On August 30, 2016, I rounded for a second time in the Department of Psychiatry and Behavioral Medicine.

On my previous rounding visit, Jon Lehrmann, MD, Charles E. Kubly Chair and Professor, Psychiatry and Behavioral Medicine, and Jeffrey Kelly, PhD, Professor of Psychiatry and Behavioral Medicine and Director of the Center for AIDS Intervention Research (CAIR), invited me to CAIR to learn about its important work studying HIV prevention and interventions.

During the August 30 meeting, Dr. Lehrmann invited the team responsible for the Child Psychiatry Consultation Program to provide an update on this important project.

Robert Chayer, MD, began the discussion with a reminder of the origins of the Charles E. Kubly Child Psychiatry Access Project. In the early 2010s, pediatric patient access to psychiatrists was becoming an ever-greater problem throughout the state — and especially in rural communities. The environment was ripe for testing an innovative approach to equip family physicians and pediatricians in Wisconsin with tools, resources and skills to improve the diagnosis, referral and management of depression and mental illness.

Retired Milwaukee orthopaedic surgeon and MCW alumnus, Michael Kubly, MD, and his wife, Billie, wanted to help spark such a change in approach after their youngest child, Charlie, took his life at the age of 28 following a lengthy battle with depression. The success of the Charles E. Kubly Child Psychiatry Access Project, which was funded by the Kublys in 2012 and formally launched in 2013, intersected with interest from policy-makers at the State of Wisconsin to improve access to mental healthcare for our state’s children and adolescents. As a result, MCW, along with several coalition partners, successfully proposed the creation of a state-funded Child Psychiatry Consultation Program in the 2013-14 legislative session. Following passage of the program into law, the Wisconsin Department of Health Services selected MCW, in collaboration with Children’s Hospital of Wisconsin, to begin providing the Child Psychiatry Consultation Program services to Milwaukee and Southeastern Wisconsin as well as 15 Northern Wisconsin counties. The State of Wisconsin currently provides MCW with $500,000 per year to deliver these services, and the Charles E. Kubly Foundation initially provided matching funds to help launch the program.

Staff member Rich Robinson explained the project’s intake and triage processes that are followed when providers call for a consultation. Calls are answered on one of four dedicated phone lines. Scott Sandage, DO, described the parameters of the consultations, which are designed to provide information and examine key questions to help providers succeed in managing their patients’ mental health conditions. While the project is not designed to co-manage patients, consultations often include discussions of medications and dosages in order to reach the best possible outcome.

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outcomes, which have been overwhelmingly positive. To assess long-term outcomes, the project also tracks a baseline measure of providers’ confidence regarding mental health treatment when they initially sign up as a member of the consultation program. This baseline is compared to a follow-up survey after nine months to see how the project’s consultations, tools and resources have improved physicians’ self-efficacy in treating patients with mental health needs.

Sara Herr, the staff member serving as administrator for the program’s Milwaukee County and Southeastern Wisconsin region, shared that it had grown swiftly and that the team is continually working to enhance member engagement. Jonathan Blake, administrator of the program’s Northern Wisconsin region, said that his region has accrued more than 160 providers. This region’s two major goals are to recruit more pediatricians to complement the larger family physician pool, and to reduce stigmas and misunderstandings regarding mental health in the communities that the project serves. Blake shared that he has observed a high level of crisis among cases for consultation, which may be attributable to the access issues that the region has experienced over time.

Regarding the future of the Child Psychiatry Consultation Program, Drs. Chayer and Lehrmann see possibilities to both expand the current model and apply it to other populations.

“We’ve talked about growth across the state to serve the entire population through multiple hubs that are able to meet the demand for consultations,” Dr. Chayer commented.

“What if we applied this successful model to perinatal psychiatry, addiction or geriatrics?” Dr. Lehrmann posited. In fact, Dr. Lehrmann noted that the team is investigating options for launching a pilot program in perinatal psychiatry. I shared with the team that I felt there may be a great opportunity to use a clinical trial model to examine the outcomes of this project over time, with a population health lens.

I would like to express my gratitude to Dr. Lehrmann for organizing this enlightening session. The Child Psychiatry Consultation Program team’s passion for this crucial work was evident and inspiring. I truly believe that this project is making critical improvements in Wisconsin families’ access to mental healthcare, as are the new Medical College of Wisconsin Affiliated Hospitals psychiatry residency programs in Northeastern and Central Wisconsin. The Advancing a Healthier Wisconsin Endowment also has begun a nearly $20 million, eight-year initiative to support statewide, community-based advances in behavioral health. All three efforts demonstrate MCW’s commitment and leadership to improving health and mental health in Wisconsin and beyond.

*Many thanks to Chris Takala, DO, and Scott Belanger, for attending the meeting as the most recent additions to the project team, as well as to Gabriella Hangiandreou, MD, Rosa Kim, MD, and Matt Jandrisevits, PhD, who had scheduling conflicts but were noted for their contributions.*