Telepsychiatry Collaborative Care to Improve Rural Access and Capacity

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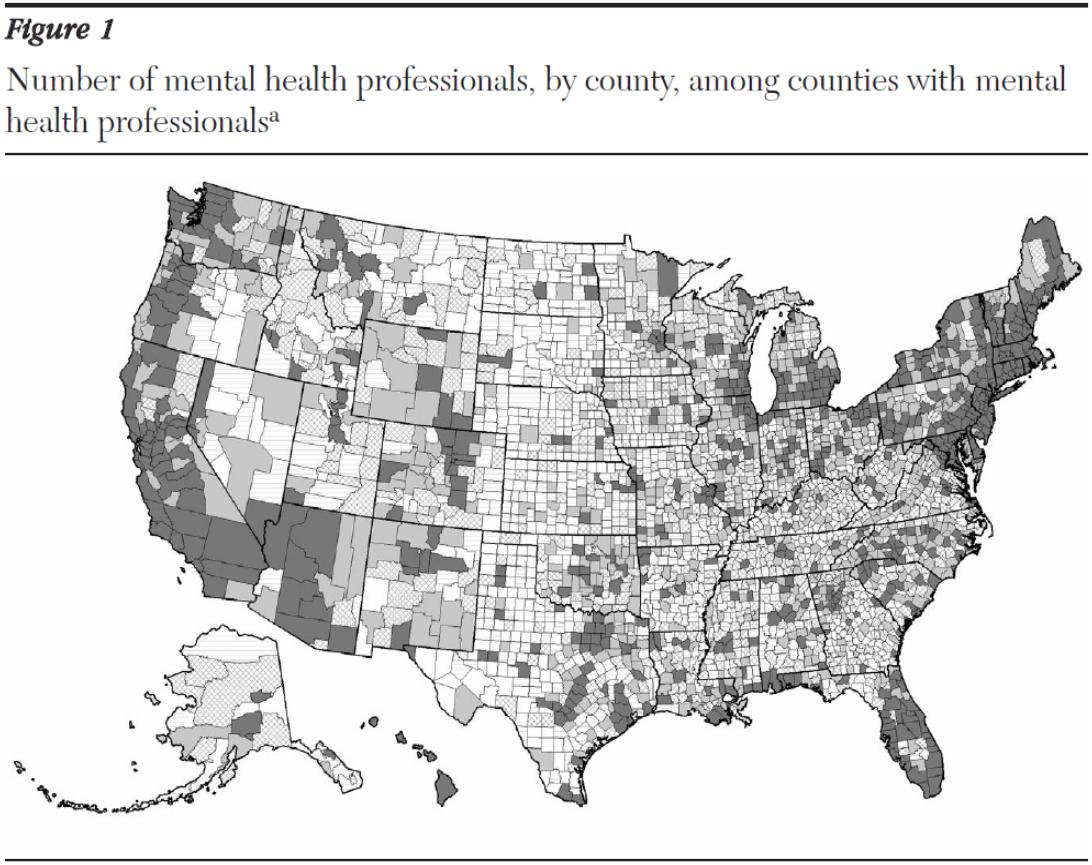
Rural Mental Health Disparities

Rural people have less access to specialty mental health

- There is an inequitable geographic distribution of mental health specialists resulting in substantial unmet need in rural counties[1, 2]

