Juggling Reality: The Expanded Role of the Pediatrician

By Elaine Gottlieb

In the past 25 years, the practice of pediatrics has been transformed by the focus on patients’ mental as well as physical health. Pediatricians’ responsibilities have steadily increased and now include: regular patient psychological screenings, diagnosing and monitoring patients with psychological issues/psychiatric conditions, prescribing psychotropic medications, ADHD screening/treatment, understanding and diagnosing toxic stress and trauma, and coordinating mental health care with a variety of third parties. In addition, pediatricians are paying closer attention to parents’ mental health, including screening for post-partum depression. “It was a different world when I started my residency in 1983,” says David Keller, MD, a pediatrician at U Mass Memorial Medical Center in Worcester. “Behavioral health was considered the work of child psychiatrists and pediatric neurologists and wasn’t an accepted part of primary care. I did a month of training in behavioral health pediatrics, which was unusual at the time.”

Most pediatricians practicing today manage patients’ behavioral health despite having received little or no training in psychiatry during their pediatric residency, something that is likely to change in the coming years. “Pediatricians are asked to do more mental health care than ever before,” says Joseph Howard, MD, a pediatrician at Child Health Associates in Shrewsbury, Mass. “Addressing mental health needs is so much more than prescribing psychotropic medications. Nonetheless, questions regarding psychiatric medications tend to be a primary focus when parents seek guidance from their pediatrician. In addition to educating parents about the importance of psychosocial interventions, we need to be careful that we prescribe within the scope of our practice and seek guidance from MCPAP when we have questions regarding diagnostic issues and treatment options.”

The dividing line between the roles of pediatrician and child psychiatrist has shifted, according to Barry Sarvet, MD, a child psychiatrist and MCPAP medical director. “Pediatricians are increasingly assuming responsibility for early identification, as well as the treatment of common and uncomplicated mental health conditions. Child
psychiatrists have a growing role as consultants and collaborators with pediatricians as well as being responsible for treating the more complex patients in the community,” says Dr. Sarvet.

The challenge for pediatric clinicians is balancing their growing mental health-related responsibilities with traditional primary care: “Mental health has become the hardest part of our work,” says Dr. Keller.

**Making Time for Mental Health**

Pediatricians consistently cite time as the biggest challenge in addressing patients’ mental health needs. “The development of the EMR, as well as issues in both mental health and traditional medicine, pull at a pediatrician’s time, especially in the Internet age. I don’t look at my watch during office visits to figure out how much time to spend responding to a concern; however, the extra time listening to one patient can increase delays so that other patients have to wait to be seen, and they may feel that their time isn’t being respected as it should. So, you definitely need to be mindful of the time,” says Dr. Howard.

When a child screening questionnaire reveals possible problems or parents raise concerns during a routine office visit, there may not be adequate time to discuss them. Many pediatricians schedule a follow-up visit, perhaps at the end of the day when there aren’t other patients waiting. However, longer visits, especially ones lasting an hour, raise compensation issues.

Cambridge pediatrician Michael Yogman, MD, handles compensation for extended visits this way: “The standard office visit E&M codes, 99212 thru 99215, state that time spent counseling patients can be included in determining the level of the visit, if the time was greater than the specified amount in the CPT code book. Using those guidelines, a level 3 visit may be upgraded to a level 4 or 5 visit, if the time spent counseling meets the specified criteria.”

As mentioned in the April issue of the MCPAP newsletter, Dr. Howard King, a Newton pediatrician, recommends using an E&M code for mental health visits, the same codes that are used for longer, more comprehensive visits to deal with complex medical conditions. The simplest, least-stigmatizing diagnosis is “adjustment disorder” of childhood or adolescence.


Still, it isn’t possible to bill for all mental health-related responsibilities: "To treat mental health problems properly takes much more time than what we’re paid for. Most payment systems are based on face time, which is a small part of what’s required for mental health care. Parents

who have a child with a serious mental illness are under enormous stress. I spend a lot of time on the phone helping them and coordinating with schools, therapists and DCF – all of which takes time,” says Dr. Keller.

To make the most of your time with parents, try using the motivational interviewing technique, which makes discussions more efficient and productive. To find information about motivational interviewing, go to: http://www.motivationalinterview.org/index.html

**Consider a Coordinator**

To enable them to spend more time with patients and less on behavioral health administration, Drs. Howard and Keller rely on coordinators with expertise in pediatric behavioral health. Their services are not covered by insurance plans; Dr. Howard and his colleagues cover the salaries of their two coordinators who together work 32 hours a week. Dr. Keller has had part-time coordinators for years whose services have been covered by Title V and the Department of Public Health. His current coordinator is funded by the Massachusetts Patient-Centered Medical Home Initiative (PCMHI); hiring a nursing care manager (NCM) is required to get PMPM payments from about 50 percent of public and private payers.

