

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

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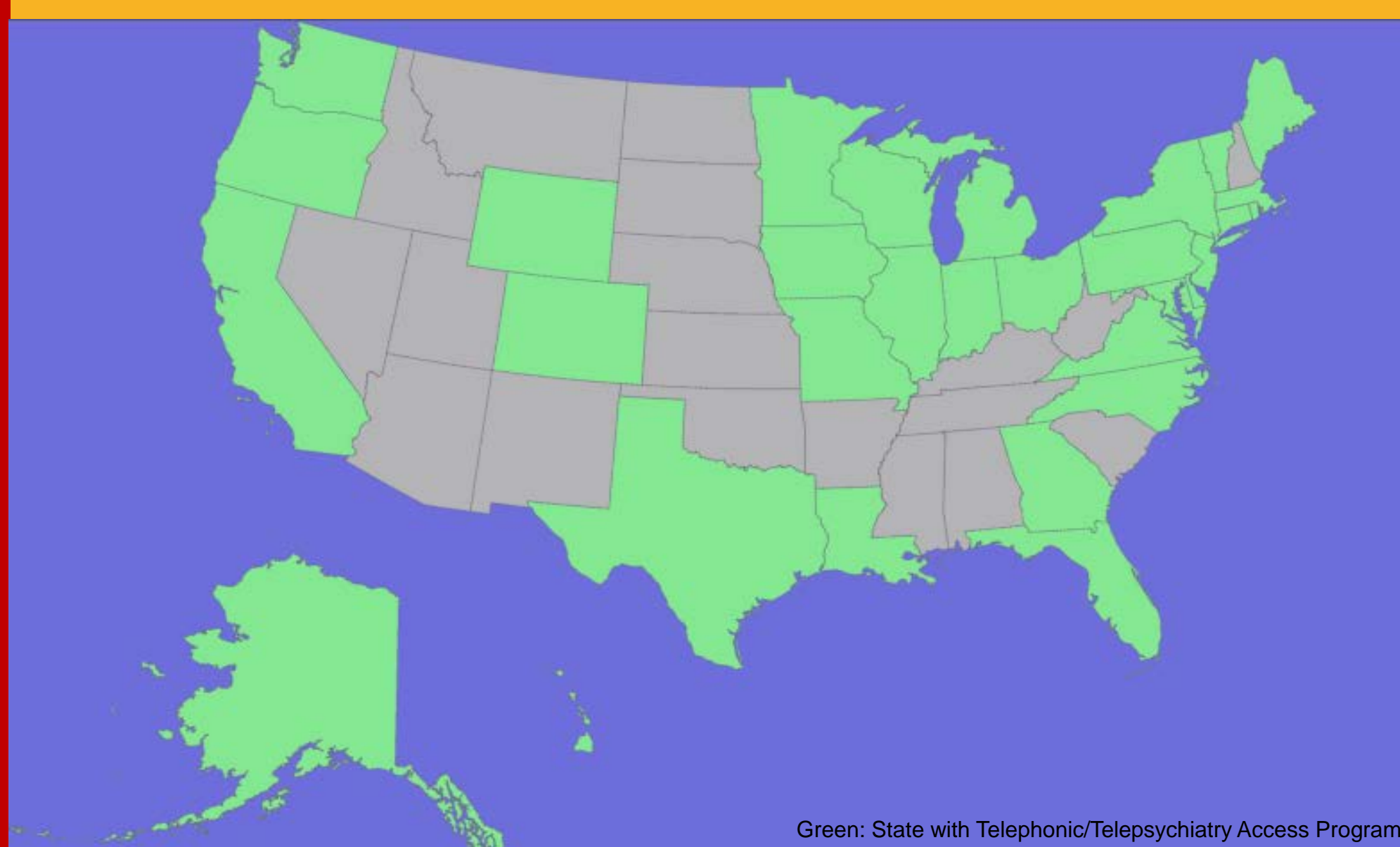
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Telepsychiatry for Children and Adolescents

