

Improving Healthcare Delivery to Patients with Psychodermatological Conditions

T. Turk, M. Dytoc, E. Fujiwara, A. Abba-Aji, and P. Mathura

DEFINE OPPORTUNITY

Psychodermatology

Psychodermatological conditions are multi-faceted disorders with skin- and mind-related components.

Several classifications have been proposed with no universal consensus on the categorization of these illnesses; some classify them as primary psychodermatological disorders, secondary psychodermatological disorders, psychophysiological disorders and psychogenic pruritus. Other classifications categorize those conditions based on nature of their pathophysiology (i.e., depression, delusions, anxiety or obsessive-compulsive behavior) [1-3].

Problem

- Psychodermatological conditions are commonly encountered in medical practice [1-3]. However, are frequently underreported, misdiagnosed or undertreated.
- In Canada, there are very few projects or studies addressing this issue and limited clinical services in this field.

Demand ↑

- It is reported that every third patient in a dermatological setting may have psychiatric distress.
- The referral process in Alberta may have areas for improvement due to the current long wait time, limited availability of specialists and patients frequently denying referrals, which increase the demand on certain services, especially dermatological consultations.

Resources ↓

- There are no specialized multidisciplinary clinics in Alberta
- Referral process does not support joint specialty care pathways.
- Specialists are struggling to obtain sufficient training and time constraints.

POTENTIAL GAP

Objectives:

- Assess the burden and epidemiological characteristics of psychodermatological conditions
- Assess dermatologists' knowledge, attitudes, practice patterns and the challenges they face.
- Develop a joint specialty care pathway to improve the quality of healthcare delivery for psychodermatology patients

Manage Change

INVOLVING STAKEHOLDERS IN THE IMPLEMENTATION PROCESS

For change implementation to be successful, it is vital to engage the main stakeholders often and early in the change process and to ensure that staff assist with the development of the proposed interventions. Our team included a dermatologist, psychiatrist, senior researcher, QI specialist and a graduate student. We want to identify a board Canadian dermatologist perspective therefore we developed a survey of dermatologists as described below.

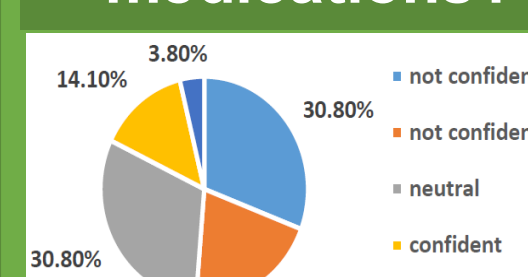
Survey to Dermatologists

Knowledge, attitudes, practice patterns and challenges

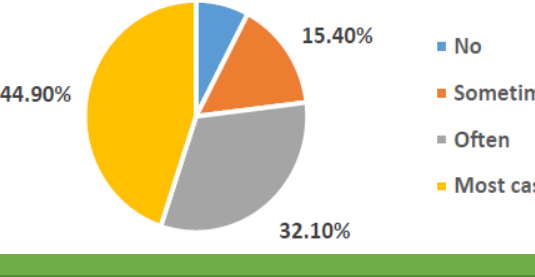
Survey Results

- 46.2% of respondents reported intermediate to low level of understanding of psychodermatology.
- Primary PD conditions: 35.9% of participants see 1 patient/week.
- Secondary PD conditions: 55.1% of participants see 1 patient/week.
- Most participants had an intermediate to low level of comfort while approaching these patients (median =3; on a 1-5 Likert scale)
- The vast majority of them had low confidence in prescribing psychotropic meds (median =2)

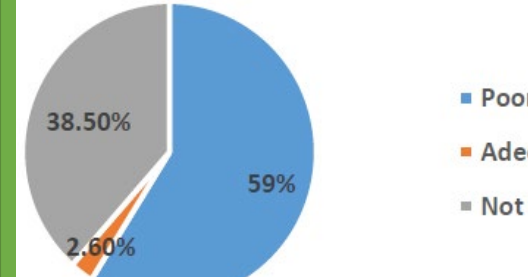
Confidence in prescribing psychotropic medications?



