Implementing a Patient-completed History Questionnaire in an Academic Adult Psychiatry Clinic

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Problem Statement & Scope

- **Problem**: Gathering routine historical data during an outpatient psychiatric intake interview can limit efficiency and completeness during initial evaluations.
- **Scope**: Outpatient adult psychiatry resident clinic

Background

- Patient-completed history questionnaires have long been used as a tool to improve clinical efficiency. The limited data available from studies in primary care clinics show they not only improve efficiency, but also physician and patient satisfaction and chart quality. However, these data may not extrapolate well to psychiatric clinics where the patient population and style of history-taking are markedly different. Patients suffering from mental illness may be less capable or interested in completing a questionnaire, and their self-reporting may be less accurate. Social histories are also often better reflected in a narrative format, which may be difficult to emulate with a questionnaire.
- In this study, we evaluate the utility of a patient-completed history questionnaire in a psychiatric clinic.

Root Cause Analysis

- Environment
  - Travel to office
  - Access to in-person nurse
  - Appropriate clinical space
  - Transportation availability

- Equipment
  - Computers with EHR access
  - Thermal imaging
  - Appropriate clinical scales

- People
  - Staff with attending
  - Medical student

- Methods/Process
  - Interview and patient-centered decision-making
  - Referral pocket review

Main Problem in Process

- Length of time available to perform a new outpatient adult psychiatric evaluation thoroughly.

Goals

By June 2021, 80% of new evaluations of adult patients at the ECU Psychiatry Outpatient Center by approved residents in their PGY-3 or above year of training will have their visit and note completed within the allotted 90-minute time slot without significantly affecting quality of care.

Plan / Do

- Patients scheduled for new evaluation appointments will be randomly allocated, by alternating weeks of appointment dates, to either receive a medical and psychiatric history questionnaire or not.
- Selected patients will receive a paper copy by mail and additionally by secure digital message if their preferred contact method is Epic MyChart. Patients are instructed to bring in the completed questionnaire to their appointment or respond to the MyChart message.
- At their appointments, all patients undergoing new evaluations and their physicians will be asked to fill out surveys assessing quality of care, visit satisfaction, and opinion of the questionnaire.

Study

- Questionnaire completion rate was poor, precluding reliable analysis of satisfaction surveys and of encounter or chart completion times.
- Most paper questionnaires were reportedly never received despite correct mailing addresses. This may reflect process errors (e.g., incorrectly stamped envelopes, disrupted mail delivery due to the concurrent COVID-19 pandemic) or patients’ severe mental illness resulting in poor recall and planning. Only half of those who reported receiving questionnaires utilized them.
- MyChart questionnaires were likewise underutilized. Only about one-third viewed their MyChart questionnaire, and only one responded to it. One patient reported technical difficulty composing a response.

Act

- Further investigate causes for not receiving paper questionnaires. Consider alternatives, such as having patients to arrive early to complete the questionnaire in the lobby prior to the appointment.
- Investigate causes for poor MyChart utilization. Consider implementing a user-friendly integrated MyChart questionnaire as opposed to a simple MyChart message. Consider an alternative electronic questionnaire platform if able to maintain HIPAA compliance.
- Investigate causes for the high new evaluation no-show rate.

References