

University of Vermont

ScholarWorks @ UVM

Family Medicine Clerkship Student Projects

Family Medicine Community

2021

Follow-Up with New SGA Prescriptions in Burlington, VT

obhijit d. hazarika
University of Vermont

Follow this and additional works at: <https://scholarworks.uvm.edu/fmclerk>



Part of the [Medical Education Commons](#), and the [Primary Care Commons](#)

Recommended Citation

hazarika, obhijit d., "Follow-Up with New SGA Prescriptions in Burlington, VT" (2021). *Family Medicine Clerkship Student Projects*. 651.

<https://scholarworks.uvm.edu/fmclerk/651>

This Book is brought to you for free and open access by the Family Medicine Community at ScholarWorks @ UVM. It has been accepted for inclusion in Family Medicine Clerkship Student Projects by an authorized administrator of ScholarWorks @ UVM. For more information, please contact donna.omalley@uvm.edu.

PROMOTING FOLLOW-UP IN PATIENTS WITH NEW PRESCRIPTIONS FOR SECOND-GENERATION ANTIPSYCHOTICS

An Accessible Informational Pamphlet For Patients and Prescribers

OBHIJIT D HAZARIKA

Family Medicine Clerkship, Autumn 2019

Community Health Centers of Burlington – Riverside

Mentor: Adam R. Greenlee, MD

PROBLEM IDENTIFICATION & DESCRIPTION OF NEED

- Mental illness is prevalent
 - ~1-in-5 adults in high-income countries live with mental illness, from common mental disorders (e.g. major depression, anxiety) to serious mental illnesses (e.g. schizophrenia, bipolar affective disorder)¹
- People with mental illness frequently have high rates of adverse somatic health factors
 - Tobacco and other substance use, physical inactivity, and poor diet²
 - Iatrogenic effects of many psychotropic medications contributing to higher rates of chronic medical conditions such as diabetes, cardiovascular disease, and thromboembolic events³
- As a result, mental and physical disorders commonly co-exist, leading to higher morbidity and mortality in people living with mental illness⁴
- Such patients have among the greatest needs, but they often receive poorer quality of care due to a combination of many factors, including both system and provider issues⁵

PUBLIC HEALTH COST & UNIQUE COST CONSIDERATIONS IN HOST COMMUNITY

- Research has consistently demonstrated worse clinical outcomes and higher costs of care for patients with mental illness^{6,7}
 - This population has an estimated mortality rate that is 2.2 times higher than the general population⁸
 - Health care costs are estimated to be 60–75% higher for those with mental illness than those without⁹
- State mental health agencies (SMHAs) served ~7.1M clients in FY 2012 at a cost of \$39.7B¹⁰
 - These 7.1M clients represent ~21% of the 34.1M people nationwide receiving some form of mental health service during FY 2012¹⁰
 - US states are increasingly turning toward their respective SMHAs to meet the mental health needs of their populations
- An estimated 4.7% of VT's adult population lives with serious mental illness¹¹
 - 57.7% of this population receives any form of treatment from either the public system or private providers¹¹
 - VT Department of Mental Health (DMH) served approximately 7K adult clients in FY 2018¹²
 - In FY 2013, DMH service expenditure was \$182.6M; per capita expenditure, \$291.70¹³