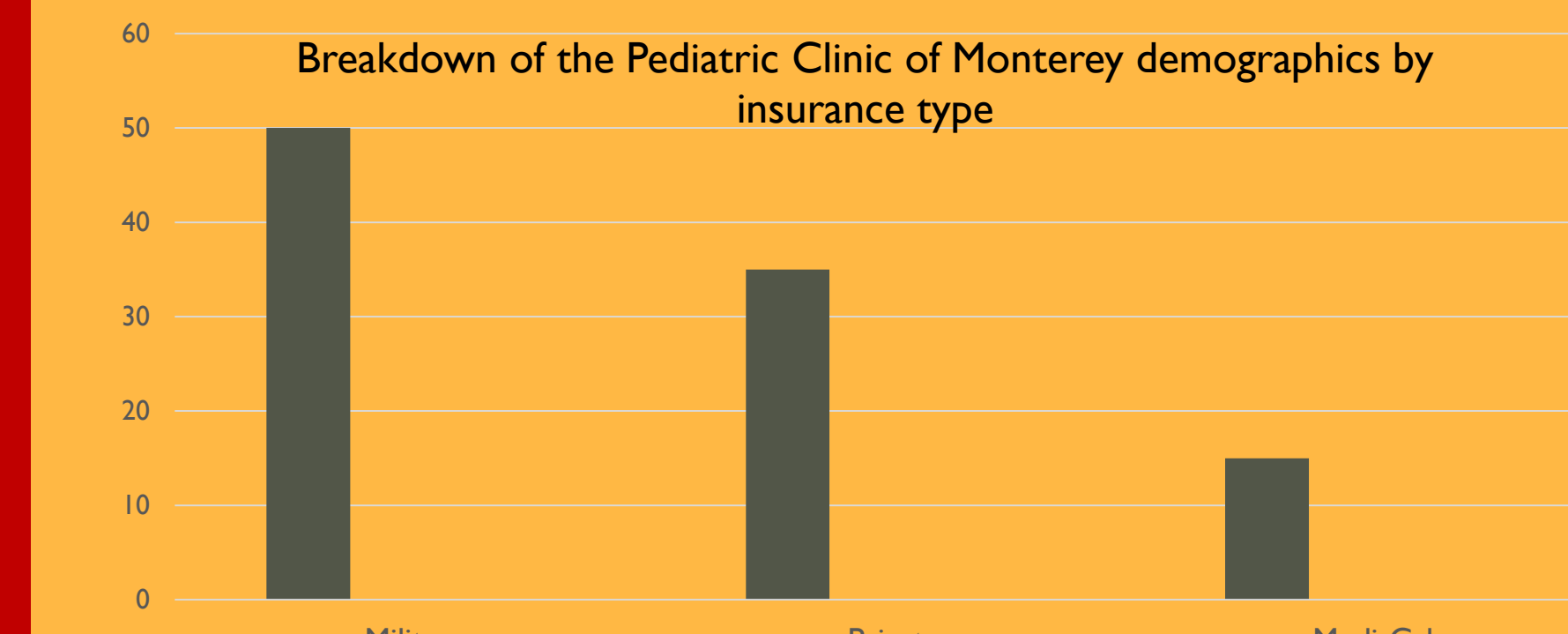
- Introduction
 - Telepsychiatry first reported with children in a child guidance clinic in New York City and Mount Sinai School of Medicine in 1973
 - 49% of all telemedicine programs available to Medicaid patients were psychiatric programs (2004)
 - Telepsychiatry programs are also located in pediatric clinics, community mental health centers, day care, rural schools, etc
 - Compared to in-person encounters, telepsychiatry achieves comparable family satisfaction
- Advantages
 - Increased access to mental health services
 - Lower cost
 - Families avoid traveling long distances
 - Collaboration with schools, community resources
- Disadvantages:
 - Possible safety concerns
 - Possible hindrance to developing rapport
 - Possible interference with clinical assessment
- Models of delivery
 - Consultation: supports the referring clinician to implement changes
 - Direct care
 - New assessments, urgent/emergency care, disaster planning

Child Psychiatry Access Programs in the United States (2017)



