
Access Community Health Centers Integrated Primary Care Consulting Psychiatry Toolkit

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BACKGROUND

An ever-increasing number of patients with mental health needs has resulted in primary care being referred to as the *de facto* mental health system in the United States.¹⁻³ In instances where patients are referred elsewhere for mental health treatment, less than one-third of the referrals are actually completed.³ In addition, the stigma involved with receiving mental health care is a proven barrier to patients seeking care.⁴⁻⁶ These issues, combined with lack and cost of transportation, distance from service providers, limited clinic hours, and lack of available appointments or insurance coverage,⁷⁻¹⁰ have resulted in an uptick of primary care clinicians taking on prescribing authority for patients with complex mental health issues.^{2, 11, 12}

Increased access to consulting psychiatry allows for potentially better management of patients receiving psychiatric care within the primary care system through a number of mechanisms. It provides more convenient access for patients in an environment that they find familiar and acceptable.¹³ It also supports and encourages a collaborative effort between psychiatrists, behavioral health consultants (other mental health providers), and primary care clinicians to provide efficient, whole-person care.

Further information regarding the development and role of the psychiatric consultation service, as well as characteristics of the patients and clinics using this model, can be found in the following article: Zeidler Schreiter EA, Pandhi N, Fondow MDM, Thomas C, Vonk J, Reardon CL, Serrano N. "Consulting psychiatry within an integrated primary care model." *J Health Care Poor Underserved* (in press).

Why a Toolkit?

This toolkit provided detailed information for those thinking about developing an integrated model with consulting psychiatry within primary care in order to allow for a population health focus for the patient population.

This toolkit includes:

- Detailed flow diagram showing how the primary care physicians, behavioral health consultant, and consulting psychiatrist work together within a clinic.
- The key elements of communication during interactions between these entities.

Who Should Use this Toolkit?

This toolkit is intended for clinic directors, managers, primary care, behavioral health consultants, and psychiatrists, and provides a framework for a team approach to addressing patients' behavioral and mental health needs.

Development of this Toolkit

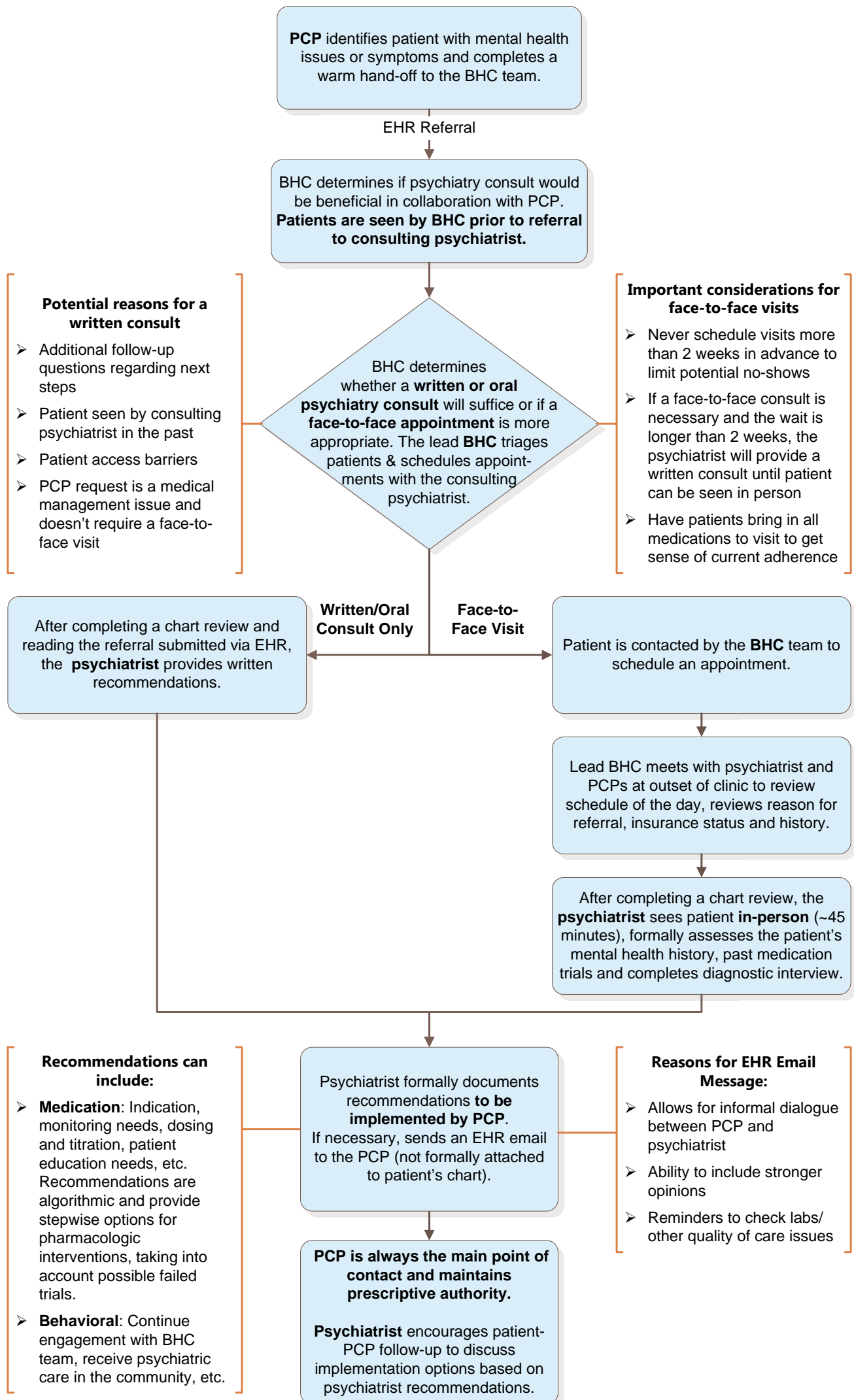
This toolkit was developed by Elizabeth Zeidler Schreiter, PsyD, Nancy Pandhi, MD PhD, and Meghan Fondow, PhD (all affiliated with Access Community Health Centers and the University of Wisconsin-Madison Department of Family Medicine) and Lauren Fahey (affiliated with the Health Innovation Program and the University of Wisconsin-Madison School of Social Work). Additional support was provided by the University of Wisconsin School of Medicine and Public Health's Health Innovation Program (HIP), and the Community-Academic Partnerships core of the University of Wisconsin Institute for Clinical and Translational Research (UW ICTR), grant UL1 TR000427 from the Clinical and Translational Science Award (CTSA) program of the National Center for Advancing Translational Sciences (NCATS), National Institutes of Health.

Contact Us

Please send questions, comments and suggestions to HIPxChange@hip.wisc.edu

FLOW: INTEGRATED PRIMARY CARE CONSULTING PSYCHIATRY

Legend: PCP = Primary Care Provider; BHC = Behavioral Health Consultant; EHR = Electronic Health Record



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