

# The Psychiatric Assistance Line

## *Six-Month Follow-up on Consultations to Primary Care*

BY TODD ARCHBOLD, LSW, MBA

The shortage of child and adolescent psychiatrists in the United States has resulted in more and more patients presenting to primary care clinics with mental health concerns. Consequently, clinicians often find themselves dealing with issues outside their expertise. The Psychiatric Assistance Line was created in 2014 to connect primary care clinicians with mental health professionals for consultations and provide assistance with psychiatry referrals. This article looks at the use of the service and outcomes following its first six months of operation.

In 2012, the Minnesota Department of Human Services began funding an initiative to support the assessment, triage and treatment of children and adolescents with mental illness in the primary care setting. In July 2014, PrairieCare Medical Group became the sole provider of this service.

Called the Psychiatric Assistance Line (PAL), the service was created in response to the shortage of child and adolescent psychiatrists and other specialized mental health practitioners in the state. That shortage, which is not unique to Minnesota, has shifted the burden of providing mental health care to primary care clinicians, many of whom feel ill-equipped to manage complex psychiatric illnesses during brief office appointments.

Because upwards of 50% of primary care visits involve behavioral health needs that may or may not be apparent to the patient or provider,<sup>1</sup> it is imperative for primary care clinicians to have access to experts and referrals in order to best serve these patients. The Psychiatric Assistance Line offers such resources. This article describes the service, who is using it and

outcomes following its first six months of operation.

### What is PAL and Who Uses it?

The Psychiatric Assistance Line is staffed by full-time clinical social workers from PrairieCare Medical Group who are specially trained in triage and assessment. When psychiatric involvement is needed, the social workers have immediate access to PrairieCare's pool of psychiatrists who are board-certified in adult and child and adolescent psychiatry. They also have access to the Fast Tracker, a database managed by the Minnesota Psychiatric Society to help providers and community members find mental health specialists in their area who have openings in their schedules.

The Psychiatric Assistance Line offers both on-demand telephone and online services. Approximately 60% of providers who contact PAL call the service directly; 40% access it online. Most of the professionals who use PAL are metro-area pediatricians. They comprise 70% of the total consultation volume. Nurse practitioners comprise 13% and family physicians 6%. Other health care professionals and patients' family members account for the

remaining 11%. Since 2014, PAL has provided 476 consultations to 290 providers at 154 locations.

The types of cases that prompt calls to PAL range from basic requests for consultation on psychotropic medication management to requests for more immediate assessment and stabilization of symptoms in patients with severe mental illness. Anxiety, depression and attention deficit hyperactivity disorder account for 68% of all consultations. Other diagnoses include autism spectrum disorder, psychosis, adjustment disorder, bipolar disorder and PTSD.

The most common recommendations from the consultation team are adjusting a medication and initiating therapy if a therapist is not currently involved in a patient's treatment. Although primarily designed for children and youths, PAL has served patients as young as 3 and as old as 39 years of age. Seventy-seven percent of the initial 476 consults involved children and youths between 3 and 21 years of age, of which 59% were male and 41% female.



