

Pediatric News

www.pediatricnews.com

VOL. 40, No. 2

The Leading Independent Newspaper for the Pediatrician—Since 1967

FEBRUARY 2006



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Dr. Joseph Gold (left), Dr. Walter Harrison (center), and Dr. John Straus all are part of the Massachusetts Child Psychiatry Access Project.

Mass. 'Hubs' Speed Mental Health Help

BY JENNIFER LUBELL
Associate Editor, Practice Trends

Imagine a system in which pediatricians can get in touch with a child psychiatrist within 30 minutes to answer any diagnostic or medication questions, or assess a patient's case—for free.

Such an arrangement is currently in place in Massachusetts.

The Massachusetts Child Psychiatry Access Project (MCPAP) is just several years old, consisting of six regional hubs across the Commonwealth. Dr. Joseph Gold, one of the codirectors of MCPAP, said in an interview. Hubs are located in western, northeastern, central, and southeastern Massachusetts. Two more hubs serve the Boston area.

Each hub has a child psychiatrist, a care coordinator, and a social worker—a team that's readily available by telephone to primary care pediatricians in their particular region, explained Dr. Gold, a child psychiatrist who is director of community child psychiatry services for Partners Healthcare, an affiliated group of hospitals across Massachusetts.

When called upon for their assistance, the teams—usually located at academic hospitals—can provide face-to-face evaluations or make referrals to psychiatric care and other resources.

A severe national shortage of child psychiatrists and terrible ac-

cess problems for families were the catalysts for this project, Dr. Gold said. "Pediatricians often get left to manage these cases themselves."

The seeds for the project were planted 5 years ago, when the Massachusetts chapter of the American Academy of Pediatrics created a child mental health task force consisting of state agency heads, payers, advocates, primary care physicians, psychiatrists, and social workers.

Stakeholders on the task force joined their advocacy and lobbying efforts to approve legislation to make the project possible, said

See **Speed** page 7

INSIDE



Hearing Aid Implants

Two-stage surgery may cut postop complications.

PAGE 40

Not So Silent Hypertension

Symptoms may be overlooked in children.

PAGE 6



Scanning for Seizures

MRI better than CT for new-onset afebrile seizures.

PAGE 49

Antidepressant Study May Relieve Suicide Concerns

Drugs cut risk 60% in first month.

BY ALICIA AULT
Contributing Writer

Psychiatrists are saying that a new study should help convince the public that newer antidepressants do not appear to be associated with a higher risk of suicide.

One behavioral pediatrician contacted by this newspaper said the study did not strictly add to the knowledge of risks and benefits of antidepressants, while another behavioral pediatrician commented on its being more representative of the real treatment world than most studies.

In the study of some 60,000 enrollees at the Group Health Cooperative (GHC), a nonprofit

health care system based in Seattle, the risk of suicide decreased by 60% in the first month after treatment began and continued to decline in the following 5 months of the study (*Am. J. Psychiatry* 2006;163:41-7). The risk of suicide was highest in the month before treatment.

Dr. Greg Simon and his colleagues examined pharmacy records and computerized records from GHC physicians, as well as hospital discharge data and mortality records. They found 65,103 members—70% female—who were treated for depression during the 10.5-year study period. The mean age at time of prescription was 44 years.

See **Antidepressant** page 8

A New 'No' to Cough Medicines for Children

BY CHRISTINE KILGORE
Contributing Writer

Pediatricians should take to heart an explicit recommendation by the American College of Chest Physicians against the use of over-the-counter cough suppressants and medicines in children, according to pediatricians who have dealt with drug issues for the American Academy of Pediatrics.

"We need to be continually reminded about what's proven effective and what's not," said Dr. Richard Walls, a past member of the AAP's Committee on Drugs.

"We spend a lot of time chastising patients about herbal medicines... yet we're recommending drugs that we know haven't been proven to be effective."

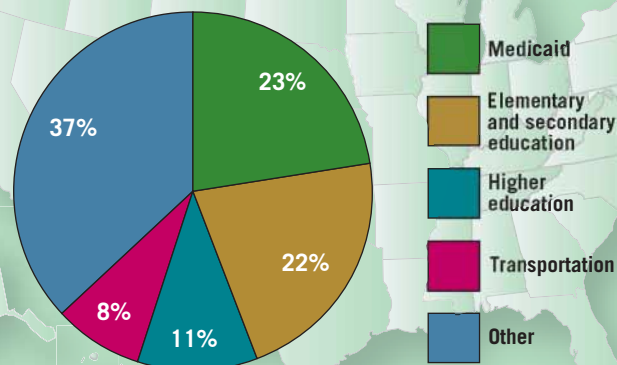
The ACCP's recommendation is just the latest word on cough medicines. The American Academy of Pediatrics said in a 1997 policy statement that there is no evidence to support the use of codeine or dextromethorphan—two common ingredients in cough medicines—as antitussives in children.

