

INTEGRATING BEHAVIORAL HEALTH SERVICES INTO MEDICAL HOSPITAL CARE FOR CHILDREN

HOSPITALIZED CHILDREN WITH BEHAVIORAL HEALTH NEEDS HAVE WORSE OUTCOMES AND HIGHER COSTS.

In the midst of an epidemic of behavioral health issues among children and adolescents, much discussion centers on the challenges of accessing high-quality behavioral health services. One dimension of this challenge not always considered is ensuring that children have access to behavioral health care when they have a health crisis requiring hospitalization. More than half of children with behavioral health conditions also have a chronic physical health condition that might require hospitalization, and physical health problems can bring behavioral health concerns to light.¹ In this brief, we examine the challenges of and identify promising practices for integrating behavioral health care into hospital care.

Behavioral health issues are common in hospitalized children. One PolicyLab study found that although up to half of children hospitalized for a physical health condition have behavioral health needs or psychological distress during their stay, they may not regularly receive treatment to address their behavioral health concerns.¹ Whether a hospitalized child is facing a behavioral health crisis, has a chronic condition like autism, or experiences symptoms of anxiety or depression during their stay, behavioral health issues can complicate hospital care. As a result, children with behavioral health issues experience longer hospital stays, higher costs, more complications and more rehospitalizations than their peers.^{2,3}



Children with mental health conditions are **25% more likely** to have an unplanned hospital readmission within 30 days of discharge.²

BARRIERS TO ADDRESSING BEHAVIORAL HEALTH IN PEDIATRIC HOSPITALS



Behavioral Health Workforce Needs

- **Nationwide shortage of providers:** Most states have a severe shortage of child and adolescent psychiatrists. More than 95 percent of all counties have an unmet need for psychiatrists generally, and one in five counties have a shortage of all other behavioral health providers, including psychologists, therapists and social workers.^{4,5} Comparatively low pay, high student loan debt and additional training required to specialize in pediatrics may discourage clinicians from entering the pediatric behavioral health workforce.⁶
- **Medical workforce training:** Non-behavioral health clinicians can help to address behavioral health for patients in hospital settings. However, many pediatric and emergency physicians, nurses and physician assistants report barriers like inadequate training, low confidence and limited time.^{7,8}



Reimbursement Challenges

- **Insufficient reimbursement rates:** The costs of providing behavioral health services are often greater than reimbursement rates for both public and private insurance plans, particularly under fee-for-service arrangements. Low reimbursement can lead to comparatively low pay, which creates challenges for recruiting behavioral health clinicians.⁹
- **Non-reimbursable activities:** Behavioral health clinicians spend more time on non-reimbursable clinical activity, especially care coordination, than other specialists.¹⁰ Although care coordination supports better health outcomes, clinician time spent on it is not reimbursed by public or private insurers, and can take away from time they could use to provide direct care.¹¹

RECOMMENDATIONS TO STRENGTHEN INTEGRATION

The following recommendations reflect the current evidence base of effective strategies for integrating behavioral health services into hospital care for children and adolescents.

Bolster the Behavioral Health Workforce

- **Invest in staffing:** Hospitals can hire behavioral health specialists, which can lead to cost savings.¹² Hospitals without in-house specialists can use technology such as telehealth to provide these services.
- **Support top-of-license practice:** Hospitals can hire administrative staff to complete non-clinical tasks, allowing a diverse clinical workforce—which might include psychiatrists, pediatricians, physician assistants, nurses, social workers and psychologists—to care for patients at the fullest extent of their training.
- **Increase behavioral health training requirements in medical education:** Clinical training programs like medical, nursing, and social work schools and internship and residency programs can increase behavioral health education requirements to ensure the general medical workforce can identify and manage behavioral health issues. Hospitals can provide continuing behavioral health training for practicing clinicians.
- **Increase financial support for pediatric psychiatric and psychological training:** Government funding can be increased to support graduate medical education, training and loan forgiveness for students committed to providing behavioral health services to underserved pediatric populations.

