Formalizing a Pathway for Non-urgent Psychiatric Referrals

OPTI-West Research Conference,
August 28, 2013

Ndeke Nyirenda MD, Emily Ebert MD

INTRODUCTION

- McKee Clinic – Primary Care, ARMC
- Phoenix Clinic – Mental Health Svcs, Dept of Behavioral Health.
- Both under San Bernardino County umbrella serving many of the same communities.
- Currently no formalized pathway for PMD at McKee to consult with a psychiatrist at Phoenix

Case 1

- ID: 33 y.o. Cauc male
- CC: Pain Meds (Norco, tramadol), psych meds refills
- HPI: recently diagnosed with retinal vein thrombosis causing acute R. eye vision loss and R. facial pain. Thinks his diagnosis is "borderline personality d/o". Seen by optho who have referred him to neuro (hypertensive retinopathy)
- PMH: anxiety, depression with h/o self injurious behavior, multiple suicide attempts and multiple inpatient BH admissions,

Case 1 (continued)

- Fam Hx: Unknown
- Soc Hx: (+)Tobacco, (–)EtoH, (–)drugs <quit heroin, cocaine>, lives with mother but both are homeless
- Meds: sertraline 200qd(max), seroquel 100qd, seroquel 200qhs, klonopin 1mg bid(chronic), trazodone 200 QHS
- PE: disheveled, poor hygiene, anxious, perseverating, angry, admits to visual hallucinations, appears to be responding to internal stimuli but is A and O X4

Case 1(Continued)

- Assessment: Anxiety, Unknown Psychotic d/o, acute vision loss and facial pain poss hypertensive retinopathy
- Plan: Psych referral for:
  - Medication mgmt:
    - 1. Increased sedation klonopin+seroquel
    - 2. Serotonin toxicity Sertraline+Tramadol
  - Clarificiation of diagnosis (bipolar, predominantly depressed w/ psychotic fx)

Discussion I

- Diagnosing and treating mental illness in the family context is an integral part of Family Medicine
  - Numbers of mentally ill increasing: 1.83/1000 (1880 US Census), 18.2/1000 (1989 National Health Survey)
  - Desire of patients to have their primary care physicians involved in their mental health care has been repeatedly documented.

Discussion II

- Clinicians at McKee encounter patients with mental health problems in all levels of severity
  - McKee well equipped to manage mental health problems of low to moderate severity
  - Frequently feel the need to seek non-emergent outpatient psychiatric referrals when mental illness is severe

Discussion III

- Poll of 2012-13 class of ARMC family medicine residents:
  - 100% felt current psych referral system requires modification
  - 63% stated their main reason for consultation is medication management
  - 26% stated Initial Diagnosis is their main reason for seeking psychiatric consultation

