Medicine in Psychiatry Division

Opportunities for Internal Medicine, Family Medicine, and Medicine-Pediatrics Residents

Erik Bobeda, MD
Kirk Harris, MD
Kevin Brazill, DO
Marsha Wittink, MD
What is this division all about?

MISSION:
1. To be a community leader for comprehensive medical care targeted to patients with severe mental illness and/or substance use

2. To be a national center for academic innovation focused on integration of medical, psychiatric and social services for vulnerable patient populations
Why do we need the MIPS division?

- Morbidity and Mortality gap (20 years)
- Most vulnerable and arguably most complex/costly patients in the health system

“...physicians make assumptions about symptoms and allow patients to refuse care” - Lisa Rosenbaum
Medicine in Psychiatry = Medicine for Psychiatry

- Consultation for all of the inpatient adult psychiatry floors
- Care TARGETED to patients with psychiatric conditions such as psychotic disorders (schizophrenia, bipolar disorder), mood disorders (severe depression/anxiety) and substance use disorders
  - Primary care (located at Brighton Health)
  - Acute hospital care (10 + 20 beds)
  - Community outreach
Medicine in Psychiatry Services: Comprehensive, Team-based Medical Care

- **Acute Medical Care**
  - IMIPS + SUMMITS ACUTE CARE
  - MIPS PRIMARY CARE
- **Chronic Disease Management and Prevention**
- **Psychiatry**
  - Strong Ties
  - Strong Recovery

**Transdisciplinary Team:**
- Nurses
- NPs and PAs
- Pharmacist
- Social Workers
- Psychology Interns
- Care Coordinator
- Psychiatry interns
- Medical students
- Hospitalists

**Others:**
- IM residents
- FM residents
- Med/Ped residents
- Neuro residents
- Adolescent Med Fellows
- Psych CL Fellows

**Daily Transdisciplinary Rounds**

**Cross-Setting Communication**
- Shared Faculty and Staff

**Daily Huddles + Weekly Transdisciplinary Meeting**
Faculty: IM, FM
Med-Peds and IM-Psych

• Inpatient
  • Erik Bobeda
  • Elaine Rigney
  • Diane Morse
  • Lalita Movva
  • Eliza Pope-Collins
  • Kirk Harris
  • Marsha Wittink
  • Conrad Gleber

• Outpatient
  • Sarah Chang
  • Elaine Rigney
  • Diane Morse
  • Kevin Brazill
  • Telva Olivares

Aspen Ainsworth (Psychiatrist)
Kristen Holderle (Psychologist)
### Overview of Multidisciplinary Clinical Training Opportunities Across MIPS division

<table>
<thead>
<tr>
<th>Setting</th>
<th>Psychology trainees</th>
<th>Physician trainees</th>
<th>NP/PA trainees</th>
<th>Nursing trainees</th>
<th>Pharmacy trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MIPS/other SETTING</strong></td>
<td><strong>5th year clinical PhD</strong></td>
<td><strong>Medical students</strong></td>
<td><strong>Residents</strong></td>
<td><strong>Fellows</strong></td>
<td><strong>NP/PA students</strong></td>
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<tr>
<td>192 IMIPS</td>
<td>2/year</td>
<td>Psych 1 week option in IM block</td>
<td>1st year required 10 wk rotation</td>
<td><em>MIPS track option</em></td>
<td>PA students LeMoyne</td>
</tr>
<tr>
<td>G92 SUMMITS</td>
<td>4th year sub-I or elective option</td>
<td>elective</td>
<td><em>MIPS track</em></td>
<td>1st year elective</td>
<td>NP students UR</td>
</tr>
<tr>
<td><strong>MIPS PRIMARY CARE</strong></td>
<td>2nd year 20 wk continuity option</td>
<td>elective</td>
<td>PRIMARY CARE track</td>
<td>1st year elective</td>
<td></td>
</tr>
<tr>
<td>ACT</td>
<td>elective</td>
<td>MIPS track</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPEP</td>
<td>elective</td>
<td>MIPS track</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CL</td>
<td>elective</td>
<td>MIPS track</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WATSON Clinic</td>
<td>elective</td>
<td>MIPS track</td>
<td></td>
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Inpatient Medicine in Psychiatry Elective

