

Improve youth mental health through collaborative virtual care strategies



Summary

Young people in America are experiencing a mental health crisis. In 2021, the American Academy of Pediatrics declared child and adolescent mental health a national emergency. In 2022, the Pew Research Center shared that mental health tops the list of parental concerns, stemming from a growing demand for care and the lack of specialists available to fill the gap. Families find accessing the care they need a daunting task, and children experience long wait times for an appointment with a child psychiatrist. Findings suggest that PCPs can effectively treat many behavioral health needs in the primary care setting – but they cannot do it alone. For best outcomes, PCPs need support to identify mental health needs early and to be able to intervene with coordinated care. Left unchecked, youth mental health problems can contribute to a range of negative outcomes, such as substance abuse, academic failure, and justice involvement.

Expanding what’s possible for youth behavioral health

Improving access to expert psychiatric care is the key transforming mental health outcomes. RubiconMD’s technology-enabled solutions bridge persistent gaps in care by integrating virtual psychiatrists into the primary care setting. These strategies enable faster access, avoid unnecessary referrals, and improve overall care. eConsult+ facilitates rapid access to insights from top-rated child psychiatrists, while a Collaborative Care Model (CoCM) delivers longitudinal care by a dedicated, virtual psychiatric partner.

Address mental health conditions impacting under 18 youth



Depression



Anxiety



Sleep



Opioid
addiction



General



Eating
disorders



Psycho-
pharmacology



Other
addiction



Discussion

Up to 20% of kids in the United States live with a mental health condition. Mental health issues impact all facets of life from relationships at home, at school, and in the community. Untreated mental health issues have significant long-term effects on childrens' and teens' overall well-being, as well as their ability to thrive in various aspects of life. These at-risk individuals are more likely to have poor grades, more frequent encounters with the justice system, increased dependence on social services, and the most devastating outcome, suicide.¹

Why? There is a national shortage of child psychiatry providers, and while the number has increased over the past decade, there are still not enough providers available to meet demand. Nationally, kids and teens face growing wait times for emergency mental health support. Access to services is typically limited statewide, with about **70% of US states reporting fewer than 10 child psychiatry specialists per 100,000 children.**³

In addition, the stigma of getting support for mental health challenges represents another major barrier for kids, with access split across socioeconomic and racial/ethnic lines. Studies show youth of color, especially males, are less likely to connect with mental health services, compounding disparities they may already experience.⁶

<50% of the 7.7 million US children with identifiable mental health conditions receive care from a behavioral health provider.²

Wait times of **7.5 weeks** up to 11 months for a child psychiatry provider appointment.^{4,5}



PCPs provide accessible and affordable care

Family physicians are on the front lines of today's mental health crisis, and in the unique position of creating a new path to accessible, affordable care. As trusted health care providers, PCPs can help ensure continuity of care. By assessing mental health issues early and intervening before a condition becomes chronic, patients experience fewer delays, less stigma, and more coordinated, comprehensive care.

PCPs have a critical role in addressing mental health

Improving access to pediatric mental health services can help children reach their full potential. As with any potentially serious health issues, prevention and early interventions are key to improving outcomes. However, significant challenges in accessing specialty care mean more children and young adults turn to primary care providers for mental health management. **PCPs are playing a larger role in mental health management, and they continue to observe and identify more mental health cases.** Since 2018, the American Academy of Pediatrics recommends annual depression screening for all children over age 12. Studies now show significant increases in children diagnosed with mental health conditions, growing by nearly 30% between 2016 and 2020.¹¹ However, with limited training or support, providers feel the strain of providing adequate care for the many newly-diagnosed patients. Some PCPs self-report inadequate training in medical school and residency to address mental health and exhibit low confidence during mental health visits.¹²

Primary care challenges meeting the BH needs of pediatric patients

- ❯ Limited behavioral health training
- ❯ Limited access to services
- ❯ Not enough time to deliver care
- ❯ Social stigma

Concerning pediatric behavioral health trends



Seven in ten US teens say anxiety and depression is a big challenge⁷



More than 2.5 million US youth have severe depression, with youth of color at the greatest risk⁸



Up to 75% of youth in the juvenile justice system meet criteria for a mental health disorder⁹



Suicide is the second most common cause of death among 12 to 17 year olds¹⁰

Youth Behavioral Health eConsults

RUBICONMD DATA



3 RubiconMD
Pediatric
Psychiatrists



12% of all
psychiatric
eConsults are
for under 18
patients



4.95/5 quality
rated by PCPs

Heavy cost burden calls for an integrated approach

The CDC recognizes the great burden of mental health issues among children with chronic, complex conditions. Chronic physical conditions in childhood often leave a lasting, deep emotional and economic burden. A large proportion of US children are living with at least one chronic physical health condition, and kids with these conditions are more likely to also have a mental health condition than their healthier peers.¹³ Youth mental health comorbidities lead to an incremental, annual total health care cost of approximately \$2,631 per child.¹⁴ The combination of chronic and mental health issues — coupled with supportive pharmaceutical treatment and potential side effects — in childhood may also influence the future health of these patients for years to come.¹⁵ A holistic, integrated approach to treating young people is key for improving their long-term health outcomes.