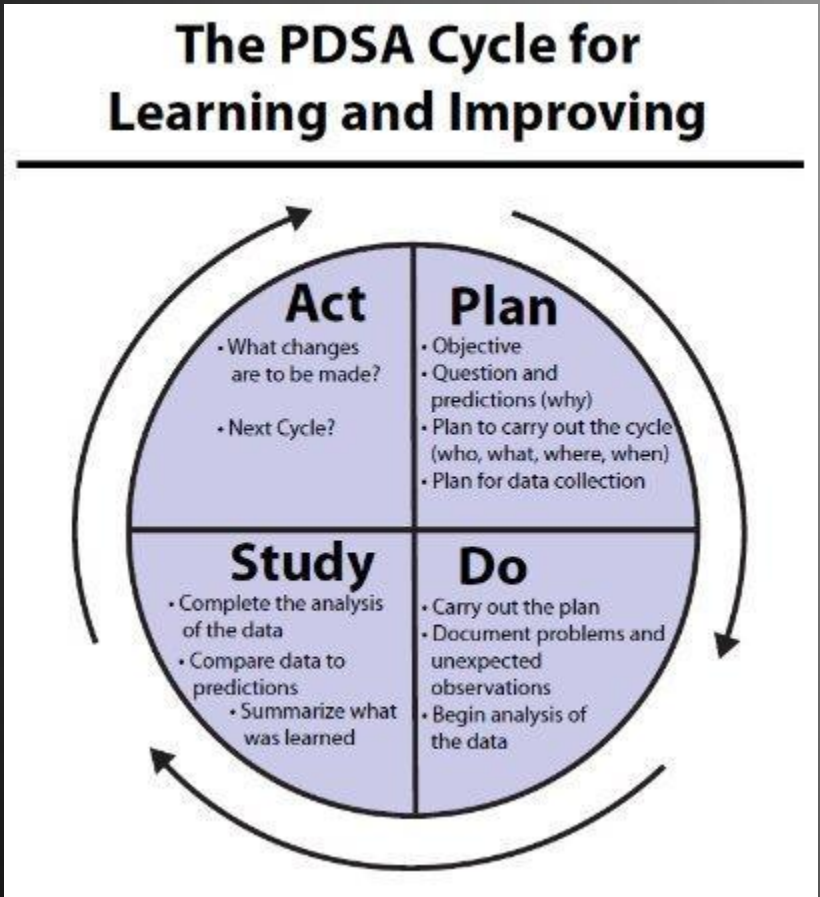
Discussion IV

- Current Referral to Phoenix
  - Flyer listing address and phone number and hours of walk-in clinic (no appt can be made).
    - Patient (disorganized? Impaired reality testing?) required to locate address of clinic, arrange transportation, long wait at phoenix >6 hours
    - Triage-if deemed not unstable enough will not be seen. Will be given information about community resources (private psychiatrist, drug rehab etc.). Then MLCSW initial assessment (1h) – this is 2nd triage stage.
      - OR
  - Informal attempt by Mckee-embedded Behavioral Health personnel to secure appointment with Psychiatrist
    - This process is now improving (will discuss below Intergrated Health SVCS at Dept of Behavioral Health)
    - If the patient is seen by psychiatrist no report is provided to the PMD

GOAL

- Investigate feasiblity of creating formalized consultation pathway between primary care providers at McKee and psychiatrists at Phoenix.
  - Clear outbound pathway for making appointment with psychiatrist and clear return pathway for PMD to receive psychiatrist's note or report.
  - NOTE: Emergent psych referrals are outside the scope of this project
  - PCMH: "a medical home should provide for all the patient's healthcare needs or appropriately arrange care with other qualified professionals"

Methods



- PDSA cycles vs established model for institutional change (committees, planning stages, sweeping changes in implementation phase)

PLAN

- Proposal presented to Department of Behavioral Health
- ARMC IRB
- Phoenix tour and orientation
- “Medical Necessity” training as a function of Medicaid reimbursement

PLAN (Medical Necessity)

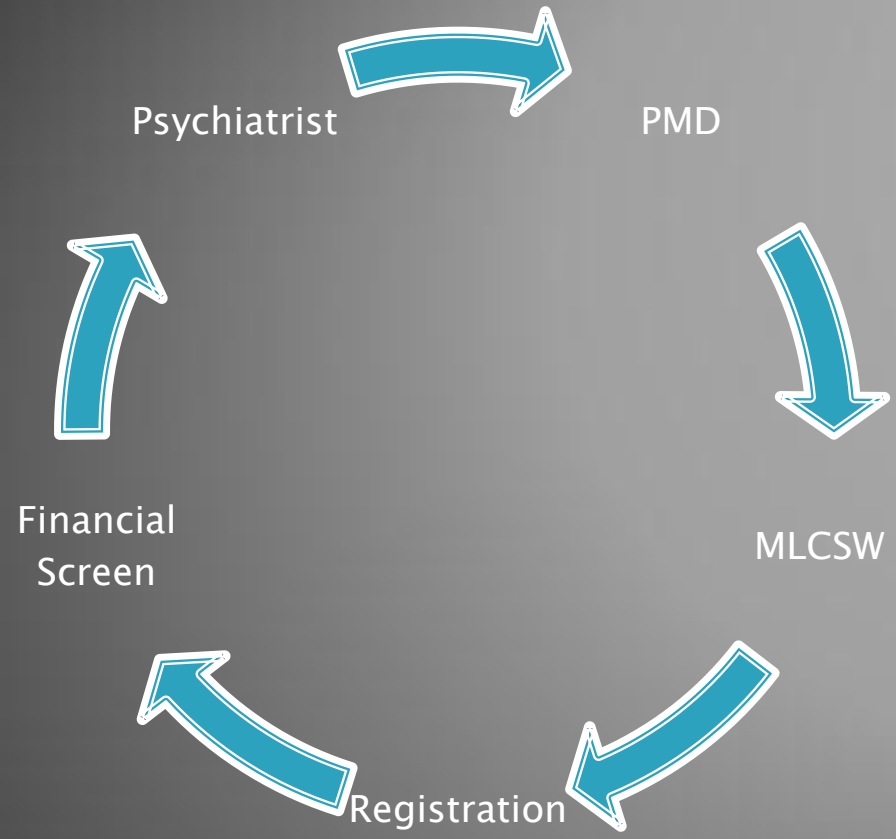
- Have one of the following DSM-IV Diagnoses:
  - Pervasive Developmental d/o except Autism
  - Disruptive and Attention Deficit d/o
  - Feeding/Eating d/o of infancy or Childhood
  - Elimination d/o
  - Other d/o of infancy, childhood or Adolescence
  - Schizophrenia/Psychosis except due to Gen Med d/o
  - Mood d/o except due to Gen Med d/o
  - Anxiety except due to Gen Med d/o

