

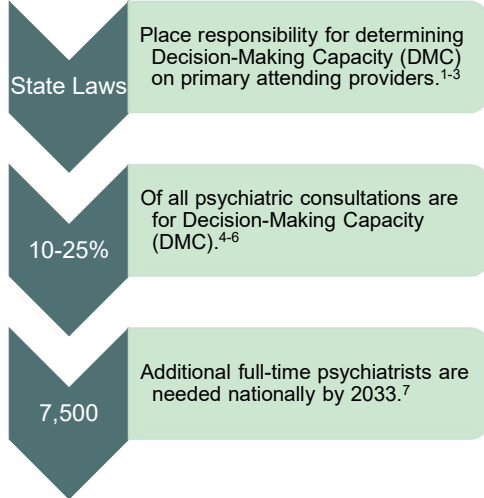
"Why the Capacity Consult?"

Drivers of Hospitalists' Utilization of Psychiatry Consultations to Determine Patient Medical Decision-Making Capacity
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Consultations for DMC determinations appear to be driven by both system related factors and legal defensiveness. Our findings can inform the rational utilization of psychiatric resources.

Introduction



- Hospitalist perspective on why they routinely request DMC consultations has not been reported.
- We hypothesized that DMC consultations are partially driven by system related factors and legal defensiveness

Methods

- Anonymous survey of hospitalists at a 625-bed academic, level-1 trauma center serving a suburban, regional population of 1.5 million
- 7-item, Likert questionnaire rating from 1-least to 5-most common reasons for requesting DMC consults
- 25 responses out of roughly 70 hospitalists from the Department of Medicine were analyzed

Results

Table 1. Descriptive Statistics and Correlation Matrix of Survey Responses

Reason for DMC Request	M (SD), Mdn	1	2	3	4	5	6
1. Underlying Psych/Neuro Dx	4.40 (0.65), 4						
2. High Stakes Decision	4.16 (0.80), 4	$r_s=0.552^{**}$ $p=0.004$					
3. Requested by Risk Management	4.04 (0.73), 4	$r_s=0.264$ $p=0.203$	$r_s=0.272$ $p=0.189$				
4. Requested by Social Work	3.92 (0.93), 4	$r_s=0.122$ $p=0.560$	$r_s=0.180$ $p=0.390$	$r_s=0.579^{**}$ $p=0.002$			
5. To Protect Myself Legally	3.50 (1.14), 4	$r_s=-0.171$ $p=0.415$	$r_s=-0.011$ $p=0.957$	$r_s=0.091$ $p=0.664$	$r_s=0.225$ $p=0.280$		
6. Low Confidence	2.58 (0.95), 3	$r_s=-0.309$ $p=0.133$	$r_s=0.084$ $p=0.691$	$r_s=0.028$ $p=0.893$	$r_s=0.230$ $p=0.270$	$r_s=0.466^*$ $p=0.019$	
7. Outside My Scope of Practice	2.31 (0.93), 2.5	$r_s=-0.235$ $p=0.259$	$r_s=-0.200$ $p=0.496$	$r_s=-0.143$ $p=0.496$	$r_s=0.253$ $p=0.223$	$r_s=0.448^*$ $p=0.025$	

Most Endorsed
↑
↓
Least Endorsed

* Spearman's correlations significant at $p < 0.05$
 ** Spearman's correlations significant at $p < 0.01$

Means(M), standard deviations (SD) and medians (Mdn) represent the Likert-scale ratings of the reasons from 1 (least common) to 5 (most common).

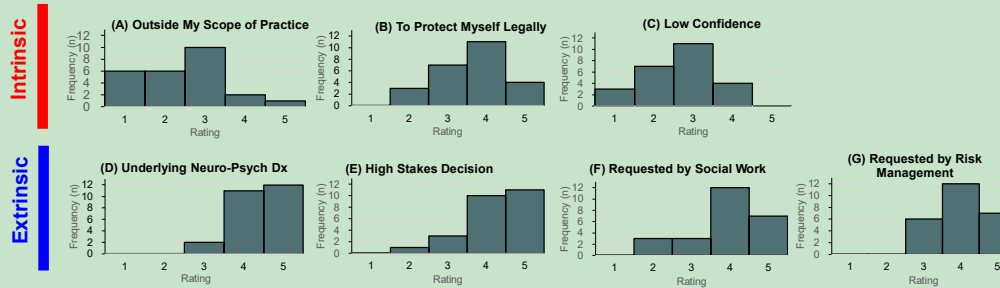
Exploratory factor analysis estimates shown are based on unweighted least squares extraction and direct Oblimin rotation.⁸

Factor 1 (Eigenvalue 2.12) = "Intrinsic" to the attending physician and self-perceptions

Factor 2 (Eigenvalue 1.91) = "Extrinsic" to the hospitalist, individual to each case

Item	Factor 1 (Intrinsic)	Factor 2 (Extrinsic)
Outside Scope	0.51	
Protect Oneself	0.55	
Not Confident	0.94	
Risk Management		0.75
Social Work		0.53
Underlying Psych/Neuro Diagnosis		0.51
High-Stakes Decision		0.52

Figure 1. Distribution of Likert scale ratings (1–least to 5–most common) for the reasons hospitalists request psychiatry consultations to determine a patient's medical decision-making capacity.



Conclusions

1 The DMC Consult is Complex

- DMC consults are driven frequently by non-physicians in response to social, legal, ethical, or administrative concerns
- Some hospitalists request DMC consults to protect themselves legally despite being confident in their own assessment

2 Intrinsic vs. Extrinsic Schema

- Intrinsic reasons** exhibit broad distribution of ratings = Malleable on an individual practitioner level (education sessions or electronic medical record tools)
- Extrinsic reasons** clustered around ratings ≥ 4 = Require interdisciplinary communication between healthcare teams & clear hospital policies.

3 Further Steps

- Explore attitudes of hospitalists, social workers, and risk managers on indications for psychiatric DMC consults
- Algorithms and updated guidelines to determine when psychiatric DMC assessments will have the greatest impact

References

- New York Family Health Care Decisions Act. In. Article 29-CC, Section 2994-C (2019).
- 2021 New Jersey Revised Statutes, Health and Vital Statistics, Determination of patient's capacity to make health care decision. . In. 26.
- Code of Virginia, Health Care Decisions Act In. 54.1 Professions and Occupations.
- Seyfried L, Ryan KA, Kim SY. Assessment of decision-making capacity: views and experiences of consultation psychiatrists. *Psychosomatics*. 2013;54(2):115-123.
- Jordan JB, Glickman L. Reasons for requests for evaluation of competency in a municipal general hospital. *Psychosomatics: Journal of Consultation and Liaison Psychiatry*. 1991;32(4):413-416.
- Knowles FE, 3rd, Liberto J, Baker FM, Ruskin PE, Raskin A. Competency evaluations in a VA hospital. A 10-year perspective. *General hospital psychiatry*. 1994;16(2):119-124.
- Colleges AoAM. The complexities of physician supply and demand: projections from 2018-2033. 2020; <https://www.aamc.org/system/files/2020-06/stratcomm-aamc-physician-workforce-projections-june-2020.pdf>. Accessed Jan 26, 2022.
- Jung S, Lee S. Exploratory factor analysis for small samples. *Behavior Research Methods*. 2011;43(3):701-709.