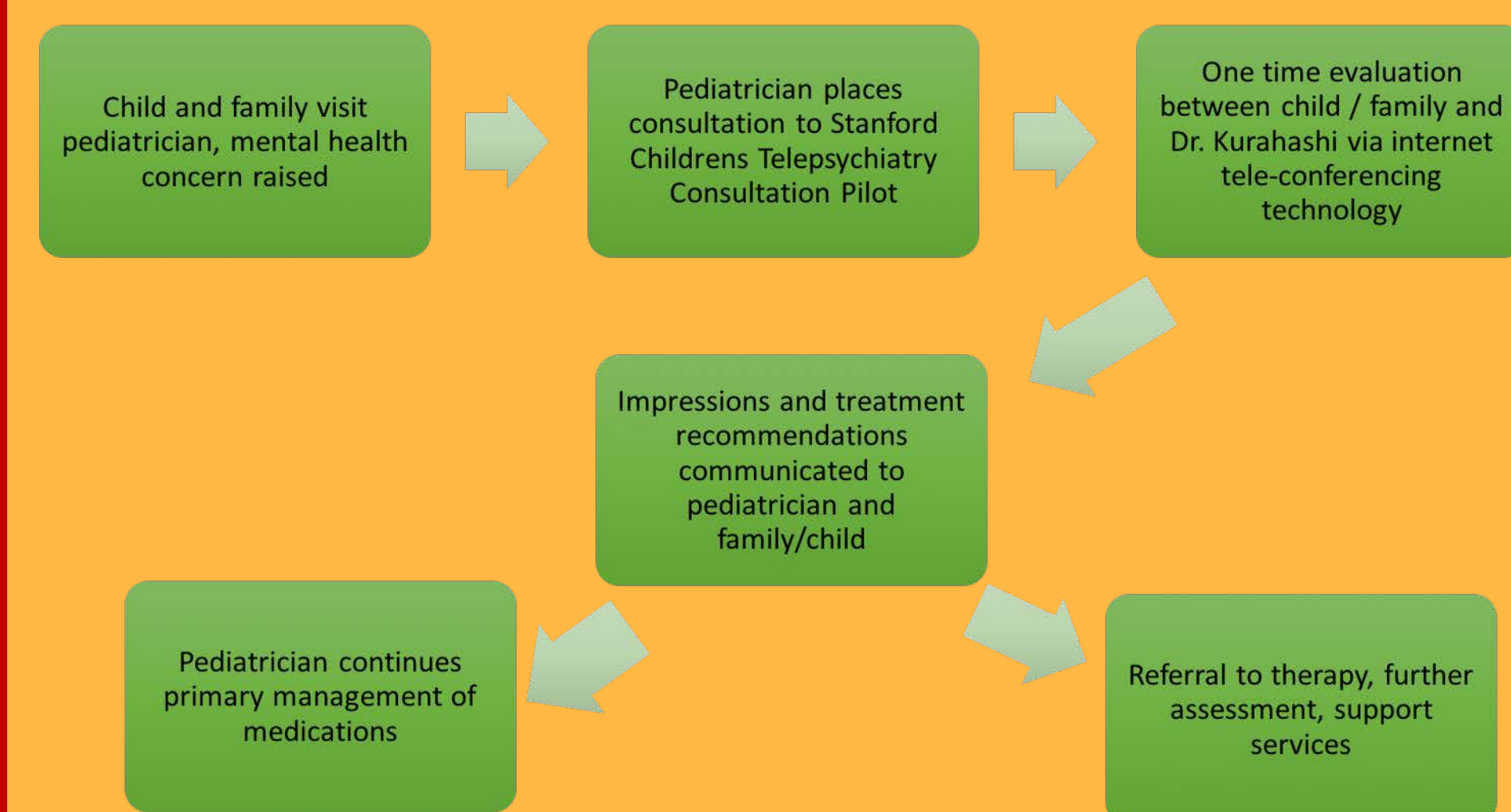
Stanford's Telepsychiatry Pilot: Patients

- 6 month wait list for new referrals
- 1 – 2 web-based assessments performed per week
- Demographics:
 - 10% Spanish speaking families
 - 50% Military insurance
 - 35% Private insurance
 - 15% Medi-Cal
- Structure
 - Backup at patient site for tele-psychiatrist to safely conduct an evaluation ("presenter" nurse or therapist)
 - Protocol for emergencies, crisis services access



