

Reshaping the Agenda: Integrating Patient Priorities Into Team-Based Med Psych Care

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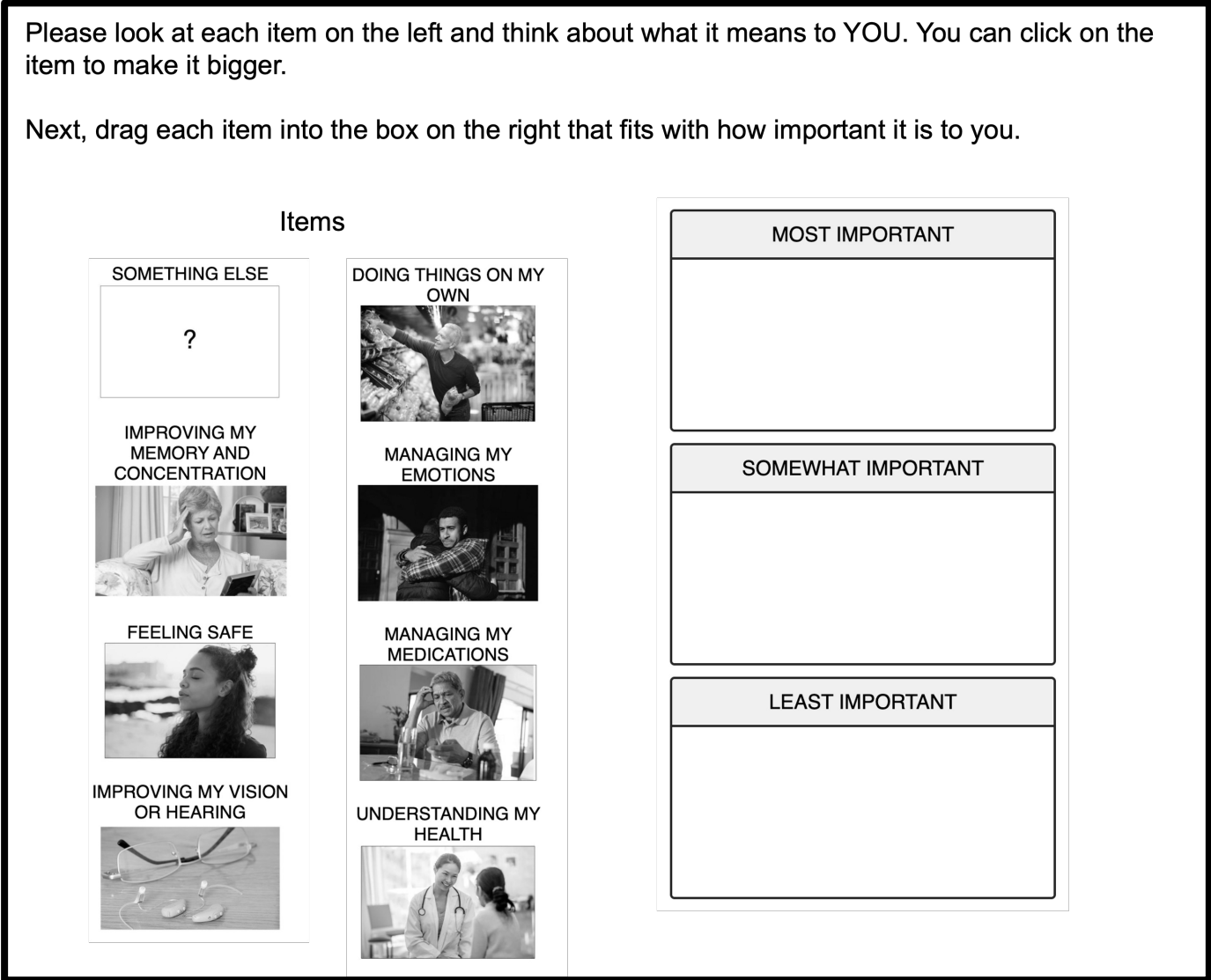
BACKGROUND

