

Interprofessional Primary Care Outreach for Persons with Severe Mental Illness



University of California
San Francisco

Barbara Burgel, RN, ANP, PhD, FAAN, Gerri Collins-Bride, RN, MS, ANP, FAAN,
Linda Chafetz, RN, PhD, Lewis Fannon, RN, MS, ANP, and Sherri Borden, RN, MS, ANP
University of California, San Francisco, School of Nursing
San Francisco, CA.

Background

The Interprofessional Primary Care Outreach for People with Mental Illness (IPCOM) project:

- Is a unique nurse-managed interprofessional (IP) primary care practice for the severely mentally ill
- Focuses on development of communication systems and infrastructure to facilitate collaboration across disciplines that currently operate in parallel fashion
- Consists of interprofessional teams comprised of a nurse practitioner, psychiatrist, pharmacist, IP students & mental health staff
- Serves an ethnically and culturally diverse population with high acuity for both mental health & primary care conditions; predominantly homeless from neighborhoods designated as health professional shortage areas
- Lack of collaboration across disciplines increases morbidity and decreases quality of care in this population

Project Aims

- Increase access to primary care services for persons with severe mental illness served in behavioral health residential treatment programs
- Enhance communication and interprofessional collaborative practice

Methods

- New teamwork and communication strategies instituted in IPCOM include:
 - Interprofessional core competencies and the patient-centered health home education for all team members, including students
 - Introduction of huddles across disciplines
 - Development of program & system level team structures
 - Enhanced NP access to the lifetime clinical record
 - Quality improvement projects to include smoking cessation, metabolic monitoring, HIV screening, and chronic pain management
- Acute diversion unit team member perceptions of collaboration using the Collaborative Practice Assessment Tool (CPAT) (57 items) in February and July 2014
- CPAT includes 8 domains/subscales:
 - Mission, Meaningful Purpose and Goals (8 items)
 - General Relationships (8 items)
 - Team Leadership (9 items)
 - General Role Responsibilities, Autonomy (10 items)
 - Communication & Information Exchange (6 items)
 - Community Linkages and Coordination of Care (4 items)
 - Decision Making and Conflict Management (6 items)
 - Patient Involvement (5 items)

Client Demographics

Figure 1: Demographics of Population Served

2014 Unduplicated data (N=646)

Variable	N/ mean	%/SD
Mean age	43.2 yrs.	13
Gender		
Male	390	60.4
Female	222	34.4
Transgender	34	5.3
Race/ethnicity		
African American	204	31.6
Hispanic/Latino	79	12.2
Caucasian	283	43.9
Asian/Pacific Islander	38	5.9
American Indian/Alaskan Native	7	1.1
Mixed or Other	35	5.7
Homeless/in shelter, prior to admission	360	55.6
Any occupational activity, prior 6 mos.	30	5.3
Insured	507	78.5
Smoker	364	56.0
Physical trauma/abuse during lifetime	405	62.7