Numerous studies and reviews published since then, including

See **Cough** page 9

VITAL SIGNS

Medicaid Is the Largest Individual Category Of All Spending by States



Notes: Based on estimates for fiscal 2005. Total exceeds 100% as a result of rounding.
Source: National Association of State Budget Officers

RICHARD FRANKI, RESEARCH/ANGIE RIES, DESIGN

The Mental Health Express

Speed from page 1

pediatrician Walter Harrison, who sits on the governor's special commission for children's mental health and also cochairs the task force with Dr. Gold.

Pediatricians who have participated in the program to date are very grateful on a couple of counts, Dr. Gold said. "They're able to reach someone immediately to think through the nature of the issue. If it's a resource-finding issue, the care coordinator can match up the family to a resource." For clinical questions, the teams determine whether they should see the child in person or return the case to the pediatrician, or whether the child needs more tertiary or specialized care.

Dr. Harrison said, "What's wonderful is if I have a child whom I have a question about—diagnosis or treatment or resources, I can ... access the resources or information that day or next day through the coordinator, or if it's urgent, speak with a child psychiatrist that day."

A psychiatrist working in Dr. Harrison's hub made arrangements for one of his patients with hallucinations to be sent directly to the emergency department, then be admitted to a children's inpatient psychiatric facility. He gets immediate assistance for patients with other issues, such

as those with drug problems or those in need of counseling. Pediatricians would never be able to get this type of access to psychiatric services under the old system, Dr. Harrison said in an interview.

The project is funded by the state legislature, but families with any type of insurance are eligible.

"The child's perceived need is what triggers the consultation, not the insurance benefit package," said Lisa Lambert, assistant director of the Parent/Professional Advocacy League in

Boston, an organization that lobbied the state legislature to fund the project. The project receives \$2.5 million per year.

"The goal is to make this completely into a public/private partnership," with private insurers jointly funding the program with the state, Ms. Lambert said. "Private insurance has been at the table, reading the data [about the program], bringing back the information to their own health plans."

Blue Cross Blue Shield of Massachusetts

Families with any type of insurance are eligible; the child's perceived need is what triggers the consultation, not the insurance benefit package.

is aware of the program and interested in learning more about its effectiveness, Susan Leahy, a spokesperson for the plan, said in an interview. "We've asked for a proposal and will review that information once we receive it."

Each hub contracts with the Massachusetts Behavioral Health Partnership (MBHP), the managed care organization that oversees Medicaid behavioral health services in Massachusetts. The Massachusetts

Department of Mental Health asked MBHP to design the project based on a pilot model used at the University of Massachusetts Medical School, said Dr. John Straus, the project's administrator and MBHP's vice presi-

dent for medical affairs. "The state gives us money, and we contract with the hubs to do this service," he said.

Enrollment for pediatricians in the project is free, with the state paying for salaried time for the members of each hub, Dr. Gold said. The goal is to increase the number of enrollees in the program until the entire state is covered.

MCPAP is currently covering 757,000 children, or 51% of the children and adolescents in the state, Dr. Straus said. In the

western hub, the first region to launch the project in 2004, all children in the region are getting coverage. "This is a test [to see if] one of these teams can cover 250,000 children," he said. The western hub has about 240 pediatric primary care providers enrolled with its team, said Dr. Barry Sarvet, a child psychiatrist who codirects MCPAP with Dr. Gold, and is also the leader of the western hub's team.

Since its inception 16 months ago, the program has had great response from pediatricians, he said. "At this point, many of them know our access number by heart and consider us to be an indispensable resource for their practice."

Aside from the challenges these mental health issues raise for pediatricians, "we are struck with the enormous opportunity for early intervention and improvement in access when pediatricians are assisted in responding to these issues in the primary care setting," Dr. Sarvet said.

The project also helps pediatricians feel more comfortable identifying and treating mental health needs in children, Ms. Lambert said. "We did a survey about 3 years ago, and 48% of the parents said that their child's doctor rarely asked about mental health problems. This fills a valuable need."

Dr. Straus noted that the project is accessible to all primary care providers who see children and adolescents, including family physicians. ■

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