

Opportunities and Challenges of Improving Access to Psychiatric Care through a Consult and Return Clinic(CNR) in Charlestown

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Background

- Systemic barriers exclude and marginalize individuals with a great mental health need
- Access to psychiatric care has been a challenge around the world, including that at MGH
- A long wait period is one of the barriers to seek timely psychiatric evaluation and management
- CNR was started to increase access to psychiatric care for the members of the Charlestown community

Methods

- Data were collected reviewing EMR from October, 2019 to December, 2022. However, due to some technical issues, data from January, 2020 to September, 2021 could not be assessed
- Data were also collected from the survey with the Primary Care Physicians (PCPs) and experience from consultant psychiatrist.

Results

- Number of new patients consulted 70**
- Wait time decreased from 6-8 months to **2-4 weeks** for psychiatric consults
 - Over 10 stable patients were transferred back to the PCP within the first 12 months
 - About 40% of the patients seen in the CNR clinic have been transferred back to PCP after a few evaluations
 - 54.8% of the patients required longitudinal psych care

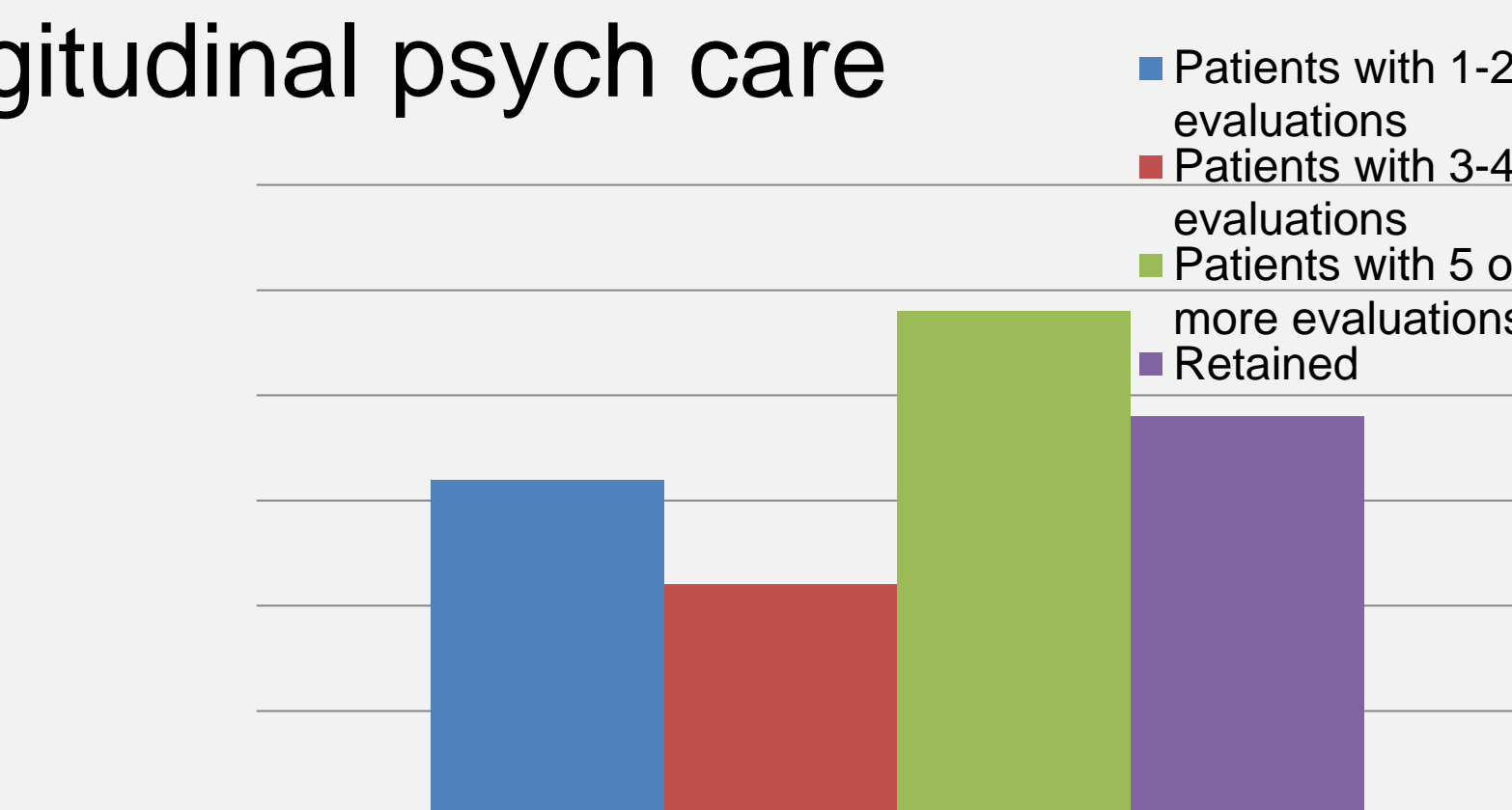
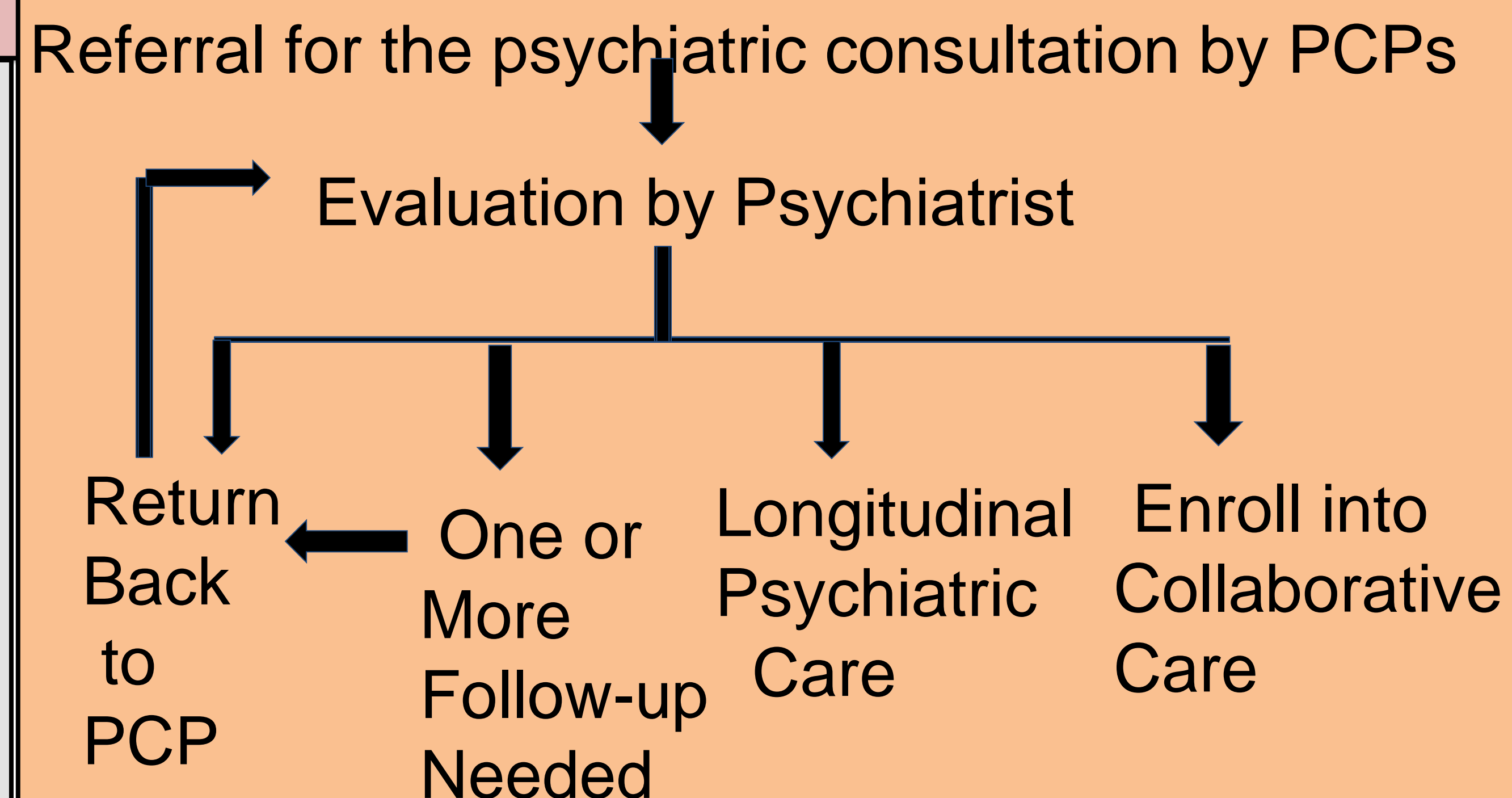
Challenges