Stanford's Telepsychiatry Pilot

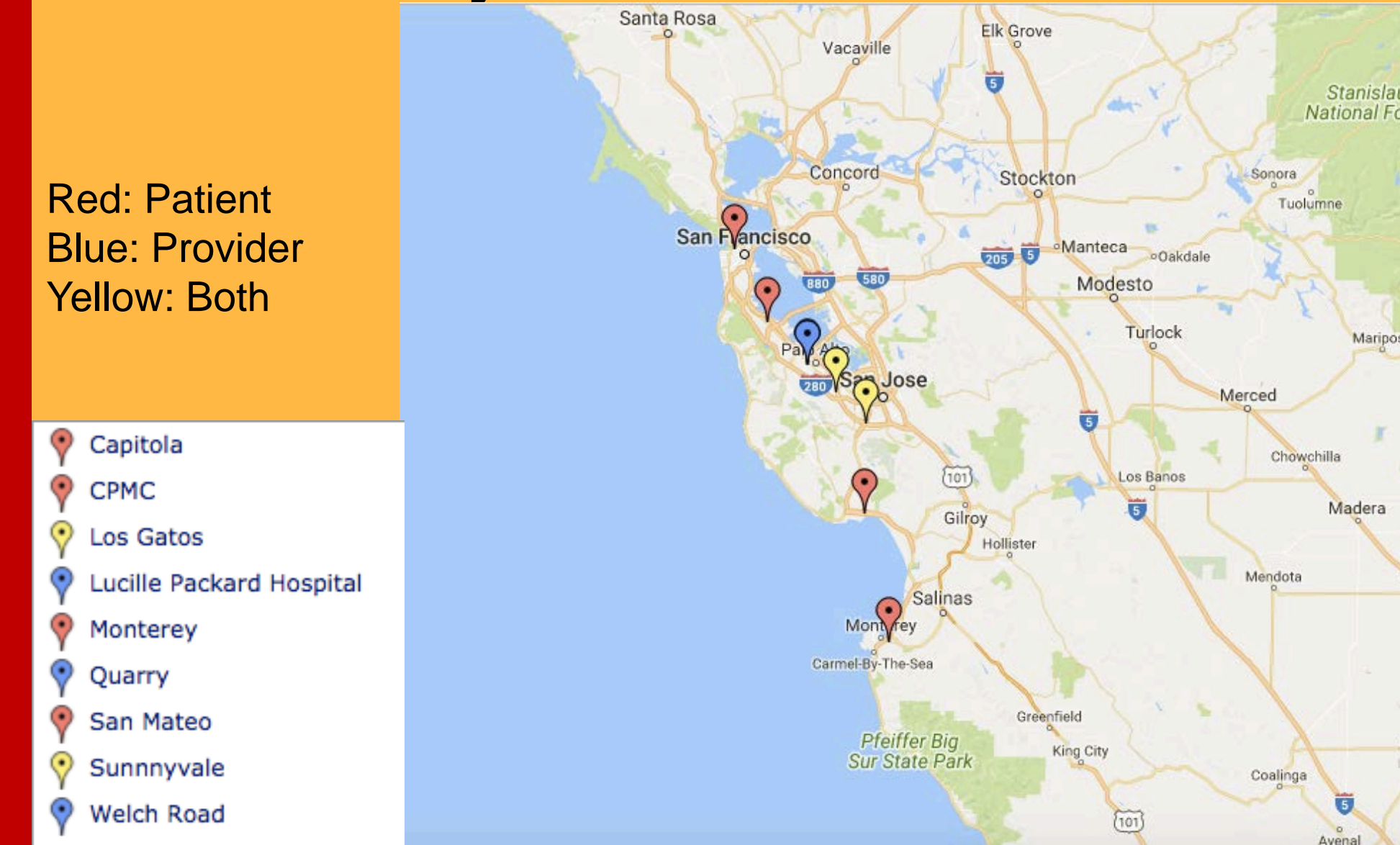
- Innovative utilization of telepsychiatry technology to design an access program to integrate psychiatric treatment into primary care to address shortage of child and adolescent psychiatrists
- Launched in 2015 as a pilot program between the Department of Psychiatry at Stanford and the Pediatrics Group of Monterey, a satellite clinic of Stanford Children's Health (SCH) in Monterey, California



