



Michigan Child Collaborative Care Program (MC3): Ten Years of Growth, Adaptation, and Learning

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Disclosures

- None

Goals for This Presentation

- Describe the initial development and launch of MC3
- Discuss the current state of the program
 - outreach to vulnerable populations, and to adaptations during the time of COVID-19
- Describe the types of cases we are supporting
- Discuss future initiatives and planning





MC3

Providing psychiatry support to primary care providers in Michigan who are managing patients with behavioral health problems. >

[LEARN MORE](#)
[Request Consultation](#)

FOR PROVIDERS



Enroll Online

For primary care providers (PCP) or OB/GYNs who treat youth and/or perinatal women in the state of Michigan.

[GET STARTED >](#)


Request a Consultation

Enrolled providers can select their county from the list and call the number provided to start the process.

[LEARN MORE >](#)


Educational Trainings

We offer a library of recorded educational presentation as well as monthly live webinar trainings on various behavioral health topics. CME credits are available for some trainings.

[VIEW >](#)

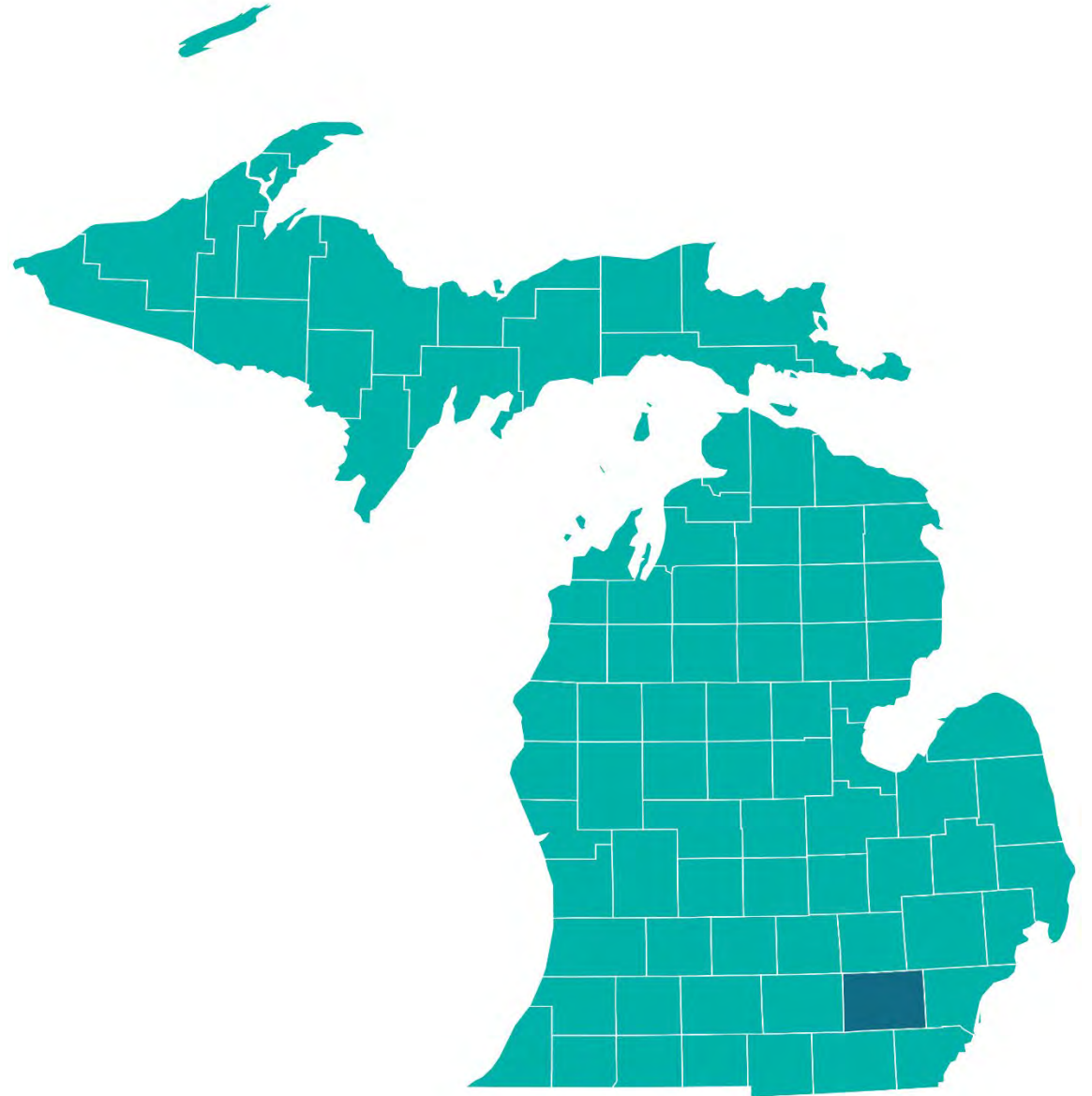

About MC3

The MC3 program provides psychiatry support to primary care providers in Michigan who are managing patients with behavioral health problems. This includes children, adolescents, and young adults through age 26. It also includes women who are contemplating pregnancy, pregnant or postpartum with children up to a year. Psychiatrists are available to offer guidance on diagnoses, medications and psychotherapy interventions so that primary care providers can better manage patients in their practices. Support is available through same-day phone consultations to referring providers as well as remote psychiatric evaluation in select counties to patients and families through video telepsychiatry.

[LEARN MORE >](#)

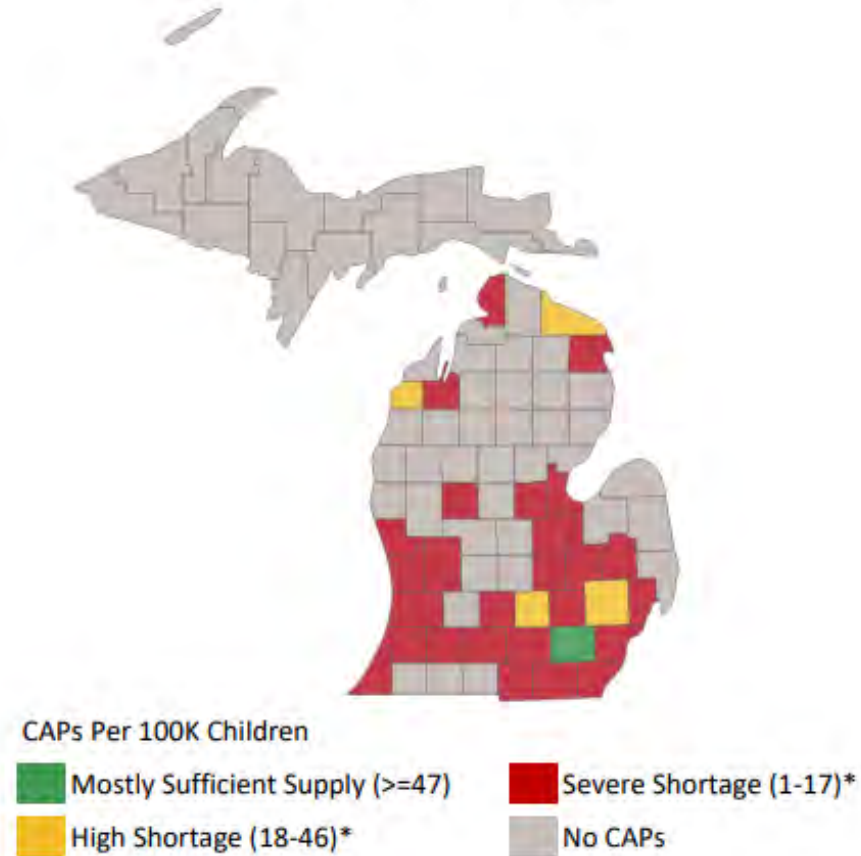
Access to Care: Why is MC3 Needed?