PLAN (Medical Necessity)

- Somatoform d/o
- Factitious d/o
- Dissociative d/o
- Paraphilias
- Gender Identity d/o
- Eating d/o
- Impulse Control d/o NOS
- Personality d/o excluding antisocial d/o
- Medication movement d/o related to other included diagnosis

PLAN (Medical Necessity)

- At least one impairment 2/2 included d/o
  - Significant impairment in important area of life functioning
  - Expectation of deterioration in important area of life functioning
  - Expectation a child will not progress developmentally 2/2 included diagnosis above
- Reasonable probability that treatment will:
  - Significantly diminish impairment
  - Prevent deterioration in areas of life functioning



PLAN (proposed pathway)

MLCSW does 6 page assessment including extensive history taking and tentative diagnosis. This will either confirm or deny PMD's request for patient to see a psychiatrist (based on medical necessity guidelines).

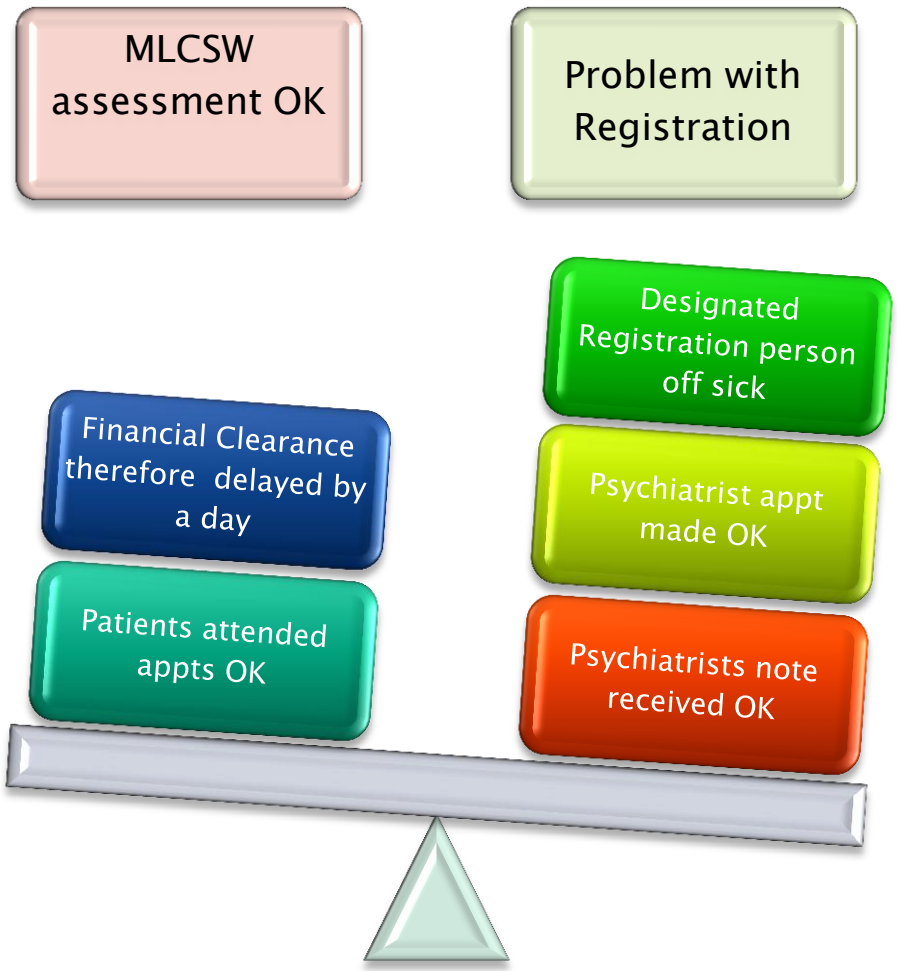
DO

- PI now ready to refer patients to Phoenix through the proposed pathway
- 2 patients identified for implementation and testing of this pathway

