Improving Pediatric Mental Health in NH through Collaboration and Community

Corina Chao, BA
Holly Tutko, MS
Learning Objectives

• Describe opportunities for primary care to learn evidence-based, equity-focused, and community-integrated approaches to common pediatric mental health conditions

• Use tools and trainings to support clinical care delivery and family engagement

• Utilize the claims data analysis to inform clinic decisions about pediatric mental health
Acknowledgements

• Implementation Team
  – Felicity Bernard
  – Marguerite Corvini
  – Jo Porter
  – Kim Persson
  – Jeanne Ryer

• Erik Shessler, MD
  – NHPIP Medical Director

• Center for Health Analytics
  – Amy Costello
  – Erica Plante
  – Bethany Swanson

• NH DHHS
  – Erica Tenney
  – Jannell Levine
Acknowledgements

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $445,000 with 20% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.”
“Today's declaration is an urgent call to policymakers at all levels of government — we must treat this mental health crisis like the emergency it is.”

Lee Savio Beers
President, AAP
Promote behavioral health integration in pediatric primary care by providing:

1. Training to support clinicians in assessing and treating common pediatric mental health conditions (ECHO)
2. Clinician-to-clinician teleconsultation services
3. Referral directory of pediatric mental health services.
4. Additional training and tools, as feasible

Time period: 2019-2023
MCAP ECHO Years 1, 2, & 3

- Year 1 – Depression and Anxiety
  - 14 Practices, 30 Participants
- Year 2 – Trauma and ADHD
  - 15 Practices, 23 Participants
- Year 3 – Promoting Child and Family Resilience and Healing During a Pandemic
  - 16 practices, 39 participants
- Open to Pediatric Providers, Family Practice, and Integrated Mental Health
- Teleconsults made available to all participants for the duration of the project
Referral Directory
Referral Directory

- [https://www.nhpip.org/referrals](https://www.nhpip.org/referrals)
- Currently includes publicly funded resources
- Updated annually
  - See information that needs to be updated? Let us know
- Search by keyword, service type, county, or if they accept Medicaid
- Printable PDF version available
<table>
<thead>
<tr>
<th>Organization</th>
<th>Service Type</th>
<th>County</th>
<th>Accepts Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthFirst Family Care Center</td>
<td>Behavioral Health, Substance Use Disorder</td>
<td>Belknap, Merrimack</td>
<td>Yes</td>
</tr>
<tr>
<td>Riverbend Community Mental Health</td>
<td>Behavioral Health, Crisis, Substance Use Disorder</td>
<td>Merrimack</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Supplemental Work
Additional Trainings

• Medical & Education System Confidentiality Policies Webinar
  – Impact of HIPAA and FERPA on communication of school nurse, PCP, & families about student mental health
  – Brief summarizing HIPAA/FERPA policies available at
    – [https://scholars.unh.edu/cgi/viewcontent.cgi?article=1062&context=ihpp](https://scholars.unh.edu/cgi/viewcontent.cgi?article=1062&context=ihpp)

• “Water We Swim In” three-part training series
  – Health equity training series tailored specifically for medical clinicians
  – Contact Southern NH AHEC if interested in offering

• Telehealth for Special Populations ECHO
  – Implementing telephonic/telehealth care with pediatric populations
  – [https://chhs.unh.edu/institute-health-policy-practice/project-echo](https://chhs.unh.edu/institute-health-policy-practice/project-echo)
Claims Data Analysis

Descriptive analysis of pediatric mental health including:

– The burden of mental health conditions
– Utilization of mental health services by children/teens with mental/behavioral health conditions
– Top twenty therapeutic classes of drugs for children/teens, with a focus on treatment of mental health conditions

Snapshot today, full brief forthcoming.
Claims Data Analysis

• Data
  – Medical claims submitted for insurance payment
    • Medicaid: enrollment & claims from NH DHHS
    • Commercial: claims from the NH Healthcare Information System (NH CHIS)
  – Analytic period: 2019, trends 2016-2019

• Methods
  – Population: youth 0-17 years who live in NH and had at least 9 months of continuous eligibility
  – Unable to look at race/ethnicity rates due to data limitations
  – Treatment rates do NOT include the diagnosis, evaluation, & mgt claims
  – Analysis of claims by drug class
    • Wolter Kluwer's UpToDate® software was used to identify Drug Classes. © 2020 UpToDate, Inc. and/or its affiliates. All rights reserved
Mental health diagnoses were common and stable over time.

