Curbside Appeal: Navigating the Informal Consult on an Inpatient Consultation-Liaison Psychiatry Service

Deirdre O'Sullivan, M.D.,[1] Audrey Chen, M.D.,[2] Johanna Keller, M.D.,[2] Jennie Yoo, M.D.,[2] Bo Fu, M.D.,[3] and Stephanie Cho, M.D.[3]
1. University of California Los Angeles, 2. Los Angeles County + University of Southern California Medical Center, 3. Keck School of Medicine of the University of Southern California

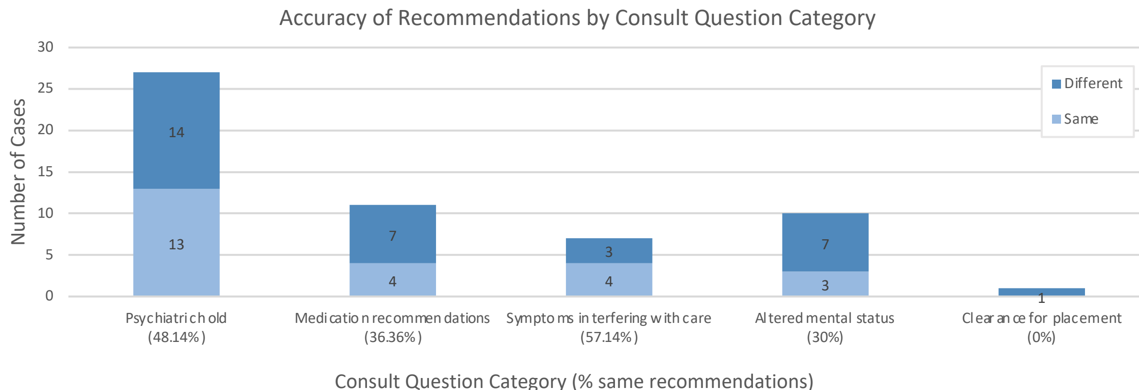
Background

- Indirect ("curbside") consultation is used in outpatient integrated care to broaden access[1]
- Inpatient consultation-liaison (CL) psychiatry services also use indirect care to triage consultations
- Sometimes "curbside" recommendations differ from formal recommendations[2, 3]
- Limited evidence is available to differentiate consultation questions appropriate for "curbside" vs. formal recommendations

Methods

- This study was approved by the Institutional Review Board
- Residents on the CL psychiatry service formulated hypothetical "curbside" recommendations with their attending prior to performing a formal evaluation
- Consult question, hypothetical "curbside" recommendations, and formal recommendations were recorded
- Two independent psychiatrists categorized consult questions and compared hypothetical to actual recommendations
- A third, blinded psychiatrist refereed in cases of disagreement
- Data were evaluated for patterns linking recommendation discrepancies and consult question category

Results



Discussion

- Accuracy of predicted recommendations widely varied
- Cases were limited to consultation questions deemed sufficiently complex to warrant formal evaluation or legally mandated formal evaluations, which likely skewed prediction accuracy
- Multifactorial nature of most consult questions also may have confounded results
- Future work could examine patient-specific factors, provider-specific factors, conduct the reverse of the study by formally evaluating commonly "curbsided" consultations, and expand to a private population

Conclusion

- Indirect consultation can be an effective way to expand psychiatry services, especially in resource-limited settings
- There remains a paucity of data to guide this practice
- This study design can help develop evidence-based guidelines, allowing CL psychiatrists to better allocate resources, increase capacity, and enhance quality of care

References

1. Unützer J et al.: Collaborative care management of late-life depression in the primary care setting: A randomized controlled trial. JAMA 2002; 288:2836-2845.
2. Burden M et al.: Prospective comparison of curbside versus formal consultations. J Hosp Med 2013; 8:31-35.
3. Raney LE: Integrated primary care and behavioral health: The role of the psychiatrist in the collaborative care model. Am J Psychiatry 2015; 172:721-728.