



ADDRESSING A SHORTAGE OF CHILD PSYCHIATRISTS

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National BH statistics around pediatrics care

- One in five US children experiences a mental health problem
- 50% of all lifetime cases of mental illness start by age 14.
- Nearly 1 in 10 hospital admissions for children age 3-17 have a primary diagnosis of a mental health condition*
- 44.1% of pediatric primary mental health admissions are depression, 18% are bipolar, and 12% are psychosis*
- 75% of children diagnosed with mental illness are seen in primary care.
- Half of those are treated within the primary care practice.

Jared Aguirre and Victor G. Carrion, "Integrated Behavioral Health Services: A Collaborative Care Model for Pediatric Patients in a Low-Income Setting," *Clinical Pediatrics* 52, No. 12 (2013): 1178-1180.

* New AHRQ funded-study lead by UCSF Children's Hospital to be released into Pediatrics, April 2016

** Local stat: 72% of the psych meds are being prescribed by PCPs

Addressing a Shortage of Child Psychiatrists

- **Texas:** #1 in population growth for 2 decades
- **Critical shortages** in primary care, specialty physicians
- **Greatest shortage** is in adult and child psychiatrists
- **Texas: 5.97** psychiatrists/100,000 population
 - **U.S. overall: 10.46**/100,000 population

The Mess With Texas, Visualized

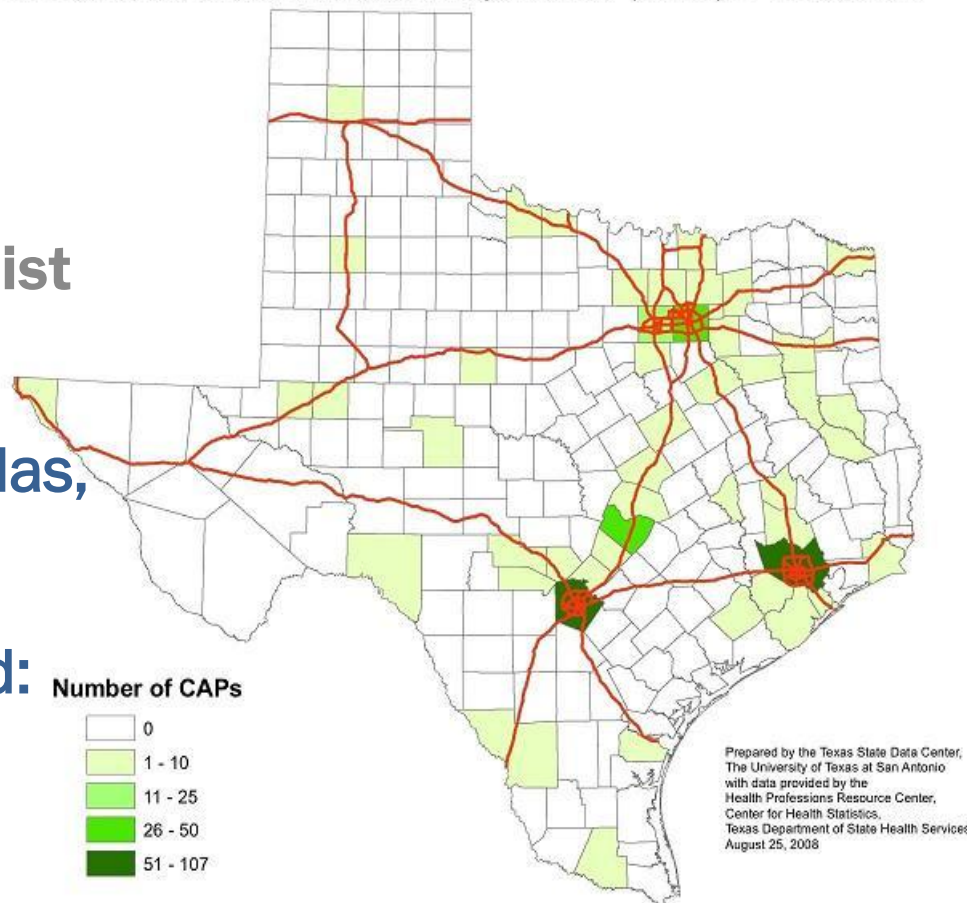
➤ **171/254 Texas counties:** No psychiatrist

➤ **204/254 Texas counties:** No child/adolescent psychiatrist (CAP)⁴

➤ **Most work in San Antonio, Dallas, Austin, Houston**

➤ **Minorities underrepresented:** extremely small number of Hispanic CAPs alarming

