COSH January 2021 Report

Laurel L. Williams, DO
Jennifer Evans
Edith Ortiz
COSH OUTLINE

• COSH Operational Updates
• CPAN
• TCHATT
• CPWE
• Centralized Referral System
COSH Operational Updates

• Marketing:
  • Texas Pediatric Society contract finalized
    • Includes monthly email blasts to TPS listserve
    • Advertisements in TPS newsletter
    • First email blast will include brief letter from TPS President Seth Kaplan, MD; CPAN interactive map and the short CPAN video with Drs. Tran and Williams
  • COSH will coordinate with Texas Association of Family Physicians to do similar cadence of content
  • Consideration for COSH Instagram and Twitter accounts- need executive committee input
COSH Operational Updates

• Coordination with TEA

• Presented TCHATT to TEA December 2, 2020

• MHBH Leadership team

• Presented TCHATT to MHBH PLC TEA Meeting December 16, 2020

  • Goal is coordination of efforts for 2\textsuperscript{nd} and 3\textsuperscript{rd} waves of ISD TCHATT services targeting rural and low-resource districts.

  • Each HRI is partnering with their regional MHBH teams
COSH Operational Updates

• Data Governance Council Updates
  • Met December 8, 2020
  • Data Definition discussions continue
  • Data Library build will occur as definitions are agreed upon
• **Lantana**
  • 10 of the 12 teams are fully operational with Lantana platform
  • Created SOP for hub closures
  • Dashboard for State Metrics is completed
    • Review data and dashboard
    • Dashboard training for all HRIs next Tuesday January 19, 2021
      • Will include internal and external evaluation team
• Trayt
  • All teams are operational with Trayt as of January 2021.
    • Prior to that 11/12 teams utilized Trayt for all aspects of CPAN
  • Upgrades to platform based on HRI Hub feedback
  • Trayt Dashboard with state metrics
    • Review data and dashboard now
    • Trayt will schedule training in January for all HRIs and internal and external evaluation teams for dashboard
Trayt Dashboard: Overview

Overview Dec, 2020

- 2690 ENROLLED PROVIDERS
- 341 ENROLLED CLINICS
- 516 COMPLETED CALLS
- 455 PATIENTS SERVED (EST.)
- 74.6% RESPONSE WITHIN 30 MIN
- 21 MEDIAN RESPONSE TIME (MIN)

Enrollment

Clinic Enrollment

- Completed
- Pending

Clinic Type

- Pediatric
- Family Medicine
- Integrated
- Other
- Unknown / Not Specified

Clinic Staff Enrollment

- Completed
- Pending
Trayt Dashboard: Call activity

Monthly Call Volume:
- July to December
- Increase in call volume over time

Clinic Staff Engagement:
- By month
- Call distribution: Called Only Once vs. Called Multiple Times

Clinic Staff Roles:
- Physician
- Medical Director
- Physician Assistant
- Nurse Practitioner
- Counselor
- Learner
- Other

Purpose of Call:
- Total No. of Calls: 516
- Calls recommending change: 228 (44.2%)

<table>
<thead>
<tr>
<th>Purpose of Call</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>About Specific Patients</td>
<td>94.57%</td>
<td>488</td>
</tr>
<tr>
<td>Referral Request</td>
<td>50.97%</td>
<td>263</td>
</tr>
<tr>
<td>Medication-Related</td>
<td>48.84%</td>
<td>252</td>
</tr>
<tr>
<td>PSY Consult</td>
<td>35.85%</td>
<td>185</td>
</tr>
<tr>
<td>About an Emergency</td>
<td>4.26%</td>
<td>22</td>
</tr>
</tbody>
</table>

Change Recommendation:
- Calls recommending change: 228 (44.2%)

Referrals:
- Total No. of Calls with referrals: 253 (49%)

