



Behavioral Health in Pediatrics

Practice Improvement Project

PROJECT SUMMARY

The Behavioral Health in Pediatrics (BeHiP) training program provides pediatric healthcare providers with tools and strategies to screen for, assess, and manage patients with emotional, behavioral and substance abuse concerns. It also encompasses strategies to provide for more efficient workflow (including information on coding), more effective care, and improved family and physician relationships.

BEHAVIORAL HEALTH IMPACT

Mental Health is becoming a larger portion of primary care pediatrics. One in five children in the United States have emotional symptoms causing impairment. More than half of U.S. children (66%) experience a traumatic event by the age of 16. These children persistently suffer from chronic disease and will make up half of the adults with mental illness. This underscores the importance of screening and addressing these problems in early childhood and adolescence. It also points to the opportunity to impact change in childhood disease and prevent significant adult morbidity by improving our recognition and treatment in childhood.

PROJECT BACKGROUND

The three major types of toxic stress to children are child maltreatment, parental substance abuse and postpartum depression. 75-130 children per 1000 are affected by significant toxic stress. Unrecognized, this can have permanent effects on the brain. Primary care identifies less than 3 out of 10 kids with significant behavioral concerns. When we do detect these at-risk children, many do not get the services they need. Currently, ten percent of US ambulatory visits are related to behavioral health.

PROJECT STRUCTURE

AIM

The pediatric practice will increase screening for the identified behavioral health concern (Depression or Substance Abuse) by 10% over a 12-month period.

Providers must attend an BeHiP training or complete the following BeHiP Learning Modules 1-8 found on the Vanderbilt University School of Medicine Online Learning System.

Click here for [BEHIP Learning Modules](#)

Practices will collect data on screening and well child completion rates by chart review or the use of billing EHR data. The Practice QI team will then decide in what area and age group they would like to focus their quality improvement efforts. The QI Team and the other members of the practice will begin working on implementing at least one (1) of the recommended process changes:



Implement a Validated Anxiety/Depression Screening annually from 11 years and older (Pediatric Symptom Checklist PSC-17, Pediatric Symptom Checklist PSC-35, Screening for Child Anxiety Related Disorders SCARED, Patient Health Questionnaire PHQ-9)

and/or

Implement a Validated Substance Use Screening Tools for patients ages 11-21

The Plan, Do, Study, Act (PDSA) model is coached as the practice works on quarterly PDSA cycles. These cycles are submitted regularly to the TNAAP Quality Coach program to document the innovative work each practice is completing.

TNAAP Quality Coach provides **in-office or virtual visits** to assist each practice in the challenging but important work of integrating high value behavioral health care into the unique environment of the individual practice.

The practice will enter quarterly follow up data to track the uptake and maintenance of practice changes. TNAAP Quality Coach provides **effective communication tools** for the practice to visualize performance, value the process improvement work and better serve patients.

The project will run for 9-12 months. Part IV MOC will be awarded to providers completing project requirements.

CONTACT

Becky Brumley, PHiIT Program Manager

Elaine Riley, BeHIP Program Manager

becky.brumley@tnaap.org

elaine.riley@tnaap.org