

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

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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

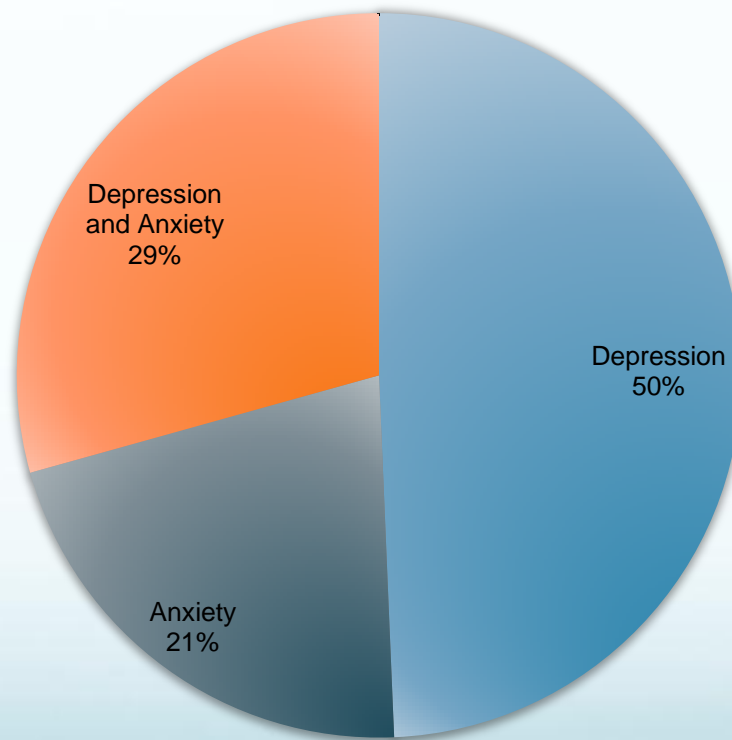
- Identify referral practices for patients with a diagnosis of Depression and/or Anxiety
- Assess diabetic management in subset of patients with type II diabetes and comorbid anxiety or depression through Hb A1c

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.

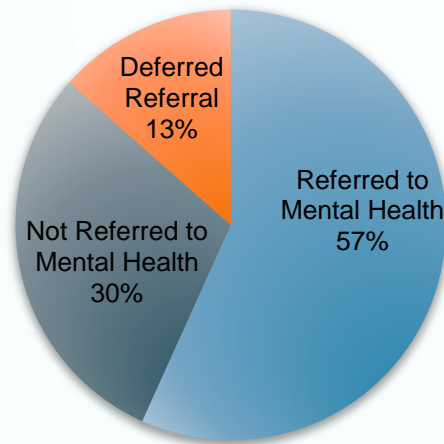
Results(1)

Distrubution of Mental Health Condition in charts reviewed

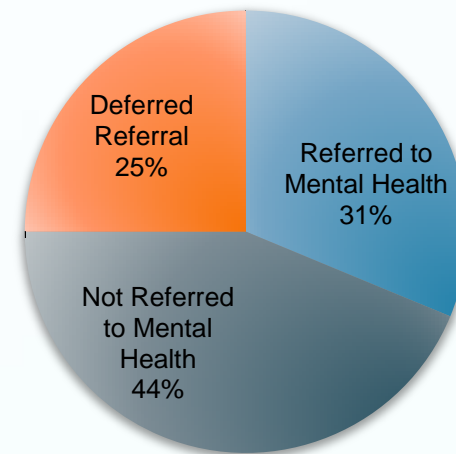


Results (2)

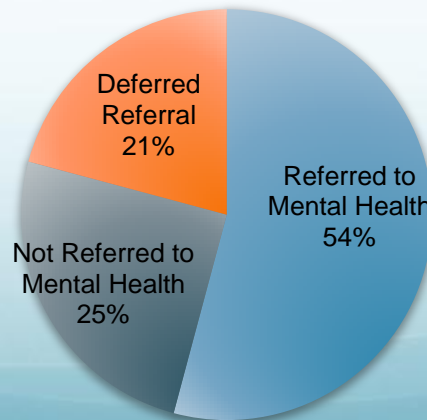
Referral Practices for patients with Depression



Referral Practices for patients with Anxiety



Referral Practices for patients with Depression and Anxiety

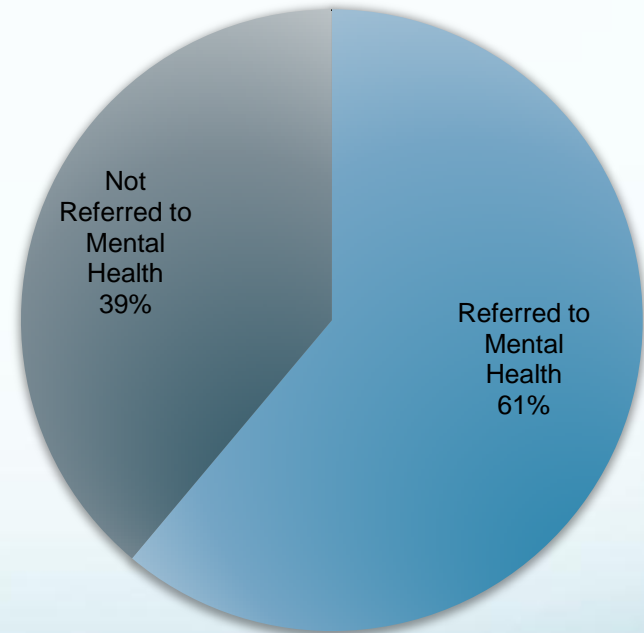


Results (3)

Diabetic Management and Referral

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

Referral Practices in Cohort of Diabetic Patients



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.

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