data was only available for the last 10 months of FY 2011.

future surveys will clarify these special situations. One of MCPAP's goals once funding is restored will be to significantly improve response time. We will continue to include a question regarding response time on all future annual MCPAP primary care clinician satisfaction surveys.

Suggestions for Program Improvement

We asked our respondents to provide us with suggestions for program improvement. MCPAP will be following up with all comments and suggestions. Generally, respondents seem pleased with the program as is. Below are selected responses:

Expand expertise in infant mental health, parent child interaction, parental depression, and improve the timeliness of finding a referral to a provider who accepts health insurance.

The service is invaluable and my patients and I have been very happy with the assistance. I find the group in Brockton to be very responsive to our needs. I honestly don't know why any pediatrician would choose not to utilize MCPAP services.

Need more familiarity and some degree of influence with local services. It seems in most cases we end up managing the patient and meds for the long haul for lack of other resources. This is not ideal for many in our practice as we would like psych follow up.

The published papers on monitoring medication and on CBT/anxiety were very helpful. Similar on SSRIs would be helpful. Could use help understanding how to get services for pts with severe/chronic mental health issues.

More help with closing the loop to make sure patients receive the services they have been referred for.

MCPAP is truly a fantastic tool in the hands of the pediatrician! Their work is high quality, timely, and trustworthy. It is a privilege for us to be affiliated with such a highly regarded program.

Service has been great! Please make sure that the insurers know how great the service is. Prior to MCPAP, my patients had to wait weeks in order to be seen. MCPAP has helped so many local families. We truly appreciate their services. Thank you!

I use MCPAP at least once a month, and I am grateful to have your exceptional services!!! Thank you!

I have had a very positive experience with MCPAP, quick responses, help finding local resources, and help with patient management.

This program is outstanding. I could not meet the mental health needs of my patients without Dr. Moore and his staff. They do an amazing job and educate me along the way.

Keep being so very helpful to us here at Brockton Pediatrics.

Again, Lauren has been wonderful helping with names of mental health social workers.

This project needs to work with psychiatric hospitals to ensure that patients are not discharged without adequate follow up care with mental health teams.

Wonderful service!! Would be severely limited without it!!! No suggestions given I am so pleased with the service :)

I would recommend to do more practice-based training to increase primary care providers' comfort in dealing with issue.

Outstanding caring service from the folks at MCPAP; Jodi was excellent with her follow up.

Expansion of data analysis capabilities

One of our goals for the FY 2011 MCPAP Primary Care Clinician Satisfaction Survey was to expand our ability to analyze data based on usage and satisfaction. For example, we now have the capability to target mass e-mails to those PCCs who have indicated that they are not comfortable diagnosing and treating patients with in primary care. We are now able to look at the satisfaction data and analyze how this satisfaction affects MCPAP usage.

Thank you

We thank all of the 478 respondents who took the time to fill out our survey. This information is tremendously helpful in planning for our program. We welcome any feedback you might have regarding our survey. Please e-mail us at mcpap@valueoptions.com if you have any comments/feedback regarding this analysis.

