

University of Iowa: Physician Training Related to Mental Health

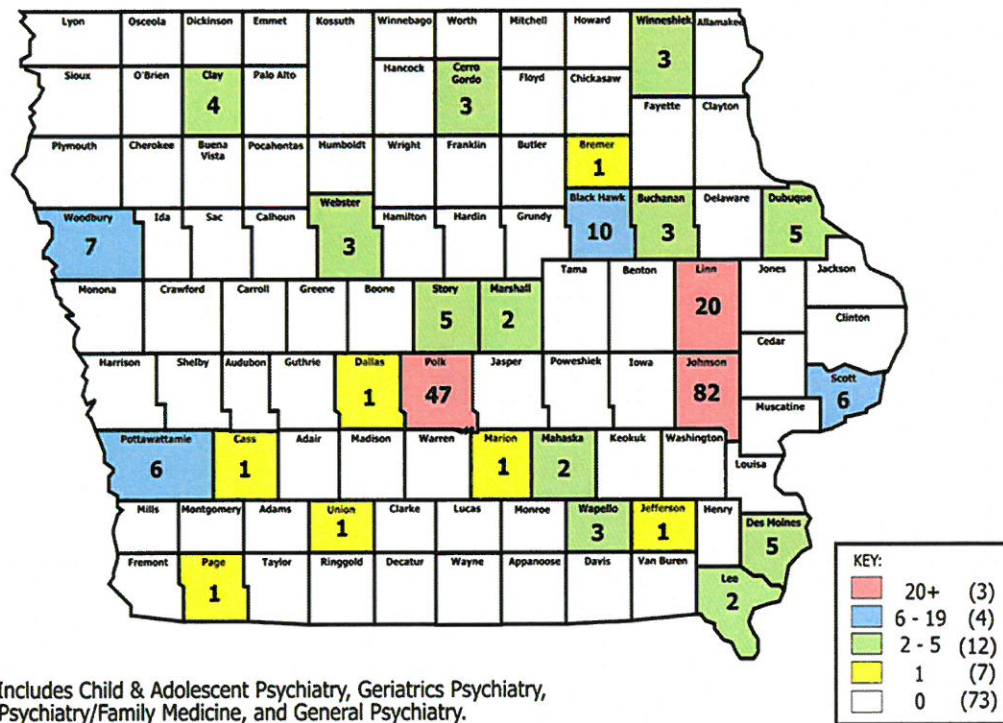
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- The challenge of providing mental health services in Iowa
- The University of Iowa Department of Psychiatry
 - meeting the challenge
 - Service
 - Education
- Opportunities to help increase services

Challenges to Providing Service

- *Psychiatrists make up only 3.85% of all physicians in Iowa*
 - 5,939 physicians; 225 psychiatrists
 - Nearly 4,000 individuals PER Psychiatrist

GEOGRAPHIC DISTRIBUTION OF IOWA PHYSICIANS Psychiatrists* 2017



* Includes Child & Adolescent Psychiatry, Geriatrics Psychiatry, Psychiatry/Family Medicine, and General Psychiatry.

Source: Iowa Health Professions Tracking Center, Office of Statewide Clinical Education Programs, UI Carver College of Medicine, April 2017

- *66% of psychiatrists in Iowa work in 3 counties:*
 - Johnson
 - Linn
 - Polk
- ***THIS IS NOT UNIQUE TO IOWA OR TO PSYCHIATRY***

