

VA MEDICAL & REGIONAL OFFICE CENTER
WHITE RIVER JUNCTION, VERMONT 05009

MENTAL HEALTH & BEHAVIORAL SCIENCE SERVICE LINE
MEMORANDUM

August, 2008

PRIMARY MENTAL HEALTH CARE CLINIC (PMHC)

PURPOSE: To outline the policy and procedures to be followed by the Primary Mental Health Care Clinic (PMHC).

POLICY: The Primary Mental Health Care (PMHC) clinic is an immediate access Co-located Collaborative Care clinic that provides integrated, consultative and enhanced referral care for Primary Care patients. It also provides Mental Health services to the Emergency Department and assures that patients in ongoing mental health care can be seen for urgent problems when their usual provider is absent. Care in this clinic is problem-focused.

The PMHC provides Mental Health (MH) services to all new patients, continuing MH care for patients not requiring services in Specialized MH Care (SMHC), and MH services to any patient whose SMHC provider is unavailable.

PROCEDURES:

A. Clinic Hours: Mental Health services will be provided in the PMHC Monday through Friday between 8:30 AM and 4:00 PM, with evening hours on Mondays and Wednesdays until 6:00 PM.

B. Staffing:

- a. PMHC Medical Support Assistant
- b. PMHC Therapist
- c. PMHC Psychiatrist or Advanced Practice Registered Nurse (APRN)

C. Back-up Coverage:

- a. Back-up coverage will be requested via e-mail to cover schedule changes and/or absence.
- b. Psychiatry 'Attending of the Day' will provide back-up coverage for Psychiatrist;
- c. Telephone Care Managers (TCMs) will cover PMHC staff only if other coverage unavailable.
- d. PMHC Medical Support Assistant position covered by Desk 60 Medical Support Staff.

D. Staff Responsibilities

a. PMHC Medical Support Assistant

- i. Greet all new and returning patients
- ii. Ascertain patient's reason for coming to the PMHC
- iii. Determine if patient is currently followed by a Specialized Mental Health Clinic (SMHC) provider(s); if so, refer patient to such provider if they are on station.
- iv. Administer the PMHC Assessment Surveys
- v. Enter patient appointments
- vi. Distribute copies of Assessment Survey Reports to PMHC Clinical Staff
- vii. Monitor the flow of patients through the clinic

- viii. Maintain the PMHC patient Log
- ix. Schedule SMHC and other appointments as ordered by clinical staff
- x. Other duties as assigned.

b. Therapist

- i. Meet with new patients and complete the PMHC Initial Evaluation, marking note for co-signature by:
 - 1. patient's Primary Care Provider (PCP);
 - 2. the referring provider, if different from PCP
 - 3. the PMHC Psychiatrist/APRN;
 - 4. SMHC providers of record, if any,
 - 5. and/or other providers as appropriate.
- ii. PMHC Initial Evaluations are documented using the PMHC Therapist Evaluation Template (Attachment A)
- iii. Documentation of subsequent visits with the therapist are documented on the PMHC Therapy Note Template (Attachment B)
- iv. Discuss preliminary recommendations for treatment with the patient.
- v. Initiate completion of the written PMHC discharge plan (Attachment D), attaching additional information as indicated.
- vi. Whenever possible meet with the Psychiatrist/APRN and discuss findings and treatment recommendations. If direct discussion not possible, mark clinical note for co-signature.
- vii. The PMHC Therapists provide initial and ongoing MH treatment and/or psychotherapy as indicated.
- viii. It is the responsibility of the PMHC Therapist to be accessible by telephone during the hours of 8-8:30 AM and by pager 12-1 PM in order to assess any patient with a MH Emergency that may present for care during these times.

c. Psychiatrist/APRN

- i. Evaluate all new patients, and returning patients as indicated, and provide a complete DSM-IV diagnostic psychiatric assessment.
- ii. PMHC MD/APRN will document initial evaluation using the PMHC Psychiatric Assessment Template.(Attachment C)
- iii. The PMHC MD/APRN will provide initial and ongoing MH Treatment, Psychotherapy, and/or Medication management as indicated.
- iv. Will consult with the Therapist, as necessary, to finalize the patient's treatment plan.
- v. Complete the patient's written copy of the PMHC Discharge Plan (Attachment D), including Recommendations for Treatment, Medications, if any, and Follow-Up Care, and give to the patient.
- vi. Complete the MH Treatment Plan, using the MH Treatment Plan Template (Attachment E) in CPRS.
- vii. Provide ED coverage in the case of a Mental Health Emergency if the patient's identified provider is not on station.
- viii. Admit to the Inpatient Unit any PMHC patients needing that level of care including SMCH patients whose identified provider is not on station or is not available.
- ix. Renew prescriptions for patients whose identified MH provider is not on station.
- x. The Psychiatry 'Attending of the Day' is automatically assigned to cover the PMHC Psychiatrist/APRN position in the event the assigned clinician is absent, or if additional back-up services are required.

