

# Pathways to Psychiatry

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## **Objectives**

At the completion of this presentation participants should be able to:

- Understand consultative options for collaborative psychiatry care
- Understand the scope of an e-consult
- Distinguish roles of Integrated Behavioral Health (IBH), neuropsych testing, and psychiatry



# One time IBH Consultation

Established contact with IBH therapist from primary care clinic

Comprehensive review of the chart, extended visit with patient, and collaboration w/ IBH to provide recommendations moving forward

#### Within the scope of consult:

- clarify working diagnostic impression
- provide recommendations for treatment approach and offer considerations for other medical or psychosocial factors at play
- guidance on specific question

- place orders (labs, medications, referrals)
- provide mychart consultation
- facilitate or provide long-term care
- acuity
- Return to work review, legal or parental evaluations, medical clearance for firearms
- guidance with use of controlled substances



# Examples

- 43 yo woman w/ sustained remission of MDD greater than four years on Venlafaxine (Effexor XR) 150mg daily. Patient looking to taper off medication and has struggled with withdrawal symptoms in reducing from 75mg to 37.5mg. Please help develop taper schedule to minimize withdrawal.
- 65 yo man w/ MDD, seasonal affective disorder and early subjective concerns of cognitive change who has historically done well on combination of Escitalopram (Lexapro) and Bupropion (Wellbutrin XL). He currently is doing well though is worried about worsened mood, despair, and self-guilt with progressing cognitive changes, please assist in potential augmentation strategies if need be for the future.
- 85 yo woman w/ history of MDD stable for many years on Sertraline (Zoloft), please evaluate for new and intermittent episode of reported visual hallucinations w/ some consideration for early memory changes.
- 22 yo woman w/ history of ADHD (combined type) on Lisdexamfetamine (VyVanse) 50mg daily (prescribed by PCP) whose therapist is now raising concern for potential bipolarity, please review for diagnostic clarification.
- 42 yo woman w/ history of MDD, unspecified anxiety, historical ADHD and polysubstance use disorder (stimulant included) with well controlled symptoms on Lisdexamfetamine (VyVanse) 50mg daily, please verify dosing and need for continued use, I will continue to prescribe.
- 70 yo man w/ panic disorder, GAD, MDD and EtOH use disorder in sustained remission, on Alprazolam (Xanax) 1.0mg BID. The patient is not willing to consider re-trial of SSRI/SNRI, please provide treatment options alternative to SSRI/SNRI and to reduce long-term bzd burden.



# Psychiatric Stabilization Clinic (PSC)

Established contact with IBH therapist from primary care clinic (within reason)

Diagnostic impression and three-month coordinated follow-up ~ three to four visits

#### Within the scope of consult:

- clarify working diagnostic impression
- provide recommendations for treatment approach and offer considerations for other medical or psychosocial factors at play
- place orders (labs, medications, referrals) within PSC timeframe
- provide mychart consultation within PSC timeframe

- facilitate or provide long-term care
- acuity
- Return to work review, legal or parental evaluations, medical clearance for firearms
- guidance with use of controlled substances



## Examples

- 45 yo man with history of unspecified mood and anxiety symptoms in context of episodic EtOH use, mood and anxiety persist despite trials of Sertraline (Zoloft), Escitalopram (Lexapro), and Duloxetine (Cymbalta). Please help clarify diagnoses and appropriate treatment.
- 60 yo man with MDD and recent hospital contact for destabilization with SI, doing well in hospital follow-up on change to Venlafaxine (Effexor XR) though since hospital discharge with new (minimal) concerns resexual side effects, please evaluate and follow-up regarding sustained stabilization and acute sexual concerns.
- 38 yo man with reported history of ADHD combined type and GAD w/ social fears, previous psychiatrist provided stimulant and bzd therapy, patient requesting return to these medications.
- 42 yo woman with opiate use disorder in longstanding remission w/ MAT with anxiety and attentional concerns, ? GAD ?? ADHD ??? Other
- 62 yo man with GAD and panic disorder, co-morbid Parkinson's disease, with worsening anxiety despite optimization of regimen, please clarify diagnosis and potential treatment options.
- 33 yo man who recently relocated to area, medical history of unspecified psychosis (bipolar v schizophrenia) who is out of long-term antipsychotic therapy, please provide diagnostic clarification and stabilization in transition of move.



