

CONFERENCE ABSTRACT

Cost Reduction in Mental Health Care by an Innovative Integrated Regional Approach: Results of Psychiatric Consultations and Decision Supportive Screening Using a Digital Health Care System in the General Practice

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Introduction: Costs of mental health care have risen tremendously in the past 15 years in The Netherlands. This trend of continuous growth is not financially sustainable in the future. GP's sometimes struggle where the patient needs to be treated to receive the best applicable care. Some patients are unnecessarily referred to psychiatrists, others need to be referred and are not. Therefore we developed new ways of sharing psychiatric knowledge and advice to Family Doctors and General Practice-based nurse specialists.

Our centre developed two new solutions through collaboration with software engineers: Psychiatric Consultation and Decision Supportive Screening. These solutions combine the insights of psychiatric experts and the possibilities IT offers in this field.

Aim: To support psychiatric treatment in the general practice and to support decision-making about referral (yes or no) of patients with psychiatric complaints to the right field of therapy thus reducing costs.

Method: Two interventions were developed in the Midwest region of the Netherlands, with a test population of almost 260.000 patients.

1. A Psychiatric Consultation team of 12 psychiatrists was formed at our Mental Health Centre. Family doctors and General Practice-based nurses were informed that they could consult this team either by asking advice by telephone or by sending in a patient for psychiatric evaluation. The patient is seen within 2 weeks and is referred back to the Family Doctor with the conclusion and advice.

2. A web-based Decision Making Screening Instrument was developed for patients with psychiatric complaints in the General Practice. The GP or nurse sends this web-based questionnaire by mail to the patients to get information about the presence of a psychiatric diagnosis, the severity and the duration of the symptoms, the vulnerability and resilience of the patient in question in a standardized way. The patients fill out the questionnaire online at home. When completed, the instrument generates a conclusion concerning the presence of a psychiatric diagnosis and an advice about the way and the setting in which this condition is treated best.

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Results: Results are presented for 400 Psychiatric Consultations and 1000 completed Decision Making Questionnaires.

Key finding is that Psychiatric Consultation resulted in continuing treatment by the GP in 40 percent of the cases. This worked both ways: Patients were happy with the fact that they need not be referred to psychiatric treatment and could be helped near their home. It resulted in large financial savings.

By providing a platform for integrating general and specialised psychiatric care patients can be diagnosed and treated sooner, without entering a waiting list procedure in the clinical settings. It also makes the referral from general to specialised care more efficient through streamlined communication between the parties involved.

Key findings and Highlights: These interventions significantly decreased the number of patients referred to specialised psychiatric and psychological care.

Conclusions: By changing the way psychiatric knowledge is delivered and developing decision-supportive tools it is possible to cut down on medical costs in mental health care. Reducing the costs is possible in a very short period of time: in just two years a large saving was realised.

These interventions can be easily adopted in other regions and countries through using the provided platforms for integrated specialised care.

Keywords: integrated; mental health care; screener