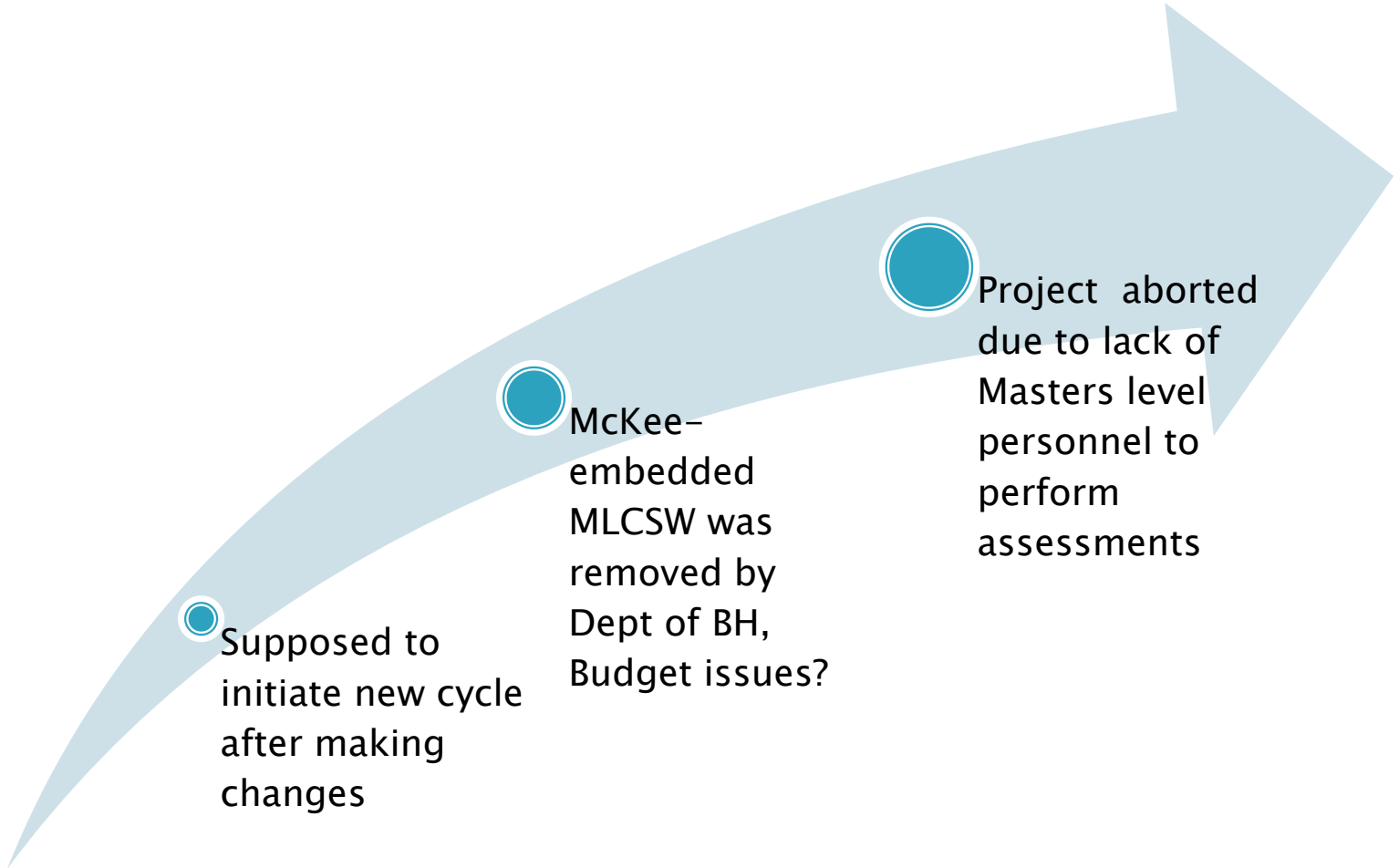
- Patients informed and consent re: referral and performance improvement project (verbal)

- Names and contact information given to McKee embedded MLCSW to set up assessment appointments

STUDY


MLCSW assessment OK
Problem with Registration
Designated Registration person off sick
Financial Clearance therefore delayed by a day
Psychiatrist appt made OK
Patients attended appts OK
Psychiatrists note received OK

ACT


Supposed to initiate new cycle after making changes
McKee- embedded MLCSW was removed by Dept of BH, Budget issues?
Project aborted due to lack of Masters level personnel to perform assessments

Conclusions

- MLCSW embedded at Mckee has since been recalled to Phoenix
  - Having licensed mental health personnel at McKee to perform initial assessments is most important
  - Currently 2 dedicated referrals clerks at McKee coordinating all other subspecialty referrals. MLCSW stationed at McKee would perform similar function
- Integrated Health svcs manager at Dept of Behavioral Health remains interested in formalizing similar pathway
  - FHC's refer to Phoenix
  - Phoenix psychiatrists refer patients to FHC's