FIGURE 1

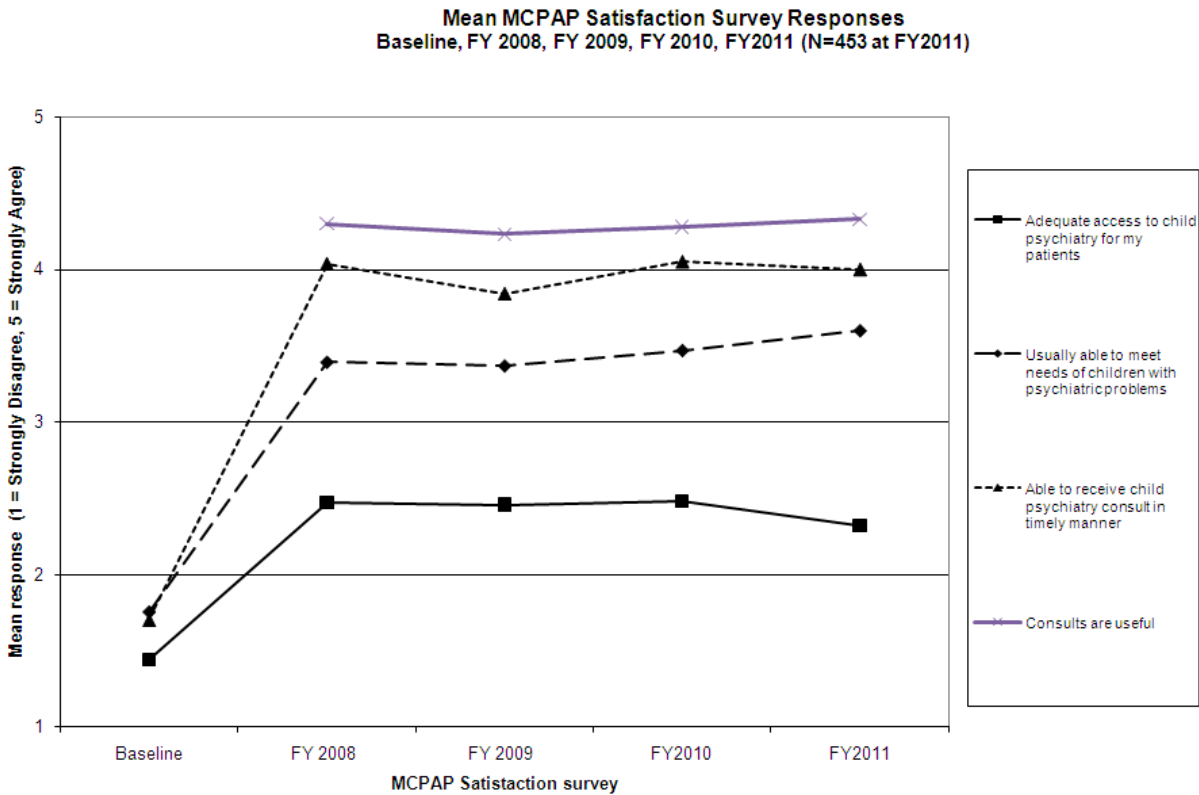


TABLE 1

MCPAP Statewide Primary Care Clinician Satisfaction Survey Mean Scores
Baseline, FY 2008, FY 2009, FY 2010, and FY 2011

| Statewide | Baseline | FY 2008 | FY 2009 | FY2010 | FY2011 |
|--|----------|---------|---------|--------|--------|
| Adequate access to child psychiatry for my patients | 1.54 | 2.48 | 2.46 | 2.48 | 2.32 |
| Usually able to meet needs of children with psychiatric problems | 1.83 | 3.39 | 3.37 | 3.47 | 3.60 |
| Able to receive child psychiatry consult in timely manner | 1.79 | 4.04 | 3.84 | 4.05 | 4.00 |
| Consults are helpful | | 4.3 | 4.23 | 4.28 | 4.33 |
| N | 664 | 244 | 298 | 244 | 453 |