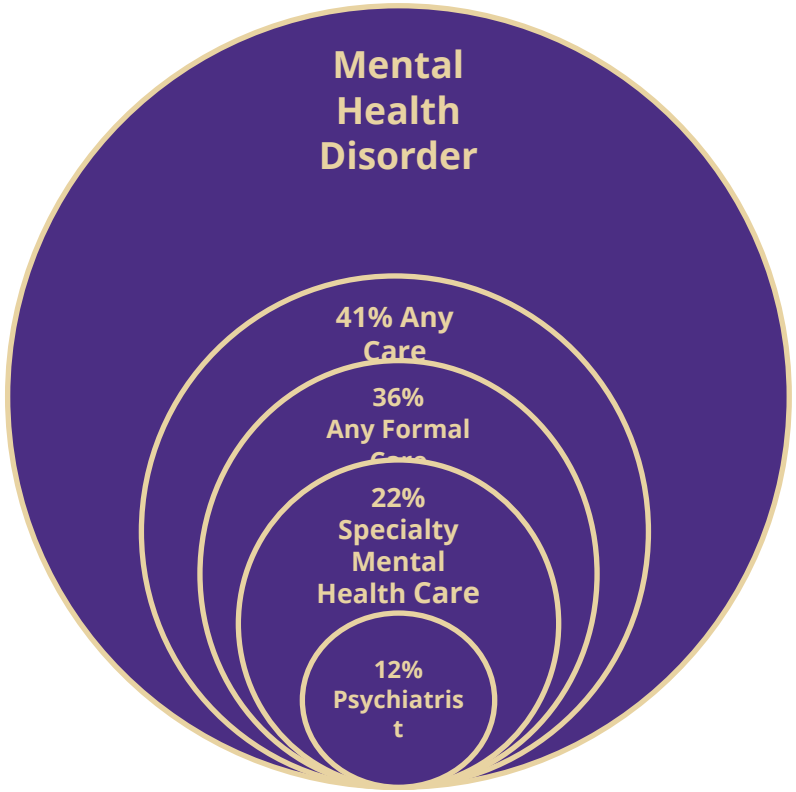


1. Thomas et. al., *Psychiatric Services* 200
2. Ellis, et. al., *Psychiatric Services*, 2009

Rural Mental Health Disparities

Rural people use less specialty mental health services

- There is a significant rural-urban disparity in the receipt of specialty mental healthcare.[1]

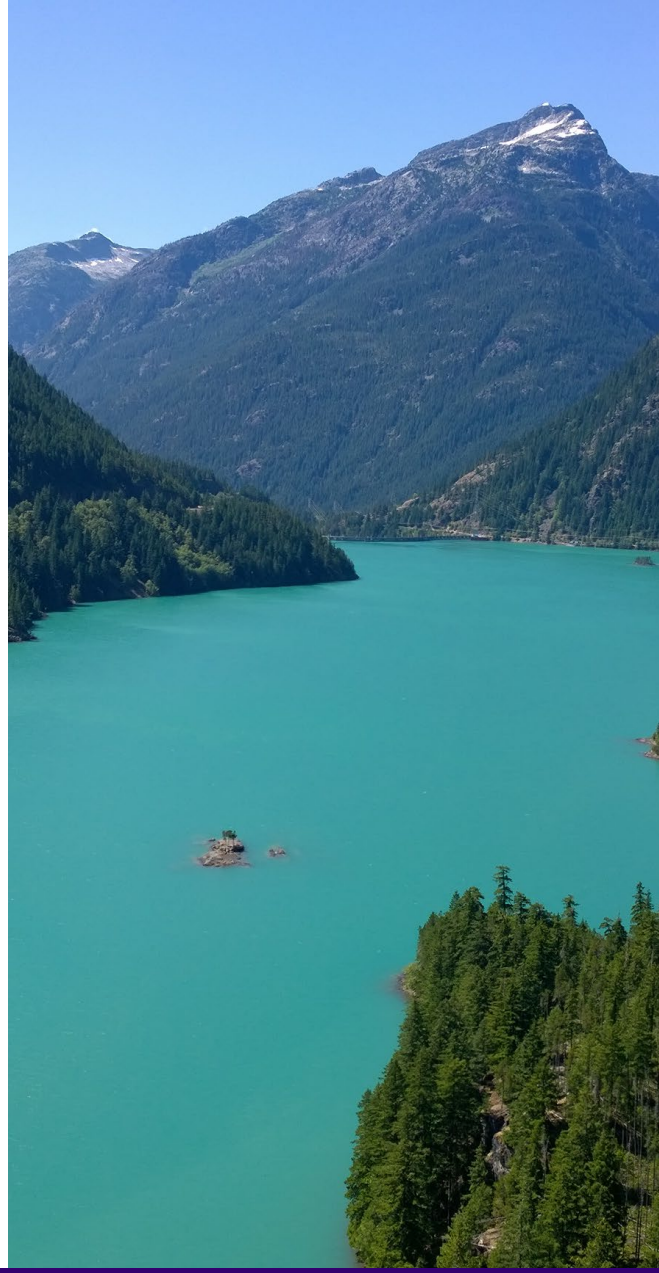


1. Wang, et. al., *Arch Gen Psychiatry*, 2005, 2009

Population Health

Maximize the mental health of a defined population[1]

- Population Health = Reach X Effectiveness
  - > Reach f(Capacity, Access)[2,3]
- How can we increase both **Capacity** and **Access** at the same time?