Expanding access to virtual behavioral health solutions

RubiconMD enables streamlined, high-quality behavioral health care support for PCPs through virtual care by providing access to board-certified child and adolescent psychiatrists specifically trained to work in a virtual setting with primary care teams. RubiconMD has two solutions to enable primary care teams to deliver exceptional behavioral healthcare: **eConsult+** and **BHcare**.

eConsults with clinically efficient workflows allow primary care teams to easily and rapidly improve care plans with a specialist, addressing a variety of health challenges.

Top pediatric specialists provide value

RubiconMD delivers access to the largest, nationally-recognized and board-certified panel, hailing from renowned academic institutions, hospitals, and health care organizations.

Pediatric Psychiatry

Case Example: eConsult+

eConsults can be a powerful tool in addressing mental health conditions in pediatric patients, with same day access to specialist insights. In the example below, an eConsult helps inform the best plan of care for a young patient, while also presenting in-depth educational resources for the PCP.

eConsult+ helps inform care plan to address anxiety and depression in female teenaged patient, while also sharing detailed guidance and coaching about ongoing mental health management.



Primary Care Provider:

16 yr old female with anxiety and depression. Recently restarted sertraline at 25 mg daily beginning of 12/2022. Titrated up to 50 mg and then 75 mg daily as symptoms improving but not all controlled. Pt states at last f/u earlier this week that she definitely sees improvement in depression but feels that anxiety is worsening. In office PHQ 9 score improved from 14 to 10 while GAD7 score worsened from 11 to 14. Mom notices improvement but also states that her anxiety seems to be worsening. Seems to get worse as the day progresses.

Should I continue with the initial plan of titrating up to 100 mg a day or is there another medication that would be better suited to her or another medication to add on?

I am aware that it might be that as the depression is improving she may be more aware of her anxiety.

**I would appreciate any and all suggestions.
Thank you.**

Specialist:

If there have been improvements with each increase then going up to 100mg is reasonable.

Any time I deal with teens I find it is really important to make sure that they (and sometimes the families) have the appropriate expectations of what successful treatment looks like. There are many stressors and times when anxiety is the appropriate thing to feel and we unfortunately are becoming less tolerant as a society of any uncomfortable emotions. There are also pieces of anxiety that I do not find to be that responsive to medications. So I try to get very specific on what symptoms we are tracking and following with treatments. While the rating scales can help some with this, it is nowhere close to the information that I can get with good questions and clinical data. Every person may experience anxiety in different ways, so I want to know what that word means to each patient. In this specific case, I would be interested if the feeling of the anxiety worsening over the day includes every single day, or is that sensation more significant on school days.

If that does not help, then my next step would be to consider augmentation strategies. The particular choice would come down to what symptoms are still trying to be helped. If I hear about a lot of anxiety coming from clear life stressors or not ideal ways of handling day-to-day triggers, then psychotherapy is my first addition to the SSRI.

I will almost always suggest therapy on some level if we are talking about a patient who did not have a full response to their medication treatment. If I hear about bursts of anxiety in specific situations, especially if there are a number of physical symptoms, then a prn or prophylactic medication such as propranolol can be useful. And if there is a more overall generalized anxiety picture still present, then I will often augment with buspirone.

BHcare for more collaborative, measurable care

Value-based care models can help address the burden of health access and inequity by making investments in mental and behavioral health. Integrating behavioral health care delivery for pediatric patients in places where they are most commonly seen — in the primary care setting — can help transform quality and cost outcomes for all.

RubiconMD's Collaborative Care Model (CoCM) enables deep clinical integration between primary and specialty mental health care, empowering primary care teams to deliver higher quality, comprehensive care: BHcare.



50% reduction in PHQ-9 in studies

CoCM is more clinically and cost effective than care as usual

As shown by over 80 randomized controlled trials.¹⁶

Longitudinal behavioral health support for mild-moderate patients

RubiconMD helps empower primary care teams to deliver higher quality care to patients with behavioral health needs by virtually integrating a dedicated psychiatrist into the team. By developing a strong, deep partnership between teams, BHcare delivers improved longitudinal outcomes with measurable quality reporting.