<table>
<thead>
<tr>
<th>Referral Type</th>
<th>Percentage</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Therapist</td>
<td>10.34%</td>
<td>203</td>
</tr>
<tr>
<td>Local Child &amp; Adolescent Psychiatrist</td>
<td>25.97%</td>
<td>134</td>
</tr>
<tr>
<td>Local Mental Health Authority</td>
<td>5.43%</td>
<td>28</td>
</tr>
<tr>
<td>Higher Level of Care</td>
<td>1.74%</td>
<td>9</td>
</tr>
<tr>
<td>No Further Referrals</td>
<td>42.64%</td>
<td>220</td>
</tr>
</tbody>
</table>
Trayt Dashboard: Demographics

Demographics

**Age Distribution**
- 0-5: 50 cases
- 6-12: 200 cases
- 13-18: 250 cases
- 19+: 300 cases

**Gender**
- Female: 56.1%
- Male: 43.9%
- Other: 0.2%

**Race & Ethnicity**
- White: 64%
- Black/African American: 23%
- American Indian/Alaskan: 0%
- Hawaiian/Pacific Islander: 0%
- Asian: 0%
- Hispanic: 47%
- Non-Hispanic: 3%

*Less than 20% of calls reporting ethnicity or race.
• Satisfaction surveys:
  • Current surveys
    • Enrollment survey (baseline characteristics)
    • 1st Time PCP call
    • Annual survey (linked to enrollment to see changes over time
    • Possible super-user survey
  • Questions related to PCP super users
  • Future directions
    • Survey exists OUTSIDE of the Trayt platform
    • Survey data is held by Internal Evaluation team
• PCP enrollment metric
  • How often should CPAN “update” this metric
    • Annually
    • Bi-annually
    • Teams are tasked with identifying all PCPs in their area and indicating either enrollment or reasons for declining- evaluation teams will need access to this raw data

• PCPs are located through several mechanisms
  • State licensing board (COSH purchased data set provided to all HRIS)
    • Physicians
    • NP
    • PA
  • Outreach
TCHATT
Texas Child Health Access Through Telemedicine
• All 12 HRI teams have started accepting referrals

• Joinder Agreements for utilization of Trayt:
  • 3 Outstanding: (TAMU, UTSW, and TT El Paso)

• COSH has worked with Trayt for build-out of platform
  • Discuss in next slide implementation timeline

• Continuing to work through standardization across hubs as feasible

• STEPPED-Care Model implementation meetings have started under the direction of Drs. Storch and Blader
Timing:
• MVP buildout Phase 1: end February
• MVP buildout Phase 2: end March

Not currently in scope:
• Referral & consent management
• EMR integration
• Data migration
• Referral documentation
• Consents to care / release of information

• Intake
  • HRI enrolls patient in Trayt, documenting receipt of consents and scheduled triage appointment or treatment sessions
  • Patient sent invitation for mobile app & completes intake
  • Care team receives alert if patient intake is not completed prior to triage appointment
  • Care team can contact patient and complete telemed intake as necessary (new intake form)

• Triage & Treatment Sessions
  • Patient dashboard tracks ongoing care status
  • Clinician monitors patient progress via clinician portal
  • Patient completes daily log/tracks symptoms on mobile app
  • Clinician can invite additional trackers to help monitor patient
  • Clinician assigns assessments via portal (completed either on mobile app or in browser-based forms). Results tracked in “patient progress” on portal
  • New dashboards record program-specific information (e.g., sessions remaining & alerts)
Close of care

- Clinician records diagnoses, referrals, other ongoing care recommendations
- Care team coordinates patient evaluation and Summary of Care and then archives patient record
- If patient opts out prior to conclusion of care, reason for unenrolling and attempted outreach is recorded and file archived
- Patient notified that they will no longer be under care or monitoring of a TCHATT provider. Has option to continue independent monitoring but must “opt in” for independent mobile tracking

Insights & analytics

- School, Hospital, HRI, Program reporting for key metrics
- Metadata accessible for custom queries
CUMULATIVE METRICS

- Total School Served: 693
- Students Referred to CHATT: 816
- Students Served: 782
- Students Receive on Going Care: 446
Service type