Figure 2: Psychiatric Diagnosis at Admission

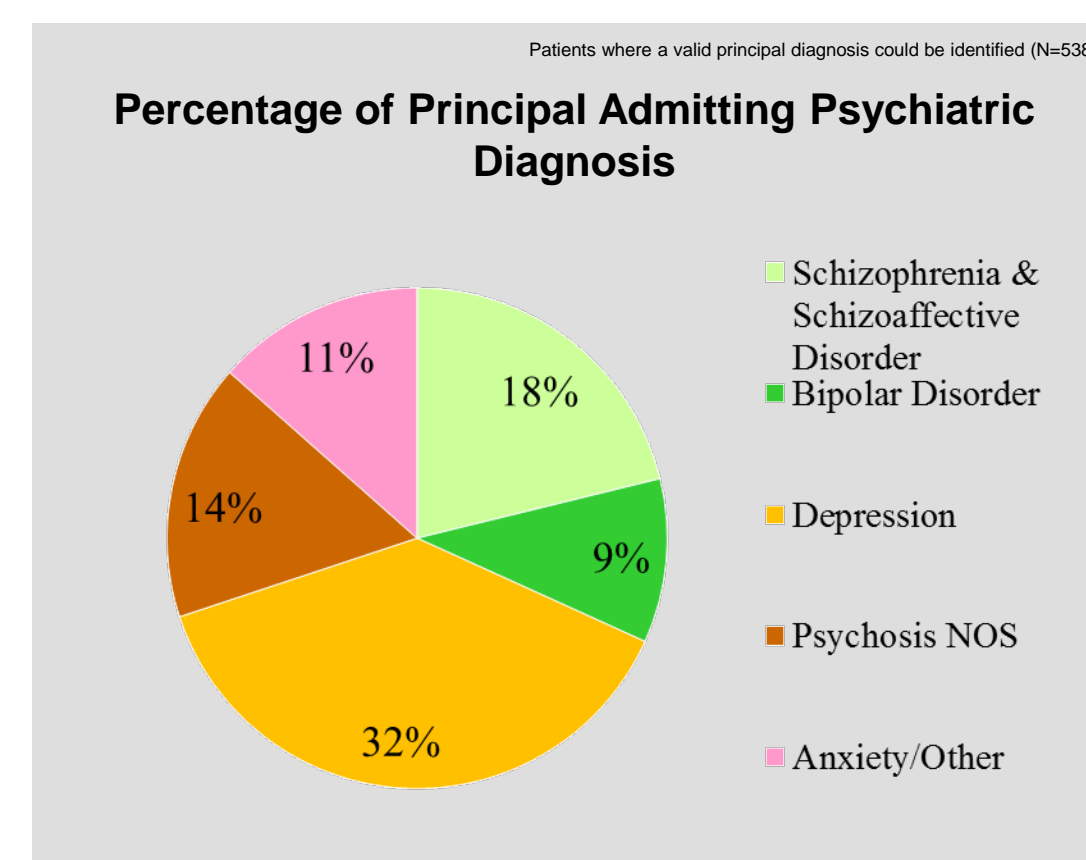