TABLE 2

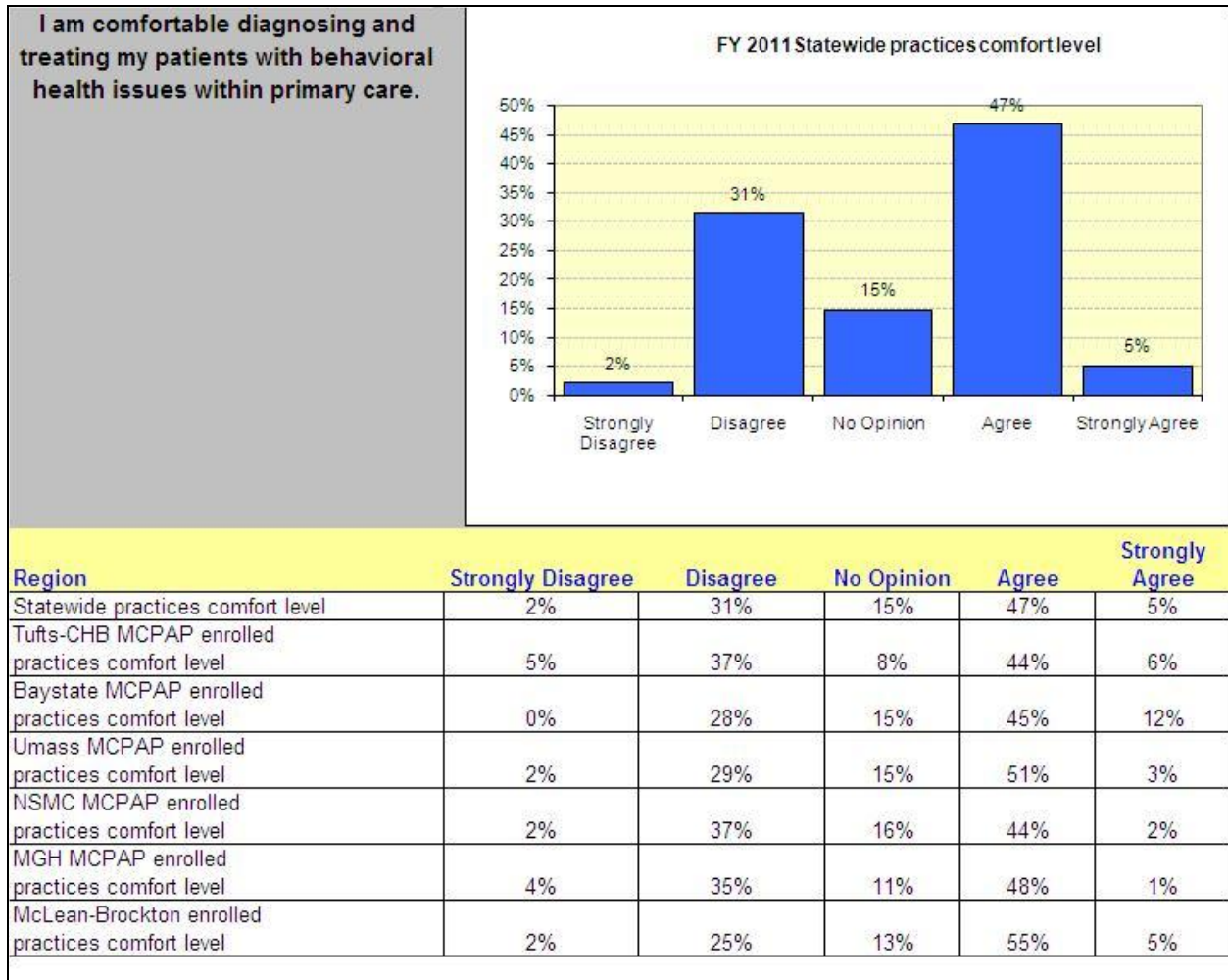


TABLE 3

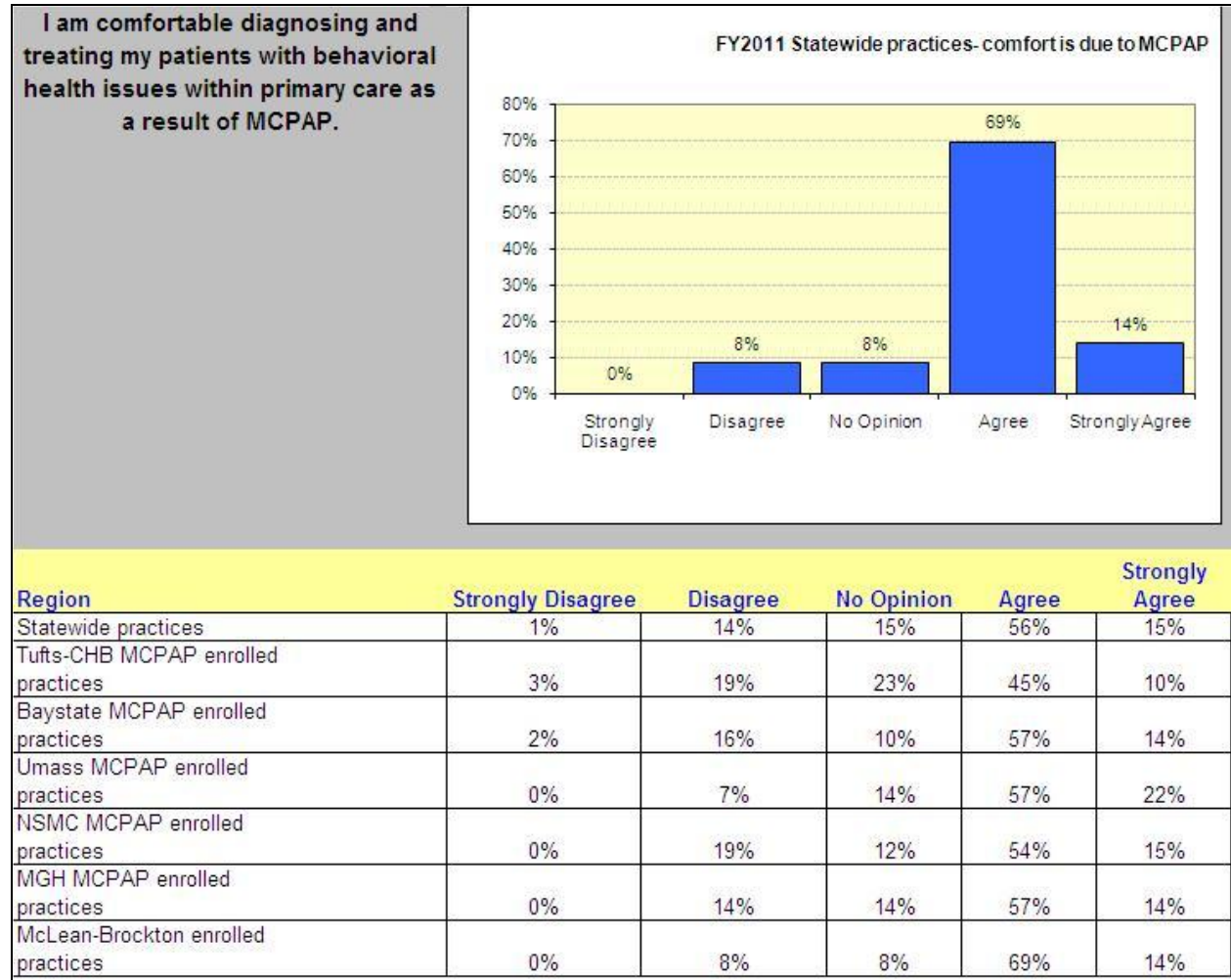
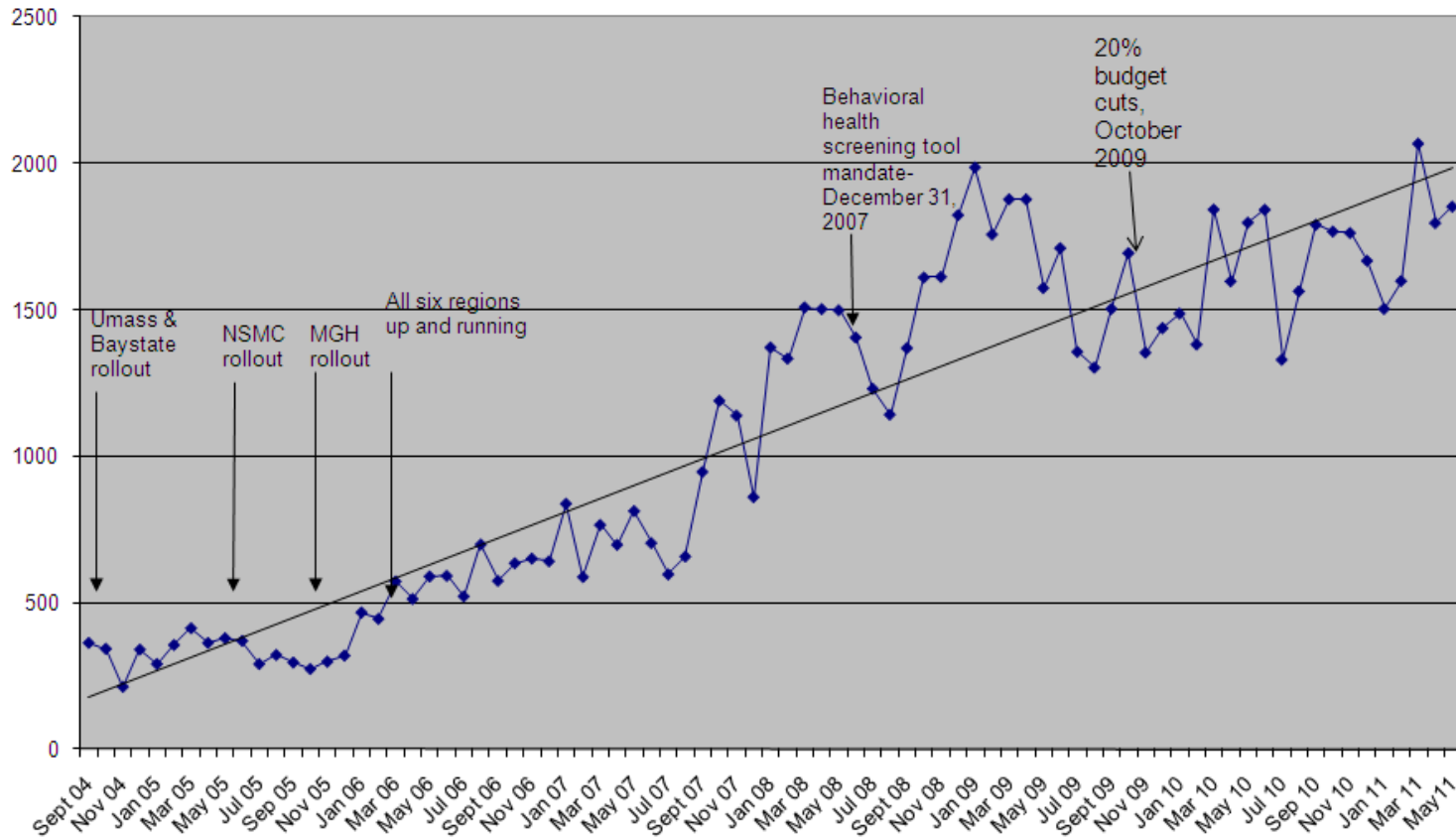


FIGURE 2⁴

All six regions
up and running

Number of MCPAP Encounters by Month
All Regions-



⁴ Portions of the graph were taken from Barry Sarvet et al, "Improving Access to Mental Health Care for Children: The Massachusetts Child Psychiatry Access Project", *Pediatrics*, December 2010

TABLE 4

| Reason for Contact Percentage Breakdown of MCPAP Encounters according to Comfort Level with Diagnosing and Treating Behavioral Health Issues within Primary Care FY 2011 | | |
|---|--|---|
| Reason for Contact | % of encounters for respondents indicating high comfort level | % of encounters for respondents indicating low comfort level |
| Resources-Community Access | 37% | 41% |
| Diagnostic | 19% | 20% |
| Medication Evaluation | 14% | 10% |
| Medication Question | 10% | 6% |
| Parent Guidance | 7% | 9% |
| Follow up | 6% | 4% |
| School Issues | 3% | 4% |
| Other | 1% | 1% |
| Collateral Contact | 1% | 1% |
| Second Opinion | 1% | 2% |
| Crisis | 1% | 1% |

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