1. Kindig D. *Milbank Quarterly*, 2007
2. Zatzick et. al., *Psychiatry Res* 2009
3. Fortney et al., *General Hospital Psychiatry*, 2013

Collaborative Care Principles

Patient-Centered Care Team. The patient, primary care and mental health providers collaborate effectively using shared care plans that incorporate patient goals.

Population-Based. A registry is used to facilitate engagement and outcome tracking in a defined group of patients at the caseload and clinic level.

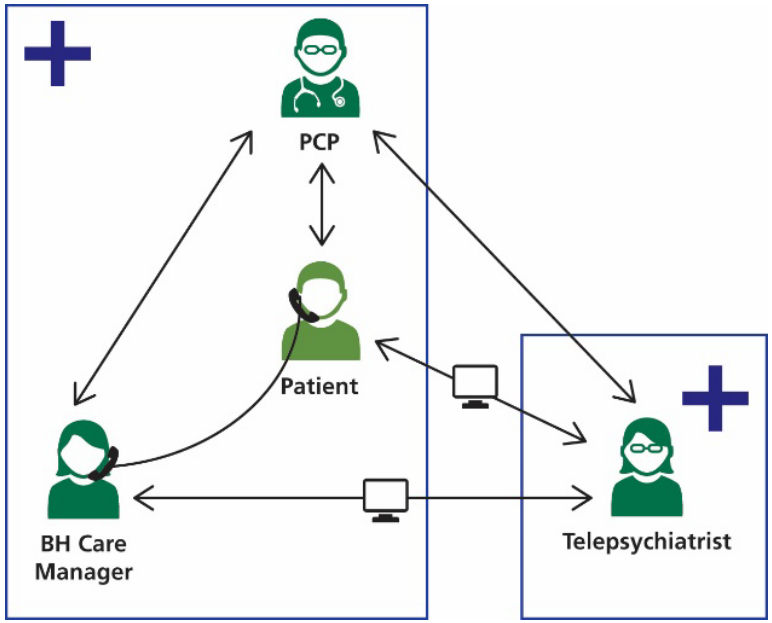
Measurement-based Treatment to Target. Progress is measured regularly, and treatments are actively changed until clinical goals are achieved.

Evidence-Based Treatments. Providers use treatments that have research evidence for effectiveness.

Accountable. The care team is accountable to the patient and other care team members for quality of care and clinical outcomes, not just the volume of care provided.

Telepsychiatry Collaborative Care

Telepsychiatrist provides consultation to a rural primary care team



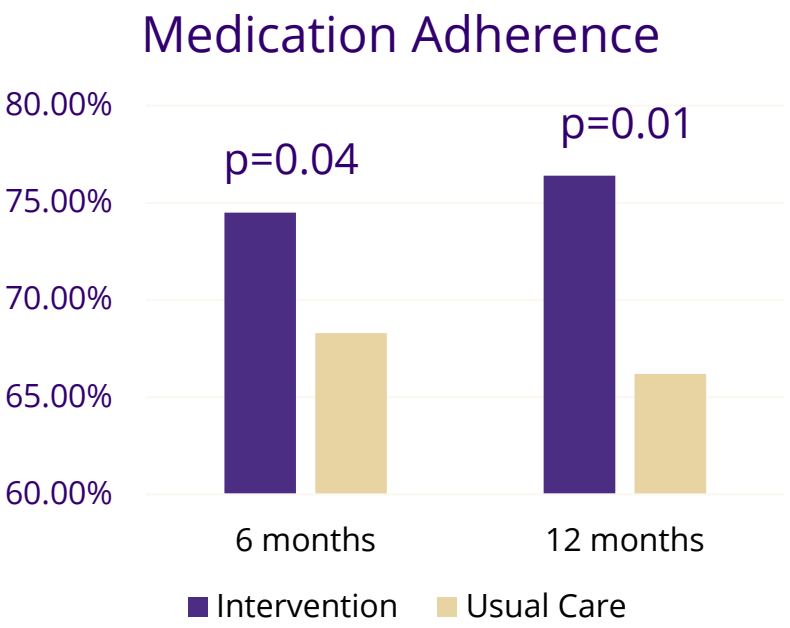
Telemedicine Enhanced Antidepressant Management (TEAM) Trial

