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# Outpatient management of mood disorders by the family physician



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Larner College of Medicine at the University of Vermont

Family Medicine Clerkship | December 2018 – January 2019

Hinesburg Family Medicine | Dr. Michelle Cangiano, MD

## The Problem

- 1 in 5 adults in the US has a mental health experience in any given year
  - Only 41% receive mental health services
- 1 in 5 teens has a severe mental disorder at some point in life
  - Half receive mental health services
- Mood disorders are the 3<sup>rd</sup> most common cause of hospitalization in the US for people under 44 including youth
- 2.6% of adults live with bipolar disorder

## The Need

- National Alliance on Mental Illness recommends *Psychology Today* to find local outpatient providers: there are 0 psychiatrists listed for Chittenden County
  - 6 listed providers in Vermont with prescribing privileges
  - Only 2 take patients with Medicaid
- Google search for psychiatrists within 25 miles of Burlington: 91 physicians – this includes private practice, inpatient doctors, child/adolescent specialists
  - Howard Center, Community Health Center: anecdotal knowledge of practitioners through these centers

## The Need

- ~ 3% of patients in Hinesburg Family Medicine clinic with bipolar disorder
- There is a disconnect between the supply of prescribing providers and patient need
- Lack of clarity around what providers in the community take new patients, who accepts Medicaid, and wait times
  - Large percentage of Hinesburg Family Medicine patients have Medicaid → further barrier to psychiatric care
- Ultimately, we need more outpatient psychiatrists in Vermont
- What we can do now: optimize patient care by arming family physicians and primary care providers with the tools to manage psychiatric medications
  - Foster relationships between primary care offices, UVMHC, and the Howard Center
  - Already have an excellent hold on management

## Public Health, Cost, & Community Considerations

- 56% of adult Vermonters with mental disorders receive treatment
- Serious mental illness costs \$193.2 billion in lost wages per year in the US
- Trials of having inpatient psychiatrists work a partial day each week in the clinic have been successful: Why stop?
  - Need for collaboration between UVMHC and primary care clinics
  - Barriers: reimbursement, scheduling, manpower, workflows
- Family medicine doctors are often the prescribers of psychiatric medications: sometimes maintaining regimens after inpatient stays, sometimes through consultation with psychiatry colleagues, and often times on their own

## Community Perspective

### **Dr. Joe Lasek MD; Psychiatrist, Howard Center**

- Huge issue of lack of psychiatrists in our area
- Family physicians are excellent at managing most psychiatric medications (anti-depressants, anxiolytics, stimulants, etc.)
  - More challenging to manage mood stabilizers and antipsychotics from a primary care provider perspective
  - Psychiatrists do mostly psycho-pharmacology given the greater availability of therapists in the community
- Howard Center: primary care provider referral or walk-ins; no backlog to be evaluated; can treat any psychotic illness
  - Ideal for a psychiatrist to evaluate the patient and start medications --> primary care provider continues the regimen
  - Curbside phone consults for medication questions: relationship between primary care providers and Howard is crucial
  - Patients must remain at Howard and see a therapist in order to be seen by a psychiatrist: promoting accountability

## Community Perspective

### **Dr. Bob Pierattini MD; Chair, Department of Psychiatry, University of Vermont Medical Center**

- We need to get ahead of the crisis: too few psychiatrists
  - Wait time of at least 8 weeks for general outpatient psychiatry
- The problem with traditional fee-for-service model: under-reimbursement leads to fewer services performed
  - Million-dollar deficit in psychiatry at UVM: clinical psychiatry supported by the UVM medical group; massive hospital debt
- 80% of mental health services are provided by primary care providers nationally: excellent at management
  - We can optimize primary care providers' care around complex patients with specialist input
  - Part-time psychiatrists at Milton and South Burlington: intention for presence at all primary care practices as well as CVPH and Hudson Headwaters in New York → massive cost savings, reduction in hospitalizations for other conditions; savings can support the program
- The move to value-based care with a global budget per capita at the level of the ACO: physician control over spending
  - Proposal moving through leadership for model of mental health integration to deliver psychiatric care in the medical home
  - UVM is ahead of the rest of the country: high-risk / high-reward endeavor

# The Intervention

- **Management of psychiatric medications is complex and multi-faceted**
  - This intervention focuses on mood stabilizing drugs for bipolar disorder
  - Nuanced medications with unique required labs, monitoring, contraindications, etc. that are often confusing and difficult to quickly parse out in a short visit
- **Intervention**
  - Collate evidence-based recommendations around baseline testing, side effects, starting dose, target serum levels, surveillance, and associated risks for prescribing mood stabilizers into a “one-pager” that may be easily displayed around primary care offices

## Response to the Intervention

- Excited to have the one-pager on bulletin boards behind provider desks
- Interest in embedding it into the EMR as an easily searchable resource; would be ideal to have a page like this for all commonly used psychiatric drug classes
  - Barrier: maintaining up to date information; technical issues
- "I may only use it 3 times a year, but when I do, I'll be really happy I have this."

## Evaluation & Limitations

- Difficult to formally evaluate the effectiveness of this intervention given the short length of the rotation and qualitative nature of the work
- Future research could randomize providers to using the one-pager vs. usual care and analyze differences in prescribing patterns
- Limitations
  - Providers often have individual prescribing practices and may not change those practices even with evidence-based information readily available to them
  - As the evidence changes and new drugs are approved, information will need to be updated
  - Providers aren't prescribing mood stabilizers daily, so formal evaluation may take a long time and require a large sample size

## Future Work

- **Future work could assess outcomes on a practice level**
  - **Randomize practices to having an in-house psychiatrist vs. usual care and examine inpatient psychiatry admissions, suicide, overdose, debilitation, etc.**
- **State or national advocacy groups could fund creation of one-pagers for all psychiatric medication classes that were easily searchable or embedded in the medical record for primary care providers to readily prescribe psychiatric medications**
- **Exploration of telemedicine between psychiatrists and family physicians: implementation, sustainability, infrastructure**

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