Integrating Consultation-Liaison Services into our Hospital Setting

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Disclosures of Potential Conflicts

None of the contributors have any potential conflicts

Acknowledgments

The presenters wish to thank Melinda Fawcett, Daniel Fuentes and Priscilla Spence for their capable assistance with filming, photography and production of slides.

Objectives

1. Provide an opportunity for psychiatric administrators to exchange information about psychiatric consult efforts in NAAPA member organizations
2. Describe current efforts to transform psychiatric/addiction Consultation-Liaison services at University of Florida
3. Share methods of needs assessment and adding value to our hospitals/health organizations via consultation services

First: What is consultation-liaison?

Consultation-liaison (CL) psychiatry is the subspecialty of psychiatry concerned with medically and surgically ill patients.

The CL psychiatrist evaluates and treats the emotional and behavioral conditions in patients who are referred from medical and surgical settings.

Many such patients have comorbid psychiatric and medical conditions, and others have emotional and behavioral problems that result from the medical illness either directly or as a reaction to it and its treatment.

Other terms we will use

- "Liaison" model
  - educate non-psychiatric physicians and allied health professionals to heighten sensitivity to psychiatric problems
  - case-finding instead of "waiting for the call"
  - early detection strategies to detect/prevent potential problems
- Psychosomatic Medicine
- "embedded" psychiatry services

Please take your SMART phone and do the following:

1. Open up your browser (for example, Safari on iPhone)
2. Type in the following URL: **bussing.participoll.com**
3. Select your answer as we go through questions

How is your consult service staffed at present?

A. MDs
B. MDs and social worker/s
C. MDs and nurse/nurse practitioners
D. MDs and psychologists
E. Other combinations

Do your CL physicians have specialty training in Psychosomatic Medicine?

A. Yes
B. No
C. I don't know

What type of consult service does your department offer?

A. Direct patient consults only
B. Consultation plus liaison efforts
C. Consultation & "embedded" psychiatrist
D. Consult plus co-management services between Psychiatry and Medicine or other
E. Other combination of CL services

How do your general, child and addiction consults interact?

A. Separate services, separate office locations for each
B. Services are separate, but offices are co-located
C. Child and addiction consults are provided through the general consult service
D. Other combination of consult services

How do psychiatry and neurology consultation interact ?

A. Unconnected consult services for each
B. Protocols/policies in place for handling overlapping areas (e.g., delirium, neurocognitive disorders, r/o non-organic seizures)
C. Other relationship

Who provides funding towards your consult service?

A. Psychiatry department only – no subsidies
B. Psychiatry department and hospital
C. Psychiatry department and Dean's office
D. Other combination

How much subsidy do you get for your consult service?

A. None – no subsidies
B. Less than 20%
C. 20% to 50%
D. Over 50%

What is current biggest threat for your consult service?

A. Shortage of qualified/interested faculty
B. Funding shortages
C. Lack of interest in collaborative care
D. Low hospital system value attributed to psychiatric needs
E. Other threat

UFHealth Current bed capacity

UF Health Children's Hospital; Shands and Cancer Hospital

- 895 Beds
  - 232 Intensive
  - 127 Intermediate
  - 537 Acute
- Annual ER visits (FY16)
  - Adult – ~134,000
  - Child – ~ 34,000


UFHealth Children's Hospital


UFHealth Shands Hospital


UFHealth Cancer Hospital

UFHealth Opening 12/2017


UFHealth Neuromedicine and Heart & Vascular Hospitals

UF Health Neuromedicine Hospital

- Beds
  - 48 medical/surgical
  - 48 neurointensive
- 25 outpatient rooms

UF Health Heart & Vascular Hospital

- Beds
  - 48 medical/surgical
  - 72 intensive care
- 20 exam rooms

Malcom Randall VA Medical Center

- Tertiary care facility and teaching hospital
- 255 authorized hospital beds
- 34 Nursing home care unit beds
- 48 single-bed psychiatric patient rooms

