The IMPARTS package for physical healthcare settings

What is IMPARTS?

IMPARTS is an initiative funded by King’s Health Partners to integrate mental and physical healthcare in research, training and clinical services at Guy’s, St Thomas’s and King’s College Hospitals. The aim is to pioneer a new model of service delivery that facilitates ‘whole person care’ and promotes research as a natural outgrowth of patient care.

Background

King’s Health Partners (KHP) brings together a unique mix of clinical, research and teaching expertise, spanning both physical and mental healthcare. A key strategic goal of KHP is to ensure that mental and physical health services work collaboratively to treat the whole person. Integral to this agenda is the provision of high quality psychological care to patients presenting in medical settings. Physical illness is associated with much higher rates of depression and anxiety (15-40% in long-term conditions) and substance misuse and dependence (directly responsible for around 15% of A&E attendances). Not only are these problems common but they also lead to poorer physical health outcomes (increased disability, reduced compliance, increased mortality), and higher health service costs. Effective treatments exist, but mental health problems in medical patients are often silent and therefore missed by clinical teams. Developing better models of care for patients with comorbid mental/physical health problems is a key challenge in improving the performance of health care systems. Recent NICE guidelines recommend routine screening of patients with chronic physical illness, alongside a strategy to provide care and follow-up to patients with probable mental disorder.
The IMPARTS package

The IMPARTS package for physical healthcare settings is designed to support clinical teams in providing timely, tailored, evidence-based care to patients presenting at King’s Health Partner’s acute trusts.

The package has four components:

1) An informatics system that facilitates routine collection of patient-reported outcomes, with real-time feedback to guide clinical care

2) Development of mental health care pathways for patients identified via the informatics system

3) Training in core mental health skills for physical healthcare teams, alongside ongoing support and supervision from a mental health specialist

4) A portfolio of bespoke self-help materials tailored to specific patient groups

1. The informatics system

We have developed a web-based screening interface that captures patient-reported outcomes in the course of routine clinical practice. The data collected feeds into the patient’s electronic health record, flagging issues that need to be addressed in the clinical consultation.

1. Patients arriving for their appointment are given an information sheet explaining the purpose of screening & inviting them to complete a web-based questionnaire

2. Following instructions on the information sheet, patients log on to a laptop/e-tablet in the clinic waiting room using their Hospital ID and initials

3. Patients confirm their identity then complete a short series of validated questionnaires tailored to their physical health problem

4. Patients’ responses transfer directly via a secure internet connection to EPR/ the specialty database used by the clinical team

5. Upon opening the patient’s record the clinician sees screening summary scores, alongside verbal feedback and advice on clinical care/referral
The screening interface:

The IMPARTS screening interface is flexible. We have configured a menu of different physical and psychological outcomes measures, from which different services can select those most appropriate to their patient group. It is also easy to configure new tools if a service requires a disease-specific outcome measure not included in the standard menu.

The current menu comprises:

- **PHQ-9** – assesses depression against DSM-IV diagnostic criteria
- **GAD-7** – assesses generalised anxiety disorder
- **HADS** (Hospital Anxiety and Depression Scale) – assesses depression and anxiety
- **AUDIT** – measures alcohol use and dependence
- **Chalder Fatigue Scale** – assesses fatigue
- **WHODAS** – measures quality of life
- **PHQ-15** – measures physical symptoms
- **PCL-4** – measures post-traumatic stress disorder
- **Visual Analogue Scales** for pain and fatigue
- **Questions on smoking**
- **Questions on substance misuse**

Feedback to the clinical team:

Summary scores for each of the measures completed are inputted into the patient's electronic health record. When the clinician clicks on a particular measure the individual item responses that comprise the summary score are revealed. The results of previous assessments can also be viewed.

For the psychological measures, screening summary scores are displayed alongside written feedback to aid interpretation. For example, for the PRIME-MD PHQ-9 there are 3 options:

1) Depression screen negative
2) Some depressive symptoms which may be worth exploring further
3) Depression screen positive

In addition, if the patient's responses indicate suicide risk, this is flagged in their record.

