

Meeting summary for TI 2.0 Information Session: Peds PCP- Caregiver Depression Screening and Dental Varnish (04/05/2024)

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Quick recap

The team discussed pediatric primary care milestones, focusing on addressing health inequities, cultural competence, and the importance of screening for postpartum depression and anxiety. They also explored concerns about billing, the potential for duplication in screening practices, and the applicability of the Edenburg screening tool to caregivers. Additionally, they reviewed the Perinatal Mental Health certification and its importance in improving maternal mental health outcomes, as well as the availability of resources for those preparing for exams.

Next steps

- Cameron will follow up with Rachel to clarify the screening tool recommendation for caregivers and update the milestone documentation accordingly.
- Cameron will coordinate with the MCOs to ensure there are no concerns with the G. Code and Z code list and provide necessary guidance to the team.

Summary

Pediatric Primary Care Milestones Discussion

Cameron, the program administrator at AHCCCS for Targeted Investments Programs, led a meeting with Jane, Vishal, Samantha, and Elizabeth, focusing on pediatric primary care milestones. The team was asked to keep questions until the end of the presentation, after which they would be compiled into an FAQ document. The meeting was recorded but the large file size meant it couldn't be emailed, so a review process would take a month before being published. The PowerPoint presentation would be shared with all registrants.

Addressing Health Inequities and Care Needs

Cameron discussed the initiatives related to addressing health inequities and individual care needs within AHCCCS TI 2.0, emphasizing the importance of postpartum depression and anxiety screening. He highlighted the need for cultural competence and sensitivity in care provider interactions, particularly with new parents and non-birthing parents or guardians. Cameron also pointed out the significant maternal mortality and morbidity inequities, particularly related to behavioral health, race, ethnicity, and geography. He stressed the importance of screening the new caregiver at the baby's appointment to address mental health conditions, which, if untreated, can hinder parent-child bonding and family interaction.

Core Initiative for Behavioral Health Resource Education

Cameron outlined the core initiative to educate caregivers on identifying and connecting patients to resources for depression, anxiety, and mental health issues during appointments. The focus for year two is developing and writing policies, with an emphasis on providing caregivers with a registry of behavioral health providers. Cameron also mentioned the need for coordination and referral protocols, and encouraged collaboration among adult BH participants to train staff. He highlighted that TI 2.0 Adult BH participants are incentivized to certify staff and that opportunities are being explored to create a centralized registry.

Milestones, PMH Certification, and Billing

Cameron sought feedback on the milestones and the PMH certification program. Veronica raised a concern about including the mother's record in the patient's chart, a topic that Cameron promised to discuss internally with Elizabeth and others. Vicki and Deanna also expressed concerns about potential misuse of information, especially in custody disputes, and the added complexity when the mother and child are not established as primary care patients. Veronica also questioned the inability to bill for screening parents during a child's visit. Rachael offered to help with billing issues, urging the team to contact her if they were denied claims.

Child Screening, Sensitive Notes, and Parental Involvement

Rachael suggested that if there's a reason to believe screening could be potentially harmful to a child, it's okay not to include it in the child's chart. Vicki proposed using sensitive notes for documentation. Veronica and Cameron acknowledged the need to explore best practices and respect members' and parents' choices. Mary highlighted the potential issue of electronic questionnaires and future custody battles. Michael noted the reluctance of mothers with substance use disorder to disclose such information. Veronica questioned whether anyone had informed parents about the depression screen and chart sharing as required by the EPSDT. Mary confirmed they have a consent.

Chatis Questionnaire Concerns and Postpartum Support

Mary expressed concerns about the specifics and implications of a questionnaire administered. Veronica agreed, noting the confusion and risk it posed to healthcare organizations and their patients. Cameron assured her that guidance would be provided soon, with a milestone document expected in April. He also mentioned that they would seek input from the team on best practices related to the document. After Cameron's introduction, Elizabeth from Postpartum Support International began discussing the organization's mission and her personal experience with perinatal mood disorders.

Perinatal Mental Health Certification Discussion

Elizabeth discussed the Perinatal Mental Health (PMH) certification, explaining that it is a credential awarded to mental health therapists and prescribers who complete additional training in perinatal mental health. This certification aids in identifying appropriate care for seekers and helps insurance determine network adequacy. Elizabeth detailed the process to become a PMH certified provider, which includes two years of experience and a two-day training course. She also highlighted the importance of addressing health disparities, particularly among providers of color and in rural areas, and shared that scholarships are available to improve equity.