Psychiatry services

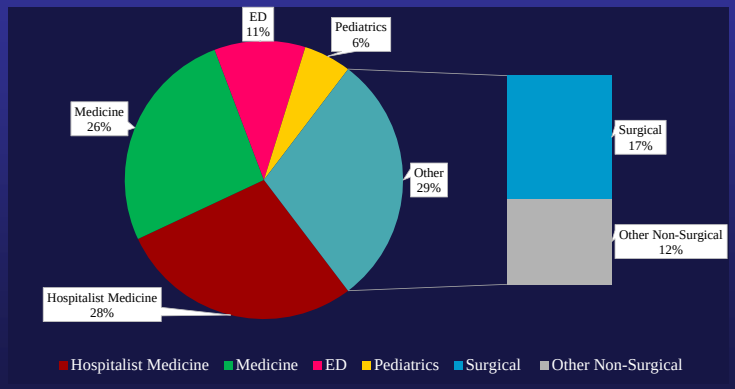
- 80-bed free-standing psychiatric hospital (SPH)
- 10-bed psychiatric unit (U52) in academic medical center
- Florida Recovery Center (FRC) for comprehensive addiction treatment services
- Outpatient clinics
- UF Student Mental Health
- Vero Beach Center
- Jacksonville Sulzbacher facility serving homeless

Where are our consults needed?

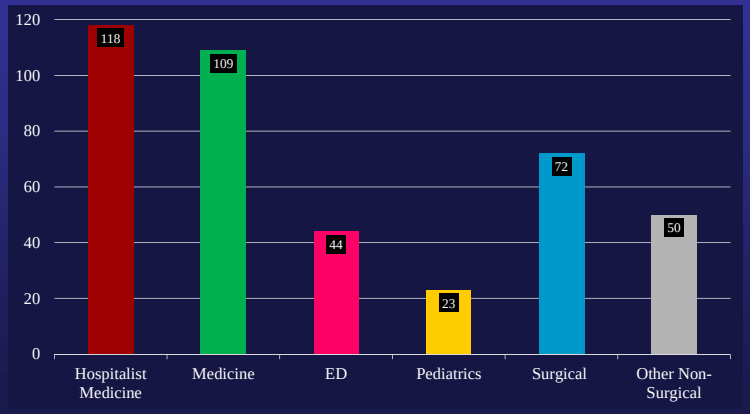
"A good hockey player plays where the puck is. A great hockey player plays where the puck is going to be."

Wayne Gretzky

Baseline assessment 2016 Jan-Mar consult request sources



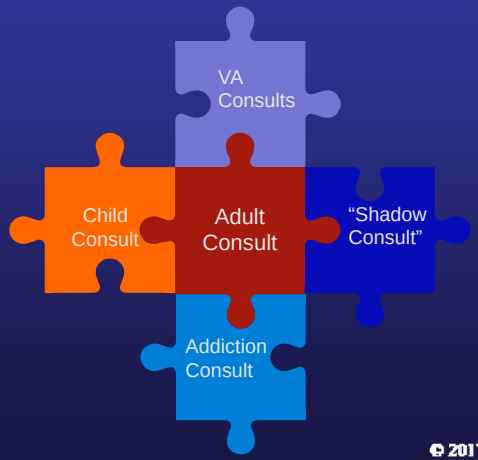
Jan-Mar 2016 consult request numbers



Financial summary: "Bleak"

- 24% of consults start as self pay and often roll to financial assistance write off
- 33% Medicare, 24% Medicaid (reimburse at 22% of charges)
- 4% of charges declined as incorrect for wrong service or legal capacity
- 3% un-billable time mainly spent assisting medical service with Baker Act completion

