

Transitions from primary care to specialty mental health: Understanding characteristics of successful referrals in the public mental health system

Background

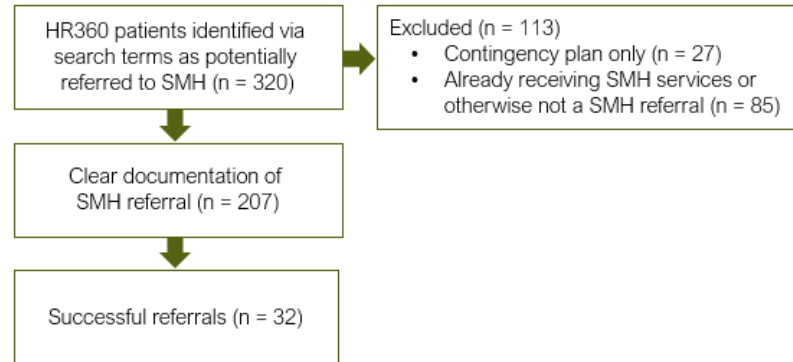
- Specialty medical referral from primary care (PC) has frequent breakdowns and inefficiencies^{1,2}
- Referral coordinators and warm hand-offs are commonly used in other specialties to assist in the referral process³
- Specialty mental health (SMH) referrals often depend on a patient's ability to navigate this process independently⁴
- Limited research on referral patterns for behavioral health conditions⁵

Objectives

- Assess the success of SFDPH specialty mental health referrals from HealthRIGHT 360 (HR360) to improve coordination of care and address disparities

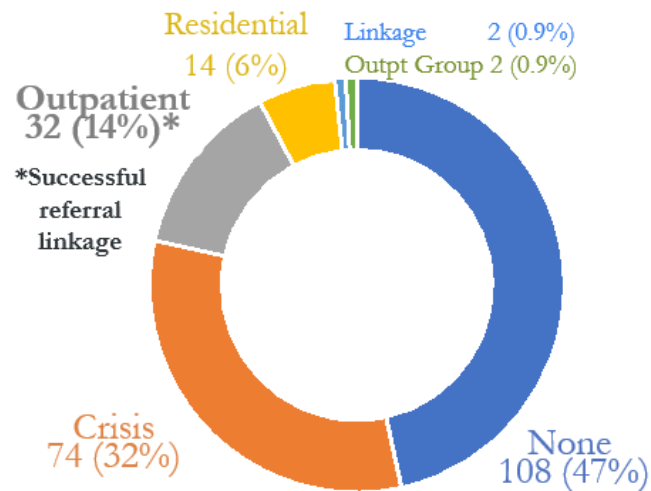
Methods

- Design: Retrospective cohort study
- Setting: HR360 Integrated Care Clinic (ICC) is a community-based FQHC in San Francisco for underserved and otherwise marginalized low-income individuals, many of whom have substance use disorders and/or housing instability
- Data Source #1: HR360 eClinicalWorks
 - Free text chart review using search terms including "specialty mental health" from Jan 2019 through Dec 2020. Reviewed to determine if a referral to SMH was made.
- Data Source #2: SFDPH Avatar
 - Link HR360 data to SFDPH data to determine which patients received MH services through SFDPH within 6 months of their referral date. We coded this data by type of service and time from referral date.



Results

First service type received after referral



	Successful	P-value
Total N (%)	32 (15.53)	
Race/Ethnicity		
American Indian/Alaska Native	0	0.3317
Asian/Asian-American	2 (28.57)	0.3326
Black/African-American	2 (3.92)	0.0083
Native Hawaiian/Pacific Islander	0	-
Hispanic/Latinx	1 (6.67)	0.3248
White	22 (28.95)	0.0000
Other	5 (15.15)	0.9472
Declined/Missing	0	0.0498

- Mean days from referral to outpatient appt: 20.4 +/-27.6 days
- Successful referrals seen for medication management: 14 (44%)

Limitations

- Ambiguity in referral status due to lack of formalized referral process at PC and SMH clinics
- Difficulty exchanging patient information with outside clinics: Unclear how many "successful referrals" were already receiving outpatient SMH services prior to their referral date

Discussion

- Low rates of successful linkages, high rates of crisis service utilization
- Lack of parity with other medical specialty referrals
- Marked racial disparities

Recommendations

- Formalize SMH referral process, ideally with an integrated electronic system (like eConsult Mental Health in LA⁶)
- Use referral coordinator to give parity with other specialties and help SMI patients most in need
- Build close relationship with a nearby "sister" clinic to facilitate increased communication
- Better understand root causes of racial disparities; implement more culturally competent care to address

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 2. Zuckerman KE, Nelson K, Bryant TK, Hobercker K, Perrin JM, Donelan K. Specialty Referral Communication and Completion in the Community Health Center Setting. *Academic Pediatrics.* 2011;11(4): 288–296.
 3. Greenwood-Lee J, Jewett L, Woodhouse L, et al. A categorisation of problems and solutions to improve patient referrals from primary to specialty care. *BMC Health Serv Res.* 2018;18:986.
 4. Shannon PJ, Vinson GA, Cook T, Lennon E. Characteristics of Successful and Unsuccessful Mental Health Referrals of Refugees. *Adm Policy Ment Health.* 2016 Jul;43(4):555–568.
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