



Roadmap College

Webinar #6

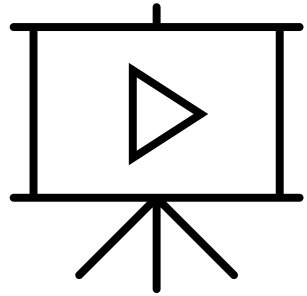
Wrap Up

Thursday, October 13th

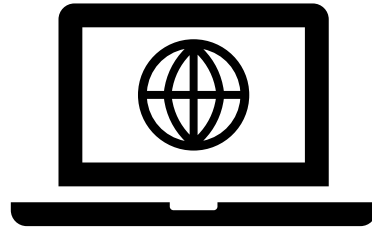
3pm – 4pm ET

Welcome & Current State

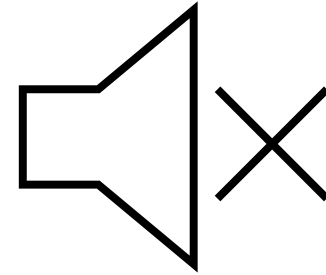
Abby Zier Alyesh



Webinar is
being recorded



Recording &
slides will be
posted



Mute mic

Housekeeping





Today's Focus

SETUP

STEP 1

Self-assess your readiness using the Readiness Checklist

STEP 2

Collect simple baseline data:

Was there documentation that patient and family emotional health was assessed during this visit?

STEP 3

Set an aim



TRY CHANGES, MEASURE IMPROVEMENT

STEP 4

Conduct PDSA cycles. Begin with Key Driver 1 and progress through Key Drivers 2, 3, and 4, focusing your tests of change on improvements related to your readiness self-assessment. Use the "potential change strategies" in the driver diagram to gather ideas to try. Start small; for example, one patient, one clinic day, one inpatient rounds. Revise as you learn and improve.

Key Driver #1: Develop Awareness

Use the potential change strategies to increase your awareness of the challenges and stresses of living with/parenting a child with a chronic condition.



Key Driver #2: Identify resources; make them available

Use the Developing a Resource List tool to create or update a list of resources specific to your practice's location and patient population. Ensure you have a crisis plan for mental health emergencies for patients and for families.



Key Driver #3: Develop knowledge, know-how and confidence

Review Roadmap videos and conversation guides to develop or hone your approach to initiating conversations about emotional health.



Key Driver #4: Build assessment and surveillance into your clinic flow

Begin assessing emotional health at the time of diagnosis and continue through each clinical encounter.

STEP 5

Continue to test and measure ways to embed discussions about emotional health into your daily care. Collect additional measure data and repeat the Roadmap Readiness Checklist. Expand your successful PDSA cycles, and implement successful changes. Ensure that your measure data support the effectiveness of the changes as you move to implementation.

Objectives

Understand

Understand how to embed assessing and addressing emotional health needs into routine clinic visits

Share

Share care center key learning and next steps

Consider

Consider a patient's perspective on the difference made by integrating physical and emotional health care

Agenda

5 min	Welcome & current state	Abby Zier Alyesh
10 min	Recap of building assessment and surveillance into your clinic workflow	Carole Lannon
15 min	From both sides of the exam: patient and provider perspective	Tom Glenn
20 min	Roadmap College takeaways	Carole Lannon
10 min	Next Steps for Roadmap College and for you	Abby Zier Alyesh

Recap of building assessment and surveillance into your clinic workflow

Carole Lannon



Building assessment and surveillance into your clinic workflow

KEY POINTS

“The goal is the medical provider is driving the discussion about emotional health... 90% of the time this will be the intervention.”

– Mary Pat Gallagher

“Don’t ever silo emotional and behavioral health.”



Key ingredients

My current
practice

Across the clinical
setting in which I
practice



Leadership
Infrastructure
support



Additional resource



Billing Strategies to Support Addressing Emotional Health

Ensuring the emotional health of children is essential to optimizing wellbeing and health outcomes. Routinely using the billing strategies described below can be an important step to obtaining payment and supporting the important role that pediatricians play in addressing and supporting the emotional health of children with chronic conditions and their families.

