

Psychiatric Case Conferences in a County-Run Clinic: Implementation and Barriers



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Introduction

Efficacy of the collaborative care model is well established, however, the literature examining the efficacy of its specific components such as case conferences is less robust.

We report on the feasibility and outcomes of introducing psychiatric case conferences (PCC) to a large, resource-limited, county-run adult primary care clinic.

Methods

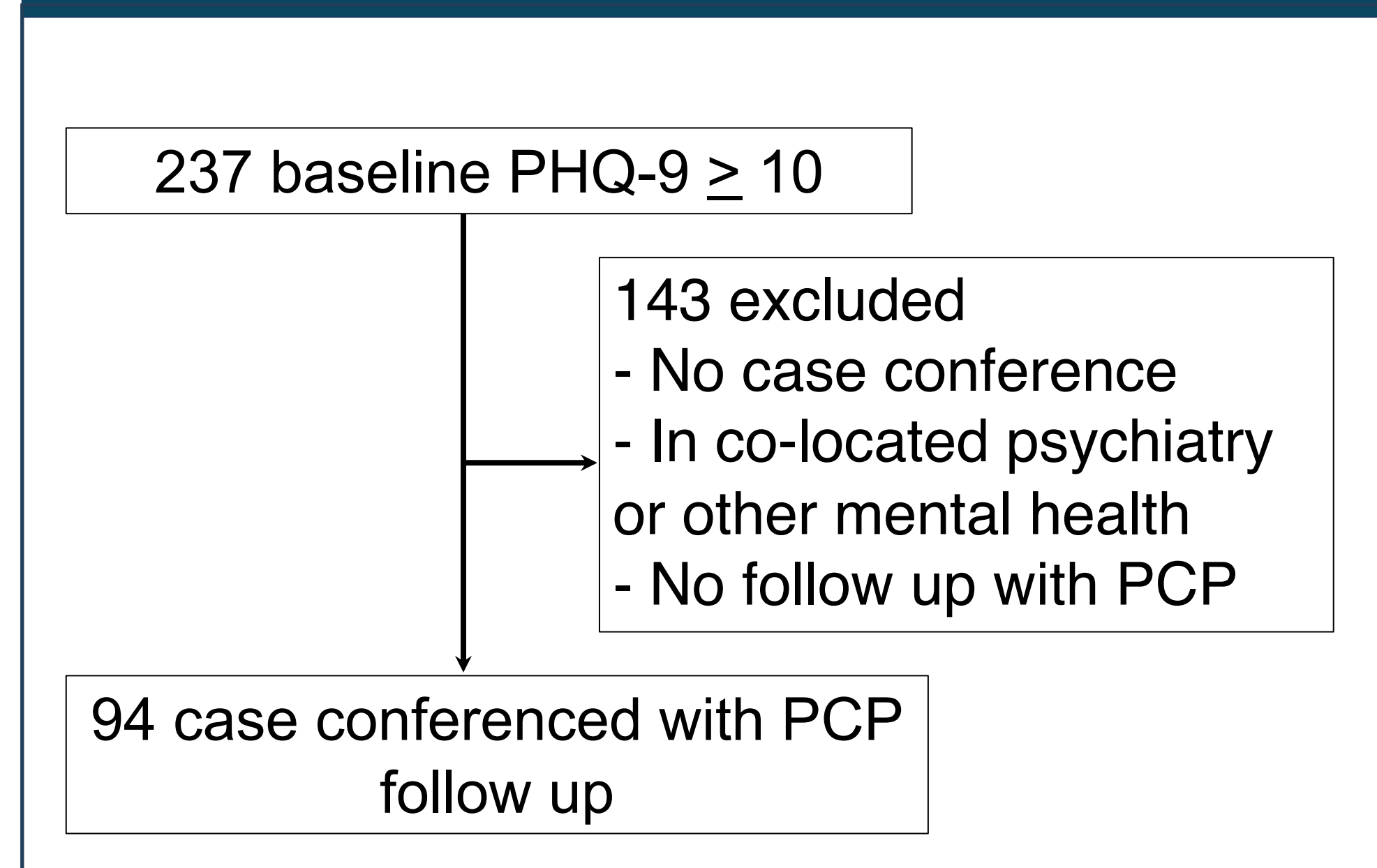
Patients aged 18 years or older who were empaneled at the clinic were screened using a Patient Health Questionnaire-9 (PHQ-9).