Theme One

NOTE: This is pre-pandemic data.
## Percent of NH children/teens with a mental health condition by county & insurance type, 2019

<table>
<thead>
<tr>
<th>County</th>
<th>Percent of Medicaid-insured members with a mental health condition, 2019</th>
<th>Percent of Commercially-insured members with a mental health condition, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>24%</td>
<td>16%</td>
</tr>
<tr>
<td>Carroll</td>
<td>25%</td>
<td>17%</td>
</tr>
<tr>
<td>Cheshire</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>Coos</td>
<td>30%</td>
<td>18%</td>
</tr>
<tr>
<td>Grafton</td>
<td>26%</td>
<td>16%</td>
</tr>
<tr>
<td>Hillsborough</td>
<td>22%</td>
<td>17%</td>
</tr>
<tr>
<td>Merrimack</td>
<td>25%</td>
<td>18%</td>
</tr>
<tr>
<td>Rockingham</td>
<td>26%</td>
<td>18%</td>
</tr>
<tr>
<td>Strafford</td>
<td>25%</td>
<td>18%</td>
</tr>
<tr>
<td>Sullivan</td>
<td>27%</td>
<td>14%</td>
</tr>
<tr>
<td>State</td>
<td><strong>24%</strong></td>
<td><strong>17%</strong></td>
</tr>
</tbody>
</table>
Percentage of NH Children/Teens With Selected Mental Health Conditions, by Condition and Insurance Type, 2016-2019

<table>
<thead>
<tr>
<th>Year</th>
<th>ADHD</th>
<th>Anxiety</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>6%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>2017</td>
<td>6%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>2018</td>
<td>7%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>2019</td>
<td>7%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>2016</td>
<td>10%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>2017</td>
<td>10%</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td>2018</td>
<td>10%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>2019</td>
<td>10%</td>
<td>8%</td>
<td>8%</td>
</tr>
</tbody>
</table>

- ADHD: Commercial 6% 6% 7% 7% 8% 8%; NH Medicaid 6% 6% 7% 7% 8% 8%
- Anxiety: Commercial 10% 10% 10% 10% 10% 10%; NH Medicaid 10% 10% 10% 10% 10% 10%
- Depression: Commercial 0% 2% 3% 3% 2% 3%; NH Medicaid 0% 3% 4% 4% 4% 5%
The majority of children/teens with a mental condition received at least one mental health service or pharmaceutic.
Percentage of NH Children/Teens With Selected Mental Health Condition and at Least 1 (Pharmaceutical or Non-pharmaceutical) Mental Health Treatment, by Insurance Type, 2019

<table>
<thead>
<tr>
<th>Condition</th>
<th>Commercial</th>
<th>NH Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>81%</td>
<td>92%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>86%</td>
<td>93%</td>
</tr>
<tr>
<td>Depression</td>
<td>92%</td>
<td>93%</td>
</tr>
</tbody>
</table>
Mental health-related pharmaceuticals were commonly prescribed to NH children and teens

