Integration of Psychiatric Services in a Primary Care Setting

Dr. Debbie V. Thomas, EdD, APRN, PMHCNS-BC

Associate Professor, Coordinator APPMHN
University of Louisville School of Nursing
Owner, Prospect Counseling, Parenting, & Neurofeedback Center

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Objectives for today

- Identify 2 reasons for integration of PMH in the primary care setting
- Name at least 3 challenges for integration of PMH in primary care setting

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Philosophical Underpinnings of Pilot Program

Biopsychosocial Model incorporates:

- Biological, psychological, social, economic, environmental, political risks, and protective factors
- Lifespan, promotion, prevention, early detection, intervention, and continual treatment and care

(Mitchell, P. , 2008)

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Background

- Increased number of primary care physicians (PCPs) treating psychiatric problems, especially depression, anxiety, bipolar, ADHD and substance abuse (increased severity and extent of co-morbidities among PMH; & PMH and PC)
- Estimated 1/3 PCP patients treated for mental health problems
- 1987-1997 psych meds prescribed by PCPs increased from 37.3% to 74.5%

(Faghri, Boisvert,& Faghri, 2010)

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Reasons to integrate include- but are in no way limited to:

- Shortage of mental health providers
- Limited insurance coverage for psychiatric treatment
- Stigma continues to be associated with going to mental health providers for many people
- Internet, advertising/media, and education have made it easier for patients to seek treatment/make requests of PCP's

What we did -Pilot for 8 months

1. PCP owner and PMH Coordinator met multiple times over summer 2010 to develop plan for implementing this project. PCP MD and owner of practice is visionary and starting "Specialty Center" with various specialties. Already had a CD counselor and a LPC who does therapy, however no one who was able to provide DSM dx and CPT code billing for PMH services, thus ongoing $ on PMH services was lost as was billed under the MD who also had to spend the time to check in on the patient before end of visit.

This caused undo hardship and distress to patients who often had to wait around an hour after an intense psych session in order to see the MD so billing could be accomplished.

2. A proposal was submitted by SON PMH coordinator. Both parties agreed and process was developed. The PCP had experience in running a behavioral health unit in the past so had some expertise in the area. 3 sites were utilized, with one being the primary site (2 students) and a very busy one. 3 students were hand picked for this assignment based on depth and breadth of their psych experience, ability to work in a fast paced and new environment, ability to use problem solving and conflict negotiating skills effectively. 1 student worked between 2 sites.
3. Students each had a site preceptor and the ability to SKYPE in with me for various patients. I also spent time in the clinical area to build relationships and help to educate Primary Care staff.
4. As of March 15, 2011 over 1300 hours of patient contact has been utilized. The primary care MD's (there are 5, an FNP and a PA) have all found the way to really start to appreciate and utilize the skills of the PMH students over time. They are now starting to worry about them leaving when their clinicals are over. They have asked me "what are we gonna do?" I know this is a GOOD SIGN!

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Problems identified:

- Treatment challenges (disagreements) and time management
- Assessment method is mostly clinical interview -not labs
- Overuse of medications / certain med combo's/pain meds
- "Mis and missed" diagnosis and "uninformed" treatment
- Failure to identify common disorders such as depression or anxiety appropriately (Bipolar, Schizophrenia, ADHD, Substance Abuse etc)
- Lack of understanding of importance of environment (ie wanted PMH students to use fluorescent lit sterile table exam rooms for psych session)
- CONFIDENTIALITY - Staff needed to understand that it was not the same as two primary care docs talking about a patient unless a ROI was on record. (Faghri, Boisvert,& Faghri, 2010)

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- Need for collaboration among PCPs, psychiatrists, emergency services, and primary care providers to include maternal/child, pediatrics, and geriatrics, substance use, severe mental illness, legal and ethical issues
- Other services-nongovernmental agencies that provide MH support and community services such as housing, home help, family support, and employee education

(Mitchell, P. , 2008)

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- Need for comprehensiveness and continuity of care
- Key attributes:
  - Comprehensive
  - Universal availability
  - Directly accessible
  - Ongoing, longitudinal, or episodic
  - Coordinated Care

(Mitchell, P. , 2008)

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SUMMARY

- MH is considered specialty care and dependent on referrals
- 25-30% PCP pts have depression, anxiety, substance abuse, and/or other somatoform disorder
- PCPs prescribe 60-70% psychotropic meds
- 1/3 ED pts who present with chest pain have depression or panic disorder

(Gunn & Blount, 2009)

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Critical Data

*45% people who commit suicide had contact with PCP within their last month compared to 20% who had contact with their mental health provider

*68% pts with MH diagnosis seek care from PCP compared to 28% who see psychologist

(Gunn & Blount, 2009)

Pros of integrated PMH

Cons

less stigma	unable to implement all at once
easy access	funding for new system
improved communication	extensive educ for primary care staff
improved appointment wait time	PMH IS DIFFERENT ANIMAL
tools avail to assess client for PMH illness	different billing systems & scheduling
ease shortage of both PCP & PMH	different record keeping rules for PMH
improved access to care for SPMI pop.	ROI -case notes and medical records
exposure for expertise of APPMHN	lack of knowledge of PMH meds and tx
cost effective for healthcare system & pt	therapy by primary care staff
cost effective for agencies ie transport etc.	primary care unfamiliar with screening
students gain knowledge and exp. from	tools, and triage protocols etc
other disciplines and new model	decreased autonomy for the PMH prov
	possible decreased income to specialist
health egos **** COLLABORATION	TERRITORIALITY **** malignant egos

Objectives for today

- Identify 2 reasons for integration of PMH in the primary care setting
  - 1) ease of access
  - 2) decrease stigma
- Name at least 2 challenges for integration of PMH in primary care setting
  - 1) right combination of people on both sides
  - 2) need education and training on both sides
  - 3) territoriality

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"The measure of a society
will be determined by the
attention it has paid to
the welfare of its children"

~B.F. Andrews

Thank You for your time and attention!

Dr. Debbie Thomas