Assessing for Clinical Trends Over the First Year of a Psychiatric Electronic Consult Service

Cecilia E. Zemanek BS
Lehigh Valley Health Network, cecilia.zemanek@lvhn.org

Katherine B. Martin MD
Lehigh Valley Health Network, katherine_b.martin@lvhn.org

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Assessing for Clinical Trends Over the First Year of a Psychiatric Electronic Consult Service

Cecilia Zemanek B.S., Katherine Martin M.D.

Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- Psychiatric electronic consult (e-consult) services are being increasingly implemented across hospital networks.
- They offer a formally documented communication between a primary care provider (PCP) & specialist without requiring synchronous communication[1].
- Roughly 25% of e-consults ordered result in recommendations for in-person evaluation by the psychiatrist[2,3].
- Prior studies suggest that in-person referral recommendation rates can differ by diagnosis[2].
- With newly implemented psychiatric e-consult services, PCPs express uncertainty regarding the appropriateness of a question[4].
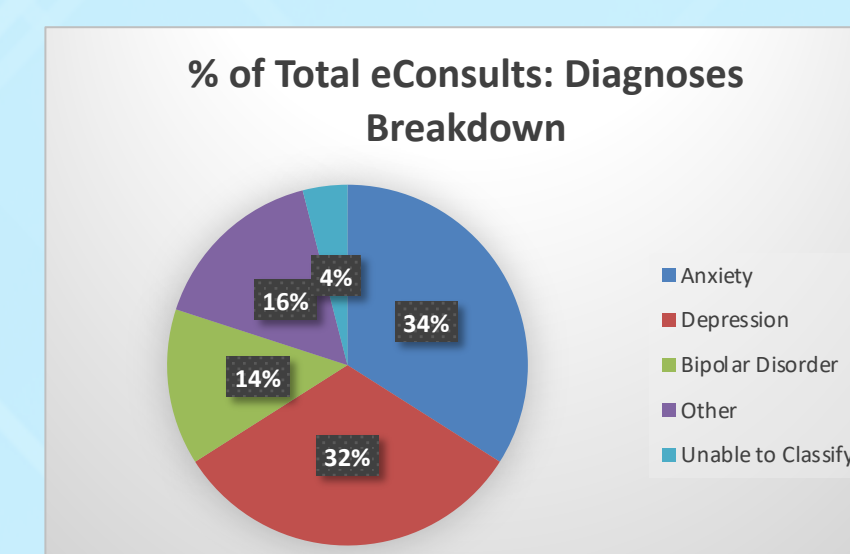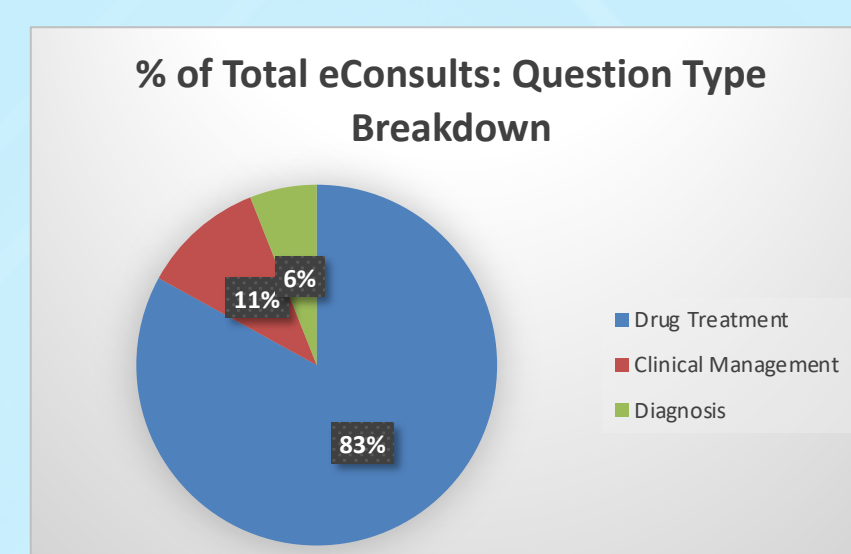
Problem Statement

