

**PRE-LAUNCH LEADERSHIP AND STAFF ORIENTATION:  
Implementing Evidence-based Care for Child Behavior Problems &  
Comorbid ADHD in the SKIP for PA Study**

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**One Family's  
Care Map**

[www.childrenshospital.org/care-coordination-curriculum/care-mapping](http://www.childrenshospital.org/care-coordination-curriculum/care-mapping)

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**Home Sweet Home: The Pennsylvania Medical Home Initiative's Quest to Provide High-Quality Care for All Children**

**Home Sweet Home article...**

Two-year-old Allyah\* born prematurely, has a neurological condition called cerebral palsy. She also has chronic lung disease of prematurity and sickle cell disease, a blood condition. In addition to her pediatrician, she sees a neurologist, a pulmonologist, a hematologist, an ophthalmologist, a cardiologist, and an orthopedist. Allyah's mother has two other children, one of whom is a musician. "I have over 30 doctor's appointments this month," Allyah's mother said, "I don't know how I'd make this work without our team here!"

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**BEHAVIORAL HEALTH AND  
MEDICAL HOME**

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### Behavioral Health and the Pennsylvania Medical Home Program

PA MHP Conference (2009)

Mental Health Training Conference (2010)

Mental & Behavioral Health Conference (2013)

Autism Conference (2015)



Behavioral Health Conference (2017)

TIPS Dinners (2017)

Behavioral Health Learning Collaboratives (2017)

PA MHP Behavioral Health Webinars

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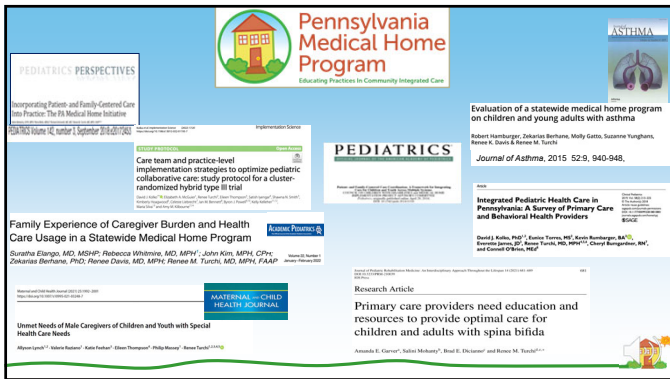
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**Pennsylvania Medical Home Program**  
Educating Practices in Community Integrated Care

**PEDIATRICS PERSPECTIVES**  
Integrating Patient and Family-Centered Care into Practice: The PA Medical Home Initiative

**PEDIATRICS**  
Care team and practice-level implementation strategies to optimize pediatric collaborative care: study protocol for a cluster-randomized hybrid type II trial

**PEDIATRICS**  
Evaluation of a statewide medical home program on children and young adults with asthma

**MATERNAL & CHILD HEALTH JOURNAL**  
Unmet Needs of Male Caregivers of Children and Youth with Special Health Care Needs

**Research Article**  
Primary care providers need education and resources to provide optimal care for children and adults with spina bifida

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### What is the "SKIP for PA" Study? (SKIP – Services for Kids In Primary-care)

- A quality improvement initiative to treat children with early behavior problems and comorbid ADHD in 24 pediatric primary care sites using an evidence-based practice (Doctor Office Collaborative Care, DOCC)
- A randomized trial to evaluate how Care Team and Leadership Facilitation strategies support the implementation of DOCC, funded by the NIMH and in partnership with the PA Chapter of the AAP Medical Home Program to offer guidance
- All sites receive training in the collaborative care model (team meetings) and in the treatment content (online program & manual)
- Teams use a secure case registry to track progress on personalized behavioral goals and Vanderbilt scales during case reviews and for research
- Some sites receive ongoing implementation support calls from DOCC experts (Care Team or Leadership Facilitation) for at least a year
- Providers and caregivers complete study surveys at different timepoints for which they are compensated

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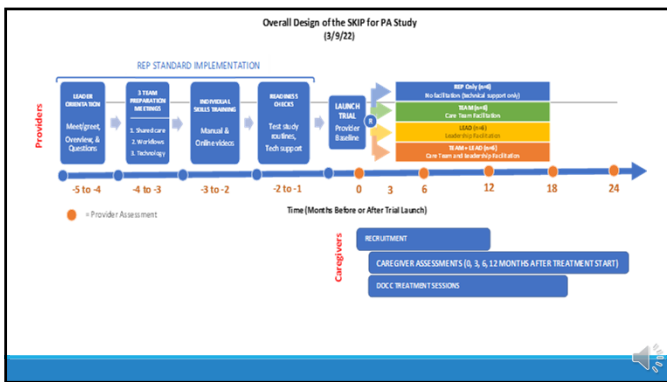
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Overall Design of the SKIP for PA Study  
(3/9/22)