COMMUNITY PERSPECTIVE ON ISSUE & SUPPORT FOR PROJECT

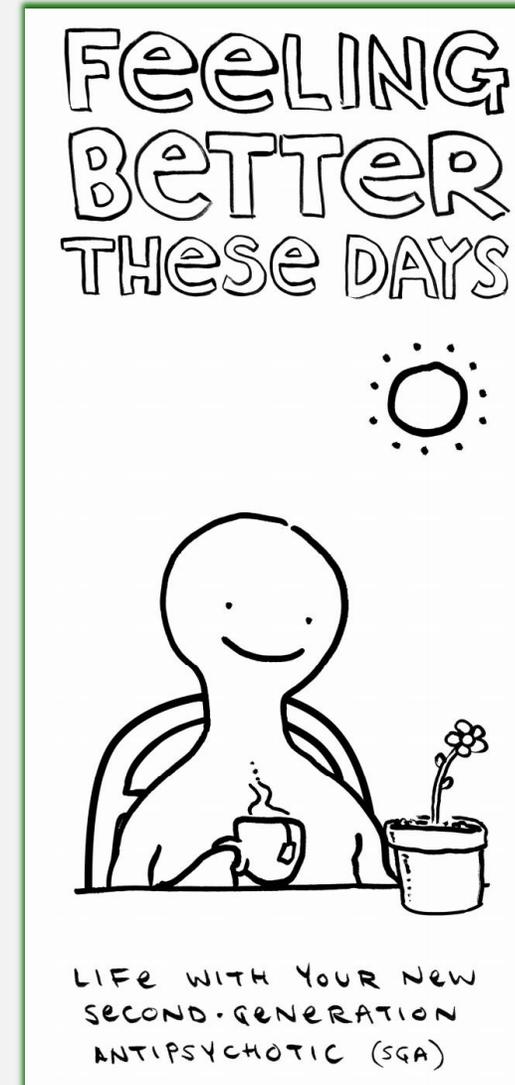
- Seven interviews
 - **Adam R. Greenlee, MD**
 - double-boarded in Family Medicine & Psychiatry
 - Six anonymous patients starting new prescriptions of second-generation antipsychotics (SGAs)
- Takeaways from interviews
 - “Patients living with both medical and psychiatric illnesses are complex”
 - “Psychiatric crises bring patients in, not their medical issues... Stabilizing [these crises] takes up all of our time, and medical issues are left unresolved, without agreed upon plans for follow-up.”
 - “What are the side effects?”
 - “Is there anything I can do about the side effects?”
 - “All of the information is so overwhelming!”
 - “A handout would be helpful”



