

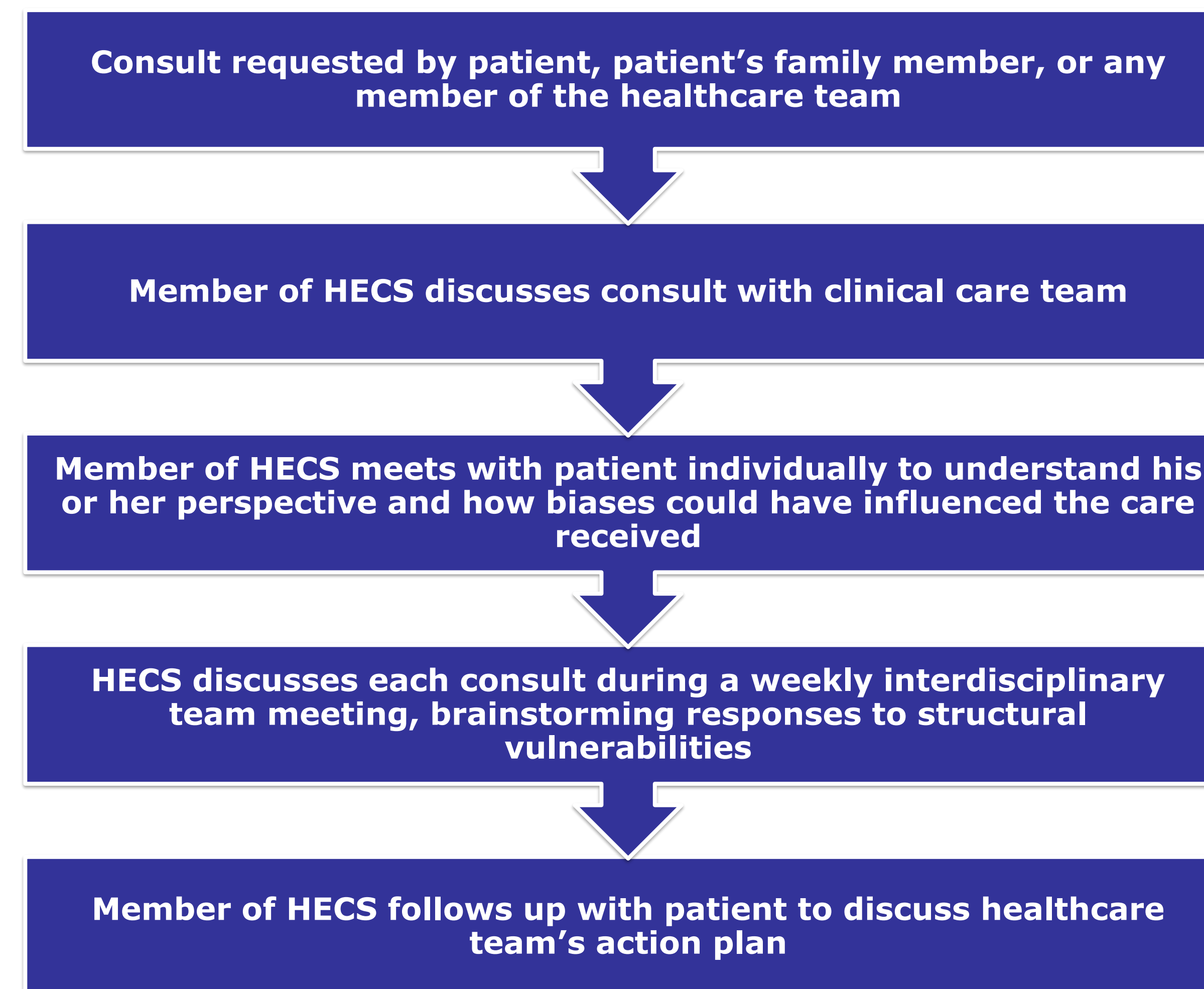
BACKGROUND

- The Accreditation Council for Graduate Medical Education (ACGME) requires Consultation-Liaison Psychiatry (CLP) fellows “demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health,” and “provide patient care that is patient-and family centered and equitable.” (1)
- Integrating readings and lectures into the fellowship curriculum is one way to help CLP fellows achieve these goals, but experiential opportunities to learn about health equity and the structural and social determinants of health may be more powerful.
- The Healthcare Equity Consult Service (HECS) was started at Michigan Medicine in 2022 to identify and address health inequities for patients admitted to the acute care hospital.
- HECS is a multidisciplinary service:
 - Comprised of a leadership team (2 social workers and a spiritual care chaplain), executive nursing staff, and members from the Department of Internal Medicine, Patient Relations and Clinical Risk, the Clinical Ethics Consult Service, and the Office of Health Equity and Inclusion
- In 2023, a new HECS rotation opportunity was offered to the Michigan Medicine CLP fellow to understand systemic factors driving disparities in access to and delivery of care.

CASE PRESENTATION

- A 46-year-old Mexican woman was admitted for hyperosmolar hyperglycemia in the context of social complexity precluding healthcare access
- Psychiatry consulted for depression--venlafaxine was recommended given previous past response and symptoms of mild depression
- Psychiatry was re-consulted weeks later due to concern depression was interfering with physical therapy participation
- On evaluation, patient demonstrated a reactive affect, but review of medications revealed various agents which may have contributed to daytime sedation, including scheduled opioid analgesics, gabapentinoids, and muscle relaxants
- Other members voiced possibility that she was intentionally not participating in physical therapy sessions to extend her hospitalization and avoid legal consequences
- HECS was consulted due to concerns about biases and assumptions influenced by criminal allegations against the patient as well as immigrant and socioeconomic status
- The CLP fellow joined HECS in the patient encounter and learned that the patient felt bullied and misunderstood by her medical team
- The HECS team met and reviewed case, identifying areas where team members could support equitable care
- Feedback given to patient’s care team
 - Employ teach back given role of limited health literacy
 - Ensure outpatient plan is sustainable and practical, accounting for limited access to transportation and finances
 - Understand that conducting internet searches on a patient who seems to not be forthcoming about clinical matters will likely not improve the situation
- 1 week after feedback was given to the patient’s care team, the patient shared with the HECS that she no longer felt stigmatized by her medical providers

