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Cecilia E. Zemanek BS

Katherine B. Martin MD

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Assessing the Need for In-Person Evaluations Following Psychiatric E-Consults

Cecilia Zemanek, BS, Katherine Martin, MD
Lehigh Valley Health Network, Allentown, Pa.

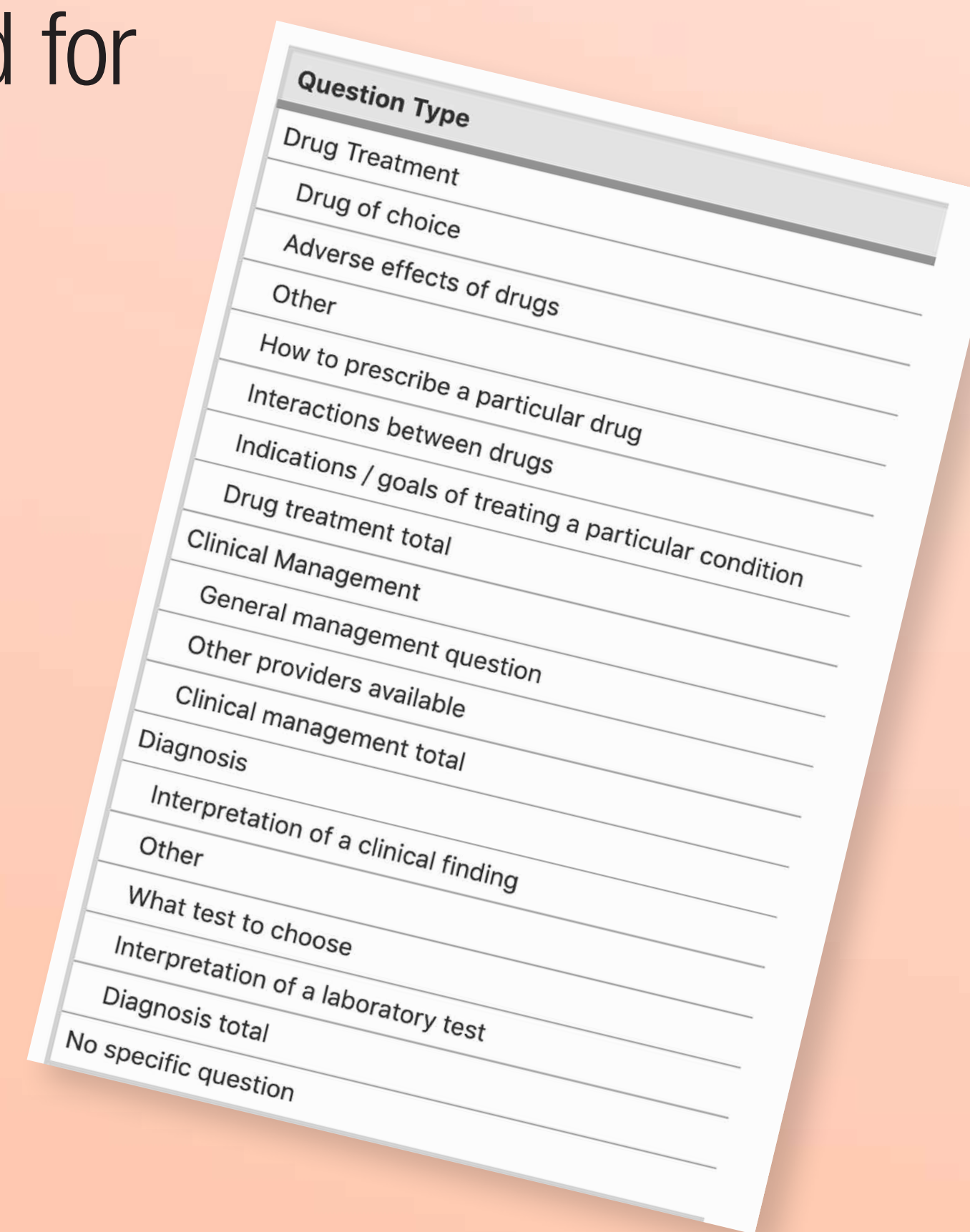
Background

Psychiatric electronic-consult (e-consult) services are increasingly being implemented across hospital networks.¹ They have the potential to improve coordination of care between primary care providers (PCPs) and psychiatrists. Treatment outcomes are comparable to face-to-face psychiatric interventions¹ with the added benefit of being cost-effective and convenient to patients. Psychiatric departments that have launched e-consult services have reviewed the most frequent types of recommendations made by consulting psychiatrists.^{1,2} In a prior study, roughly 25% of e-consults resulted in the consulted psychiatrist recommending a follow-up in-person psychiatric evaluation.¹ Less is known about what factors contributed to the need for this recommendation and whether it was related to the psychiatric diagnosis of the referred patient. Additionally, prior studies have reviewed the most common type of question posed by the PCP to the psychiatrist,² but an analysis of which type of question was most likely to be followed by the recommendation for an in-person evaluation remains to be explored.