Challenges to Providing Service

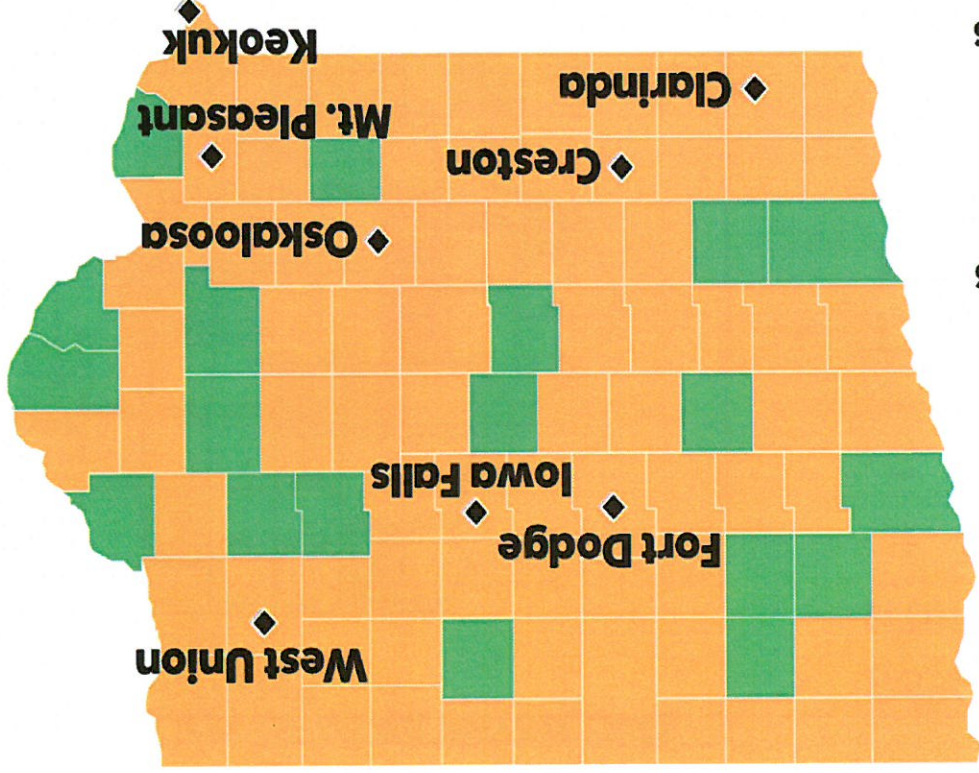
- For INPATIENT services, the situation is even more difficult

– Closing of mental health institutes, other

Iowa psychiatric inpatient units have closed in Iowa in recent years. Such units are still open in 19 Iowa counties.

■ Countries with psychiatric inpatient units open

◆ Cities where psychiatric inpatient units closed



Challenges to Providing Service

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- State Hospital beds
 - 149 (roughly 8 years ago) down to 64
 - 2 BEDS per 100,000 residents
 - National average is 12 per 100,000
- Private beds = roughly 700
 - 24 per 100,000 residents
 - Health policy suggests 40-60 per 100,000

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Inpatient Service

Patient Population	Number
Adult	58
Pediatrics	15
Medicine-Psych	15
TOTAL	88

Discharges	FY2017
Adult	1,531
Pediatrics	616
TOTAL	2,147

- Adult services
 - Geriatric (15 beds)
 - Intellectual Disability (ID) 4 beds
 - Neuropsychiatry (18 beds)
 - Mood Disorders (14 beds)
 - Eating Disorders (8 beds)
- High acuity – admission requires typically danger to self or others
- Bed occupancy is 97%, so ability to admit, move patients through is limited
- Few community resources to discharge patients to

Outpatient Service

Clinic Visits	FY2017
Adult	38,291
Pediatrics	13,359
TOTAL	51,650

- Other outpatient services
 - Chemical Dependency
 - Day treatment
 - Intensive Outpatient
 - Mood Disorder Partial Hospitalization (Day Treatment)
 - Eating Disorder Partial Hospitalization
 - Neuropsychiatry

Major Challenges

- Inpatient
 - Due to lack of community services (for example, residential facilities) for our complex inpatients, their length of stay is often *extended* (weeks, months)
 - Payers often stop payment long before discharge
 - This leads to a large burden of unpaid hospital costs
 - \$1.8 Million in unpaid days (2,106 denied days, 7.7% of days provided)
- Outpatient
 - Low reimbursement rates
- **Net loss of \$ 7 Million for ALL payers**

Education of Medical Students, Nurses and PAs

Education for Specific Topics in Mental Health	
First Semester	Hours
Medicine & Society	11
Mechanisms of Health & Disease	2
TOTAL	13
Second Semester	
Medicine and Society II	6
Clinical and Professional Skills	4
Mechanisms of Health & Disease II	5
TOTAL	15
Third Semester	
Mechanisms of Health & Disease IV	12
Clinical and Professional Skills III	5
Medicine and Society III	8
Integrated Clinical Case Conferences	3
TOTAL	28
Preclinical Hours in Mental Health	
	56

