

Medicine in Psychiatry Division

Opportunities for Internal Medicine, Family Medicine, and
Medicine-Pediatrics Residents

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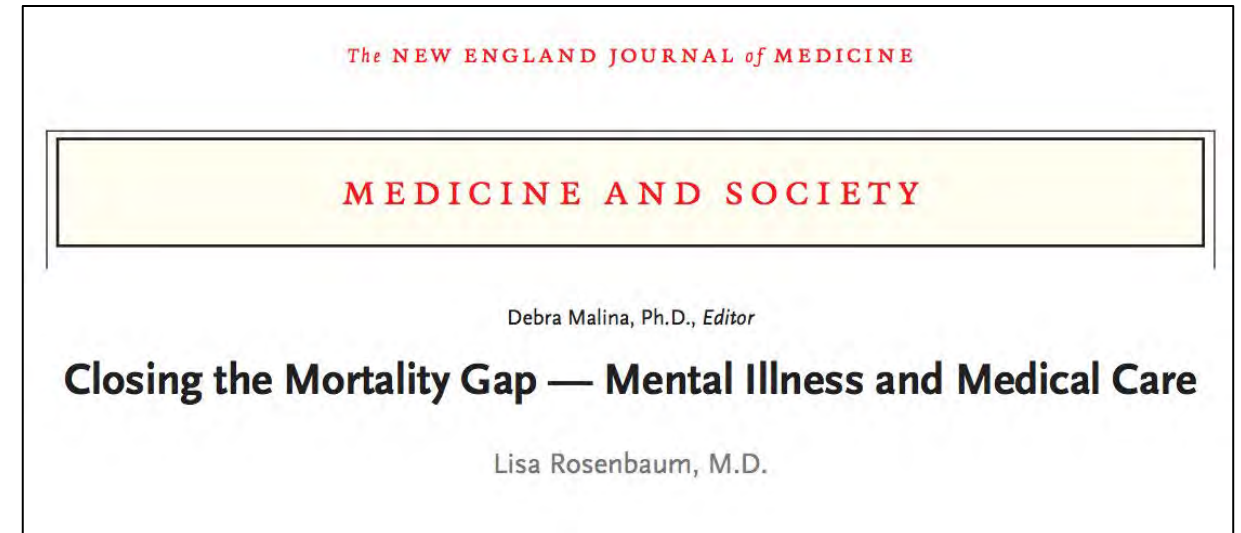
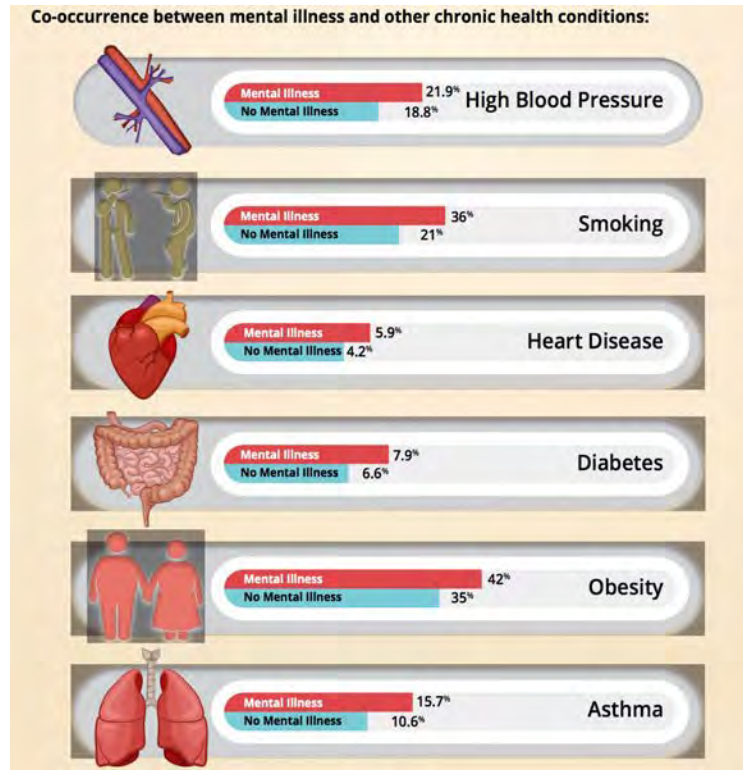
What is this division all about?

MISSION:

1. To be a community leader for **comprehensive medical care** targeted to patients with **severe mental illness and/or substance use**
2. To be a national center for academic innovation focused on **integration of medical, psychiatric and social services** for vulnerable patient populations

Why do we need the **MIPS** division?

