

Ten Years of Selective Serotonin Reuptake Inhibitor Prescribing by Primary Care Pediatricians Within an Integrated Behavioral Health Program

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Disclosure



Louis Vernacchio, MD, MSc

Has documented no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.

Has documented this presentation **will not** involve discussion of unapproved or off-label, experimental or investigational use.

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Background



- ~20% of U.S. children and adolescents experience a behavioral health (BH) problem within a given year, but the current BH workforce is inadequate to care for them and many go without treatment
- Anxiety and depression are among the most common BH disorders among young people
- Selective serotonin reuptake inhibitors (SSRI) are mainstays of the pharmacologic treatment of anxiety and depression, but many pediatric primary care clinicians (PCC) received little training in SSRI prescribing

Background



- To deal with the shortage of treatment options, many—including AAP for many years—have called for the integration of BH care into pediatric primary care
- In 2013, we launched an integrated BH program within our statewide network in Massachusetts (~80 practices, 600 PCCs, 400,000 patients)

Five-Year Outcomes of Behavioral Health Integration in Pediatric Primary Care. *Pediatrics*. 2019 Jul;144(1):e20183243.



Five-Phase Replication of Behavioral Health Integration in Pediatric Primary Care. *Pediatrics*. 2021 Aug;148(2):e2020001073.



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Background



3 main components of our integrated BH program:

1. Extensive education for PCCs on identifying and treating BH disorders (including psychopharmacology)
2. Support integrating BH clinicians into practices
3. On-demand consultation with child psychiatrists (MCPAP—the Massachusetts Child Psychiatry Access Program)

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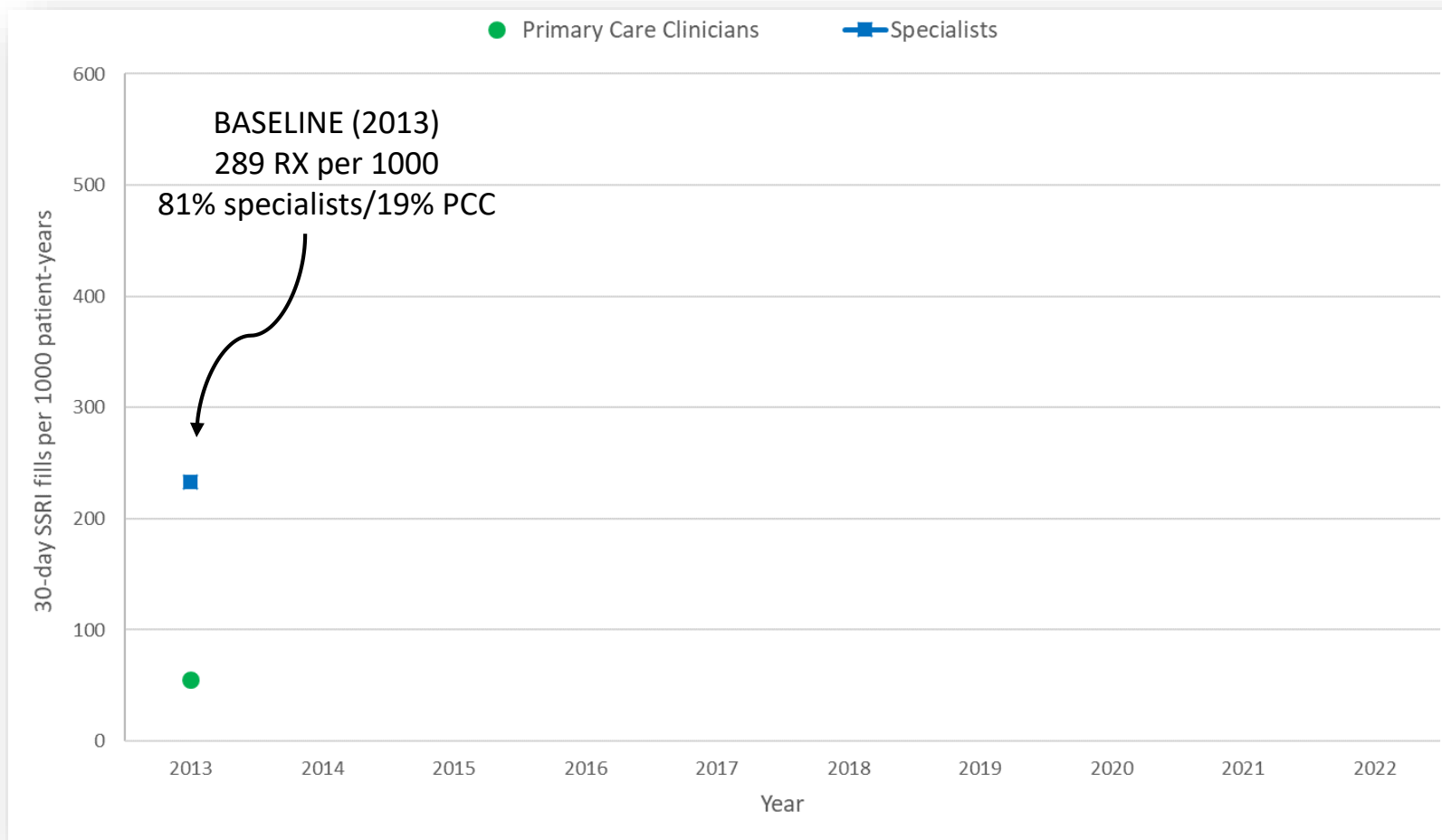


Methods

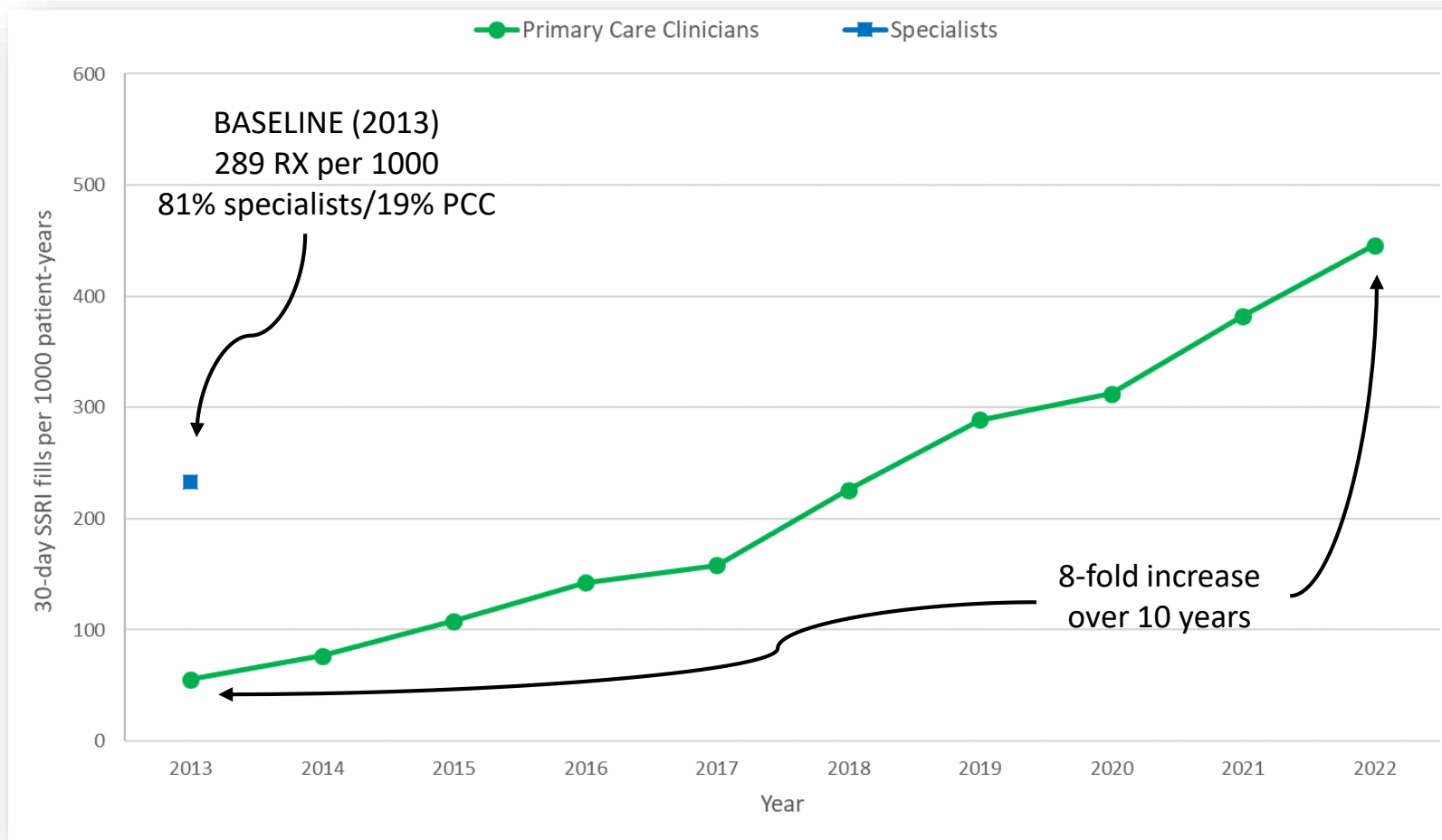


1. Cross-sectional analysis of overall SSRI prescribing rate using administrative claims data from one large commercial insurer in MA over a 10-year period 2013-22 (QUANTITY)
2. Analysis of the a novel quality bundle for new SSRI prescribing events by PCCs using EHR data over a 3-year period 2020-22 (QUALITY)

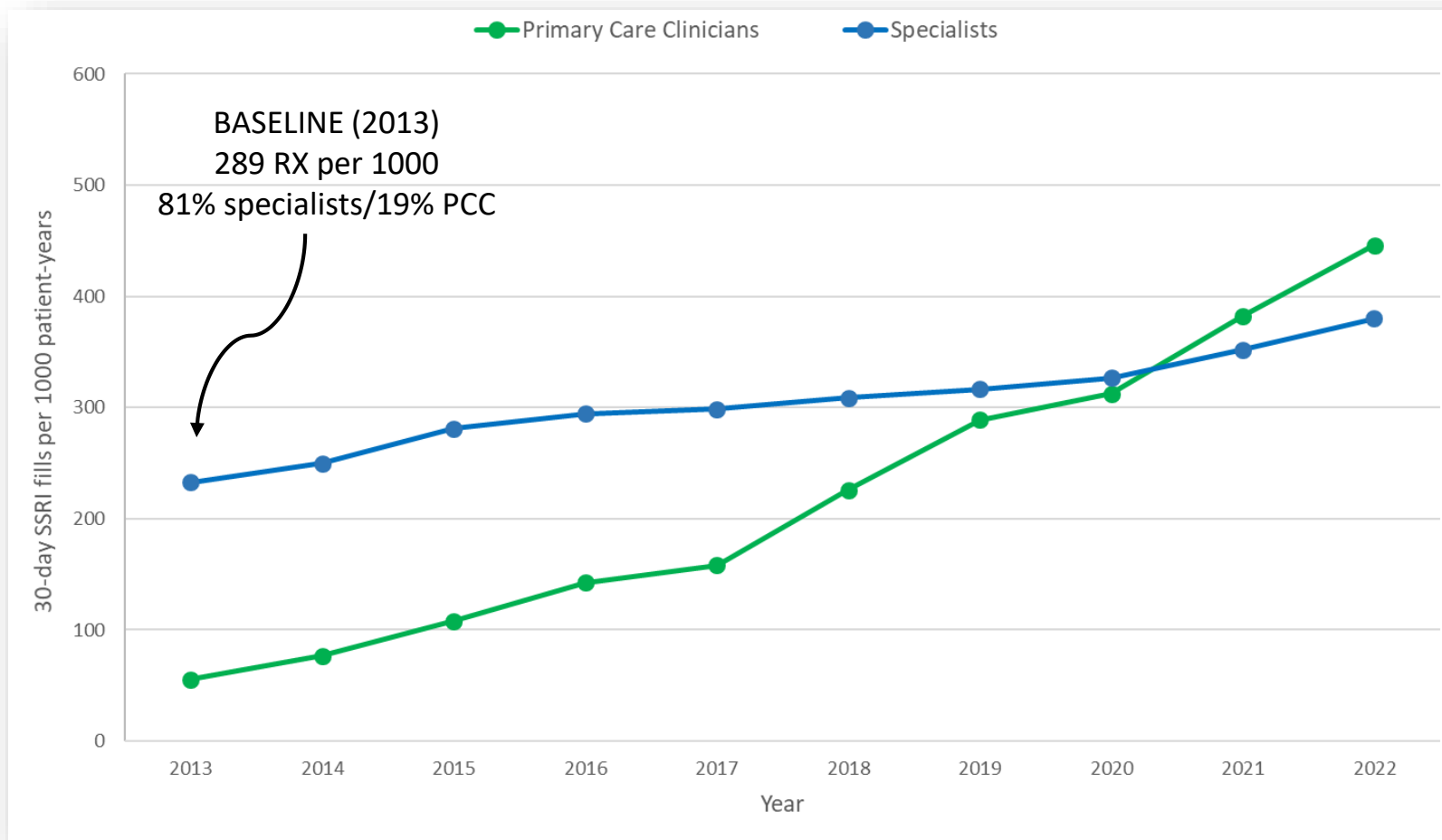
Results: Overall SSRI Rx rate 2013-22



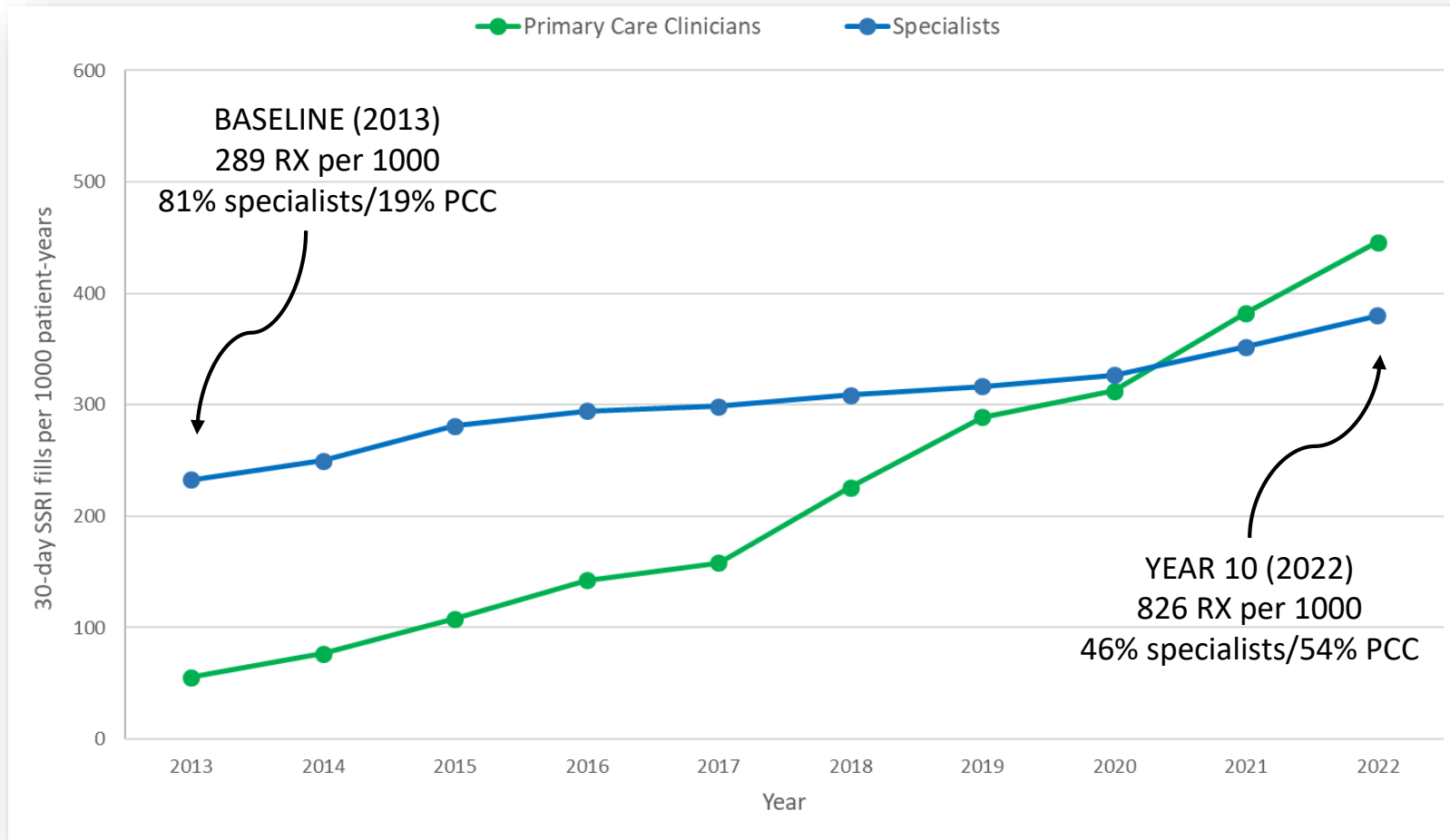
Results: Overall SSRI Rx rate 2013-22



Results: Overall SSRI Rx rate 2013-22



Results: Overall SSRI Rx rate 2013-22



Results: Quality of new SSRI Rx 2020-22



Patients with an initial SSRI prescription from primary care clinicians N=16,272	
Age, median (IQR), years	18 (15-20)
Sex, % Female	67.3%
Primary Diagnosis	
Anxiety	54.8%
Depression	18.8%
Anxiety and depression	16.2%
Adjustment reaction	6.0%
Other diagnoses	4.2%
SSRI prescribed	
Fluoxetine	50.1%
Sertraline	33.7%
Escitalopram	10.2%
Citalopram	5.6%
Fluvoxamine	0.2%
Paroxetine	0.2%

Results: Quality of new SSRI Rx 2020-22



Quality bundle for starting SSRI treatment—6 elements

Initial Rx
by PCC

0

Results: Quality of new SSRI Rx 2020-22



Quality bundle for starting SSRI treatment—6 elements



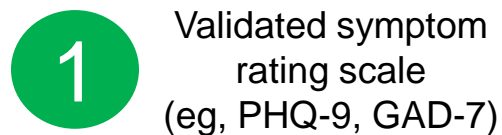
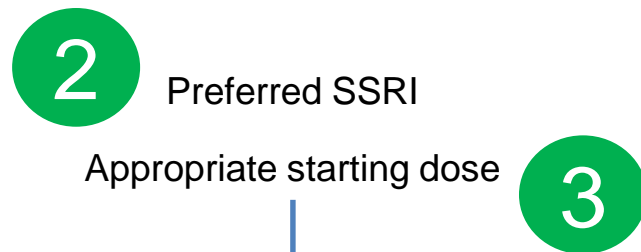
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Validated symptom rating scale
(eg, PHQ-9, GAD-7)

Results: Quality of new SSRI Rx 2020-22



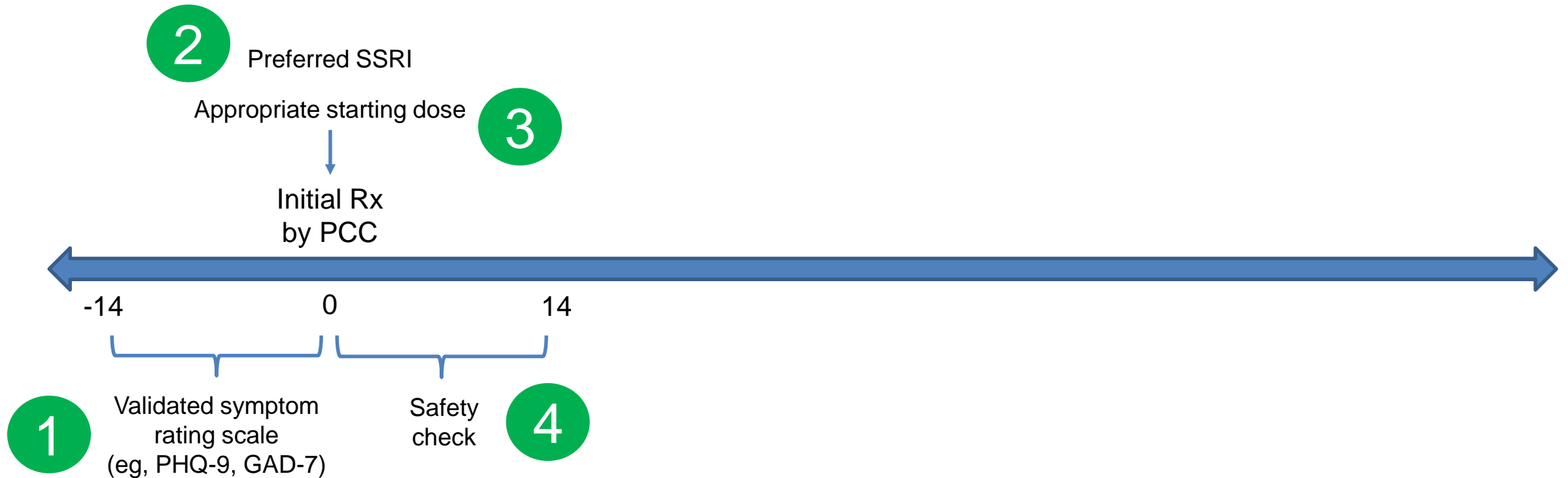
Quality bundle for starting SSRI treatment—6 elements



