



Mass. 'Hubs' Speed Mental Health Help

By Jennifer Lubell, Associate Editor, Practice Trends

Imagine a system in which pediatricians can get in touch with a child psychiatrist within 30 minutes to answer any diagnostic or medication questions, or assess a patient's case—for free. Such an arrangement is currently in place in Massachusetts.

The Massachusetts Child Psychiatry Access Project (MCPAP) is just several years old, consisting of six regional hubs across the Commonwealth, **Dr. Joseph Gold**, one of the codirectors of MCPAP, said in an interview. Hubs are located in western, northeastern, central, and southeastern Massachusetts. Two more hubs serve the Boston area.

Each hub has a child psychiatrist, a care coordinator, and a social worker—a team that's readily available by telephone to primary care pediatricians in their particular region, explained Dr. Gold, a child psychiatrist who is director of community child psychiatry services for Partners Healthcare, an affiliated group of hospitals across Massachusetts.

When called upon for their assistance, the teams—usually located at academic hospitals—can provide face-to-face evaluations or make referrals to psychiatric care and other resources.

A severe national shortage of child psychiatrists and terrible access problems for families were the catalysts for this project, Dr. Gold said. "Pediatricians often get left to manage these cases themselves."

The seeds for the project were planted 5 years ago, when the Massachusetts chapter of the American Academy of Pediatrics created a child mental health task force consisting of state agency heads, payers, advocates, primary care physicians, psychiatrists, and social workers.

Stakeholders on the task force joined their advocacy and lobbying efforts to approve legislation to make the project possible, said pediatrician Walter Harrison, who sits on the governor's special commission for children's mental health and also cochairs the task force with Dr. Gold.

Pediatricians who have participated in the program to date are very grateful on a couple of counts, Dr. Gold said. "They're able to reach someone immediately to think through the nature of the issue. If it's a resource-finding issue, the care coordinator can match up the family to a resource." For clinical questions, the teams determine whether they should see the child in person or return the case to the pediatrician, or whether the child needs more tertiary or specialized care.

Dr. Harrison said, “What's wonderful is if I have a child whom I have a question about—diagnosis or treatment or resources, I can ... access the resources or information that day or next day through the coordinator, or if it's urgent, speak with a child psychiatrist that day.”

A psychiatrist working in Dr. Harrison's hub made arrangements for one of his patients with hallucinations to be sent directly to the emergency department, then be admitted to a children's inpatient psychiatric facility. He gets immediate assistance for patients with other issues, such as those with drug problems or those in need of counseling. Pediatricians would never be able to get this type of access to psychiatric services under the old system, Dr. Harrison said in an interview.

The project is funded by the state legislature, but families with any type of insurance are eligible.

“The child's perceived need is what triggers the consultation, not the insurance benefit package,” said Lisa Lambert, assistant director of the Parent/Professional Advocacy League in Boston, an organization that lobbied the state legislature to fund the project. The project receives \$2.5 million per year.

“The goal is to make this completely into a public/private partnership,” with private insurers jointly funding the program with the state, Ms. Lambert said. “Private insurance has been at the table, reading the data [about the program], bringing back the information to their own health plans.”

Blue Cross Blue Shield of Massachusetts is aware of the program and interested in learning more about its effectiveness, Susan Leahy, a spokesperson for the plan, said in an interview. “We've asked for a proposal and will review that information once we receive it.”

Each hub contracts with the Massachusetts Behavioral Health Partnership (MBHP), the managed care organization that oversees Medicaid behavioral health services in Massachusetts. The Massachusetts Department of Mental Health asked MBHP to design the project based on a pilot model used at the University of Massachusetts Medical School, said Dr. John Straus, the project's administrator and MBHP's vice president for medical affairs. “The state gives us money, and we contract with the hubs to do this service,” he said.

Enrollment for pediatricians in the project is free, with the state paying for salaried time for the members of each hub, Dr. Gold said. The goal is to increase the number of enrollees in the program until the entire state is covered.

MCPAP is currently covering 757,000 children, or 51% of the children and adolescents in the state, Dr. Straus said. In the western hub, the first region to launch the project in 2004, all children in the region are getting coverage. “This is a test [to see if] one of these teams can cover 250,000 children,” he said. The western hub has about 240 pediatric primary care providers enrolled with its team, said Dr. Barry Sarvet, a child psychiatrist who codirects MCPAP with Dr. Gold, and is also the leader of the western hub's team.

Since its inception 16 months ago, the program has had great response from pediatricians, he said. “At this point, many of them know our access number by heart and consider us to be an indispensable resource for their practice.”

Aside from the challenges these mental health issues raise for pediatricians, “we are struck with the enormous opportunity for early intervention and improvement in access when pediatricians are assisted in responding to these issues in the primary care setting,” Dr. Sarvet said.

The project also helps pediatricians feel more comfortable identifying and treating mental health needs in children, Ms. Lambert said. “We did a survey about 3 years ago, and 48% of the parents said that their child's doctor rarely asked about mental health problems. This fills a valuable need.” Dr. Straus noted that the project is accessible to all primary care providers who see children and adolescents, including family physicians.