

# Improvement of Patient Follow-Up in the UT Health SA Psychiatry Resident Psychotherapy Clinic

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# The Team

## Team Members

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# What We Are Trying to Accomplish?

## OUR AIM STATEMENT

Increase the number of completed follow-up psychotherapy appointments in the ADVANCE clinic by 50% during a two-month period (two or more follow up appointments completed per month). The process begins January 2017 and ends July 2017.

This is important because engagement in psychotherapy is shown to improve patient outcomes versus medications alone, and for some individuals can be effective monotherapy. Thus, training in psychotherapy is an essential element of education for psychiatrists.

# Background

- UT Health SA Psychiatry Resident Psychotherapy Clinic, or ADVANCE Clinic
- Residents have clinic for a fixed 1/2 day, that continues throughout the year
- Psychiatrist (MD or DO)—training in pharmacotherapy and psychotherapy
- Training in psychotherapy only—licensed clinical social workers (LCSW), licensed marriage and family therapists (LMFT), licensed professional counselors (LPC), psychologists (PhD or PsyD), pastoral counselors

# Background

- Patients entering ADVANCE clinic attend their initial evaluation and then do not follow up.  
Interrupts continuity of care, which impedes progress/improvements and results in poorer outcomes  
Results in delays for new patients seeking mental health services  
Leads to educational deficiencies in resident training
- Empirically validated benefits of combined treatment in depression  
Faster responses (Bowers, 1990)  
Decreased rate of relapse (Paykel et al, 1999; Teasdale et al 2000)  
Improved medication compliance (Vergouwen et al, 2003)  
Greater patient satisfaction (Seligman, 1995)  
Lower long-term health and social service costs (Browne et al, 2002)
- Conditions in which psychotherapy is first-line treatment  
Social anxiety disorder  
Specific phobia  
Posttraumatic stress disorder\*

# How Will We Know That a Change is an Improvement?

## Baseline source of data

- Review of appointments in EPIC from Sep 2016-Jan 2017— Completed, Cancelled <24 hrs (by pt or MD) and “No Show”

## How to measure change

- Increase in number of patients completing 4 appointments in two-month period, per EPIC
- Compare Hamilton Anxiety Rating scale scores at 8 weeks

### Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present      1 = Mild      2 = Moderate      3 = Severe      4 = Very severe.

**1 Anxious mood**      0 1 2 3 4

Worries, anticipation of the worst, fearful anticipation, irritability.

**2 Tension**      0 1 2 3 4

Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.

**3 Fears**      0 1 2 3 4

Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.

**4 Insomnia**      0 1 2 3 4

Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.

**5 Intellectual**      0 1 2 3 4

Difficulty in concentration, poor memory.

**6 Depressed mood**      0 1 2 3 4

Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.

**7 Somatic (muscular)**      0 1 2 3 4

Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.

**8 Somatic (sensory)**      0 1 2 3 4

Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.

**9 Cardiovascular symptoms**      0 1 2 3 4

Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.

**10 Respiratory symptoms**      0 1 2 3 4

Pressure or constriction in chest, choking feelings, sighing, dyspnea.

**11 Gastrointestinal symptoms**      0 1 2 3 4

Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.

**12 Genitourinary symptoms**      0 1 2 3 4

Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.

**13 Autonomic symptoms**      0 1 2 3 4

Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.

