Mental Health Referral Practices and Diabetic Management at Community Medical Alliance NECC: A Chart Review

MaryAnn Garcia, MS3
NMF-GE PCLP Scholar
SUNY Downstate School of Medicine
Class 2014
Introduction-Who am I?

- Hometown: Yonkers, NY

- SUNY Downstate, MS3
  - Graduate of Sophie Davis which is a combined 7 year B.S/M.D program at The City College of New York. Focused on Primary Care, contractual agreement to work in an underserved community.

- Academic Interest
  - Recruitment and Retention of Minority student in higher education, especially medical school
  - Management of chronic conditions and role of primary care providers
Introduction - Why this project?

• Personal interest in management of chronic condition in primary care setting: Mental Health and Type II Diabetes
• Provider request
• Potential to motivate providers to provide aggressive treatment for mental health, especially in diabetic cohort
• Provide evidence for the need to develop a support group for diabetic patients
Objectives/Purpose

• Identify referral practices for patients with a diagnosis of Depression and/or Anxiety

• Assess diabetic management in subset of patients with type II diabetes and comorbid anxiety or depression through Hb A1c
Methodology

• Chart Review of 75 medical charts from patients with a diagnosis of Depression and Anxiety who visited the clinic in past 12 months

• Information was recorded on data collection sheets, then coded and processed using Microsoft excel.
Results (1)

Distribution of Mental Health Condition in charts reviewed

- Depression: 50%
- Anxiety: 21%
- Depression and Anxiety: 29%
Results (2)

Referral Practices for patients with Depression

- Not Referred to Mental Health: 30%
- Deferred Referral: 13%
- Referred to Mental Health: 57%

Referral Practices for patients with Anxiety

- Not Referred to Mental Health: 44%
- Deferred Referral: 25%
- Referred to Mental Health: 31%

Referral Practices for patients with Depression and Anxiety

- Not Referred to Mental Health: 54%
- Deferred Referral: 21%
- Referred to Mental Health: 25%
Results (3)

Diabetic Management and Referral

- Average Hgb A1c: 8.10
- Referred to Mental Health
  - 11 (61.1%)
- Not Referred to Mental Health
  - 7 (38.8%)
Discussion

- 70% of the time providers offer referrals for depression although 13% of these are deferred.
- 31.2% of the time providers offer referrals for anxiety, which is consistent with values in the literature of 37%.
- The diabetic subset made up 24%(n=18) of the charts reviewed which is consistent with estimates in the literature.
Limitations

- Charts were reviewed by single reviewer.
- Writing in the charts may be illegible.
- Additional demographic information on the patient was not recorded.
- Small sample size
Further Research

- Are patients who receive a referral getting treatment for mental health? Is it helping?
- Why are some patients not being referred? provider characteristic? patient characteristics?
- Intervention to increase screening and referral for diabetic patients with comorbid mental health.
Acknowledgments

• GE-NMF PCLP Scholarship
• NECC- Community Medical Alliance Clinic providers, MAs and referral clerks.
• Dr. Lau, Executive Director
• Dr. Ela Grigorian, M.D
• Dr. Matthew Ho, MD-Faculty Advisor
• Bernard Carrillo, PA