Embedding Psychiatric Consult in the Outpatient Palliative Care Team

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The Permanente Medical Group - San Francisco

Authored by: Loretta Wilson, MSN | Meredith Heller, MD | Eliana Greenberg **Contact:** Loretta.k.wilson@kp.org

Background

Kaiser Permanente is an integrated health care delivery system that provides members with both primary and specialty care services across inpatient and outpatient settings.

At the Kaiser Permanente San Francisco medical center, a psychiatric provider is embedded as a care team member in the outpatient Palliative Care Clinic.

This partnership ensures that patients with complex psychiatric histories who are facing life-limiting illnesses are connected with the psychiatry provider best equipped to provide them with specialized, excellent care.

Treatment as Usual

Previously, when patients seen by Palliative Care presented with significant psychiatric need, providers would refer the patient to the Psychiatry Department.

The Psychiatry Department would then reach out to the patient to schedule an appointment.

This model did not recognize the unique needs, both medical and social, that exist for palliative care patients:

- Patients coping with life-limiting illness and loss of ability would have to navigate the Psychiatry Department themselves.
- There was limited linkage between the palliative care team and the patient's ultimate psychiatric provider.
- Palliative care patients may lack the stamina, social support, or emotional resources to seek psychiatric care, navigate the department, and adhere to a treatment plan, as they are often juggling many appointments at once.
- Many therapists and psychiatrists lack training and expertise to feel comfortable providing psychiatric care to patients facing the end of life.

Our Model

A provider from the Psychiatry Department (in this case, a Psychiatric Nurse Practitioner) is embedded in the outpatient Palliative Care Clinic and Oncology Department, which are co-located. The psychiatric provider has the expertise to address both medical and psychological concerns in the context of serious or life-limiting illness.

The provider works closely with the palliative care team to support their patients:

- Provider sees patients both individually and with the palliative care team during shared appointments.
- Palliative care team refers patients directly to this psychiatric provider when patients are having complicated psychosocial issues.
- Palliative care and oncology providers consult with the psychiatric provider in complex cases or when patients decline referral to psychiatry.

Staffing model for palliative care patients with significant psychiatric needs

"Our psych NP's input has been absolutely invaluable, especially for those patients struggling with such severe anxiety that it is affecting mind AND multiple body systems. I ALWAYS feel better about our team's care after consulting with her."

-- MD in Palliative Care Clinic

"With her calm and wise demeanor and her deep knowledge of both psychiatry and oncology, she provides a safe space for patients and families to explore their deepest fears around loss of control and mortality."

-- RN in Palliative Care Clinic

Benefits

Increased patient satisfaction
Patients and their family members report feeling more supported by the palliative care team and by the Kaiser Permanente medical system overall.

Better care
Patients are getting better care, psychiatrically and emotionally.

Palliative care providers feel more supported
The psychiatry provider is consulted for complicated psychiatric needs, ethical concerns, and treatment decisions, and is considered an invaluable team member.

Better distribution of resources
The MD, RN, and social worker on the palliative care team can focus on patients that need resources they can provide, rather than being occupied by emotional and distress tolerance needs.

Smoother transition from oncology into palliative care
By accepting referrals from both Oncology and Palliative Care, the psychiatric provider is able to provide a supportive bridge between curative and palliative treatment. She acts as an additional resource for educating patients and families about the benefits of palliative care.

Decreased emergency department utilization
Patients who were frequenting the ED because of psychiatric complications such as anxiety were provided with appropriate psychiatric support and stopped or reduced inappropriate ED visits.

Patients and their caregivers are more likely to access appropriate support and care
Members who may not have had the resources to navigate the psychiatry department on their own are connected with highly specialized support.