

Welcome and Sign-In

- Please sign-in by chatting
 - your name,
 - your organization
 - anyone else joining you today
- If you have not yet registered, please email uwictp@uw.edu and we will send you a link

General Disclosures

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

Planner Disclosures

The following series planners have no relevant conflicts of interest to disclose:

- Denise Chang, MD
- Jessica Whitfield, MD, MPH
- Betsy Payn, MA, PMP
- Esther Solano

Anna Ratzliff MD PhD has received book royalties from John Wiley & Sons (publishers).

Overview of Learning Collaborative

- Audience:
 - Psychiatric Consultants
 - Working or hoping to work in integrated care settings
- Goals:
 - Provide ongoing integrated care education (CME available)
 - Foster learning and support network
 - Support sustainment of integrated care
- Structure:
 - Monthly lunch hour on 2nd Tuesday
 - Didactic topic 20-30 mins
 - Open discussion remainder of time
 - Topics repeat every 6 months

Resources

- [AIMS Center office hours](#)
- [UW PACC](#)
- [Psychiatry Consultation Line](#)
 - (877) 927-7924
- [Partnership Access Line \(PAL\)](#)
 - (866) 599-7257
- [PAL for Moms](#)
 - (877) 725-4666
- [UW TBI-BH ECHO](#)

Reminders

- Please keep yourself on mute during the didactic
- If you have a question during the presentation (related to the topic or not) please type it in the chat

Waitlist Management

Shannon Kinnan MD

Speaker Disclosures

- No disclosures

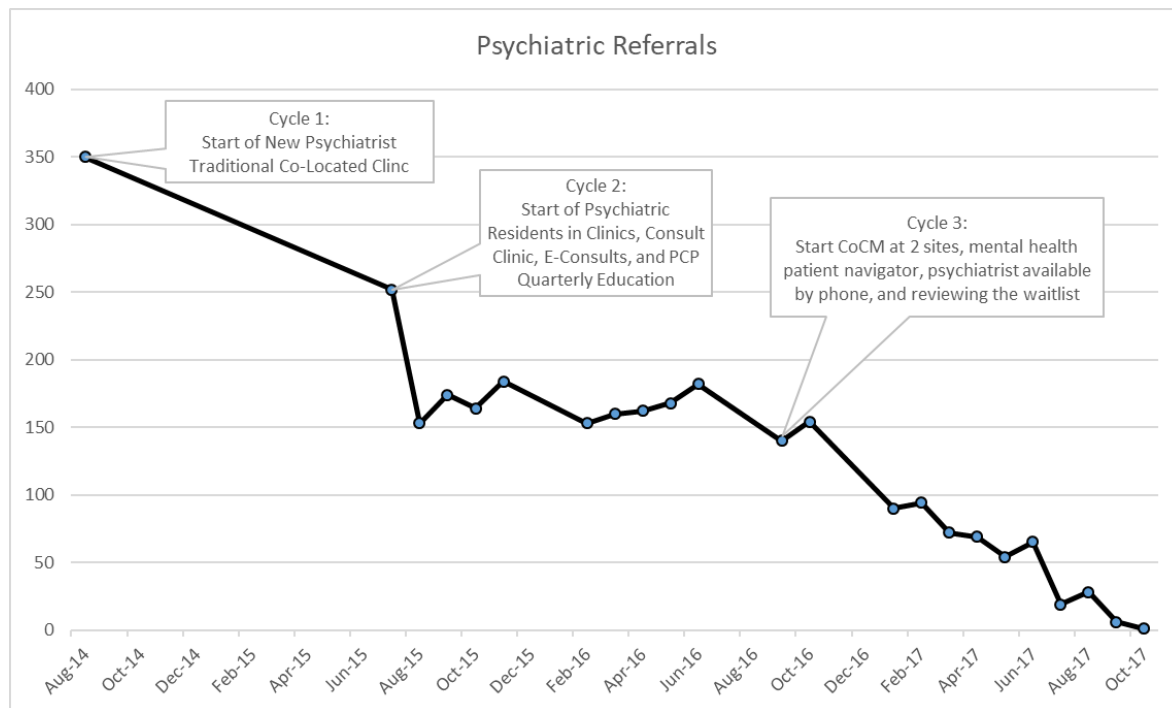
Learning Objectives

- Analyze times of wasted “expertise”
- List ways to provide EBM to patient care that are not traditional fee for service
- Determine if there are ways to craft who you see to give the highest value to the visits

Can you make sure each of your visits is high value?

- Lets describe times in your day or clinical visits that your expertise was not needed.

