

# Working Towards a More Collaborative Approach Between the OB-GYN and Psychiatry Departments:

## A Quality Improvement Project Continued

Maria Hadjikyriakou, MD; Natalie Martinez-Sosa, MD; Erin O’Keefe, BS; Vanessa Padilla, MD; Lujain Alhajji, MD; Mousa Botros, MD; Dante Durand, MD, MBA

### Background

In a previous year’s QI project, we found, within our academic hospital setting, that a majority of providers amongst Internal Medicine, Neurology, OB-GYN, Medicine-Pediatrics, and Urology clinics were not confident in their knowledge about the referral process to outpatient psychiatric facilities, including our hospital’s own.

Given common mental health concerns, including depression, anxiety and substance abuse, in perinatal patients, it is important to facilitate referrals to psychiatry from OB-GYN clinics.

To build upon last year’s project, we aimed to specifically target OB-GYN providers in order to address their identified barriers to outpatient psychiatric referral.

### Methods

An online, anonymous pre-intervention survey was distributed to on-campus OB-GYN providers.

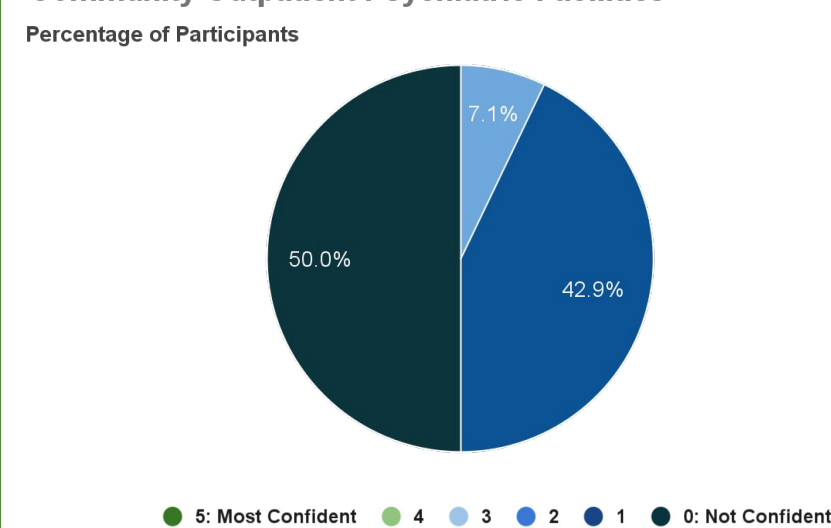
Participants rated their confidence in their knowledge about several aspects of the outpatient psychiatric referral process on a five-point Likert scale (1: not confident at all; 5: most confident). Participants were also provided a free-text space to list barriers they have experienced while attempting to refer patients to outpatient psychiatry and were asked to list currently utilized psychiatric screening tools. Finally, participants were asked to indicate awareness of a prior project’s intervention (referral handout) and awareness of the on-campus perinatal psychiatry clinic.

After review of initial survey results, we created a mental health screening toolkit for OB-GYN providers and distributed it according to survey participants’ listed preferences for method of distribution.

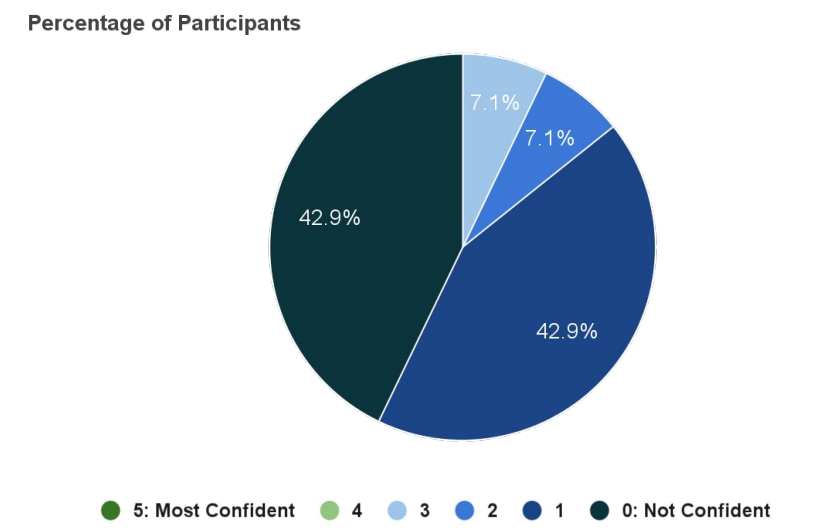
After distribution of the toolkit and meeting with OB-GYN faculty, our pre-intervention survey was re-distributed to detect any improvement in confidence scores.

