PCC’s October Lunch and Learn

October 25, 2022 | 11:00 AM - 12:00 PM ET
PCC October Webinar

Paying for Behavioral Health Integration

Thursday, October 27, 2022
1pm-2pm ET

Register Here:
https://register.gotowebinar.com/register/4866963357955475984

PANELISTS

ALIN SEVERANCE
MD medical director of Behavioral Health Services, UPMC Health Plan

JUDY ZERZAN-THUL, MD
Chief Medical Officer, Washington State Health Care Authority

MIKE THOMPSON
President & CEO, National Alliance of Healthcare Purchaser Coalitions Invited: Amerihealth Caritas

MODERATOR

ANN GREINER, MCP
President & CEO, Primary Care Collaborative
Mark Your Calendars

PCC’s Annual Conference

**When:** In-Person, December 14-15

**Where:** Washington Marriot at Metro Center
775 12th St NW, Washington, DC 20005

**Register:** [https://pcpccevents.com/registration/](https://pcpccevents.com/registration/)
Lunch and Learn Co-Chairs

Irene Dankwa-Mullan, MD, MPH
Jack Westfall, MD, MPH
PEDIATRIC HURT, INSULT, THREATEN, SCREAM, SEX (PEDHITSS)

Philip G. Day, PhD
Associate Director of Education
Department of Family Medicine and Community Health
UMass Chan Medical School
I HAVE NO CONFLICTS OF INTEREST TO DISCLOSE
THE TEAM

Amer Shakil, MD, FAAFP

Jessica Chu, MPH

Sarah Woods, PhD, LMFT

S. Kate Bridges, MS

doi:10.22454/FamMed.2018.778329
The national rounded number of children who received a child protective services investigation response or alternative response decreased from 3,476,000 for federal fiscal year (FFY) 2019 to 3,145,000 for FFY 2020.

Comparing the national rounded number of victims from FFY 2019 (656,000) to the national rounded number of victims in 2020 (618,000) also shows a decrease.

The FFY 2020 data show three-quarters (76.1%) of victims are neglected, 16.5 percent are physically abused, 9.4 percent are sexually abused, and 0.2 percent are sex trafficked.

The national estimate of victims who died from abuse and neglect decreased from 1,830 for FFY 2019 to 1,750 for FFY 2020. The rate of child fatalities also decreased from 2.48 per 100,000 children in the population to 2.38 per 100,000 children in the population.
VIOLENCE SCREENING IN PRIMARY CARE: FREQUENCY AND PRACTICES


Estimated routine screening was less common for new patient visits (10%; 95% CI, 7%-13%), periodic check-ups (9%; 95% CI, 6%-12%), and prenatal care (11%; 95% CI, 7%-15%). Neither

To date, mandated child maltreatment reporting has been minimally assessed among health care professionals (HCPs). A study published in 2000 found that 53% of physicians and 58% of physician assistants did not report all cases of suspected abuse (Delaronde, King, Bendel, & Reece, 2000). In another study (Gunn, Hickson, & Cooper, 2005), 28% of physicians suspected maltreatment and considered reporting but chose not to report.

64% in suburban practice. Only 12% of the physicians reported routinely screening for DV at all well-child care visits, 61% reported screening only selective patients, and 30% said they did not screen for DV at all. Sixteen percent of the physicians reported having an office protocol for dealing with victims

Notably absent in the literature is a comprehensive tool to assess all forms of child abuse and neglect at the point of care in the healthcare delivery system. There is currently no empirically established instrument available to screen for physical, sexual, and psychological abuse and neglect for all children under the age of 18 years at any point of care in the healthcare delivery system. Screening only for physical abuse and only in the emergency setting is inadequate for identifying children who are being abused by the other common forms of abuse (sexual, psychological, polyabuse, and neglect) with serious short- and long-term health consequences.
SCREENING BARRIERS IN PRIMARY CARE

• Provider bias
• Provider discomfort
• Lack of time
• Inadequate training
• Lack of effective screening tools
The PEDHITSS Tool

To develop a validated, short child abuse screening tool to identify and accurately screen childhood physical and sexual abuse in clinical settings.

Please read the following and put a checkmark in the box to show how often an immediate family member has done the following to a child in the last year. Please do not sign or put your name on this survey.

During the **last year**, how often would you estimate that an immediate family member did each of the following to a child.

<table>
<thead>
<tr>
<th>Commonly Abused Acts</th>
<th>Rarely (1)</th>
<th>Sometimes (2)</th>
<th>Fairly often (3)</th>
<th>Frequently (4)</th>
<th>Never (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physically HURT</strong> him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INSULT</strong> him/her or Talk down to him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>THREATEN</strong> him/her with physical harm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SCREAM</strong> or Curse at him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forced him/her to have <strong>SEX</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Physical Abuse**  **Psychological Abuse**  **Verbal Abuse**  **Sexual Abuse**
<table>
<thead>
<tr>
<th>PEDHITSS: SELECTION AND METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Setting</strong></td>
</tr>
<tr>
<td>Participants (n=419) were recruited in 2017 from a primary care clinic, an at-risk clinic, and a women and children shelter</td>
</tr>
<tr>
<td><strong>Assessments</strong></td>
</tr>
<tr>
<td>Parents and guardians completed the Conflict Tactics Scale Parent-Child (gold standard) and the PedHITSS</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
</tr>
<tr>
<td>Assessments were completed following a primary care visit (for not-at-risk) or following a counseling appointment (for at-risk subsample)</td>
</tr>
<tr>
<td><strong>Cohort Status</strong></td>
</tr>
<tr>
<td>Abuse was confirmed via report to CPS or via sites’ intake procedures</td>
</tr>
</tbody>
</table>
PEDHITSS: RESULTS