Time-Based Billing: General Time-Based Billing

Time-based Current Procedural Terminology (CPT) codes may be under-utilized and can capture time clinicians are already dedicating to addressing parents' emotional and mental health. Code 99417 indicates that additional time, in 15-minute increments, has been applied to patient care, in addition to time typically associated with visits; it must be listed separately in addition to code 99205 or 99215 for office or other outpatient Evaluation and Management Services. The 99417 code covers direct patient care as well time spent on care coordination, chart review, documentation, and may be applied to telehealth visits with some limitations (*AAP Coding Newsletter: April 2021; 16 (7): 5–12*); www.aap.org).



Additional resource



The Impact of Being Black while Living with a Chronic Condition

This video highlights the discussion among a panel of three Black parents and a young Black adult who share their lived experience of being Black, having a chronic condition, and interacting with the healthcare system.

Helpful for: Everyone

Watch Video

Video

<https://www.youtube.com/watch?v=YiweGk8ifhg&t=1s>



Themes

- The Trauma of Past and Current Events
- Code-Switching
- Concerns about Child Protective Services



Actions

- Create a safe space in the clinical environment for children and families of color.
- Establish trusted relationships with children and families of color. Be present.
- Be an “upstander”, not a bystander.
- Acknowledge that many aspects of health care are often negatively impacted by racism or bias for families of color.
- Recognize and acknowledge when current events weigh heavily on patients and families (such as the murder of George Floyd, the Buffalo supermarket mass shooting, and many others).
- Advocate for diversity and inclusion within institutions.

From both sides of the exam: patient and provider perspective

Tom Glenn



Tom Glenn, MD

Single Ventricle and Advanced Cardiology
fellow at C.S. Mott Children's Hospital

Ann Arbor, Michigan

From Both Sides of the Exam

- Patient Perspective
 - Direct the conversation to the patient
 - Focus on the “whole patient” rather than testing
 - Goals, aspirations, encouragement, exercise, connections
- Provider Perspective
 - Normalize, Ask, Pause, Connect
- Anybody can do it!
- Discussion



Roadmap College Takeaways

“Preparedness of Pediatric Subspecialty Fellows to Address Emotional and Mental Health Needs Among Children With Chronic Medical Conditions”

Survey of 4,216 trainees conducted in 2020 at the end of Board examinations.

Table 2. Respondents Across Subspecialties Who Reported High Levels of Interest, Responsibility, and Competence in Mental Health Care

Subspecialty	Interest ^a	Responsibility ^b	Competence ^c
	Adjusted % (95% CI) ^d		
Adolescent medicine	89.9 (84.1-95.7)	94.7 (90.4-99.1)	57.8 (47.3-68.4)
Developmental-behavioral pediatrics	83.1 (76.4-89.7)	77.1 (69.7-84.5)	32.1 (23.3-40.8)
Child abuse pediatrics	76.3 (63.3-89.4)	87.5 (78.0-97.1)	24.8 (12.2-37.4)
Endocrinology	75.8 (70.2-81.4)	78.0 (72.4-83.5)	18.0 (12.8-23.2)
Rheumatology	75.5 (65.7-85.3)	81.0 (72.4-89.6)	24.5 (14.7-34.3)
Hematology-oncology	76.3 (72.3-80.4)	85.2 (81.9-88.5)	20.9 (17.1-24.6)
Nephrology	72.5 (63.9-81.1)	77.8 (69.6-86.0)	13.0 (6.2-19.8)
Pulmonology	74.1 (66.9-81.3)	73.6 (66.5-80.6)	19.7 (13.1-26.3)
Gastroenterology	63.5 (57.9-69.1)	73.1 (68.1-78.1)	25.0 (19.9-30.0)
Cardiology	56.7 (51.9-61.5)	67.8 (63.4-72.1)	13.1 (10.0-16.3)
Infectious diseases	46.8 (38.6-55.0)	49.7 (42.0-57.4)	21.9 (15.4-28.5)
Critical care medicine	44.6 (40.1-49.1)	63.0 (58.6-67.3)	12.9 (9.9-15.9)
Emergency medicine	40.8 (36.5-45.1)	60.9 (56.7-65.1)	22.6 (19.1-26.2)
Neonatology	38.4 (34.7-42.1)	26.9 (23.6-30.2)	21.0 (18.0-24.0)
	Adjusted odds ratio (95% CI) ^e		
Training year			
1	1.00 [Reference]	1.00 [Reference]	1.00 [Reference]
2	1.08 (0.91-1.28)	0.82 (0.69-0.98)	1.06 (0.86-1.29)
3	0.98 (0.82-1.18)	0.79 (0.66-0.96)	1.22 (0.99-1.49)

^a Missing for 236 respondents.

