Identifying a Digital Platform to Improve Access to Psychiatry Consultation in Primary Care



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Project Description

Our Primary Care Psychiatry Consultation Program (PCPCP) team will identify and implement a digital platform that will allow Primary Care Providers (PCPs) and Behavioral Health Providers (BHPs) easier and more timely access to our consultation services.

Problem Statement

Our PCPCP team of essentially 4 full-time psychiatrists has very limited time available to consult for over 300 providers caring for over 200,000 patients in 8 FQHCs across Alameda County. We needed to find a way to improve how we deliver consultation services to these providers.

Discovery Phase One:

- 1. Our PCPCP team had been in place for three years. Our presence in the clinics seemed appreciated, but we were plateauing in terms of engaging providers and wanted to understand why.
- 2. We conducted 34 interviews with clinic providers and leads who felt having psychiatry consultation in the clinics: 1) increased provider knowledge; 2) improved patient care; and 3) reduced stress.
- 3. However, providers felt our work could be improved in multiple ways:
- 16% More psychiatry consult time
- 18% Easier connections in off times
- 18% More training opportunities
- 27% Better integration of providers
- 13% System to track patients
- 3% Medication education for patients
- 5% Financially sustainable model
- 4. 79% of the total number of proposed improvements related to increasing providers' access to our team or our team's resources.
- 5. We proposed the idea of creating a PCPCP specific website where PCPs and BHPs could more easily access psychiatry resources and trainings collected and created by our team.

Goal:

For our team to improve access to psychiatry consultation and to increase the competency and comfort level of PCPs and BHPs in Alameda County's FQHCs in delivering behavioral health care to their patients

Outcome-oriented Objective:

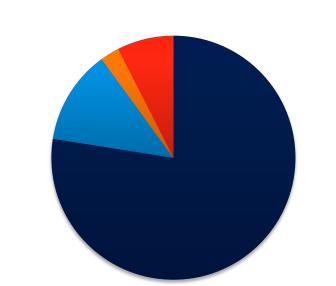
At one year follow-up of implementation we will have:

- Increased number of psychiatry consultations by 20%
- Increased perceived competency and comfort of PCPs and BHPs in delivering behavioral health care by 25%

Results

Discovery Phase Two:

1. We conducted a second round of 40 interviews to ask providers if a PCPCP specific website would meet their needs and improve their access to us:

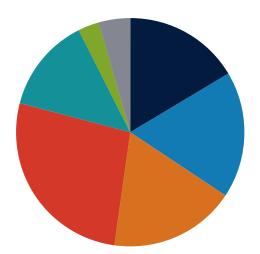


- Love the idea, but must incorporate into workflow
- Love the idea, but can you add econsults?
- Bad idea, would never use
- Good idea, but why not use an econsult platform instead?
- 2. We concluded there was enough interest to support a PCPCP website, but needed to prioritize ease of use for it to be successful.

Discovery Phase Three:

1. We explored different avenues to build a website; however, came to realize that using an existing econsult platform could address many of the improvements suggested by providers in Phase One interviews:

How would an econsult platform address initial improvements suggested:



- More psychiatry time? Access to a team psychiatrist 5 days a week
- Easier to connect in off times? Providers can consult at any time
- More training opportunities? Training embedded in consults
- Better integration of providers? All providers using the same platform
- Tracking system? Some potential need to explore further
- Medication education for patients? Patient content can be available
- Sustainable model? Need to explore further

Lessons Learned

- To ultimately improve the comfort and competency of providers in delivering behavioral health care in primary care, we have to begin with improving their access to us.
- Refining what it looks like to have more access to psychiatry consultation has been evolving process.
- Repeated assessment of our initial solution led us to a different solution that is already working for others elsewhere.
- An econsult platform may be a full or partial solution for us and will require repeated assessment as well.
- Assessing the comfort and competency levels of providers needs to be a separate, but simultaneous improvement process.

Next Steps:

- We are taking necessary steps to begin a pilot with the econsult platform RubiconMD in the fall of 2018.
- Our team is reviewing which of our psychiatry resources can be made accessible through this econsult platform and which may need to be made available in a different way.
- We are currently developing provider surveys to assess current comfort and competency levels to evaluate if improved access to our team and its resources improves these metrics.

Mission Model Canvas

Key Partners

- Alameda County Behavioral Health Care Leadership
- Community Health Center Network
- RubiconMD econsult
- BHP and PCP leadership at 8 CHCN FQHCs

Key Activities

- Complete legal work for PCPCP team/RubiconMD partnership
- Complete Rubicon MD consultant credentialing
- Develop consulting content

Key Resources

- PCPCP team: to develop consulting content and complete consults
- Administrative support: to facilitate legal process and tracking of consults

Value Propositions

 PCPS and BHPs will have easier and more timely access to psychiatry consultation by the PCPCP team. The number of psychiatry consults requested by clinic providers will increase by 10% over course of the 4 month pilot

Buy-in & Support

- Clinic providers already using RubiconMD platform for other medical specialties
- Clinic providers already using PCPCP team for psychiatry consultation

Deployment

 Roll out in clinics by CHCN and RubiconMD to increase use of platform and communicate that psychiatry econsults now done by PCPCP psychiatrists

Beneficiaries

 Primary Care Providers (PCPs) and Behavioral Health Providers (BHPs) in FQHCs where the PCPCP (Primary Care Psychiatry Consultation Program) consults

Mission Budget/Cost

For 4 month pilot the project will be financially neutral:

- RubiconMD will provide the platform and technical support to PCPCP team at no cost
- PCPCP team will complete consults for RubiconMD platform without reimbursement After completion of pilot, financial relationship will be reassessed

Mission Achievement/Impact Factors

• To improve access to psychiatric consultation for providers in the FQHCs of Alameda County. The number of psychiatry consults will increase by 10% with the ultimate goal of increasing the comfort and competency of providers in delivering behavioral health care in these primary care settings by 25%

