

CPG 2019-01: COMMUNICATION BETWEEN THE MEDICAL HOME AND MENTAL HEALTH CLINICIANS FOR CHILDREN AND FAMILIES

Approval Date:**Appointing Authority:**

Sarah Squirrel, Commissioner, Department of Mental Health

Effective Date:

AUDIENCE: MENTAL HEALTH AND PRIMARY CARE CLINICIANS, INCLUDING PHYSICIANS, PSYCHOLOGISTS, PSYCHOTHERAPISTS, CASE MANAGERS, COUNSELORS, AND RELATED PROFESSIONALS

Clinical practice guidelines (CPGs), are a framework for clinical decisions and supporting best practices. Clinical practice guidelines are statements that include recommendations intended to optimize clinical care. They are informed by scientific evidence, consensus among stakeholder groups, and experts in the relevant areas of practice. These guidelines often reflect best practice policy statements from national organizations that are adapted for the particular needs and characteristics of the state of Vermont.

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BACKGROUND

Child mental health services are often provided in a team model that includes other providers of services for the family such as the Department for Children and Families as well as schools. Primary Care Providers (PCP) are important providers of care for these same families and frequently are called upon by the families to provide assistance with physical health, behavior management, and social emotional growth.

Regular and open communication among a patient's care team regarding mental health treatment improves the quality of care, enhances access by supporting "curbside consultations" and decreases risks of misunderstandings, contradictory advice or missing new pieces of diagnostic or therapeutic information.¹ Often the seriousness of mental illnesses in children requires the need to communicate and share among a child's team in real time. With parental consent, email communication could flow freely when important updates arise, especially when personal communication would be too slow or cumbersome to arrange, and delay could prove risky.

While specialty care, such as mental health, frequently works episodically, medical home providers work with families for many years and are often the first health care provider contacted by the family for mental health issues, before and between times of working with mental health providers. Families also continue to work with

¹ American Academy of Pediatrics. Improving mental health services in primary care: reducing administrative and financial barriers to access and collaboration. *Pediatrics* 2009; 123:1248-1251.

their PCP's simultaneously while seeing mental health providers and interventions of each often impact those of the other. As a result, it is critical that recommendations and interventions be closely coordinated to prevent contradictory advice to the family and interventions that counteract each other or interact in such a way as to exacerbate negative side effects.

GUIDELINES

The following clinical guideline is presented to optimize care that is safe and coordinated for families and children when receiving care from both within the mental health system and the medical home of the child.

- Clinicians from both settings should routinely inform the family of the importance of communication with each other when the child is receiving services from both.
- Written consent from the parent, guardian and/or adolescent must be obtained so that verbal and electronic communication between mental health professionals and the medical home can occur according to HIPAA and FERPA guidelines.
- Specific components of information that typically should be shared to assure adequate coordination between health providers, including:
 - Routine notice that the child is receiving care from each entity (including significant changes to the care plan or care has stopped)
 - Diagnoses and formulations
 - Medications including psychiatric, physical health and non-prescription medications
 - Intervention plans and changes
 - Periodic progress updates
 - Emergency episodes and hospitalizations
 - Health status and changes

SCOPE/LIMITATIONS

Based upon the judgement of the primary care or mental health professional, or due to the wishes of the child/youth and parent/guardian, there is recognition that there may be instances when the sharing of information should not occur. This decision should be made with the family and primary care/mental health clinician, and written consent for communication is required as per HIPAA Guidelines.

SOURCE/METHOD OF CREATING THE GUIDELINE

These guidelines were drafted from the Children's Health is Mental Health Project (CHIMP) group, comprised of representatives from multiple disciplines including mental health, primary care, and the Department of Mental Health. Child, Youth and Family Services division leaders from Designated Agencies across the state were also consulted for their input.