- From first semester of medical school, students get lectures and interactive activities (Case conferences) that have content specific to mental health issues. This is done in the 'preclinical years'
- During clinical rotations, students have a month-long rotation in a mental health setting (inpatient ward, outpatient clinic, ECT)
- PA students also have the same 4 week clinical rotation as the med students do
- Many electives available in addition to the 'core' rotation
- ****Impact on mental health care**

Outline

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- **The challenge of providing mental health services in Iowa**
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- **Opportunities to help increase services**

Opportunities to Increase Services

1. Getting students interested in psychiatry early
 - Partnering with DMU to provide a clinical rotation
2. Training more psychiatrists
 - Program to insure service in rural area
3. Training Advanced Practice Provider (APP)
 - ARNP and PA
4. Partnering with Primary Care Providers
 - Collaborative Care
5. Telepsychiatry
 - Education of primary care providers
 - Direct services from mental health care providers

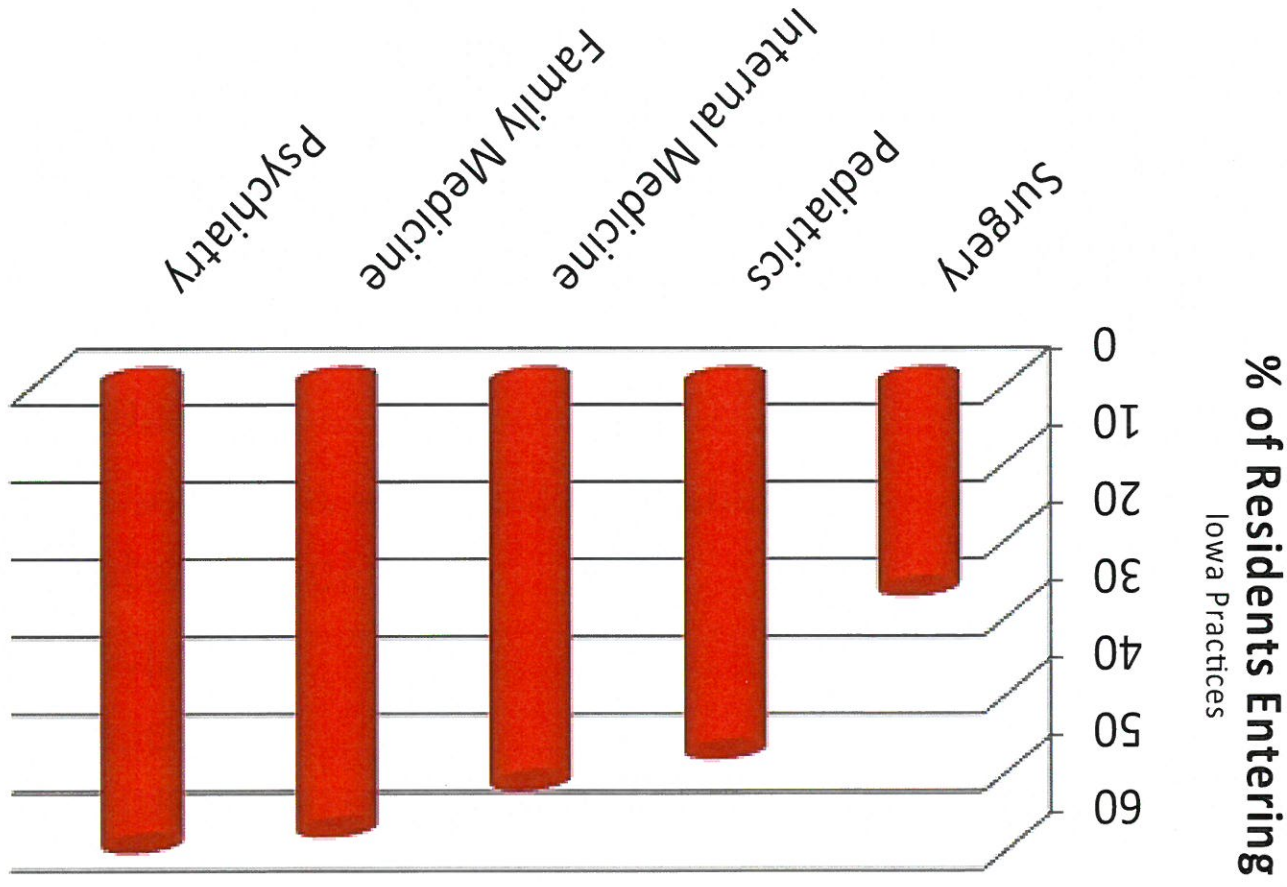
#1 Partnering with DMU

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- Des Moines University, College of Osteopathic Medicine
 - Initial conversations between Dr. Tony Miller, our clerkship director, and Lisa Streyffeler, Assistant Professor and Chair of Behavioral Medicine at DMU
 - Highest need is the sponsoring of psychiatry electives in addition to the ‘core’ rotations
 - Geriatric psychiatry
 - Chemical Dependency
 - Medical/Psychiatry or Hospital Psychiatry
 - Child Psychiatry
 - Eating Disorders
 - Interventional – Electroconvulsive Therapy (ECT) and TMS (transcranial magnetic stimulation)

#2 Training More Psychiatrists

- We retain in Iowa, the most physicians of several specialties
- Not enough in underserved areas



#2 Training More Psychiatrists

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- **We currently have five training programs**
 - *General Psychiatry – 7 residents per year*
 - *Family Medicine/Psychiatry - 2 residents per year*
 - *Internal Medicine/Psychiatry – 2 residents per year*
 - *Child Psychiatry – 2 residents per year*
 - *Geriatric Psychiatry – 1 fellow per year*

#2 Training More Psychiatrists

- Proposal: Creation of a Community Psychiatry Track (CPT) in U of I Psychiatry Residency Program

- Proactively recruit and prioritize two (additional) residents per year who have expressed interest in working in a community-based, under-served area
- Admission based on agreement to serve