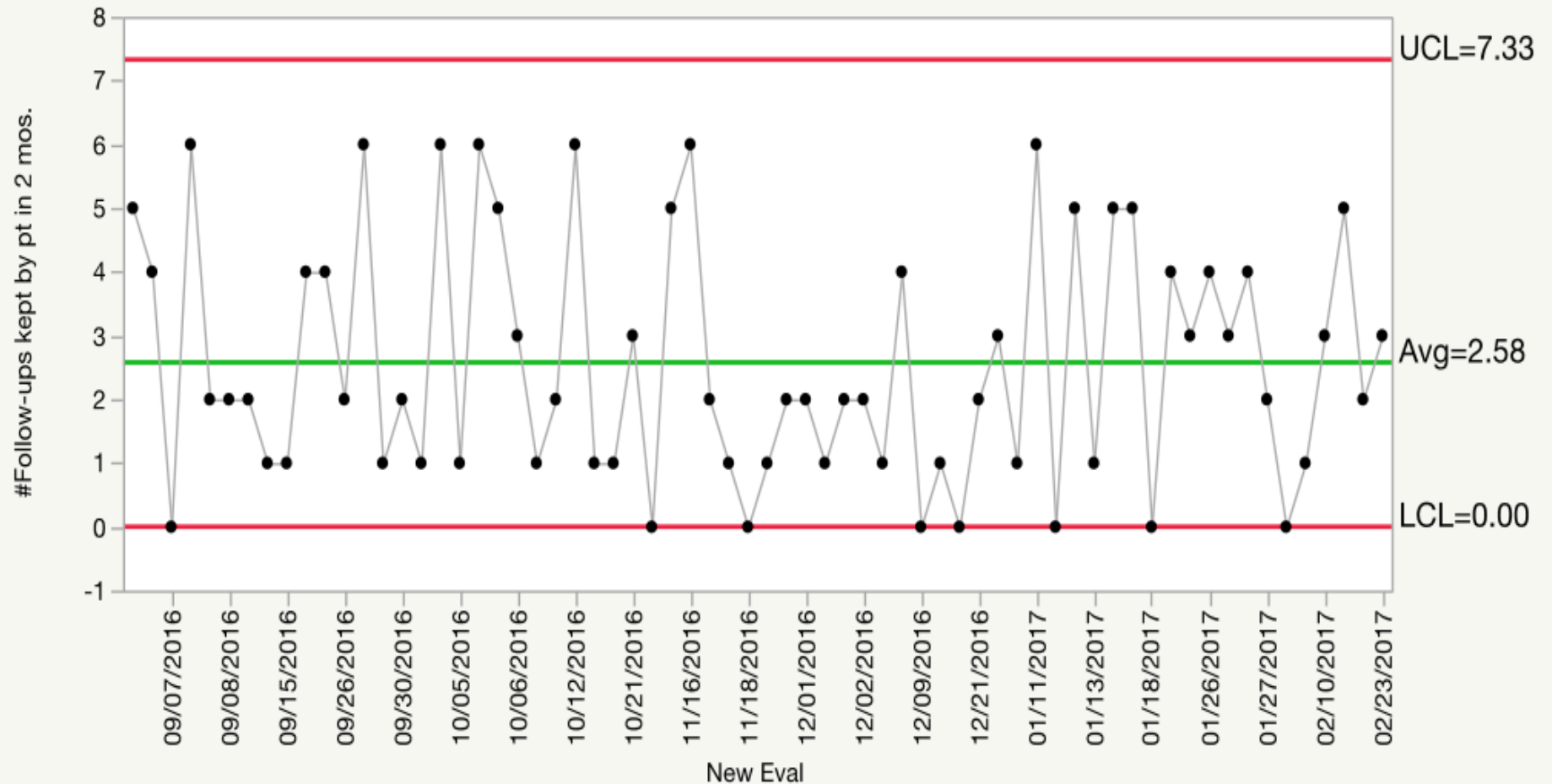
**14 Behavior at interview**      0 1 2 3 4

Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.