^b Missing for 65 respondents.

^c Missing for 95 respondents.

^d Adjusted for age, gender, medical school location (US or international), race and ethnicity, geographic region, degree (MD, DO, or missing or other international degree), and training year.

^e Adjusted for age, gender, medical school location, race and ethnicity, geographic region, degree, and subspecialty.

[https://jamanetwork.com/journals/jamapediatrics/fullarticle/2796979?guestAccessKey=041ac027-3d51-4b4a-bf21-](https://jamanetwork.com/journals/jamapediatrics/fullarticle/2796979?guestAccessKey=041ac027-3d51-4b4a-bf21-7e1ef13cbd2c&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jamapediatrics&utm_content=olf&utm_term=100322)

[7e1ef13cbd2c&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jamapediatrics&utm_content=olf&utm_term=100322](https://jamanetwork.com/journals/jamapediatrics/fullarticle/2796979?guestAccessKey=041ac027-3d51-4b4a-bf21-7e1ef13cbd2c&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jamapediatrics&utm_content=olf&utm_term=100322)



What have you learned

What is your main takeaway from Roadmap College?



What are you planning to do next?

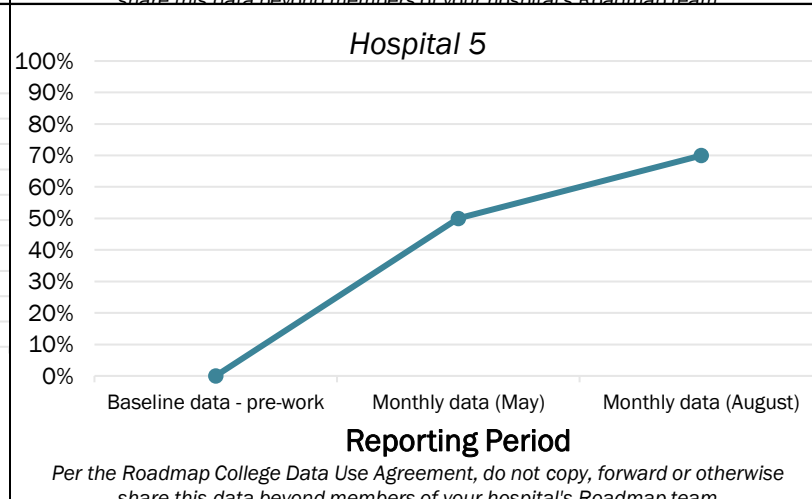
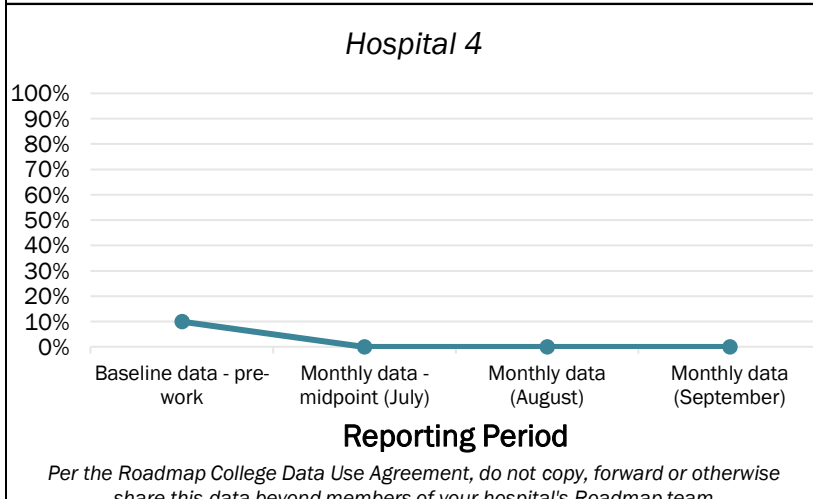
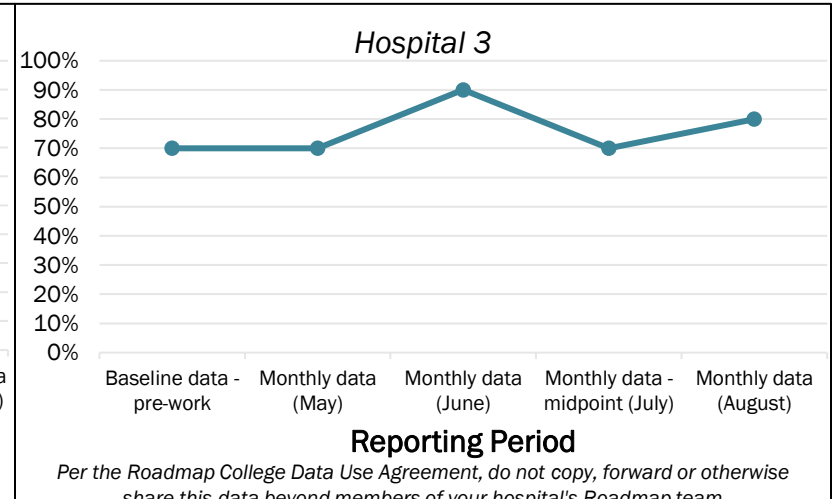
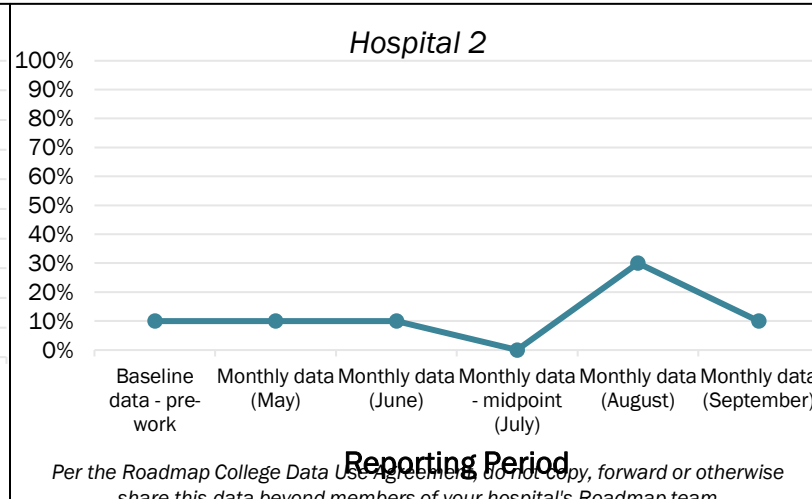
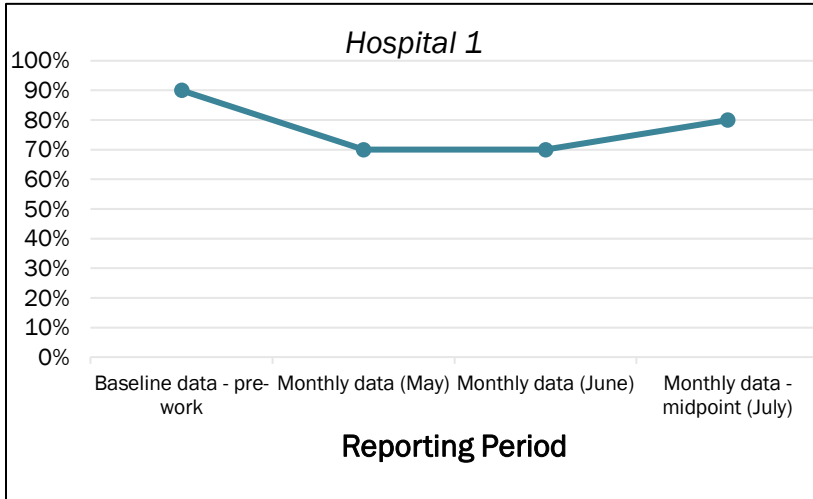
Readiness Checklist Responses over time