- Morbidity and Mortality gap (20 years)
- Most vulnerable and arguably most complex/costly patients in the health system

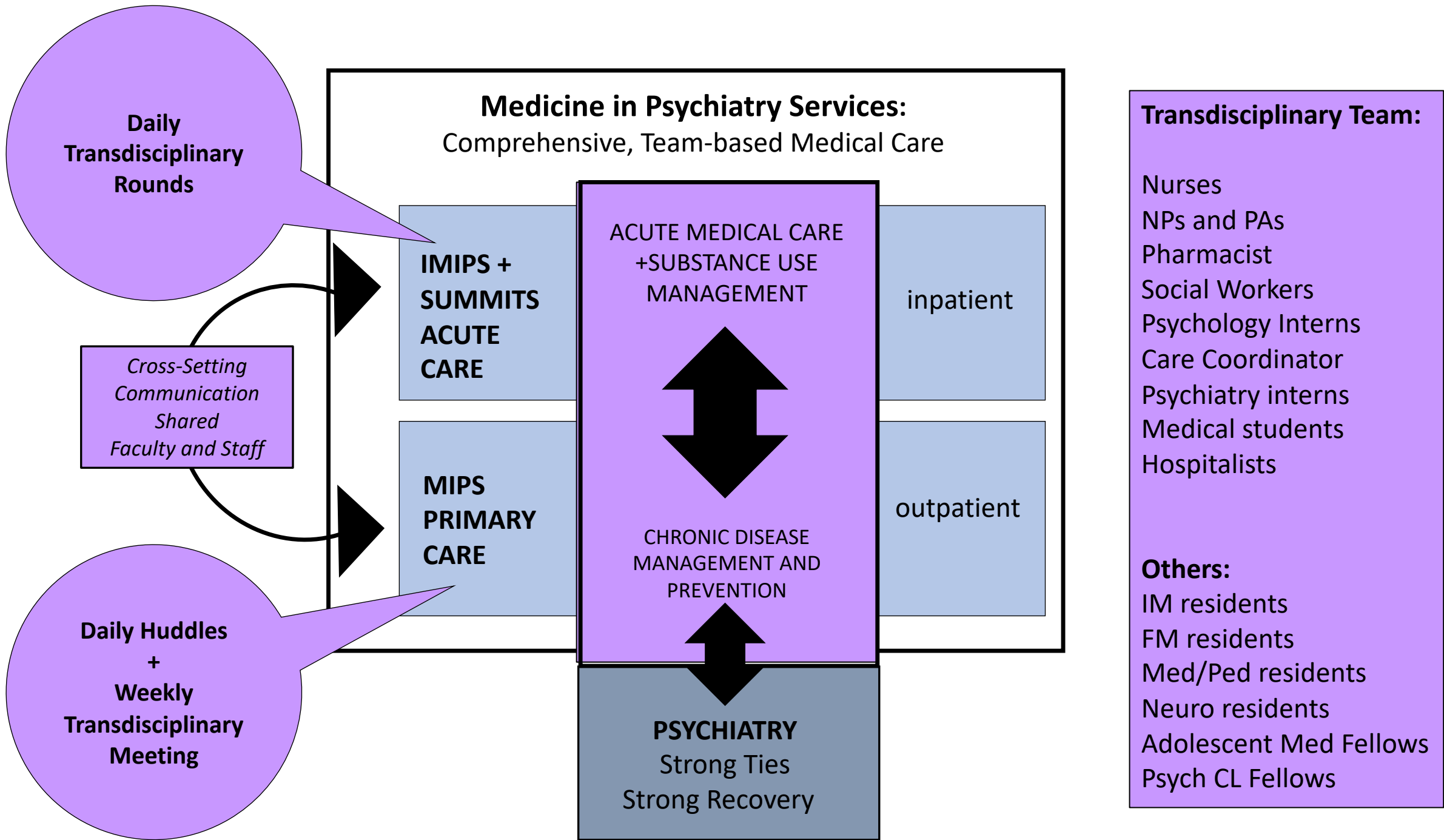


“...physicians make assumptions about symptoms and allow patients to refuse care”- Lisa Rosenbaum

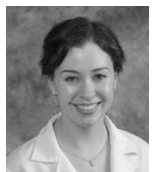
Medicine in Psychiatry = Medicine *for Psychiatry*

- Consultation for all of the inpatient adult psychiatry floors
- Care TARGETED to patients with psychiatric conditions such as psychotic disorders (schizophrenia, bipolar disorder), mood disorders (severe depression/anxiety) and substance use disorders
 - Primary care (located at Brighton Health)
 - Acute hospital care (10 + 20 beds)
 - Community outreach