# Baseline Data

Resident	Patient	New Eval	# follow-ups in 2 months
A	A1	09/01/2016	5
A	A2	09/01/2016	4
B	B1	09/07/2016	0
C	C1	09/07/2016	6
C	C2	09/28/2016	1
D	D1	09/07/2016	2
E	E1	09/08/2016	2
E	E2	09/15/2016	1
F	F1	09/12/2016	2
G	G1	09/15/2016	1
H	H1	09/21/2016	4
I	I1	09/22/2016	4
J	J1	09/26/2016	2
K	K1	09/26/2016	6
L	L1	09/30/2016	2
M	M1	09/30/2016	1

## np-Chart: #Follow-ups kept by patient in 2 mos.

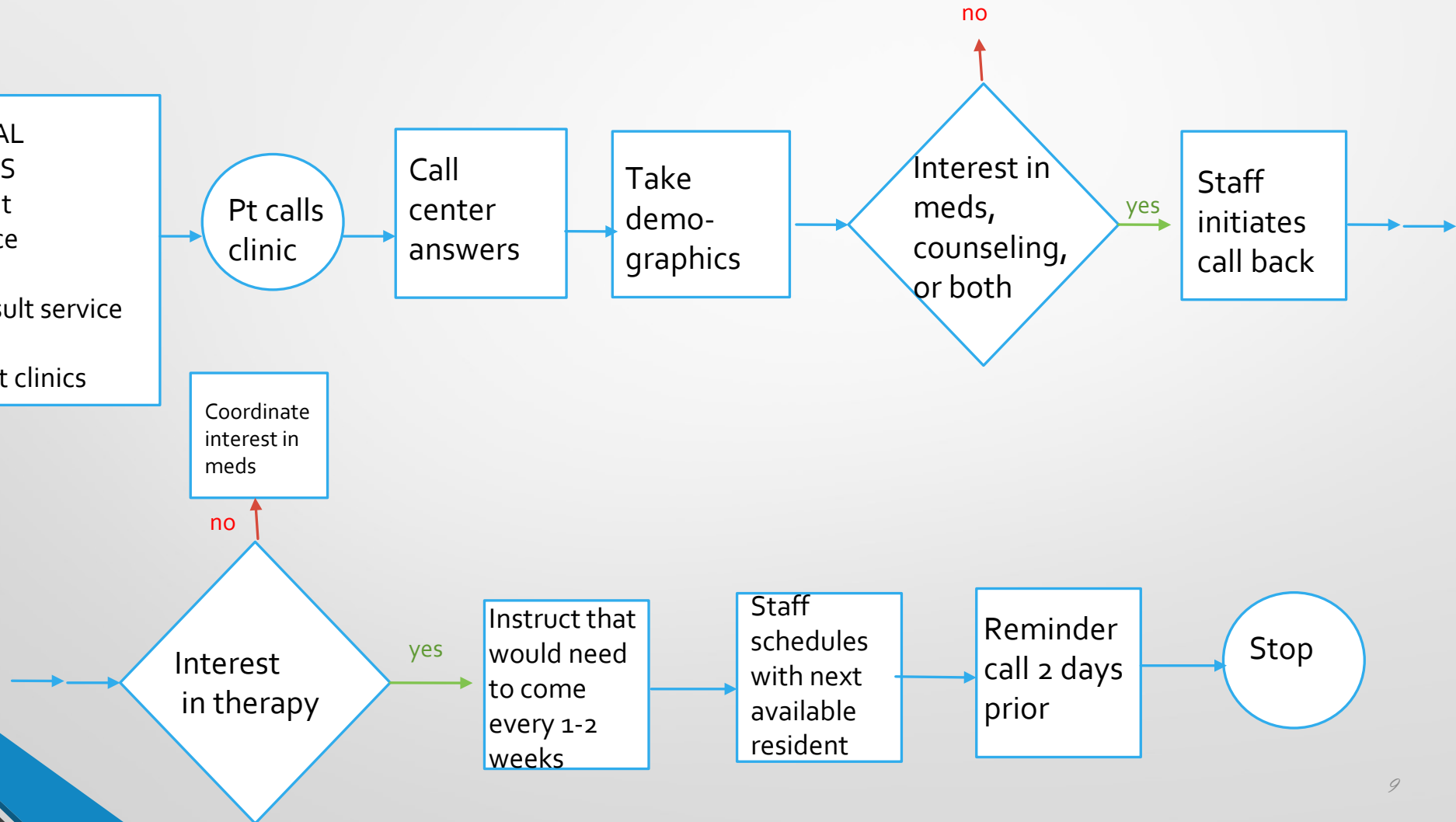


All the data used together to calculate Average and UCL / LCL..



