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.


* 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
171/254 Texas counties: No psychiatrist

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

Most work in San Antonio, Dallas, Austin, Houston

Minorities underrepresented: extremely small number of Hispanic CAPs alarming
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