Methods

A psychiatric e-consult service was launched at a large health network in January 2019. The consults performed in calendar year 2019 were assessed for the prevalence of in-person psychiatric follow-up recommendations. Data was collected to determine the prevalence of psychiatric diagnoses and types of consult questions. Additionally, data pertaining to the frequency at which each diagnosis and question type was referred for in-person follow-up was determined. Categorical data was reported using frequencies and percentages.

After permission from the authors, general question categories were generated based off a prior study.³ Psychiatric diagnoses were modeled off DSM-V codes.



Results

164 charts were reviewed and 223 diagnoses were consulted on because many PCPs' consults encompassed more than one diagnosis for an individual patient. The most common diagnoses were anxiety disorders 34.5% (N=77), depressive disorders 32.3% (N=72), bipolar and related disorders 13.5% (N=30), unable to classify 3.6% (N=8), and other 16.1% (N=34), which was comprised of diagnoses making up less than 5% of the total e-consults.

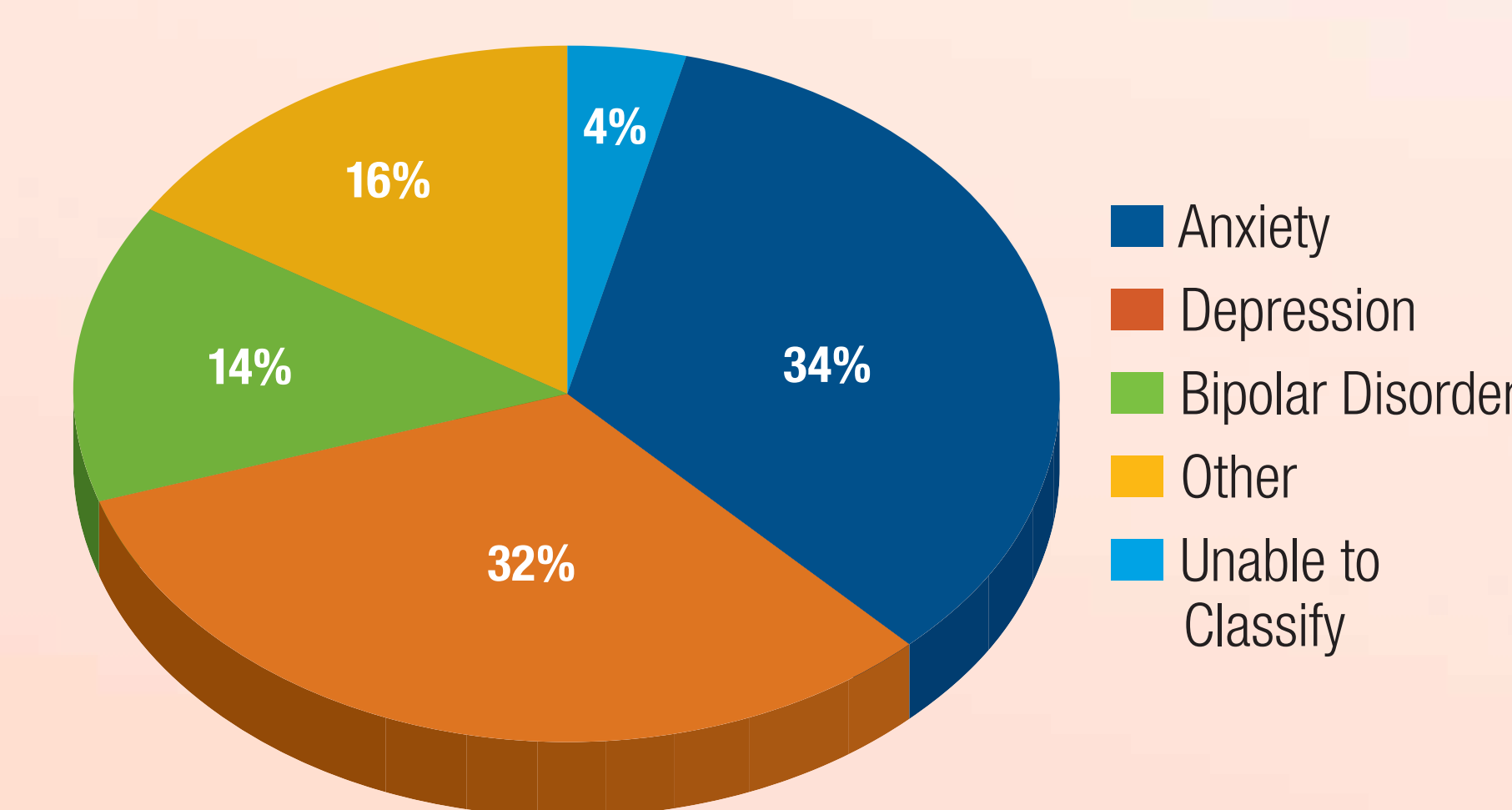
Of the 164 charts reviewed, 181 questions were asked by PCPs. 83.4% (N=151) of questions regarded drug treatment, 10.5% (N=19) regarded clinical management, and 6.1% (N=11) regarded diagnosis.

