

Incorporating Psychiatric Care in a Philadelphia HIV Clinic

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Introduction

Untreated mental illness is one of the leading reasons people discontinue antiretroviral treatment (ART). The inability to access psychiatric care is a major contributor to the problem. Barriers to proper psychiatric care often include wait times, transportation, childcare, lack of insurance, and stigma.

Drexel University's Partnership Comprehensive Care Practice (PCCP) is a large Ryan White funded practice in Philadelphia, PA. Multidisciplinary care is provided to over 1,700 patients annually. Many patients are identified with having a mental illness that includes Bipolar DO, Depression, Schizophrenia, PTSD, and Generalized Anxiety DO. They often struggle to access and remain in psychiatric care in the community.

In August 2018, PCCP addressed the barriers to care and partnered with Psychiatry, Tower Drexel Medical Group to schedule psychiatric appointments in the clinic.

Unmet need (objectives)

Community Based	On Site PCCP
1.5 hr long intake	No intake required
Insurance or Medicare eligibility required	No insurance requirements
Unfamiliar location	Familiar location
Often outpatient therapy required for psychiatrist visit	Therapy is highly recommended, but not required
Often require consistent patient attendance to continue treatment	Patients are not "closed" from care if they miss too many appointments.
HIV/PCP providers often in different systems- difficult to coordinate care	No barriers to coordinate care- HIV/PCP provider + psychiatrist on same team

Methods

August 2018: two psychiatrists provided 8 30 minute sessions across 2 days a week

- Often same day appointment as the scheduled provider appointment
- Create team model with integrated care between provider and psychiatrist
- HIV provider may consult psychiatrist in acute situations
- When stable, patient referred to OP program and often to Tower Drexel Medical Group
- Behavioral Health Consultant monitors progress following appointments and the start of medication. Patients don't have to wait for their next visit to discuss side effects etc.

August 2019: sessions increased to 16 over 3 days a week

Referral: Self-referral or referred by their PCP, case manager, or behavioral health consultant



Who benefits from psychiatry at PCCP?

Anyone:

- with difficulty accessing psychiatry outside of the practice
- who is ambivalent to try a new location and service
- who associates mental health centers with a stigma
- who feels shame/embarrassment going
- who likes the idea of meeting all needs in one appointment
- in an acute crisis unable to wait for an appointment
- who has symptoms too severe to complete an intake and wants to avoid the ED/inpatient units



Psychiatrist and HIV Provider:

- Able to determine the length of the session without funding/insurance restrictions

Lessons learned and Case Reviews

Between August 2018 and December 2019, 127 unduplicated patients were seen by psychiatrists at PCCP.

We learned:

- Incorporating on-site psychiatric care improved patient's access to mental health service.
- The presence of psychiatrists in the clinic improves the comfort of HIV specialists in managing comorbid psychiatric illness.

Patient: A- cis gender male

- Past psychiatric history: multiple admissions, diagnosis of Bipolar DO with psychosis, self-medication with cocaine, viral load of 123,000 in April 2019, wanted to go to rehab but didn't feel comfortable due to psych symptoms
- PCCP History: visited with psychiatrist, safely able to enter and complete rehab program, followed by psychiatrist for 6 months with 100% show rate, last viral load of 217

Patient B- cis gender male

- Past medical history: schizophrenia, cocaine and alcohol dependence, suicidal thoughts with multiple inpatient admissions, history of not returning to community-based clinics post discharge
- PCCP History: met with psychiatrist October 2019, tried injectable antipsychotics, returned for next appointment to start injections and follows up monthly. Show rate is 100%!

Future Considerations

This initiative is young and requires more time for measured outcomes. Outcomes could include:

- viral suppression after psychiatry visit
- improved show rates for all appointments
- improved quality of life measures
- Telehealth visits for psychiatry and HIV care

References:

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2. "America's Mental Health 2018." *Cohen Veterans Network*, www.cohenveteransnetwork.org/AmericasMentalHealth/.