



Examining Practice Change: Qualitative Interviews with 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 services impacted patient care and contributed to providers' practice change.

Methods

- Purposively sampled from the population of BHIPP users based on variation in 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%), MD's or DO's (59%), and specializing in Pediatrics (83%).
- PCPs were asked about use of BHIPP services and if/how these services influenced their patient care and practice change.

- A codebook was developed from a subset of transcripts
- All transcripts were analyzed using content analysis

Results

- Six code groups and 28 codes were identified

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 BHIPP and this poster are supported by funding from the Maryland Department of Health, Behavioral Health Administration and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS).

Practice Change Behavior Themes

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."

Using best practices

"I think it definitely keeps me up to date. And doing the more evidence-based approaches, having a DNP, that's pretty much the basis of all my education. It's like, are we up to date? Are we doing what we should be? Is it evidence based? And so, I think that helps kind of make it easier for me to make sure I'm doing the most up to date practices because it's hard to keep up, particularly in primary care. I feel like there's a thousand things we have to stay up to date on, so that makes it a little bit easier for me."

Trends Observed in Coding: Most PCPs....

Reasons for Calling BHIPP

- Called regarding medication management of their pediatric patients (starting, stopping, titrating)
- Reported a paucity of mental health services in their respective regions, or long wait times to see a child psychiatrist

Attitudes about BHIPP

- Expressed positive attitudes about consults, noting they were 'helpful', 'efficient' and 'invaluable'

BHIPP Warmline Changes over time

- Reported some change in the frequency of calls to the BHIPP warmline

Learning Outcomes

- Describe gaining knowledge of medication practices, community resources, using screening tools, etc.

Training Barriers

- Attributed scheduling conflicts as the main reason for not attending trainings

Practice change behaviors

- Described increased confidence in managing pediatric mental health needs, including medication practices, and awareness of mental health resources

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 services, and **(3)** will guide future training and technical assistance offerings

Table 1. Top 3 Codes Within Code Groups, Number of Transcripts Where Code was Applied (N = 37)

	n (%)
Reasons for Calling BHIPP	
Medication management	35 (95%)
Need for services	20 (54%)
Reassurance-Provider	16 (43%)
Attitudes	
Attitudes about consult	36 (97%)
Attitudes about trainings	19 (51%)
Intention to engage	3 (8%)
BHIPP Warmline Changes Over Time	
No change in frequency	11 (30%)
Increased frequency	8 (22%)
Decreased frequency	7 (19%)
Learning Outcomes	
Consult related learning outcomes	23 (62%)
Training related learning outcomes	20 (54%)
General Knowledge	5 (14%)
Training Barriers	
Scheduling conflict	18 (49%)
Not enough time	10 (27%)
Unaware of services	3 (8%)
Practice Change Behaviors	
Increased confidence/comfort	24 (65%)
Medication management practices	21 (57%)
Using best practices	13 (35%)

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