<https://www.chcb.org/locations-providers/riverside-health-center/>

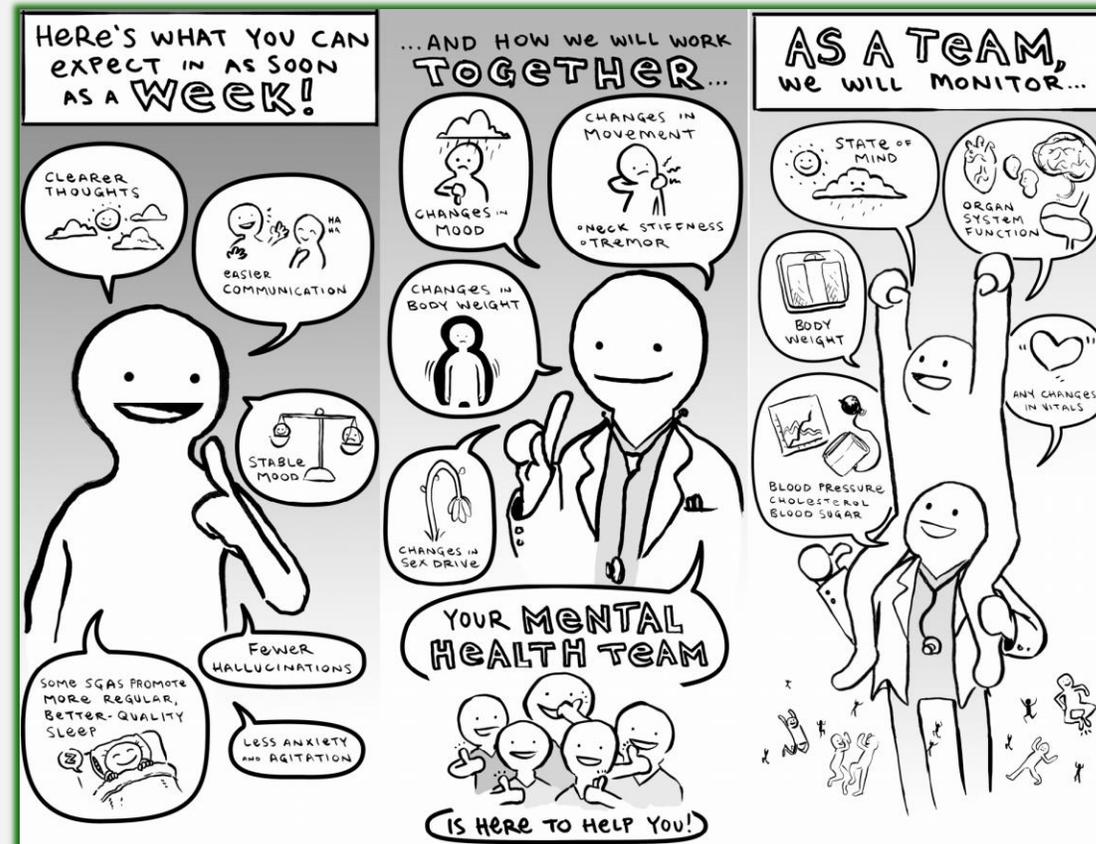
INTERVENTION & METHODOLOGY

- Drafted & designed an information pamphlet containing information and instructions for patients starting new SGAs prescriptions
 - Expert medical consultation by Dr. Greenlee
 - Art direction & consultation by Kansas City-based artist and graphic designer **Dave Coates**
- Pamphlets designed for accessibility –
 - “friendly” graphics following line-of-sight principles
 - Two versions created –
 - English, with hand-lettered font
 - Blank template with only graphics, allowing room for typed translated text
- To better assist medication concordance, follow-up appointment date & time are highlighted¹⁴



RESULTS & RESPONSE DATA

- Created an easy-to-read, clear and engaging informational pamphlet for patients
- Included information addresses common patient concerns:
 - SGAs basics and benefits
 - Potential side effects
 - Plans for patient follow-up
 - Resources for psychiatric crises
- Dr. Greenlee consulted with each draft iteration



EVALUATION OF EFFECTIVENESS & LIMITATIONS

- Evaluation
 - Encourage in-visit distribution of pamphlet to patients receiving new/updated SGA prescriptions
 - Useful evaluations would include:
 - Tracking of pamphlet distribution to appropriate patients
 - Pamphlet utility, as gauged by patient and provider feedback
- Limitations
 - Due to the delayed conception of the project, follow-up, concordance and motivational interviewing are unable to be followed or assessed at this time
 - Two formats printed: English, and blank template for translation via word processor
 - Translated versions are reliant upon both accurate translation of technical information and stakeholder representative access to word processing
 - Patients may not be aware of pamphlet

RECOMMENDATIONS FOR FUTURE INTERVENTIONS & PROJECTS

- Follow-up with patients to assess longitudinal SGA prescription concordance, rates of complications & side effects, and outcomes
- For future iterations of informational pamphlets, canvassing patients for opinions and attitudes on SGAs would help refine the language used
- If deemed successful and of utility, consider expanding this series of informational pamphlets to include other classes of therapeutic psychotropic agents

THE BASICS:
COMMONLY ENDING IN -AZOLE OR -APINE, SGAs ARE USED TO TREAT:
★ SCHIZOPHRENIA
★ BIPOLAR DISORDER
★ MAJOR DEPRESSIVE DISORDER

LET'S REVIEW!
 YOU'LL TAKE YOUR **FIRST DOSE** WITHIN THE NEXT DAY
WE WILL HAVE OUR **FIRST FOLLOW-UP** APPOINTMENT AS LISTED ON THE BACK OF THIS PAMPHLET 

BENEFITS
SGAs PROMOTE...
 ★ CLEARER THOUGHTS
★ EASIER COMMUNICATION
★ BETTER-QUALITY SLEEP
★ STABLE MOOD

BE AWARE OF **POTENTIAL SERIOUS SIDE EFFECTS**
★ HEART PALPITATIONS
★ TEMPORARILY DEPRESSED MOOD 

CALL US WITH ANY QUESTIONS!
WE ARE A TEAM!