Of the 164 charts reviewed, 24.4% (N=40) resulted in the psychiatrists making in-person follow-up recommendations.

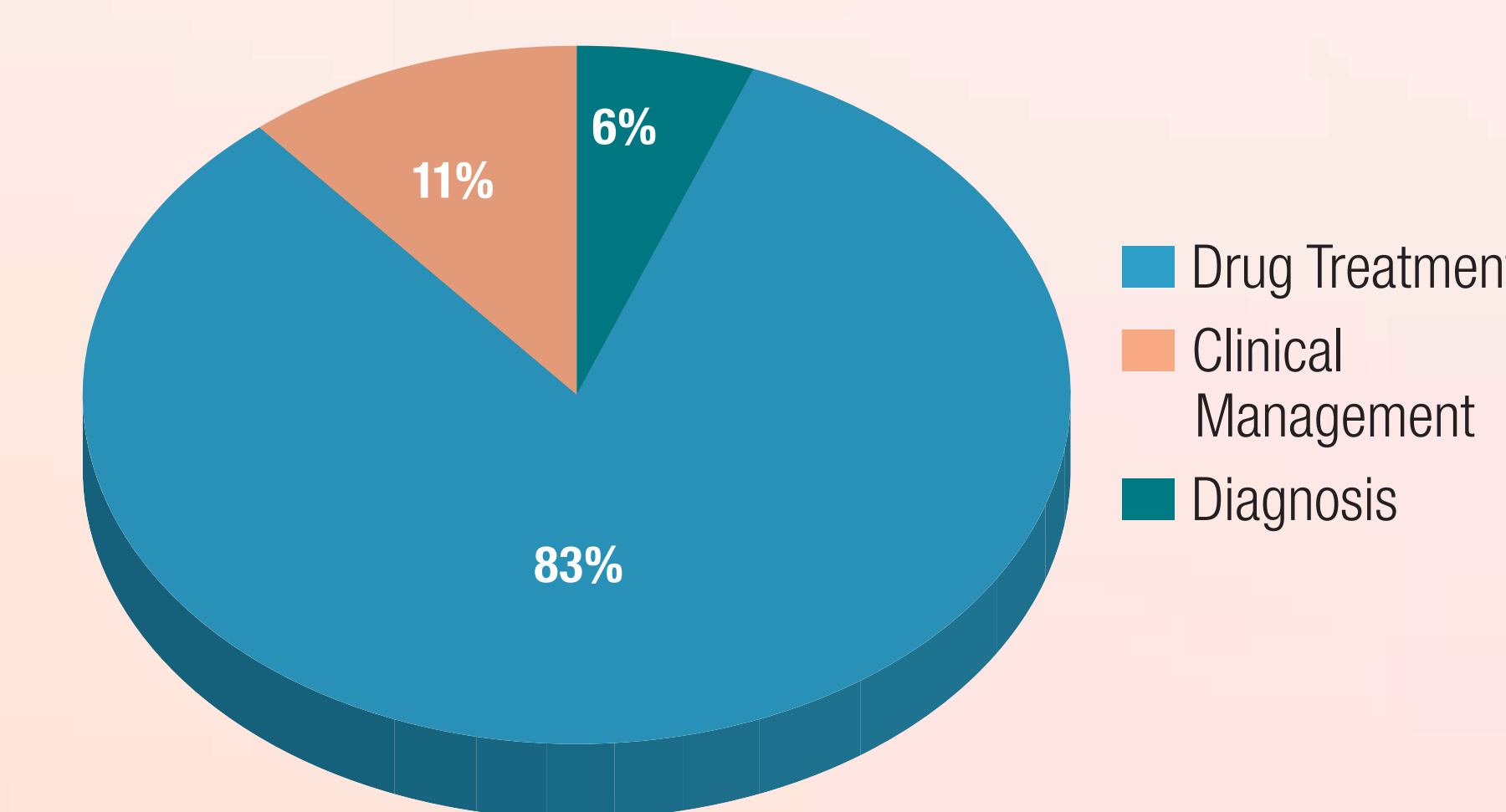
Depressive and anxiety disorders were both recommended for in-person follow up 17% of the time. Autism spectrum diagnoses were most likely to be recommended for in-person follow up (75% of the time) whereas ADD, OCD, neurocognitive disorders, sleep-wake disorders, and feeding disorders were least likely to be recommended for in-person follow up (0%). Of note, these findings are limited by the small sample size of certain diagnoses.

