

## Background

Patient mental health is an important factor in family medicine visits. Compared to patients without, patients with certain mental health conditions have greater use of general medical services (Salsberry, Chipps, & Kennedy, 2005). Diagnoses and patient demographics may contribute to the overall complexity of family medicine visits.

The National Ambulatory Medical Care Survey (NAMCS) provided a way for researchers to examine complexity of family medicine practices using a comprehensive description of visits, including patient demographics, diagnoses, tests ordered, and referrals made (Katerndahl, Wood, & Jaén, 2011). Peek & Baird (2009) defined additional factors that contribute to the complexity of family medicine visits, including psychosocial, environmental, and financial factors; these are not specifically identified in the NAMCS data set.



## Objectives

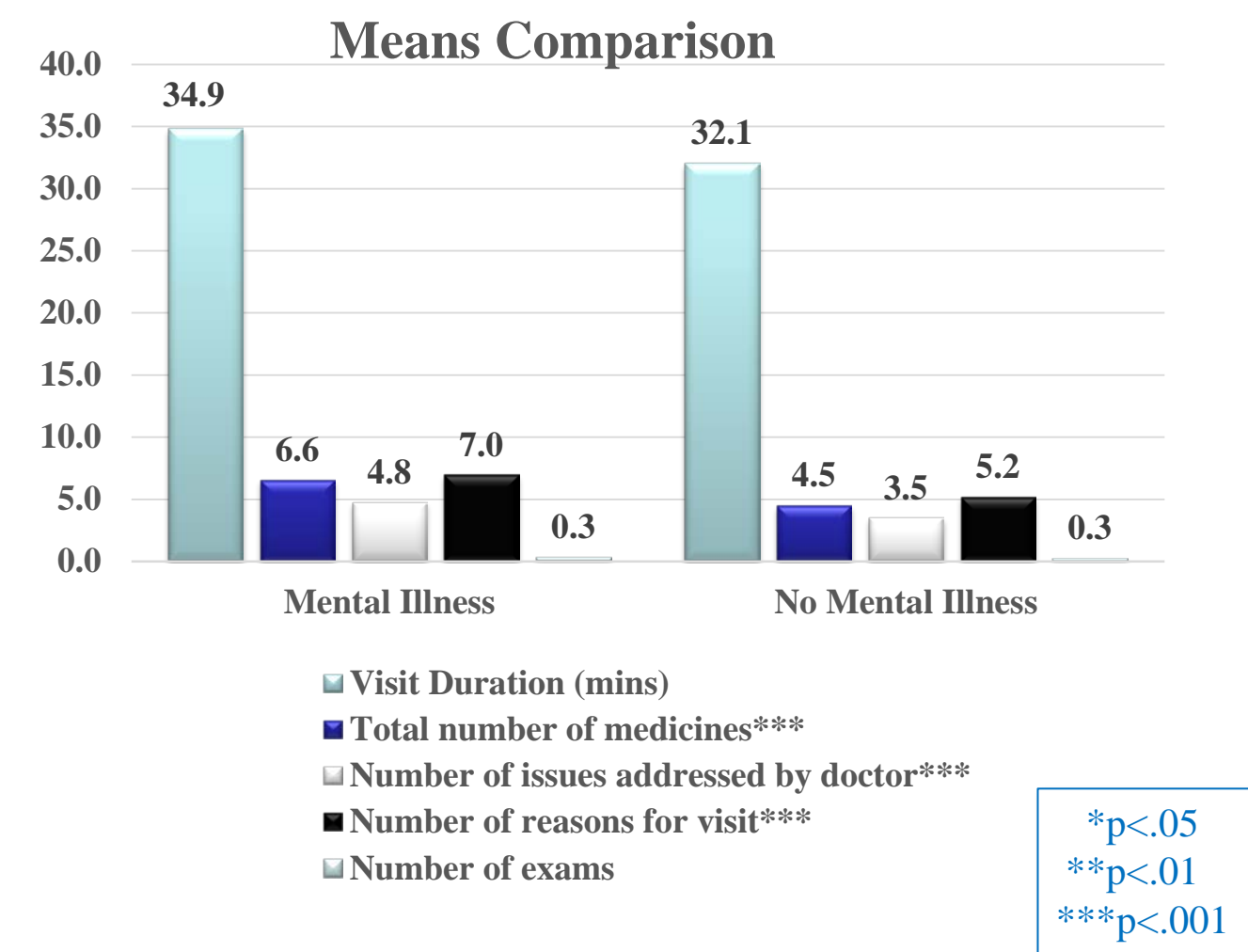
The purpose of this analysis was to:

- Evaluate the relationship between patient mental health and complexity of family medicine visits
- Assess the relationship between cognitive impairment and the complexity of family medicine visits

## Method

Medical student researchers shadowed family physicians in 10 outpatient practices in the Residency Research Network of Texas, and recorded details of 982 outpatient visits. Complexity was assessed by counting reasons for visit, issues addressed, medications addressed, and time spent in each visit. The Peek & Baird Complexity Scale documented presence of mental illness and cognitive impairment.

