The Use of Health Information Technology Within Collaborative and Integrated Models of Child Psychiatry Practice

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KEYWORDS

• Integrated care • Health information technology • Child psychiatry
• Electronic health record • Collaborative care • Behavioral health clinician
• Child psychiatry access program

KEY POINTS

- There is a shortage of child and adolescent psychiatrists, even with increased recruitment of trainees traditional models of referral might not be able to meet the need.
- The behavioral health clinician model, child psychiatry access programs, and collaborative care have evidence to support improved access to care and quality of care.
- Integrated care models that are population focused, team-based, measurement-based, and evidenced-based are optimal to address treatment needs.
- Health information technology plays an important role in the delivery, accessibility, and quality of integrated practices.

INTRODUCTION

The Centers for Disease Control and Prevention reports a total of 13% to 20% of children living in the United States experience a mental disorder in a given year and the prevalence seems to be increasing.[1] The National Comorbidity Study of adolescents indicates that as many as 22% of adolescents aged 13 to 18 will have severe impairments.[2] However, studies show that in certain populations nearly 80% of children aged 6 to 17 years old do not receive mental health care.[3] There continues to be a

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Abbreviations	
BHC	Behavioral health clinician
CCM	Collaborative care model
CPAP	Child psychiatry access program
EHR	Electronic health record
HIPPA	Health Information Portability Accountability Act
HIT	Health information technology
PCMH	Patient-centered medical home
PCP	Primary care physician
PHQ	Patient Health Questionnaire

shortage of child and adolescent psychiatrists and, although there has been an increase in the recruitment of child and adolescent psychiatry trainees, it is uncertain if these efforts alone will be sufficient to meet the needs of youth with mental illness.[4]

With this continued disparity of resources there is a need for both increased access and transformation in the delivery of care. In addition to an increase in the workforce, incorporating integrated care models into child and adolescent health is important. The Substance Abuse and Mental Health Services Administration defines integrated care as "the systematic coordination of general and behavioral healthcare," which includes mental health and substance abuse services under the larger umbrella of "behavioral health."[5] In child and adolescent psychiatry, integrated care models including the behavioral health clinician (BHC) integration in primary care model, the child psychiatry access programs (CPAP), and the collaborative care model (CCM) have shown promise in the care of pediatric patients.[6–8] These integrated delivery models go beyond colocated care and the patient-centered medical home (PCMH), which have also shown some promise in treatment of mental health conditions.[9] Regardless of the delivery system, it is vital providers communicate with each other and that care is population focused with a team approach using sound measurement and evidence to provide holistic care of children and adolescents.[10]

How health information technology (HIT) plays a role in these models is also of significance, because benefits and barriers exist across models. When HIT is used effectively it has the ability to improve upon care as usual and broaden access to specialist services. HIT can be described as, "the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making."[11] Herein we look at how advancements in HIT can improve access and outcomes in the integrated care setting.

Integrated care is emerging as a compelling aspect of care delivery; however, defining what is meant by integrated care and the subsequent terms under its umbrella continues to be an issue. Some authors argue that further clarification of the definition of integrated care is in order.[12] With this is mind, we attempt to define the spectrum of care seen in pediatrics from care as usual to CCMs. Care as usual can be defined as a pediatrician seeing patients in an outpatient setting, referring the patient to mental health services when needed. In this model, the pediatrician and consulting child psychiatrist/mental health clinician might or might not communicate via phone and there may or may not be a shared medical record. This might be followed by the PCMH, which serves as a model of the organization of primary care. The PCMH incorporates certain core components, including comprehensive care, patient-centered care, coordinated care, accessible services, and quality and safety.[13] The American Academy of Pediatrics would add that the PCMH is compassionate, culturally competent, and family centered.[14] Colocated care can be described as a mental health specialist