

Critical Challenges to Universal Substance Use Prevention Implementation in Pediatric Primary Care

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Background

- **Implementation gap:** Evidence-based interventions for the prevention of substance abuse are not widely implemented in pediatric primary care
- **Pediatric primary care**
 - **Tight net:** Nearly all young children in the US have a regular healthcare provider (98.3%) and 92.9% have had a well-child visit in the past year
 - **Health maintenance:** Regular, repeated visits over time (well-child schedule)
 - **Acceptable and Appropriate:** Ideal for parent-based interventions (Leslie et al. 2016)
 - Parents view pediatricians as experts on parenting
 - Parents are accustomed to receiving advice on parenting from pediatricians
 - Less stigmatizing than other service delivery setting (e.g., schools)

Parenting Interventions in Pediatric Primary Care: A Systematic Review

Justin D. Smith, Gracelyn H. Cruden, Lourdes M. Rojas, Mark Van Ryzin, Emily Fu, Matthew M. Davis, John Landsverk and C. Hendricks Brown

Pediatrics July 2020, 146 (1) e20193548; DOI: <https://doi.org/10.1542/peds.2019-3548>

Inclusion: at least part of the intervention was delivered in or through primary care; parenting was targeted; and child-specific mental, emotional, and behavioral health outcomes were reported

Results: 40 articles (out of 6532)

Universal: 2

Concerning Implementation: Few studies included implementation outcomes, particularly those at the service delivery system level. Need research on the implementation strategies that can support adoption and sustained delivery

Key Implementation Challenges

- **Staff/Workforce**
- **Space & Time**
- **Funding**
- **Framing**

Staff/Workforce

- **Supply & Demand**

- Few BH/HP staff
- Prioritization of MH need
- Solution: More BH/HP staff

- **Expertise**

- Solution: Training pediatric clinicians /nurses/MAs
- Solution: Task shifting

Space & Time

- **Space in clinics**

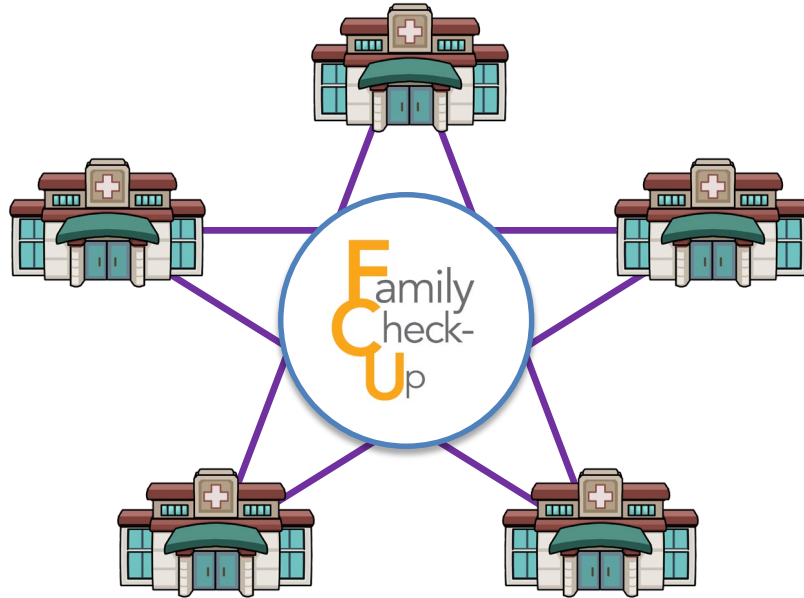
- Little of it for BH/HP
- Exam rooms prioritized

- **Time**

- “Don’t ask me to do more, make things easier”