- Only 1 county in Michigan has adequate number pediatric and perinatal psychiatrists
- Michigan ranks third in the shortage of mental healthcare professionals

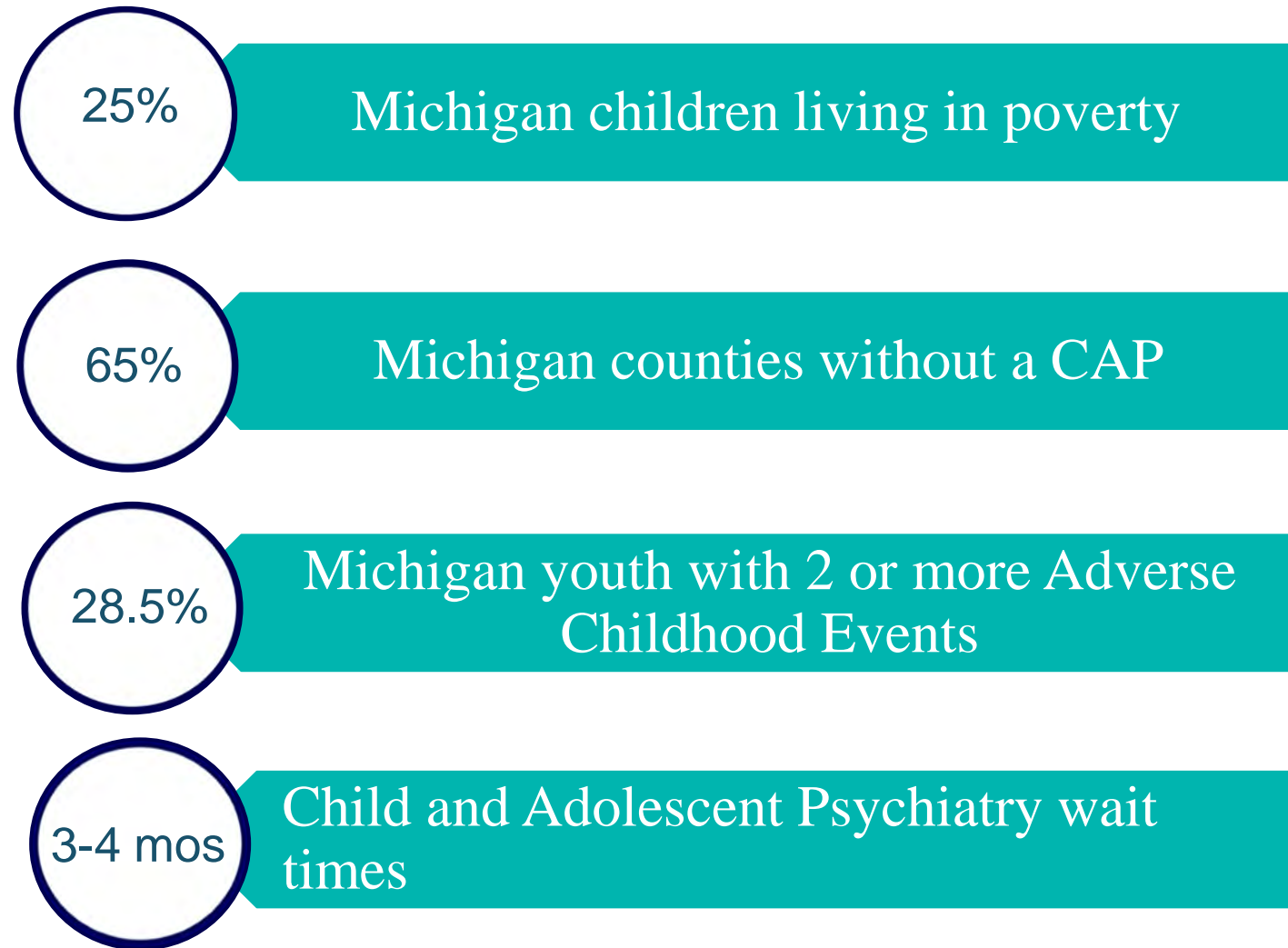


Access to Child Psychiatry in Michigan Continues to be a Challenge

Practicing Child and Adolescent Psychiatrists by County 2017
Rate per 100,000 children age 0-17



