Improving Access to Child and Adolescent Psychiatric Care in Monterey, California Through a Collaborative Telepsychiatry Pilot Program

Michelle C. Liu, MD, Mari Kurashashi, MD

Stanford University School of Medicine, Department of Child and Adolescent Psychiatry

Telepsychiatry for Children and Adolescents

1. Introduction
   • Telepsychiatry first reported with children in a child guidance clinic in New York City and Mount Sinai School of Medicine in 1973
   • 49% of all telemedicine programs available to Medicaid patients were psychiatric programs (2004)
   • Telepsychiatry programs are also located in pediatric clinics, community mental health centers, day care, rural schools, etc.
   • Compared to in-person encounters, telepsychiatry achieves comparable family satisfaction

2. Advantages
   • Increased access to mental health services
   • Lower cost
   • Families avoid traveling long distances
   • Collaboration with schools, community resources

3. Disadvantages
   • Possible safety concerns
   • Possible hindrance to developing rapport
   • Possible interference with clinical assessment

4. Models of delivery
   • Consultation supports the referring clinician to implement changes
   • Direct care
   • New assessments, urgent/emergency care, disaster planning

Integrating Psychiatry and Primary Care via Psychiatric Consultation

1. Access Program: collaborative model integrating psychiatric consultation to primary care providers to increase access to mental health care

2. Needs
   • 21% of children and adolescents in the USA meet criteria for a mental health disorder with impaired functioning
   • Most youth with a mental health disorder are seen by a PCP due to a severe shortage of child psychiatrists
   • 2015 as a pilot program between the Department of Psychiatry at Stanford and the Pediatrics Group of Monterey, a satellite clinic of Stanford Children’s Health (SCH) in Monterey, California

3. Current Programs are primarily telephone-based
   • PAL (Partnership Access Line), Washington
   • MCPAP (Massachusetts Child Psychiatry Access Project)
   • OPAL-K (Oregon Psychiatric Access Line for Kids)
   • SmartCare BHCS (Behavioral Health Consulting Services, California)

4. NNCAP
   • National Network of Child Psychiatry Access Programs

5. Models of delivery
   • 1 – 2 web-based assessments performed per week
   • 6 month wait list for new referrals
   • Protocol for emergencies, crisis services access
   • Education of psychiatry trainees: residents and fellows gain experience in telepsychiatry, consultation-liaison, education

Future Directions

1. Expansion
   • Expand telepsychiatry to other SCH tele-health enabled locations
   • Increase the number of child psychiatrists available for consultation

2. Education of primary care providers
   • Goal: empower PCPs to provide more mental health care in addressing limited access to child psychiatrists
   • Didactic series and case conferences meetings for PCPs

3. Education of psychiatry trainees: residents and fellows gain experience in telepsychiatry, consultation-liaison, education

Stanford’s Telepsychiatry Pilot

• Innovative utilization of telepsychiatry technology to design an access program to integrate psychiatric treatment into primary care to address shortage of child and adolescent psychiatrists

• Launched in 2015 as a pilot program between the Department of Psychiatry at Stanford and the Pediatrics Group of Monterey, a satellite clinic of Stanford Children’s Health (SCH) in Monterey, California

• Reach: 35% Medi-Cal, 20% Private insurance, 50% Military insurance

• Structure
   • Backup at patient site for telepsychiatrist to safely conduct an evaluation (“presenter” nurse or therapist)

• Stanford’s Telepsychiatry Pilot: Patients

Stanford Children’s Health (SCH): Tele-health Enabled Primary Care Clinic Locations

• Breakdown of the Pediatric Clinic of Monterey demographics by insurance type

Acknowledgements

Thank you to Dr. Todd Dwelle and colleagues at the Pediatric Group at Monterey for their collaboration. Thank you to Vandna Mittal, Rachel Warren-Lewis and our telepsychiatry technical support team at SmartCare BHCS for dialoguing with our team. Thank you to Dr. Shashank Joshi and Dr. Steve Adelsheim at Stanford for your support and guidance.