

Differential primary care psychiatry quotient: Is it a meaningful indicator of deeper integration of psychiatric care among primary care doctors?

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- Authors designed & implemented an innovative digitally driven primary care psychiatry program (PCPP) across India over the last 10 years.¹
- The primary care psychiatry quotient (PCPQ) is an innovative outcome parameter defined to assess the effectiveness of training methods to integrate psychiatric care among primary care doctors.²
- PCPQ defined as the proportion of psychiatric caseness among total general patients of primary care doctors (PCDs)²
- Deeper integration (DI) of psychiatric care in the primary care further classified PCPQ as total (as above) and differential PCPQ.³
- Differential PCPQ (D-PCPQ) is the proportion of individual psychiatric disorders among the total psychiatric caseness.⁴
- Three important variables are important for the effectiveness of training programs for PCDs such as the duration of the intervention, the degree of active participation of the learners, & the degree of integration of new learning into the learners' clinical context.^{5,6}
- This paper aims to understand the deeper integration (DI) of psychiatric care in primary care by comparing two types of D-PCPQ

Methods

- Ideal D-PCPQ calculated from Telepsychiatric On-Consultation Training based Mandya prevalence study (Nirisha et al., 2013)
- Self-Reported D-PCPQ calculated from the weekly self-report of PCDs in UK study (Pahuja et al., 2020)
- Ideal & Self-reported DPCQ compared to understand DI in primary care

Results

Diagnosis	Mandya (Nirisha et al., 2013)		UK (Pahuja et al., 2020)	
	Cases/Total psychiatric cases	Ideal D-PCPQ (%)	Cases/Total psychiatric cases	Self-reported D-PCPQ (%)
Tobacco Addiction	45/367	12.3	451/2182	20.6
Alcohol Addiction	28/367	7.6	202/2182	9.3
Psychotic disorder SMDs	20/367	5.4%	108/2182	4.9
Somatization	104/367	28.3	413/2182	18.9
Anxiety Disorders	41/367	11.1	400/2182	18.3
Depressive Disorders	117 /367	31.9	412/2182	18.8
Other	13/367	3.6	501/2182	22.96
CMDs as group	262/367	71.38	1225/2182	56.14

Discussion & Conclusions

- Comparison made b/w ideal D-PCPQ (+ 5%) & self-reported D-PCPQ
- Ideal D-PCPQ among somatization, depressive disorders & CMDs as group are significantly higher as well as lower among tobacco addiction and other psychiatric disorders than reported D-PCPQ
- D-PCPQ could be a good indicator of Deeper Integration of psychiatry at primary care
- However, further systematic studies on D-PCPQ is warranted

References

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