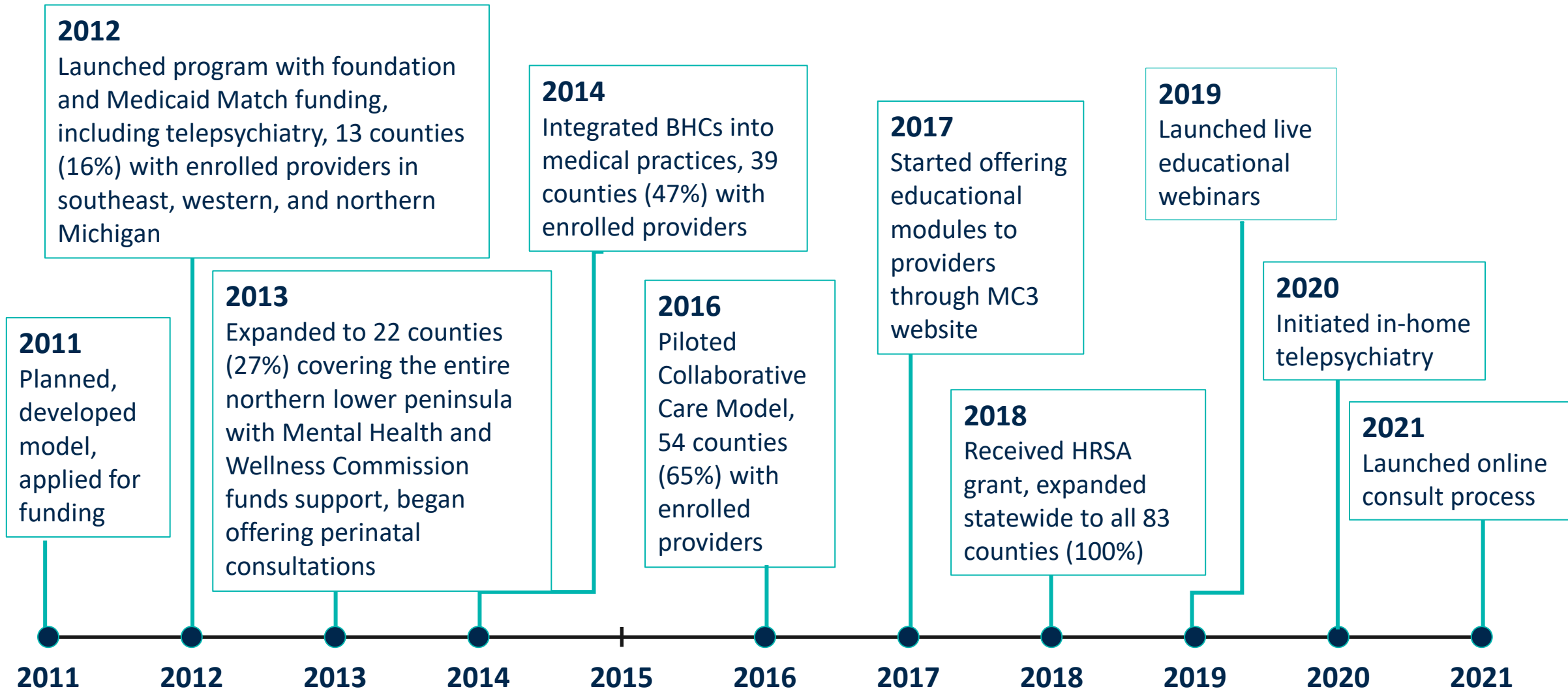
What about Michigan?