Improve Reimbursement

- **Build evidence:** Research funders, hospitals and insurers can prioritize rigorous research and evaluation of behavioral health integration in pediatric hospital units and share their findings with other insurers, state agencies, hospitals and health systems to encourage appropriate reimbursement rates.
- **Directly cover inpatient behavioral health services:** Medicaid managed care plans might find value in directly covering inpatient behavioral health services, even when the state has a behavioral health carve-out with a separate plan, as doing so could reduce their overall spending and result in better health outcomes for enrollees.
- **Align managed care contracts for integrated behavioral health care:** State Medicaid agencies should evaluate the benefits and challenges of different models for providing behavioral health to ensure that primary care and other non-behavioral health providers can effectively integrate behavioral health services into routine and specialty pediatric care. This evaluation should look at services fully integrated in a single plan, separate physical and behavioral health carved-out contracts, or hybrid approaches.
- **Increase reimbursement rates:** Private insurers can reimburse above the standard rates for behavioral health services offered under fee-for-service models—or increase the standard rates—to bring payment more in line with costs.

EXISTING BEHAVIORAL HEALTH INTEGRATION MODELS

Although best practices are still emerging, many successful behavioral health integration models in hospital settings include one or both of the following approaches:

On-site behavioral health teams

These teams are embedded directly within a hospital, department or medical unit. This cohesive model enables collaborative physical and behavioral health care and allows behavioral health specialists to provide peer education to other clinicians.

Remote behavioral health teams

These teams use remote specialists to interface with patients and physicians through technology like videoconferencing, arranging for in-person visits only when needed.⁷

For more resources and PolicyLab expert contact information, visit bit.ly/MHC_HospitalizedKids

The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

PolicyLab

Children's Hospital of Philadelphia
2716 South Street
Roberts Center for Pediatric Research,
10th Floor
Philadelphia, PA 19146

P 267-426-5300 | F 267-426-0380

PolicyLab@email.chop.edu
policylab.chop.edu

 @PolicyLabCHOP

REFERENCES

1. Douppnik SK, et al. Mental Health Conditions and Symptoms in Pediatric Hospitalizations: A Single-Center Point Prevalence Study. *Academic Pediatrics*. 2017.
2. Douppnik SK, et al. Mental Health Conditions and Unplanned Hospital Readmissions in Children. *Journal of Hospital Medicine*. 2018.
3. Douppnik SK, et al. Mental Health Conditions and Medical and Surgical Hospital Utilization. *Pediatrics*. 2018.
4. American Academy of Child and Adolescent Psychiatry. Workforce Maps By State. https://www.aacap.org/aacap/Advocacy/Federal_and_State_Initiatives/Workforce_Maps/Home.aspx. Retrieved on November 5, 2018.
5. Butryn T, et al. The shortage of psychiatrists and other mental health providers: Causes, current state, and potential solutions. *International Journal of Academic Medicine*. 2017.
6. American Hospital Association. The State of the Behavioral Health Workforce: A Literature Review. 2016
7. Horwitz SM, et al. Barriers to the Identification and Management of Psychosocial Problems: Changes from 2004 to 2013. *Academic Pediatrics*. 2015.
8. American Hospital Association. The State of the Behavioral Health Workforce: A Literature Review. 2016
9. Sanchez S, Walsh T. Evaluating Reimbursement Models for Integrated Behavioral Health Programs. The Advisory Board Company Population Health Advisor. 2014.
10. Woolhandler S, et al. Administrative Work Consumes One-Sixth of U.S. Physicians' Working Hours and Lowers their Career Satisfaction. *Intl Journal of Health Services*. 2014.
11. Institute of Medicine. Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series. National Academies Press. 2016.
12. Muskin PR, et al. Co-managed Care for Medical Inpatients, C-L vs C/L Psychiatry. *Psychosomatics*. 2016.