

Primary Care Follow-Up After Inpatient Psychiatric Consultation

Brittany N Goldstein¹, Brent Schnipke¹, Natalie Conboy², Declan Grabb¹, Jordan Vajda¹, Lisa J Rosenthal¹

¹Department of Psychiatry and Behavioral Sciences, Northwestern University; ²Feinberg School of Medicine, Northwestern University

Introduction

- Inpatient psychiatric consultation involves thorough psychiatric assessment and treatment planning; however, continuity of psychiatric care is often disrupted following hospital discharge.
- Primary care providers (PCPs) frequently provide outpatient psychiatric interventions, but communication of psychiatry consultation recommendations is not standard.
- Notifying PCPs of psychiatric consultation at hospital follow-up visits was identified as a potential quality improvement intervention to strengthen patient hand-off.
- Our study examined the need and utility of enhanced communication between CL psychiatrists and PCPs by surveying in-network psychiatrists and PCPs by surveying in-network providers and reviewing charts of patients seen for psychiatric consultation.
- This study qualified for IRB exemption.

Methods

PCP Survey

- The sample for this survey was in-network "central region" PCPs (N=175) surveyed by e-mail.
- The survey assessed PCP's hospital follow-up practices and the perceived value of notification of a consult by consultation-liaison psychiatry.
- The survey utilized Likert-scale, multiple choice, and open-ended questions.

Retrospective Chart Review

- The sample for the study was unique hospital admissions at Northwestern Memorial Hospital between 1/1/21 – 6/30/21 during which a patient had a psychiatric consult order and an in-network central region PCP (N=566).
- Charts were reviewed to determine the following: did the patient have in-network PCP follow-up within 6 months of hospital discharge (yes or no), and if yes:
 - the length of time between last encounter with CL Psychiatry, discharge date, and PCP follow-up
 - final psychiatry diagnoses
 - PCP documentation of psychiatric diagnosis and treatment plan

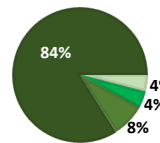
Results

PCP SURVEY (N = 25)

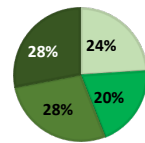
At hospital follow-up PCP visits, ...

How often do PCPs review...

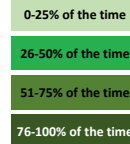
discharge summaries?



consult notes?



Legend



Identified Problems:

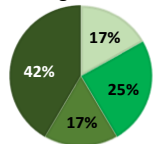
- There is limited access to outpatient psychiatric specialty care.
- There is limited access to *timely* psychiatric follow-up.

Proposed solutions:

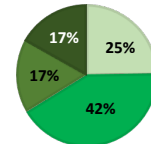
- Psychiatric follow-up should be scheduled prior to hospital discharge.
- PCPs would like the CL Psychiatry team to send psychiatric recommendations via EMR message.

How often do PCPs incorporate changes based on...

discharge summaries?



consult notes?



How often do PCPs feel well-equipped to manage psychiatric medications?

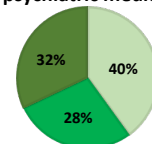
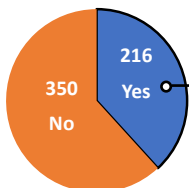
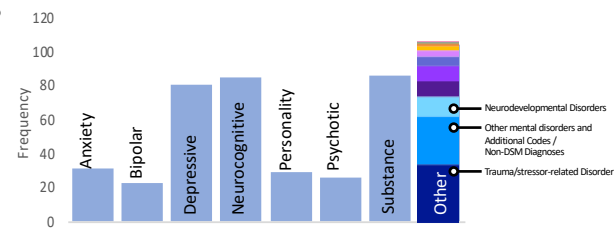


CHART REVIEW (N = 566)

How many patients seen by CL Psychiatry had PCP follow-up?



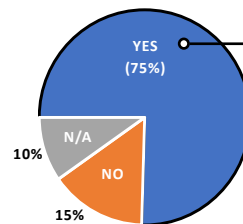
What were their diagnoses?



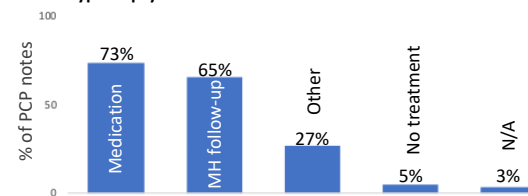
How long (median days) to follow-up?



Did PCPs include psychiatric diagnosis and/or treatment in follow-up documentation?



What type of psychiatric treatment was included?



Discussion

PCP Survey

- Findings from the survey of primary care providers (PCPs) led to the following insights:
- Discharge summaries might be a targeted area for improved communication with PCPs.
 - EMR in-basket message is a desirable communication tool, however, this would require human resources to write and send messages after each consultation.
 - Improved linkage to psychiatric follow-up prior to hospital discharge might improve continuity of care.

Chart Review

- Findings from the chart review suggest the following:
- Rapid follow-up (~1 month) increases the likelihood that CL recommendations remain relevant to PCPs.
 - The breadth of psychiatric diagnoses identified in consultation suggests a wide variety of treatments and resources are needed.

Limitations

- Limited generalizability (single site: urban, tertiary, academic medical center)
- Low PCP survey participation rate (14%)
- Only 38% of included patients were seen by PCPs within 6 months of hospital discharge.
- The 6-month time frame for the chart review was during the COVID-19 emergency.

Future directions for quality improvement cycles

- Increased communication of CL psychiatry recommendations might enhance accuracy of outpatient treatment plans and improve PCP satisfaction.
- Two targets for improved continuity of care:
 - direct communication between CL Psychiatry and PCPs via EMR message
 - establishing psychiatric follow-up prior to hospital discharge.
- Alignment of resources and stakeholders may clarify opportunities for implementation.
- Enacting improved communication and post-intervention comparison could be done using the Plan-Do-Study-Act cycle.

References