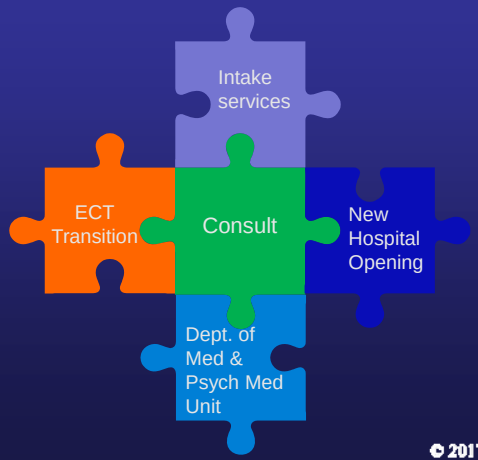
Consult Service Pieces



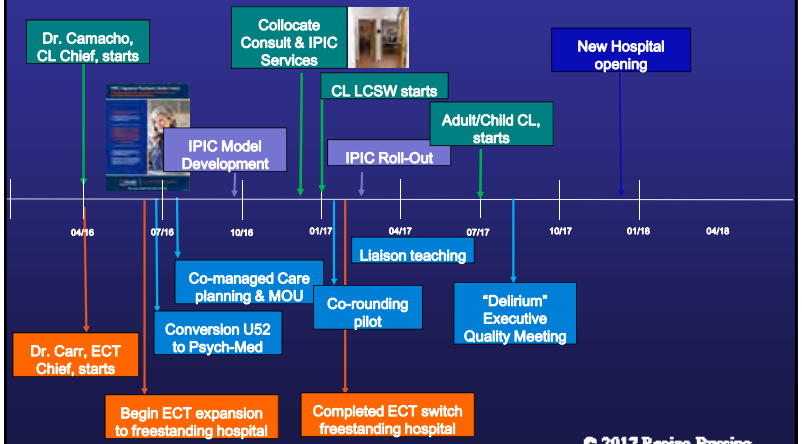
Goal: Integrated, pro-active CL service

- Co-locate general, addiction and child consults
- Create Psych-Med unit
- Expand inpatient intake service to all psychiatric inpatient units
- Co-locate inpatient intake service with CL (better integration and disposition planning)
- Collaboration between CL, hospital-based inpatient unit and Dpt. of Medicine

Strategic Roll-out



UF Psychiatry Service Integration Roll-Out



No accepted CL staffing benchmarks yet

- Physician staffing for the CL service, in relation to patient volume – national survey data.

TABLE 3. Survey Metrics on Psychosomatic Medicine Physician Staffing

Survey	FTEs per site[a]	Annual Consultations[a]	Hospital Beds[a]	Annual Consultations per Hospital Bed[a]	Annual Consultations per FTE[a]
Huyse et al., 2001 (N=56)[11]	≥3				
Joseph and Frichionne, 2005 (N=24)[10]	2.8				
APM Fellowship Directory, 2006 (N=35)	5.2	1,412	762	1.9	272
Saravay et al., 2006 (N=15)[20]	2.2	1,881	542	3.5	855
Saravay et al., 2006 (N=3)[20]	0.8	590	204	2.8	738
Kunkel et al., (N=7)	3.0	1,971	822	2.6	657
Total (means)[b]	2.8	1,464	583	2.7	631
Total (weighted means)[c]	3.6	1,553	686	2.4	485

FTEs: full-time equivalents.
[a] Numbers in each survey are the mean of each metric (FTEs per site, annual consultations, hospital beds, annual consultations per hospital bed, and annual consultations per FTE) across all programs surveyed.
[b] Huyse et al.[11] data were excluded from the FTE mean because they were not a mean value; Joseph and Frichionne[10] data were included in the FTE average only.
[c] Averages were weighted by number of programs in each survey.
N: number of programs with Psychosomatic Medicine services.

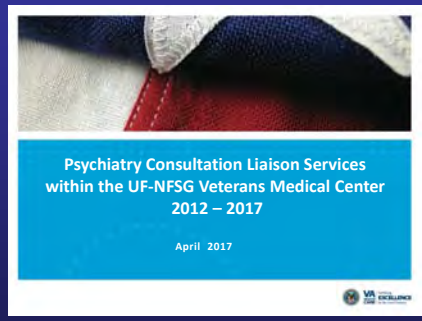
Psychiatry CL

- Staffing:
  - 2 faculty MD's (1.2 FTE total), one full-time social worker, for daily 8-5pm coverage Mon-Fri.
  - Two to three residents assigned to service
  - Weekends/holidays: covered by on-call psychiatry resident, with faculty back up via phone and in person as needed
- Top three consultation requests:
  - Medication recommendations (agitation, delirium)
  - Baker Act evaluations
  - Safety evaluations (followed by Depression and Capacity)

Psychiatry CL Biggest successes/contributions

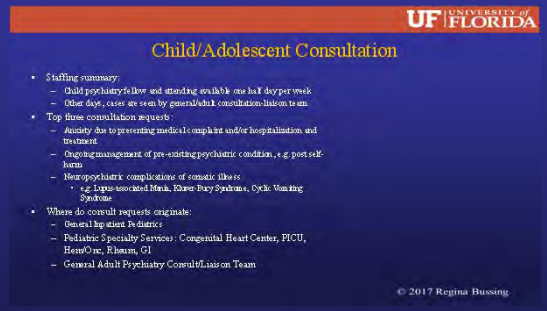
- Better integration of psychiatric and medical-surgical care
- Better utilization of staff resources in each unit (early consultation, optimization of care)
- Comprehensive training and education of students/residents

Child/Adolescent Consultation



Addiction Consultation

VA Consultation Liaison Services



Psychiatry CL Biggest challenges

- Staffing patterns and patient volumes ratio
- No dedicated staff for service-line care delivery (e.g. transplantation, dialysis, intensive care, primary care)
- Reactive vs proactive service
- Absence of systemic prevention programs (delirium) and of measurements of improved customer satisfaction (patient and consultee)
- Change role and qualification of "sitters"

Needs assessment through new collaborations

- Main objective is to proactively identify unit staffs' challenges with management of "psychiatric" patients through:
  - Attendance at daily morning nursing Safety Huddle by IPIC staff and CL counselor.
  - Twice weekly attendance at Hospitalist Medicine rounds (with Charge Nurse and Case manager), by CL psych attending, up to 1h.