Those with scores greater than 10 were eligible to be discussed at weekly case conferences that included a psychiatrist, medical case worker (MCW), and social worker (SW).

Recommendations for the conferenced patients were communicated to the primary care provider via a brief note in the electronic medical record.

Recommendations included repeating PHQ-9, making a PMD appointment, medication recommendations, diagnostic work-up, referral to integrated psychiatry, referral to SW/MCW, referral to psychotherapy resources, and referral to substance use resources.

PCC Study Flow



<5 PCCs recommended PMD appointment, referral to psychotherapy resources, or referral to substance use resources

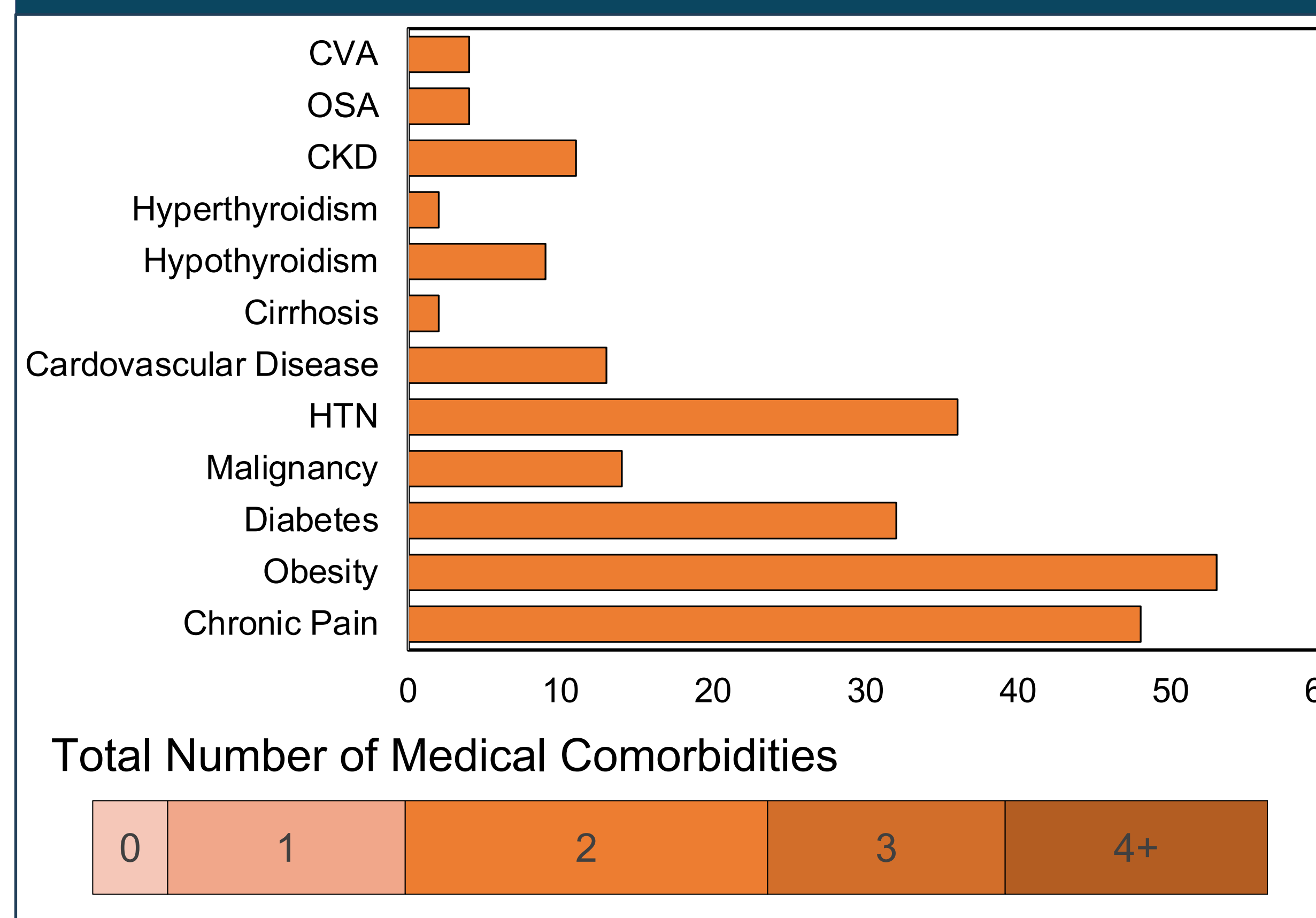
Results

Patient Demographics

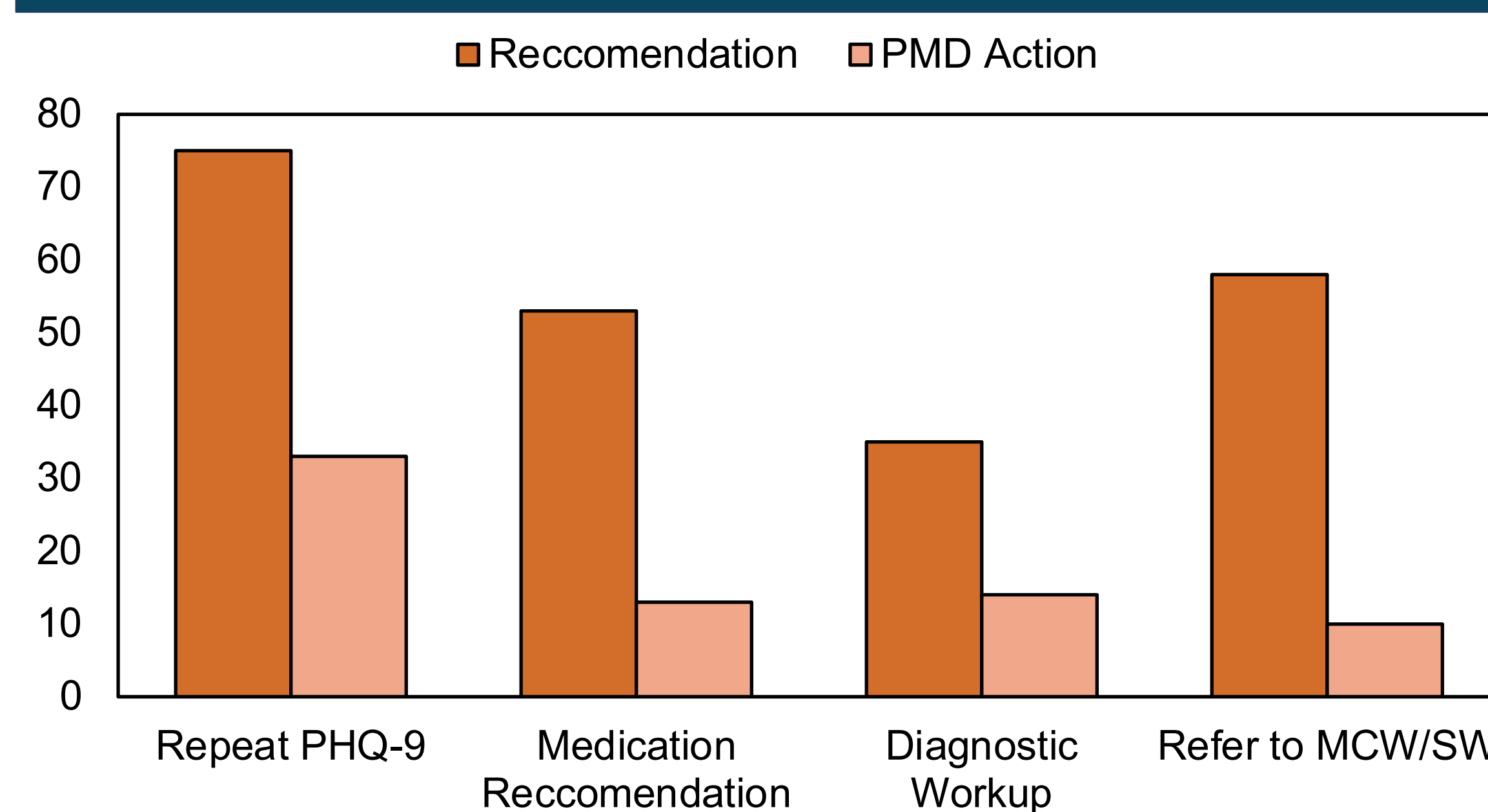
Male Sex – no./total no (%)	38/94 (40%)
Age	56 ± 11.0
Race – no./total no (%)	
Hispanic	61/94 (65%)
Language – no./total no (%)	
Spanish	51/94 (54%)
Substance Use – no./total no (%)*	45/94 (48%)
Tobacco	31/94 (33%)
Alcohol	28/94 (30%)
Marijuana	10/94 (11%)
Diagnosis – no./total no (%)**	
Depression	74 (79%)
Anxiety	44 (47%)
None	12 (13%)
Prior Psychiatric Medication	40 (43%)

