Taking Care of the Whole Patient: Our Behavioral Health Integration Journey

Written by S. Randall Brown, MD, FAAP

Primary Care Matters is a guest column written for MedStat by a local pediatrician or primary care provider.

Shown here, Olentangy Pediatrics is a seven physician, two psychologist practice in Columbus. Dr. Brown joined the practice in 2001 after completing pediatric residency at Kosair Children’s Hospital in Louisville, KY. He is a graduate of Miami University and Wright State University School of Medicine. He and his wife, Emily, live in Worthington with their 3 children, ages 6, 10 and 12. Dr. Brown is a member of Nationwide Children’s Hospital medical staff and serves on multiple hospital boards and panels. He is an avid golfer and youth sports coach. He has a special interest in pediatric asthma care and antibiotic stewardship in the outpatient pediatric setting.

In a pediatric practice, a physician should be willing and able to provide quality behavioral health care and advice. In a busy practice, however, there is a challenge: how do we meet the ever-growing behavioral and psychological needs of patients and families and how can we better meet those needs promptly and give our patients the best care possible?

The solution for the seven physicians and team at Olentangy Pediatrics was to hire Dr. Claire Ackerman, a child psychologist. She joined our staff at Knightsbridge Blvd, in Columbus, both as an expert in and a champion of behavioral health:

• She is an expert in the diagnosis of mood disorder/anxiety/ADHD and an expert in the treatment of chronic pain and suicidal thought.

• She is also a champion for our younger patient’s families who needed advanced behavioral strategies for meal time, bed time and “toilet phobia” (just to name a few).

Prior to Dr. Ackerman joining our team, the tedious multi-step process to have a psychologist provide care to one of our patients was to:

1. Offer a list of names of psychology providers.
2. Determine if provider was open to new patients, taking insurance and “interested” in taking on the specified problem.
3. Expect the patient to wait many months for a first appointment (if the parent was able or willing to schedule).
4. Hope the referring physician would receive collaboration or progress notes (sadly, rarely the case).

(Continued)
After Dr. Ackerman joined our team, treatment or consultation became two steps:
1. Verify behavioral health benefits.
2. Schedule a visit in our office.

The physician team at Olentangy Pediatrics now meets daily with Dr. Ackerman. We may, for example, meet to discuss:
- A patient with chronic headache for whom she has recently provided cognitive behavioral therapy.
- Educational diagnostics she plans to initiate for an elementary student.
- Multi-step treatment plans she is currently offering to a teenager with mood disorder.

We are fully integrated: she is on our team and in our office for timely, face to face, collaborative patient care discussions. We meet with her before and/or after she provides consultation.

If a behavioral health problem is identified during a routine well-child visit, Dr. Ackerman is able to come to the patient room and provide brief advice and resources. She calls this introduction a “warm hand-off” and it helps the patient and family quickly feel that care is being warmly integrated.

Dr. Ackerman provides her office visit notes to our physicians and those notes, subsequently, become part of the EMR.

Our families have applauded our integrated model. They appreciate the smooth, shared flow of information between psychologist and physician.

In our practice now, children and families who need psychologic care do not need to become familiar with new office staff and a new location. Their needs are met in our office where they are most comfortable.

We feel our practice is now better able to provide the care our patients need and want. With our integrated behavioral services, this care is prompt, in-house and provided by a PhD-trained child psychologist.

The physicians are now able to dedicate more time in the busy workday to well-child and ill-child care.

The integrated care model has not been simply a winning formula for both pediatrician and psychologist; more importantly, it has offered the best possible care to our patients and our outcomes have improved.

And... after 2 years of “tweaks” and successes, we have added a second psychologist to our team.

The opinions and policies expressed in MedStat are those of its contributors, and are not necessarily the opinions or policies of Nationwide Children’s Hospital. Nationwide Children’s Hospital does not endorse or recommend any specific opinions, policies, tests, physicians, products, procedures, or other information that may be mentioned in MedStat. The content made available on MedStat, such as text, graphics, images, and other material contained on the website are for general educational and informational purposes only and do not constitute medical advice; the content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Reliance on any content provided by MedStat is solely at your own risk.