

## “PSYCHIATRY CARES” URGENT PSYCHIATRY PATHWAY

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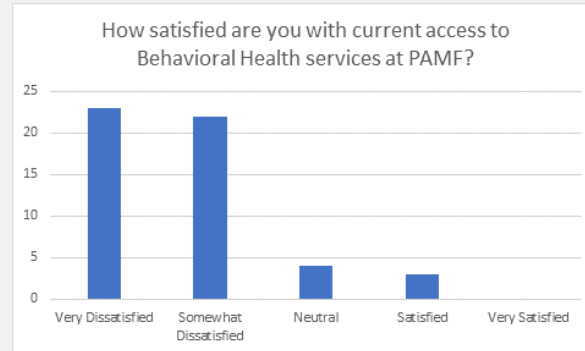
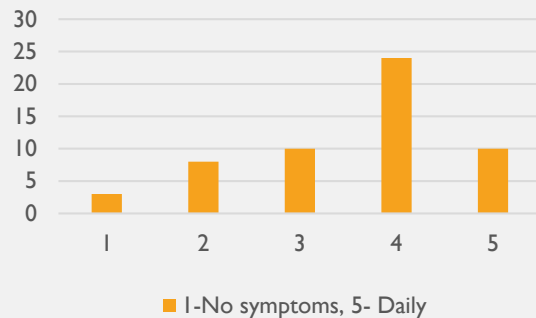
- **Project Description:** I wanted to better support our PCP colleagues in the management of the acute psychiatric needs of their patients to improve their levels of burnout and optimize patient care. I believe we are morally obligated to provide this service to our primary care department.
- **Outcome-Oriented Objective:** To provide virtual psychiatric consultation to 10 patients per week with urgent psychiatric needs within 72 hours of seeing their PCP. This will decrease levels of PCP burnout, decrease number of urgent referrals to psychiatry, and increase percentage of referrals accepted by psychiatry.
- **Solution:** The initial proposal was to have a psychiatrist physically available in Urgent Care but ran into space and operational obstacles. Thanks to COVID19, we suddenly had access to telehealth so we pivoted by creating a position for a remote psychiatrist who could provide virtual psychiatric assessments in an effective and timely manner. Ultimately, the goal of the implementation was to provide timely consultation with a psychiatrist for acute psychiatric needs of primary care patients.

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## Results

Burnout Among PAMF PCPs



- I developed this (new) pilot in June 2020, and we are now at the planning/implementation phase
- The data collected so far include burnout and satisfaction surveys from primary care physicians (n = 50), as well as referral percentages to the BH department.
- The new data will be available by December 2020 and includes:
  - Number of urgent virtual psychiatric visits per week
  - Number of urgent referrals placed to BH with goal of decrease by 10%
  - % of psychiatric referrals accepted with goal of 20% increase
  - Level of burnout and dissatisfaction among PCP physicians

## Next Steps

- This project is still being implemented but the platform has changed due to Covid-19 and telehealth now being available.
- Urgent psychiatric consultation pilot will be launching October 2020 with one PAMF IM department.
- The goal is to build to scale to provide acute evaluations across all sites/departments as well as expanding roles to APC, case manager, SW.

## Lessons Learned

- Key insights gained: teamwork, flexibility, timing
- To implement this, you need an invested team, operational support, and cross-divisional collaboration.
- Lessons learned include motivating a taskforce early on with key players invested in the outcome as well as how to navigate a large medical system.