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CHIP Title: Improving linkage of patients with severe mental health illness to primary care providers with clinical pharmacist intervention

Project Description:

Care coordination among patients with severe mental health illnesses has been a long-standing challenge. Patients seen in mental health clinics oftentimes have inadequate control of diabetes, hypertension, and dyslipidemia. In addition, more than 60% of this population also suffers from co-occurring substance use disorders. Without addressing these chronic medical problems, patients with poorly managed medical conditions often were lost to follow-up. The goal of my CHIP is to utilize clinical pharmacists, who have been providing psychiatric medication therapy and treatment of co-occurring substance use disorders, to identify patients who need primary care services. For this pilot, the focus is to connect patients with high HgbA1c to primary care services offered at one of our DHS/DMH co-location clinics in LA County and conduct collaboration case conferences to co-manage this group of high-risk patients. Patients were identified through laboratory results and referrals were made electronically by clinical pharmacists to DHS patient access center. Registration of patients into DHS requires managed care to change primary care provider empanelment, but the process was streamlined by leveraging registration information collected by a clinical pharmacist and made available through electronic referral to DHS patient access center staff. Three metrics are being measured: 1) percentage of patients referred to primary care services 2) percentage of patients successfully made appointments with primary care services 3) percentage of Hgb A1C reduction after 6 months.

Key Findings and Lessons Learned:

- 54% of the pilot patient population were not engaged with their primary care provider. There is minimal coordination of care between psychiatrists and primary care doctors for the 46% of patients who have seen primary care doctors in the last year.
- Our psychiatrists are not comfortable treating metabolic syndrome or co-occurring substance use disorders.
- Although coordination of care among the three public health departments in Los Angeles County is supported by the County Board of Supervisors and DHCS, I had to overcome significant resistance and barriers to the project.

Next Steps:

- Begin monthly multi-disciplinary joint case conferences where clinical pharmacists will identify and present high-risk co-managed cases to psychiatrists and primary care physicians.
- Obtain view access for DHS electronic health record system.
- Pursue with LA Care and DHS leadership again on streamlining empanelment change process to minimize dropped referral due to hand-off.