PABI Program aims to bridge gap between primary care and mental health services

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By Nicholas Roznovsky [1]
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Millions of Americans see their primary care physicians each year for checkups, diagnosis, and treatment for a myriad of physical concerns. Those same physicians are also increasingly acting as their patients’ primary or sole supplier of mental health care due to a lack of access or a reluctance to use more specialized services. In fact, recent studies have shown that primary care providers manage more than half of all patients treated for depression in the United States and prescribe 79 percent of antidepressant medications.

These patients are often experiencing other psychiatric conditions as well, such as anxiety and substance use disorders, or bipolar, personality, and somatic symptom disorders. The presence of these additional issues can have an enormous impact on patients’ overall mental and physical health, resulting in a need for accurate diagnoses and customized treatment plans. For primary care physicians with limited training in mental health, providing this type of specialized care can be particularly challenging.

A new study, appearing online Feb. 1, 2018, in The Primary Care Companion for CNS Disorders, looks at the effectiveness of the Psychiatric Assessment and Brief Intervention (PABI) Program, a pilot program at UC San Francisco’s Langley Porter Psychiatric Hospital and Clinics (LPPHC) designed to deliver rapid-access medication management and psychotherapy services to patients with the goal of returning them to their primary care providers for continuing care once they have been stabilized.

Andreea L. Seritan, MD works...
with patients and referring physicians to deliver diagnostic evaluations and individualized, evidenced-based treatments designed to meet realistic goals over a three-month period. In addition to providing critically important immediate short-term care, program team members remain in contact with patients’ referring providers for up to six months following their completion of the program, allowing them to consult with mental health experts on how to best handle the patient’s long-term care.

The program is based on a model developed at the San Francisco VA Medical Center, and is open to patients 18 years and older referred by all UCSF Health and other primary care clinicians. Patients are screened before entering the program to ensure they can realistically achieve specific treatment goals within a limited timeframe, and also to appropriately reroute patients in need of urgent or more specialized care.

During the study period, PABI treated 139 patients and reached more than 280 diagnoses. Nearly 60 percent of those diagnoses were for depression and anxiety orders, but each PABI patient had at least one co-occurring medical condition, including cardiovascular disease, diabetes, hypertension, renal disease, and neurological conditions.

The program had zero dropouts, and of the 119 who completed the program during the study’s timeframe, more than half returned to their primary care providers for continued treatment. The remainder were referred to other LPPHC specialty clinics, community health providers, or psychiatrists embedded within other UCSF Health practices.

Beyond the clinical outcomes, the lessons learned so far from PABI Program have also resulted in a number of beneficial changes across LPPHC’s operations. In February 2017, the hospital’s intake system was restructured to reduce delays and increase patients’ access to services. Shortly thereafter, the data from PABI was used to refine how referrals to other LPPHC’s specialty clinics were prioritized, once again resulting in a substantial reduction in waiting periods for those seeking treatment.

Although the study’s authors recognize that the sample size was relatively small, they believe it demonstrates that PABI has provided improved access to quality mental health care and led to significantly improved health outcomes for its patients. They are interested in further studying the program to assess its long-term stability and its impact on patient outcomes over a longer period.

In addition to Seritan, co-authors of the study from UCSF Psychiatry include Ellen Haller, MD [5]; Paul Linde, MD [6]; Susan Orgera, PhD [7]; Weston Scott Fisher, MD [8]; and Maga Jackson-Triche, MD, MSHS [9]. Senior study author James Bourgeois, OD, MD [10], is a professor emeritus at UCSF Psychiatry and currently with the Texas A&M University Health Science Center and Baylor Scott & White Health. Also contributing to the study was Ana-Maria Iosif, PhD, of the UC Davis Department of Public Health Sciences.

Read the study

- **The Primary Care Companion for CNS Disorders**: The Psychiatric Assessment and Brief Intervention Program: Partnering With Primary Care Providers [2]
About UCSF Psychiatry

The UCSF Department of Psychiatry and the Langley Porter Psychiatric Institute are among the nation's foremost resources in the fields of child, adolescent, adult, and geriatric mental health. Together they constitute one of the largest departments in the UCSF School of Medicine and the UCSF Weill Institute for Neurosciences, with a mission focused on research (basic, translational, clinical), teaching, patient care and public service.

UCSF Psychiatry conducts its clinical, educational and research efforts at a variety of locations in Northern California, including UCSF campuses at Parnassus Heights, Mission Bay and Laurel Heights, UCSF Medical Center, UCSF Benioff Children's Hospitals, Zuckerberg San Francisco General Hospital and Trauma Center, the San Francisco VA Health Care System and UCSF Fresno.

About the UCSF Weill Institute for Neurosciences

The UCSF Weill Institute for Neurosciences, established by the extraordinary generosity of Joan and Sanford I. "Sandy" Weill, brings together world-class researchers with top-ranked physicians to solve some of the most complex challenges in the human brain.

The UCSF Weill Institute leverages UCSF’s unrivaled bench-to-bedside excellence in the neurosciences. It unites three UCSF departments?Neurology, Psychiatry, and Neurological Surgery?that are highly esteemed for both patient care and research, as well as the Neuroscience Graduate Program, a cross-disciplinary alliance of nearly 100 UCSF faculty members from 15 basic-science departments, as well as the UCSF Institute for Neurodegenerative Diseases, a multidisciplinary research center focused on finding effective treatments for Alzheimer’s disease, frontotemporal dementia, Parkinson’s disease, and other neurodegenerative disorders.

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