Background on MC3 Programming And Development

- Launched in 2012 in collaboration with key stakeholders to address shortage of pediatric and perinatal psychiatrists
 - MDHHS
 - CMH Leadership
 - Primary Care Providers
 - Local Physician Champions
- Funded by MDHHS
- Expansion to 25 counties in Thumb and Upper Peninsula Funded by HRSA
- This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U4CMC32321, Pediatric Mental Health Care Access Program as part of an award totaling \$534,000, with 20 percent financed with state government resources. This information or content and conclusions are those of MDHHS, and should not be construed as the official position or policy of, nor should an endorsement be inferred by HRSA, HHS or the U.S. Government.





How does MC3 Offer Services?



MC3 Process

- Consult requests can be initiated by anyone in the practice with knowledge about the patient
- Consults can be submitted either by phone or online; regional phone numbers and a secure online form are available on our website
- Call with psychiatrist will need to be with the prescribing provider
- Behavioral Health Consultants (BHCs) can provide resource-only consults

Who is eligible to participate?

Providers in Michigan are eligible to participate in the program. This includes MDs, DOs, NPs, PAs, and CNMs in family medicine, pediatric, and OB/Gyn practices. Non-prescribers are not required to formally sign up; they can participate in educational trainings, access resources, and utilize BHCs for referrals and local resources.

How can MC3 help...



- **Telephone Consultation:** Same day access to pediatric, adolescent and perinatal psychiatrists
 - Guidance on diagnosis, prescribing, evidence based therapy and resources
- **Education:** live and recorded webinars, ongoing group case consultations and panel reviews and provider cafes
- **Screening:** guidance and follow-up workflow
- **Telepsychiatry:** in-home psychiatry evaluations available as a follow-up to phone consultations based on insurance
- **Integrated Care:** BHCs available to provide brief interventions and linkage to resources in select clinics.



Scope of the program

- Over ten years the MC3 program has provided 18,000+ services to 15,000+ patients
 - 40% Psychiatrist consultations
 - 60% Behavioral Health Consultant services
- Pilot programming has also included services to populations of specific need, particularly the children and families of Flint, and the Tribal Health Centers of Michigan.



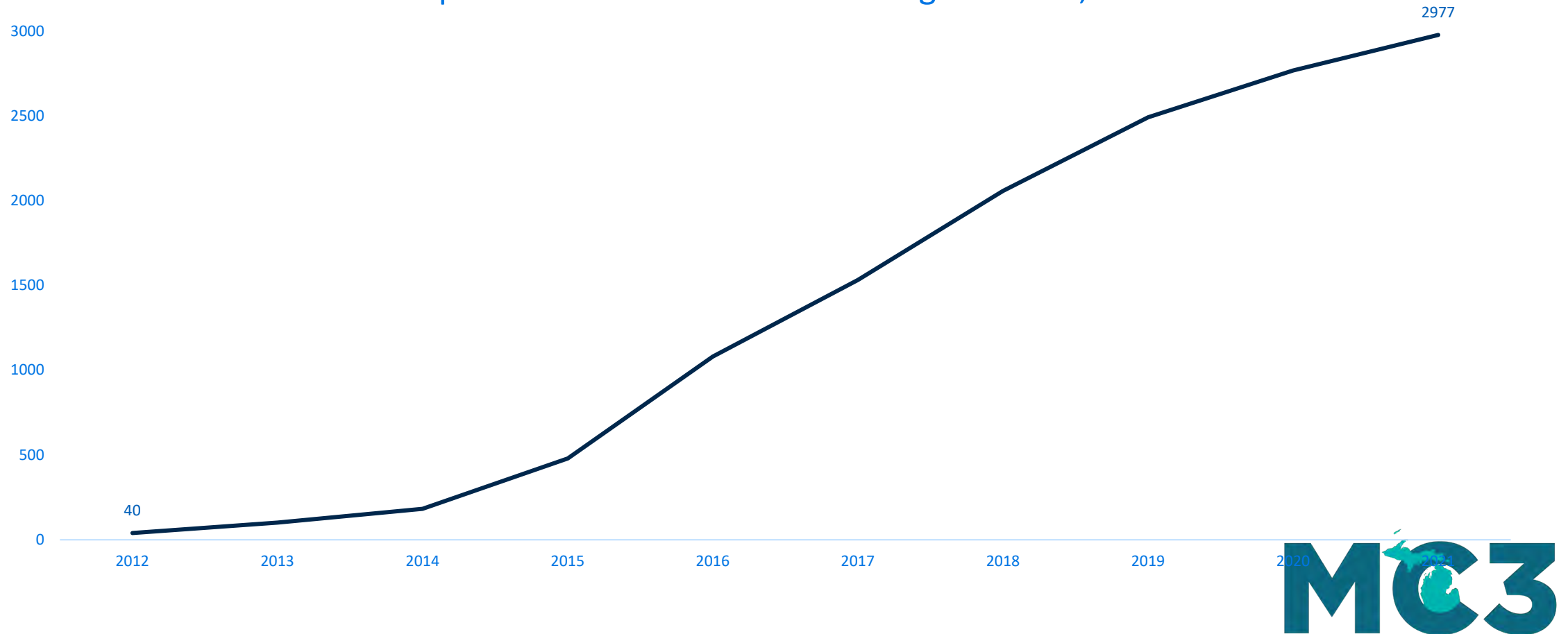
Reasons for Utilization of Phone Consultation