HECS AT MICHIGAN MEDICINE



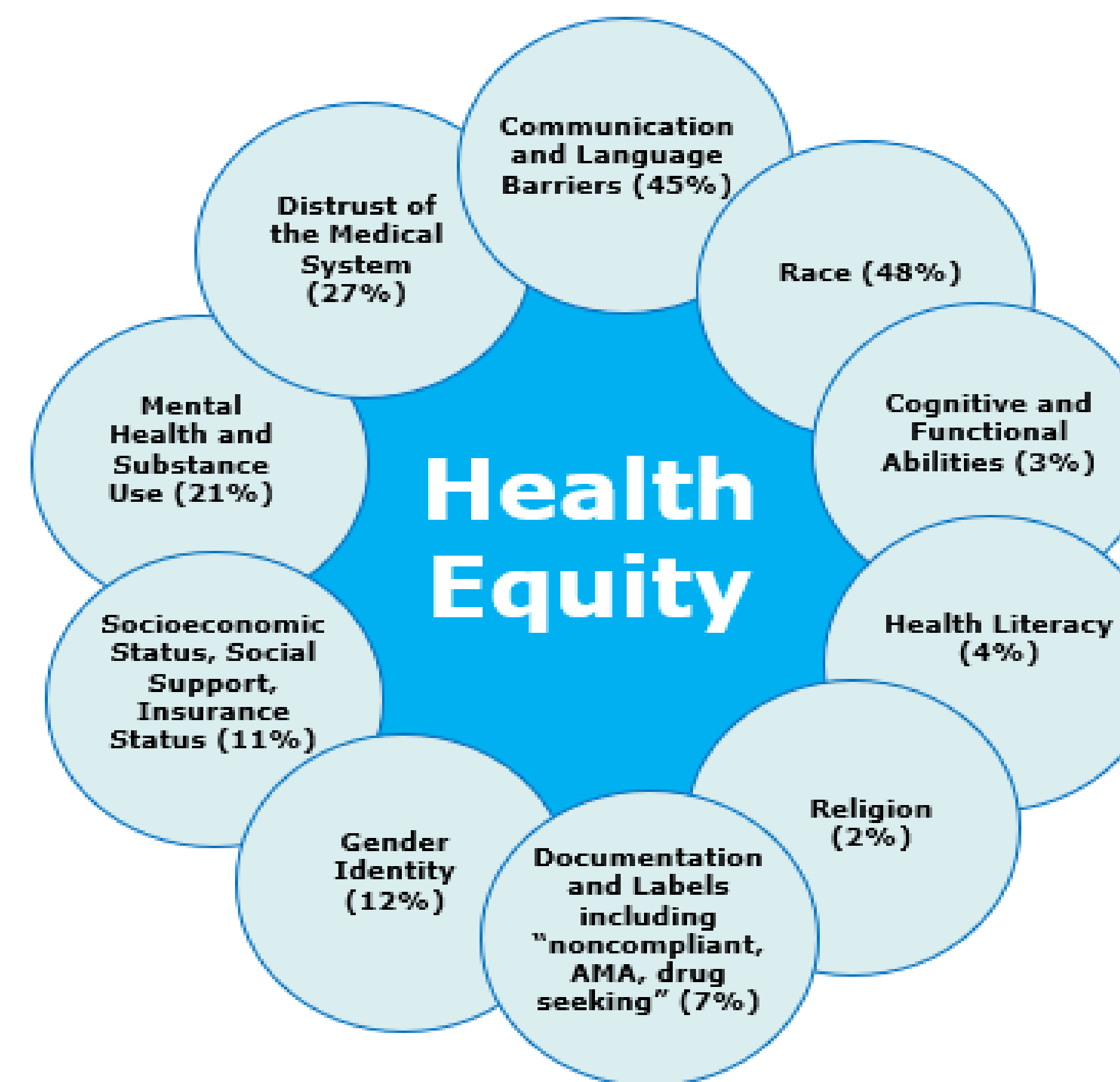
DISCUSSION

- CLPs are uniquely positioned to not only recognize healthcare disparities, intersectionality, and the impact of power dynamics, but also to facilitate patient-provider interactions and respond to and advocate on behalf of patients whose health is impacted by the downstream effects of economic, political, and social structures.
 - Trainees can gain this structural competency and work towards enhancing healthcare outcomes through the intentional re-development of curricula and support for quality improvement projects (2,3)
- By rotating with the HECS, the Michigan Medicine CLP fellow can better understand approaches to drive systemic and structural changes in the hospital system that impact equity in patient access and care delivery
 - Between 8/1/22 and 3/22/24, the HECS evaluated 155 consults across the hospital, including from the Neonatal Intensive Care Unit, Adult and Pediatric Emergency Services, Birth Center, Pediatric Specialties, Surgery, Critical Care Intensive Care Unit, Internal Medicine, Transplant Services, Women’s Health, Psychiatry, and Oncology
 - In the future, the CLP fellow may have more opportunities to rotate with HECS and work towards assisting in system-wide policy changes
