PROJECT INFORMATION

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Helping Patients with Mental Illness Engage in Their Transitional Care

Principal investigator

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Organization

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What was the research about?

Transitional care clinics treat patients with a mental illness for 90 days after a hospital stay. The clinics also connect patients to mental health services for ongoing care. Getting effective transitional care can keep patients from going back to the hospital.

In this study, the research team looked to see if an engagement-focused care program improved quality of life and care for patients at a transitional care clinic. In the program, patients had coaching in shared decision making. Shared decision making is a process where patients and doctors make decisions together based on the patient's individual needs. To support shared decision making between patients and doctors, the coaches in the program

- Helped patients identify their care goals
- Taught patients how to work with their doctor to make a care plan based on their individual needs

Patients in the program also attended a group visit when they first came to the clinic to allow them to get care more quickly.

What were the results?

Quality of life increased more for patients in the program than for those who only got usual care at the end of transitional care. Patients in the program and those getting usual care only were both satisfied with their care. But patients getting usual care only were more satisfied than those in the program. Many patients in the program getting usual care only said

they wanted to be involved in some shared decision making.

The study did not find differences between the patients in the program and those getting usual care in

- How often patients went to their appointments
- Mental health symptoms
- Number of hospital and emergency room, or ER, visits after leaving transitional care
- Patient and doctor ratings of the doctor's communication skills

Who was in the study?

The study included 326 patients getting mental health transitional care after a hospital stay or ER visit in Bexar County, Texas. Of these, 49 percent were Hispanic, 41 percent were white, and 7 percent were African American. The average age was 38, and 55 percent were women.

What did the research team do?

The research team assigned patients by chance to get usual care only or usual care plus the program. Usual care included making sure the patients' doctors worked together and patients got the right medicines and therapy.

Patients took surveys when the study began, when they left the transitional care clinic, and six months later. The research team also checked medical records

to see if patients went to their appointments. Both patients and doctors rated the doctor's communication skills after appointments. After patients left the clinic, the team called them monthly to learn how often they went to a hospital or ER.

Patients and clinicians on an advisory board and in focus groups helped design the study.

What were the limits of the study?

Of the patients in the program, 38 percent didn't go to any coaching appointments. Results might be different if more patients went to these appointments. In addition, this study included patients at only one clinic. Results might be different in other locations or settings. The usual care given at this clinic was more

thorough than usual care at most clinics. The quality of the usual care might have made it hard to improve care.

Future studies could see if the program works at other clinics and look at ways to get more patients to go to coaching appointments.

How can people use the results?

Transitional care clinics may want to use an engagement-focused care program to improve patients' quality of life. Researchers can use results from this study to explore other ways to improve mental health transitional care.

To learn more about this project, visit www.pcori.org/Velligan126.