

Collaborative Care Beyond the General Medical Setting: A Pilot Study of Proactive Consultation-Liaison Psychiatry in a Research Institution



Mariam E. Faris, DO¹, Deborah J. Snyder, MSW¹, Maryland Pao, MD¹, Nathan J. Lowry, BA¹, Steven M. Holland, MD², Haniya Raza, MD¹

¹Office of the Clinical Director, National Institute of Mental Health (NIMH)

²National Institute of Allergy and Infectious Diseases (NIAID), both at the National Institutes of Health, Bethesda, MD



Background

- Proactive consultation liaison psychiatry (PCLP) is a model in which all patients are screened for psychiatric needs during hospital admission.^[1]
- Psychiatric clinicians are embedded in a treatment location and address psychiatric concerns through utilization of the skill sets of interdisciplinary team members.^[1]
- PCLP increases identification of patients in need of psychiatric care and improves efficiency and access to behavioral health treatment.^[3]
- Length of stay and healthcare costs are decreased with PCLP.^{[2] [3]}
- Nursing and physician satisfaction are improved with PCLP.^[1]

Aims

- Implement PCLP in a research hospital.
- Determine the difference in service utilization as measured by number of consults.
- Assess the satisfaction of National Institute of Allergy and Infectious Diseases (NIAID) providers with a proactive consult system.

Methods

- Agreement was reached with the NIAID chief of service and medical team for the PCLP intervention.
- A screening algorithm was created to determine risk ratings assigned to each patient admitted to the NIAID inpatient service between March and May 2021 (Figure 1).
- Patients were identified by chart review.
- NIMH clinicians attended NIAID multidisciplinary virtual rounds weekly.
- Patients in need of psychiatric intervention were discussed at weekly rounds.
- Providers were asked to complete satisfaction surveys prior to implementation and at the conclusion of the study.
- Comparative data on NIAID inpatient consults were collected from CL statistics for the 3-month period preceding the proactive study.

Results

Figure 1: Chart Review: Screening Algorithm and Patient Risk Allocation with Subsequent Clinical Intervention

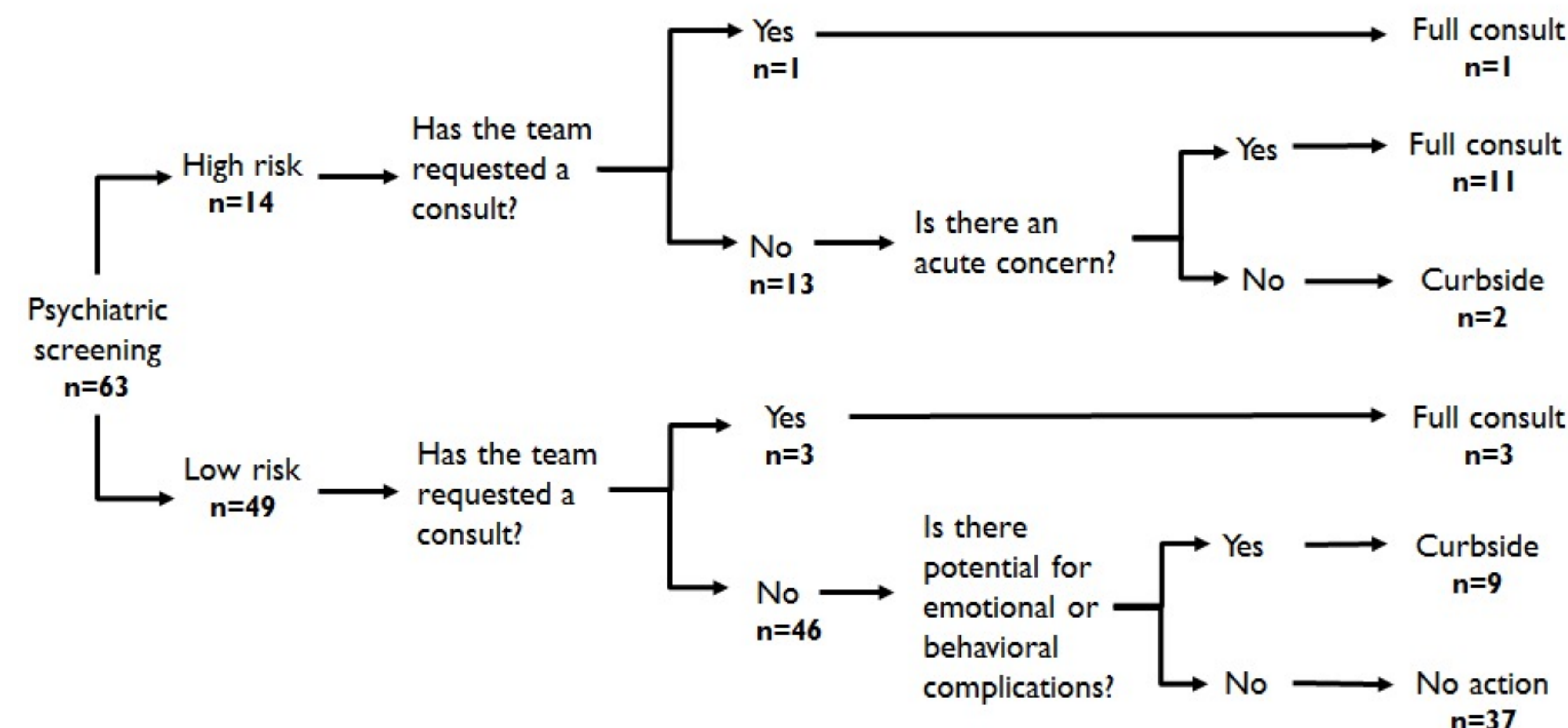


Table 1: Inpatient Psychiatry Consultations

	Pre-Pilot December 2020-February 2021	Pilot March 2021-May 2021
Total Psychiatry Consults	51	60
Consults Requested by NIAID	14 (27%)	15 (25%)
Curbside Consults	0	11
Total Patient Consults	14	26

Table 2: PCLP Satisfaction Survey Responses

Item	Pre-Pilot (n = 35)	Post-Pilot (n = 30)	P value
1. How comfortable are you with screening patients for psychiatric disorders?	3.2 (1.2)	3.4 (0.9)	0.44
2. How difficult is it to contact the Psychiatry Consultation Liaison Service about a new consult?	1.9 (1.0)	2.1 (1.4)	0.69
3. How difficult is it to identify what psychiatric provider is caring for a patient on a given day?	2.8 (1.0)	3.4 (0.9)	0.64
4. Do you think that more frequent or extensive discussions about a patient's psychiatric comorbidities would be helpful?	3.9 (0.9)	4.1 (1.0)	0.70
5. Overall, how satisfied are you with the current psychiatric consult system?	3.7 (1.1)	3.8 (1.3)	0.83

*Participants answered questions on a scale from 1 (not at all) to 5 (very much). Significance defined as .05

Discussion

- Service utilization was comparable.
- More patients were impacted through curbside recommendations.
- Consults were less difficult to schedule.
- PCLP resulted in regular contact with the medical team and built comradery.
- There were fewer phone calls and disconnects with the treatment team.
- Lower post-pilot survey ratings did not correlate with favorable written comments.

Limitations

- Virtual rounds involved a time burden.
- Hospital census was decreased due to pandemic restrictions.
- Availability of outside medical records was limited.
- Question stem construction of survey items two and three may have been misleading.

Conclusions

- Implementation of PCLP services in a research hospital is feasible.
- Utilization of the psychiatry CL service was comparable to that prior to the intervention.
- Medical providers were generally satisfied with the proactive consultation service.

References

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