# Process Analysis

## ADVANCE PSYCHOTHERAPY REFERRAL PROCESS FLOWCHART



# Process Analysis

Patient

Staff

Lack of patient follow-up

Therapist

Clinic

Misunderstanding of what "therapy" meant

Gets "better" after 1 session

Personality mismatch with therapist

Poor fit for therapy

Financial issues

Resident schedules difficult to find

Variation in therapy quality

Issues in supervision

Therapist doesn't touch base with patient before first visit

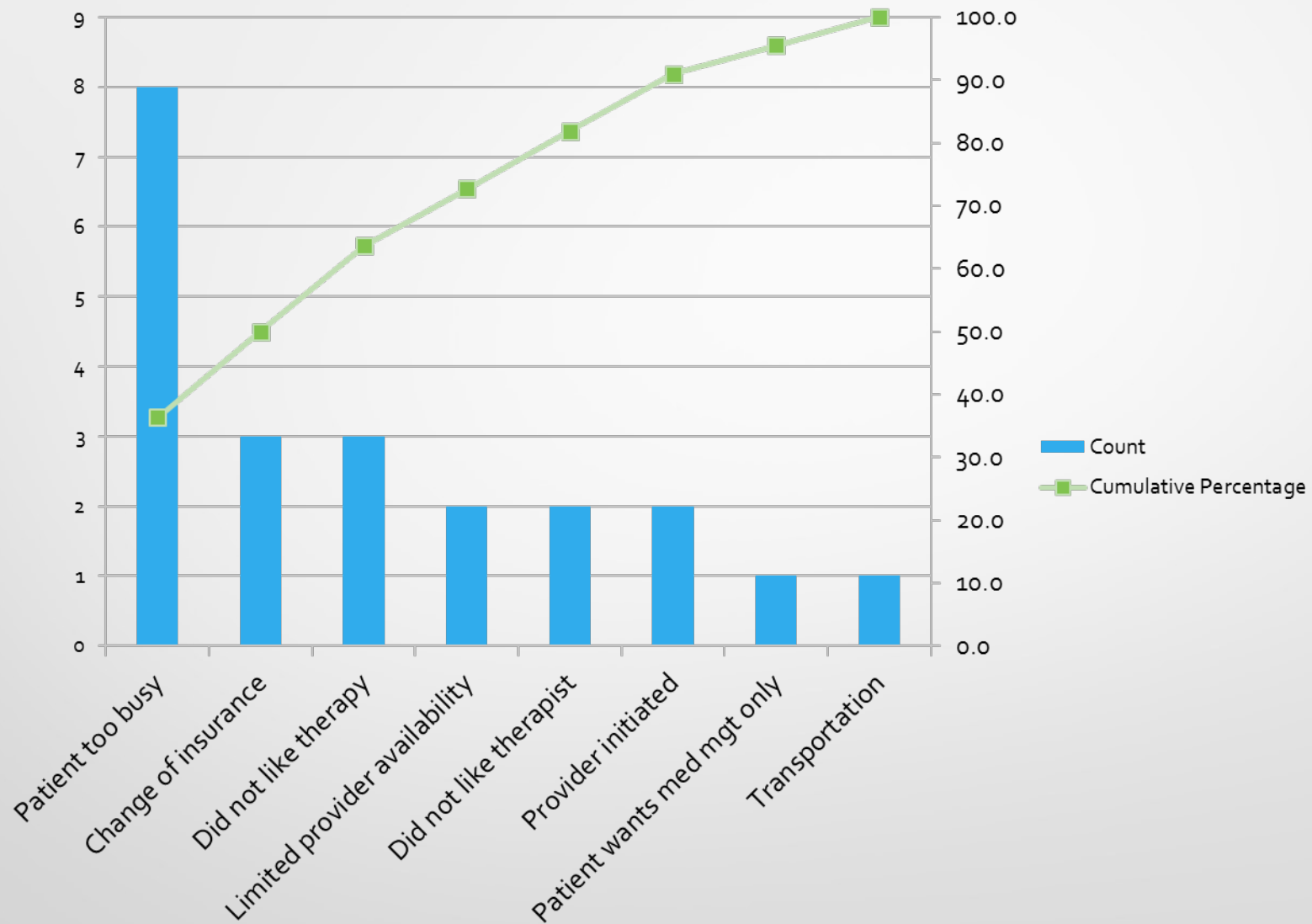
Parking

Schedule/only open 8-5

Insurance mismatch

Hard to find clinic

Schedules difficult for residents to read to decide on follow up



# What Changes Can We Make That Will Result in an Improvement?

- Provide realistic expectations and goals related to the therapy process
- Provide information to illustrate the benefit of this treatment modality and debunk the idea of “quick fix”
- Assess for symptom improvement/change in a more objective, uniform manner.

# Intervention

- Baseline data was extracted from EMR to determine targets
- Flyer was created to help standardize information presented.
- At start of intervention
  - Psychoeducation related to anticipated commitment for maximal therapeutic response
    - Flyer with education/goals/expectations physically provided to each patient
    - Verbal information regarding education/goals/expectations given by staff at time of appointment scheduled
    - Therapist reviewed education/goals/expectations
  - HamA baseline scale completed
- Multiple appointments for individual patient was scheduled after the initial evaluation
- After two month cycle, review
  - Rates of no-show/cancelled vs completed appointments
  - Trends in Hamilton Anxiety scores



## Department of Psychiatry – Advance Clinic

### Did you know:

- Psychotherapy improves emotions and behaviors and is linked to healthy changes in the mind AND body!
- 75% of people who enter psychotherapy show some improvement from it!
- In many cases the brain changes resulting from psychotherapy are similar to changes resulting from medication!
- Psychotherapy plus medication is more effective than medication alone!

