



Legislative Fiscal Bureau

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January 8, 2014

TO: Members
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Assembly Bill 452: Child Psychiatry Consultation Program

Assembly Bill 452 was introduced on October 18, 2013, and referred to the Assembly Committee on Health, which adopted Assembly Amendments 1 and 3 and recommended the amended bill for passage by a vote of 9 to 0. On November 12, the Assembly adopted Assembly Amendment 1 and Assembly Amendment 3 and passed the bill by a vote of 94 to 0. The bill was messaged to the Senate and, on November 14, referred to the Joint Committee on Finance.

As passed by the Assembly, the bill would provide \$500,000 GPR annually, beginning in 2013-14, for the Department of Health Services (DHS) to operate a child psychiatry consultation program.

BACKGROUND

In March, 2013, the Speaker's Task Force on Mental Health received testimony in support of a proposal to increase access to child psychiatry services by creating a program that would permit primary care providers from all areas of the state to obtain timely psychiatric and clinical guidance, through the use of telephone consultations, to treat children with mental health problems. The goal of the program is to increase collaboration between primary care providers and behavioral health specialists, and reduce health care costs by reducing the use of unnecessary or inappropriate medications. The Task Force received information on state-funded programs that are currently operated in several states, including Minnesota and Massachusetts.

Minnesota's program is jointly administered by the state's Department of Human Services and the Mental Health Integration and Transformation (MHINT) Coalition, which currently includes several health systems, including the Mayo Clinic. Under the program, triage staff responds to telephone calls Monday through Friday, from 7:00 am to 7:00 pm, to determine the most appropriate responses to each request for a consultation. Staff coordinate consultation services between providers, and may offer a full evaluation using video conferencing services.

Primary care providers, pediatricians, emergency room personnel, psychiatrists, and mental health providers may receive consultation services from child and adolescent psychiatrists. Physicians who wish to prescribe psychiatric medications for certain children who are enrolled in the state's fee-for-service medical assistance (MA) program must use the consultation service prior to issuing some prescriptions. Minnesota's MA program permits the primary care provider and the psychiatrist to each bill separately for psychiatric consultations. The program is funded from several sources, including a \$1,000,000 annual state appropriation.

The Massachusetts Child Psychiatry Access Project (MCPAP) provides psychiatric and clinical guidance to primary care providers who treat children with mental health problems. Following an initial consultation, MCPAP provides in-person psychiatric or clinical assessment, transitional therapy, and referrals to community resources. Six regional teams that include a child psychiatrist, a social worker, a care coordinator, and administrative support staff provide telephone consultations for primary care providers. The program's target population is all children in the state with mental health needs, regardless of insurance status, who seek services through their primary care providers. In the current fiscal year, the program is budgeted approximately \$3.25 million, which includes a \$2.5 million state appropriation, \$0.6 million in one-time federal grant funds available under the federal Affordable Care Act under the state innovations model initiative, and approximately \$0.15 million in third-party billings.

The MCPAP reports that in fiscal year 2011-12, there were 20,958 "encounters," which primarily involved telephone consultations (42%), assistance with care coordination (31%), face-to-face evaluations (10%), telephone calls with a patient or family member (10%), and other types of assistance (7%). In that year, approximately 92% of pediatric practices with at least 2,000 patients used services provided by MCPAP, and 45% of all primary care providers in the state used the services offered by MCPAP. Approximately 60% of these encounters involved patients who were commercially insured, and 40% had publicly-funded health care coverage (primarily MA).

SUMMARY OF BILL

As introduced, the bill would have provided one-time funding of \$500,000 GPR in 2013-14 and \$500,000 GPR in 2014-15 for DHS to operate a child psychiatry consultation program. This funding would be provided in a new GPR appropriation, which would be repealed on July 1, 2015. However, Assembly Amendment 1 would fund the program on an ongoing basis beyond the 2013-15 biennium.

Program Administration. The bill would direct DHS to create and administer a child psychiatry consultation program to assist participating clinicians in providing enhanced care to pediatric patients with mild to moderate mental health care needs, to provide referral support for those pediatric patients who need care that is beyond the scope of primary care practice, and to provide additional services, as described in the bill. However, the program would not provide emergency referral services. "Participating clinicians" are defined in the bill as pediatricians, family physicians, nurse practitioners, and physician assistants.

Prior to January 1, 2015, DHS would review proposals submitted by organizations seeking

to provide consultation services and would designate one urban and one rural regional program hub based on the submitted proposals. DHS would be directed to select and provide moneys to organizations to provide consultation services through the consultation program in a manner that maximizes medically appropriate access and services. Beginning on January 1, 2016, DHS would create additional regional program hubs in order to provide consultation services statewide.

DHS would select qualified organizations to provide consultation program services through the regional hubs. Each regional hub would make available its own qualified provider or consortium of providers.

