Examining Reasons for and Barriers to Participating in Maryland's Child Psychiatry Access Program Among Pediatric Primary Care Providers

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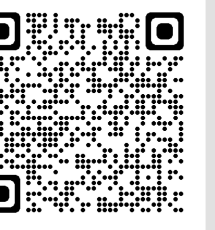

Research Objective

- Child psychiatry access programs (CPAPs) support pediatric primary care providers (PCP) in addressing patients' mental health needs through provision of telephone consultation with a child psychiatrist, resource/referral support, and training.
- PCPs were asked about their use of BHIPP services, and if there were barriers to using these services.

Study Design

- Interviews were recorded, transcribed and analyzed
- A subset of transcripts were used to create a codebook.
- All transcripts (N=37) were analyzed using content analysis.

Population Studied

- Interviewees were purposively sampled from the population of BHIPP users based on variation in geography and frequency of use.
- Semi-structured interviews were conducted with N = 37 PCPs

Findings

- Medication management was cited as the primary reason for calling BHIPP across all frequencies of use
- Resource/referral services was also reported as a common reason for calling BHIPP among frequent and moderate users
- Attitudes about BHIPP consult services and trainings were reported as "helpful," "wonderful," and "valuable"
- Barriers identified included: limited consultation warmline hours (9am-5pm), not having enough time to attend trainings, scheduling conflicts with training times, training content perceived as too basic, and lacking awareness of the full range of BHIPP services.

Conclusions

- PCPs reported positive attitudes about the services and identified multiple reasons for using the service to support the care of their pediatric patients.
- Time, in various forms, was identified as the foremost barrier to using BHIPP services.

Exemplar Quotes

Reasons for Calling: Medication management

"Well, one that's coming to mind right away is that I had a child with significant ADHD, but also had significant motor tics, and they were exacerbated by our typical stimulant medicines that we give for ADHD. So I called and talked to a psychiatrist, and we worked out a plan. We went to a nonstimulant medication, and we were able to get him stable without a lot of motor tics. That's one example. I've had numerous examples where I'm struggling with, antidepressant medicines, and I'm trying to either wean from one to another, one that wasn't effective, or I'm trying to kind of choose what would be the best one for that particular case. I have numerous examples of that about, about dosing, about medicine dosing and management of depression."

Attitudes about the consults

"BHIPP has been such an amazing resource to our practice. We are in Western Maryland…every single time I've called there, I've received the best information. First of all, the people have been so gracious from whoever takes the phone call to tying me in with a child psychiatrist. They always call when they say they're going to call. It's user friendly. The information is accurate. They send us follow-up notes about the recommendations. They listen so well. I mean, my experiences have been overwhelmingly amazing. Like, if I had to give an A plus, I'd give an A plus plus plus plus."

Barriers: Not enough time

"It's tough, we as primary care people don't really have time to have these trainings. Because whatever our lunch hour is supposed to be, it usually doesn't exist. Because we usually see patients well into the lunch period. So I don't know. It's hard for us to make time in the first place."

Barriers: Unaware of services

"I probably don't hear about them as much as um, I could, and to be honest, I hear, I maybe get an email every once in a while, but I don't know that I'm really familiar with what's available in terms of training."

Table 1. Top 3 Codes Within Code Groups, Number of Transcripts Where Code was Applied

	Frequent N =16	Moderate N=10	Infrequent N =11	Total N=37
Reasons for Calling BHIPP				
Medication management	15 (94%)	9 (90%)	11 (100%)	35 (95%)
Need for services	10 (63%)	8 (80%)	2 (18%)	20 (54%)
Reassurance	10 (63%)	4 (40%)	3 (27%)	17 (46%)
Treatment Planning Guidance	6 (38%)	4 (40%)	5 (45%)	15 (41%)
Complicated Cases	7 (44%)	3 (30%)	6 (55%)	15 (41%)
Bridging Treatment	3 (19%)	3 (30%)	4 (36%)	10 (27%)
Diagnosis help and clarity	2 (13%)	0 (0%)	2 (18%)	4 (11%)
Attitudes				
Attitudes about consult	15 (94%)	10 (100%)	11 (100%)	36 (97%)
Attitudes about trainings	9 (56%)	4 (40%)	6 (55%)	19 (51%)
Barriers				
Scheduling conflict	5 (31%)	7 (70%)	6 (55%)	18 (49%)
Not enough time	4 (25%)	5 (50%)	1 (9%)	10 (27%)
Unaware of training offerings	1 (6%)	0 (0%)	2 (18%)	3 (8%)
Training too basic	2 (13%)	0 (0%)	0 (0%)	2 (5%)

Implications for Policy or Practice

- Data from this study will inform adaptations to future BHIPP outreach activities, and training and technical assistance offered to pediatric PCPs.
- The findings regarding PCPs time constraints as barriers to BHIPP use have implications for changes to insurance reimbursement policies to promote PCPs provision of mental health care within primary care.

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