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INNOVATIVE PRACTICE. APPLYING ACADEMIC PSYCHOSOMATIC MEDICINE IN RURAL CALIFORNIA

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Background: Imperial County is designated as medically underserved and one of the poorest counties in CA. Our practice started in 1994 and serves the gap between the County Mental Health Services (CMHS) that treats the severely and chronically ill and the general medical community that faces the unmet need of specialty care for “less” severe patients.

Methods: A plan was started to provide both psychiatric care and liaison activities. The community has 2 community general hospitals. Contracts were established with CMHS and private insurers to assure coverage of services. The plan was extended to dialysis units and long term facilities. Systematic collection of consult data was started in 1998.

An electronic medical record was established with specific fields designated for research purposes. Working in association with UCSD, we established a number of IRB approved protocols. In addition, we contracted with a number of pharmaceutical companies to become a research site for multi-center trials.

Results: Over 300 consultations were performed yearly. The most common consultations involved assessments of: elderly agitated patients, conservatorship evaluations and suicide attempts.

Conclusion: PM strategies added value in the provision of psychiatric services and contract negotiation in this rural community. Applying an academic model decreased the gap between CMHS and the medical community. Patients appeared satisfied to see the same psychiatrists at different treatment settings (i.e. general hospital, dialysis unit, NSF). All interventions were covered by the diverse payment sources.