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### Key Staff Participants/Roles

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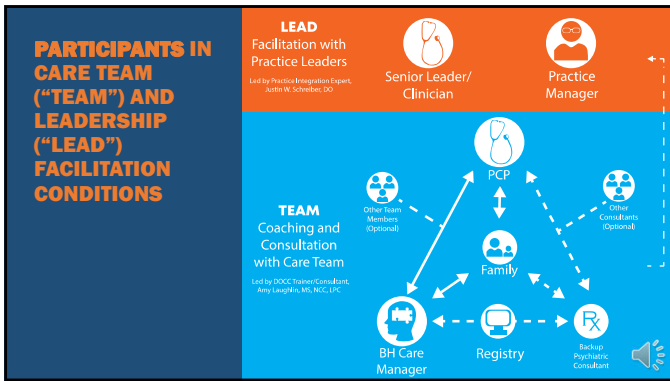
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### Study Phases and Timetable

Phase	Time	Tasks
Pre-Launch: Orientation & Team Workflows	<b>MONTHS 1-4:</b> Virtual MTGS (3-4 hrs.)	Trainers prepare sites to use the DOCC model during videoconference calls: <ul style="list-style-type: none"> <li>Leader orientation on study and expectations</li> <li>Meetings on Collaborative Care, staff roles, tailoring workflows, and patient registry/tracking</li> <li>Eligible staff complete online consent form</li> </ul>
Online Skills Training	<b>MONTH 4-5:</b> Watch videos -6:09#ccar1	<ul style="list-style-type: none"> <li>Providers get on-demand access to DOCC remote training platform with modular treatment content (9 topics – e.g., parenting, MEDS) to help manage behavior problems and ADHD.</li> <li>Trainers will conduct weekly follow-up calls to review content/questions</li> </ul>
Readiness Check	<b>MONTH 5-6:</b> Virtual MTGS vary by practice need	Practices will work with trainers to enhance readiness for study implementation, as needed: <ul style="list-style-type: none"> <li>Problem-solve any workflow concerns, use registry/technology, and get technical support</li> <li>Complete baseline</li> </ul>
Launch Trial: All deliver DOCC. Some also receive support calls	<b>MONTHS 7-24:</b> Support calls 1 hr./mo. for 18/24 sites (18 hrs.)	Each site delivers DOCC to 2 new families/month over 18-months after random assignment to 1 of 4 implementation support conditions: <ul style="list-style-type: none"> <li>Ongoing technical assistance (no coaching or consultation)</li> <li>Coaching/consultation to provider team with DOCC clinical trainer</li> <li>Facilitation for practice leaders with DOCC child psychiatrist</li> <li>Both Coaching + Facilitation</li> </ul> All sites receive technical assistance as they deliver DOCC services and most also participate in videoconferences with an expert facilitator (weekly → bi-monthly) for 1 hourly call/mo.
Sustainment:	<b>MONTHS 25-30:</b> 1 hr./mo. (4 hrs.)	Facilitators help team/leaders to incorporate all care processes/resources to sustain DOCC program

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### Pre-Launch Tasks/Time Commitment by Role

Provider Hours	1	2	3	4	5	6
1. Senior Leader/Clinician	1 hr.	1 hr. (optional)	1 hr.	1.0 hr. (encouraged)	2.5 hrs.	As needed
2. Practice Manager	1	1	0 (optional)	1	0 (optional)	As needed
3. Primary Care Providers	0	1	1	1	2.5 hrs.	As needed
4. Care Manager	0	1	1	1	5.25 hrs.	As needed

Practice Randomization and Launch Trial/Implementation Phase: To be scheduled after task completion according to this timetable.

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### DOCC Online Treatment Training: Materials and Curriculum



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### BENEFITS OF PRACTICE PARTICIPATION



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### SUMMARY



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**HERE'S TO OUR NEW PARTNERSHIP!**

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**TEAMWORK**

TODAY THE WATER FOUNTAIN  
TOMORROW THE COOKIE JAR

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# Questions and Answers

**EILEEN THOMPSON, RN, BSN**  
PROGRAM DIRECTOR  
ETHOMPSON@PAAP.ORG

**RENÉE TURCHI, MD, MPH, FAAP**  
MEDICAL DIRECTOR  
RENEE.TURCHI@TOWERHEALTH.ORG

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