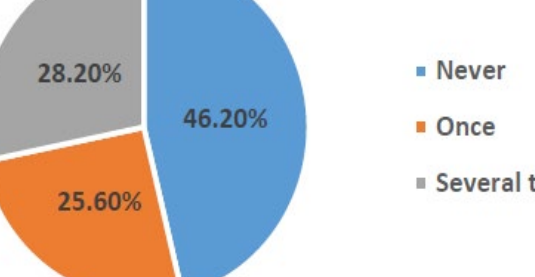
Patients decline psychiatric consultations?



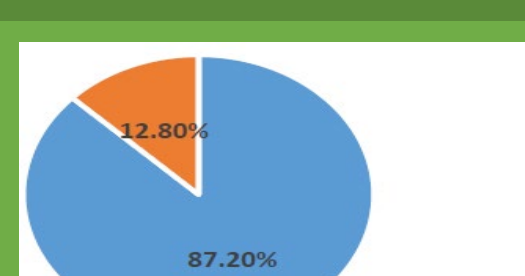
Research



Training



patients' resources

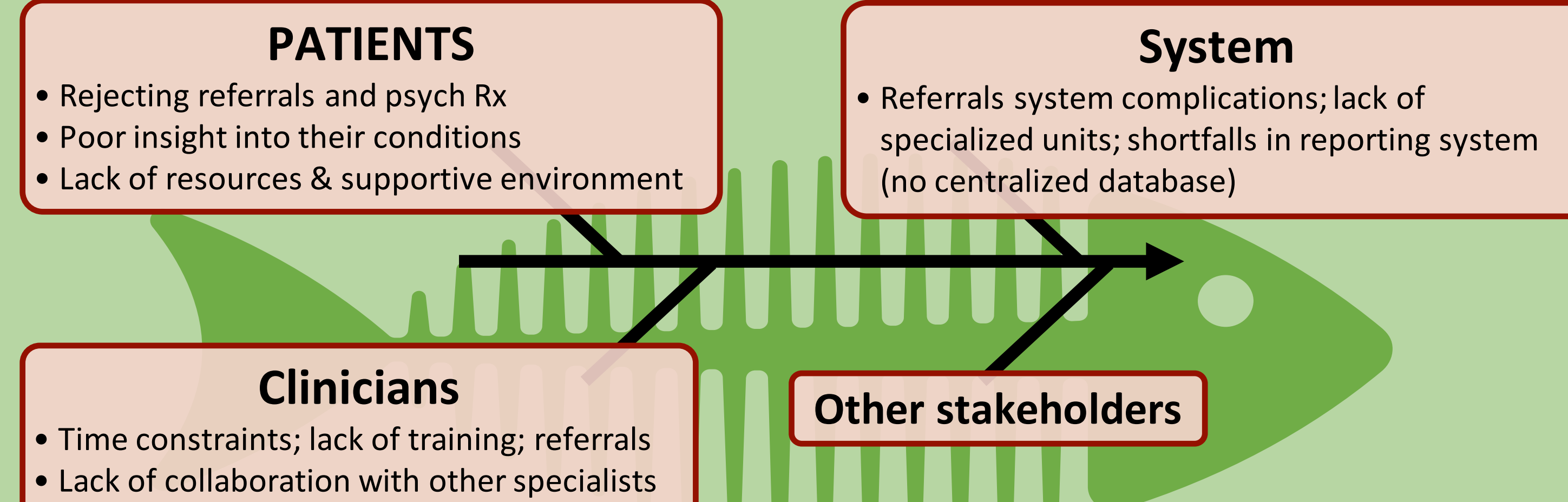


BUILD UNDERSTANDING

PROCESS ASSESSMENT: Completed a Quantitative Phase and QI tools

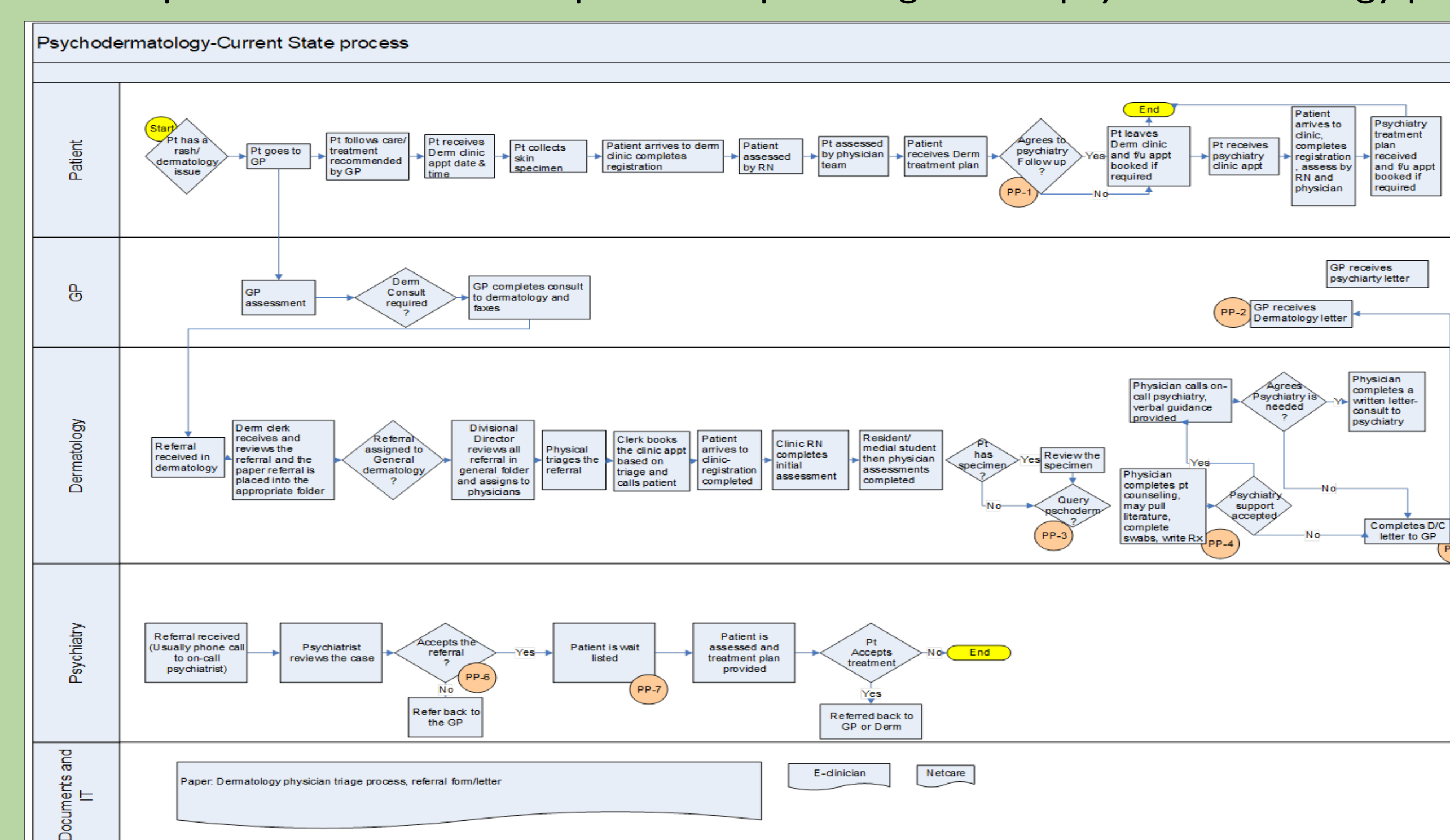
- 1) Review of Alberta Health Services' data to identify patients with potential psychodermatological conditions, estimate the burden of the issue and the expected demand on future services; 2) a national online survey to all dermatologists in Canada to assess several areas in psychodermatology including their knowledge, practice patterns and challenges

CAUSE-AND-EFFECT/ FISHBONE DIAGRAM



PROCESS MAP

This map illustrates the current process of providing care to psychodermatology patients.



Burden of Psychodermatology

Alberta Health Services Data

We identified 240,351 with dermatologic billing codes. 67,117 (28.3%) of whom had received at least 1 psychotropic med within 90 days of their visit.