* 5 or less occurrences of cocaine, methamphetamine, or heroin use
** 5 or less occurrences of PTSD, Acute Stress Disorder, Dysthymia, Bipolar Disorder, Adjustment Disorder, ADHD

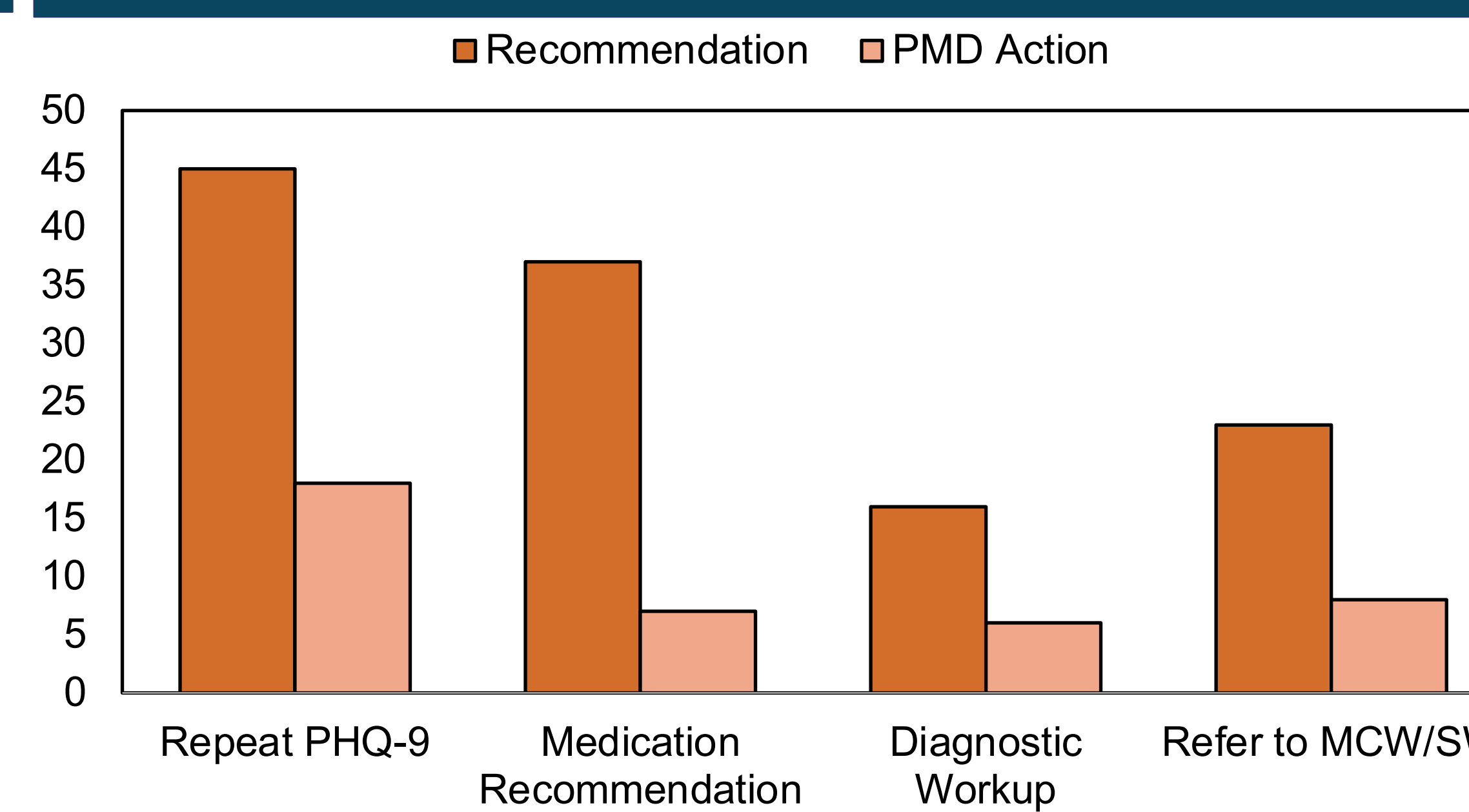
Medical Comorbidities



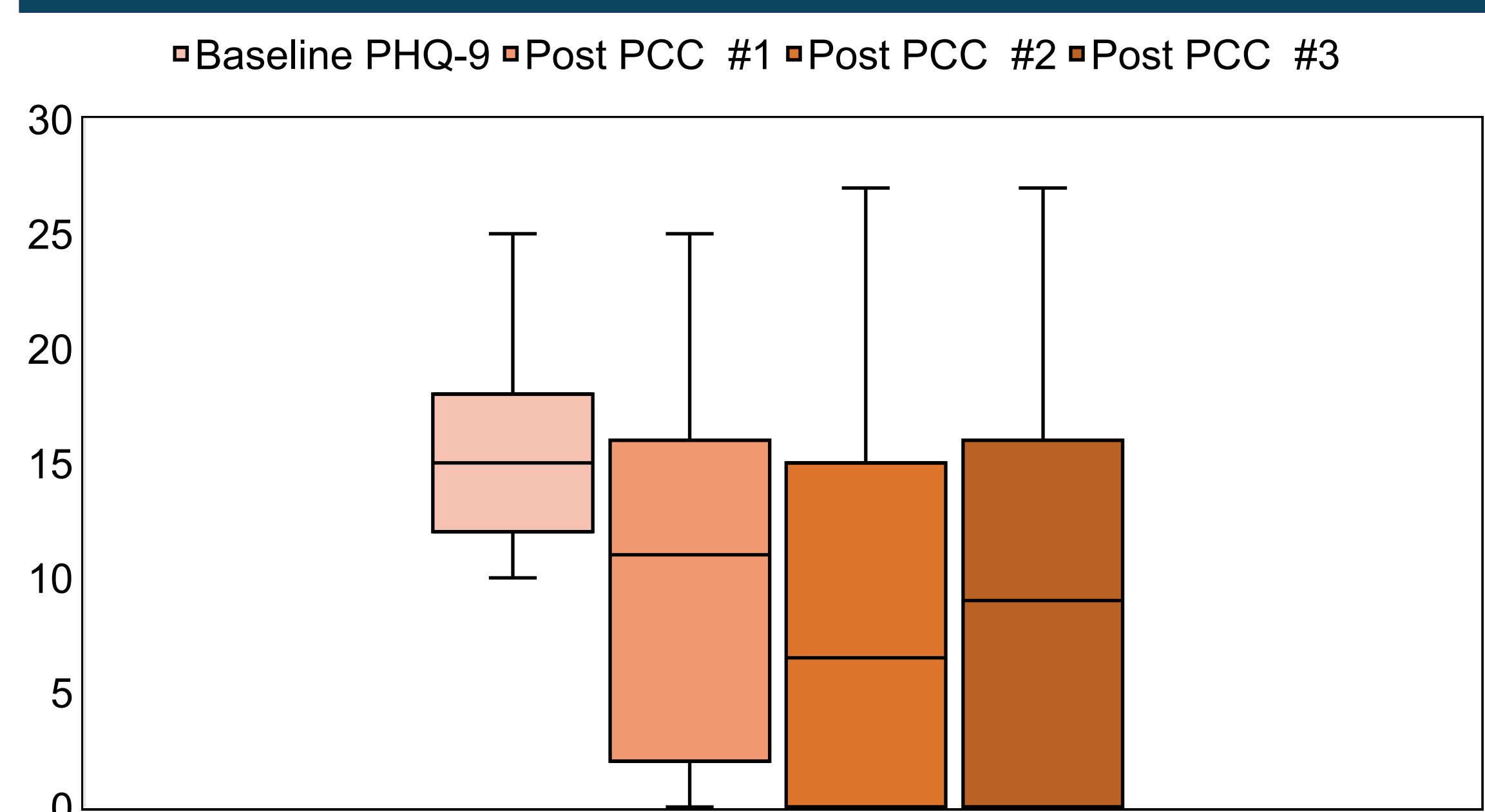
Initial PCC Recommendations and Implementation