- CPT residents have more exposure to non-university based clinical settings
- Successful program in Oregon for many decades
- Costs:
 - Two resident stipends, **annual cost = \$150,000**

#3 Training Advanced Practice Provider (APP)

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- Enhancing Access to Mental Health Services in Iowa
 - *Program with state funding since 2006, but CUT this past year*
- These funds have been split between two components:
 - A post-graduate fellowship in psychiatry for **Physicians Assistants (PA)** through the University of Iowa Department of Psychiatry;
 - Support and training for **Advanced Registered Nurse Practitioners (ARNP)** working in psychiatry through the College of Nursing.
- *A unique program designed to create specialized mental health APPs.*
 - *Has created 9 mental health APP, EIGHT of them in Iowa*
 - **Annual cost = \$150,000**

#4 Collaborative Care

- An evidence-based practice in which physical and mental health is integrated
- Collaborative care includes:
 - (1) care coordination and care management
 - (2) Regular/proactive monitoring and treatment to target using validated clinical rating scales
 - (3) regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement
- Traditional fee-for-service reimbursement programs have been a barrier to widespread implementation of collaborative care
 - Annual cost for one program = **\$100,000**
 - Consulting psychiatrist, social worker/nurse manager

#5 Telepsychiatry

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- The most efficient way to increase services **NOW**
 - *University has several initiatives in place*
 - *Nursing home management of patients with dementia*
 - *Child Health Specialty Clinic network*
 - *Services to children for mental health care*
 - *Beginning services for adults with Intellectual Disability*
 - Annual cost for a 0.5 FTE psychiatrist = **\$100,000**
 - Direct care to a local mental health center
 - Consultation services
 - Demand is deep and wide

Proposals	
Increase Residency Size by 2	\$150,000
Training ARNP and PAs	\$150,000
Collaborative Care	\$100,000
Telepsychiatry	\$100,000
Total	\$500,000

- No time to complain or whine – time for action
- The University of Iowa is dedicated to the mission of providing care for Iowans in need of mental health services

Summary

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- Support for recommendations from the Complex Needs Patient Workgroup.
 - Creating of Intensive Residential Service Homes to serve minimum of 120 individuals
 - Helps fill the ‘hole’ of lack of inpatient beds
 - Increasing Assertive Community Treatment (ACT) Teams
 - Creation of community based Access Centers