FIGURE 1

### Adjustments to treatment plan

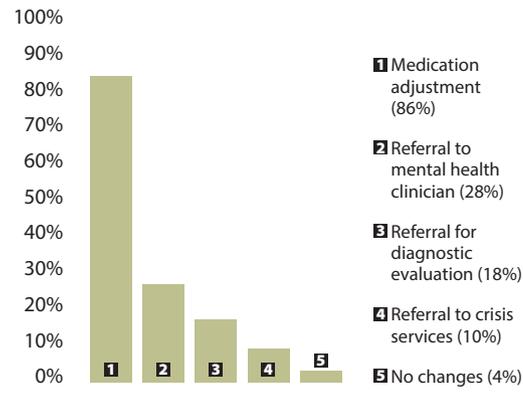


FIGURE 2

### Outcomes of PAL consultation

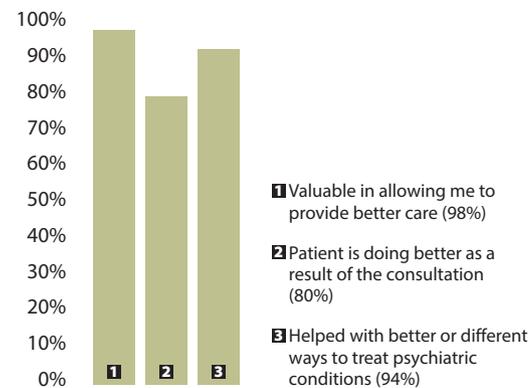
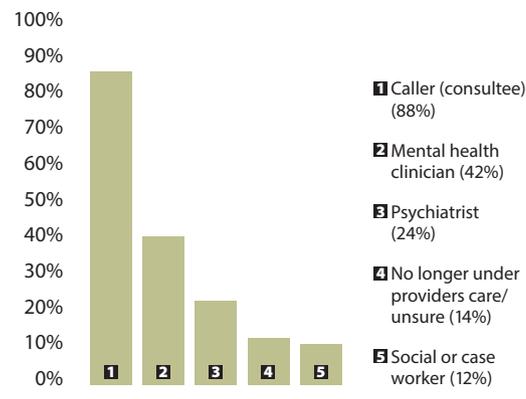


FIGURE 3

### Care providers at six-month follow-up



## Follow-up Survey Results and Discussion

In May 2015, the PAL team began sending follow-up surveys to primary care clinicians six months after a consultation. The

nine-question electronic survey assesses how the patient is doing as a result of the consultation. Recommendations are recorded in the PAL database at the time of the consultation. The follow-up survey verifies which adjustments were actually made (Figure 1). Analysis of the first 50 survey responses found the percentage of consultations in which PAL recommended medication changes (86%) is consistent with the number of respondents who reported adjusting a medication. Similarly, therapy was recommended in 32% of PAL consultations, and 28% of respondents reported having made a referral to a mental health clinician. This suggests a high rate of follow-through by primary care providers based on the consultation recommendations.

Ninety-eight percent of the clinicians who completed the survey (49 out of 50) reported that the PAL consultation was “valuable in allowing [them] to provide better care for [their] patient” (Figure 2). Eighty percent confirmed that their “patient is doing better” as a direct result of the PAL consultation. The remaining 20% responded simply as “neutral” (meaning the patient’s condition remained unchanged). When asked if the consultation helped the clinician find better or different ways to treat psychiatric conditions, 94% said it did. These findings, combined with provider satisfaction data, suggest that PAL has improved primary care providers’ ability to treat children and youths

with mental illnesses, and that patients are doing better as a result of this service.

The survey also asked who is currently providing care to the patient who received the consultation. The findings show that

88% of patients were still seeing the same primary care provider who called for the consultation (Figure 3). Fifty-two percent were also receiving specialized services from another clinician including one or more of the following: a psychiatrist (24%), a mental health clinician (42%), or a social worker or caseworker (12%). In 22% of the cases, a patient was being cared for by three or more clinicians including the primary care provider. Co-management of complex cases by both primary care and mental health clinicians has been shown to result not only in a better patient experience and improve outcomes, but also to reduce the total cost of care for those individuals over time.<sup>2</sup>

## Conclusion

The Psychiatric Assistance Line is designed to empower primary care clinicians to treat patients with psychiatric conditions in a timely and cost-effective way. Our six-month follow-up surveys showed consultations between primary care clinicians and PAL social workers allow patients to receive quality care in a familiar environment without the wait and cost associated with seeing a child or adolescent psychiatrist. It is estimated that each successful consultation can mitigate costs by up to \$3,500.

Our findings suggest that PAL is increasing access to care and that its use is resulting in patients receiving better care because of the high rate of follow-through after each consultation. **MM**

Todd Archbold is chief operating officer for PrairieCare.

## REFERENCE

- Owens PL, Hoagwood K, Horwitz SM, Leaf PJ, Poduska KM, Kellam SG, et al. Barriers to children’s mental health services. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2002;41(6):731-738.
- Melek S, Norris D, Paulus J: Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry. Prepared for the American Psychiatric Association. Denver, CO, Milliman; 2014.