Of the 181 question types posed by PCPs, 22.5% (N=34) of the 151 drug treatment questions, 36.8% (N=7) of the 19 clinical management questions, and 27% (N=3) of the 11 questions regarding diagnosis were recommended for follow-up.

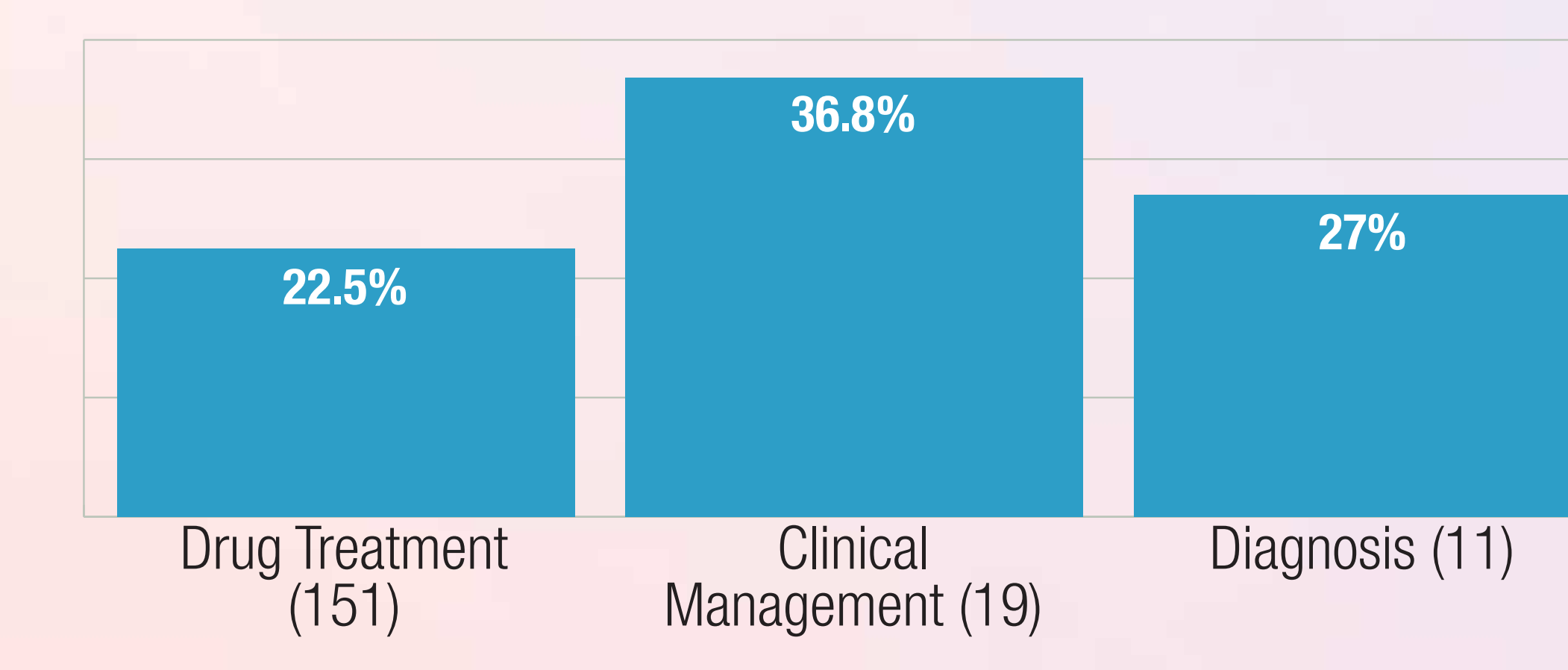
% of Total E-Consults: Diagnoses Breakdown