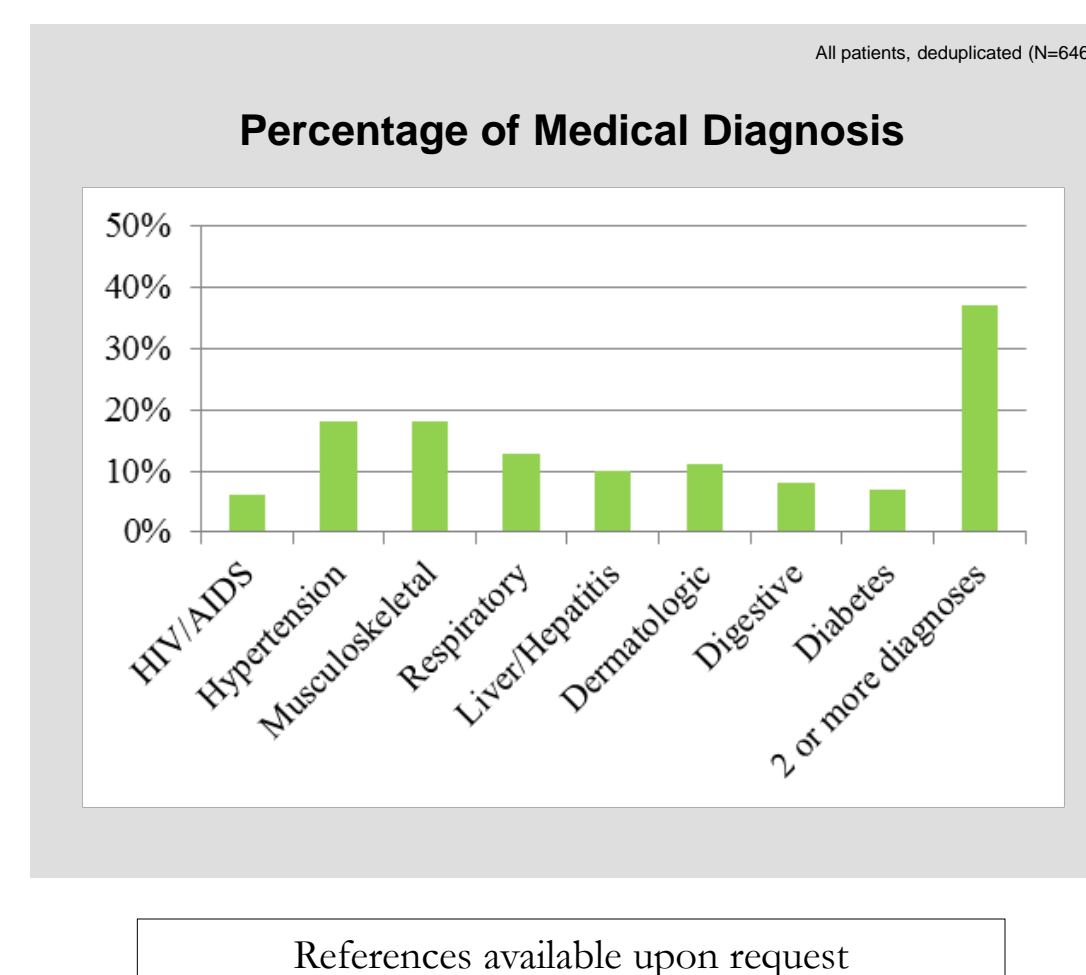
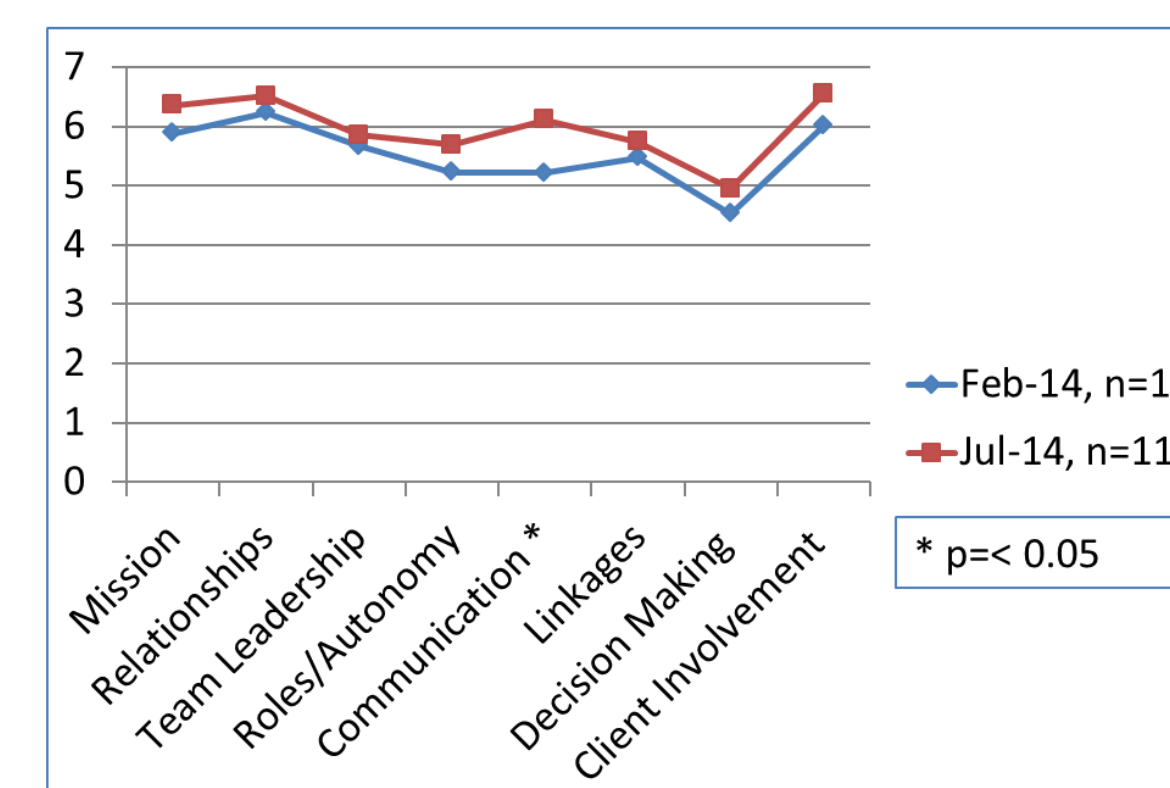


