

Examining Practice Change Among Pediatric Primary Care Providers

Participating in Maryland's Child Psychiatry Access Program

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Introduction

- Child psychiatry access programs (CPAPs) support pediatric primary care providers (PCP) in addressing patients' mental health needs through provision of telephone consultation with a child psychiatrist, resource/referral support, and training.
- Few studies have examined the role of CPAPs in promoting practice change among pediatric PCPs.

Study Objective

- To examine whether and how use of Maryland Behavioral Health Integration in Pediatric Primary Care's (BHIPP) consultation and training contributed to PCP practice change.

Methods

- Interviewees were purposively sampled from the population of BHIPP users based on variation in geography and frequency of use between September 2021 and August 2022.
- Semi-structured interviews were conducted with N = 37 PCPs. Participants were majority female (86%), Caucasian (67%), MDs/DOs (59%), and of Pediatrics specialty (83%).
- Interviews included questions about use of BHIPP services and if/how services influenced their patient care and practice change.
- A subset of transcripts were used to create a codebook.
- All transcripts (N=37) were analyzed using content analysis.

Results

- Six code groups and 28 codes were identified.
- Similar themes identified at all levels of BHIPP use.
- No negative attitudes about consultations were identified.
- Frequent BHIPP users reported more positive learning outcomes from participating in consultation and training as compared with moderate and infrequent users.

Conclusions

- Findings: **(1)** indicate that PCPs perceive BHIPP services as helpful and related to improvements in patient mental health care, **(2)** demonstrate that PCPs are making practice changes after using BHIPP consultation and training services, and **(3)** will guide BHIPP's future training and technical assistance offerings.

Exemplar Quotes

Increased confidence/comfort

"One, it taught me how to treat anxiety and depression. Two, it has helped me in the same vein, like with confidence in treating anxiety, depression, addressing mental health issues. And three, I would say it's helped my patients so that they're not on a 3-month, 4-month, 5-month waiting list before they can get treated. So, I think those are the three big things, is that it's really helped with access to care by a provider who is now comfortable with, has some knowledge and skills to be able to do some mental health, evaluation and treatment."

Medication management practices

"Nothing is better than talking to an expert in the field and them willing to teach the people who are in primary care. It's changed my pattern because I know what SSRIs they feel are the best. I mean, I have articles, too. But it's nice, I learn better from people with experience. So, them being able to tell me what they do in practice and how they titrate the meds in practice and how they would wean a med in practice and start another one and what side effects to watch for and just so many things. They've taught me so many things."

Attitudes about consult

"I think it has helped because I had just learned more through having that conversation with someone as opposed to just looking up you know, what medication was started for this condition and refreshing my memory that way. This way I can have that back-and-forth conversation of, so if I do this and then what if this and that, you wouldn't necessarily get just from reading it off of the screen."

Table 1. Top 3 Codes Within Code Groups, Number of Transcripts Where Code was Applied

	Frequent N =16	Moderate N=10	Infrequent N =11	Total N=37
Reasons for Calling BHIPP				
Medication management	15 (94%)	9 (90%)	11 (100%)	35 (95%)
Need for services	10 (63%)	8 (80%)	2 (18%)	20 (54%)
Provider Reassurance	10 (63%)	3 (30%)	3 (27%)	16 (43%)
Attitudes				
Attitudes about consult	15 (94%)	10 (100%)	11 (100%)	36 (97%)
Attitudes about trainings	9 (56%)	4 (40%)	6 (55%)	19 (51%)
Intention to engage	1 (6%)	0 (0%)	2 (18%)	3 (8%)
Changes in Calling BHIPP				
No change in frequency	5 (31%)	4 (40%)	2 (18%)	11 (30%)
Increased frequency	3 (19%)	3 (30%)	2 (18%)	8 (22%)
Decreased frequency	5 (31%)	2 (20%)	0 (0%)	7 (19%)
Learning Outcomes				
Consult-related learning outcomes	12 (75%)	4 (40%)	7 (64%)	23 (62%)
Training-related learning outcomes	9 (56%)	5 (50%)	6 (55%)	20 (54%)
General Knowledge	3 (19%)	1 (10%)	1 (9%)	5 (14%)
Training Barriers				
Scheduling conflict	5 (31%)	7 (70%)	6 (55%)	18 (49%)
Not enough time	4 (25%)	5 (50%)	1 (9%)	10 (27%)
Unaware of training offerings	1 (6%)	0 (0%)	2 (18%)	3 (8%)
Practice Change Behaviors				
Increased confidence/comfort	11 (69%)	5 (50%)	8 (73%)	24 (65%)
Medication management practices	10 (63%)	3 (30%)	8 (73%)	21 (57%)
Using best practices	2 (13%)	6 (60%)	5 (45%)	13 (35%)

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