- The **Medicine in Psychiatry Service (MIPS)** at URM improves patient outcomes by integrating medical and psychiatric care^{1,2}
- Challenges can arise during transitions between care settings**, including gaps in communication between settings, suboptimal patient engagement in follow-up services, and readmissions
- The inpatient MIPS unit is **piloting the Patient Priorities Tool**⁴ to be used at the point of care to help address communication gaps, improve patient engagement³ and reduce readmission rates

CURRENT AIMS

- Identify barriers and facilitators for effective care transitions** (i.e., discharges from MIPS acute care setting)
- Gather feedback on incorporation of patient priorities** into care team workflows using the Patient Priorities Tool

PATIENT PRIORITIES TOOL

- Patient Priorities Tool:** iPad-based survey to help patients identify and communicate about their health-related priorities:

- Currently, information from the Priorities Tool is:
 - Discussed in daily interdisciplinary rounds and weekly inpatient-primary care team meetings
 - Documented in electronic medical record notes, discharge instructions, and discharge summaries
 - Used to guide shared decision-making for discharge planning and at primary care follow-up appointment

METHOD

- Parallel mixed methods design with focus groups and surveys**
- 4 focus groups conducted with MIPS care team members**, including discharge nurses, bedside nurses, APP/MDs, and primary care providers
 - Semi-structured interview with a priori questions about care transitions, patient priorities, and suggestions for next steps
 - De-identified transcripts reviewed to identify emerging themes using a grounded theory approach
- Brief surveys administered to focus group participants** to capture their perspectives on patient priorities and the Priorities Tool

RESULTS – FOCUS GROUP THEMES

“...they go well when there is really good collaboration and communication. I think the earlier the better ... and everybody who is supposed to be included in the communication is included...”

“...there is a lot that gets missed down here and especially because our patients get discharged earlier in the day. It doesn't feel like there is time to check in with the team.”

“...if they are being discharged and coming back a bunch and then we finally learn that they can't manage their medications at home then that is something that we can improve and then they don't have to keep coming back to the hospital.”

“What is your priority? What are your values? What are the things you most want in your life? Where are the gaps? ... Is this a priority or is this like a gap, a goal, a need?”

“I think at the end of the day every person, social work, nursing, doctor, pharmacist, everyone has their field that they are focused on for the discharge. ... If you are not communicating with each other in a very clear and concise way, things will get forgotten or things will be last minute.”

Discharge Coordination and Challenges

The complexity of a “good” vs. “bad” discharge – Factors that contribute to smooth transitions versus those that create complications

Multifaceted patient concerns – Medical, psychiatric, and social needs (especially housing) impact discharge readiness

Team roles and communication in discharge planning – Challenges related to interdisciplinary coordination and timing of discharge planning

Patient engagement in the discharge process – Varying levels of patient involvement and its impact on discharge success

Integrating Patient Priorities into Care

Benefits of discussing patient priorities – Potential for improved health outcomes, patient-centered care, and motivation

Challenges in implementation – Uncertainty about who should discuss priorities, when, and how to integrate them into care

Need for structure and clarity – Questions about what patient priorities mean (goals vs. needs) and how to act on them

Tension between patient and team priorities – Potential misalignment between what patients want and what the care team prioritizes

Communication Barriers and Facilitators

Interdisciplinary communication challenges – Gaps in information-sharing between different teams

Nursing role and voice in communication – Ensuring nursing perspectives are included in patient discussions

Patient-provider communication – Addressing difficulties in effectively engaging patients and ensuring provider alignment

“In an ideal world where they didn't face XYZ systemic barriers ... I think their discharges would probably look different. Like oh you could be discharged home ... [but] you don't have any family, and you are homeless, and now you have exacerbation of your chronic disease...”