- xi. The Psychiatry 'Attending of the Day' covers the PMHC Psychiatrist/APRN position on Friday afternoons.

E. Mental Health Emergencies

Definition: A Mental Health Emergency is defined as a situation where there is an apparent immediate risk of the patient doing harm to self or other.

a. On-Station:

- i. Outpatients who are on-station and believed to be experiencing a MH Emergency will be referred to the ED for evaluation and management in accordance with ED policy and procedure.
- ii. MH patients in the Emergency Department during PMHC hours will be evaluated by the PMHC Psychiatrist/APRN or, at their discretion, the Attending of the Day, who will go to the ED and meet with the patient.
- iii. After PMHC hours, patients in the ED will be seen by the On-Call Psychiatrist.

b. Telephone Emergencies

- i. Patients who have telephoned this facility from a location off-station and are believed to be experiencing a MH Emergency will receive assessment and intervention from the PMHC clinical staff. Such calls may be transferred directly to the PMHC extension: 6132
- ii. After assessment and as appropriate, PMHC clinical staff may contact the patient's MH provider of record, if available, to provide appropriate intervention.
- iii. If PMHC clinical staff are not available, the 'Attending of the Day' will be contacted.
- iv. If neither PMHC clinical staff, nor 'Attending of the Day' is available, Desk 60 should be contacted at 5760, and an SMHC clinical staff member located to manage the call.

c. Suicide Prevention Hotline Calls/Consults

- i. Consults from the suicide hotline regarding patients in the WRJ VAMC cachement area will print in the PMHC. In addition, the Suicide Prevention Coordinator, MH Program Support Assistant, and MH Administrative officer and Patient Safety Manager are also notified via CPRS view alert.
- ii. PMHC staff will make follow-up on these consults by making calls to these patients as soon as consult is received.
- iii. These consults are handled in the same manner as any other emergency call, with the addition of making appropriate comments in the consult as to treatment and disposition of care.
- iv. WRJ VAMC Suicide Prevention Coordinator will monitor these consults, and provide additional training and support as necessary.
- v. Care for suicidal patients will be done in accordance with WRJ Suicide Prevention Policy/Procedure.

F. Procedures for Delivery of Care in the PMHC:

a. Care of Patients On-Station:

- i. Patients who are new ('new' is defined as not seen in any mental health services at WRJ VAMC in the past two years) to Mental Health Services (drop-ins or referrals) will be treated in the PMHC.
- ii. All patients new to MH care will be evaluated by both the Therapist and the Psychiatrist/APRN.
- iii. Patients who are current SMHC patients (treated by MH services in the past two years) who present and ask for non-emergency mental health care services may be referred directly to the PMHC if their provider of record is not available.
- iv. Occasionally, it will not be possible for a patient to be seen immediately. In that event, the referred patient will be told approximately how long a wait is expected.
- v. To alleviate long waits the 'Attending of the Day' or the TCMs may be called to provide backup services in the PMHC.
- vi. On occasions when it is not possible to see a patient seeking usual care that day, the patient may be asked to return another day.
- vii. Non-Mental Health clinicians who wish their patients to have a Mental Health Evaluation will refer or bring their patients directly to the PMHC.

b. Care of Patients by Telephone :

- i. Patients who telephone this facility from a location off-station and ask for mental health care services will receive intervention from PMHC clinical staff, if they do not have a MH provider of record.
- ii. Such calls may be transferred to the PMHC at extension 6132 for intervention.
- iii. In the event that PMHC staff are unavailable at the time of a non-emergent call, a message may be left on the PMHC voice mail at 6132 or with the PMHC Medical Support Assistant. Clinical staff will then return the call as soon as possible.

c. Computerized Assessment Instruments

- i. A battery of MH assessment instruments will given be to the all PMHC patients, at each visit, via a touch screen computer.
- ii. PMHC support staff will set up the computerized tablet, and give the patient instructions in its use.
- iii. Printed copies of the assessment data will be provided to both PMHC clinicians by support staff.
- iv. New Patients: In general, the therapist will enter the assessment data into CPRS using the PMHC Intake Template.
- v. Returning Patients: Data entry will be the responsibility of the clinician seeing the patient; instrument name and score are sufficient on return visits (e.g. PHQ-9 = 12)
- vi. PMHC Medical Support Assistant will enter assessment scores on the PMHC Log

d. Documentation of Care in the PMHC

- i. Patients seen in the PMHC:
 1. Clinicians will document care under their individual PMHC clinic (e.g. 60 PMHC Doe)

