Optimizing Mental Health Referrals in a University Based Primary Care Clinic

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Background

- Primary care settings are often the first point of contact for psychiatric diagnosis, treatment, and referral.
- Despite an increased psychiatric presence in primary care at our institution and elsewhere, access to mental health services remains a challenge for patients and their primary care providers.
- This challenge is particularly notable in racially diverse and socioeconomically disadvantaged patient populations.
- We describe an initiative to improve equity and access to mental health services among racially diverse and socioeconomically disadvantaged patients in a primary care clinic affiliated with an academic teaching hospital.

Methods

- We surveyed provider awareness of and comfort with local mental health resources and referral options.
- A psychiatric provider was available for consultation in clinic for 25 clinic blocks during a one-month period of time and the frequency of consultation questions, the number of consultations resulting in a referral, and the level of care of each referral was recorded.
- From this information, a comprehensive list of local outpatient, partial hospital, inpatient, addiction, and emergency resources was compiled.
- A flowchart was created to direct providers to the appropriate resources based on the presenting mental health concern, geographic area served, insurance status, and spoken native language.
- This flowchart was then integrated into the electronic medical record.

Frequency of Mental Health Referrals from Consultation

Frequency of Mental Health Concerns as Reason for Consultation

Results

What level of training are you?		
PGY-1	19	47.5%
PGY-2	9	22.5%
PGY-3	12	30.0%

Historically, EPIC has been helpful in making and securing psychiatric referrals		
Strongly Agree	0	0.0%
Agree	1	2.5%
Neither Agree nor Disagree	16	40.0%
Disagree	13	32.5%
Strongly Disagree	10	25.0%

I feel confident in referring my patients to appropriate mental health resources.		
Strongly Agree	1	2.56%
Agree	3	7.69%
Neither Agree nor Disagree	11	28.21%
Disagree	17	43.59%
Strongly Disagree	7	17.95%

I understand the differences between the various mental health resources available to my patients (PHP, general outpatient, community mental health, etc.)		
Strongly Agree	3	7.5%
Agree	5	12.5%
Neither Agree nor Disagree	4	10.0%
Disagree	21	52.5%
Strongly Disagree	7	17.5%

I know where to find additional information on mental health resources for my patients.		
Strongly Agree	1	2.5%
Agree	8	20.0%
Neither Agree nor Disagree	6	15.0%
Disagree	17	42.5%
Strongly Disagree	8	20.0%

- The most common question for psychiatric consultation was related to depression (n = 31), followed by anxiety (n = 18). Other questions related to trauma (n = 6), psychosis or mania (n = 5), substance use (n = 6), and neurocognitive concerns (n = 3). Additional consult concerns ("other") related to questions of non-psychotic hallucinations, insomnia, and ADHD (n = 7).
- Of the 63 consultation questions, 60% (n = 38) could be answered by offering referral to a mental health service. The remaining 40% (n = 25) were answered with recommendations for medications or other non-referral interventions (such as diagnosis, aid with history, recs re: boundaries).
- Psychotherapy (n = 12) and outpatient psychiatry (n = 11) were the two most common referrals recommended. Additional levels of care included community mental health centers (CMHC; n = 4), partial hospital programs (PHP; n = 3), geriatric psychiatry (n = 3), substance use (n = 1) and neuropsychology (n = 1).
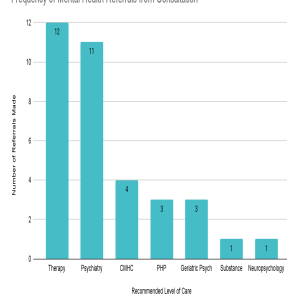
Discussion

Despite increasing psychiatry presence in primary care, challenges remain in accessing mental health services. Our project builds on an existing embedded care model and introduces a resource that further streamlines mental health referrals. A significant proportion of consultation questions in our primary care clinic could be answered by referral to specific mental health services. However, a significant majority of primary care providers in this clinic do not feel comfortable with or knowledgeable about the mental health referral resources available.

By creating an easy to use, clinical question-based flowchart embedded within the EMR, we hope to afford primary care providers easier access to referral resources without the added step of consulting psychiatry or social work for assistance. By having this resource available both physically in the clinic and embedded within the EMR, we hope to enhance the ease and efficiency of referral. A streamlined referral process can further aid in improving access to mental health services within a clinic already using an embedded care model. This is particularly important given the increased need for mental health services in low income, diverse, and immigrant populations hit hard by the COVID-19 pandemic. We will follow up with a provider satisfaction survey later this year.

References

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