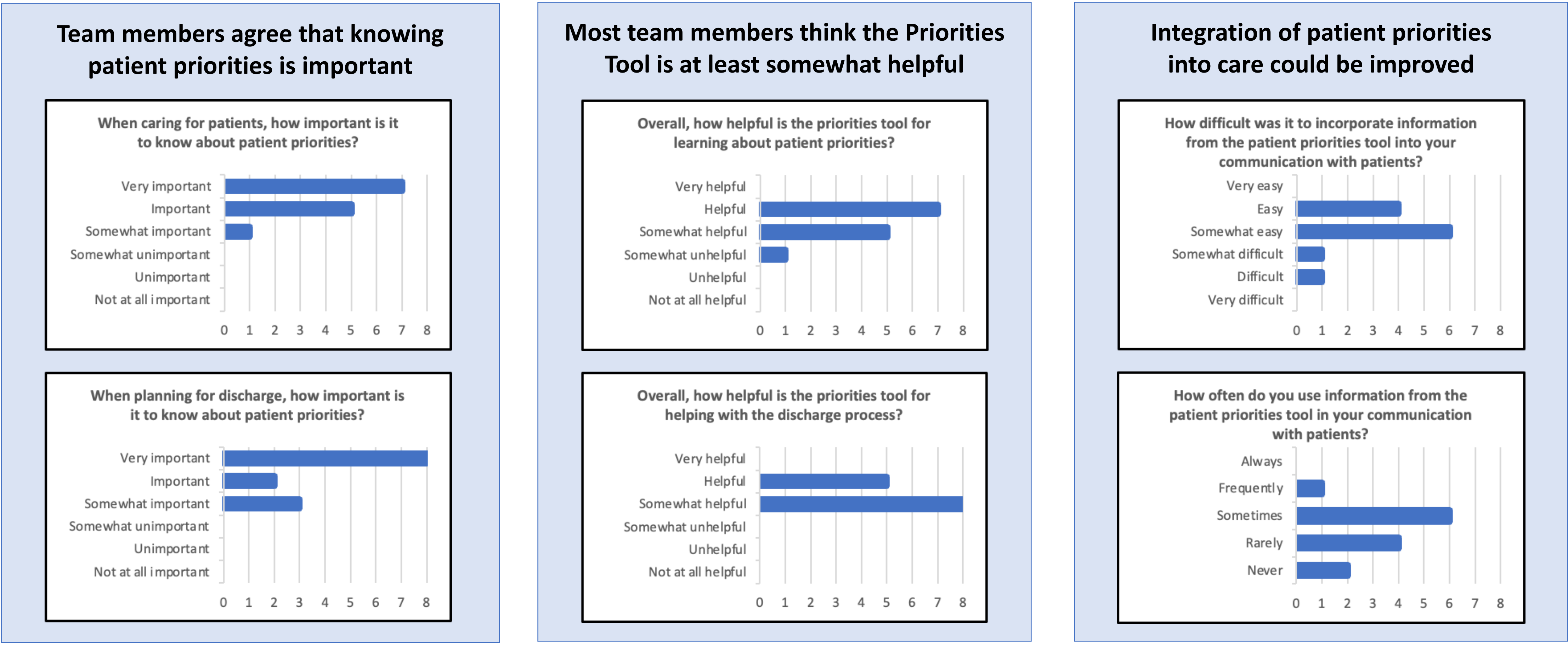
*“...yesterday I had a discharge with someone that was **extremely engaged and just very knowledgeable about where he was going** to be going in terms of his goals...”*

*“Often when it's understanding my health, again okay that's great. But **then who is following up with that? Is that in inpatient, an outpatient, a nurse, the doctor?**”*