Standards for Qualified Organizations. Each organization would be required to successfully demonstrate that it meets all of the following criteria:

a. The organization has the required infrastructure to be located within the geographic service area of the proposed regional hub;

b. Any individual who would be providing consulting services through the program is located on-site at the organization's facility; and

c. The organization enters into a contract with DHS agreeing to satisfy all of the following criteria as conditions for providing services through the program:

(1) The organization has at the time of participation in the program and maintains all of the following staffing at adequate levels: (a) a psychiatrist who is either eligible for certification or certified by the American Board of Psychiatry and Neurology, Inc. for either adult psychiatry or child and adolescent psychiatry, or both; (b) a social worker or psychologist; (c) a care coordinator; and (d) appropriate administrative support.

(2) The organization operates during the normal business hours of Monday to Friday between 8:00 am and 5:00 pm, excluding weekends and holidays;

(3) The organization must be able to provide consultation services as promptly as is practicable;

(4) The organization provides the following services: (a) support for participating clinicians to assist in the management of children and adolescents with mild to moderate mental health problems and to provide referral support for those patients who are considered beyond the scope of primary care practice; (b) a triage-level assessment to determine the most appropriate responses to each request, including appropriate referrals to other mental health professionals; (c) when medically appropriate, diagnostic and therapeutic feedback; and (d) recruitment of other practices in the regional hub's service territory to the provider's services.

(5) The organization has the capability to provide consultation services by telephone, at a minimum.

Services the Organization May Provide. In addition to the services a qualified organization would be required to provide, as described under (4) above, the organization would be permitted to provide services by teleconference, video conference, voice over Internet protocol, electronic mail, pager, or in-person conference. Further, the organization could provide any of the following services that are eligible for funding from DHS: (a) second opinion diagnostic and medication management evaluations conducted either by a psychiatrist or by a social worker or psychologist either by in-person conference or by teleconference, video conference, or voice over Internet protocol; and (b) in-person or Internet site-based educational seminars and refresher courses provided to any participating clinician who uses the consultation program on a medically appropriate topic within child psychiatry.

Reports. Beginning on January 1, 2016, and annually thereafter, an organization that provides consultation services would be required to report all of the following to DHS in a format required by, and on a form created by DHS:

a. A record of each request for consultation services that includes the form of communication used and medically applicable and appropriate background information related to the inquiry, including a brief description of the presenting problem, the reason for the request for consultation services, basic demographic information on the patient, including insurance coverage, and the type of clinician requesting consultation services. The record must also include information on the consultation, including whether the consultation was provided on diagnosis, treatment, or medication management and whether any referral is given, and information on which type of mental health professional provided the consultation;

b. Consultation service response times, the total number of requests for consultation services, the total number of cases for which consultation services are provided, and the total number of individuals and practices requesting consultation services; and

c. A description of the recruitment and educational efforts conducted by the organization providing consultation services.

DHS Survey and Interviews. DHS would be required to conduct annual surveys of participating clinicians who use the consultation program to assess the amount of pediatric mental health care provided, self-perceived levels of confidence in providing pediatric mental health services, and the satisfaction with the consultations and the educational opportunities provided.

In addition, immediately after a clinical practice group begins using the consultation program and again six to 12 months later, DHS would be required to conduct an interview of participating clinicians from the practice group to assess the barriers to and benefits of participation to make future improvements and to determine the participating clinician's treatment abilities, confidence, and awareness of relevant resources before and after using the consultation program. Finally, DHS could collect additional data on the consultation program as needed to measure program outcomes.

ASSEMBLY AMENDMENT 1

Assembly Amendment 1 would make several changes to the bill. First, it would delete the provisions that would repeal the new appropriation, effective July 1, 2015. Consequently, \$500,000 GPR annually would remain in the DHS base budget to maintain funding for the program in the 2015-17 biennium to support ongoing program costs.

Second, the amendment would delete reference to the establishment of one urban and one regional program hub, and instead direct DHS to designate regional program hubs in a number determined by DHS.

Third, the amendment would delete references to "patients with mild to moderate mental health needs" and support for "pediatric patients who need care that is beyond the scope of primary care practice" to instead refer to "patients with mental health needs" and "pediatric patients," respectively.

Fourth, the amendment would modify the requirements of qualified providers by replacing the provision in the bill that requires that individuals that provide consulting services be located on-site at the organization's facility to instead require that the individual be located in the state. In addition, the amendment would delete the requirement that an organization have a social worker or psychologist, a care coordinator or appropriate administrative support, and instead require that the organization has and maintains additional staff as specified by DHS.

Finally, the amendment would delete the specific information that organizations would need to report to DHS, beginning January 1, 2016. Instead, organizations would be required to report any information requested by DHS.

ASSEMBLY AMENDMENT 3

Assembly Amendment 3 would add registered nurses with psychiatric training to the types of providers that could conduct second opinion diagnostic and medication management evaluations that could be funded under the program.

FISCAL EFFECT

As passed by the Assembly, the bill would increase DHS spending authority by \$500,000 GPR annually, beginning in 2013-14.

Prepared by: Charles Morgan