Exam Preparation and Maternal Health Resources

Elizabeth discussed the support resources available for individuals preparing for exams, including monthly Q&As, FAQs, and a Facebook study group. She highlighted the importance of improving maternal mental health outcomes and the opportunity to provide free training for frontline providers. Elizabeth mentioned the availability of scholarships to support these efforts. In response to a question, she confirmed that pediatricians are eligible for certification in this area. Mary raised a concern about the lack of insurance options in the online provider directory, which Cameron promised to explore.

Mental Health Services and Caregiver Screening

Elizabeth informed Mary that the availability of mental health services was low in Pima County, but assured her that some providers, including Women's Health Innovations, were working to improve access and offered scholarships for those without insurance. Cameron announced that the slides and handout of the meeting would be distributed, including Elizabeth's and the PSI training email. Mary sought clarification on whether all present caregivers, including fathers, would be screened for appointments, which led to a discussion about expanding the screening to non-birthing parents. Rachael confirmed that the screening code was caregiver-focused, but its outcome could change depending on who submitted it.

Pediatric Screening and Duplication Reduction

Kira and Cameron discussed the application of Adult PCP milestones to pediatric teams and the potential for duplication in screening practices. Cameron acknowledged the need to identify best practices to reduce duplication and ensure appropriate screening, while also considering the patient and provider perspective. A question was raised by Kira about the hierarchy of screening between Adult PCP and pediatric teams, to which Cameron clarified that all caregivers present at the time of appointment are considered, and the attribution methodology looks at both the assigned provider and the provider with claims for the individual. Mary further clarified that they use a caregiver-focused code for screening.

Multiple Screening Code and Compensation Rates

Mary, Cameron, and Rachael discussed the billing process for screening multiple caregivers at one visit. Mary expressed concern about low compensation rates, suggesting this could be a deterrent for providers. Cameron agreed, suggesting that the code should be able to be used multiple times for multiple screens. He noted this could be beneficial, even though it couldn't be promised. Mary indicated that the same processes are used for private insurance, highlighting a potential broader impact. Cameron suggested the idea of discussing this with Beth and Veronica.

Edinburgh Screening Tool for Caregivers

Veronica inquired about the Edinburgh screening tool's applicability to caregivers, not just birth mothers, and whether there were any recommended screening tools for this purpose. Cameron clarified that any norm criteria and tool for screening caregivers were applicable, despite the Edinburgh policy focusing on newborns to 9 months. Rachael further noted that the tool used should be norm-referenced for adult depression screening and that the Edinburgh was specific to birthing parents. Veronica's query about policy modifications for new caregivers was left open for further review.

Dental Varnish Session and Z Codes

Cameron agreed to follow up with Veronica via email and planned to create a separate information session on dental varnish for the next week or two. He also mentioned that he would share the meeting's notes, PowerPoint slides, and handout by the end of the following day. In response to Mary's question about the incorporation of Z codes into the milestones, Cameron acknowledged the suggestion's merit and promised to discuss it with the G code, Z code cascade. He also assured that any stipulations or parameters from the MCPs regarding Z codes would be included in the guidance.

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Q&A Session Takeaways

- Can Peds PCP bill for caregiver screening under the child's AHCCCS ID number?
 - Yes. Let AHCCCS TI team know if your claims are being denied for this.
 - See page 13:31
- As a Pediatrician how are we able to get certified for PSI?
 - As a pediatrician you can get certified. You can also rely on integrated care and integrate a mental health provider into your practice.
- Are LMSW eligible for the certification?
 - Yes, all mental health providers licensed under AZ Board of mental Health
- Many providers do not take AHCCCS? What is the availability of care in Pima County?
 - Pima County is working on expanding provider reach. A virtual options may be the best
- Is it a requirement that all present caregivers get screened? E.g. non-birthing caregivers, fathers, grandparents, etc.
 - Yes, all (up to two) caregivers present at time of EPSDT visit should be offered a screening.
- Does the billing code allow for non- birthing parents?

- The code says “caregiver” focus. It should not matter if they are not the birthing parent.
- What tool do we use for non-birthing parents?
 - Any depression screening.

Questions that require further research:

- How do we document caregiver’s information appropriately in a way that prevents screening results from being used against them (e.g. in custody battle)?
 - Option/Possible Solution: Sensitive notes (locked notes that are not available (court requests cannot exclude this information)).
- What are the recommendations for concern of potential duplication?
 - AHCCCS is working on best practices and will take this into consideration.
- Billing considerations to take into consideration.
 - Multiple SDOH and similar screening codes are billed only once. The compensation rate is now low.
 - If you are doing 3 different questionnaires and you are receiving low reimbursement.