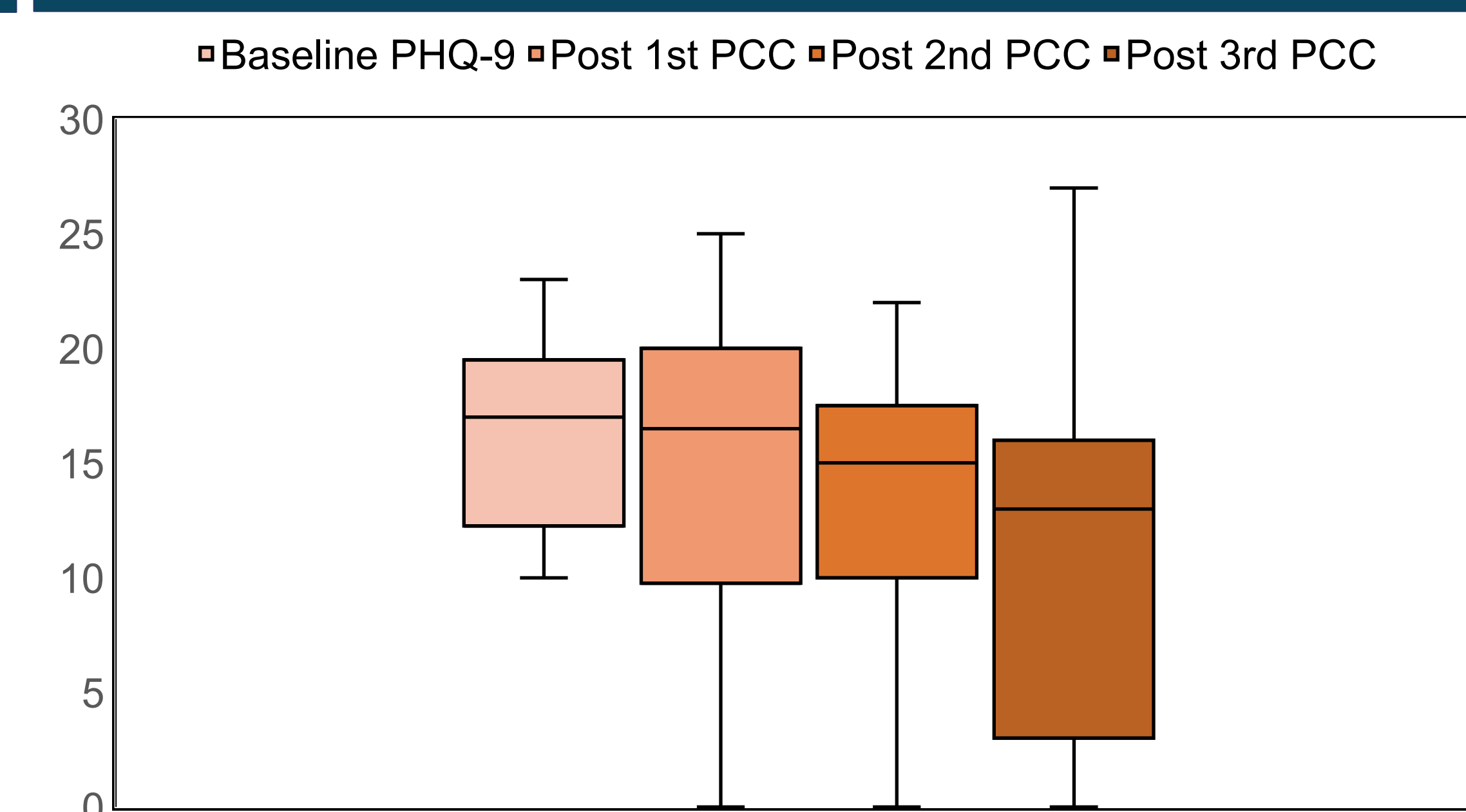
Recommendations and Implementation in Patients with 3 PCC



PHQ-9 Scores following 1 or more PCC



PHQ-9 Scores in Patients with 3 PCC



Discussion/Conclusion

PCCs are a relatively low-resource intervention. 45% of patients with at least 1 PCC had a PHQ-9 less than 10 by their final recorded PHQ-9.

Implementation of PCC recommendations was limited for patients who had one or more PCCs. One possible reason is the several medical comorbidities that need to be addressed at PCP visits.

Ways to increase PCP action include having a physician co-sign the MCW recommendations, warm hand-offs, or having PCPs join PCCs. Surveys with PCPs should also be conducted to assess barriers to further PCC recommendation implantation.

There were several limitations in this study including lack of consistent follow-up PHQ-9s limiting the ability to accurately capture the overall effect on depression, variability in the time-frame between PCCs and/or PHQ-9s, and the possibility that further interventions were made but not documented.

In this study, the decrease in depression severity occurred despite the limited implementation of case conference recommendations. Thus, PCC may be an effective way to screen and treat patients with depression in resource-limited settings who were not previously engaged in outpatient mental health care while reserving appointments with a co-located psychiatrist for those who do not respond despite multiple recommendations and interventions.

References

Archer J, Bower P, Gilbody S, Lovell K, Richards D, Gask L, Dickens C, Coventry P. Collaborative care for depression and anxiety problems. *Cochrane Database Syst Rev.* 2012 Oct 17;10:CD006525.
Gilbody S, Bower P, Fletcher J, Richards D, Sutton AJ. Collaborative Care for Depression: A Cumulative Meta-analysis and Review of Longer-term Outcomes. *Arch Intern Med.* 2006;166(21):2314–2321. doi:10.1001/archinte.166.21.2314

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