Additional methods for determining CL and system education needs

- Participation in monthly interdisciplinary hospital work groups
  - Care of psychiatry patient in ED
    - Involves relevant stake holders that can achieve changes
    - Systematic review of PSRs with case study
  - Violence Task Force
    - Focus on staff safety concerns
    - Educational initiatives aimed at nursing and "sitters"

Reaching out to other consultation services

- Neurology
  - Currently staffed in weekly rotation by assigned neurologist (non-teaching service) – will likely change
  - ED: stroke
  - Typical non-ED consults include: seizures, entrapment neuropathies, strokes, acute mental status changes without a medical etiology
- Aging
- Clinical and Health Psychology

Future CL Model

- New hospital opening
  - Increased consultation requests
  - Increased need to improve care for patients with neurocognitive disorder or at high risk for delirium
- Proactive themes
  - Early detection and treatment of patients at higher risk for mental health problems and increased LOS
    - Delirium prevention
    - Optimized care for patients with neurocognitive disorders
  - Build capacity, skills and sensitivity to detect and intervene for non-psychiatric providers

References

Alter, C. L., B. A. Schindler, K. Hails, R. Lamdan, E. J. Shakin Kunkel and R. Zager (1997). "Funding for consultation-liaison services in public sector-managed care plans. The experience of the Consultation-Liaison Association of Philadelphia." Psychosomatics **38**(2): 93-97.
Bronheim, H. E., G. Fulop, E. J. Kunkel, P. R. Muskin, B. A. Schindler, W. R. Yates, R. Shaw, H. Steiner, T. A. Stern and A. Stoudemire (1998). "The Academy of Psychosomatic Medicine practice guidelines for psychiatric consultation in the general medical setting. The Academy of Psychosomatic Medicine." Psychosomatics **39**(4): S8-30.
Heinrich, T. W., A. C. Schwartz, P. C. Zimbrean, S. Lolak, M. T. Wright, K. B. Brooks, C. L. Ernst and D. F. Gitlin (2014). "Recommendations for training psychiatry residents in psychosomatic medicine." Psychosomatics **55**(5): 438-449.
Hussain, M. and D. Seitz (2014). "Integrated models of care for medical inpatients with psychiatric disorders: a systematic review." Psychosomatics **55**(4): 315-325.

References

Kathol, R. G., E. J. Kunkel, J. S. Weiner, R. M. McCarron, L. L. Worley, W. R. Yates, P. Summergrad and F. J. Huyse (2009). "Psychiatrists for medically complex patients: bringing value at the physical health and mental health/substance-use disorder interface." Psychosomatics **50**(2): 93-107.
Kunkel, E. J., E. Del Busto, R. Kathol, T. A. Stern, T. N. Wise, F. R. Stoddard, 2nd, J. Straus, S. M. Saravay, P. R. Muskin, N. Dresner, C. J. Harrington, J. Weiner, J. Barnhill, M. Becker, R. C. Joseph, O. Oyesanmi, J. R. Fann, E. Colon, S. Epstein and R. Weinrieb (2010). "Physician staffing for the practice of psychosomatic medicine in general hospitals: a pilot study." Psychosomatics **51**(6): 520-527.
Lavakumar, M., E. D. Gastelum, T. H. Choo, J. S. Gerkin, D. Kahn, S. Lee, S. E. Nicolson, L. J. Rosenthal, A. C. Schwartz, M. B. Tobin, R. N. Wharton and P. A. Shapiro (2015). "Parameters of consultee satisfaction with inpatient academic psychiatric consultation services: a multicenter study." Psychosomatics **56**(3): 262-267.
Muskin, P. R., A. Skomorowsky and R. N. Shah (2016). "Co-managed Care for Medical Inpatients, C-L vs C/L Psychiatry." Psychosomatics **57**(3): 258-263.
Shaw, R. J., M. Pao, J. E. Holland and D. R. DeMaso (2016). "Practice Patterns Revisited in Pediatric Psychosomatic Medicine." Psychosomatics **57**(6): 576-585.