### To get the most out of psychotherapy you need to:

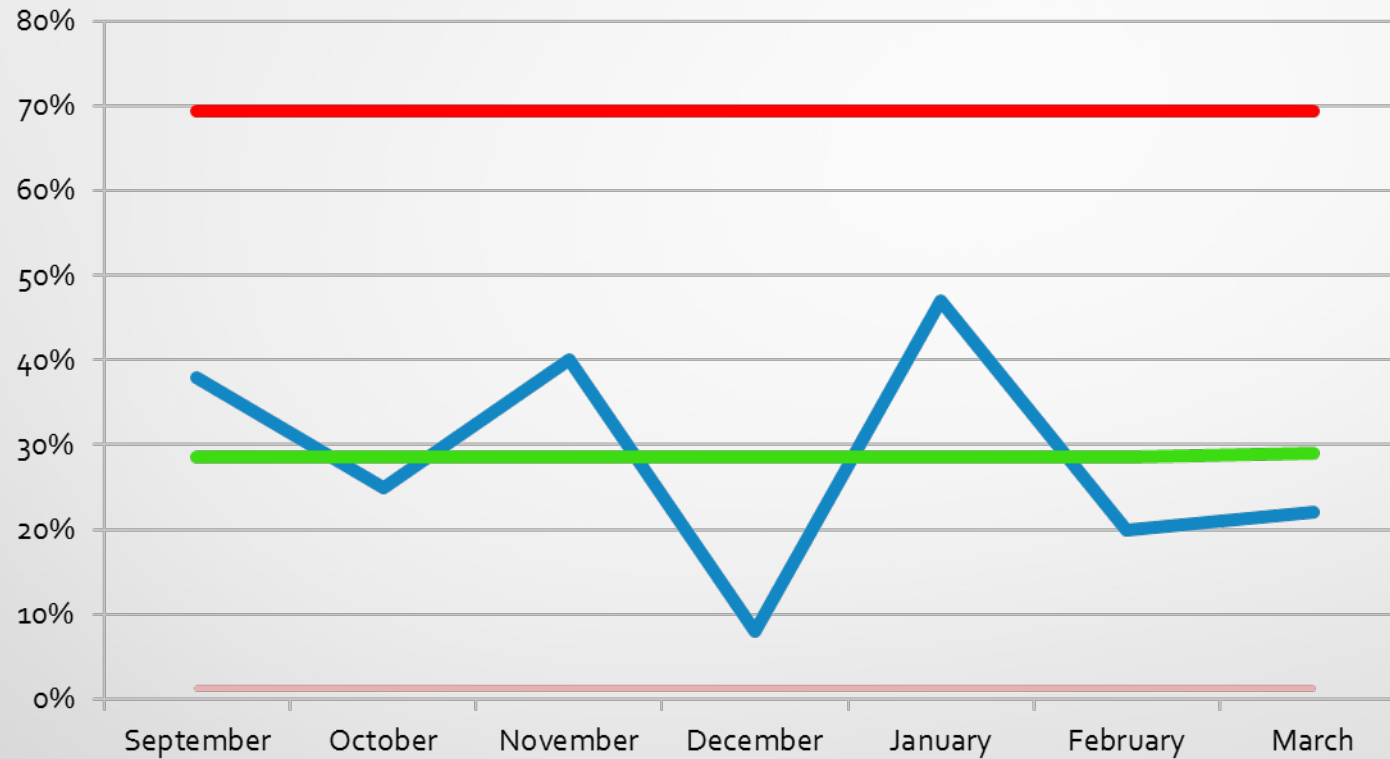
- Approach the therapy as a collaborative effort - be open, honest, and willing to work. You will get out of what you put in to it.
- Follow your agreed upon plan for treatment.
- Follow through with any assignments between sessions, such as writing in a journal or practicing what you've talked about.
- Attend weekly sessions. Frequency of sessions correlates with success!

# Testing the Change

- Intake process was modified as anticipated
- Additionally, it was decided that after initial intake, multiple follow-up appointments would be scheduled rather than waiting to do so after every isolated appointment which is generally the standard.
- Barriers/issues
  - Fragmentation of participants
    - Varying roles and physical locations made for creative meetings and coordination of tasks
  - EMR limitations
    - Required manual data extraction
  - Patient panel
    - <50% participation
- Difficult to quantify potential contributing factors of provider-patient mismatch (various factors that could be occurring on part of either party)