- Reasons for request (often multiple reasons)
 - 87% medication problem or question
 - 13% diagnostic clarification
 - 12% seeking information on services
 - 2% other

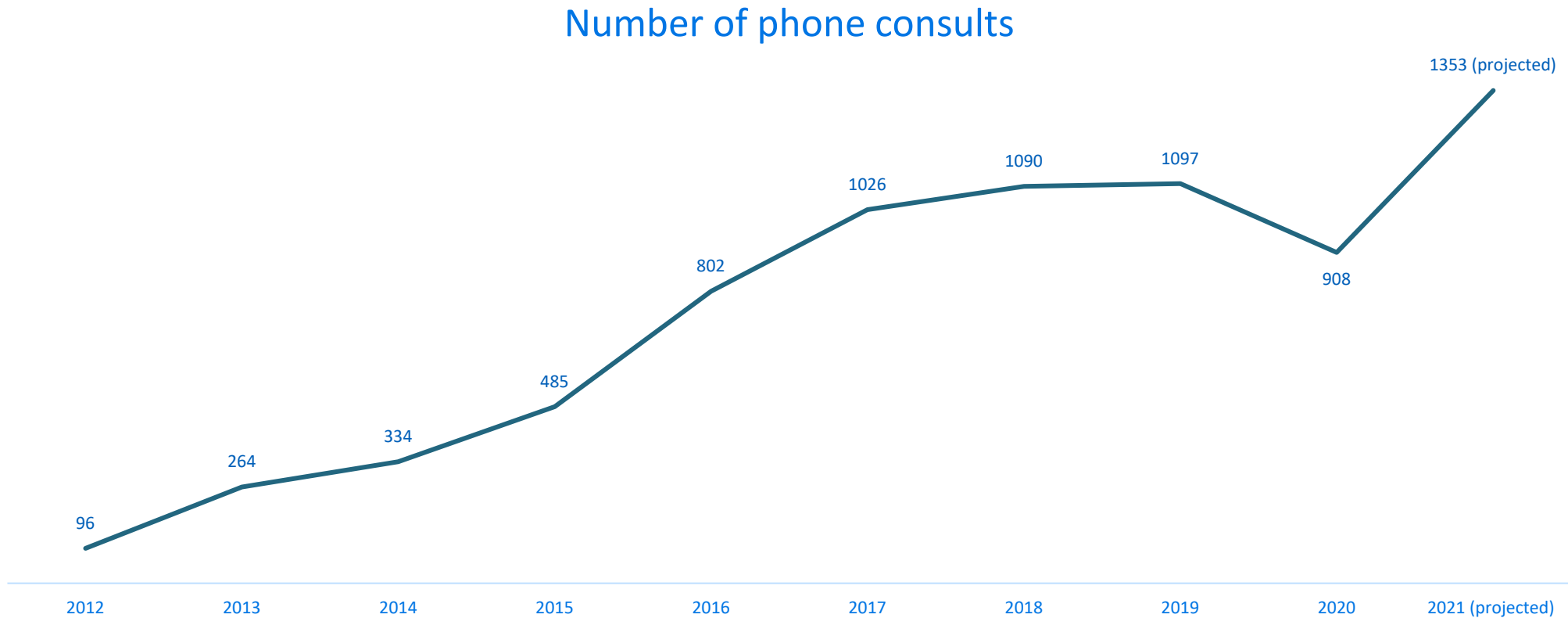


Growth of Program Over Time: Providers

Total providers enrolled in MC3 through June 30, 2021



Growth of Program Over Time: Phone Consults



Aggregated Patient Data

- Patients have high prevalence of trauma and psychosocial stressors with moderate to severe levels of symptoms
- High percentage of young children on more than one medication
- High rates of suicidality - many of these patients are “bridged” by MC3 program
- Psychiatry phone consultations to PCPs provide
 - Alternative to higher levels of care or support when patient refuses higher level of care
 - Ongoing support following inpatient stay while awaiting disposition to local psychiatrist



Novel Coronavirus (COVID-19): Support for Providers and Families During a Pandemic

The MC3 and MC3 Perinatal programs are committed to helping providers and families during this difficult time and remain open for same-day phone consultations with providers. Below is a comprehensive list of resources compiled to support primary care providers and families. We will continue to update these resources as new information becomes available.

PROVIDER RESOURCES

FAMILY RESOURCES

PERINATAL RESOURCES

GENERAL RESOURCES

SCHOOL RESOURCES

Resources for Providers

[Michigan Medicine Department of Psychiatry COVID-19 Mental Health Toolkit: Mental Health and Substance Use Disorder Toolkit for Providers](#)

[Self Care for the Health Care Workers Health Leads USA](#)

At this time of intense pressure, uncertainty and change, self-care is more important than ever. Here are some things you and your staff can easily implement.

- [Magellan Health Insights](#) provides 6 tips for reducing healthcare workers anxiety and creating a positive work environment.
- [Reflection logs](#) allow staff and supervisors to manage employee burnout and stress by using brief voice recordings of weekly patient interactions.
- [Creating Your Self Care Plan](#) is a tool that helps find ways to highlight positive aspects of your work and mitigate negative components that can lead to burnout.

[Alleviating coronavirus anxiety by The Reach Institute](#)

[Michigan Department of Health and Human Services \(MDHHS\) Response and Resources](#)

[Managing Healthcare Workers' Stress National Center for PTSD-VA](#)