At-risk subsample
- 52.2% female, 89.4% English-speaking
- 41.1% Black, 36.1% Hispanic

Not-at-risk subsample
- 53.3% male, 73.1% English-speaking
- 54.5% Hispanic, 19.4% White

PedHITSS’ 5 items strongly correlated with CTSPC’s 24
- Though it was more accurate at identifying group membership

PedHITSS has an optimal cutpoint of 1
- Any positive response should prompt provider follow-up
PedHITSS is a 5-item, validated screening tool intended for clinical settings.

PedHITSS performs as well as the gold-standard CTSPC, but without the complex scoring and time intensiveness.

Limitations: social desirability bias, parent/guardian completion, doesn’t assess neglect, inability to track follow-up of participants.

The findings of the study suggest that PedHITSS is a valid and reliable tool to screen for physical, psychological, verbal and sexual abuse in children ages 12 years and under in clinical settings.
### Additional HITS Validation Studies

<table>
<thead>
<tr>
<th>Category</th>
<th>Study Details</th>
</tr>
</thead>
</table>
QUESTIONS?

Thank you very much for your time!
Higher Level of Patient-Centered Medical Home Implementation Associated with Improvements in Chronic Disease Quality of Care in Nationwide VHA PACT Initiative

As published in: Health Services Research, 2018
August;53(4):2503-2522

Ann-Marie Rosland, MD MS
October 25th, 2022
Veterans Health Administration (VHA):
Largest U.S. Integrated Health Care System

- Over 7 million primary care patients
- 16.4 million primary care encounters annually in 2017

- 171 Medical Centers
- 1,113 Community-Based Outpatient Centers
VA Patient Centered Medical Home

Outcomes

Clinical Quality / Health Outcomes
- Patient Quality of Life & Satisfaction
- Staff Satisfaction
- Utilization and Cost

2010

2015

Team Based Care and Continuity
Patient Access
Care-Management & Coordination

Patient Centeredness

Ann-Marie Rosland, MD MS: @roslandam
Research Prior to 2017 on PCMH Clinical Outcomes

- Limited studies on clinical care quality
  - Most examine preventive care processes
- Most studies limited to PCMH programs with
  - Limited number of clinics
  - Targeted to specific patient populations or conditions
  - Limited amount and types of data
Study Question

• Did VHA primary care clinics with more extensive PCMH implementation have more improvement in chronic disease quality measures....

• In a PCMH program that
  – Included all enrolled primary care patients
  – Focused on ‘upstream’ patient-centered care processes
Change in Process Measures: 808 Clinics

![Bar chart showing changes in process measures for various conditions, with highest and lowest Pi² Category comparisons.](chart.png)
Changes in Outcome Measures: 808 Clinics

Predicted 2009-2013 Change in Quality Measure

- LDL <100 CAD: 7.2%
- LDL <100 DM: 3.2%
- BP <160/100 DM: 2.8%
- BP <140/90 DM: 0.9%
- HbA1c <9% DM: -2.7%
- BP <160/100 HTN: 0.8%
- BP <140/90 HTN: 2.5%

* indicates statistical significance.

Ann-Marie Rosland, MD MS: @roslandam
Association of Integrated Mental Health Services with Physical Health Quality Among VA Primary Care Patients

Lucinda B. Leung, MD, PhD, MPH\(^1\), Lisa V. Rubenstein, MD, MSPH\(^2\),\(^3\),\(^4\), Erin Jaske, MPH\(^5\), Leslie Taylor, PhD\(^5\), Edward P. Post, MD, PhD\(^6\),\(^7\), Karin M. Nelson, MD, MSHS\(^8\),\(^9\), and Ann-Marie Rosland, MD, MS\(^9\),\(^10\)

*Journal of General Internal Medicine* 2022, volume 37, pages 3331–3337
Integrated Mental Health in PC - DM & HTN Outcomes

Hemoglobin A1c ≥9 or not done (n=135,819)

No HTN Diagnosis, Blood pressure ≥160/100, or not done (n=166,000)
Conclusions

Health systems that invest resources in PCMH and integrated mental health care delivery across all patients could realize downstream improvements in chronic disease quality measures.

Teamlet:
Assigned to 1 panel (±1200 patients)
- Provider: 1 FTE
- RN Care Manager: 1 FTE
- Clinical Associate (LPN, Medical Assistant): 1 FTE
- Clerk: 1 FTE

Other Team Members
Clinical Pharmacy Specialist: ± 3 panels
Social Work: ± 2 panels
Trainees

Integrated Behavioral Health
Psychologist: ± 3 panels
Social Worker: ± 5 panels
Care Manager: ± 5 panels
Psychiatrist: ± 10 panels

PACT
Patient Care Team
Team-Based Care