

Integrating and Improving Access to Mental Health in Primary Care: Quick-Response Consultation

The Problem

- Primary care provider (PCP) visits frequently address multiple health concerns, usually within a 20-30 minute visit. While mental health needs are frequently identified, limitations of what can be addressed within a visit plus limited access to mental health services usually result in needs being unmet.
- Unless it is a psychiatric emergency, PCP's are frequently left to give their patients a phone number to either schedule an intake appointment about 8-10 weeks out or are referred to external mental health services.
- Social Workers at HealthCare Associates (HCA), a large academic primary care practice, are expected to provide 7000 billable visits annually. Last year, HCA Social Work instituted improvements to the intake process and started Quick-Response therapy groups.
- To meet productivity requirements, HCA social workers are scheduling patients for mental health treatment 90% of their time and emergency on-call is provided concurrently. However, there is very limited availability and access for patients not already in therapy.
- Quick Response Consultation Pilot is intended to test how primary care providers can provide the right care, at the right time, and in the right way.

Aim/Goal

- Implement pilot for quick-response mental health consultation at time of primary care visit to address needs and connect patients to services, as appropriate.
- Improve patient and provider access and satisfaction
- Assess practice need and sustainability of model.

The Team

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The Context and Interventions

- BIDMC's HealthCare Associates (HCA), a large hospital based adult primary care practice (42,000 patients), has an integrated social work team to provide mental and behavioral health services. However, the growing demand has outpaced the capacity of available HCA social work resources:
- Identified a social worker to be available on-call and provide quick-response consultation for each clinical session for 4-week pilot and implemented pilot.
- Identified data points for tracking, including type of encounter, reason, disposition, and developed a database.
- Developed 3 questions to measure patient experience and provider experience, including satisfaction.

- Productivity standards were temporarily relaxed to allow for staffing quick-response coverage during the 4 week pilot.

The Results/Progress to Date

Over a 4-week pilot period, there were 133 patients seen (on average, 7 patients a day) and 51 provider consultations (on average, 2-3 provider consultations a day).

Type of Quick Response Patient Encounters	Number
Triage/referrals	20
Brief	57
Extended ¹	29
Crisis Intervention ¹	19

¹ Of these encounters, 30 were billed to insurance

Resulting Disposition/Plan ³	
Facilitate external referral	48%
Internal Referral	36%
Patient Self Management	15%
Referral to Quick Response Group	13%
Harm Reduction Strategies Taught	9%
Relaxation Response Taught	8%
Medication Initiation or Change by PCP	7%
Telephone Check-in	6%
Health Coaching	3%
Patient declines further Tx	2%

³ Patients may have had more than 1 disposition

Reason for Quick Response Social Worker encounter ²	Percent
Depression	44%
Anxiety	28%
Medical Issues	19%
Substance Abuse	17%
Family Issues	14%
Domestic Violence	7%
Dual Diagnosis	6%
Suicidal Risk	5%
Psychosis	4%
Eating Disorders	2%

² Patients may have had more than 1 reason

- Over 90% of patients receiving a Quick-Response consultation indicated it gave them with what they needed at that time and they left with a workable plan, as opposed to being given a telephone number to call.

Primary Care Provider satisfaction:

- 98% indicated that they felt this Quick Response Social Work Consultation helped to deliver better care to their patient that day.
- 91% indicated this Quick Response Social Work Consultation saved time that day or in the overall care of their Patient

Lessons Learned

- Both patients and providers valued the Quick-Response social work consultation and expressed that it helped improve care, as compared to standard practice.
- Many patients reported that they were more likely to follow-up with plan than if they had simply been given telephone number to call without seeing the social worker at the time of primary care visit.

Next Steps

- Develop sustainable model to continue quick-response social work consultation in practice.