Building psychiatric bridges to primary care

By Nan Shnitzler

The Massachusetts Child Psychiatry Access Project (MCPAP) is a state-funded program that links primary care practices with psychiatric teams to provide first-line mental health care for children and adolescents. Since the program's inception in July 2005, 365 practices have enrolled in MCPAP covering more than 95 percent of the state's approximately 1.5 million children.

Six regional consultation teams, each consisting of a child psychiatrist, social worker or psychologist, care coordinator and support staff, are on call to respond to primary care clinicians (PCCs) who seek help with patients' mental health needs that include diagnosis, medication management, referrals and transitional services.

The telephone consult is designed to occur while the patient is in the waiting room. When warranted, a subsequent face-to-face clinical encounter is arranged. The consultations are free to PCCs and available regardless of patients' insurance status.

Surveys completed by about 40 percent of enrolled PCCs show dramatic improvements in their capacity to meet the needs of psychiatric patients, according to a March 2010 case study by Wendy Holt, M.P.P. and a Dec. 2010 article in the journal Pediatrics by the MCPAP medical team led by Barry Sarvet, M.D. In addition, child advocates report families are seeing their needs being addressed on a timelier basis compared to 10 years ago, says John Straus, M.D., a pediatrician and vice president for medical affairs at the Mass. Behavioral Health Partnership, which manages MCPAP.

"The reason this program works so well is the close mentoring relationship the consultants have with the primary care doctors," Straus says.

The MCPAP teams don't just sit back and wait for the hotline to ring. If enrolled pediatricians haven't been calling, the team reaches out to them.

The MCPAP consultants are salaried, so they have a certain amount of autonomy to visit a practice, convene a breakfast meeting and provide education PCCs have requested, Straus says. Email is used to send out papers on such timely topics as ADHD or PTSD that are linked back to the MCPAP Web site. The upshot is that when PCCs are comfortable handling routine cases or certain diagnoses, it can free up the limited child psychiatric resource for more complex cases.

"Primary care doctors complain that a problem with behavioral health is that getting a formal consultation letter back is rare," Straus says. MCPAP is working on closing that loop.
Not surprisingly, MCPAP’s biggest challenge is funding. The state did not increase MCPAP’s $2.5 million line item to meet the growth of the program, resulting in a 20 percent cut in fiscal 2010 - yet the volume of calls continues to increase, Straus says. Some consulting teams have cut coverage by a day per week.

However, nearly 60 percent of the consultations are on behalf of families with private insurance, often with mental health benefits. That could represent an opportunity.

"Private insurance is something we should think about tapping," Straus says.

Despite funding woes, MCPAP is collaborating with Maine, New York and several other states to start psychiatric access programs with the same supportive, educational model for primary care.