DRAFT and Work in Progress

Psychiatry and Primary Care Partnership - Guide to Patient Flow

(This Document is a work in progress being developed by psychiatrists and PCP’s as they begin the process of thoughtfully transferring patients from specialty psychiatry to primary care.)

 When are patients ready to return to PCP care from Psychiatry?:

Pediatric:

1. The target symptoms are significantly resolved/improved on the current med regimen
2. No significant changes to meds in last several visits (could be 6-12 months depending on the complexity of the diagnosis and regimen)
3. Underlying diagnosis and med regimen are reasonable for PCP management (so a patient with recurrent psychotic major depression might stay under psychiatry care even if they’re currently doing pretty well)

Adult:

1. Symptoms stable (still need to define)
2. No medication change for one year
3. On 3 or fewer psychiatry medications

Framing the patient expectation for psychiatry services:

1. PCP at point of referrals explains the specialty service as time limited, with goal of eventual return to PCP care.
2. At intake psychiatry explains that treatment is time-limited problem-focused
3. Prevent the "once a psych patient, always a psych patient mentality"
4. Most people like the idea of "graduating" from needing services, treatment plan supports the discharge from specialty services

Documentation to support the expectations:

1. Recently added discharge planning field to initial evals, treatment plans and updates, and E&M notes
2. Keeps our attention focused on throughput—and provides a potential UM tool.

Role of both primary care and psychiatry in receiving returning or shared patients;

1. "Leaving the door open": Willingness to take the patient back with ability to access phone curbside to PCP, re-consultation, or re-engagement in treatment should things change.
2. Concept of ‘shared patient’ status: keep patient opened in psychiatry for 6 months post f2f contact to allow for easy return if needed.
3. Shared communication about plan, with agreement from both providers about the return. Each location to determine effective ways to communication.

　Role of BHC in this process (To be Developed)

1. If actively working with the patient:

2. If not actively working with the patient:

From Mary Jean Mork, Maine Behavioral Healthcare

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