## E-Consult

### E-Consult

Established diagnoses with focused question

No direct patient contact or follow-up

#### Within the scope of consult:

- provide guidance for treatment approach of established diagnoses
- review medication dosing and general guidelines

- diagnostic impression or associated treatment guidance
- facilitate or provide long-term care
- acuity
- guidance with use of controlled substances



# Examples

- 33 yo woman with GAD on Venlafaxine (Effexor XR) 225mg daily and Buspirone (BuSpar) 10mg TID with worsened anxiety, reason for e-consult, "medication guidance for next steps."
- 52 yo man w/ "depression, PTSD, anxiety and EtOH use," reason for e-consult "medication management."
- 42 yo woman with history of MDD w/ psychosis, stable with recent PHP participation and medication adjustments but now experiencing galactorrhea w/ Risperidone (Risperdal) started in PHP. Reason for econsult, "pt would prefer to remain on Risperdal if possible."
- 84 yo woman w/ major neurocognitive disorder (no other known psychiatric history), with SI following news of sister's passing. Reason for e-consult, "suicidal, treatment recommendations."
- 22 yo man with history of unspecified mood and substance use, acutely psychotic in clinic with mother reporting uncharacteristic behavior in collateral (face tattoo within the last week). Reason for e-consult, "please assist with inpatient hospitalization, ? 72hh."
- 41 yo woman with longstanding history of ADHD (inattentive type) well controlled on Methylphenidate (Concerta) 36mg daily, started new job now working 12-hr shifts and finding impairment w/ end of shift, reason for e-consult "medication review to optimize ADHD treatment to needs of new job."



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Established diagnoses with focused question

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\*\*perinatal review per Dr. C Drom