Team	Staff Awareness			Resource List			Crisis Plan - Patients			Crisis Plan - Family			Provider Confidence			Routine Assessment		
	Baseline - April 2022	Midpoint - July 2022	Final - October 2022	Baseline - April 2022	Midpoint - July 2022	Final - October 2022	Baseline - April 2022	Midpoint - July 2022	Final - October 2022	Baseline - April 2022	Midpoint - July 2022	Final - October 2022	Baseline - April 2022	Midpoint - July 2022	Final - October 2022	Baseline - April 2022	Midpoint - July 2022	Final - October 2022
Hospital 1	1	2		2	1		3	3		0	1		1	1		1	1	
Hospital 2	3	3		1	1		3	3		1	1		2	2		1	2	
Hospital 3	3	3		1	1		NA	NA		0	0		3	2		3	2	
Hospital 4	2	3		0	1		0	1		0	0		2	1		0		

Per the Roadmap Pilot Collaborative Data Use Agreement, do not copy, forward or otherwise share this data beyond members of your hospital's Roadmap team

Legend			
0	1	2	3
Not currently	Developing or testing	Part of my individual practice	Across the clinical setting in which I practice

% of visits with emotional health assessed, by site





Feedback, please!

1. Webinar 6 evaluation



2. October reporting for final readiness checklist

REDCap

Next Steps for Roadmap College and for You



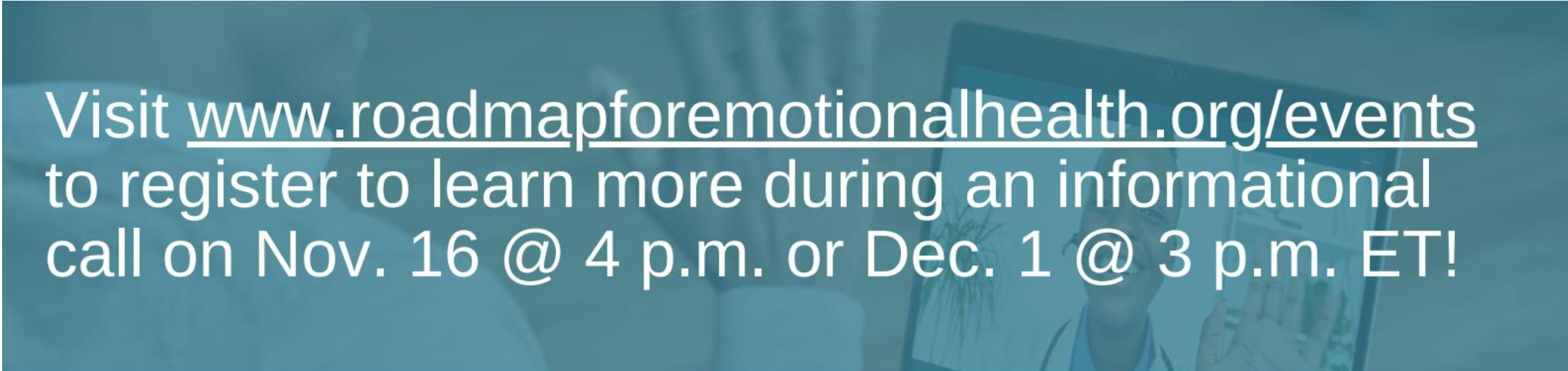
The
Roadmap
Project

EMOTIONAL HEALTH COLLABORATIVE

You don't have to be a mental health professional to make a difference on patient and family emotional health.

Join a collaborative of pediatric subspecialists focused on improving the emotional health of children with chronic conditions and their families.

“Emotional health is as important as physical health. I encourage my subspecialty colleagues to integrate The Roadmap Project’s strategies into clinical practice. This small change will have a significant impact on our patients’ care.” – A cardiologist with congenital heart disease



Visit www.roadmapforemotionalhealth.org/events
to register to learn more during an informational
call on Nov. 16 @ 4 p.m. or Dec. 1 @ 3 p.m. ET!

**QUESTIONS? CONTACT ROADMAP AT:
[ABP FDN PROJECT@CCHMC.ORG](mailto:ABP_FDN_PROJECT@CCHMC.ORG)**

Roadmap is supported by the American Board of Pediatrics Foundation and the David R. Clare and Margaret C. Clare Foundation.



Thank you!

