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Integration of Preventive Health Screening into Mental Health Clinics

In recent years, the VHA has focused increasingly on providing its patients with preventive health screening. This focus was encouraged by mid-1990s VHA initiatives aimed at shifting resources from expensive inpatient services to more cost-effective outpatient care,[1–2] as well as by VHA performance measures adopted at the beginning of this decade.[3] As a result of these measures, VHA primary care nurses have been screening patients for such medical and psychiatric issues as pain, hypertension, diabetes, hepatitis C, scheduled vaccinations, smoking, alcohol use, depression, posttraumatic stress disorder, prostate cancer, and colorectal cancer. They also began to teach patients about the benefits of healthy eating habits, exercise, seat belts, sun protection, and immunization and about safe medication administration and medication-food interactions.[3]

Although these measures are commonly used in primary care clinics, there are many reasons why preventive health screening may be particularly beneficial for patients visiting VHA mental health clinics. Patients with psychiatric disorders typically are seen more frequently in mental health clinics than in primary care clinics, and they have higher rates of chronic medical illnesses—such as diabetes and heart disease—than the general patient population. They also are particularly likely to smoke, which makes them more vulnerable to such illnesses as chronic obstructive pulmonary disease, chronic bronchitis, emphysema, and cancer. And many take psychiatric medications with adverse effects that can lead to such problems as overweight, obesity, hyperlipidemia, hyperglycemia, hypertension, hypothyroidism, hepatitis, and cardiac disorders.[4]

These are among the reasons why the alcohol and drug abuse treatment program at the James A. Haley Veterans' Hospital (JAHVH) in Tampa, FL decided in 2006 to begin routine preventive health screenings for its patients. This column will discuss the benefits of preventive health screening in mental health clinics, explain how the JAHVH program gradually incorporated screening measures into its clinic visits, and describe some initial results of these efforts.

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PSYCHIATRIC CARE MEETS PREVENTIVE SCREENING

For many years, psychiatric practices used a model for patient visits that differed from the model used by medical and surgical practices. During a typical medical or surgical visit, a patient is examined by a nurse before meeting with a physician. At a minimum, the nurse's examination involves eliciting the patient's chief problems; measuring the patient's vital signs, including blood pressure, pulse, temperature, and weight; and reviewing the patient's current medications. In contrast, a traditional psychiatric visit involved a patient meeting with the psychiatrist in an office setting without undergoing a physical examination. Historically, medical nurses have not played a prominent role in outpatient psychiatric care.

In recent years, however, some psychiatric practices have begun to adjust this model. They have become increasingly aware of the medical aspects of both psychiatric illnesses and pharmacologic treatment for these illnesses, and they have responded by incorporating elements of traditional medical care into their patient visits.

The increasing use of atypical antipsychotics is one factor underlying this change. Atypical antipsychotics have a better adverse effect profile with regard to extrapyramidal symptoms and tardive dyskinesia compared with other antipsychotics,[4,5] and they have the potential to improve both the negative and positive symptoms of schizophrenia.[6] As a result, they were rapidly accepted in the mid to late 1990s as a first-line treatment for schizophrenia and other psychotic disorders, and their use expanded further when they were approved to treat bipolar disorder.[7]

With this expanded use, however, came a heightened awareness of the drugs' metabolic effects, including weight gain and possible hyperglycemia and hyperlipidemia.[8] In response, the American Psychiatric Association (APA) and the American Diabetes Association (ADA) issued new guidelines in 2004 for monitoring patients taking atypical antipsychotics. The guidelines recommend watching for changes in weight, blood pressure, fasting glucose levels, and fasting lipid levels.[9] Not long after the APA/ADA guidelines were published, the VHA instituted policies for monitoring patients taking atypical antipsychotics that reflect these guidelines.

THE JAHVH PROGRAM INCORPORATES SCREENING

The JAHVH's alcohol and drug abuse treatment program is an outpatient program that includes a three-week,

intensive treatment component; a six-week, dual diagnosis treatment component; a consultation-liaison service; a buprenorphine clinic; a driving under the influence program; relapse prevention groups; and several aftercare groups. It is staffed with psychiatrists, psychologists, a psychiatric nurse practitioner (NP), a medical NP, nurses, counselors, and social workers. In fiscal year 2007, over 2,000 patients were seen individually in the program, accounting for over 10,000 visits. And over 1,200 patients attended groups in the program, accounting for over 14,000 visits.