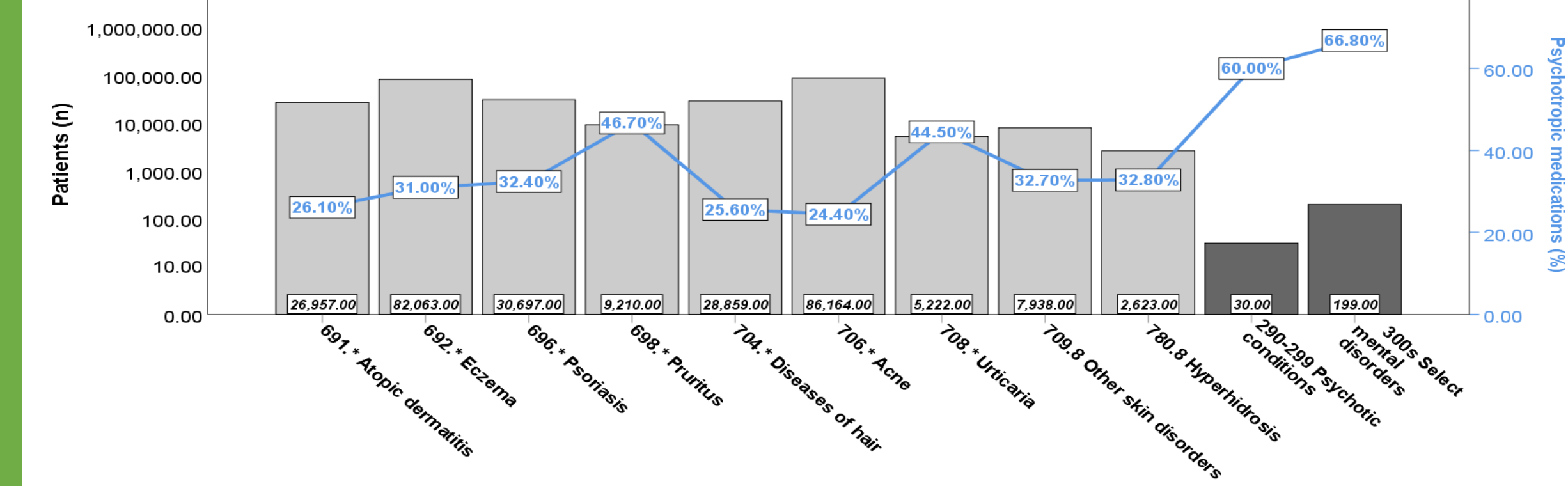
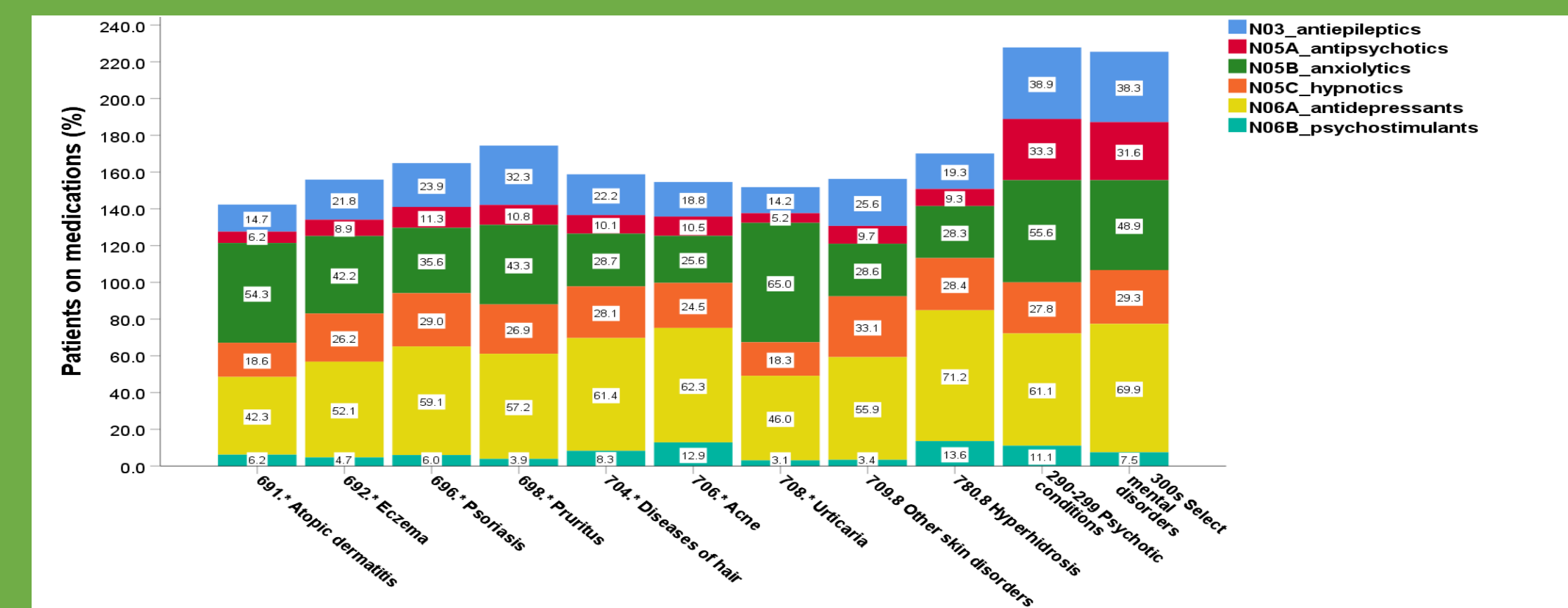


