Ohio Pediatric/Psychiatry Decision Support Network
Information Sheet

The Ohio Pediatric/Psychiatry Decision Support Network (OPPDSN) is a joint project of the Ohio Department of Mental Health, the Ohio children's hospitals, and the child and adolescent psychiatry residency training programs at some Ohio medical schools—for a complete list of program partners, see below, the end of this fact sheet. The project aims to assist in providing integrated care for the full range of pediatric behavioral health consumers.

The OPPDSN was developed to respond to Ohio's severe shortage of pediatric psychiatrists and their uneven distribution, particularly in low-income and rural areas. Its format draws from research that indicates that most children and adolescents will respond best to treatment in a primary medical home, that community providers are already treating many pediatric behavioral health patients and will treat a greater number of them and more effectively if they have access to high quality consultation services. Targeted community providers include pediatricians and family practice physicians, community mental health centers, and general psychiatric practices.

The project has several components—a 1-800 number staffed twenty-four hours a day, seven days a week and a website with information and training for practitioners and families, a tele-psychiatry component, statewide clinical protocols, and training of primary care practices.

The 1-800 number will route calls to children's hospitals based on current perinatal regions. This builds on existing relationships between the children's hospitals and primary care providers. Each hospital is committed to providing around the clock coverage for the phones. Advanced practice nurses or clinical social workers will staff the phones and provide the first level of consultation.

If the provider needs more extensive consultation, phone staff will transfer the call to the on-call psychiatrist assigned to the project. If not immediately available, the psychiatrist will return the call within 30 minutes. During the consultation, the psychiatrist will discuss the diagnosis and treatment plan with the provider and work to create a best practices treatment plan.

Additional consultation can take place in three different formats. The first level is "store and forward." In this format, the treating provider makes a digital video recording laying out the issues and querying the psychiatrist about them. Upon completion, the provider uploads the video to the secure section of the OPPDSN website for later retrieval by the psychiatrist. The psychiatrist then records an evaluation of the situation and uploads that back to the web for the provider to access when convenient.

For community providers who desire more immediate consultation and who have the technical capacity, the video consultation can take place in real time. Both this and the "store and forward" consultation may take place with or without the patient and family present depending on the clinical judgment of the community provider.

If the situation warrants, the psychiatrist also could treat the patient through the digital connection. Finally, if necessary, the psychiatrist can recommend referral of the patient to other appropriate behavioral health services.

Among the improvements in treatment that the project hopes to see are more appropriate and targeted use of psychiatric medications, the involvement of patients in appropriate non-medical treatments including individual and group therapies, and encouragement of the community providers to recognize potential negative physical side effects of psychiatric medications, such as obesity, and to work to counter them with appropriate interventions.

To deepen the relationship between the consulting psychiatrist and the community providers, the psychiatrists will arrange to visit them at their offices from time to time. These visits will provide opportunities for training, for quality improvement activities, and for on-site consultation. Research from a similar program in Massachusetts has shown that when community providers have met the consultants face to face, they are more likely to call when the need arises.

In addition to its consultation side, the project will have a website with high quality reference materials available to providers and families. Material aimed at families will be family friendly and provide an alternative to the sometimes inaccurate information on the web. There will also be links to the websites of professional organizations that can provide further information.

In addition, on-line training modules certified for CME credits will be available. These may include webinars as well as other types of training materials. Some of the training materials will be targeted at community physicians doing EPSDT screenings with pediatric Medicaid patients with the view to improving diagnosis and treatment of behavioral health problems.

The OPPDSN plan has several strengths. It helps community providers improve their practice, increasing the chances for good outcomes for patients. It provides for greater comfort for the patient and family while being treated in the child’s familiar medical home. It also helps the family to avoid travel to what may be a distant specialist with the attendant disruption of daily routines including interfering with the parents’ ability to attend work. The project will also help speed access to appropriate psychiatric care, something that can take up to nine months if the child must be referred to a psychiatrist.

Another important strength of the project is that the children’s hospitals have agreed to work together to establish common protocols and standards of practice so that there will be consistent and high quality standards of care across the state.

The project will have an evaluation component intended to ensure quality improvement. Aggregate outcomes data will be reported without identifiers for providers, patients, or on-call staff and their institutions. Each hospital will receive reports with both the statewide data and the data for their facility.

The project is scheduled to go live on October 1, 2010. Project leaders will be reaching out to several groups to publicize the service. Of particular importance are federally qualified health centers (FQHC). This targeting recognizes the high stress that poverty can bring to a child’s life, the difficulty low-income families have accessing affordable behavioral services, and the fact that FQHCs are serving significant numbers of pediatric behavioral health patients. The project will also be reaching out to the Ohio Chapters of the American Academy of Pediatrics and the American Academy of Family Physicians to inform their members of the project.

The OPPSDN has received a $500,000 startup grant through Ohio's Mental Health Transformation State Incentive Grant from the federal Substance Abuse and Mental Health Services Administration. The project is working with Ohio Medicaid and others to identify sources of payments for the consulting psychiatrists. It is also reaching out to insurance companies to find ways of billing for the consultants' time. Insurance companies already allow primary care physicians to bill for their end of the consultation and Aetna Insurance allows psychiatrists to bill for their end. Finally, the project continues to work to identify sources of funding for the technology necessary to support the project.

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