Figure 3: Medical Diagnosis at Admission



CPAT Domain Subscale Scores



Answer options include a 7-item Likert response scale: Strongly Disagree (1), Mostly Disagree (2), Somewhat Disagree (3), Neither Agree nor Disagree (4), Somewhat Agree (5), Mostly Agree (6), and Strongly Agree (7).

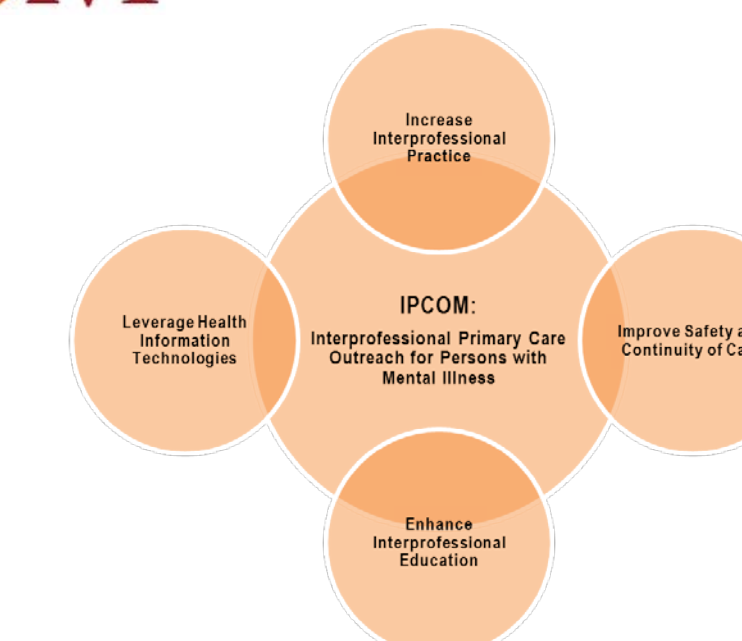
Communication & Information Exchange

Communication & Information Exchange Post Hoc Analysis	February 2014, n=12	July 2014, n=11	Change	p value
#37: Our team has developed effective communication strategies to share client treatment goals and outcomes of care.	5.17 (sd 0.94) Range 3.0-6.0	6.27 (sd 0.65) Range 5.0-7.0	1.10	0.005
#38: Relevant information relating to changes in client status or care plan is reported to the appropriate team member in a timely manner.	4.75 (sd 1.4) Range 3.0-6.0	6.0 (sd 0.89) Range 5.0-7.0	1.25	0.017
#41: The client health record is used effectively by all team members as a communication tool.	3.83 (sd 1.6) Range 2.0-7.0	5.73 (sd 1.3) Range 3.0-7.0	1.90	0.018

Decision Making & Conflict Management

Decision Making and Conflict Management Post Hoc Analysis	February 2014, n=12	July 2014, n=11	Change	p value
#46: Processes are in place to quickly identify and respond to a problem.	5.00 (sd 1.13) Range 3.0-6.0	6.10 (sd 0.99) Range 4.0-7.0	1.10	0.041

IPCOM Interprofessional Collaborative Model



Results

- Very diverse population served with complex medical and mental health issues, with a high burden of illness
- Collaboration, as measured by the CPAT, improved during year 1 of IPCOM
- When compared to other CPAT studies, which demonstrate clinically significant changes in CPAT subscale scores ranging from +0.2 to +0.6 over a 4-7 month timeframe (Byrnes et al., 2012, Paterson et al., 2013, Saulnier et al., n.d.), we demonstrated subscale improvements ranging from +.18 to +.9. Four items showed significant CPAT change scores ranging from +1.1 to +1.9.

Next Steps

- Expansion of IPCOM to transitional houses
- Continued engagement with the team in support of collaborative practice
- Periodic CPAT measurement to expanded team membership

Summary

- This is a medically complex caseload of persons with severe mental illness and comorbid medical conditions.
- Year 1 data demonstrated improved CPAT scores, specifically in decision making and communication/information exchange.
- Enhanced communication with interprofessional collaborative practice strategies in this unique NP practice model has high potential for increasing access to and improving the quality of primary care for persons with severe mental illness.

Acknowledgements:

Funding received from HRSA Nurse Education, Practice, Quality and Retention Grant (2013-2016). Grant number UD7HP26047. Gerri Collins-Bride, Project Director

Contact: Barbara J. Burgel, UCSF School of Nursing: (415) 476-4953
barbara.burgel@nursing.ucsf.edu.