A model of providing whole person care and support: A story from the liver transition team and IMPARTS

Simpson, AC, Hames, A, Samyn, M, Matcham, F, Jones, E, Brooks, V, Rayner, L, & Hotopf, M

1 Dept of Psychological Medicine, King’s College London, 2 Liver Transition Service, King’s College Hospital

**Background**
Integrating mental and physical healthcare is a key KHP and national priority. Approximately 30% of those with long term physical health conditions experience mental health problems, compared with 9% of the general population.

**IMPARTS**
A package facilitating integration of physical and mental healthcare in general hospital settings with 5 related components: 1) Web based screening interface (iPad), 2) Care pathway development, 3) Training, 4) Self help materials, & 5) Research

**Liver transition team**
Multidisciplinary team treating young people aged 16 years plus – includes consultant paediatric hepatologist, clinical psychologist and specialist social worker.

**Aims**
To assess the acceptability of IMPARTS package; identify mental health problems, compromised wellbeing and risky health behaviours.

**Method**
1. Protocol developed collaboratively by IMPARTS and clinic team
2. Patients complete outcome measures via iPads in the waiting room prior to consultations
3. Results uploaded to EPR in real time
4. Issues discussed during consultation
5. Referrals to team psychologist or liaison psychiatry where appropriate

**Measures:**
- PHQ9, GAD7, BIPQ, Medication adherence, Worry thermometer

**Results**

**Depression/Anxiety (n=74)**

<table>
<thead>
<tr>
<th>Depression</th>
<th>Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.8%</td>
<td>8.1%</td>
</tr>
<tr>
<td>13.5%</td>
<td>9.5%</td>
</tr>
<tr>
<td>81.1%</td>
<td>77.0%</td>
</tr>
</tbody>
</table>

**Severity of depression (n=8)**

- Probable MDD/GAD
- Some symptoms
- No symptoms

**Worry (n=72)**

Worry (10, mean, median) = 3.2, 2.0

**Adherence (n=74)**

- Taking medication = 65 (87.8%)
- Mean self-reported rates:
  - Adherence (taking) = 82.8%
  - Adherence (timing) = 73.3%

**Acceptability (n=53)**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Mean/median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaires acceptable?</td>
<td>8.9/10.0</td>
</tr>
<tr>
<td>Experience of completing the questionnaires?</td>
<td>8.5/9.0</td>
</tr>
<tr>
<td>Affect how you feel about coming to clinic?</td>
<td>1.2/0.0</td>
</tr>
<tr>
<td>Happy to complete questionnaires every clinic visit?</td>
<td>6.6/6.0</td>
</tr>
</tbody>
</table>

**Difficulties & Solutions**

<table>
<thead>
<tr>
<th>Difficulties</th>
<th>Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wifi connectivity</td>
<td>Working with IT team to improve</td>
</tr>
<tr>
<td>Waiting area sometimes difficult to negotiate</td>
<td>Working with clinic management to make area ‘screening friendly’</td>
</tr>
<tr>
<td>Validity of PHQ9/GAD7 in adolescent population</td>
<td>Literature searching and validation work to identify alternatives</td>
</tr>
<tr>
<td>Adaptation to questionnaire set needed</td>
<td>Discussions between clinic team and IMPARTS to amend questions</td>
</tr>
</tbody>
</table>

**Discussion**
- IMPARTS has been integrated into the liver transition clinic with satisfaction from the clinic team and patients.
- The data collected helps guide consultations and provide information for onward referrals.
- Arising issues are being solved collaboratively.
- New ideas for identification, management and research are generated and incorporated in to the system.

References: