VERMONT Consultation & Psychiatry Access PROGRAM

Supporting Pediatric and Perinatal Providers

PRACTICE REGISTRATION AGREEMENT

1.0 BACKGROUND

1.1 The **Vermont Consultation & Psychiatry Access Program** (VTCPAP) is a telephone-based peer-to-peer teaching service that supports medical providers in assessing and managing the pediatric and perinatal mental health concerns on their panels. Through provider-to-provider consultation teaching, providers are better able to address their patients' mental health needs within their practices. Providers can access VTCPAP by calling **(802) 488-5342.**

1.2 VTCPAP is funded by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS), through an agreement with the Vermont Program for Quality in Health Care, Inc. (VPQHC) as host of VTCPAP. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, CMS/HHS or the U.S. Government. Additional funding for VTCPAP is provided by Four Pines Fund.

1.3 VTCPAP's perinatal service is funded by matched Medicaid administrative funds and the HRSA Maternal Mental Health and Substance Use Disorder cooperative agreement.

1.4 VTCPAP aims to strengthen the capacity of Vermont's primary care and perinatal providers to manage mental health concerns and support continuity of care within their practices. The program serves providers caring for children, adolescents, and young adults through age 21, as well as pregnant, postpartum, and breast/chest-feeding patients and individuals seeking preconception consultation.

2.0 WHAT WE DO

2.1. VTCPAP pediatric and perinatal psychiatrists support medical providers through telephone consultations to answer questions related to screening, assessment, diagnosis, medication management, and psychotherapy recommendations. VTCPAP's Liaison Coordinators and Child & Adolescent Psychiatrists are available by phone Monday through Friday from 9am to 3pm, excluding holidays. The perinatal psychiatrist maintains blocks of available time throughout the week for scheduled consultations.

2.2. The VTCPAP team works closely with local Community Mental Health (CMH) organizations in each practice's catchment area. A Liaison Coordinator (LC) will assist practices by triaging the referral for consultation, responding to any questions that are within the scope of their expertise, and forwarding appropriate cases to the VTCPAP pediatric and/or perinatal psychiatrist(s).

2.3. When a provider requests a consultation, the LC will be the initial responder. The LC will collect basic information and will respond to any questions that are within their scope of expertise. If a psychiatrist is the most appropriate person to respond to the consultation request, the call will be referred to the psychiatrist on call who will respond the same day or within 24 hours if the request is made later in the day. The perinatal psychiatrist maintains blocks of available time throughout the week for scheduled consultations.

2.4. These telephone "curbside consultations" do not create a physician-patient relationship between the psychiatrist and the patient. However, the program requests that the provider inform the patient and/or caretaker that they will be discussing their situation with a VTCPAP pediatric or perinatal psychiatrist. The psychiatrist will respond to queries

using language such as “in cases like this” or similar general language. Information about the call (nature of question, patient disposition, etc.) will be maintained by the LC and psychiatrist for evaluation purposes and to ensure continuity if the provider calls back about the same patient. VTCPAP will not maintain an independent electronic medical record; all documentation related to patient care should be contained within the treating provider’s medical record.

2.5. The LC will provide linkage to community resources for patients and families for those medical clinics that currently lack an embedded social worker or care coordinator.

2.6. For complex cases where the provider and consulting psychiatrist agree that a more in- depth evaluation is recommended, the LC may facilitate a tele-psychiatry consultation for the patient/family as long as their insurance is active.

2.7. The VTCPAP pediatric and/or perinatal psychiatrist will offer timely, educational phone consultations to the provider for medication and dosing questions, diagnostic dilemmas

2.8. and general patient management questions.

2.9. VTCPAP will maintain a website that offers educational material on treating mental health conditions. Participating providers will be directed to this website as an additional educational resource.

3.0 WHAT WE DO NOT DO

3.1 VTCPAP is not an emergency/referral service - emergency consultations over the phone or in person are not provided. If a provider calls about a case requiring an emergency intervention, the LC will refer the patient to the most appropriate local emergency service.

3.2 VTCPAP psychiatrists do not provide ongoing treatment or prescribe medication for patients, but rather provide education and guidance to providers concerning medication and treatment options. For those cases beyond the scope of the provider’s practice, the LC will provide recommendations for specialty level resources locally as available.

4.0 AGREEMENT COMPLIANCE

4.1 To support the ongoing funding and support of the VTCPAP services, registered professionals will be asked to participate in evaluation activities sponsored by the grant funder (RHTP) and the VTCPAP team. Evaluation activities (i.e., surveys, brief interviews, etc.) gather feedback about the VTCPAP program’s impact and areas for programmatic improvements. In addition to being required by RHTP, gathering information about program impact is incredibly helpful for securing ongoing financial support.

4.2 If a provider fails to comply with the terms of this agreement, is practicing according to what are deemed to be unsafe practices or practices contrary to VTCPAP pediatric or perinatal recommendations and/or the patient’s best interests, that provider will be asked to leave VTCPAP.

5.0 DATA SECURITY

5.1 VTCPAP gathers only the minimum amount of information necessary to respond to a provider’s question and support its peer-to-peer educational consultation service. Information collected during consultations is stored in a secure, HIPAA-compliant platform and is used only to support continuity of the consultation service, grant reporting, program evaluation, and quality improvement activities.

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PRACTICE REGISTRATION FORM

(802) 488-5342 Mon–Fri 9AM–3PM vtcpap@vtcpap.com www.vtcpap.com

BY REGISTERING FOR VTCPAP:

- We have read and agree to the terms and conditions outlined in the VTCPAP Practice Agreement Form which was provided to us on _____ and the terms of which are expressly incorporated herein by reference.
- We agree to participate in the Vermont Consultation & Psychiatry Access Program.
- We agree to inform patients that we may engage the VTCPAP program on their behalf and will share health information with the program unless the patient declines the VTCPAP services.
- We agree to, when possible, participate in VTCPAP consultation, training, and educational opportunities.
- We agree to complete periodic surveys.
- We agree to continue to manage behavioral health care of our patients, including appropriate referrals, following consultation with the VTCPAP Team.

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** _____

PRACTICE INFORMATION:

PRACTICE NAME: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

TYPE OF PRACTICE:

- ☐ Pediatrics
- ☐ Family Medicine
- ☐ Community Health Center
- ☐ Adult ACO
- ☐ Obstetrician-Gynecologist
- ☐ Midwifery
- ☐ Mental & Behavioral Health
- ☐ Integrative Care *(functional/holistic)*
- ☐ Other _____

ADDITIONAL PRACTICES *(if applicable)*:

PRACTICE NAME: _____ **PHONE:** _____

ADDRESS: _____ **FAX:** _____

This form is a fillable PDF and can be completed electronically. Please complete the sections below with information for your clinic's Medical Director/Physician Leader and Practice/Office Manager or Administrator. Then, complete the table with information for **all providers at your clinic who wish to access VTCPAP services.** For information on who is eligible to request a consultation, please refer to our Who Can Call document.

CLINIC MEDICAL DIRECTOR/PHYSICIAN LEADER

NAME: EMAIL:

CLINIC PRACTICE/OFFICE MANAGER OR ADMINISTRATOR

NAME: EMAIL:

ADDITIONAL CLINIC STAFF

NAME	EMAIL	CREDENTIALS/ TITLE	FTE/HOURS WORKED	PRACTICE SITE	PHONE NUMBER

Please send this completed and signed document to vtcpap@vtcpap.com.