Results: Quality of new SSRI Rx 2020-22



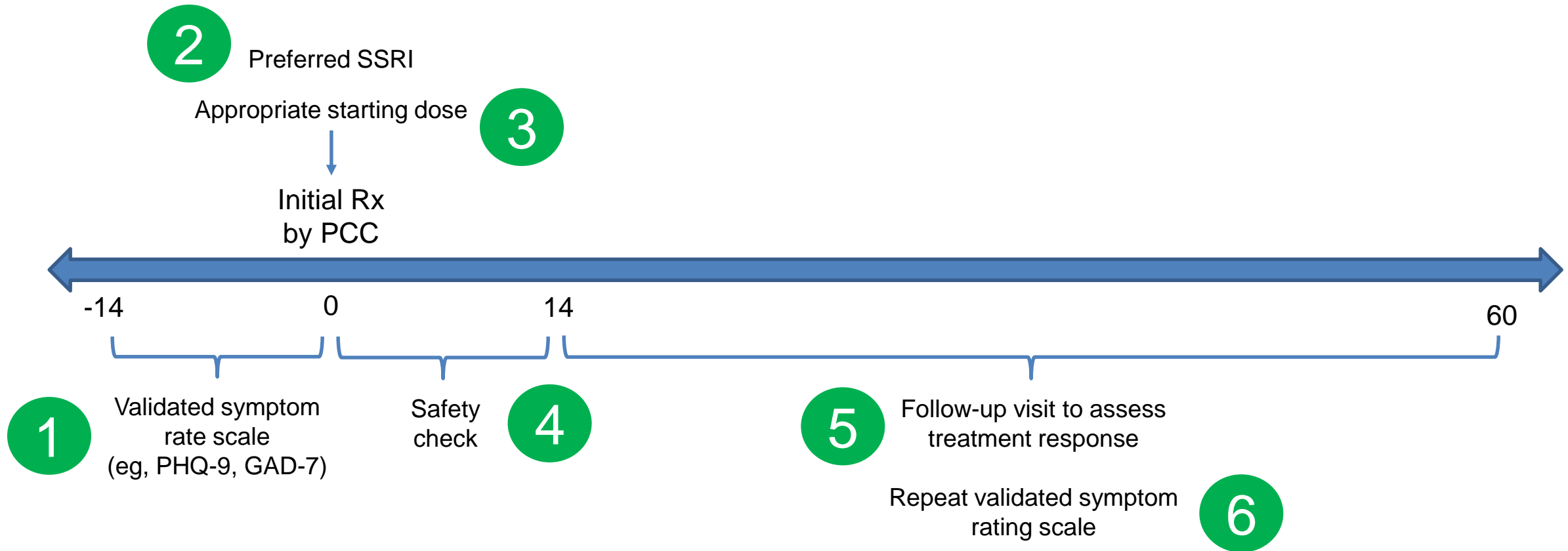
Quality bundle for starting SSRI treatment—6 elements



