

PSYCHIATRIC COLLABORATIVE CARE MODEL FOR FAMILY MEDICINE CLINIC: A QUALITY IMPROVEMENT PROJECT

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BACKGROUND

The collaborative care model is a primary care intervention which attempts to provide holistic care for patients and break down the separation between specialties in the health system. It encourages health professionals to work together to manage complex conditions. Previous research done has shown that patients who are involved in a collaborative care model have decreased symptoms of depression. (1)

Prior to this project, there was no consultation service in place at the Lutheran General Psychiatry Outpatient Clinic. If family medicine residents needed assistance with their outpatients, they would refer them to psychiatric services. There was no communication between teams and patients would have to wait for new patient appointment availability along with the general public.

It is important to note that “most persons with behavioral health conditions present in primary care, where limited time and resources make identification and management challenging.” (2) There is more awareness about this issue now, which has increased policy support for the integration of behavioral health services into primary care. The main goal of this system is to improve care quality, health outcomes, and patient and provider satisfaction. Creating this model between two resident clinics also provides for a more robust training experience for residents in terms of working collaboratively with other specialties and increasing their knowledge in treatment of psychiatry disorders.

OBJECTIVE

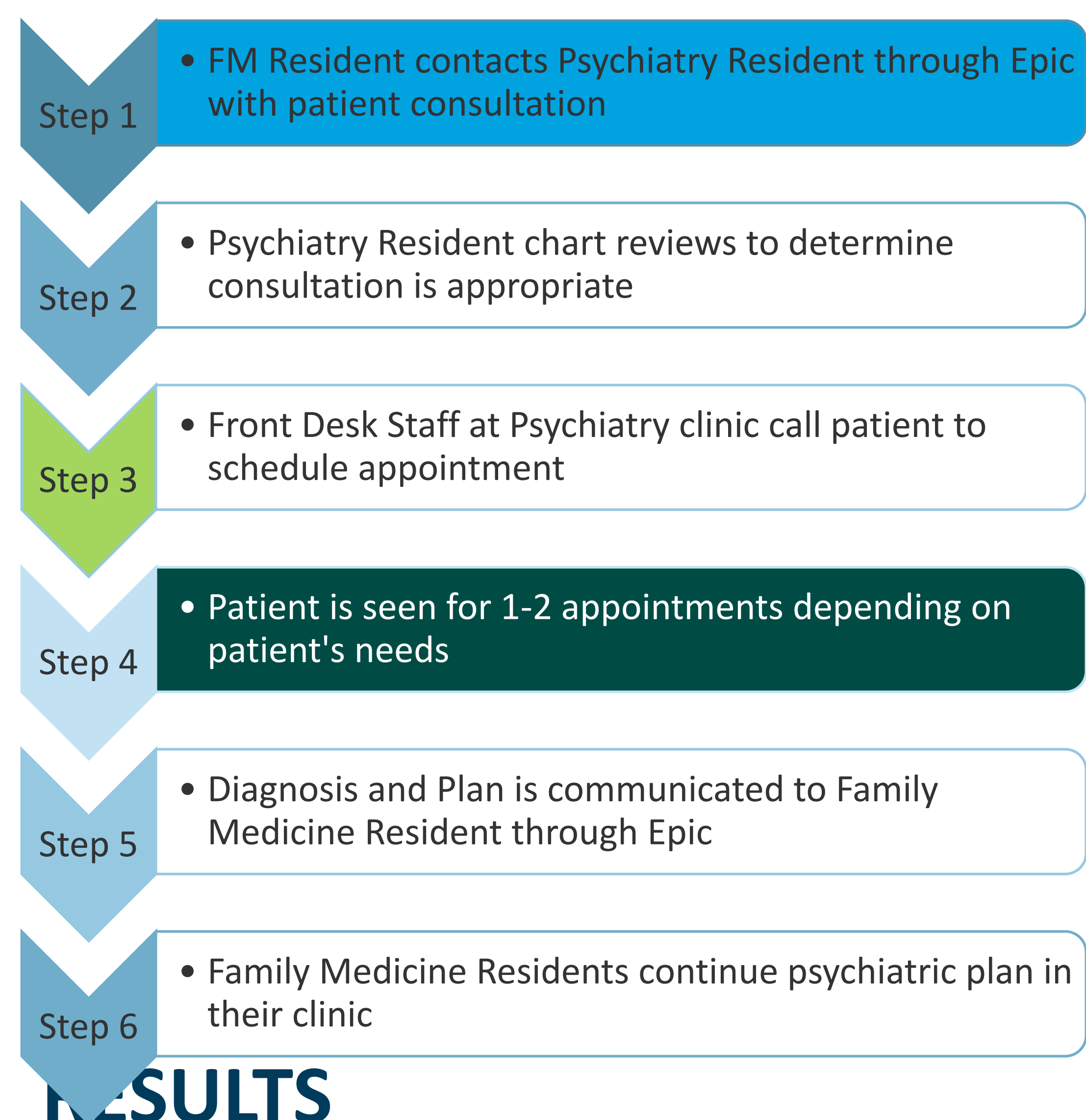
The purpose of this QI project is to create a process