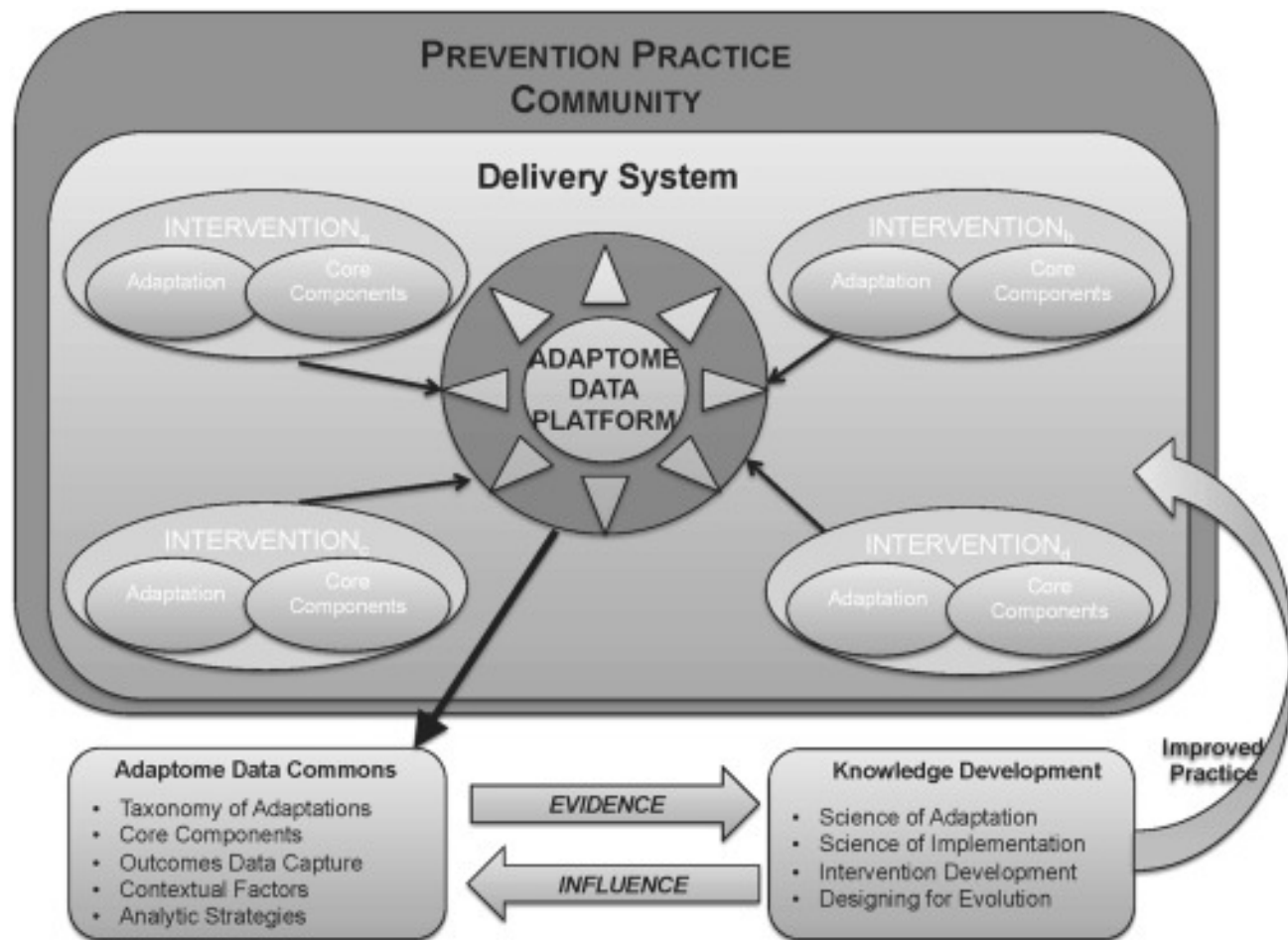


Berkel, C., Fu, E., Carroll, A. J., Wilson, C., Tovar-Huffman, A., Mauricio, A., ... & Smith, J. D. (2021). **Effects of the Family Check-Up 4 Health on Parenting and Child Behavioral Health: A Randomized Clinical Trial in Primary Care.** *Prevention Science*, 22(4), 464-474.