- ❑ **Individual challenges**
 - Burnout of the consultant
 - Potential use of the clinic for the patients who need longitudinal behavioral health services
 - Reluctance of the psychiatric providers to return back the stable longitudinal patients
 - Reluctance of the PCPs to accept the stable patients with psychotropic medications
- ❑ **Systematic Challenges**
 - Business (productivity) model vs service model of the health care
 - Supporting the psychiatric consultant

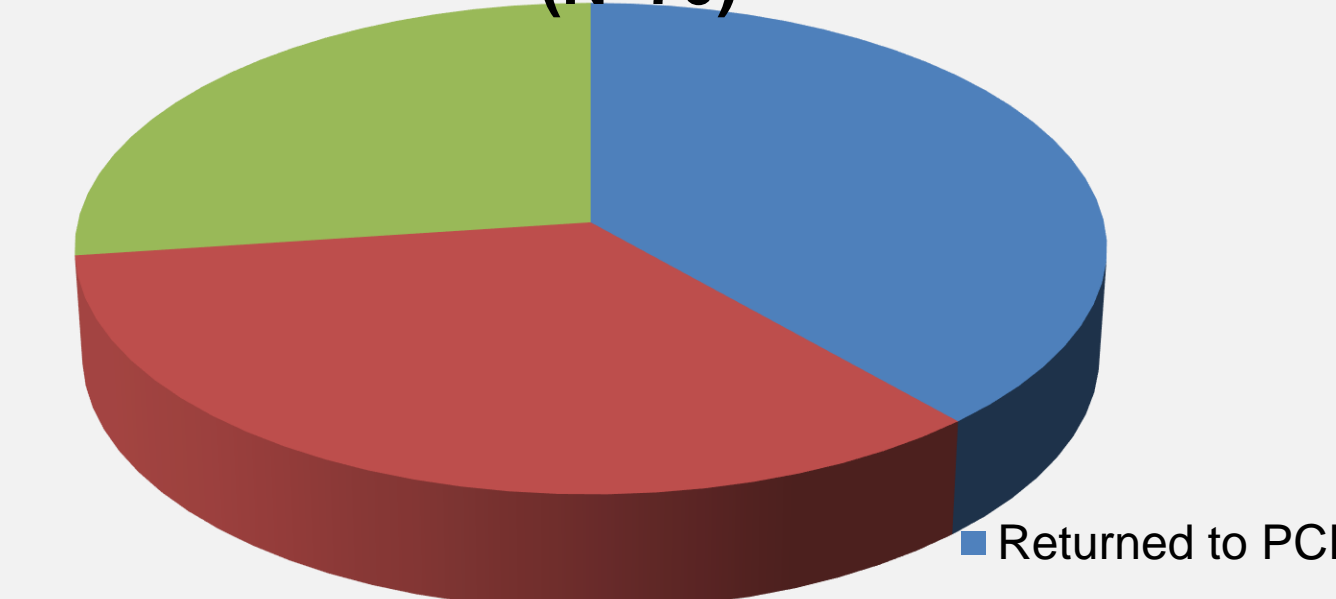
Objectives

- Describe the process of the CNR clinic
- Study the feasibility of transferring patients back to PCP after the consultation at the CNR clinic
- Discuss the outcome of the clinic
- Discuss the challenges of sustaining the CNR clinic

Model



Psychiatry care after the consultation (N=70)



Returned to PCP: 38.57%
 Waiting to be transferred: 34.29%
 Retained for ongoing care: 27.14%

Conclusion

- Access to psychiatry care can be improved through the consult and return clinic. However, multiple challenges to sustain the clinic remain
- Further research should investigate patient's satisfaction and their perceived quality of care in CNR clinic

Acknowledgement

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