Faculty: IM, FM Med-Peds and IM-Psych



- Inpatient

- Erik Bobeda
- Elaine Rigney
- Diane Morse
- Lalita Movva
- Eliza Pope-Collins
- Kirk Harris
- Marsha Wittink
- Conrad Gleber

- Outpatient

- Sarah Chang
- Elaine Rigney
- Diane Morse
- Kevin Brazill
- Telva Olivares

Aspen Ainsworth (Psychiatrist)
Kristen Holderle (Psychologist)

Overview of Multidisciplinary Clinical Training Opportunities Across MIPS division

MIPS/other SETTING	Psychology trainees	Physician trainees						NP/PA trainees	Nursing trainees	Pharmacy trainees
		Medical students	Residents				Fellows			
			Psych	Medicine Fam Med Med Ped	Medicine	Neuro				
192 IMIPS	5 th year clinical PhD	3 rd year 1 week <i>option</i> in IM block	1 st year <i>required</i> 10 wk rotation	2 nd /3 rd year <i>elective</i>	*MIPS track option		Psych CL <i>required</i>	PA students LeMoynes	students psych: UR/Naz/SJF	residents (SJF)
G92 SUMMITS	2/year	4 th year sub-I or <i>elective option</i>	8/year	<i>elective</i>	MIPS track	1 st year <i>elective</i>	Adoles Med <i>option</i>	NP students UR	medsurq: <i>FLCC Brockport</i>	
MIPS PRIMARY CARE		2 nd year 20 wk <i>continuity option</i>		<i>elective</i>	MIPS track PRIMARY CARE track					
ACT				<i>elective</i>	MIPS track					
CPEP				<i>elective</i>	MIPS track					
CL				<i>elective</i>	MIPS track					
WATSON Clinic				<i>elective</i>	MIPS track					

Inpatient Medicine in Psychiatry Elective

- AM rounding with team, teaching resident for psychiatry intern
- Can be combined with MIPS-PC, other psychiatry unique experiences (ACT team, ECT, med consults to psych) in afternoon