## Pre-Intervention Survey Results

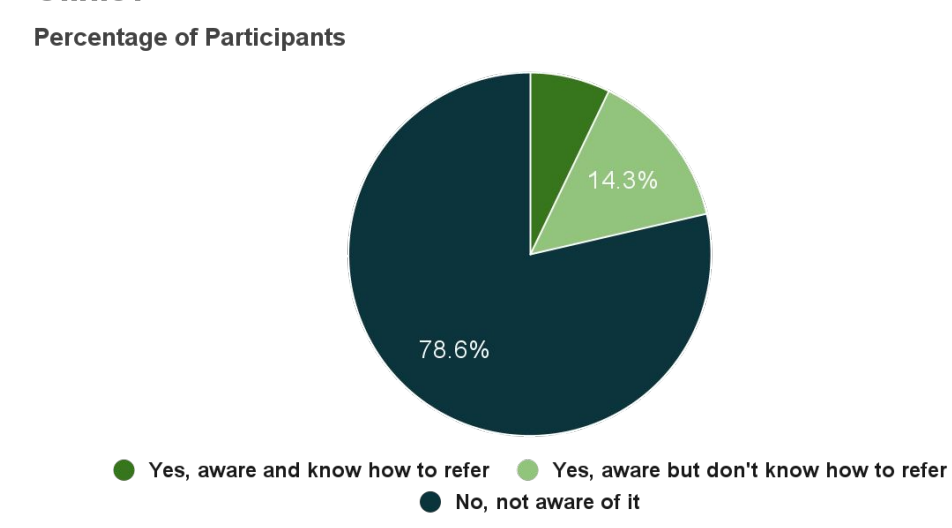
Confidence In Knowledge About How To Refer Patients To Community Outpatient Psychiatric Facilities



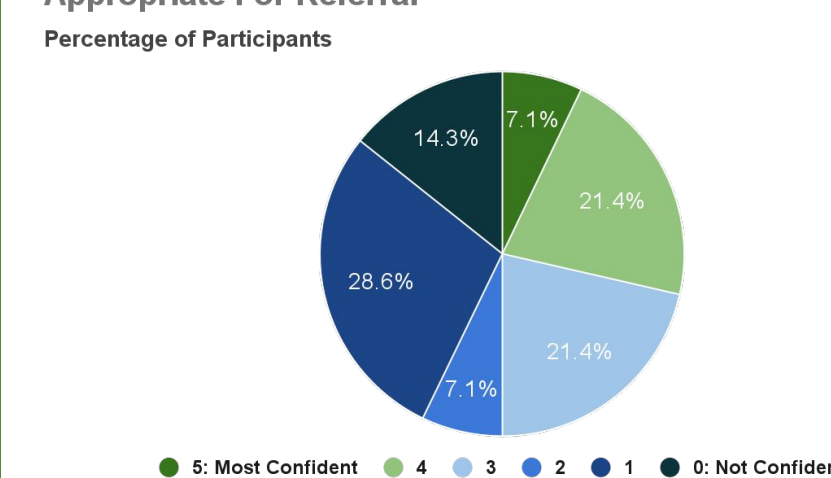
Confidence in Knowledge About How To Refer Patients To On-Campus Psychiatric Clinic



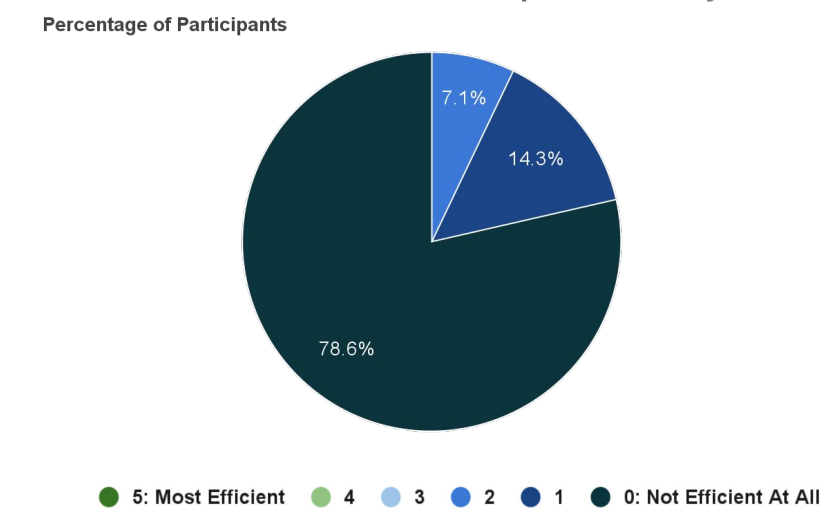
Are You familiar With The On-Campus Perinatal Psychiatry Clinic?