It is worth exploring whether a particular patient diagnosis or PCP query will increase the probability that an e-consult is converted to a traditional in-person referral, which could impact access to care goals.
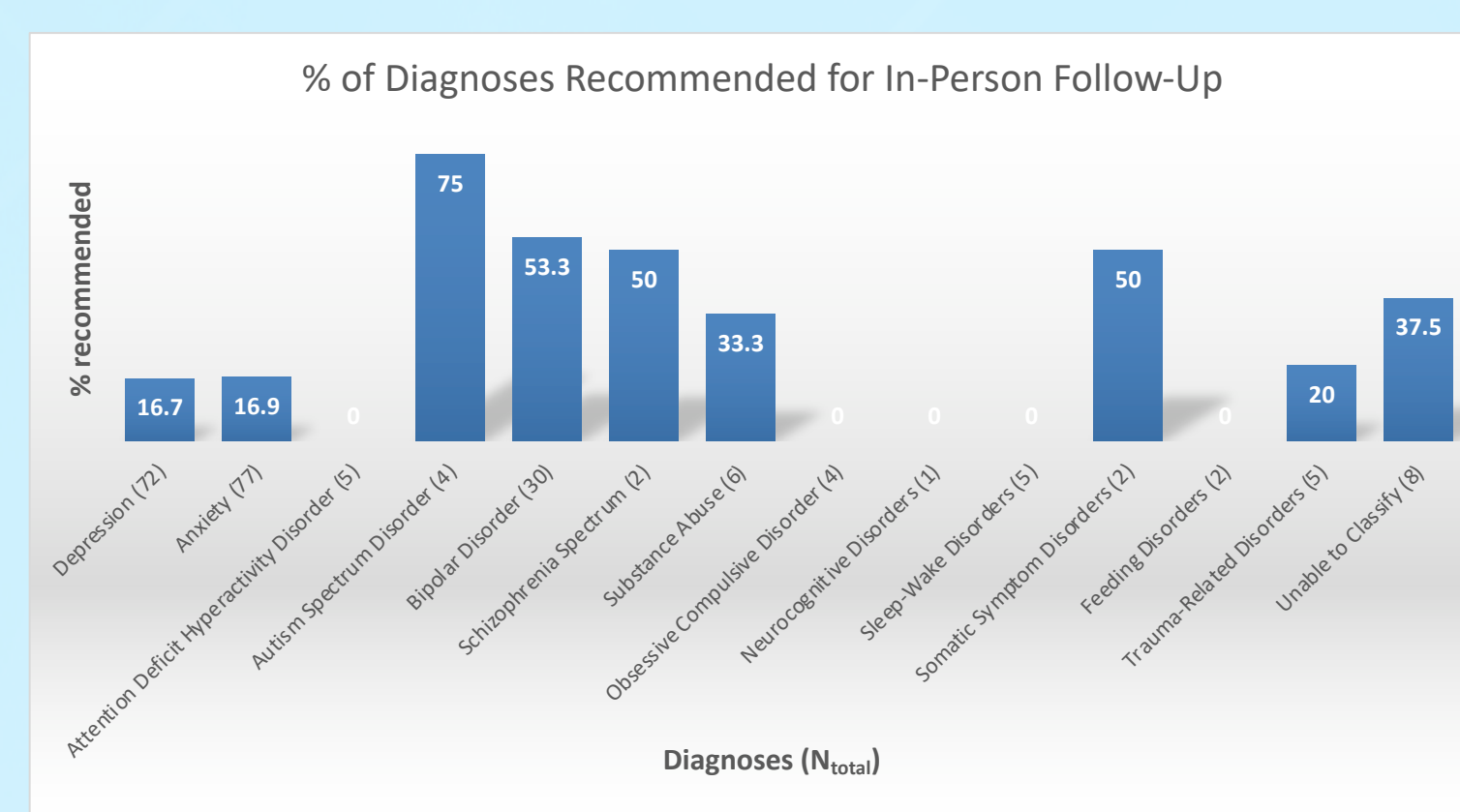
Methods

