TRANSITIONING PATIENTS FROM OUTPATIENT MENTAL HEALTH TO PRIMARY CARE: EXPLORING PRACTICES, BARRIERS, AND FACILITATORS

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DISCLOSURES

• None
LEARNING OBJECTIVES

1. Recognize existing practices, implementation strategies and barriers for the transition of patients from outpatient mental health services to primary care

2. Describe opportunities for future research and application
Accessing mental healthcare

Mental health screening and assessment → Treatment and/or referral → Referral to mental health specialty for assessment and treatment → Enroll in integrated and collaborative care → Follow with primary care

Accessing mental healthcare

Mental health screening and assessment → Treatment and/or referral → Referral to mental health specialty for assessment and treatment → Continued specialty care → Follow with primary care → Enroll in integrated and collaborative care
WHAT DO WE KNOW?

- 1 rapid review (2021)
  - Review of articles between 2000 and 2019 describing patient transitions from MH to PC
  - Only 11 articles met criteria
  - All but 1 based in an integrated health system
  - 4 of 11 based in the US

- 1 scoping review (2023)
  - Authors broadened their question to look at the transition from specialty care in general (cardiology, gastroenterology, etc) due to dearth of literature

- 1 clinical trial protocol (results submitted fall 2023)

Blasi, 2021; Kim, 2023; Hundt, 2021

TRANSITION PRACTICES

- Assessment of recovery and stability
- Patient engagement
- Shared treatment planning
- Care coordination
- Follow up and support
ASSESSMENT OF RECOVERY AND STABILITY

Facilitators
➢ Develop EHR-based algorithm and/or decision support tool to proactively identify patients who meet criteria for transition

Barriers
➢ Different expectations and opinions regarding appropriateness for transition
➢ May miss subjective signs that indicate lack of readiness to transition

PATIENT ENGAGEMENT

Facilitators
➢ Emphasize the transition as a significant milestone in the patient’s recovery journey
➢ Communicate over multiple sessions to ensure they are in favor, address concerns, and prepare for transition

Barriers
➢ Patient’s strong relationship with specialist
➢ Patient’s uncertainty about primary care provider’s ability to manage condition
SHARED TREATMENT PLANNING

Facilitators
➢ Access to electronic health record
➢ Templates for discharge note
➢ Multidisciplinary case conferences, rounds or meetings
➢ Overlapping visits with mental health provider and primary care

Barriers
➢ Lack of primary care providers’ interest or comfort with treating mental health disorders
➢ Insufficient mental health training and resources for primary care providers

Blasi, 2021; Kim, 2023

CARE COORDINATION AND FOLLOW-UP

Facilitators
➢ Designate staff member to guide patient through transition
➢ Create a group of peer support volunteers
➢ Determine which staff member(s) should serve for point of contact in case of relapse or crisis
➢ Outline clear guidelines around medication management

Barriers
➢ Inadequate case management to oversee transition
➢ Unclear roles and responsibilities
➢ Primary care large caseloads and resource/time constraints
➢ Inconvenience of locations

Blasi, 2021; Kim, 2023
REPORTED OUTCOMES

• Percentage of stabilized patients transferred to primary care
  ○ ~20% of patients who met criteria for transfer transitioned to PC
  ○ 2-10% of patients who transitioned returned to MH specialty
  ○ 0.5-1% returned after brief psychiatric crises or hospitalization

• Number of new intakes in specialty mental health clinic
  ○ In one study, new intakes per month doubled

Smith, 2021; Blasi, 2021

REPORTED OUTCOMES

• Patient perspectives

• Primary care perspectives
  • Uncertainty about roles and responsibilities

• Mental health perspectives
  • Most common barriers to transition: continued treatment was needed, therapeutic relationship necessary for stability
  • Concerns about caseload related stress
  • Difficulty sustaining after implementation period

Blasi, 2021; Fletcher, 2021
LIMITATIONS AND FUTURE DIRECTIONS

➢ More research is needed evaluating the effectiveness, acceptability and sustainability of transition practices

➢ Better understanding of the perspectives of patients, mental health specialists and primary care providers

➢ Opportunities for artificial intelligence in the implementation process?

Hundt, 2021