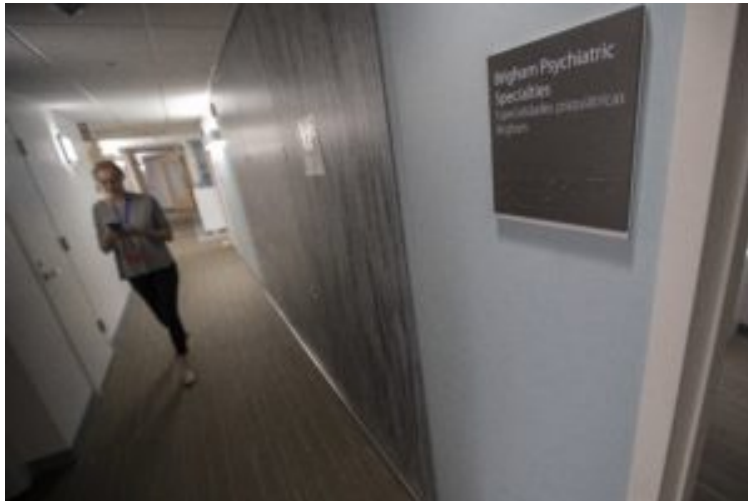




LONGITUDINAL WALK-IN URGENT CARE PSYCHIATRIC CLINIC OFFERS A NEW MODEL OF CARE



Arranging psychiatric care can be a logistical challenge. Appointments usually need to be scheduled months in advance, and missed visits may result in removal from patient rolls. This situation is often a critical obstacle to care, especially because people who require psychiatric care are likely to struggle to deal with these sorts of challenges.

The Challenge of Access to Care

This situation was the impetus for the creation of the urgent care clinic for psychiatry at Brigham and Women's Hospital. It was launched in 2017 to

make it easier for people to get care when they need it.

“Access to psychiatry is difficult pretty much everywhere you go,” said David S. Kroll, MD, of Brigham and Women’s Department of Psychiatry, who leads the program. “There are parts of the country where there literally is no psychiatrist within hundreds of miles. Even in Boston, where we have a relatively high concentration of psychiatrists, it can be difficult for patients to see them, in part because psychiatric care is just very time-intensive.”

Dr. Kroll explained that although historically the Brigham has been well-equipped to provide excellent psychiatric care to patients who are able to adhere to the basic expectations of the clinic, too many people were being kept out of psychiatry because of the difficulty in keeping appointments. He and his colleagues decided that a walk-in clinic would be an innovative way to address this challenge.

The Longitudinal Urgent Care Psychiatry (LUCY) clinic is currently open three afternoons a week for walk-in visits. A handful of psychiatrists share in clinical duties. Anyone who gets primary care through another Brigham doctor is eligible to participate; having a previous relationship with the Department of Psychiatry is not required. The clinic also has social workers on staff who can manage crises, help patients schedule regular follow-ups and provide limited therapy when needed.

“When we opened our doors to walk-ins, we basically told people, ‘You can come in for anything you need,’” Dr. Kroll said. “If it’s an urgent care visit, that’s fine. If there’s an expectation that you will continue to get your care primarily on a walk-in basis, that’s fine too.” He added that although a consistent structure to appointments is ideal, when the alternative is no care at all, the walk-in clinic provides a valuable service.

A Major Innovation for the Field of Psychiatry

In the two years that the clinic has been open, it has seen 350 patients—250 of whom previously did not have any access to psychiatric care. Additionally, 60 percent of those patients sought follow-up, either through another urgent care visit or through a scheduled appointment with another psychiatrist in the clinic.

“We’re still working on a formal outcomes study, but anecdotally the clinic appears to have reduced the way that some patient groups have traditionally used emergency rooms,” Dr. Kroll said. He added that while the clinic sees a disproportionate number of Medicare and Medicaid patients, the psychiatrists working in the clinic tend to be more productive, in part because many appointments are shorter than average. “From a fee-per-service perspective, it works out pretty well,” he said.

Plans are in place to expand social work and therapy services and to increase the number of doctors who are available during clinic hours.

“Other programs have tried different kinds of walk-in clinics,” Dr. Kroll concluded. “But ours is unique in that we’re planning for long-term management of patients within this urgent care framework.”

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