Figure 1. Number of patients with dermatological billing records across conditions; percentages of patients with concurrent psychoactive drug dispensations

Figure 2. Summary of medications types at the time of dermatological treatment visits across the targeted billing codes



ACT TO IMPROVE

IMPROVEMENT SELECTION:

Interventions were chosen based on what was most impactful, manageable, measurable, and affordable.

- 1 **Issue:** lack of collaboration between specialists and referral system complications
Arising Intervention: establish a psychodermatology clinic with a jointly structured referral process.
Role(s) Responsible: dermatologists, psychiatrists and RNs
- 2 **Issue:** lack of training
Arising Intervention: collaborate with specialists at the U of A and the Canadian Dermatology Association to facilitate more learning opportunities; online and offline.
Role(s) Responsible: clinicians and scholars
- 3 **Issue:** Patients' poor insight into their conditions and lack of supportive environment
Arising Intervention: create flyers and fact sheets for patients and their families
Role(s) Responsible: clinicians
- 4 **Issue:** lack of data and research studies
Arising Intervention: conduct several reviews and prospective studies and report findings at the psychodermatology clinic
Role(s) Responsible: clinicians and scholars

The first PDSA cycle of interventions is set to begin at Kaye Edmonton Clinic in June, 2020.

SUSTAIN RESULTS

Sustainability, measurement and sharing:

- The psychodermatology clinic will be held once a month and managed by the dermatology department at KEC
- Frequent assessments will be carried out to measure outcomes, assess progress and bridge any gaps.
- Several research studies will be conducted at the psychodermatology clinic after obtaining required approvals
- Recurrent learning sessions will be held and experience from the clinic will be shared in scientific events.

SHARE LEARNING

LESSONS LEARNED

- Psychodermatology is an underappreciated field of medicine with a gap between demand and resources.
- More efforts are needed in several aspects of psychodermatology including awareness, training, research and specialized services.
- A multidisciplinary approach can fill multiple gaps and address short falls in current practices

ACKNOWLEDGEMENTS

All thanks to the University of Alberta staff who made this project feasible and impactful.

The Impact of our QI Project

Patients

A simplified joint referral process and clinic offers patients a specialist care team (i.e., better care, less waiting time, more knowledge and support)

Clinicians

Enhanced educational training along with an direct collaboration with another specialist (multidisciplinary approach)

The Healthcare System

Streamlined referral and clinic process can significantly decrease referral system delays and complications, improve the quality of care to patients and decrease the cost of unnecessary doctor visits

References

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- [2] Korabel H, Dudek D, Jaworek A, Wojas-Pelc A. Psychodermatology: psychological and psychiatric aspects of dermatology. Przegląd Lekarski. 2008;65(5):244-8.
- [3] Koo JY, Lee CS. General approach to evaluating psychodermatological disorders. Basic and Clinical Dermatology. New York, USA: Marcel Dekker, Inc.; 2003. p. 1-12.