Inpatient Medicine in Psychiatry (IMIP) Unit 1-9200

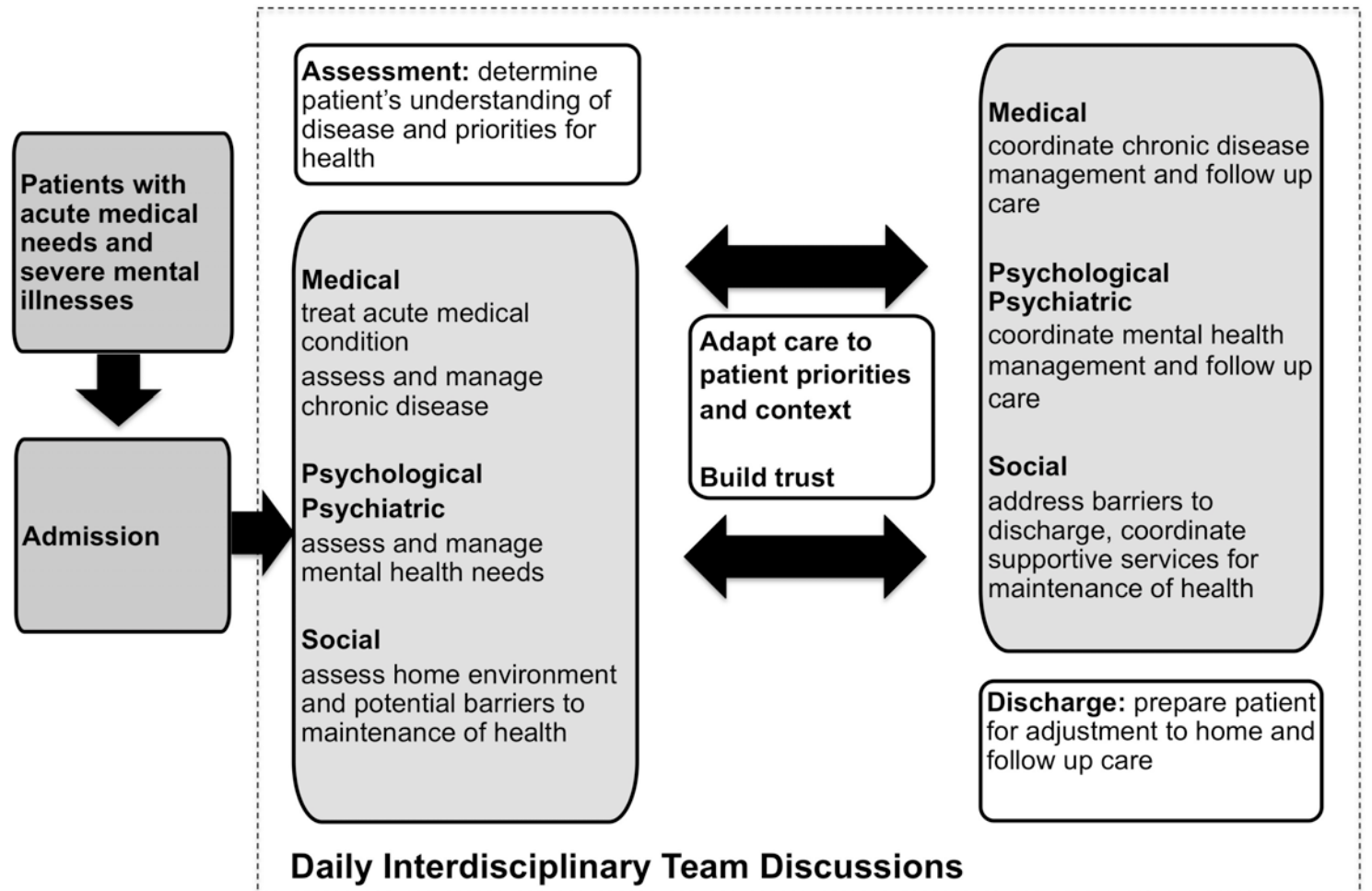


The Inpatient Medicine in Psychiatry (IMIP) unit is one of a select few hospital units of its kind in the country committed to providing acute medical care for people who may additionally have mental illnesses that can complicate their medical care. IMIP is actively involved in education and scholarship dedicated to team-based, biopsychosocial care targeted to vulnerable patients.

Unique Learning Opportunities: Interdisciplinary rounds psychosomatic med QI projects



Inpatient Medicine in Psychiatry (IMIP) Unit Activated Biopsychosocial Model of Care



Medicine in Psychiatry – Primary Care

Longitudinal primary care placement
Electives together with IMIPS

[UR Medicine](#) / [Mental Health & Wellness](#) / [Adult Services](#) / [Outpatient](#) /
Medicine in Psychiatry

[Make a Gift](#)

Medicine in Psychiatry Service (MIPS)

Part of Strong Memorial Hospital



The Medicine in Psychiatry Services (MIPS) is a specialized UR Medicine patient-centered medical home delivering primary/preventive care to adults ages 18 and older who suffer from mental illnesses. We collaborate with psychiatric practitioners to deliver comprehensive care. We pride ourselves in being a safe space for all categories of people seeking care at MIPS.

SUMMITS UNIT

Substance Use Medical Management, Infection Treatment and Support

2021

Unique unit

Peers

CASACS

SW



First-of-Its-Kind SUMMITS inpatient Medical-Psychiatry Unit Opens



Medicine in Psychiatry Track

Directors: [Telva Olivares, MD](#) and [Kirk Harris, MD](#)

The University of Rochester has a long and distinguished history of creative collaboration between the Departments of Psychiatry and Internal Medicine aimed at improving the care of patients. For example, the [Biopsychosocial Model](#) was originally described by George Engel, a U of R internist and psychiatrist, in 1977.

University Rochester Internal Medicine residents who complete additional meaningful training and scholarship work in the Department of Psychiatry will be eligible for the **“Distinction in Psychiatry, Mental Health and Wellness”** at graduation. Residents can choose elective experiences in state-of-the-art integrated medicine-behavioral health units dedicated to treating medical patients with active comorbid psychiatric disease, medical clinics for patients with active psychiatric and/or substance use disorders, and emergency services for patients with active psychiatric illnesses. Residents in this track will also participate in a longitudinal curriculum that complements their medicine residency training, and they can select QI and/or research projects involving the intersections between medicine and psychiatry.

Research/QI initiatives and opportunities



TABLE 3. Regression analysis of the impact of admission to the inpatient medicine in psychiatry (IMIP) unit on health care process measures^a

Measure	Full sample		Higher psychiatric complexity	
	Coefficient	95% CI	Coefficient	95% CI
Length of stay (mean difference in days)	-.21	-.82, .39	-1.04	-2.05, -.03*
Discharged to home (odds ratio)	1.08	.94, 1.23	1.51	1.21, 1.88**
Readmitted within 30 days (odds ratio)	1.02	.83, 1.26	.69	.51, .94*

^aAll patients were assigned at least one behavioral health diagnosis code (mental or substance use disorder) and were discharged between January 1, 2016, and May 31, 2018. Patients in the subsample had been assigned co-occurring mental and substance use disorder diagnosis codes, indicating higher psychiatric complexity (see [online supplement](#) for the full regression output). Reference group for regression analyses: non-IMIP patients.

*p<.05, **p<.01.

MedPsych Unit Consortium

Reducing readmissions

Biomarkers of accelerated aging