Changes to the JAHVH's alcohol and drug abuse treatment program over the past decade have fostered an environment conducive to carrying out the type of monitoring advocated in the VHA policies and the APA/ADA guidelines. The first of these changes occurred in 1999, when a primary care clinic was incorporated into the program. This clinic was run by the program's medical NP, who previously had been responsible for taking patient histories and performing physical examinations prior to program admission. Under the new model, this NP became the primary care provider for program patients with uncomplicated medical problems.

In 2005, a licensed practical nurse (LPN) joined the program staff to help the NP screen her primary care patients. As in traditional medical practices, the LPN's duties included interviewing patients and measuring their vital signs before their visit with the NP and providing preventive counseling.

The following year, the JAHVH's mental health and behavioral science service developed a policy for monitoring patients taking atypical antipsychotics that agreed with the APA/ADA guidelines. This policy change led leaders of the alcohol and drug abuse treatment program to consider expanding the LPN's screening responsibilities beyond the NP's primary care patients. They felt that having the LPN screen all program patients prior to each visit not only would aid in implementing the new atypical antipsychotic monitoring requirements but also would better address these patients' complex medical and psychiatric needs. The LPN concurred with this assessment and agreed to expand her duties to include the psychiatrists' patients.

To minimize the impact of this change on our busy clinic, the new screening measures were attempted initially with the patients of just one of the two program psychiatrists. These patients were instructed to arrive half an hour earlier to see the LPN before each visit. Although patients showed some mild resistance to the screenings initially, they quickly became used to the change. Two weeks after the screenings were initiated, they were expanded to include the patients of the second psychiatrist.

For the past several months, every patient treated in the program has been seen by the LPN before seeing a psychiatrist or the NP. At each visit, the LPN checks the patient's vital signs and weight and enters the results into the computer system. These measurements are then readily accessible to the psychiatrist or NP. The LPN also screens the patient for other common problems, and any abnormalities are reported to the patient's primary care provider (who, in some cases, is the program's NP). When the LPN discovers an urgent issue, the patient is seen that day by his or her primary care provider or in the JAHVH's urgent care clinic. If the problem is a medical emergency, the patient is referred to the JAHVH's emergency department.

CHANGE FOR THE BETTER

The program's new preventive health screening policy has had benefits beyond simply monitoring the effects of atypical antipsychotics. It also has been helpful in monitoring patients who take other psychiatric medications—such as venlafaxine, which has been associated with blood pressure elevations in some patients[10]—or who have such comorbid conditions as hypertension, diabetes, or heart disease. Furthermore, by screening patients for other health issues and providing education and counseling, the clinic should be able to detect problems earlier and reinforce the preventive health message, which, in turn, should improve the quality of patient care.[11] A particular strength of our nursing staff is in ensuring adherence to medications and follow-up appointments, which typically is a challenge for a large and busy clinic such as ours.

Patients have responded very positively to the preventive health screening, and many of them now present to the program's nursing staff with questions about blood pressure, blood glucose levels, diet, weight management, and smoking cessation. By incorporating basic medical screening into our standard mental health care, the program has observed improvement in many areas of patient care—especially adherence to treatment and access to care.

THE IMPORTANCE OF NURSING

It should be stressed that nursing is an essential part of preventive health screening in our program—and can be essential for other mental health practices as well. Although most psychiatrists will remember to perform necessary monitoring of a patient at baseline, remembering to do so at four weeks, eight weeks, three months, and yearly thereafter is more difficult. A psychiatric clinic can solve this problem by adding a nurse to its staff and having this nurse examine patients at every clinic visit.

Although the cost of an additional staff member might be prohibitive to an individual psychiatric office prac-

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tice, it should more feasible in group practices and large mental health clinics. Additionally, while patients may at first resist the request to arrive half an hour earlier for their psychiatric appointments, this practice is routine in almost every other medical and surgical practice, and our experience is that they will adjust quickly to the requirement. As the need for psychiatry practices to adopt some of the features of medical practices becomes ever more apparent, nursing can play a key role in achieving this goal. ●

Author disclosures

The authors report no actual or potential conflicts of interest with regard to this column.

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