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# \*\*a plug for PHP

## **Additional Options**

- ▶ IBH
- ▶ CoCM
- Neuropsych testing



#### INTEGRATED BEHAVIORAL HEALTH (IBH) PROVIDER & LOCATION LISTING

IBH LOCATION					
Clinic & External Scheduling	Address	IBH PROVIDER	EXT	INTERNAL SCHEDULING	EXT
Albany Clinic External Scheduling: 320-845-2157	30 Railroad Rd Albany, MN 56307	vacancy		Albany Clinic	36400
Becker Clinic External Scheduling: 763-261-7000	12800 Rolling Ridge Rd Becker, MN 55308	Moos, Gretchen MSW, LICSW	23274	Becker Clinic	24896
Big Lake Clinic External Scheduling: 763-263-7300	16830 198th Ave NW Big Lake, MN 55309	Moos, Gretchen MSW, LICSW	23274	Big Lake Clinic	22001
Clearwater Clinic External Scheduling: 320-558-2293	615 Nelson Dr, Box 217 Clearwater, MN 55320	Lund, Jennifer MSW, LICSW	58997	Clearwater Clinic	43020
Cold Spring Clinic External Scheduling: 320-685-8641	402 Red River Ave N, Ste 2 Cold Spring, MN 56320	Lund, Jennifer MSW, LICSW	58997	Cold Spring Clinic	46020
Correctional & Coordinated Care Clinic External Scheduling: 320-656-7195	2025 Stearns Way, Ste 114 St. Cloud, MN 56303	Dorholt, Zachary MS, LPCC, CCHP Young, Angela MS, LMFT	53613 55499	Correctional & Coordinated	
Family Health Center	1555 Northway Dr, Ste 200 St. Cloud, MN 56303	Carver, Barbara Psy, LP - Director BH Family Residency	70298	Family Health Center	
External Scheduling: 320-240-3157	St. Globa, III. Globa	Jedlicka, Jennifer, MSW, LICSW	59026	Juanita (Nita) Schuneman	25255
Heart & Vascular Center External Scheduling: 320-656-7020	1406 6th Ave N St. Cloud, MN 56303	Mahowald, Toni PsyD, LP	57690	Heart & Vascular Center Sue Flemming	53792
Northway Family Medicine External Scheduling: 320-251-1775	1555 Northway Dr, Ste 100 St, Cloud, MN 56303	Sharp, Allison MSW, LGSW	76714	Northway Family Medicine	25116
Plaza-Adult Physiatry/Rehab External Scheduling: 320-229-4922	1900 CentraCare Crl, Ste 1550 St. Cloud, MN 56303	vacancy			
Plaza-Internal Medicine External Scheduling: 320-229-4928	1900 CentraCare Crl, Ste 2425 St. Cloud, MN 56303	Baas, Stephanie PsyD, LP	57630	Plaza Internal Medicine	71806
Plaza-Pediatric Clinic External Scheduling: 320-654-3610	1900 CentraCare Crl, Ste 1300 St. Cloud, MN 56303	Laudenbach, Lori MA, LPCC Kociemba, Kelcee MA, LMFT	53992 74205	Plaza Clinic Pediatrics Denise Moses	73686
River Campus-Internal Medicine External Scheduling: 320-240-2203	1200 6th Ave N St. Cloud, MN 56303	Baas, Stephanie PsyD, LP	57630	River Campus-Internal Medicine	52500
Sartell Clinic External Scheduling: 320-202-8949	251 CR 120 St. Cloud, MN 56303	Blonigen-Heinen, Patty MSW, LICSW	59029	Sartell Clinic Mary Daniel	71155
Sauk Centre Clinic External Scheduling: 320-352-6591	425 Elm St N Sauk Centre, MN 56378	Frie, Nicole MSW, LICSW	21762	Sauk Centre Clinic	21513
Sexual Medicine & Gender Med. External Scheduling: 320-654-3633	CentraCare Urology Clinic St. Cloud, MN 56303	Sharp, Allison MSW, LGSW	76714	Sexual Medicine & Geno Medicine 320-654	
Southway Clinic External Scheduling: 320-251-8181	1301 33rd St. S St. Cloud, MN 56301	Sanow-Hansen, Cassandra MSW, LGSW	52045	Southway Clinic	71221
St. Joseph Clinic External Scheduling: 320-969-7765	1360 Elm St E St. Joseph, MN 56374	vacancy		St. Joseph Clinic	22500
Virtual-Integrated Behavioral Health Eden Valley Clinic Long Prairie Clinic Melrose Clinic Paynesville Clinic Richmond Clinic New London Clinic Willmar Clinic Willmar Lakeland External Scheduling: 320-243-7723		Coleman, Summer MSW, LICSW Lynch, Kelsey MSW, LICSW	72343 23850	Peggy Stang	42463
Director IBH Kirchner, Jody MSW, LICSW Ext 23292 Cell 320-260-9773					





## Collaborative Care Model (CoCM)

- CoCM collaborative approach between care manager (IBH), PCP, and psychiatry in which recommendations are made based off of data collected per care manager (IBH) and PCP to include diagnostic impression
- ▶ Aim is to increase access to psychiatry and decrease time to remission
- Piloted by Dr. J Schmitz with Dr. S Bass PsyD (River Campus Internal Medicine), Ms. C Sanow Hansen LGSW (Northway Family Medicine Clinic) and by Ms. A Sharp LGSW (Plaza Internal Medicine)

### Neuropsych Testing

- array of comprehensive diagnostic and cognitive testing
- limits include parental assessments or autism evaluations
- consider collaboration to review question(s) of concern to help focus or guide specific testing
- not long-term and not psychiatry



## Questions