At Child Health Associates, Coordinator Elaine Cahill, LICSW, who has worked for the practice for 17 years, sees all parents who need assistance with mental health issues. She provides support and, when needed, referrals to appropriate services. She often speaks directly to parents who call with behavioral health concerns and meets with parents who bring up issues during visits. “I listen to their concerns, figure out their needs and triage to the best of my ability,” says Cahill.

Her extensive knowledge of mental health resources and treatments complements the physicians’ knowledge base and enhances the care patients receive. “Elaine is instrumental in helping us get through the day,” says Dr. Howard. “She communicates regularly with therapists, has a good feel for which therapist might be able to address a particular need, and which therapist’s services are covered by the patient’s insurance.”

Cahill recommends that practices have a member of the office staff cultivate relationships with contact people at outside agencies, such as the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), and learn about community resources. She also suggests developing a strong relationship with MCPAP: “MCPAP has been a great asset for our office. Before MCPAP, we had to work much harder to find resources.”

**Making the Most of MCPAP**

For practices with or without coordinators, MCPAP provides a variety of services – including consultations with psychiatrists, information about and referrals to community-based mental health resources, transitional
support for families and children, and support for mental health screenings. MCPAP teams are always available to provide orientations to practices.

Pediatricians shouldn’t hesitate to contact their local MCPAP team with any type of question or concern: “We tell practices during orientation that there’s no wrong reason to call. If we can’t help you, we’ll tell you who can,” says Lauren Hart, care coordinator for the Boston Metro Region I Team at Mass General (MGH). MGH Team Social Worker Leah Grant agrees: “No question is too small; you’re never wasting our time. Our pediatricians are sophisticated in their understanding of behavioral health but lack time.”

Hart and Grant report that pediatricians often contact MCPAP about patients with suspected depression, anxiety and ADHD. There are many complex cases that are challenging for even the most experienced clinician. “I use MCPAP on a regular basis and find its support essential, particularly for medication management for anxiety and depression,” says Dr. Howard.

The Rewards of Behavioral Health Care
While handling pediatric mental health has made pediatric practice more demanding, it has also made it more rewarding. “As a pediatrician, I’ve found that there’s nothing that makes patients and parents happier than working through a behavioral health problem,” says Dr. Keller.

Managing Mental Health Issues: One Pediatrician’s Perspective
By Howard King, MD

Time need not be a challenge in regard to dealing with mental health issues.

How can we avoid having difficulty with time? Keep in mind the following:

- Assume every parent is worried about mental health issues. Consider in every short visit, either during a checkup or as part of an illness visit, asking the parent something like, “How are things going?” If the parent seems hesitant, follow up with one or two clarifying questions and consider suggesting “would you like to come back on another occasion and we can go into it at greater length?”

- Parents are pleased to be offered such an opportunity. The question is whether we are willing to do so. Don’t put pressure upon yourself. Invite them to return at another time when it would be easy for both of you to talk.

- I have found it helps to set aside sufficient time to do a
comprehensive assessment. For most parents, setting aside 50 minutes is ideal. Some of my colleagues arrange to sign out for such time to be sure they won’t be interrupted.

- If you and the parent are motivated and you document in your notes what has transpired, it is rare that most insurers will not reimburse you adequately, period!

- What do you do regarding the physician who says it isn’t possible to bill for all mental-health related responsibilities? I think there are two related answers. The first answer involves asking ourselves, “who is the real patient?” You may conclude that it is the parent who is most worried as opposed to the child. In that case, physicians should ask themselves two questions:

  1. Whom will you delegate to respond to the parent’s need? Some pediatricians might consider asking the parent to meet with a clinical social worker.

  2. Alternatively, we, ourselves, might have the curiosity and compassion to reach out to the parents. We might then consider meeting with the parent but still plan to bill for that visit as if it were the child’s visit.

If the pediatrician believes additional time will be needed coordinating with schools, therapists and DCF, what should they do then? If it were me, I’d work with the parent and help them feel competent to do so or else designate a social worker who is paid to do so.

