Barriers and interventions toward robust integration of psychiatric case conferencing into a resident-run primary care clinic

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Background

- The collaborative care model (CCM) for treating depression has been shown to result in faster rates of remission and shorter duration of persistent depression symptoms.[1]
- Significant barriers against timely implementation of case conferencing recommendations from the integrated behavioral health team have been described in the literature[2] and experienced firsthand at LAC+USC.
- Objective: This quality improvement project sought to identify and triage barriers to implementing case conferencing recommendations, implement targeted interventions, and assess the effect of those interventions on the perspectives of Internal Medicine (IM) residents.

Methods

1. Two focus groups with IM residents (N=6,4) were held to elicit all the possible barriers against implementation of proactive consultation from the Behavioral Health Integrated team (BHI) case conferencing.

2. Once a list of 8 important barriers was established, an anonymous survey was distributed to approximately 90 IM residents asking them to rank the barriers from first to last in order of importance. This pre-survey also asked residents to answer how often they perform certain tasks related to collaboration with the BHI team

3. Using these results (Figure 1) to inform which interventions would be most impactful, the following interventions were performed:

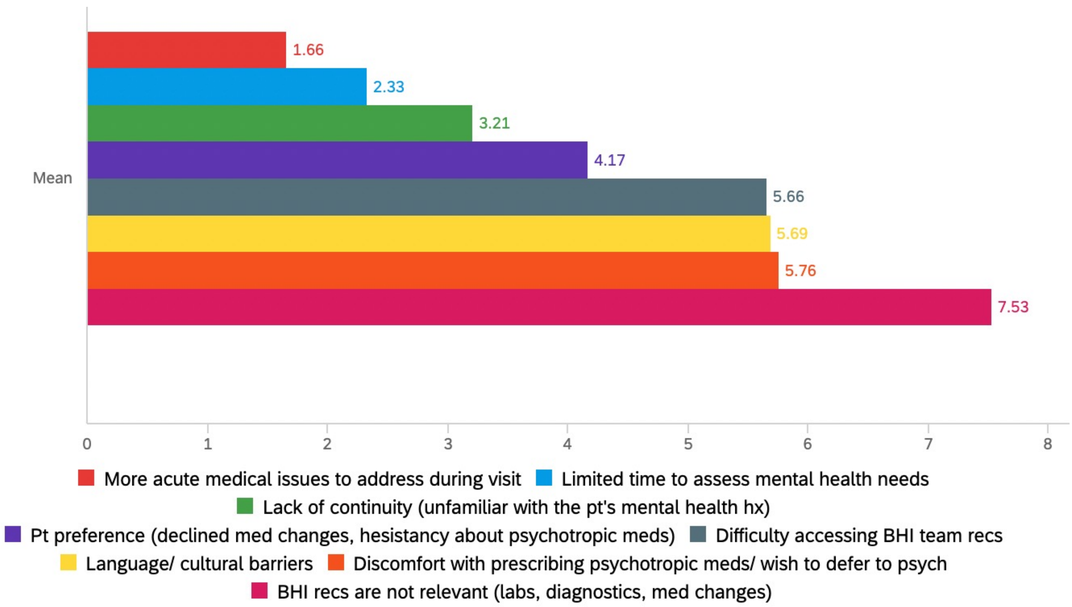
- Addressing lack of continuity by sending BHI recommendations directly to both the previous provider and the next scheduled provider
- Asking nurses to inform residents of the results of elevated PHQ9 and GAD7 screens
- BHI teams recommendations were signed by physicians so they would appear under the “Physicians only” filter
- Providing one didactic to every IM resident in the primary care clinic on principles of treatment of common psychiatric disorders, as well as the recommended referral processes

4. After completion of the interventions, another anonymous post-survey was distributed 6 months later to the same 90 IM residents. Single proportions derived from the presurvey and postsurvey were compared via Z-test (Table 1)

Results

- 39 IM residents completed the pre-survey in April 2022. They ranked 8 barriers from 1 to 8 and were consistent with their answers with a standard deviation for each item between 0.77 and 1.52. Results summarized in Figure 1.

Figure 1. Perspective on barriers to implementing BHI recommendations: Mean ranking by 39 residents (from 1 to 8)



- Lack of continuity, difficulty assessing BHI team recs, and discomfort with prescribing psychotropic medications were targeted with the interventions aforementioned (Methods section).
- 27 IM residents completed the post-survey, 6 months later in October.
- Residents reported performing various tasks essential to the case conferencing collaborative model more often. Of note, 66.67% of residents reported reviewing PHQ9 scores “always” or ”often”, compared to 41.03% before (p=.04036), and 85.19% reported titrating psychotropic meds based on response, compared to 66.67% before.

Table 1. The self-reported effects of targeted interventions on IM resident collaboration with Integrated Psychiatry

	Pre-inteventions (%Always/Often), n=39	Post-interventions (%Always/Often) n=27	
I review notes from the BHI team	64.10	70.37	p=0.596
I review pts recent PHQ9 scores and trend over time	41.03	66.67	p=.04036**
I start psychotropic meds based on elevated PHQ9 or GAD7 screens	69.23	66.67	p=.82588
I titrate psychotropic meds based on response	66.67	85.19	p=0.09103*
I curbside the integrated care psych team	15.38	25.93	p=0.289
I refer pts to integrated care psych team for more complex med management	56.41	59.23	p=0.8181

Conclusion

- IM residents were consistent in their triaging of barriers against implementing a robust CCM.
- Many of the barriers in a resident-run clinic at a large safety net hospital are a result of high patient volume, high medical acuity, and the challenges of continuity with trainees.
- The integrated psych team attempted to address some of the more actionable but still important barriers by making BHI notes easily accessible, improving communication between nurses and residents regarding PHQ9 scores, providing practical didactics in the primary care clinic, and addressing recommendations directly to covering providers.
- The interventions appeared to be effective, at least in improving self-reported rates of reviewing screeners and titrating psychotropic medications independently. Therefore, it appears the involvement of nursing in the workflow and focused didactics were impactful interventions.

Future Directions

- The ultimate goal of examining and improving these process measures is to improve depression outcomes in our primary care clinics. We plan on trending depression outcomes in the long-term to examine the true downstream effect of these interventions, in effort to build a robust CCM.

References

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