Improving Mental Health Services in Primary Care

A Call to Action for the Payer Community - August 2016

The American Academy of Pediatrics (AAP), an organization of 64,000 general pediatricians, pediatric medical subspecialists, and pediatric surgical specialists (collectively referred to as pediatricians), is committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults and believes that pediatricians are best qualified to provide child health care. One of the goals of the AAP is to continually seek to improve children's mental health.

To accomplish this mission, the AAP advocates for all children to have access to mental health services, insurance coverage for mental health care, and payment systems that ensure appropriate payment to pediatricians. This paper outlines the case for benefits coverage and payment to pediatricians for mental health care and discusses the primary care advantage for pediatricians as key providers for children's mental health.

The State of Children's Mental Health

- Approximately 21% of US children and adolescents meet diagnostic criteria for a mental health (MH) or substance abuse (SA) disorder with impaired functioning,[1] yet only about 20% receive needed services.[2]
- Minority children are disproportionately represented among the underserved.[3]
- In addition to children with diagnosable disorders, many children in the United States have MH symptoms that do not rise to the level of a disorder:
  - 16% of children and adolescents have impaired MH functioning and do not meet criteria for a disorder.[4]
  - 13% of school-aged children and 10% of preschool children with normal functioning have parents with behavioral concerns about them.[5,6]
  - 50% of adults with MH disorders experienced emergence of their symptoms by the age of 14 years.[2]
- Children without diagnosable conditions are typically not included in the target population of MH specialty systems, private or public.

Children's Mental Health and the Pediatric Medical Home

More than 14 million children and adolescents in the United States, or 1 in 5, have a diagnosable mental health disorder that requires intervention or monitoring and interferes with daily functioning. Of those that seek treatment, only 1 in 5 children use mental health specialty services. Thus, approximately 75% to 85% fail to receive specialty services, and most of these children fail to receive services at all.[2] For the families that seek services, 40% to 50% terminate prematurely because of lack of access, lack of transportation, financial constraints, child mental health professional shortages, and stigma related to mental health care.[2,7] Pediatricians have been identifying children with emotional and behavioral disorders at an increasing rate. The need for pediatricians to manage children with mental health concerns will only continue to increase in the future. Pediatricians are, and will continue to be, an important first resource for parents who are worried about their child's behavioral problems.

The Pediatric Primary Care Advantage

Pediatric primary care offers a setting that encourages trusting, longitudinal relationships with the child and family. Beginning in infancy, pediatricians can nurture resilience; identify adverse childhood experiences and other risks to healthy psychosocial development; screen routinely for emerging symptoms and for problems in child or family functioning; and intervene when risks, concerns, or symptoms arise. The skills necessary to identify and address undifferentiated psychosocial problems and emerging symptoms are fundamental to pediatric practice.

Further, effective treatment for pediatric and adolescent mental health disorders differs from traditional adult mental health treatment, including more family-focused treatments and cognitive-behavioral therapy for pediatric mental illnesses. Intensive case management, multisystemic home-based interventions, family-focused treatments and cognitive-behavioral therapy have been reported to be effective outpatient treatments for pediatrics and are less costly and less restrictive than inpatient care.[8,9]

Mental Health Costs

Child and adolescent mental health disorders impact school and work productivity of the child and family members, as well as health services utilization by the patient and other family members. An estimate of the total direct and indirect costs attributed to pediatric mental/behavioral health totaled $247 billion in 2007.[10] In addition to the medical-related costs for diagnosis and treatment, other costs are workforce absenteeism, presenteesim, and termination of employment by family members caring for a child/adolescent with a mental health disorder. Employer costs associated with employees with a child having a mental health diagnosis include $2822-$3508 per year in absenteeism and $2940-$3655 per year in presenteeism.[11]

Without intervention, child and adolescent psychiatric disorders frequently continue into adulthood, further escalating medical costs, negatively affecting educational attainment and employment opportunities, and increasing the risk of poverty.[2] Behavioral

health disorders account for half as many disability days as "all" physical conditions.[1] For adults, the top 5 conditions driving overall health costs (eg, work-related productivity, medical, and pharmacy cost) include depression, obesity, arthritis, back/neck pain, and anxiety.[12] Early identification and treatment of mental health disorders, particularly in childhood, could decrease mental health-related costs as adults and lead to better-adjusted adults. A recent IOM report on Preventing Mental, Emotional, and Behavioral Disorders Among Young People,[10] noted that among existing studies on the cost effectiveness of preventive interventions, most have presented cost benefit findings and demonstrate that intervention benefits exceed costs, often by substantial amounts.