What you can expect from Collaborative Care



Increased access

Rapid access to a psychiatrist **within 5 business days**



Improved Clinical Outcomes

50% reduction in PHQ-9 scores

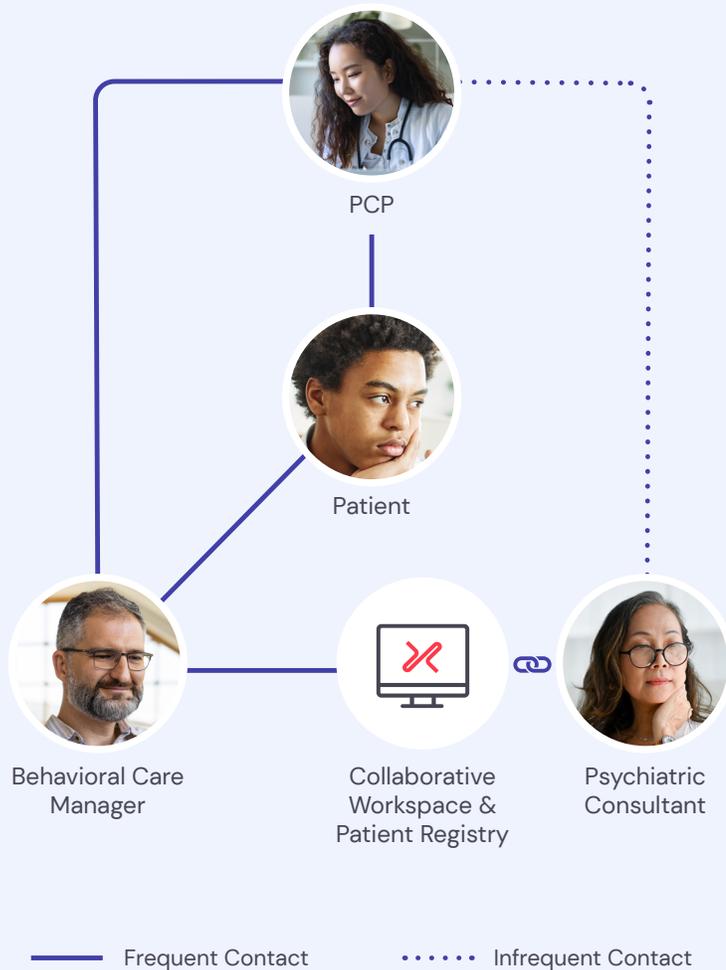


Cost Savings

Up to 6:1 return on investment

Pediatric Psychiatry

Case Example BHcare



- 1 Initiate connection with BHcare**

Michael is a 14 year old boy having behavioral problems at home and not doing well in school. Michael scores 19 on the PHQ-9 and 12 on the GAD-7.
- 2 BHcare enrollment & assessment**

Michael's behavioral care manager (BCM) collaborates with his parents and school to assess and recommend psychoeducation and psychotherapy.
- 3 Intervene when necessary**

When Michael's scores continue reflecting moderate symptoms, his BCM submits him for a case review discussion with a child psychiatric consultant.
- 4 Therapy recommendations**

The child psychiatric consultant meets with Michael's BCM and recommends medication and strategies to manage side effects, along with cognitive behavioral therapy interventions.
- 5 Virtual team collaboration**

RubiconMD collaborative workspace allows for longitudinal care support by the child psychiatric consultant until Michael has improved and graduated from the program.

BHcare optimizes patient outcomes:

- ✓ Michael's PCP implements BHcare team recommendations, including ongoing education and psychotherapy
- ✓ Michael shows improvement in his scores
- ✓ The BHcare team will continue to conduct a monthly patient registry review to monitor Michael's results to drive "treatment to target."



The dedicated partner for delivering better patient care

The collaborative care approach improves outcomes through well-defined roles and responsibilities, helping stakeholders navigate through every step. Providing the right patient care begins with dedicated case management. BHcare embeds a dedicated child psychiatrist partner for weekly caseload consultation, along with a care manager specializing in youth mental health care needs who coordinates the PCP and patient workflow. This virtual model makes it easier to staff, implement and train, as well as improve speed to care for patients at every developmental stage.

Turnkey solution for behavioral health

- ✓ Weekly case review
- ✓ Collaborative workspace
- ✓ Integrated patient registry



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As a psychiatrist, I witness how untreated mental health issues have enduring effects on patients, families, and whole communities. RubiconMD helps primary care providers support the needs of their young patients and build a foundation for lifelong health and well being. This includes early screening and detection, evidence-based interventions, and access to a network of mental health professionals who can provide ongoing support. By working together, we can ensure that every child receives the mental health care they need to thrive.

*Erin Rush Ortegon, MD
Collaborative Care Child Psychiatry Program Lead, RubiconMD*



A better way to help BH patients thrive

RubiconMD eConsult+ or BHcare

<2.5 hours on average to receive timely virtual psychiatric insights

or

Comprehensive, weekly caseload support with a dedicated psychiatrist

Treat in place with an enhanced primary care team approach to help lower costs

Routine Referral

>3 hours coordination per referral to an outside psychiatrist

plus

Lengthy appointment wait time for patient

Poorly-managed BH patients experience more adverse outcomes (i.e., ER visits) or inaccurate diagnoses

Which behavioral care model is right for your primary care setting?





Contact RubiconMD to learn more or schedule a demo

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