Theme Three
## Top 20 Drug Classes by Script Volume, Medicaid, 2019 vs. 2020

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Prescriptions per 1,000 for the Top 20 Drug Classes by Total Scripts in 2019</th>
<th>Prescriptions per 1,000 for the Top 20 Drug Classes by Total Scripts in 2020</th>
<th>Percent Change from 2019 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS Stimulants</td>
<td>853.12</td>
<td>821.95</td>
<td>-4%</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>493.34</td>
<td>525.55</td>
<td>7%</td>
</tr>
<tr>
<td>Antiadrenergic Agents, Centrally Acting</td>
<td>421.04</td>
<td>460.73</td>
<td>9%</td>
</tr>
<tr>
<td>Penicillins</td>
<td>362.35</td>
<td>193.36</td>
<td>-47%</td>
</tr>
<tr>
<td>Bronchodilators</td>
<td>322.72</td>
<td>271.08</td>
<td>-16%</td>
</tr>
<tr>
<td>Dermatological Agents</td>
<td>305.53</td>
<td>284.17</td>
<td>-7%</td>
</tr>
<tr>
<td>Antihistamines</td>
<td>236.30</td>
<td>227.59</td>
<td>-4%</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>235.50</td>
<td>236.51</td>
<td>0%</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>153.16</td>
<td>164.44</td>
<td>7%</td>
</tr>
<tr>
<td>Sex Hormones</td>
<td>144.06</td>
<td>141.04</td>
<td>-2%</td>
</tr>
<tr>
<td>Leukotriene Modifiers</td>
<td>128.35</td>
<td>119.49</td>
<td>-7%</td>
</tr>
<tr>
<td>Cephalosporins</td>
<td>118.37</td>
<td>74.66</td>
<td>-37%</td>
</tr>
<tr>
<td>Adrenal Cortical Steroids</td>
<td>106.00</td>
<td>72.14</td>
<td>-32%</td>
</tr>
<tr>
<td>Anxiolytics, Sedatives, and Hypnotics</td>
<td>105.91</td>
<td>112.37</td>
<td>6%</td>
</tr>
<tr>
<td>Respiratory Inhalant Products</td>
<td>101.48</td>
<td>98.01</td>
<td>-3%</td>
</tr>
<tr>
<td>Ophthalmic Preparations</td>
<td>98.27</td>
<td>64.62</td>
<td>-34%</td>
</tr>
<tr>
<td>Analgesics</td>
<td>94.42</td>
<td>79.60</td>
<td>-16%</td>
</tr>
<tr>
<td>Nasal Preparations</td>
<td>82.24</td>
<td>72.47</td>
<td>-12%</td>
</tr>
<tr>
<td>Macrolide Derivatives</td>
<td>79.98</td>
<td>38.38</td>
<td>-52%</td>
</tr>
<tr>
<td>Laxatives</td>
<td>74.42</td>
<td>73.33</td>
<td>1%</td>
</tr>
</tbody>
</table>
## Top 20 Drug Classes by Script Volume, Commercial, 2019

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Prescriptions per 1,000 for the Top 20 Drug Classes by Total Scripts in Previous Period (2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS Stimulants</td>
<td>468.76</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>363.41</td>
</tr>
<tr>
<td>Penicillins</td>
<td>359.74</td>
</tr>
<tr>
<td>Dermatological Agents</td>
<td>301.35</td>
</tr>
<tr>
<td>Sex Hormones</td>
<td>219.28</td>
</tr>
<tr>
<td>Bronchodilators</td>
<td>203.70</td>
</tr>
<tr>
<td>Anticonvulsants</td>
<td>126.56</td>
</tr>
<tr>
<td>Antiadrenergic Agents, Centrally Acting</td>
<td>119.70</td>
</tr>
<tr>
<td>Cephalosporins</td>
<td>115.78</td>
</tr>
<tr>
<td>Ophthalmic Preparations</td>
<td>103.03</td>
</tr>
<tr>
<td>Adrenal Cortical Steroids</td>
<td>102.32</td>
</tr>
<tr>
<td>Macrolide Derivatives</td>
<td>90.70</td>
</tr>
<tr>
<td>Leukotriene Modifiers</td>
<td>86.46</td>
</tr>
<tr>
<td>Respiratory Inhalant Products</td>
<td>73.82</td>
</tr>
<tr>
<td>Analgesics</td>
<td>72.56</td>
</tr>
<tr>
<td>Antipsychotics</td>
<td>65.02</td>
</tr>
<tr>
<td>Minerals and Electrolytes</td>
<td>62.29</td>
</tr>
<tr>
<td>Vasopressors</td>
<td>52.23</td>
</tr>
<tr>
<td>Antiviral Agents</td>
<td>46.25</td>
</tr>
<tr>
<td>Otic Preparations</td>
<td>45.37</td>
</tr>
</tbody>
</table>
Questions or Comments??

Corina Chao, BA
Research Associate, NH Pediatric Improvement Partnership
UNH Institute for Health Policy and Practice
University of New Hampshire
Corina.chao@unh.edu

Holly Tutko, MS
Director, NH Pediatric Improvement Partnership
UNH Institute for Health Policy and Practice
University of New Hampshire
Holly.Tutko@unh.edu