 - As HECS plans to expand into ambulatory care in the upcoming fiscal year, the CLP fellow may gain even more exposure and training in addressing inequities experienced by historically underrepresented and marginalized patients
- Overall, activities to equip CLP fellows with the knowledge and skills to develop structural competency and champion equitable care for all patients merits further attention

REFERENCES

1. Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Consultation-Liaison Psychiatry. July 1 2023. Retrieved March 20, 2024 from https://www.acgme.org/globalassets/pfassets/programrequirements/409_consultationliaisonpsychiatry_2023.pdf
2. Isom J, Jordan A, Goodsmith N, et al. Equity in Progress: Development of Health Equity Curricula in Three Psychiatry Residency Programs. Acad Psychiatry. 2021;45(1):54-60.
3. Caravella RA, Ying P, Siegel C, et al. Quality Improvement Framework to Examine Health Care Disparities in Behavioral Emergency Management in the Inpatient Medical Setting: A Consultation-Liaison Psychiatry Health Equity Project. J Acad Consult Liaison Psychiatry. 2023;64(4):322-331.

Shown above is a depiction of emergent themes identified in the 155 cases the HECS evaluated between August 1, 2022 and March 22, 2024. Top themes centered on race, communication and language barriers, distrust of the medical system, and mental health and substance use.



Please visit the website to learn more about the HECS at Michigan Medicine, including FAQs

