Access Community Health Centers
Integrated Primary Care Consulting
Psychiatry Toolkit
# Contents

- Background ........................................................................................................................................... 2
- Why a Toolkit? ......................................................................................................................................... 2
- Who Should Use this Toolkit? .................................................................................................................. 2
- Development of this Toolkit ..................................................................................................................... 2
- Contact Us .............................................................................................................................................. 2
- Flow: Integrated Primary Care Consulting Psychiatry ................................................................. 3
- References .............................................................................................................................................. 4

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BACKGROUND

An ever-increasing number of patients with mental health needs has resulted in primary care being referred to as the de facto mental health system in the United States. In instances where patients are referred elsewhere for mental health treatment, less than one-third of the referrals are actually completed. In addition, the stigma involved with receiving mental health care is a proven barrier to patients seeking care. These issues, combined with lack and cost of transportation, distance from service providers, limited clinic hours, and lack of available appointments or insurance coverage, have resulted in an uptick of primary care clinicians taking on prescribing authority for patients with complex mental health issues.

Increased access to consulting psychiatry allows for potentially better management of patients receiving psychiatric care within the primary care system through a number of mechanisms. It provides more convenient access for patients in an environment that they find familiar and acceptable. It also supports and encourages a collaborative effort between psychiatrists, behavioral health consultants (other mental health providers), and primary care clinicians to provide efficient, whole-person care.

Further information regarding the development and role of the psychiatric consultation service, as well as characteristics of the patients and clinics using this model, can be found in the following article: Zeidler Schreiter EA, Pandhi N, Fondow MDM, Thomas C, Vonk J, Reardon CL, Serrano N. "Consulting psychiatry within an integrated primary care model." J Health Care Poor Underserved (in press).

Why a Toolkit?

This toolkit provided detailed information for those thinking about developing an integrated model with consulting psychiatry within primary care in order to allow for a population health focus for the patient population.

This toolkit includes:

- Detailed flow diagram showing how the primary care physicians, behavioral health consultant, and consulting psychiatrist work together within a clinic.
- The key elements of communication during interactions between these entities.

Who Should Use this Toolkit?

This toolkit is intended for clinic directors, managers, primary care, behavioral health consultants, and psychiatrists, and provides a framework for a team approach to addressing patients’ behavioral and mental health needs.

Development of this Toolkit

This toolkit was developed by Elizabeth Zeidler Schreiter, PsyD, Nancy Pandhi, MD PhD, and Meghan Fondow, PhD (all affiliated with Access Community Health Centers and the University of Wisconsin-Madison Department of Family Medicine) and Lauren Fahey (affiliated with the Health Innovation Program and the University of Wisconsin-Madison School of Social Work). Additional support was provided by the University of Wisconsin School of Medicine and Public Health’s Health Innovation Program (HIP), and the Community-Academic Partnerships core of the University of Wisconsin Institute for Clinical and Translational Research (UW ICTR), grant UL1 TR000427 from the Clinical and Translational Science Award (CTSA) program of the National Center for Advancing Translational Sciences (NCATS), National Institutes of Health.

Contact Us

Please send questions, comments and suggestions to HIPxChange@hip.wisc.edu
**Legend:** PCP = Primary Care Provider; BHC = Behavioral Health Consultant; EHR = Electronic Health Record

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**PCP identifies patient with mental health issues or symptoms and completes a warm hand-off to the BHC team.**

**EHR Referral**

**BHC determines if psychiatry consult would be beneficial in collaboration with PCP. Patients are seen by BHC prior to referral to consulting psychiatrist.**

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**Potential reasons for a written consult**
- Additional follow-up questions regarding next steps
- Patient seen by consulting psychiatrist in the past
- Patient access barriers
- PCP request is a medical management issue and doesn’t require a face-to-face visit

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**BHC determines whether a written or oral psychiatry consult will suffice or if a face-to-face appointment is more appropriate. The lead BHC triages patients & schedules appointments with the consulting psychiatrist.**

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**Written/Oral Consult Only**

**Face-to-Face Visit**

**Patient is contacted by the BHC team to schedule an appointment.**

**Lead BHC meets with psychiatrist and PCPs at outset of clinic to review schedule of the day, reviews reason for referral, insurance status and history.**

**After completing a chart review, the psychiatrist sees patient in-person (~45 minutes), formally assesses the patient’s mental health history, past medication trials and completes diagnostic interview.**

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**Recommendations can include:**
- **Medication:** Indication, monitoring needs, dosing and titration, patient education needs, etc. Recommendations are algorithmic and provide stepwise options for pharmacologic interventions, taking into account possible failed trials.
- **Behavioral:** Continue engagement with BHC team, receive psychiatric care in the community, etc.

**Psychiatrist formally documents recommendations to be implemented by PCP. If necessary, sends an EHR email to the PCP (not formally attached to patient’s chart).**

**PCP is always the main point of contact and maintains prescriptive authority.**

**Psychiatrist** encourages patient-PCP follow-up to discuss implementation options based on psychiatrist recommendations.

**Reasons for EHR Email Message:**
- Allows for informal dialogue between PCP and psychiatrist
- Ability to include stronger opinions
- Reminders to check labs/other quality of care issues

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**Important considerations for face-to-face visits**
- Never schedule visits more than 2 weeks in advance to limit potential no-shows
- If a face-to-face consult is necessary and the wait is longer than 2 weeks, the psychiatrist will provide a written consult until patient can be seen in person
- Have patients bring in all medications to visit to get sense of current adherence

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