• AM rounding with team, teaching resident for psychiatry intern

• Can be combined with MIPS-PC, other psychiatry unique experiences (ACT team, ECT, med consults to psych) in afternoon

Inpatient Medicine in Psychiatry (IMIP) Unit 1-9200

The Inpatient Medicine in Psychiatry (IMIP) unit is one of a select few hospital units of its kind in the country committed to providing acute medical care for people who may additionally have mental illnesses that can complicate their medical care. IMIP is actively involved in education and scholarship dedicated to team-based, biopsychosocial care targeted to vulnerable patients.
Unique Learning Opportunities:
Interdisciplinary rounds
psychosomatic med
QI projects

**Inpatient Medicine in Psychiatry (IMIP) Unit**
**Activated Biopsychosocial Model of Care**

- **Assessment:** determine patient’s understanding of disease and priorities for health
- **Medical**
  - treat acute medical condition
  - assess and manage chronic disease
- **Psychological**
  - Psychiatric
  - assess and manage mental health needs
- **Social**
  - assess home environment and potential barriers to maintenance of health
- **Adapt care to patient priorities and context**
- **Build trust**
- **Medical**
  - coordinate chronic disease management and follow up care
- **Psychological**
  - Psychiatric
  - coordinate mental health management and follow up care
- **Social**
  - address barriers to discharge, coordinate supportive services for maintenance of health
- **Discharge:** prepare patient for adjustment to home and follow up care

**Daily Interdisciplinary Team Discussions**
Medicine in Psychiatry – Primary Care

Longitudinal primary care placement
Electives together with IMIPS
SUMMITS UNIT

Substance Use Medical Management, Infection Treatment and Support

Unique unit
Peers
CASACS
SW

First-of-Its-Kind SUMMITS inpatient Medical-Psychiatry Unit Opens
**Medicine in Psychiatry Track**

Directors: Telva Olivares, MD and Kirk Harris, MD

The University of Rochester has a long and distinguished history of creative collaboration between the Departments of Psychiatry and Internal Medicine aimed at improving the care of patients. For example, the Biopsychosocial Model was originally described by George Engel, a U of R internist and psychiatrist, in 1977.

University Rochester Internal Medicine residents who complete additional meaningful training and scholarship work in the Department of Psychiatry will be eligible for the “Distinction in Psychiatry, Mental Health and Wellness” at graduation. Residents can choose elective experiences in state-of-the-art integrated medicine-behavioral health units dedicated to treating medical patients with active comorbid psychiatric disease, medical clinics for patients with active psychiatric and/or substance use disorders, and emergency services for patients with active psychiatric illnesses. Residents in this track will also participate in a longitudinal curriculum that complements their medicine residency training, and they can select QI and/or research projects involving the intersections between medicine and psychiatry.
Research/QI initiatives and opportunities

MedPsych Unit Consortium
Reducing readmissions
Biomarkers of accelerated aging

TABLE 3. Regression analysis of the impact of admission to the inpatient medicine in psychiatry (IMIP) unit on health care process measures. All patients were assigned at least one behavioral health diagnosis code (mental or substance use disorder) and were discharged between January 1, 2016, and May 31, 2018. Patients in the subsample had been assigned co-occurring mental and substance use disorder diagnosis codes, indicating higher psychiatric complexity (see online supplement for the full regression output). Reference group for regression analyses: non-IMIP patients.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Full sample</th>
<th>Higher psychiatric complexity</th>
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<tbody>
<tr>
<td>Length of stay (mean difference in days)</td>
<td>-.21</td>
<td>-1.04</td>
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<tr>
<td></td>
<td>-.82, .39</td>
<td>-2.05, -.03</td>
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<tr>
<td>Discharged to home (odds ratio)</td>
<td>1.08</td>
<td>1.51</td>
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|                                        | .94, 1.23   | 1.21, 1.88                  **
| Readmitted within 30 days (odds ratio) | 1.02        | .69                         |
|                                        | .83, 1.26   | .51, .94                   * |

*p<.05, **p<.01.