**Figure 1: Mental Illness & Visit Complexity**



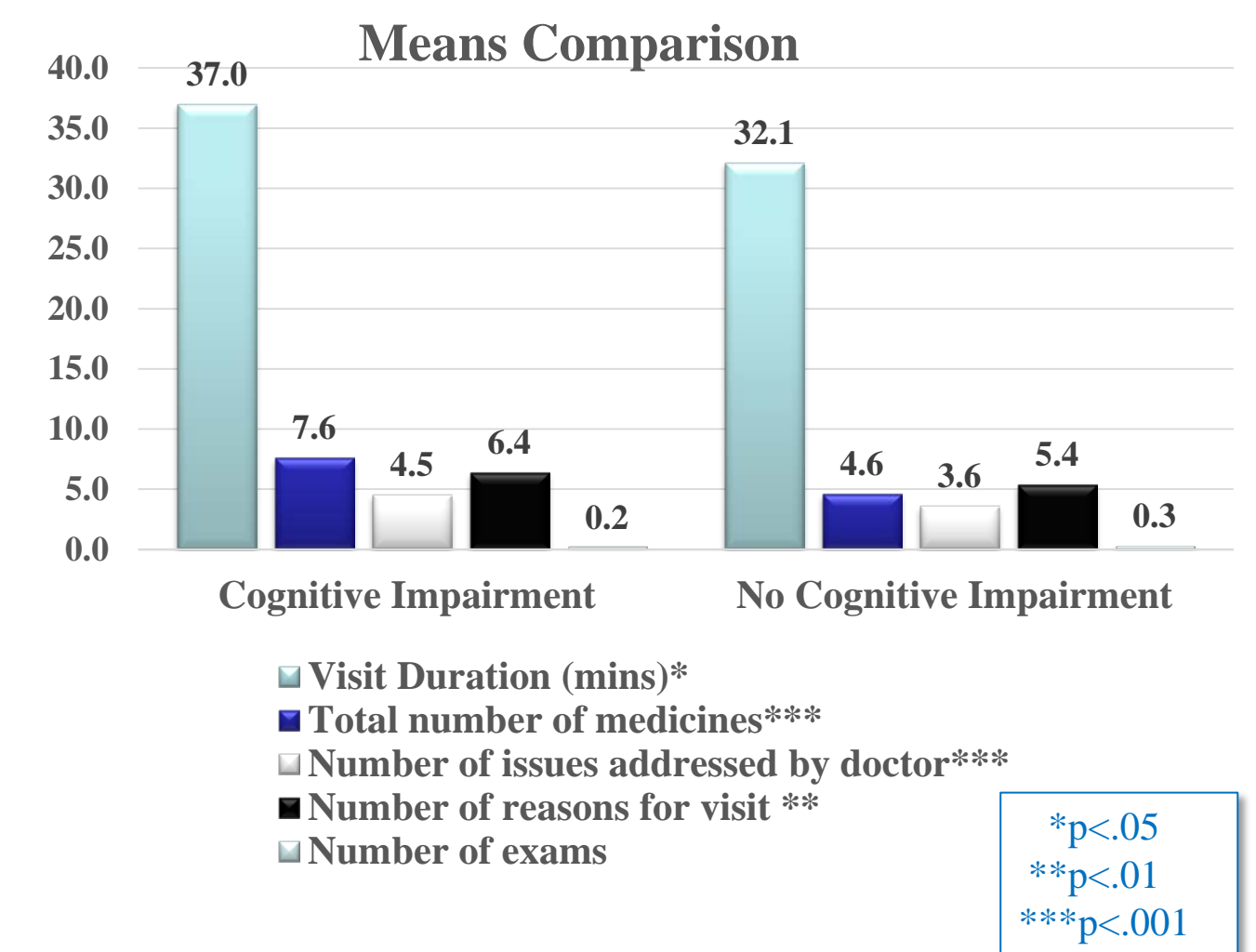
## Conclusion

We found strong associations between mental health, cognitive impairment, and complexity of visits. Managing patients with mental illness or cognitive impairment can create complex family medicine visits. However, providing patients in need with resources and medications for their conditions is a necessary part of combatting mental illness. It is imperative, especially for patients in underserved populations, that they have the resources available to help them. This may contribute to more work for the physicians and increase the complexity of the visit.

## Results

Of the 982 surveys (N=982) collected, 61% of the patients were female, 54% were Hispanic, and 17% were African American. The median age was 51, with 16% under age 21, and 21% age 65 and older. ANOVAs were conducted to evaluate the relationship between patient mental health and cognitive impairment with the complexity of family medicine visits.

**Figure 2: Cognitive Impairment & Visit Complexity**



## References

- Katerndahl, D., Wood, R., and Jae'n, C.R. (2011). Family medicine outpatient encounters are more complex than those of cardiology and psychiatry. *JABFM*, 24, 6-15.
- Peek, C.J., and Baird, M.A. (2009). *Point-of-care complexity assessment helps primary care clinicians identify barriers to improved health and craft integrated care plans*. Retrieved from AHRQ website: <https://innovations.ahrq.gov/profiles/point-care-complexity-assessment-helps-primary-care-clinicians-identify-barriers-improved>
- Salsberry P.J., Chipps E, and Kennedy C. (2005). Use of general medical services among Medicaid patients with severe and persistent mental illness. *Psychiatric Services*, 56(4): 458-62.