

Characterizing Non-billable Psychosocial Services in a Pediatric Urology Practice

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BACKGROUND

- Psychosocial needs, which encompass behavioral health and social determinants of health (SDOH), are important mediators of the patient experience and health outcomes.
- Many practices have limited experience with systematically assessing the non-billable psychosocial services provided to patients and families.
- We sought to characterize the non-billable activities of three psychosocial providers in a pediatric urology practice at a freestanding children's hospital.

METHODS

An adapted version of the **Care Coordination Measurement Tool (CCMT)** was used to collect data prospectively on non-billable activities performed by a **psychologist, social worker (SW), and certified child life specialist (CCLS)** in a pediatric urology department over six months (April to October 2022).

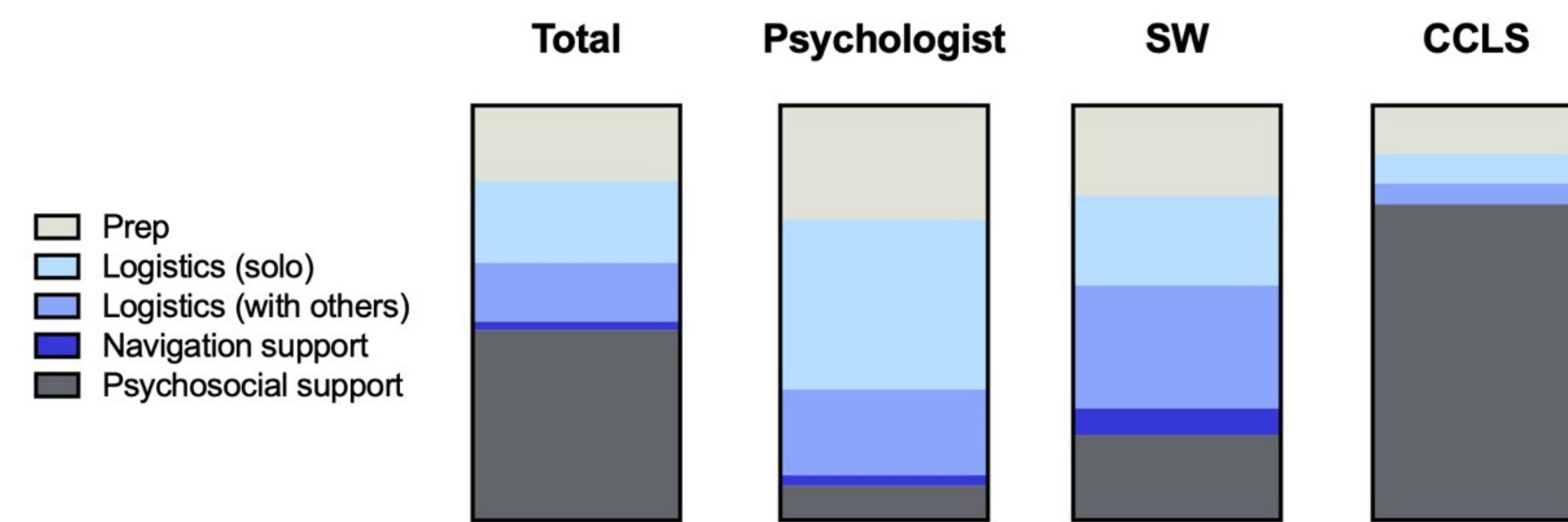
Data Collected

Activity type (preparation, logistics, navigation support, psychosocial support), time spent per activity, outcomes affected

Demographic Variables

Age, sex, race, state of residence, zip code, insurance type, and primary language spoken

Non-billable activities performed by psychosocial providers



Activities category	Time spent in minutes (%*)			
	Total	Psychologist	SW	CCLS
Preparation	4752.5 (18.1)	2092.5 (27.5)	1080 (21.8)	1580 (11.6)
Logistics (solo)	5215 (19.8)	3112.5 (40.9)	1075 (21.7)	997.5 (7.3)
Logistics (with others)	3712.5 (14.1)	1572.5 (20.7)	1470 (29.6)	670 (4.9)
Navigation support	532.5 (2.0)	197.5 (2.6)	320 (6.5)	15 (0.1)
Psychosocial support	12065 (45.9)	627.5 (8.3)	1017.5 (20.5)	10420 (76.2)
TOTAL	26277.5 (100)	7602.5 (100)	4962.5 (100)	13682.5 (100)

*Chi-squared test for homogeneity and pair-wise comparisons with Bonferonni correction p<0.001

- Psychosocial providers devote significant **non-billable** time to the direct provision of psychosocial support and care coordination.
- Characterizing these activities illuminates aspects of psychosocial care that go unseen and inform **resource deployment.**

RESULTS

Table 1. Patient characteristics

Number of patients	527
Median age, yrs (IQR)	9.2 (4.8-12.4)
	N (%)
Sex	
Female	265 (50.3)
Male	255 (48.4)
Unknown/Missing data	7 (1.3)
Race	
White	284 (53.9)
Hispanic	61 (11.6)
Black or African American	35 (6.6)
Asian	13 (2.5)
Other/Multiracial	68 (12.9)
Unknown/Missing data	66 (12.5)
Interpreter	
No	453 (86.0)
Yes	62 (11.8)
Missing data	12 (2.3)
Primary Insurance Type	
Private	227 (43.1)
Public	224 (42.5)
International	22 (4.2)
Unknown/Missing data	54 (10.2)

Table 2. Outcomes affected by psychosocial activities (947 encounters)

Outcomes affected by psychosocial activities	N (% of all encounters)
Treatment plan modification (improve management at home, reduce unnecessary burden/stress, modification of testing/medications)	357 (37.7)
Outpatient coordination (schedule clinic visit, specialty referral, community agency referral, completed clinic visit, prevented unnecessary clinic/specialist visit)	213 (22.5)
Treatment plan adherence (completed prior authorization, prevented non-adherence, prevented MD/NP call to family, identification of patient and/or caregiver discomfort/disagreement with plan)	180 (19.0)
UDS/VCUG/other testing (completed testing, prevented cancelled/missed testing)	100 (10.6)
Surgery (completed surgery, prevented cancelled/missed surgery)	21 (2.2)
Medication-related (reconciliation, adherence, identifying side effects, prevented discontinuation due to prior authorization)	7 (0.7)
Prevented emergency department visit	1 (0.1)
None	517 (54.6)
Unknown	304 (32.1)

Table 3. Examples of activities associated with successful completion of surgery

Case 1: 9 y/o male with ADHD and developmental delays, under care of a foster parent, with left maldescended testicle requiring orchidopexy. LICSW submitted authorization to MassHealth for transportation and coordinated with Department of Children and Families (DCF) for consent.

Case 2: 2 y/o male with right hydrocele scheduled for surgery. Mother was a single mother previously residing in homeless shelter. LICSW submitted authorization for transportation and facilitated referral to hospital-based program for survivors of domestic violence.

DISCUSSION

- This study found that significant effort was needed for the direct provision of psychosocial support and for coordination of care.
- Dedicated psychosocial expertise can improve treatment plan adherence, facilitate completion of testing, and reduce surgery/clinic cancellations.
- These findings have implications for clinical program development as more systems adopt integrated care models with value-based contracting that reward psychosocial support and care coordination efforts.

