Assessing the impact of an Integrated Psychological Medicine Service (IPMS) on healthcare utilisation

S. Harvey (CT3 Psychiatry[1]), J. Bromley (Consultant Psychiatrist[1]), M. Edwards (FY1, RD&E), M. Hooper (Practice Lead[1]), H. McAndrews (Medical student, Exeter Medical School), J.Timms (Clinical Psychologist[1])
[1]Devon Partnership Trust

Introduction & Background to IPMS

IPMS aims to integrate biopsychosocial assessments within physical health pathways including chronic, non-acute presentations that may not typically be referred to liaison teams that would benefit from psychology input.

- The service developed organically as opportunities presented in different physical healthcare specialities.
- This lead to a heterogeneous non-standardised service development with a range of approaches.

IPMS offers consultation & advice, assessment +/- interventions provided by mental health practitioners, psychologists & psychiatrists.

Supports patients with:
- organic illness adjusting to long-term health condition & symptoms.
- +/- medically unexplained symptoms / functional overlay.

Aim & Hypothesis

Aim; to analyse the impact of IPMS by comparing healthcare utilisation 1 year pre & post IPMS intervention.

Hypothesis; IPMS assessment & intervention reduces healthcare utilisation.

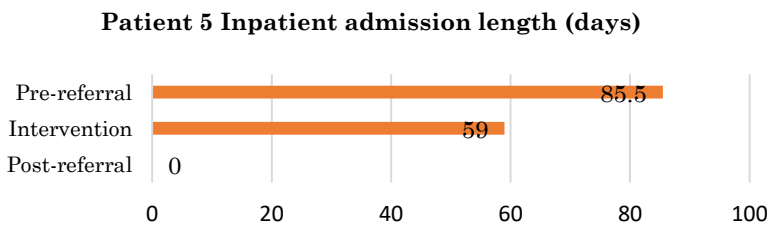
Methods

Retrospective review of referrals into IPMS;
- From July 2019 to June 2020 - pulled 129 referrals
- Generated a 10% randomised sample of 13 patients
- 5 patients had one year of data either side of the duration of the IPMS intervention (excluding 8 patients with incomplete data sets).

We analysed the;
- Duration & nature of the IPMS intervention, psychosocial information
- Number & duration of inpatient admissions **(IPA)**, outpatient attendances **(OPA),** patient non-attendances **(DNA)** & cancellations.

A non-randomised patient was analysed as a comparative case Fig 1.

Fig 1. Non-Randomised Case Comparison; Patient 5



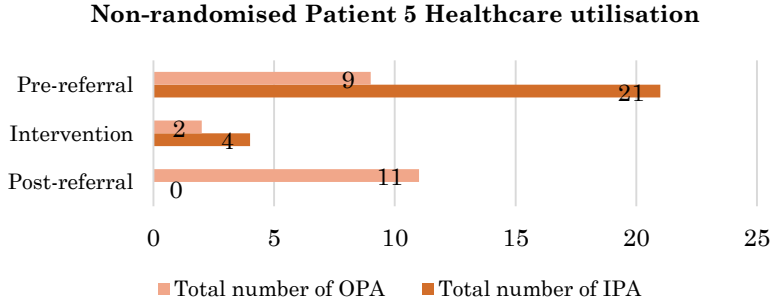


Fig. 2 Non-Randomised Result

Patient 5	See Fig 1; patient with diabetes, gastroparesis, functional vomiting. Patient left toxic relationship post therapy intervention

Fig. 3 Randomised Sample Results

Patient 78	Single IPMS assessment re suitability for obesity service Healthcare utilisation **static**
Patient 71	IPMS obesity single assessment Healthcare utilisation **reduced** post IPMS assessment
Patient 7	Patient DNA Dermatology IPMS consultation so advice given to referrer. Healthcare utilisation **increased** post referral
Patient 54	IPMS post ITU single assessment. Healthcare utilisation **increased** post assessment with new endocarditis & complications
Patient 106	IPMS Dermatology single assessment. Healthcare utilisation **increased** post-referral from a new fracture

Discussion

- Single cases skews the data if results are pooled (due to small sample & heterogeneous interventions)
- Healthcare utilisation only measures local hospital use and excludes other trusts / primary care or ambulance services
- Not all referrals would expect changes to healthcare utilisation

Limitations

- Sample size, data governance barriers
- New illness / psycho-social changes
- Data limited to 1 year pre/post referral

Conclusions

- Healthcare utilisation is a crude outcome measure with significant limitations.
- No other outcome measures were consistently embedded & would be advised for future service analysis. E.g. quality of life measures EQ-5D +/- GAD7 / PHQ9