Psychiatric Consultation in Primary Care at Student Health: A Collaborative Care Program

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Introduction

Students have increasingly been seeking mental health care, including in primary care settings. Many are presenting with complex needs in the setting of an overall shortage of psychiatric providers. To improve access to care, we developed a pilot program for Student Health and Wellness (SHW) primary care providers (PCP) to consult with psychiatry staff in the SHW Counseling Center (CAPS). This is either done with an eConsult or a one-time in-person consult visit, depending on patient needs.

Program Design

We developed a psychiatric consultation model to support SHW primary care clinicians in providing care, including psychotropic medications, to students with mild anxiety or depression who are stable or whose symptoms are mild. Students with more complex or severe presentations (e.g., Bipolar disorder) are referred for psychiatric care (at CAPS or in the community).

- **eConsult**: Non-urgent psychiatric questions that can be addressed without a face-to-face psychiatric consultation.
  - Ex. Guidance regarding psychotropic medication strategies and diagnostic considerations.
- **One-time in-person consult**: Non-urgent psychiatric questions requiring more comprehensive in-person assessment. These would involve more complex questions.
  - Ex. Evaluating for bipolar disorder, medication recommendations for non-response or partial response, and co-morbidity questions.
- **Timeframe**:
  - eConsults: consult note completed in EMR within 3 business days.
  - In-person consults: referral reviewed by psychiatric provider and student contacted for scheduling within 3 business days.
- **Psychiatry staff strive to provide practical and detailed recommendations, including**:
  - Areas needing further clarification, including suggestions for specific follow-up questions
  - Specific medication options, including dosing strategies and several additional options in a stepwise “if-this-then-that” format.
  - Non-medication recommendations (including for specialty care).

Methods

- Each consult request was counted and categorized based on referral questions (see key).
- Each referral might encompass more than one category of referral question.

Results

Between May 2022 - April 2023, 26 students were referred by Medical Services for a Psychiatry Consult. 38% were eConsults and 62% were one-time in-person consults.

Discussion and Conclusion

- The distinct consult types were used as intended.
  - eConsults more frequently asked questions in categories A and B, more straightforward medication questions, suggestive of less complex presentations.
  - **In-person consults** included more question types F, G, and H, suggesting more complexity, diagnostic uncertainty, and illness severity.
- Some students with significant mental health needs are presenting to primary care, as demonstrated by the % of consults with sufficient severity and complexity that specialized psychiatric care was considered:
  - Question types F (19% of total consults), G (23% of consults), H (19% of consults)
- Some challenges:
  - Training psychiatric providers in the consultant role (vs. the inclination to assume care of the student)
  - When specialized psychiatric care and/or psychotherapy is recommended, the referral process can be difficult due to resource limitations, both in CAPS and the community.
  - Allotted time for the consulting psychiatrist is vital for this process.
- **Benefits**:
  - The psychiatric consultation model has helped improve access to mental health care by providing timely specialized support to primary care providers.
  - Improved continuity of care (avoiding referral if possible).
  - A benefit that is difficult to quantify is the feelings of comrades and teamwork between the PCPs and psychiatry staff.
  - This model allows for continued learning for PCPs and potential decreased future need for consult with similar questions.

### Consult Questions: eConsult vs In-person

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<thead>
<tr>
<th>Consult Question</th>
<th>eConsults (n=10)</th>
<th>In-Person (n=16)</th>
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### Consult Questions Key

- A: med question: side-effects/unable to tolerate med
- B: med question: inadequate response
- C: med question: initial med option(s)
- D: med question: med change
- E: med question: safety/appropriateness of a med
- F: diagnostic question (ex. OCD and bipolar)
- G: overall treatment question: complex presentation
- H: overall treatment question: needs psychiatry specialist care?
- I: request for injectable antipsychotic