



## A Collaborative Path to Better Pediatric Behavioral Health: Novant Health Twin City Pediatrics & Northwest AHEC

### Brief Summary

Twin City Pediatrics, in partnership with Northwest AHEC, successfully implemented the Psychiatric Collaborative Care Model (CoCM) within its general pediatrics practice—transforming care for patients with mental health needs while achieving financial sustainability. Through dedicated coaching, grant support, and a multidisciplinary approach, the program became revenue-positive within its first six months.

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### The Challenges

Does your general pediatrics clinic feel more like a mental health clinic? Are adolescent well visits increasingly dominated by complex psychiatric concerns? You are not alone.

Even before the pandemic, pediatric mental health concerns were rising rapidly. Jonathan Haidt's *The Anxious Generation* captures this shift well. The pandemic only accelerated the crisis. Meanwhile, traditional pediatric demands—infectious disease, premature infants, congenital conditions—have decreased, leaving behavioral health concerns front and center.

Primary care pediatricians often find themselves caught in a bind: these patients need help, but visits are longer, reimbursement historically poor, and the emotional toll high. The choice is clear: either insist mental health is someone else's job, or embrace the opportunity to meet this need directly. We chose the latter.

Previously, mental health services in general pediatrics were a financial and emotional drain. What if they could be sustainable—even revenue-positive? What if we had a plan to help families in crisis that didn't depend on an overwhelmed outside system? What if we could do the meaningful, challenging, high-impact work we trained for *and* keep the lights on?

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### The Solution

The Psychiatric Collaborative Care Model (CoCM) offers a framework for providing behavioral health services **within** the pediatric medical home, supported by billing codes that make it financially viable.

### Personnel:

- **PCP** trained and invested in pediatric mental health
- **Psychiatric Consultant** providing subspecialty advice (contracted hourly)
- **Behavioral Health Care Manager (BHCM)** who provides the core services: referral coordination, educational advocacy, parent coaching, and brief therapeutic intervention

**Clinical Strategy:**

Measurement-based care using validated tools like PHQ-9, GAD-7, Vanderbilt, SCARED, ChOCI-R, MOAS.

**Technology & Workflow:**

Customized EHR workflows, documentation templates, and a patient registry to track progress.

**Coaching from AHEC:**

Our journey began with a pivotal conversation with Hugh Tilson from AHEC at the 2023 NC Pediatric Society Meeting. From there, Northwest AHEC assigned practice coach Lara Dickerson, who has met with our team monthly for two years. Lara and her team:

- Identified internal Novant departments to coordinate with (HR, billing, compliance, revenue cycle, IT)
- Provided documentation templates and guidance for billing
- Assisted with personnel strategy, including consultation with NC Medicaid about non-traditional psychiatric consultants
- Supplied training modules for provider and staff education
- Troubleshoot billing errors and code denials
- Set workload benchmarks for BHCM capacity
- Connected us with a \$50,000 CCNC grant to fund BHCM salary during our growth phase

Thanks to their support, our program is not only functional but flourishing.

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**The Impact**

In June 2025—six months ahead of schedule—we became revenue-positive. With monthly BHCM costs of \$5,400 and over \$13,000 billed in June alone, we expect \$6,500 in revenue (50% reimbursement rate), exceeding expenses by over \$1,100/month.

**For Patients & Families:**

"I'm so glad he's finally going to get the help he needs."

"I can't tell you how much it means to me to have someone to talk to about this. I've felt so alone for so long."

"She is so much better. I can't thank you enough."

**For Providers:**

"Our weekly meeting with our psychiatric consultant was initially just our core team. Now every provider in the office wants to come. We learn so much from Dr. Allen. It's the best part of my week."

"I use the measurement tools all the time now. I finally feel like I have a plan for what to do when the scores are abnormal. Once we enroll patients in CoCM, their symptom scores improve. It's the kind of data-driven feedback I've always wanted. I know I'm helping patients get better."

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## **Conclusion**

The Psychiatric Collaborative Care Model has empowered our practice to provide meaningful, evidence-based mental health care for our pediatric patients. With the guidance of Northwest AHEC, we navigated billing, compliance, documentation, training, and staffing. Our success is replicable, sustainable, and deeply impactful.

We leaned in—and it paid off.

Gretchen S. Hoyle, MD

Novant Health Twin City Pediatrics