

DB Primary Care Access Grants 2005-2007

DB	Problems	Purpose	Plan	Results
<p>Colorado (CPS) Approved 2005</p> <p>Contact: Laura F Michaels JD</p> <p>Email : cps@nilenet.com</p>	<p>Access issues; lack of collegiality between PCP and Psychiatrist.</p>	<p>Help thwart non-physician prescribing initiatives by addressing access problem and engaging medical community. Build stronger alliances with PCPs</p>	<p>Develop survey for PCPs and analyze results at a day long retreat for Executive council members, then circulate a draft of strategies and action steps leading to long term implementation of the strategic plan.</p>	<p>Developed strategic plan that was implemented in 2006 grant.</p>
<p>Colorado (CPS) Approved 2006</p> <p>Contact: Laura F Michaels JD</p> <p>Email : cps@nilenet.com</p> <p>Ongoing</p>	<p>Access to care issues. Only 25% of those with mental health diagnosis receive treatment and more than half of their treatment is by a PCP.</p>	<p>To increase quality of mental health care by PCPs.</p>	<p>Create referral resource accessible to public and PCPs; determine most effective ways for PCPs to access psychiatric consultations and for psychiatrists to develop relationships with PCPs.</p>	<p>With approval of APA, focus of grant was changed to a consultation program for pediatricians that would provide them with access to child psychiatrists within 20 minutes of call. Goal: a) help with access to care and b) show lack of need for prescribing by psychologists. Status: steering committee of pediatricians and psychiatrists formed to design project; seeking additional funding for pilot.</p>
<p>Hawaii (HPMA) Approved 2005</p> <p>Contact: Lydia Hemmings</p> <p>Email: lydiahpma@aol.com</p> <p>Ongoing</p>	<p>Federally funded clinics using PCPs and psychologists; stigma stops patients from seeing psychiatrists and instead receive services from PCPs; isolated geographically</p>	<p>Build collaboration with PCPs</p>	<p>HPMA will demonstrate a need for psychiatric quality care by supporting PCPs through informal consultations; will be available for referrals when indicated and will recruit more psychiatrists. Currently in 2nd phase of recruitment; 3rd phase will encourage PCPs to use a referral list of psychiatrists and will build collaborations.</p>	<p>1st stage linked 119 PCPs with names & contact information with 19 psychiatrists</p> <p>Progress report pending</p>
<p>Hawaii (HPMA) Approved 2006</p> <p>Contact: Lydia Hemmings</p> <p>Email: lydiahpma@aol.com</p>	<p>Lack of psychiatrists in rural areas of Hawaii; primary care doctors are questioning the level of mental health care they can provide as</p>	<p>Build collaborative relationships with PCP and increase HPMA membership.</p>	<p>Increase quality and access to mental health services in Hawaii, increase district branch memberships and develop PCP and psychiatrist collaboration in rural and urban areas of Hawaii</p>	<p>Progress report pending</p>

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Ongoing	lack appropriate knowledge base.			
Iowa (IPS) Approved 2006 Contact: Karen Loihl Email: iowapsych@mchsi.com Ongoing	Underserved Communities; workforce shortage crisis.	Retain residents from the University of Iowa to practice in Iowa's underserved communities.	Host meeting for a the 50 University of Iowa residents that will include a short program on the benefits of membership in the APA/IPA and meet with psychiatrists current practicing in Iowa and learn information about current openings (residents attending will be given a summary of job opportunities).	Held dinner meeting Fall 2007 with 20 residents and families and 16 members. Gained two residents to practice in Iowa, one in underserved area. Seeking funding to host another.
Iowa (IPS) Approved 2007 Contact: Karen Loihl Email: iowapsych@mchsi.com Ongoing	Limited access to outpatient psychiatric care	Introduce open access programs through collaborative initiatives	IPS will initiate a series of three collaborative learning sessions in which the principles and strategies of open access (learning to reduce delays in care, overcome barriers for clinics and create a knowledge base) will be introduced to Iowa psychiatric caregivers. Clinics will be selected based on criteria to implement open access programs.	Phase 1 of plan in process, focusing on mental health providers in six clinics and other locations. Introducing innovative strategies to decrease patient wait time for appointments.
Maine (MPA) Approved 2005 Contact: Warene Chase-Eldridge Email: weldridge@mainemed.com Ongoing	Psychiatrists limited in geographic region	Collaborate with Maine Academy of Family Practice Physicians	Link volunteer psychiatrists with rural primary care physicians (phone, email) for informal consultations regarding treatment.	Operational one year with 18 volunteer psychiatrists consulting with 22 PCPs. Coordinator hired; revised materials, surveying consultants assessing satisfaction, next to survey consultees; brochure under development on Consultation Project to send to PCPs in state; 1/2 day conference for consultants recruit & retain. Educational conference on Adolescent Suicide - for psychiatrists, PCPs & educators. Progress report pending.

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<p>Minnesota Approved 2005</p> <p>Contact: Linda Vukelich</p> <p>Email: l.vukelich@comcast.net</p> <p>Ongoing</p>	<p>Psychologists use lack of Access to psychiatrists as rationale for prescribing privileges</p>	<p>Integration of MH and Primary health care</p>	<p>PCPs providing behavioral Health services will have access to education & consultation with psychiatrists practicing in medical settings. It will include a mechanism for payment in an integrated system</p>	<p>Progress in organizing educational Community-based educational programs in 12 rural communities re training on recognition & treatment of depression. Curriculum (outline & learning objectives) developed with trained speakers. Integration Task Force has steering committee of psychiatrists, family physicians, buyers, payers & state agencies; group builds consensus around payment</p> <p>Lessons learned: 1. Difficulty getting PCP's to show up for training sessions, instead a workshop was held at the Academy of Family Physicians Annual Conference. 2. Challenge building integrative programs, since physicians mainly work in primary care clinics (for-profits) and psychiatrists practice at CMHC's and hospitals (which are required to be non-profits in Minnesota). 3. Issue getting telepsychiatry started and specialists involved.</p> <p>Shortly after DB's efforts, a new project was developed in Minnesota through the Institute for Clinical Systems named "The Depression Improvement Across Minnesota Offering a New Direction (DIAMOND) project". The project is identifying and developing evidence based best practice models for depression care and is recommending options for implementation throughout Minnesota.</p>