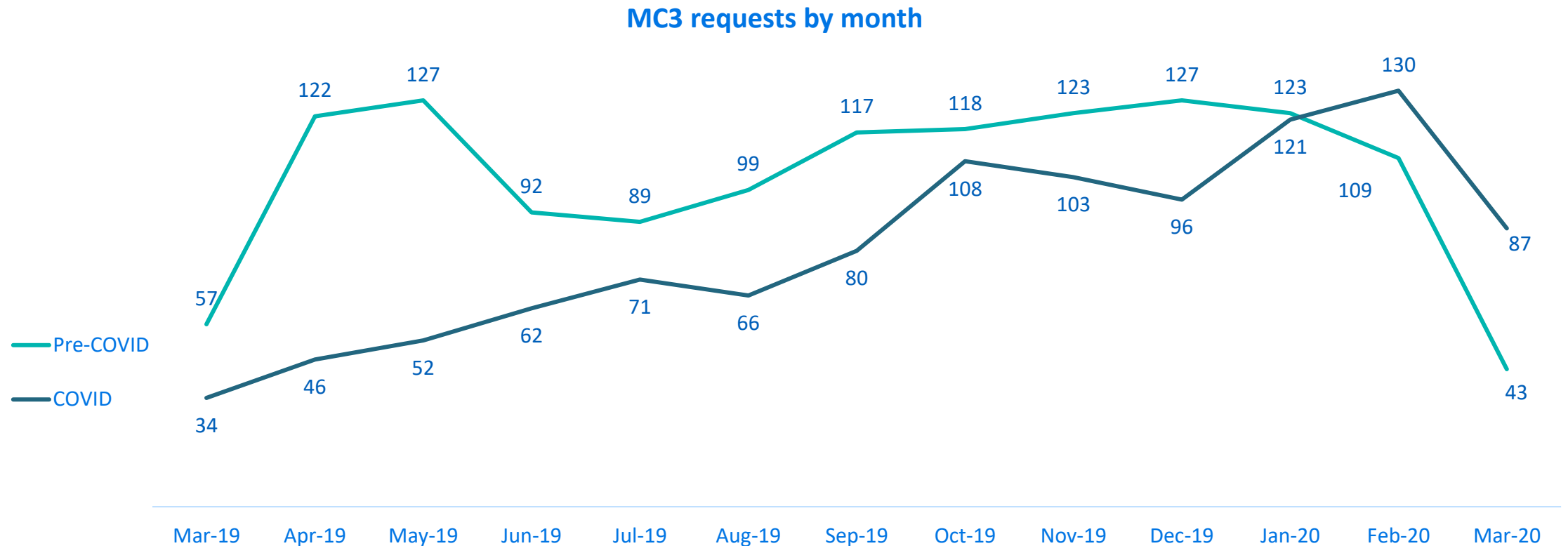
[COVID Healthcare Workers' Managing Stress National Center PTSD – Support and guidelines for Healthcare workers](#)



Impact of COVID-19

- During 2020, approximately **30% percent** of consultations were related to the impact of COVID-19.
- The rate of consultation during the initial period of the pandemic *fell by 37% from the year prior*
- Beginning in November of 2020, the rate of consultation resumed to rates maintained prior to the pandemic
- Representation of patients by age or gender did not change during the pandemic
- Representation of patients by race during the pandemic:
78% white, 7% black or African American, 2% Asian, 1% Hispanic or Latinx, 12% not identified

Comparison of Requests Pre-COVID and During COVID (3/16/20-3/26/21)



Efforts to Decrease Barriers to Utilization and Leverage MC3 Resources

- Ongoing relationships with state-wide stakeholders
- BHC participation from CMH across the state
- MC3 Leadership participation in meetings with practices across the state, and formal presentations with regional organizations
- Ongoing educational efforts with presentations available to all that access MC3, and to anyone from the MC3 website
- Psychopharmacology cards
- Case Panel Review and one time tele-psychiatric consultation (since 2012) with the patient
- Ongoing efforts to establish long term sustainability



Where does the program go from here?

- The pandemic has cast a spotlight on the role of telemedicine, nationally these access programs have been “ahead of the curve” in thinking creatively about access and support to mental health care
- How can we pivot to meet ongoing needs of the “pandemic after the pandemic”
- How do we better meet the needs of marginalized and under-represented populations, and help close the gap in terms of mental health care disparities?
- How do we remain sustainable and viable?



Thank You

- Michigan Department of Health and Human Services for continued support and funding over the last 10 years
- Sheila Marcus MD
- Erin Hughes-Krieger LMSW and Anne Kramer MSW
- The MC3 support staff
- My Colleagues in MC3 work – Dayna Leplatte MD, Rich Dopp MD, Paresh Patel MD, Maria Muzik MD and Samantha Shaw MD
- Lia Gaggino MD, Michigan AAP
- Partners and Champions across the state of Michigan
- Support from our Department of Psychiatry and the University of Michigan





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<http://mc3.depressioncenter.org/>