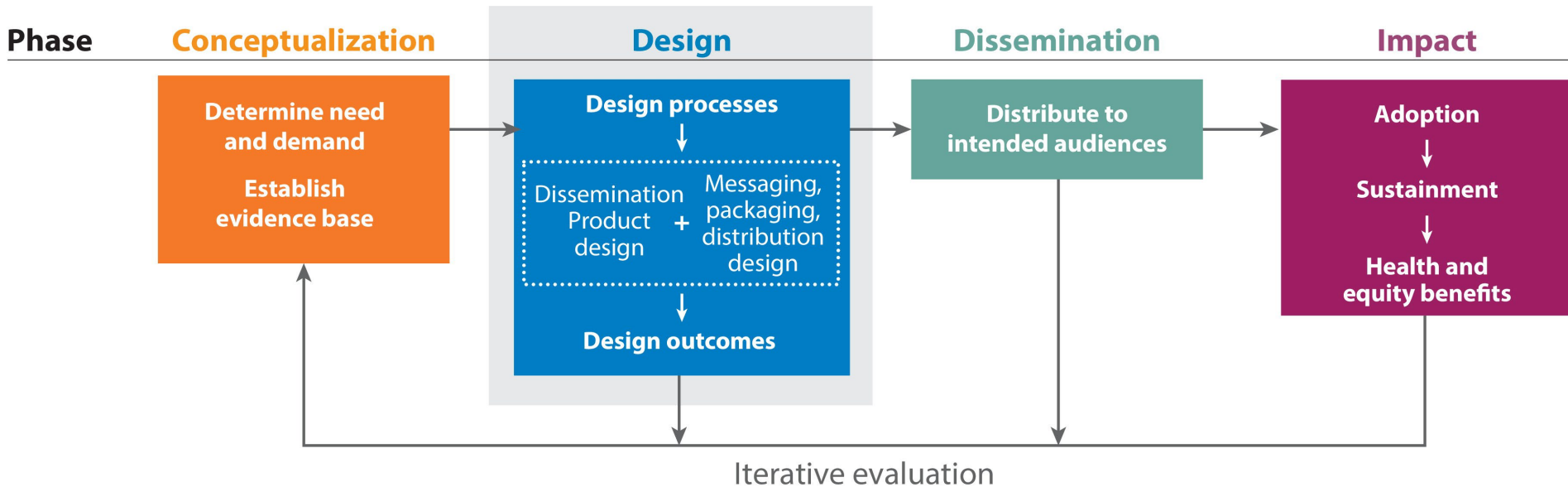


- Coordinated
- Referral-based
- Centralized
 - Highly-aligned staff
 - Reduces competing demands
 - Fidelity
 - Capacity
- Telehealth & home visiting
- Sustainable funding(?)

Chambers DA & Norton WE
(2016). **The Adaptome:**
Advancing the Science of
Intervention Adaptation.
American Journal of
Preventive Medicine, 51(4,
Supplement 2):S124-S131.



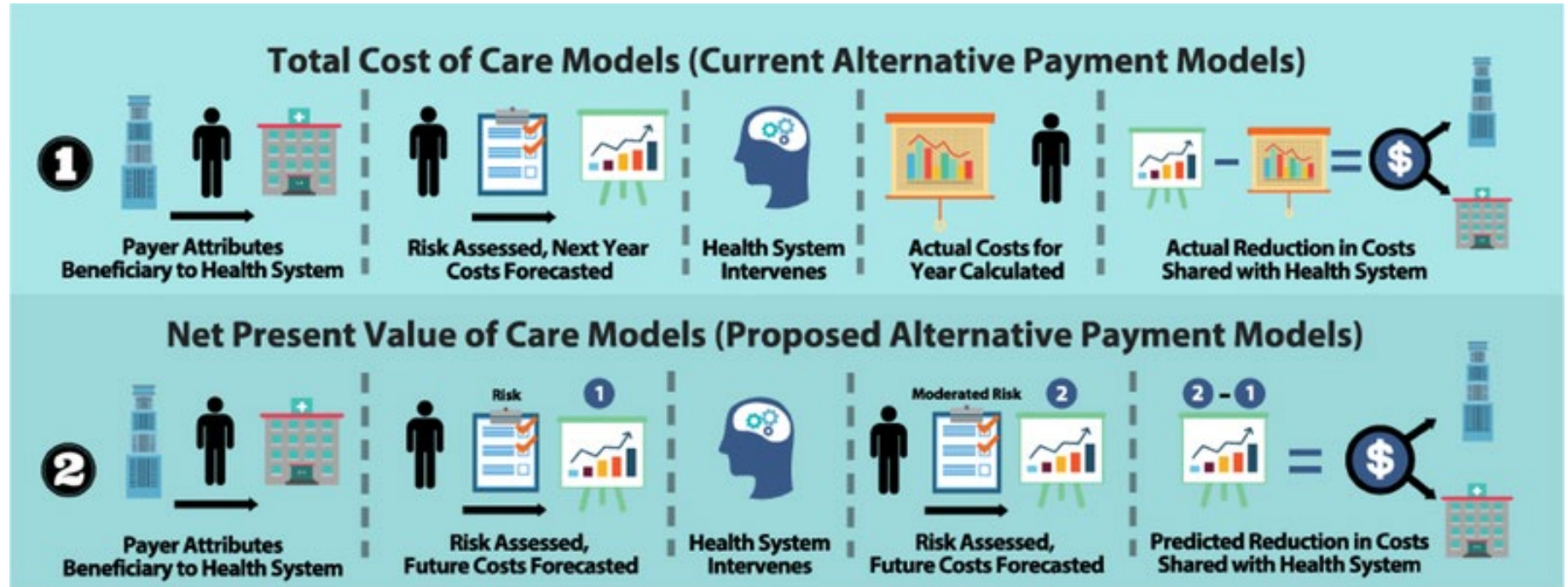
Kwan BM, Brownson RC, Glasgow RE, Morrato EH, & Luke DA (2022). **Designing for Dissemination and Sustainability to Promote Equitable Impacts on Health.** *Annual Review of Public Health*, 43.



Funding

- **Value proposition**
 - Cost-benefit
 - Cost-effectiveness
 - Opportunity cost
- **Payment models**
 - Net present value of care (NPVoC)

Counts NZ, Smith JD, & Crowley DM (2019). **(Expected) value-based payment: From total cost of care to net present value of care.** *Healthcare*, 7(1), 1.



Equitable Implementation

“...takes into account factors like the history of racial discrimination and access to health care when studying why disparities exist and assessing the needs of a community to eliminate them.”

Smith, Davis & Kho, 2021, *Stanford Social Innovation Review*

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- **Collaborators**

- | | | | |
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- **Community Advisory Board and Partner Agencies**

Thank you!

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