- IRB approved Human Subjects Research
- A psychiatric e-consult service was launched at a large health network in Pennsylvania in January 2019
- Retrospective chart review conducted on consults completed in 2019
- Data collected on the number of psychiatric diagnoses consulted on, the number of questions posed by the PCPs, and the number of e-consults that the psychiatrists recommended for in-person evaluation
- Psychiatric diagnoses categorized based off DSM5 codes
- PCP query types categorized based off previous review study[2]
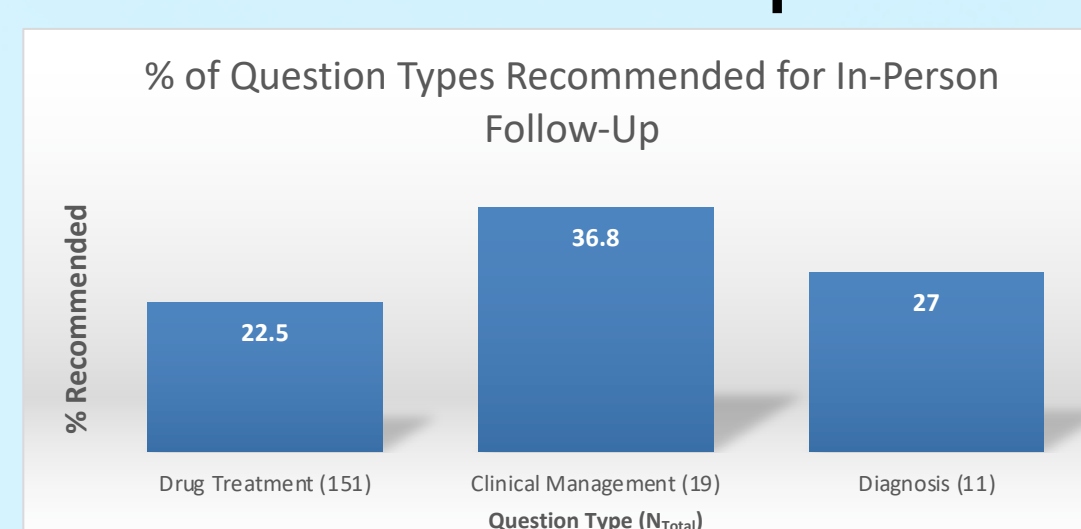- Categorical data reported using frequencies and percentages

Results

- 164 charts were reviewed and 223 diagnoses were consulted on because many PCPs' consults encompassed more than one diagnosis for an individual patient. 181 questions were asked by PCPs
- 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
- 83.4% (N=151) of questions regarded drug treatment, 10.5% (N=19) regarded clinical management, and 6.1% (N=11) regarded diagnosis

% of Total eConsults: Question Type Breakdown

% of Total eConsults: Diagnoses Breakdown

- Of the 164 charts reviewed, 24.4% (N=40) resulted in the psychiatrists making in-person follow-up recommendations
- Depressive and anxiety disorders were recommended for in-person follow up 16.7% (N=12) and 16.9% (N=13) of the time. Bipolar disorders were recommended for in-person evaluation 53.3% (N=16) of the time

% of Diagnoses Recommended for In-Person Follow-Up

- 22.5% (N=34) drug treatment questions, 36.8% (N=7) clinical management questions, and 27% (N=3) diagnosis questions were recommended for in-person follow-up

% of Question Types Recommended for In-Person Follow-Up

Discussion

- Roughly a quarter of all e-consults were referred, which is comparable to the rate of referral determined by other medical organizations[2,3,4].
- Anxiety, depression, and bipolar disorder were the most common diagnoses PCPs consulted about.
- More than half of all patients with bipolar disorder were recommended by the consulted psychiatrist to be evaluated in person, which differs greatly from the referral rate seen in patients with depression and anxiety.
- Most PCP question types were drug treatment questions & the fewest % of these were converted to in-person referral.
- Small sample sizes for other diagnoses made it difficult to comment on possible emerging trends.

Conclusions

- Patients with bipolar disorder may be more likely to encounter barriers to high quality mental health treatment due to greater need for face-to-face specialist care.
- E-consult services seem to be particularly effective in assisting PCPS to manage drug treatment for patients with anxiety and depressive disorders because these were commonly consulted about & had the fewest recommendations for in-person evaluation.

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