Integrating Psychiatry and Primary Care via Psychiatric Consultation

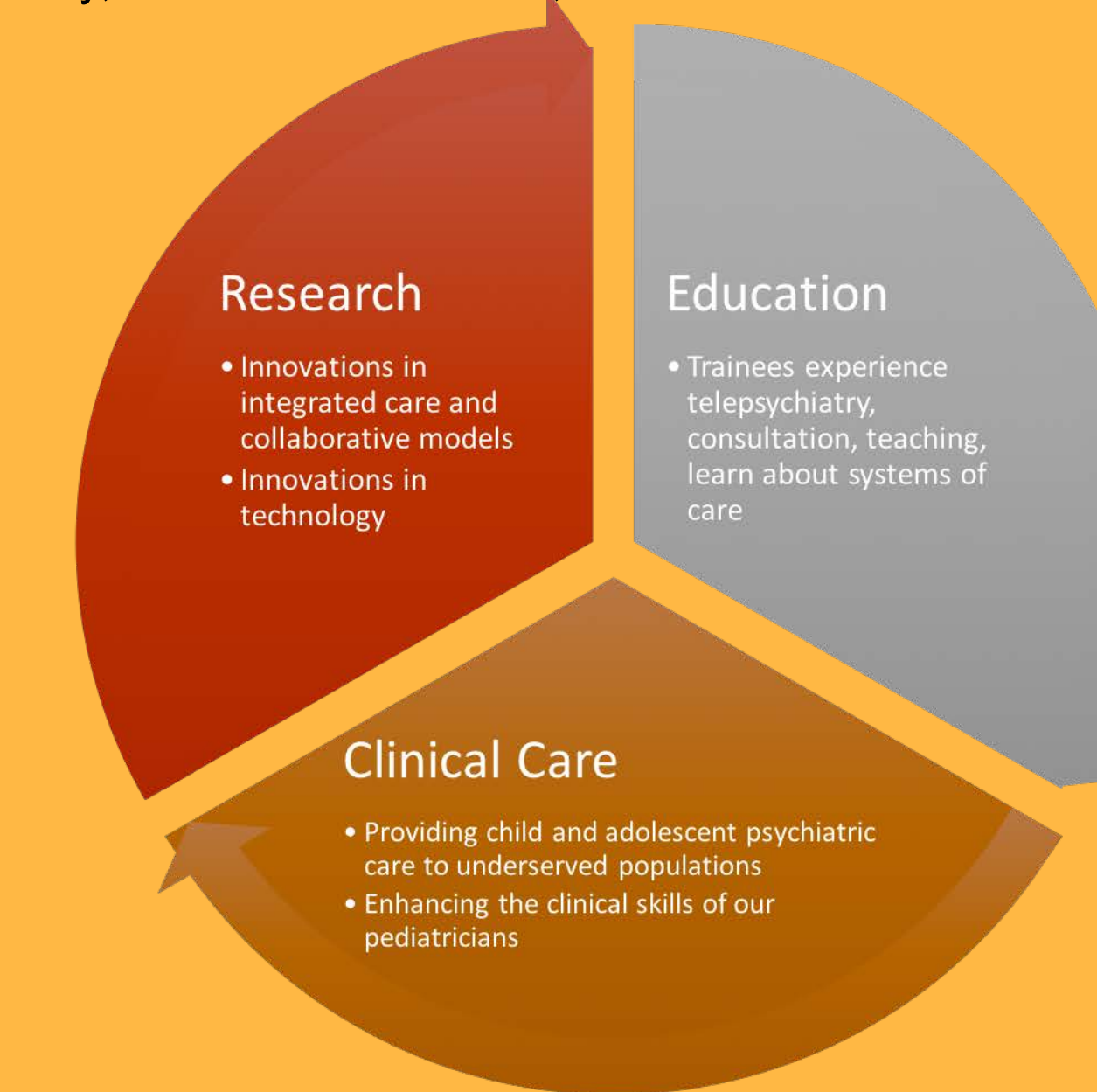
- 'Access Program': collaborative model integrating psychiatric consultation to primary care providers to increase access to mental health care
- Need
 - 21% of children and adolescents in the USA meet criteria for a mental health disorder with impaired functioning
 - Most youth with a mental health disorder are seen by a PCP due to a severe shortage of child psychiatrists
- 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)
- NNCPAP
 - National Network of Child Psychiatry Access Programs
 - Child Psychiatry Access Programs in 31+ states
 - Collecting data and establishing best practices

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



Future Directions

- Expansion
 - Expand telepsychiatry to other SCH tele-health enabled locations
 - Increase the number of child psychiatrists available for consultation
- 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
- Education of psychiatry trainees: residents and fellows gain experience in telepsychiatry, consultation-liaison, education



Stanford Medicine: "An academic medical center with a three-part mission: research, teaching, and clinical care."

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