Why do I manage things this way? As I see it, our plan to spend adequate time assessing parents (and families) is, by definition, not highly reimbursable as it is. We should not be doing extra things which parents should be coached to do for themselves. Or we can help them find a coordinator who can be reimbursed by a funding source (like the PCMHI), or, if the group is large enough, the group can manage the cost of such a resource.

And, as the “Juggling Reality” article points out, MCPAP will make it easier for the pediatrician to be appropriately involved.

**Summary:** The key, as pointed out above, is to get in the habit of picking up problems early so that it is not the child who needs intervention. Instead, the problem can be detected as arising within one or both parents, in which case a clinical social worker can work with them and reduce the likelihood of the child developing a problem. With practice, the pediatrician will become skillful at picking up problems early.

*Dr. King is a MCPAP enrolled pediatrician practicing in Newton, MA and is the founder and director of the Children’s Emotional Healthlink.*

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**More Feedback on Juggling Reality**

These issues are highly practice-context dependent. In our health center which is mostly Medicaid or Medicaid MCO, there is no additional revenue received for more accurate coding. We may see patients rather
chaotically or only during crises. Private practices, health centers, hospital outpatient departments, and different cultures of practitioners all will influence how these issues are addressed.

- Ed Levy, MD, Uphams Corner Health Center

Dr. Levy is a MCPAP enrolled pediatrician practicing in Dorchester, MA

MCPAP Care Coordination Showcase

By Rachael Roy, MCPAP Care Coordinator, Tufts-Children’s Hospital Boston, and Irene Tanzman, MCPAP Program Administrator

Introduction to MCPAP Care Coordination Services by Irene Tanzman

Families face challenges in finding the right behavioral health provider for their children, including: the characteristics of the child, such as age and language spoken, the child’s health needs, and the availability of appointments. Insurance benefits also affect resource availability.

Our mental health system is complicated with multiple entry points into systems of care. Families with children with behavioral health needs must often gain access not only to healthcare systems, but also to special education services and accommodations, early intervention services, and a variety of other resources. Often they face waiting lists for therapy and evaluations and complicated processes.

Our MCPAP care coordination teams are available to help MCPAP-enrolled primary care physicians and medical home care coordinators find the right resources for families. While MCPAP care coordination teams also face the challenges of dealing with a behavioral health system with a shortage of available resources, our teams are relentless in their efforts to find the right resources for patients. They may know that the usual behavioral health provider that you use is swamped but another provider in the community has a new therapist with openings.

MCPAP teams assist primary care clinicians and their patients’ families with accessing all kinds of routine, local behavioral health referrals in the community, including outpatient, private therapy, agency services, bilingual resources, and more.

Many medical home care coordinators have used MCPAP care coordination and have found that MCPAP has specialized knowledge of mental health resources that help them address patients’ needs. When our enrolled primary care practices have difficulty finding the right mental health resources for their patients, they should always feel free to call MCPAP care coordination.

MCPAP-enrolled primary care clinicians and medical home care coordinators may call their MCPAP hubs Monday through Friday, 9 a.m. to 5 p.m., for help accessing local behavioral health resources for their patients. The MCPAP care coordinator will require the following
information: patient name, date of birth, insurance, town where the patient lives, type of service the patient needs, and patient contact telephone numbers.

**Perspective of a Care Coordinator by Rachael Roy**

On my first day as a member of the MCPAP team, I didn’t know what to expect. I took my first phone call with one part trepidation and two parts excitement. Now, eight months later, I answer calls without hesitation and am surprised at how easily I am able to field questions from pediatricians and parents. Though the wealth of information I had to learn was intimidating at first, I am now comfortable with the resources at MCPAP’s disposal as well as with the language and many acronyms used to identify and describe them.

Rachael Roy

The members of the MCPAP team at Tufts and Children’s have been supportive and welcoming. The pediatricians who call regularly are also a pleasure to work with. I feel excited to come to work each morning because what we do is interesting and rewarding and I have the privilege of working in a friendly environment with a talented and experienced staff. I have also enjoyed my occasional interactions with other MCPAP teams.

The longer I am part of MCPAP, the more convinced I am of its importance. The gratitude that parents often express is a constant reminder should I ever forget. I look forward to continuing to help children and families through MCPAP and watching as MCPAP continues to grow and mature in its capacity to provide invaluable services to youth and adolescents.

**MCPAP Care Coordination Teams**

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MCPAP Concerns and Feedback

MCPAP aims to provide the highest quality child psychiatry collaborative/consultation program. If you have a concern or feedback regarding any MCPAP service, please feel free to contact MCPAP administration by emailing Irene, Dr. Straus or Dr. Sarvet.

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