Child, Adolescent, and Pediatric Psychiatrists (CAPs) in Texas, 2007

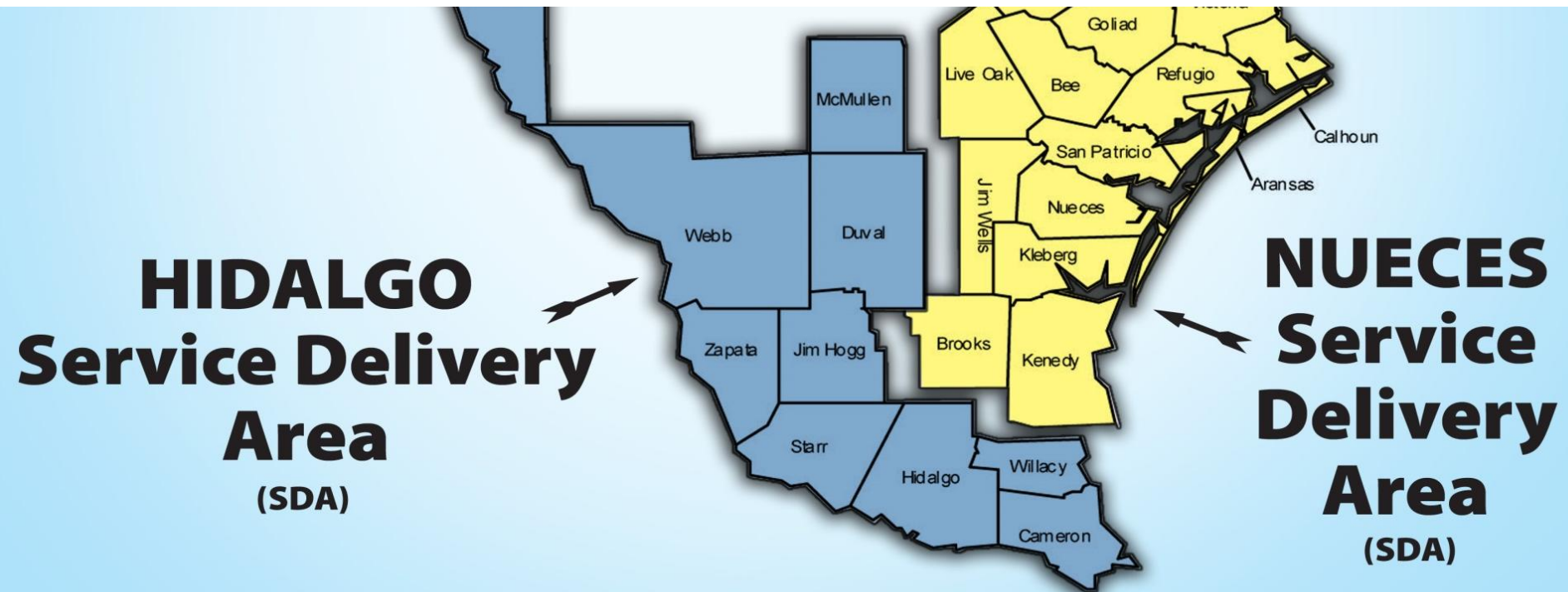


Includes all active non-military Direct Patient Care Psychiatrists with a primary or secondary specialty of Child & Adolescent Psychiatry or Pediatric Psychiatry



713,667 children

7 child/adolescent psychiatrists



Why the Shortage?

Workforce

- Aging workforce
- 2011 median age, psychiatrists: 57 (males), 50 (females)
- Need exceeds number of graduating psychiatrists
- Few internship sites

Barriers to Recruitment

- Low reimbursement
- Large Medicaid population
- Large indigent population
- Lack of cultural and linguistic diversity and competence in workforce

Short Term Solutions

- Additional CME for Primary Care Physicians in behavioral health
- Consultation program between PCPs and Psychiatrists for advice and triage
- Telemedicine
- Decrease hassle factor with current edits in the formulary

A Tele-psychiatry Pilot

- **Administered by University of Texas Medical Branch (UTMB):** Well-established telemedicine use; reputable psychiatry department
 - Provide licensed, credentialed, bilingual child psychiatrists. 60 min. initial consult, 30 min. follow ups
 - Provide videoconferencing hardware

- **Behavioral Health Services of Nueces County (BHSNC):** Technical, human resources for telemedicine in place
 - Serve as clinical host (the site DHP members visit)
 - Support, staffing infrastructure
 - Provide utilization data for analysis of program

Tele-psychiatry

- Barriers/Challenges
 - **Misinterpretation of the Ryan Haight Act by the DEA which impacts care**
 - Expensive
 - Requires a different infrastructure
- Positives/Successes
 - Has been well received by most families
 - More time spent in a multidisciplinary manner than the typical psychiatric visit

Longer Term Solutions

- Loan repayment programs that are sufficiently high to allow a majority of physician applicants to pay off their educational loans.
- Promote the loan repayment programs at the medical school level to influence specialty choices as well as at the residency level to encourage serving in underserved communities.

Longer Term Solutions

- Support Medical Schools in seeking potential applicants interested in psychiatry.
- Expose medical students earlier in their rotations to psychiatry.
- More GME slots across Texas for psychiatry
- Increase Medicaid Fee Schedules for psychiatry