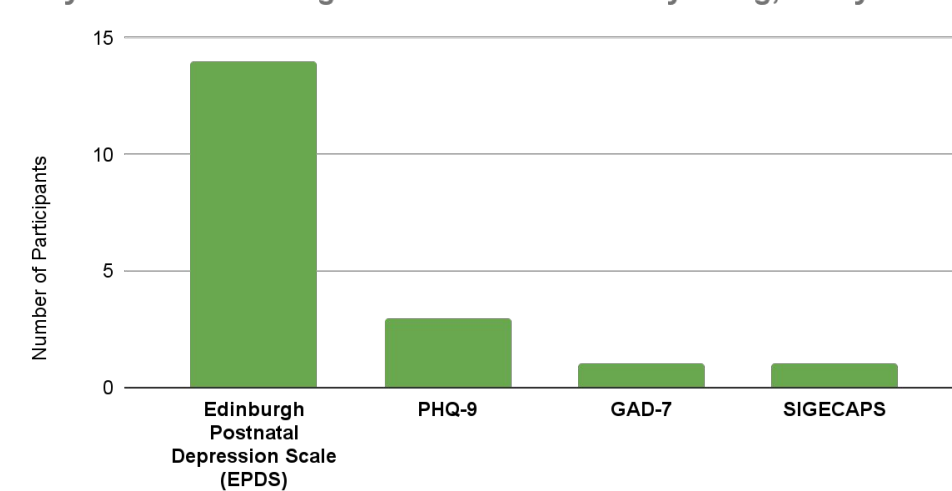
Confidence In Knowledge About Which Patients Are Appropriate For Referral



How Efficient Is The Current On-Campus Referral System?



In The Evaluation Of The Perinatal/Postpartum Patient, Which Psychiatric Screening Tools Are You Currently Using, If Any?



### Survey Free-Text Responses Regarding Referral Barriers To Outpatient Psychiatry

- “Not having a defined source for referral information.”
- “Unsure how to refer patients at all.”
- “Referrals get lost in the system and there is no follow up.”
- “No electronic referral.”
- “No one knows who to call.”
- “Most people think there are no resources so they don’t even bother.”

### Results

14 out of 76 OB-GYN faculty and residents participated in the pre-intervention survey.

A majority of participants were not confident in their knowledge about how to refer patients to on-campus/community outpatient psychiatric clinics and about which patients would be appropriate for referral. Most were not aware of the on-campus perinatal psychiatry clinic and did not believe that the current referral process to psychiatry was efficient. All participants indicated they were unaware of a prior project’s intervention.

The most commonly used screening tool was the EPDS. The PHQ-9, GAD-7, and SIGECAPS assessments were also used for screening.

Participants requested that helpful information be distributed by email, printed copies in OB-GYN clinics, and uploaded to institution-wide online information sharing platforms, such as the “Hub” and “New Innovations”.

Only 6 out of 76 OB-GYN faculty and residents responded to the post-intervention survey, including 2 partially completed surveys.

- Only 3 participants indicated receiving the intervention by email and through printed copies in clinics.
- The 1 participant who received the toolkit AND fully completed the survey reported confidence level of 4 for all items regarding knowledge in referring to outpatient psychiatry clinics, who would be appropriate for referral, and knowledge about the on-campus perinatal psychiatry clinic and how to refer.

### Barriers

Need to continue to maintain communication with OB-GYN colleagues and find ways beyond existing communication routes for distributing information.

### Future Directions

Plan to give grand rounds talk to OB-GYN department on perinatal psychiatry and proper referral to outpatient psychiatry clinics.

Follow-up meetings regarding establishment of electronic referral system, ongoing meetings with hospital administration regarding embedding social workers within medical clinics to help with referrals, and ongoing meetings to discuss hospital-based insurance policies.

## The Intervention

### Toolkit Contents:

- Provider’s Guide to Referring Adult Patients to Outpatient Psychiatric Facilities
- Screening and Referral Algorithm
- Edinburgh Postnatal Depression Scale (English and Spanish)
- Generalized Anxiety Disorder Assessment (English and Spanish)
- Modified NIDA and Substance Abuse Screening Questions

- Distributed the toolkit to OB-GYN clinics via email and uploaded it to the institution-wide online information sharing platforms.
- Met with the Maternal-Fetal Medicine Fellowship program director to help with increasing awareness and identifying other possible interventions.

### Conclusion

Within our hospital setting, many OB-GYN providers cite ongoing barriers to outpatient psychiatry referrals. These must be addressed to ensure patients are connected to mental health resources, to improve continuity of care, and to promote a more collaborative approach to psychiatric care.

### References

Gaynes BN, et al. Perinatal depression: prevalence, screening accuracy, and screening outcomes. Evid Rep Technol Assess (Summ).2005 Feb;(119):1-8.  
Kim JJ, et al. Barriers to mental health treatment among obstetric patients at risk for depression. Am J Obstet Gynecol.2010 Mar;202(3):312.e1-5.