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<p>North Carolina (NPA) Approved 2005</p> <p>Contact: Robin Huffman</p> <p>Email: ruffman@ncpsychiatry.org</p> <p>Ongoing</p>	<p>Shifting delivery from public clinics to private providers with primary care physicians providing treatment. There is a need to shift to sub-specialty model that transitions stable patients back to primary care physicians.</p>	<p>Aid in the reform of the NC public mental health system to improve integration with medicine, access for patients and improve overall quality of MH care.</p>	<p>Established Access to Care Task Force to develop models of care delegation, re-engage with general medicine community and form interactive models of care.</p> <p><i>Phase 1</i> – identify problems & build alliances with pediatricians, family practitioners, internal medicine and gynecologists.</p> <p><i>Phase 2</i> – focus groups and pilot project with PCPs develop model for psychiatric and PCP consultation</p> <p><i>Phase 3</i> – Implement models with psychiatrists & other MDs</p>	<p>Currently have 4 pilot sites with varying models to integrate behavioral & primary care in MA. Grant from NC Attorney General from lawsuit for educating PCPs on diagnosis & treatment of anxiety & SA. Want to coordinate with public & private sector efforts in various diagnoses to include effectiveness. Invited other state groups; Phase 1 continuing with surveys & research-related models for consults, care delivery, & rapid patient evaluations.</p> <p>Progress report regarding Phases 2 and 3 pending.</p>
<p>New Mexico Approved 2005</p> <p>Contact: Marsha VerPloegh</p> <p>Email: pmanm@qwestoffice.net</p> <p>Ongoing</p>	<p>Access to psychiatric services.</p>	<p>Establish New Mexico Rural Psychiatry Outreach project.</p>	<p>Recruit & identify psychiatrists to provide monthly clinical services to underserved communities; match communities & specific providers; establish database.</p>	<p>Progress report pending.</p>
<p>Pennsylvania (PPS) Approved 2005</p> <p>Contact: Deborah Shoemaker</p> <p>Email: dshoemaker@pamedsoc.org</p> <p>Ongoing</p>	<p>Rural and urban underserved psychiatric services; intense anti-psychiatry bias at leadership levels in Pennsylvania's Office of MH & SA Services (OMHSAS); potential for legislative and regulatory efforts to expand scope of practice of other provider groups.</p>	<p>Increase access to psychiatry</p>	<p>Stage 1: Pro bono, informal consultations for PCPs, via telephone consults PPS; identify underserved areas; PPS members will connect via telephone with PCPs. Serve pediatricians and PCPs; list PPS members on password-protected website for MDs being served. Evaluate legal implications; implement Marketing Plan; develop assessment tool and plan to maintain program.</p> <p>Produce assessment and report within six months.</p>	<p>Appointed member advisory group; developing marketing materials; working with legal counsel on liability questions; applying for pharmaceutical support; will use website to provide general info to PCPs. There is concern about database info without password protection; concern about PCPs not contacting psychiatrists, analyzing why this occurs to design program to address.</p> <p>Progress report pending.</p>

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<p>Utah (UPA) Approved 2005</p> <p>Contact: Paige De Mille</p> <p>Email : paige@utahmed.org</p> <p>Ongoing</p>	<p>Scope of practice; Access to care</p>	<p>Improve communications locally for between PCPs, nurse practitioners and other health care providers with psychiatrists through UPA functions.</p>	<p>Hold conferences in outlying areas that serve as catchment areas for all of Utah</p>	<p>Two conferences held - northern and southern parts of state. Invited primary care, nurses, nurse practitioners, i.e., all auxiliary groups who deal with mental health issues. Provided information re when to refer to psychiatrists and how to handle situations until referral made. Seeking funds to hold additional conferences.</p>
<p>Western Missouri (WMPS) Approved 2005</p> <p>Contact: Jill Watson</p> <p>Email: jwatson@metromedkc.org</p>	<p>Mid-America Coalition on Healthcare called attention to employee depression and identified obstacles to treatment. Increasingly more PCPs, Oncologists, Cardiologists and other physicians are diagnosing and treating patients with depression but do not have updated training.</p>	<p>WMPS need for education of PCPs on diagnosis, treatment, and when to refer to psychiatrist for depression</p>	<p>Hold 3-4 education sessions on diagnosis, treatment and when to refer.</p>	<p>CME program offered by psychiatrists at Missouri State Medical Assoc., April 2007. Provided feedback re how to better communicate with primary care physicians. Two meetings with Kansas City Board of Family Practice have further opened dialogue with PCPs. Submitting 2008 grant application to extend program.</p>
<p>Wyoming (WAPP) Approved 2006</p> <p>Contact: O'Ann Fredstrom, M.D.</p> <p>Email: teton@wyom.net</p> <p>Ongoing</p>	<p>Difficulty recruiting psychiatrists to practice in Wyoming</p>	<p>Retain psychiatrists to practice in Wyoming through collaborative processes.</p>	<p>Coordinate with psychiatric residency programs in neighboring states so residents can complete their training in Wyoming and receive tuition reimbursement if they would choose to practice in Wyoming</p>	<p>To be completed January 2007</p> <p>Progress report pending.</p>