OUR NEXT MEETING:
APPOINTMENT TIME: _____
APPOINTMENT DATE: _____
YOUR HEALTHCARE PARTNER: _____

IN CRISIS?
THERE IS ALWAYS HELP.

FIRST CALL FOR CHITTENDEN COUNTY:
802-488-7777
VERMONTERS- CRISIS TEXT LINE:
★ TEXT "VT" TO **741 741**

REFERENCES

1. Mental Illness. National Institute of Mental Health. <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>. Published January 2021.
2. Walker ER, Druss BG. A Public Health Perspective on Mental and Medical Comorbidity. *JAMA*. 2016;316(10):1104. doi:10.1001/jama.2016.10486.
3. Katon WJ. Clinical and health services relationships between major depression, depressive symptoms, and general medical illness. *Biological Psychiatry*. 2003;54(3):216-226. doi:10.1016/s0006-3223(03)00273-7.
4. Ramanuj P, Ferencik E, Docherty M, Spaeth-Rublee B, Pincus HA. Evolving models of integrated behavioral health and primary care. *Current Psychiatry Reports*. 2019;21(1). doi:10.1007/s11920-019-0985-4.
5. Lawrence D, Kisely S. Review: Inequalities in healthcare provision for people with severe mental illness. *Journal of Psychopharmacology*. 2010;24(4_suppl):61-68. doi:10.1177/1359786810382058.
6. Roberts L, Roalfe A, Wilson S, Lester H. Physical health care of patients with schizophrenia in primary care: a comparative study. *Family Practice*. 2006;24(1):34-40. doi:10.1093/fampra/cml054.
7. Fagiolini A, Goracci A. The Effects of Undertreated Chronic Medical Illnesses in Patients With Severe Mental Disorders. *The Journal of Clinical Psychiatry*. 2009;70(suppl 3):22-29. doi:10.4088/jcp.7075sulc.04.
8. Walker ER, McGee RE, Druss BG. Mortality in Mental Disorders and Global Disease Burden Implications. *JAMA Psychiatry*. 2015;72(4):334. doi:10.1001/jamapsychiatry.2014.2502.
9. Shen C, Sambamoorthi U, Rust G. Co-occurring Mental Illness and Health Care Utilization and Expenditures in Adults with Obesity and Chronic Physical Illness. *Disease Management*. 2008;11(3):153-160. doi:10.1089/dis.2007.0012.
10. Mental Health and the Role of the States. June 2015. <https://www.pewtrusts.org/~/media/assets/2015/06/mentalhealthandroleofstatesreport.pdf>.
11. Mental Health Resources in Vermont. Resources to Recover - Gateway to Mental Health Services. <https://www.rtor.org/directory/mental-health-vermont/>. Published 2021.
12. Leno S, Chornyak C, Donnelly C, Horton D. https://mentalhealth.vermont.gov/sites/mhnew/files/documents/Reports/Stats/DMH-2019_Statistical_Report.pdf.
13. State Mental Health Agency (SMHA) Per Capita Mental Health Services Expenditures. KFF. <https://www.kff.org/other/state-indicator/smha-expenditures-per-capita/?currentTimeframe=0&sortModel=%7B%22colld%22%3A%22SMHA+Expenditures+Per+Capita%22%2C%22sort%22%3A%22desc%22%7D>. Published May 23, 2019.
14. Kiraly B, Gunning K, Leiser J. Primary care issues in patients with mental illness. *Am Fam Physician*. 2008;78(3):355-362.