Recommendations

Implementation of the AAP recommendations will enhance access to cost effective and clinically sound mental health services for children and adolescents.

1. ***All benefit plans should include coverage and payment for mental health services, including those provided by pediatricians***
   Concerning child and adolescent mental health, the National Business Group on Health (NBGH) recommends that employers should provide benefits coverage for a full range of treatment modalities to ensure a complete continuum of care.[11] This would include allowance of non-specific diagnostic codes for the first several visits. Often children present with a mental health concern that does not reach the level of diagnosis. For example, North Carolina Medicaid allows for 6 visits using non-specific diagnostic codes.[13]

   Pediatric primary care clinicians have unique opportunities to affect the mental health of children: preventing mental health problems by guiding parents in behavior management; identifying mental health symptoms as they emerge; intervening early, before symptoms have evolved into disorders; managing more common conditions themselves; facilitating referral of children and their family members when mental health or substance abuse specialty services are needed; collaborating with child and adolescent psychiatrists, developmental and behavioral pediatricians and other mental health professionals in caring for children with severely impairing mental health and substance abuse disorders; and coordinating the primary and specialty care of children with mental health conditions and substance abuse, as they do for children with other special health care needs.

2. ***Establish coverage and payment parity by all private and public payers***
   Under Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA), the financial requirements (eg, deductibles and copays) and treatment limitations (eg, number of visits or days of coverage) that apply to MH/SA disorder benefits must be no more restrictive than the predominant financial requirements or treatment limitations that apply to substantially all medical/surgical benefits. Payers are encouraged to provide parity and equity in benefits coverage for mental health services.

3. ***Eliminate mental health carve-out models***
   Mental health carve-outs provide a significant barrier to access to mental health care for many children, limiting access to prevention and early identification with many conditions identified only when they have become serious. This suggests a subtle form of discrimination against children with identified mental health conditions. Only through consistent and universal parity of mental health codes with physical health codes among all third-party payers will this aspect of limited access be addressed.

4. ***Expand and align provider network***
   Allow pediatricians to provide and authorize services for common mental health conditions of childhood and adolescence. Restructure mental health plans to include primary care pediatricians and developmental and behavioral pediatricians in mental health networks and ensure coordination of mental health specialty care with the pediatrician through ongoing communication, exchange of information, and co-management. Pediatricians are trained and capable to diagnose and treat developmental and behavioral health, and including them will enhance access to services.

5. ***Support integrated models of care within the family- and-patient centered medical home***
   Allow for integrated care, including consultation and co-location, through economically viable models that pay pediatricians for medical supervision of mental health professionals in their employ. This would serve to address the shortage of mental health professionals with pediatric expertise in many regions of the country. Pediatric primary care with integrated services has the potential to deliver higher-quality, more cost effective care.[15]

6. ***Pay primary care clinicians for the mental health services they provide***
   Pay pediatricians appropriately for the assessment and engagement process preceding a definitive diagnosis, as well as the use of standardized tools, by paying for mental health screening at routine medical visits and paying for the administration, scoring, and interpretation of standardized mental health–assessment instruments. The National Business Group on Health recommends primary care providers to be paid for screenings and assessments regardless of the diagnosis rendered in order to remove disincentives for appropriate and accurate diagnostic coding. [13]

7. *Provide payment for non–face-to-face care, team-delivered care, and team meetings*

Recognize circumstances such as treatment-planning and treatment-team meetings, in which the most appropriate service delivery does not include the patient or, at times, even family members. In these situations, there should be payment for primary care clinicians, child and adolescent psychiatrists, and other mental health professionals for time spent in consultation and care coordination. Support payment for non–face-to-face aspects of care, such as communication with community providers including early education and child care professionals, teachers, social workers, therapists, and case managers, and other nonclinical aspects of caring for children with mental health problems (eg, care-plan oversight, health-risk assessment).

8. *Provide payment for telehealth services*

Pay pediatricians appropriately for use of telehealth technology to support and enhance behavioral and mental health care regardless of whether the patient is present or not. Telehealth technology would include but not be limited to: telephone care, telehealth, telemedicine and on-line services. Increasingly, telehealth is being used to facilitate communications and care across providers as well as patients. Improved access, enhanced quality, cost savings, increased provider capacity and expanded communication venues are benefits attributed to telehealth.[16] Appropriate payment is vital to support implementation of telehealth care by the pediatrician.

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