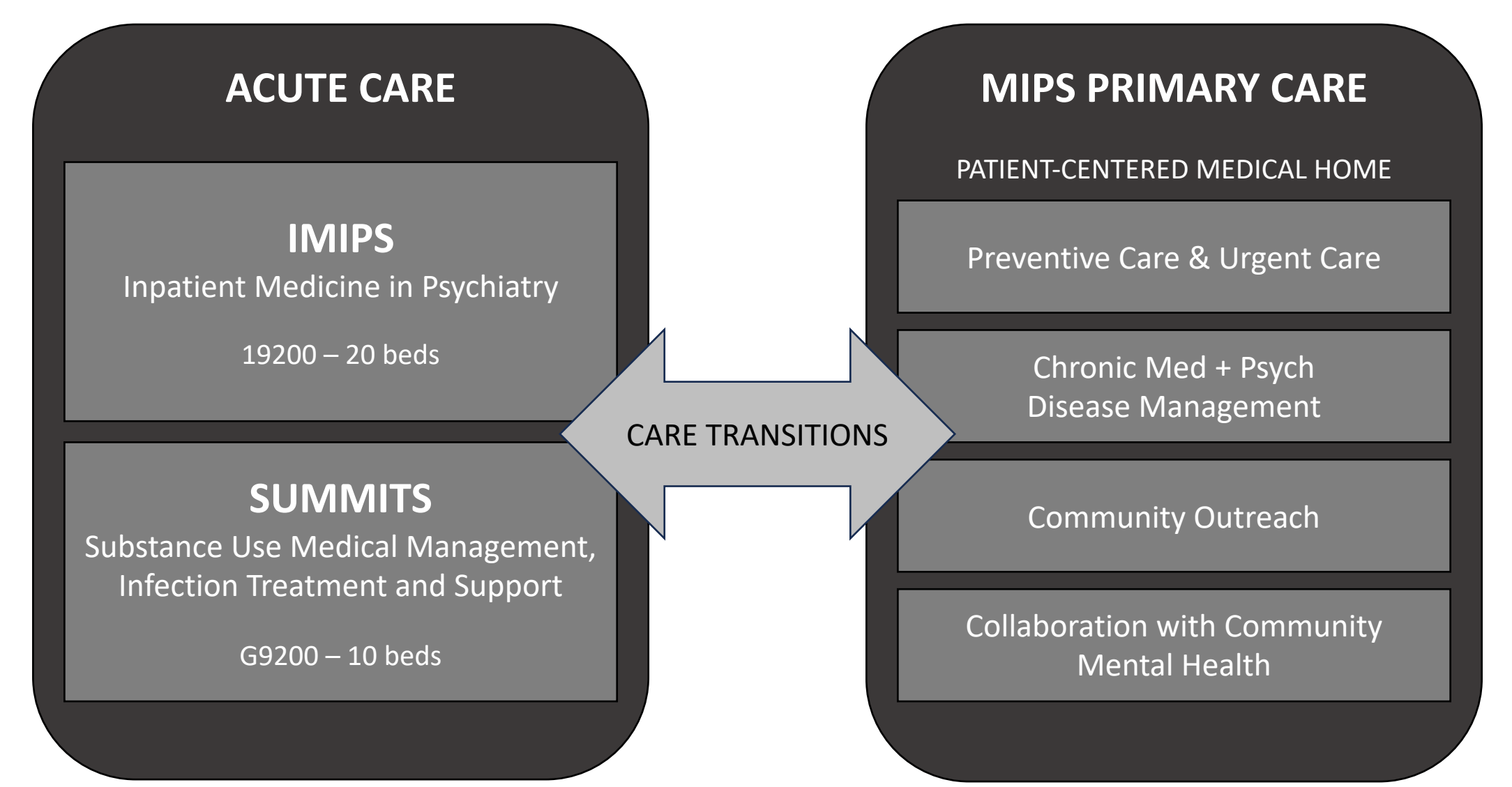
*“...obviously we care about our patient priorities but that is **not always the first thing that is popping in my head when I'm thinking about all the tasks that I have to do in a period of time.**”*

*“...the admission discharge nurse or the charge nurse can say okay so how many days are we talking and **what are the boxes that we need to check? How can nursing participate?** What are the providers doing? ... **especially if there are things that we know that we need to work on with the patient**, like you need to come up to the nurses' station and be able to ask for your medications...”*

RESULTS – SURVEY



MIPS DIVISION AT URM



CONCLUSIONS

- Survey results suggest **team members value knowing patient priorities and find the Priorities Tool helpful, but are not using it frequently** in their own communication with patients
- Focus groups revealed priorities are felt to be **most useful for discharge planning and identifying key patient information**
- Focus groups also highlight a **need for better integration of patient priorities into care and improved team confidence** in using them
- Barriers** include misalignment between patient and team goals, as well as uncertainty about who should address priorities and when

NEXT STEPS

- Cultural shift needed to increase buy-in and comfort** discussing patient priorities within and beyond team meetings
- Refine team approach** for integrating patient priorities into care
 - Increase awareness of information from the Priorities Tool
 - Connect priorities to concrete action steps and team roles
- Data collection ongoing** to assess impact of integrating patient priorities on engagement in follow-up care and readmissions
 - Initial data suggest hospital readmissions reduced following the start of this project

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