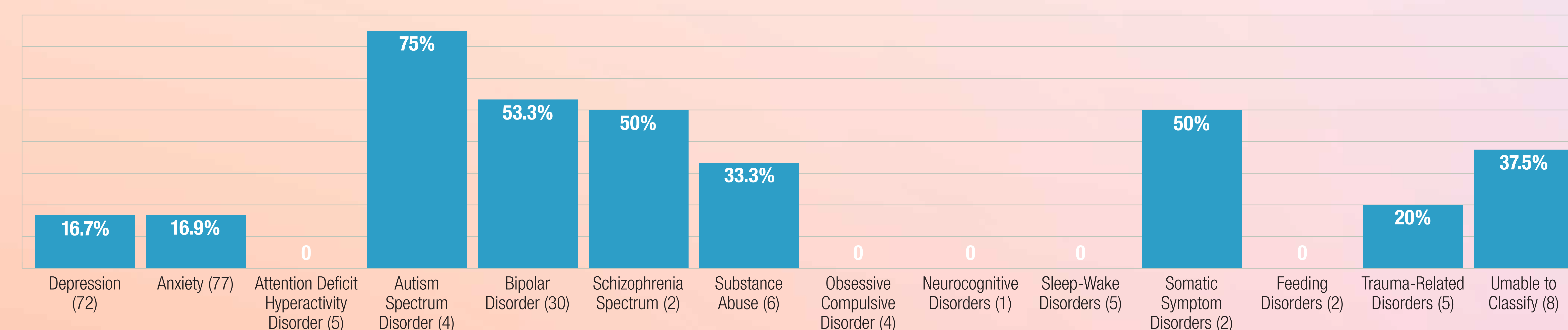
% of Total E-Consults: Question Type Breakdown



% of Question Types Recommended for In-Person Follow-Up (N_{Total})



% of Diagnoses Recommended for In-Person Follow-Up (N_{Total})



Discussion/Implications

Anxiety, depression, and bipolar disorder were the most common diagnoses PCPs consulted about. Additionally, most questions were related to drug treatment. The recommendation rate for psychiatric in-person evaluation of roughly 25% was similar to previous studies.^{1,2} Certain question types (i.e. clinical management) and certain diagnoses (i.e. autism spectrum disorders) did influence the likelihood of the need for an in-person recommendation. However, these specific findings may be limited by the small sample size. As the e-consult service continues, it will be helpful to continue to track the clinical features that most commonly result in a referral for an in-person evaluation. This information can help guide PCPs and psychiatrists about which patients are best suited for an e-consult and which are best suited for an in-person referral.

As e-consult service continues, it will be helpful to track clinical features most commonly resulting in referral for in-person evaluation.

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- ¹Hubley S, Lynch SB, Schneck C et al. Review of key telepsychiatry outcomes. World J Psychiatry 2016; 4.6(2): 269-282.
- ²Lowenstein M, Bamgbose, O, Gleason, N et al. Psychiatric consultation at your fingertips: descriptive analysis of electronic consultation from primary care to psychiatry. J Med Internet Res 2017; 19(8):e279
- ³Archibald D, Stratton J, et al. Evaluation of an electronic consultation service in psychiatry for primary care providers. BMC Psychiatry 2018; 18(1):119.