Advice on clinical care/referral is also given if the patient screens positive for a mental health problem.
2. Care pathway development

The IMPARTS informatics system is implemented alongside a care pathway to guide management of psychological problems identified through screening.

The IMPARTS team works with the physical healthcare team to develop a referral algorithm tailored to their specific clinical setting.

The referral algorithms utilise data captured via the informatics system to provide clinicians with advice on referral in the patient’s electronic record. The form the referral algorithm takes will reflect the type and rate of mental disorder in that particular patient group, and the mental health resources available to the service.

For example, in the rheumatology outpatient department at KCH, the referral pathway for depression is guided by screening data on depression severity and suicidal ideation.

- Urgent referral to liaison psychiatry
  *Suicidal ideation AND severe depression (PHQ-9=20-27)*

- Referral to liaison psychiatry
  *Suicidal ideation OR severe depression (PHQ-9=20-27)*

- Referral to specialist clinical psychology
  *Mild to moderately severe depression (PHQ-9<=19) WITH complex interaction with rheumatological problem*

- Referral to IAPT (Improving Access to Psychological Therapies)
  *Mild to moderately severe depression (PHQ-9<=19) WITHOUT complex interaction with rheumatological problem*

Psychosocial service provision across KHP’s acute trusts may be insufficient to meet the need identified through screening in some settings. Where demand for mental healthcare outstrips availability, the referral pathway must achieve a balance between providing support to all patients who screen positive, and retaining sufficient capacity to ensure urgent cases receive help quickly.

3. Bespoke self-help resources

To extend the reach of psychological care to patients identified via the IMPARTS process we are developing a portfolio of bespoke self-help materials, tailored to specific physical health problems.
The IMPARTS self-help portfolio will include resources on a range of issues related to physical and psychological health and functioning:

- Depression
- Anxiety
- Stress
- Sleep hygiene
- Pain management
- Breathlessness
- Activity scheduling
- Alcoholism and problem drinking
- Problem-solving
- Understanding mind-body interaction
- Becoming an ‘expert patient’

The materials will be tailored to specific physical health problems to help patients cope better in the context of their particular condition.

4. **Training and supervision**

The fourth component of the IMPARTS package is training in core mental health skills for physical healthcare teams, with ongoing supervision and support from a mental health specialist (liaison psychiatrist/clinical psychologist).

We have designed a short course aimed to equip non-mental health specialists with the skills and confidence to assess and manage psychological problems in patients presenting to their service.

The course will be tailored to the needs of specific services, but in general will comprise sessions on:

- Eliciting concerns and listening
- Discussing and managing psychological distress
- Discussing and managing drug and alcohol misuse
- How and when to refer to psychological services
- Encouraging adherence
- Discussing and managing suicidal intent
- Talking about body-mind interaction
- Core problem-solving skills
- Supporting patients in using self-help materials

In addition, clinical teams will receive ongoing supervision and support from a mental health specialist, who will be available to provide advice and assistance when needed.
How could IMPARTS benefit your service?

IMPARTS is about building infrastructure to improve the quality of care provided by KHP’s acute trusts. It provides a framework for integrating mental healthcare into medical settings and facilitates routine collection of patient-reported outcomes. IMPARTS harnesses technology to improve clinical care, but at the same time offers a rich resource for research. The informatics screening system captures patient-reported data on physical and psychological symptoms and functioning which can be used to examine patterns of health and disorder, and predictors of good and poor outcomes in different patient populations across KHP. Additionally, the data collected can facilitate identification of potential recruits for clinical trials.

Key benefits for clinical services:

- Embeds routine outcome measurement into clinical practice
- Improves detection of physical and psychological distress and demonstrates compliance with national targets and guidelines (e.g. NICE)
- Integrates assessment and management of psychological distress into physical healthcare
- Enables clinicians to track changes in symptoms and health status over time
- Facilitates clinical audit
- Provides a rich resource for research
- Identifies need and provides data to support service development

Join the IMPARTS mailing list at:

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