- Therapy: 154
- Psychiatry: 41
- Both: 38
- Other: 41
Demographics: Race and Ethnicity

- White / Caucasian Non-Hispanic: 164
- White / Caucasian Hispanic or Latino: 210
- Black/African American: 64
- Asian: 6
- American Indian: 2
Demographics: Gender

- Female: 324
- Male: 254
- Non-Binary: 3
- Gender Fluid: 1
Demographics: Age Range

- 3-6 years old: 22
- 6-8 years old: 39
- 8-11 years old: 92
- 11-14 years old: 193
- 14-17 years old: 146
- 17-21 years old: 4
Questions:

• At completion of care: if no provider available to take over prescribing medications, do we continue prescribing medications?

• Patient that has completed care but is back with a different issue:
  • Are we able to provide services again?
  • If so, what would the patient be considered? New, returning?
  • Will there be a time frame between cycles of treatment before seeing returning patient?
  • Can a returning patient be seen for the same issue?
Discussions on-going related to CPWE work flows for data collection

COSH working directly with Welnity to develop plan to collect HRI level referral information.
  • Welnity team would complete the initial upload up to 2500 referral sources
  • Teams and referral sources themselves will/do have the ability to input information
QUESTIONS
## CPAN SURVEY PROTOCOL REMINDER

<table>
<thead>
<tr>
<th>EVENT</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>New enrollment of PCP</td>
<td>Send out enrollment survey within 4 weeks</td>
</tr>
<tr>
<td>PCP calls for first CPAN consultation</td>
<td>Send out initial satisfaction survey</td>
</tr>
<tr>
<td>Enrolled PCP reaches annual anniversary (12-month anniversary since enrollment date)</td>
<td>Send out annual enrollment survey within 4 weeks</td>
</tr>
<tr>
<td>PCP call for follow-up CPAN consultation</td>
<td>TO BE DECIDED – the frequency for this action is still under discussion</td>
</tr>
</tbody>
</table>
PROVIDER ENROLLMENT SURVEY - SAMPLE
DEMOGRAPHICS OF SAMPLE

GENDER
- Female: 79%
- Male: 20%
- Other: 0%
- Missing: 1%

RACE / ETHNICITY
- White: 59%
- Mixed: 1%
- Asian: 17%
- Black: 10%
- Hispanic: 5%
- Missing: 8%
RESPONDENT’S ROLE

- **PEDIATRICIAN**: 70%
- **FAMILY PHYSICIAN**: 11%
- **OTHER PHYSICIAN**: 3%
- **NURSE PRACTITIONER**: 10%
- **PHYSICIAN’S ASSISTANT**: 4%
- **OTHER MEDICAL**: 2%
- **FAMILY PHYSICIAN**: 11%
- **PEDIATRICIAN**: 70%
I have adequate access to child psychiatry for my patients.

- 34.9% Strongly Disagree
- 49.2% Disagree
- 15.9% Agree
- 0.0% Strongly Agree

I am usually able to meet the needs of children with psychiatric problems with available resources.

- 18.3% Strongly Disagree
- 48.9% Disagree
- 32.8% Agree
- 0.0% Strongly Agree

I am able to consult with a child psychiatrist in a timely manner.

- 23.9% Strongly Disagree
- 43.9% Disagree
- 32.3% Agree
- 0.0% Strongly Agree
COMFORT WITH CARE FOR DIFFERENT PSYCHIATRIC ISSUES

% with Some Comfort

- 74.0% Attention Disorders
- 46.3% Behavioral Disorders
- 60.2% Depressive Disorders
- 58.5% Anxiety Disorders
- 5.7% Psychotic Disorders
- 9.8% Traumatic Stress Disorders
- 8.1% Eating Disorders
SELECT COMMENTS ON NEEDS

• Any assistance in helping primary care manage depression, anxiety, is greatly appreciated! (specifics: starting antidepressants, finding the right medication, interpreting PHQ9, GAD7, etc).

• Insomnia treatment information would be helpful.

