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Complex patients in Primary Care

Aim
To document, in a Primary Care sample a) the prevalence and characteristics of “complex patients” (INTERMED criteria); b) the feasibility and validity of the Spanish version of the INTERMED-Self Assessment Questionnaire (SA-INTERMED).

Methods
In the initial phase of a longitudinal study, a sample of consecutive patients attending a Primary Care Center covering a health area was thoroughly examined. The INTERMED method, Spanish version, was nuclear in the assessment, and blind to this the patients completed the SA-INTERMED.

Results
Fifty five patients have been assessed in the initial phase of this study, and 14 of them (25.4%) were considered to be “complex” (cut-off point 20/21). Mean global score was 24.2 (1.81) for the “complex” patients and 13.9 (1.45) for the “non-complex” (p < 0.001).

The greatest differences between patients with and without health complexity were observed in the non-biological domains. The ratio for INTERMED median domain scores in “complex” patients compared to those “non-complex” was 1.4 for biological, 2.5 for psychological, 3 for social and 2 for health care domains. In support of the validity of SA-INTERMED, the correlation coefficient with the researcher’s assessment was 0.89.

Conclusion
In support of the working hypothesis, a considerable prevalence of “complex patients” in Primary Care has been documented, and the main differences with the “non-complex” have been observed in the non-biological domains. The concurrent validity of the Spanish version of INTERMED-SA is acceptable in this setting.

Reference

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The Primary Care Psychiatry Walk-in Clinic is Unique Access Point for Underserved Patient Groups

Aim
Accommodating walk-in visits in primary care psychiatry can improve access to psychiatric care for patients from historically underserved groups. We sought to determine whether the walk-in model for primary care psychiatry can be sustained over time, and to characterize the patients who access care through it.

Methods
We reviewed electronic health records linked to 811 encounters in a primary care psychiatry practice that offered both scheduled and walk-in visits over 2 years. Primary outcomes were initial and return encounters per month. Secondary outcomes were the demographics of patients who accessed their initial visits through walk-in sessions and scheduled appointments.

Results
490 initial psychiatry evaluations and 321 return encounters took place over the study period. Walk-in volume was sufficient to justify devoting clinical sessions to walk-ins only and remained stable. Recipients of state-supported health insurance based on low income (OR, 1.9; 95% CI, 1.2-3.0); individuals without a college degree (OR, 1.7; 95% CI, 1.1-2.5); individuals who are single, divorced, or separated (OR, 1.7; 95% CI, 1.1-2.5); and individuals who identified as Black or Hispanic (OR, 2.5; 95% CI 1.7-3.6) were more likely to access care through a walk-in session as opposed to a scheduled appointment.

Conclusion
Providing psychiatric care on a walk-in basis within primary care is sustainable. Patients from historically underserved groups may access psychiatric care disproportionately through a walk-in option when it is available.

Reference

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**Integrated web-based psychosocial care for depression and anxiety: A feasibility trial on mental health specialist video consultations for primary care patients**

**Aim**
Depressive and anxious patients are often exclusively treated in primary care (PC) due to limited accessibility to specialized care. The geographical co-location of general practitioner (GP) and mental health specialist (MHS), as part of integrated care approaches, is promising but not practical for rural and small practices with scarce resources. This study evaluates the feasibility of video consultations for PC patients with remotely located MHS to provide low-threshold care.

**Methods**
In this feasibility trial (ICTRP-ID: DRKS00012487), 50 PC patients were randomly allocated to a control group (treatment as usual by the GP) or an intervention group (up to five MHS video consultations). Video consultations focused on diagnosis, treatment planning, and brief interventions. Quantitative and qualitative data on feasibility outcomes were collected via questionnaires and interviews with all participating stakeholders (patients, MHS, practice teams).

**Results**
At the time of abstract submission, data collection was ongoing. We will present quantitative data on recruitment, attrition rates, and adverse effects and shed light on the provider acceptance and practicability of the implemented service model. Additionally, we will highlight key themes derived from the qualitative data.

**Conclusion**
If our feasibility trial is successful, we will embark on a large-scale, fully powered cluster-randomised trial evaluating the model with respect to a potential rollout in routine care.

**Reference**

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Psychotherapists’ perspectives on collaboration and stepped care in outpatient psychotherapy - a qualitative study

Aim
To gain insights into the perspective of outpatient psychotherapists on both the present collaboration with outpatient primary care physicians (PCP) and further mental health specialties and on stepped care (SC).

Methods
Between 4/2018 and 4/2019 25 semi-structured interviews have been conducted with outpatient psychotherapists in a German metropolitan area. Sampling criteria were: (non-)participation in a study on SC for patients with mental disorders, gender, medical vs. psychological background and psychotherapeutic approach. Interviews were analysed within the framework of thematic analysis.

Results
The psychotherapists evaluated the frequency of collaboration with outpatient PCPs and further mental health specialties as rather low, mainly due to high time pressure on both sides and the lack of financial rewards for collaboration. While the majority of psychotherapists wished for more collaboration, most had established small regional networks with constructive exchange. As to SC, the term itself was widely unknown. After explanation, SC was deemed a positive care approach, especially concerning interprofessional collaboration. The main barriers were seen in the health care system with its time pressure and the lack of resources. The psychotherapists’ needs for successful implementation of SC included: remuneration of collaboration, transparency and a higher esteem of their professional competencies.

Conclusion
Interviewed psychotherapists valued collaboration with PCP and psychiatrists but identified as main barriers the lack of both time, resources and financial rewards. While SC is deemed useful for more collaboration, doubts were raised with regard to the implementation within the current health care system.

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Effects of a nonspecific, nurse-led intervention in primary care on comorbid symptoms of anxiety, depression and somatization

Aim
Comorbid occurrence of anxiety, depression and somatization is well documented in the literature, and also a frequent phenomenon in primary care. We investigated the effect of a nurse-led intervention to support the self-management on comorbid mental health symptoms in comparison to a control group (SMADS https://clinicaltrials.gov/ct2/show/NCT01726387) in primary care.

Methods
In this secondary analysis of the SMADS-trial (1) we explored longitudinal data of the Patient Health Questionnaire-German Version (PHQ-D). 184 patients, 73 in the intervention group (IG) and 111 in the control group (CG), have reported mental health symptoms on PHQ-D at baseline and about 15 months post-baseline. Calculating the differences between baseline and follow-up, a categorical endpoint was created to represent the course of symptoms in anxiety, depression and somatization: Improvement or worsening (± 5 points each scale), mixed results (better and worse) and a category representing patients with stable scores.

Results
In 69.9% of IG patients mental health status improved compared to 51.4% of CG patients. A deterioration was observed in 15.1% (IG) and 27.9% (CG) of patients. Change in both directions was observed in 6.8% (IG) and 14.4% (CG). No change was observed in 8.2% (IG) and 6.3% (CG). Overall, these results tested for significance (chi2-test) were not distributed at random using an alpha-level of 5% (p=0.042).

Conclusion
A nonspecific, nurse-led intervention for comorbid mental health symptoms does reduce the overall symptom load. Turning away the gaze from diagnostic categories towards a dimensionally oriented overall mental health status could pave the way for a more general, nurse-led intervention plan to be delivered in primary care.

Reference

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