2. Patients who receive treatment in the PMHC will have their care documented using the "PMHC Note".
3. MD/APRN will use Psychiatric Intake Template (Attachment C) to document initial evaluation.
4. MD/APRN will use the MH Treatment Plan Template (Attachment E) to document the Treatment Plan.
5. Therapist will use Therapist Intake Template (Attachment A) to document initial evaluation.
6. Therapist will use PMHC Therapy Note Template (Attachment B) to document subsequent visits for psychotherapy

ii. Telephone calls

1. Clinicians will use the PMHC Telephone Clinic (60 PMHC Telephone) to capture telephone workload
2. All telephone contacts will be documented using the note titled "PMHC Telephone Note".

e. Psychotherapy Services in the PMHC

- i. Psychotherapy services are provided in the PMHC.
- ii. Patients who request and/or are referred for psychotherapy generally receive their initial treatment in the PMHC.
- iii. Initial psychotherapy in PMHC generally consists of 3 or more sessions.
- iv. Psychotherapy may be provided by either the Therapist or the Psychiatrist/APRN.
- v. Brief Treatment models and materials are provided in the clinic for use by clinicians.
- vi. In most cases, at least three sessions of appropriate Brief psychotherapy are completed in PMHC prior to referral to SMHC.
- vii. Any referral made to SMHC wherein the patient does not receive initial treatment in the PMHC will have the reasons for such referral documented in detail in the medical record.
- viii. All referrals to SMHC will be made using the 'evaluation slot' appointment system managed by PMHC support staff.

f. Medication Management in the PMHC

- i. Medication management services are provided in the PMHC.
- ii. Most PMHC patients can receive ongoing medication management in the PMHC.
- iii. For patients with complex MH needs, a referral for psychiatric services in the SMHC may be made, using the appointment system managed by support staff.

g. Discharge Instructions

- i. All patients seen in the PMHC will receive written Discharge Instructions (Attachment D) at each visit.

h. Telephone Care Management (CM)

- i. All new patients seen in the PMHC will receive a follow-up call from the PMHC Care Management Team within 2 weeks of their first visit.
- ii. Telephone Care Managers (Registered Nurses) will review the treatment plan w/the veteran, and assess for understanding of treatment recommendations.

- iii. Additional education, resources, and follow-up treatment may be recommended, as indicated by assessment.
- iv. Based on the initial care management call, veterans may receive subsequent calls, and/or be followed for a period of time if deemed appropriate by CM staff or as requested by PMHC clinical staff.
- v. PMHC staff may request Care Management services for any ongoing patient they determine would benefit from such services.

i. Patients with Substance Abuse Problems and/or patients participating in SATS treatment programs.

i. Patients currently in SATS treatment programs

- 1. Most patients in SATS programs will have had a MH evaluation. When this is not the case, and the SATS Fellow is unable to provide this service, patients may be referred to the PMHC to complete the evaluation process

ii. New Patients needing SATS Treatment

- 1. Patients with Substance Abuse Problems may be treated in the PMHC using appropriate evidenced based treatments (e.g. Motivational and/or other brief treatments)
- 2. Patients presenting to PMHC who need referral for SATS treatment will complete the PMHC evaluation process prior to referral.
- 3. Patients may be referred to next available weekly SATS Assessment Clinic.
- 4. If available, SATS team members be called and/or paged to come to the PMHC to assess patients and /or see patients in their offices.

iii. Buprenorphine Treatment

- 1. Patients requesting Buprenorphine treatment should be referred to the SATS Assessment Clinic for initial treatment.
- 2. Patients receiving Buprenorphine treatment may have their medications renewed by the PMHC physician when the SATS medical staff are not available.

iv. Psychotherapy and/or Medication Management in PMHC for patients in SATS Intensive Outpatient Program (IOP)

- 1. Patients in the SATS IOP treatment may be treated in PMHC for medication management when the SATS psychiatrist is not available.
- 2. Psychotherapy services are provided by SATS clinicians when enrolled in SATS IOP.
- 3. PMHC clinicians should refer to SATS treatment plan prior to starting treatment.
- 4. PMHC clinicians should consult with SATS medical staff prior to initiating treatment with benzodiazapines and or other controlled substances.