for the Family Medicine Clinic to consult the Psychiatry Clinic to assist with their patients with psychiatric disorders. The goal is to create a quicker way for patients to see a psychiatrist and provide support for the family medicine clinic residents in providing treatment to their patients. This would have secondary benefits in providing educational opportunities for family medicine residents on psychiatric cases.

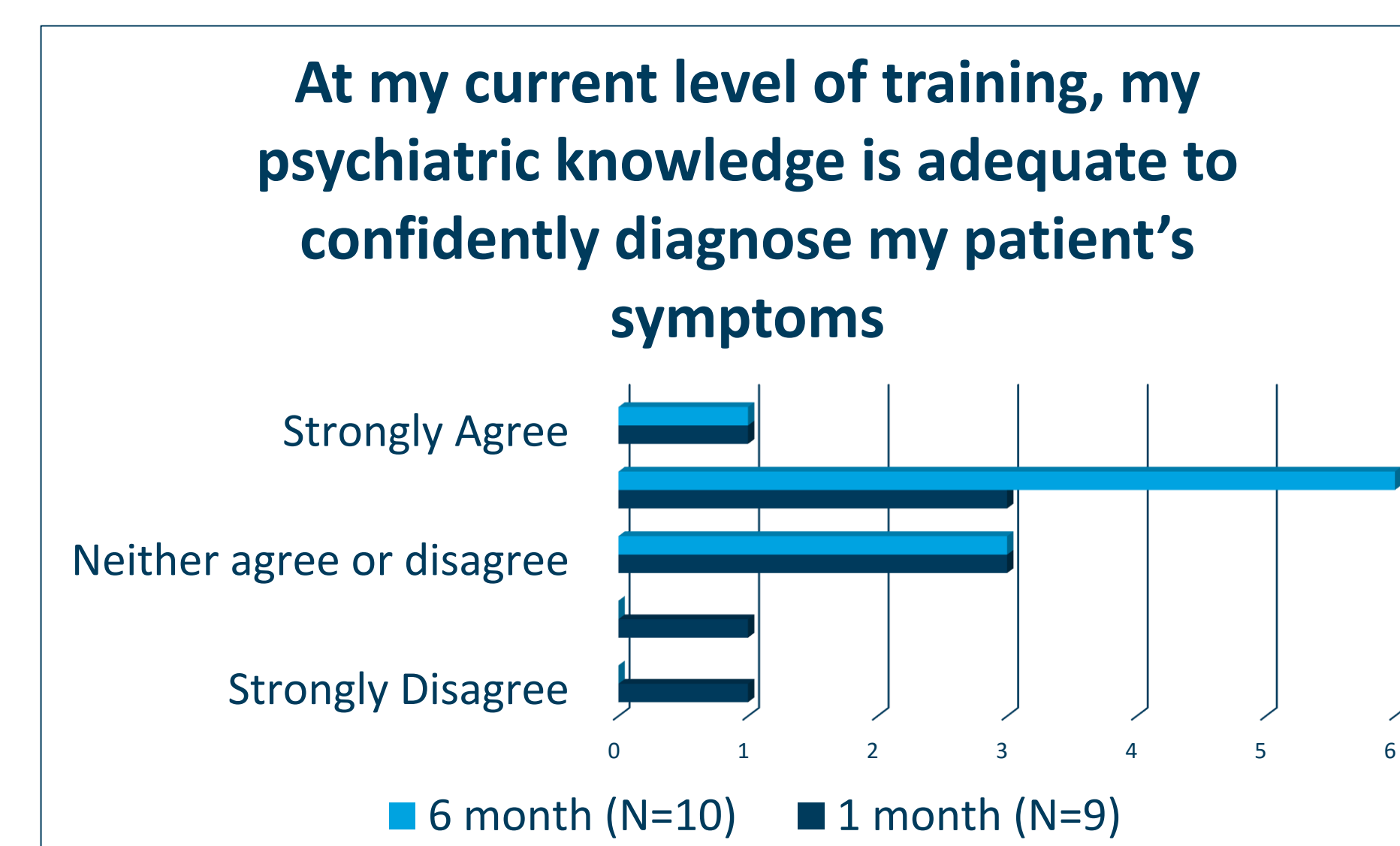
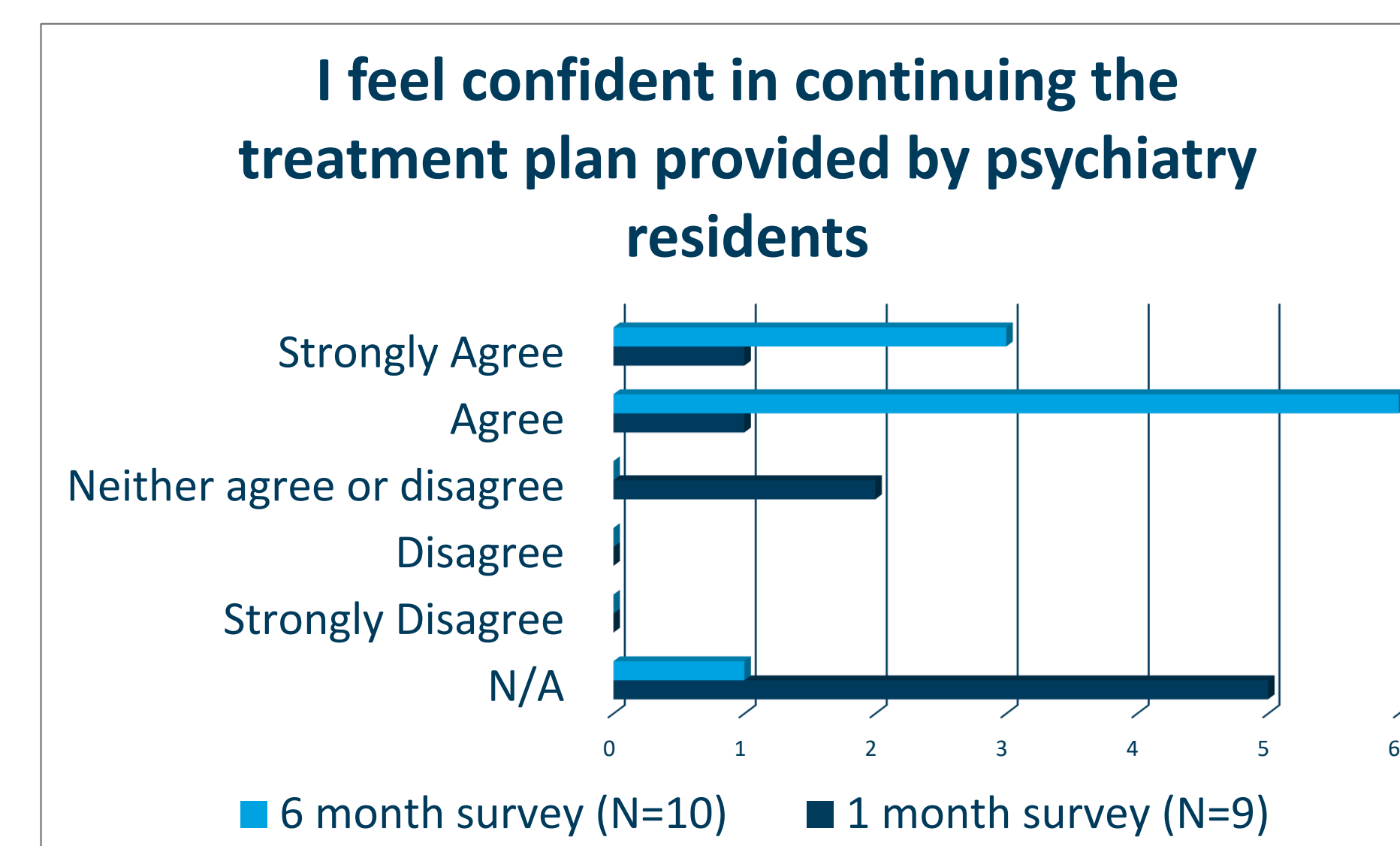
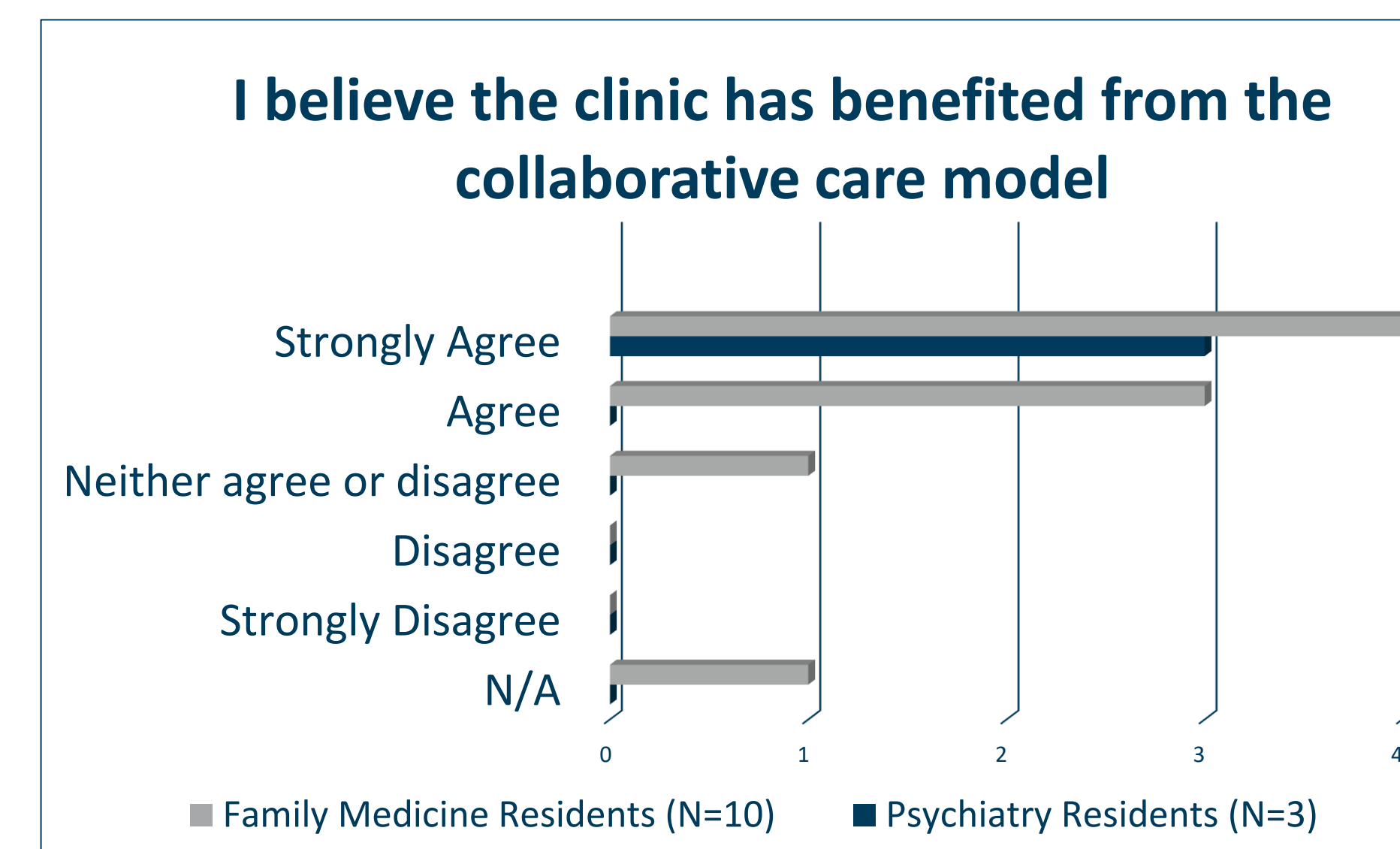
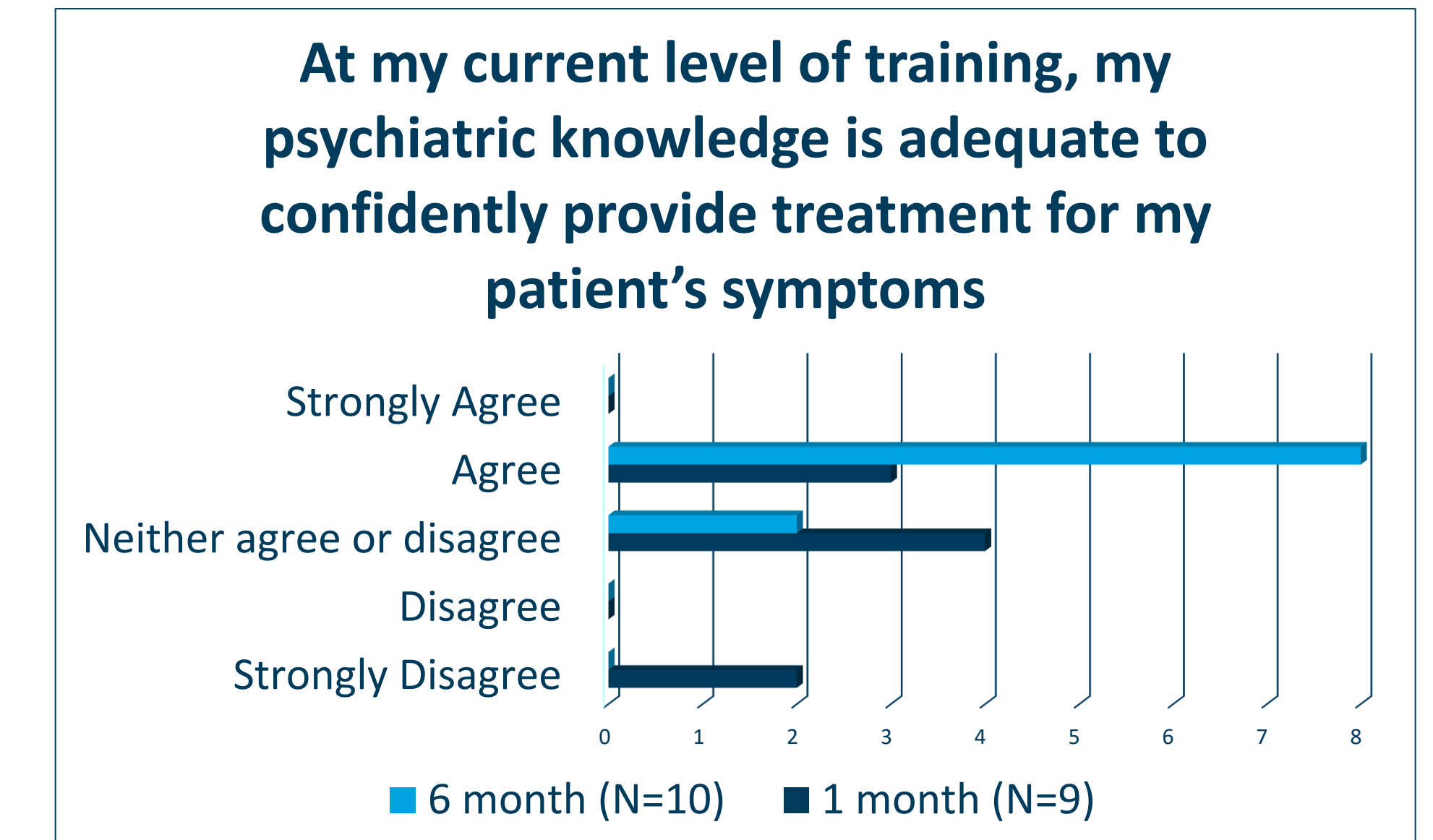
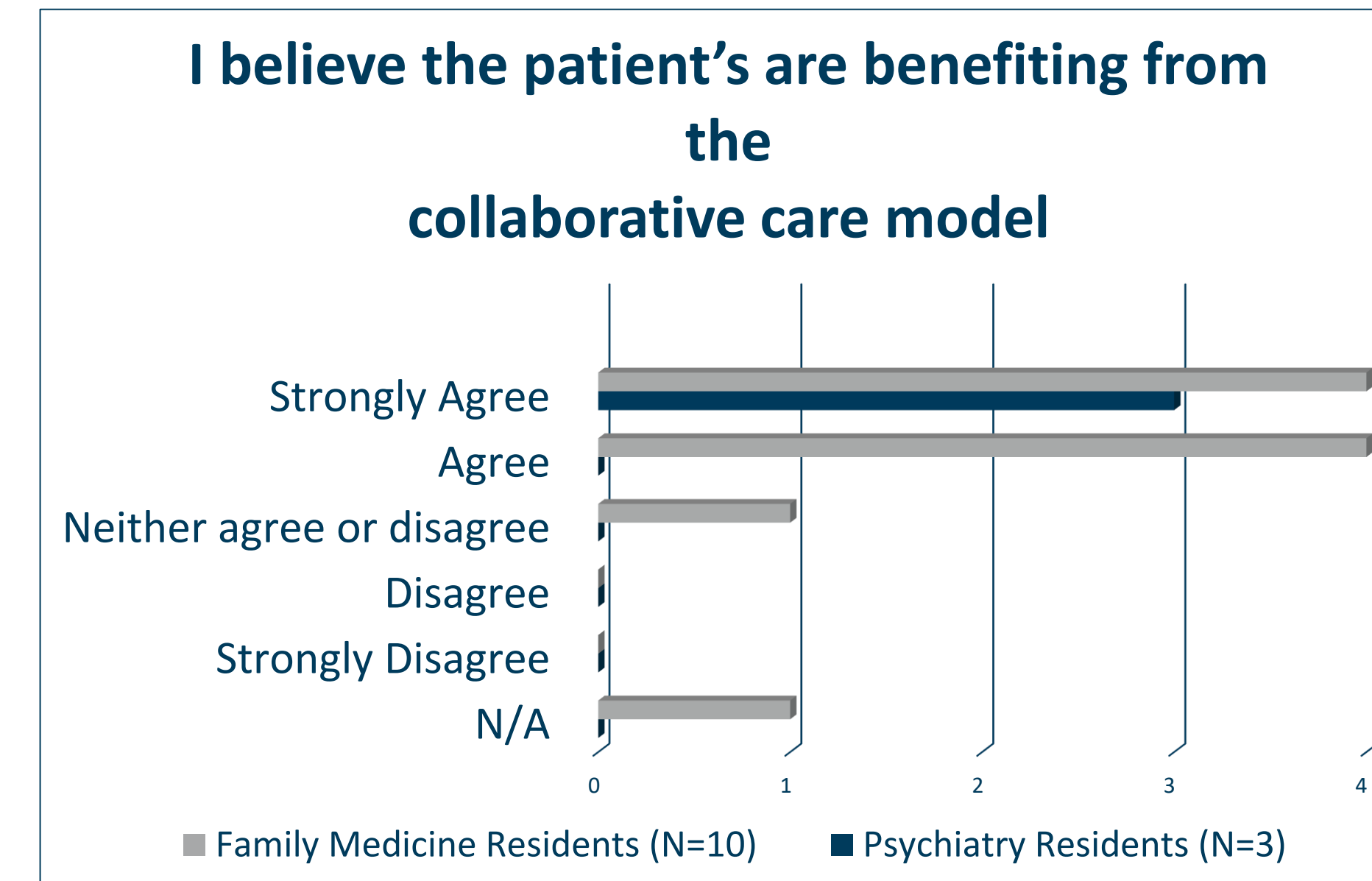
METHODS

This was a 6 month study with N=15 referred patients who called for appointments and N=13 who were seen. Surveys of Psychiatry and FM residents were conducted at the 1 and 6 month mark to assess satisfaction and learning.

Fig 2. Consultation Method



RESULTS



CONCLUSION

This QI project showed the benefit of creating a Psychiatric Collaborative Care Model for a Family Medicine Resident's Clinic. It resulted in quicker access to psychiatric care for more patients and assisted FM residents in treating their patients. The 6 month survey showed that FM residents had more confidence in providing treatment for their psychiatric patients after consultation with a psychiatry resident. It also showed that FM residents had improvement in their psychiatric knowledge of both diagnosis and treatment plans. Overall, both family medicine residents and psychiatry residents believed that the collaborative care model was helpful for the patients involved and for each clinic.

This collaborative care model can have the potential of helping providers in both specialties provide better care for their patients. Further information would be needed to understand the effect this had on the patient's treatment.

REFERENCES

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