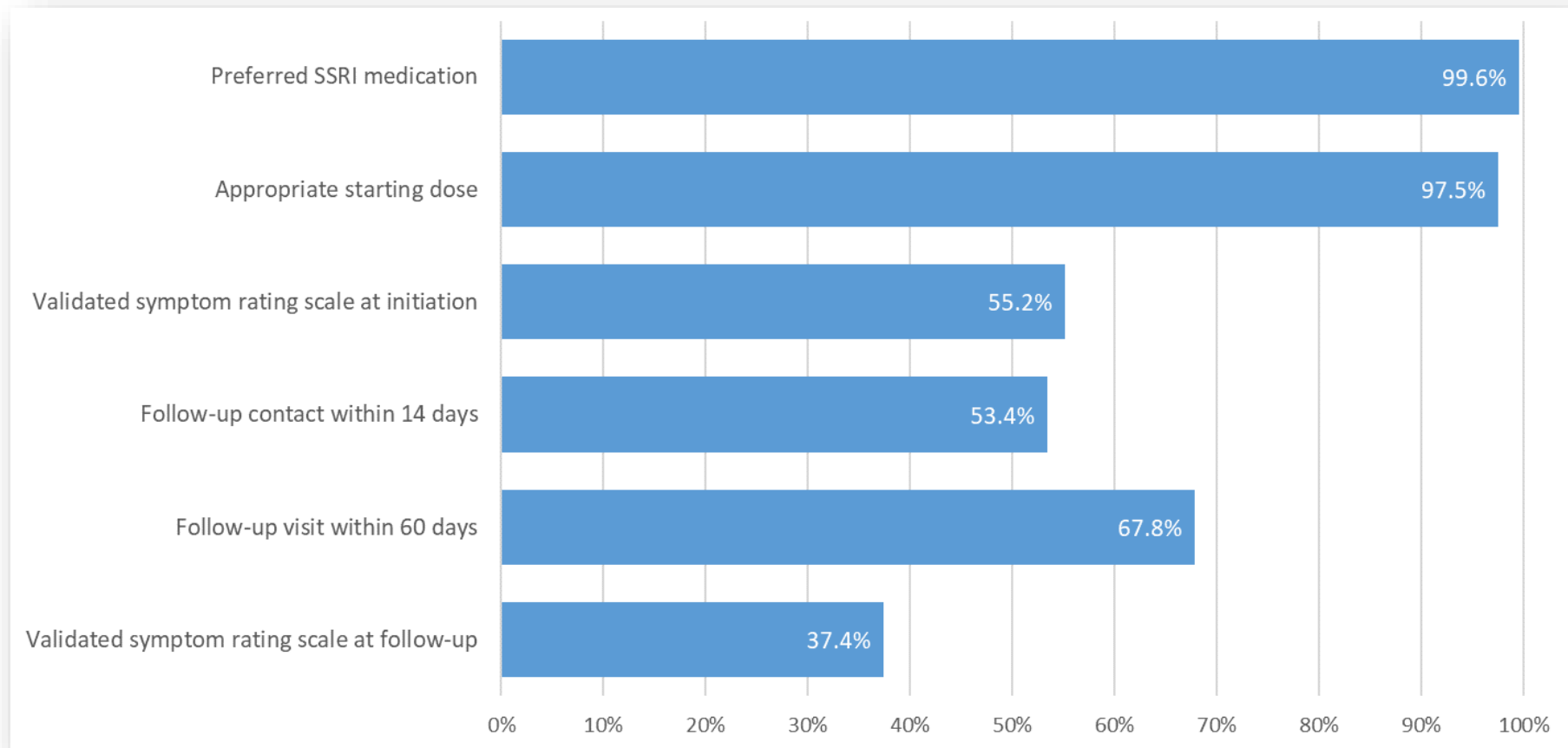
Results: Quality of new SSRI Rx 2020-22



Quality bundle for starting SSRI treatment—6 elements



Results: Quality of new SSRI Rx 2020-22



Conclusions



- In the context of an integrated BH program which includes education and available psychiatric consultation, pediatric PCCs can adopt SSRI prescribing for their patients
 - ✓ PCCs within our network are now prescribing the majority of SSRIs for our patient population
- PCC prescribing was additive to specialist prescribing and added substantial prescribing capacity beyond what had been available
- The quality of new SSRI prescribing events by PCCs can be measured; consensus on optimal quality metrics should be developed

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