Hub-Extension Model and Access to Pediatric Behavioral Integrated Primary Care

Jessica R. Sevecke-Hanrahan, PhD, Tawnya J. Meadows, PhD, BCBA-D, & Carrie E. Massura, PhD

Geisinger Health System
Acknowledgements

The presenters would like to acknowledge the following authors who also contributed to this project:

- Rachel Lilly, PhD, Geisinger Health System
- Sean O’Dell, PhD, Geisinger Health System
- Maria Golden, PhD, Children’s Hospital of Philadelphia
Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• Describe elements of the hub-extension model of care delivery developed within Geisinger integrated primary care settings

• Compare hub and extension sites in regard to access metrics, and consider how warm hand-offs impact these metrics

• Discuss strengths and limitations of the hub-extension model in terms of increasing access to behavioral health services
Bibliography / Reference


Learning Assessment

• A learning assessment is required for CE credit.
• A question and answer period will be conducted at the end of this presentation.
Hub-Extension Model
Hub-Extension Model
<table>
<thead>
<tr>
<th>Referring Clinic Type: Hub or Extension Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling Following Referral</td>
</tr>
<tr>
<td>Days Until Intake Appointment</td>
</tr>
<tr>
<td>Outcome of Intake Appointment</td>
</tr>
</tbody>
</table>
Results: Descriptive Statistics

- 87.5% inter-rater agreement for random sample of 20% of cases
- Referrals: 483 (Hub), 283 (Extension)
- Never scheduled: 36 (Hub), 62 (Extension)
# Results: Patient Demographics

## Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>% of Sample</th>
<th>Hub</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td></td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td>0.3</td>
<td>0.6</td>
</tr>
<tr>
<td>Black or African American</td>
<td></td>
<td>8.8</td>
<td>9.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>11</td>
<td>14.5</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td></td>
<td>0.7</td>
<td>0</td>
</tr>
<tr>
<td>Multiracial</td>
<td></td>
<td>1.8</td>
<td>3.1</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td>76</td>
<td>71.6</td>
</tr>
<tr>
<td>Declined</td>
<td></td>
<td>0.7</td>
<td>0.6</td>
</tr>
</tbody>
</table>

## Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Mean (SD)</th>
<th>Hub</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>9.7 (4.7)</td>
<td>9.5 (4.4)</td>
<td></td>
</tr>
</tbody>
</table>

## Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>% of Sample</th>
<th>Hub</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td>48.8</td>
<td>51.6</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td>51.2</td>
<td>48.4</td>
</tr>
</tbody>
</table>

No difference in demographic characteristics between Hub and Extension patients.
Hub patients were more likely to schedule an intake following referral, $X^2 = 32.2, p = 0$

Difference exists even when controlling for WHO's
Hub patients were scheduled for sooner appointments than Extension patients, $F(1, 660) = 4.5, p = .03$.

When controlling for WHOs, there was no difference in time to be seen across referral method types, $F(2, 406) = 1.2, p = .30$.

**If you can’t do a WHO, let patients schedule at checkout**
Results: Outcome of Intake Appointment

• Attended:
  • Hub = 75.6%
  • Extension = 78.7%

• No-Shows:
  • Hub = 15.4%
  • Extension = 12.7%

• Cancellations:
  • Hub = 8.9%
  • Extension = 8.6%
Implications and Future Directions

- Model Evolution
- Point of Care Scheduling
- Not scheduled?
- Impact on distance
- Replication
Join us next year in Pennsylvania! Thank you!