• Would love if we could be provided a simple guide to most common pediatric psychiatric medications with dosing info, indications, monitoring considerations, etc.

• I would love to have access to consultation for ongoing issues as well as acute issues.

• I am unable to attend your training at the times they are offered. If they were archived for later viewing that would be helpful.

See handout for additional comments.
Is there any other information about your needs you would like to share?

Training and Tools
- Any assistance in helping primary care manage depression, anxiety, is greatly appreciated! (specifics: starting antidepressants, finding the right medication, interpreting PHQ9, GAD7, etc.)
- Insomnia treatment information would be helpful.
- Would love if we could be provided a simple guide to most common pediatric psychiatric medications with dosing info, indications, monitoring considerations, etc. Not sure of where I could find this type of resource directly from a psychiatrist with pediatric/adolescent experience.
- I am unable to attend your training at the times they are offered. If they were archived for later viewing that would be helpful.
- Trainings and seminars to increase knowledge base

Consultation
- I would love to have access to consultation for ongoing issues as well as acute issues. I would love to have access to a psychiatrist to run things by and make sure I am managing everything optimally.

Referrals
- Resources of psychologists and/or psychiatrists in the area that take Medicaid.
- CPAN's services would be complete if there could be a referral to a psychiatrist, if indicated, at the end of the call. I realize that there simply isn't enough access, but this would have taken the assistance for great to outstanding.
- Referrals for adolescents who have suicidal ideation/screen positive on ASQ
- A list of counselors in the area would be very helpful

General Mental Health Needs
- At this point it would be helpful if children released from inpatient psychiatric hospitalizations could be automatically seen by psychiatry in some way.
- Have had so little luck reaching a child psychiatrist that I no longer try. I ask other mental health professionals and hope we can find a reasonable approach.
- Very limited in-hospital assistance. Very, very limited IOP options for patients, which leads to over-use of inpatient psych facilities.
- It is very difficult to find therapists as well.
- Need for telehealth counseling and social work services.
- There is so often a total void of information from psychiatry team. I have been practicing for >5 years and I have only seen 1-2 psychiatry notes in all my years of practice. We are never informed of med changes or progress unless we have a personal relationship with the specific psychiatrist.
- I would love my patients to have an access to a psychiatrist or psychologist within 2-3 weeks depending on an issue.
Childhood Trauma Research Network
TCMHCC Meeting 01/15/2021
Interim Results
Visits Completed

Baseline Visits: 139
Month 1 Visits: 61
Interim Results
Demographic Profile

N=139

Age

Race & Ethnicity

- Native Am
- Asian
- Black
- White
- Multi-Racial

Non-Hispanic
Hispanic

8-11
12-17
18-20

N=139
Interim Results
Demographic Profile

Sex @ Birth

Gender Identity

Sexual Orientation

N=139

N=103

Cisgender

Transgender

100% Same Sex
Mostly Same Sex
Mostly Opposite Sex
100% Opposite Sex
Unsure
No Attraction

Female @ Birth
Male @ Birth
Interim Results

Traumas – All

Number of Traumas

- Accident Experienced: 66
- Animal Witnessed: 49
- Bullying: 26
- Community Threats: 58
- Community Violence: 30
- Cyberbullying: 37
- Family/Friend Ill/Injured: 26
- Family Threats: 100
- Family Violence: 53
- Hospitalization/Surgery: 61
- Kidnapped: 41
- Media Violence: 106
- Mugging/Theft: 12
- Natural Disaster: 49
- Physical Abuse: 4
- Separation Fr Family: 47
- Sexual Abuse: 40
- Threatened Violence: 44
- Other: 44
- Total: 35
- Other: 29
Interim Results

Traumas – Fulfilling Criterion A1

Number of Traumas Fulfilling A1 Criterion
CTRN Network Status

Nodes: IRB: 9/12 activated; 3/12 in submission to IRB
Enrollment: 7/12 have completed a baseline visit

Languages: Spanish – translations complete; IRB pending
Vietnamese – translations underway