How a Health Center Eliminated the Waiting List for Psychiatric Services,



Shannon Kinnan MD, Margaret Emerson DNP, John Kern MD, Anna Ratzliff MD, PHD *Psychiatric Services*, 2019

Increase Workforce

- Increase staff
- Participate in workforce development
- Create a resident rotation

Transition from Traditional Clinic to a One-Time Consultation Clinic

- This is how most other medical specialties operate---or they see patients 1-3 times a year
- Strongly consider ahead of time who you want to keep
- Manage patients expectations about this
 - both from your referral source
 - introduction yourself
- Give 6 months worth of management advice to pcp team

The e-consult

- PCP's have the availability to send questions (often pharmacology related) to the psychiatric consultants through a task in the EHR. The consultant would then review the patient chart, formulate a recommendation based on this information and send an electronic response back to the PCP team
- Recommended article—
Adams TCE, Lim CT, Huang H. The Practice of Psychiatric E-Consultation: Current State and Future Directions. *Harv Rev Psychiatry*. 2022 May-Jun 01; 30(3):191-197.

PCP Education

- My team likes case-based presentations
- Work with team to find out topics that they like
- Depression, anxiety, ADHD, substance use disorder, tapering off of benzodiazapine

Reviewing the Waitlist

Can you decide who you see?

Take a time to look at a waitlist and diagnosis and devise a plan

--Adult ADHD as an example

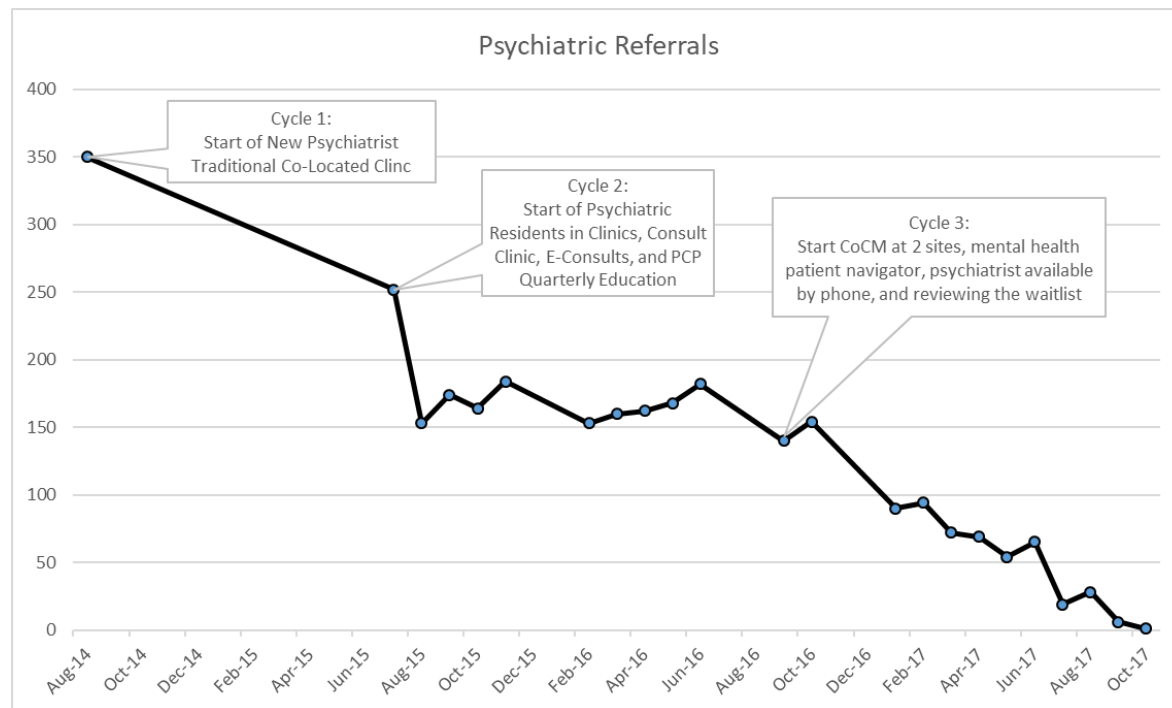
--Support staff—behavioral health navigators

--continue benzo prescriptions

Availability

- Being open to in the moment to consults/ cell phone/ app

How a Health Center Eliminated the Waiting List for Psychiatric Services,



Shannon Kinnan MD, Margaret Emerson DNP, John Kern MD, Anna Ratzliff MD, PHD *Psychiatric Services*, 2019

Takeaways

Please include at least 3 takeaways from your didactic

- The waitlist is not out of your control*
- Recommend starting an interdisciplinary QI group with input from medical, scheduling and mental health to explore points to make an impact*
- Collaborative Care and other integrated techniques can reduce your wait list, provide satisfied PCPs, and guide EBM to patients*

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

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