# Results

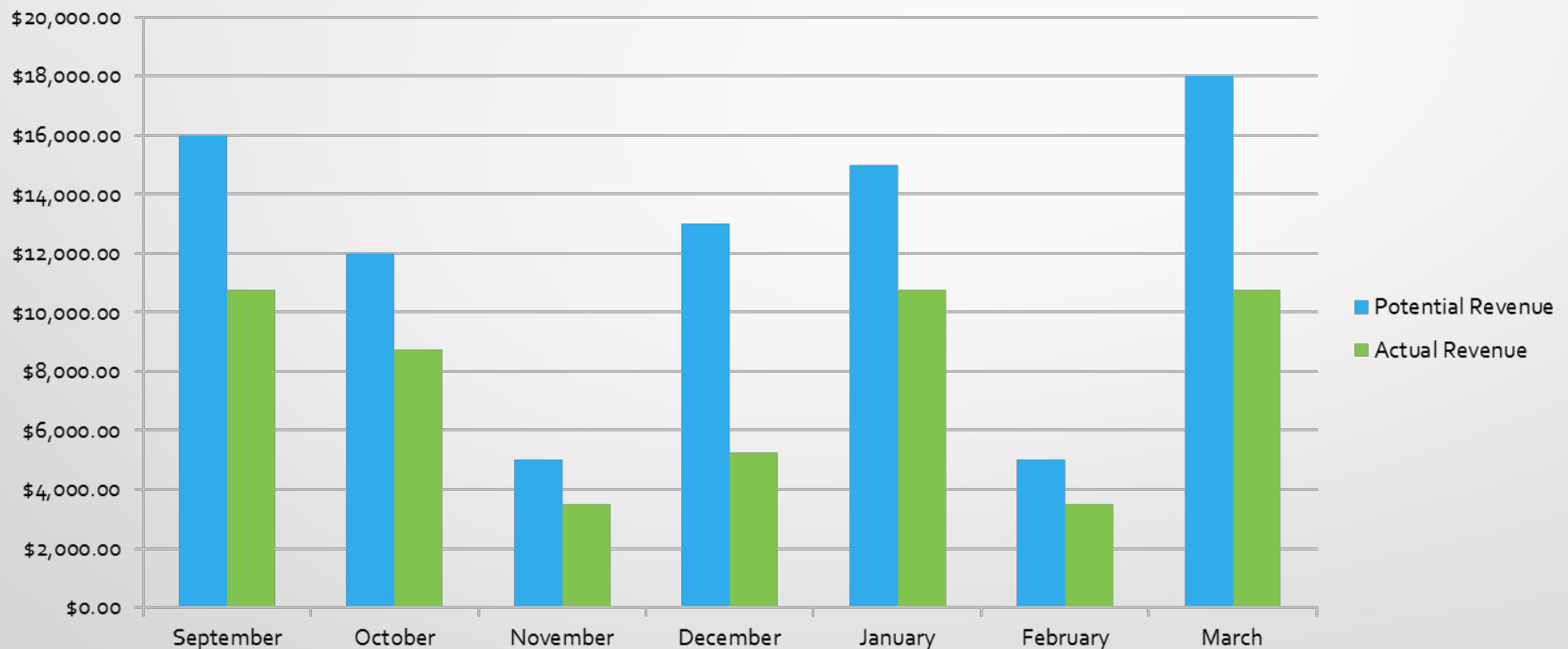
% of Residents with >3 follow up in 2 month period



Intervention

# ROI

- Staff prepares flyer (Marginal Expense)
  - Support staff already in place
  - Time cost minimal as all flyers are uniform and no patient specific information is required.
- total implementation costs = \$



Potential revenue calculated based off of average billing \$250/hr for therapy and medication management that would be generated if all resident's patients attended their evaluation and subsequent appointments as per our AIM goal



# Future action items

- Continued review of results after multiple 2 month cycles
- Follow Hamilton A rating scales
- Further discussion and investigation regarding patient schedule options
  - Consider a Saturday clinic
  - Consider an evening clinic
- Further discussion targeting populations who may benefit from current schedule available
  - Example: contracting for adult protective services and child protective services staff, first responders
- Consider the collaboration/creation of task force to explore therapist variables which may be contributing to patient treatment course
  - ways to more effectively assess therapist competency/ability
  - prospective monitoring of individual residents visit patterns

# Conclusion/What's Next

- Our AIM was not successfully achieved as our data was not statistically significant.
- Will continue to review subsequent 2 month blocks of intervention
- If continued insignificant, would need to reevaluate other scheduling options and reassessment of other variables as noted in prior slide

## Future benefits

Continued improvement for patient symptoms as they continue commit to process

Residents will continue to improve their knowledge and ability to conduct therapy

Improving clinic appointment completions will yield more revenue which will support physician salaries and allow for continued ability to address mission of education

# Thank you!