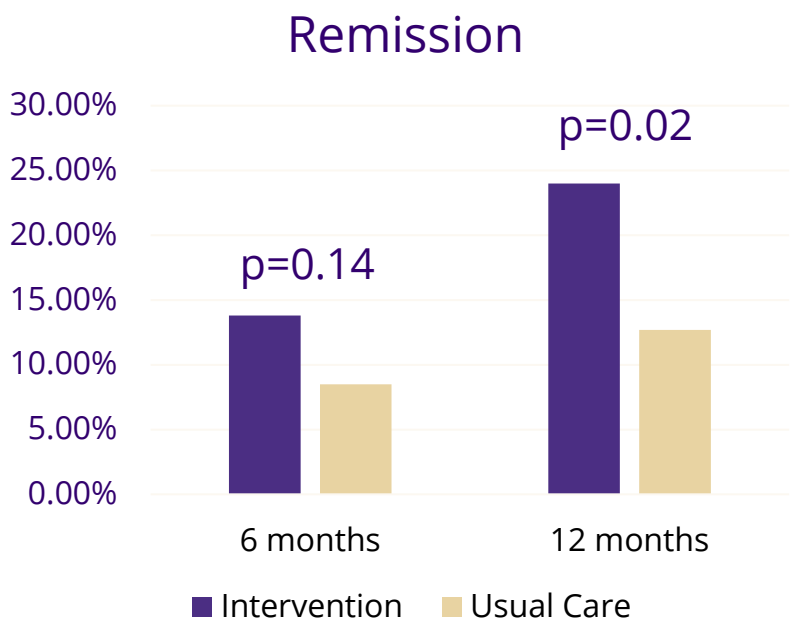
Depression, VA Community Based Outpatient Clinics (AR, LA, MS) - VA IIR 00-078-3 [1]

- 395 primary care patients with PHQ9 depression severity scores ≥12
- 5.5 physical health comorbidities
- Mental health comorbidities: panic disorder (10%), generalized anxiety (51%), PTSD (24%)
- MCS 1.5 SD below national mean
- 66% received prior depression treatment
- 41% currently receiving depression treatment

Fortney et. al, *JGIM*, 2007

TEAM Outcomes





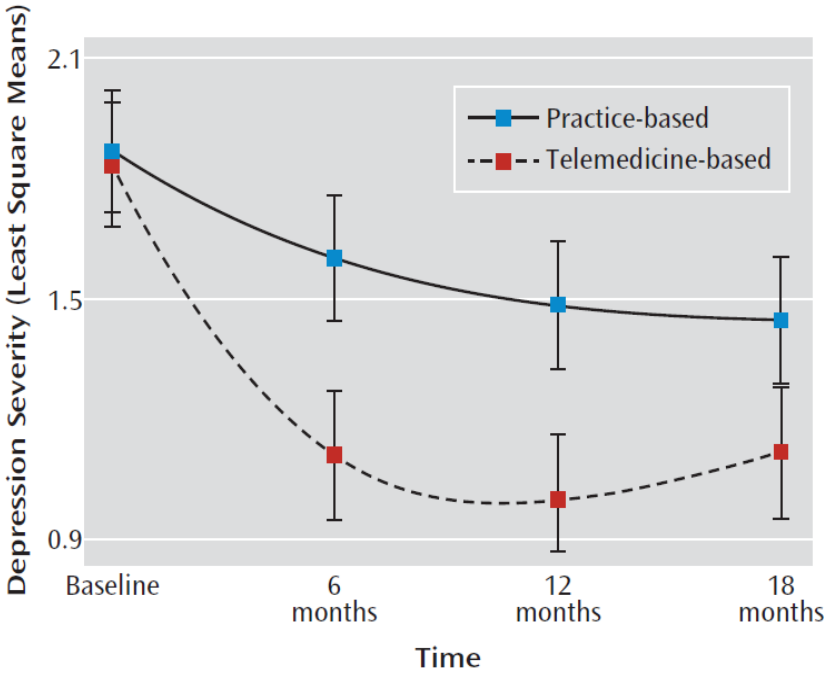
OUTREACH Trial

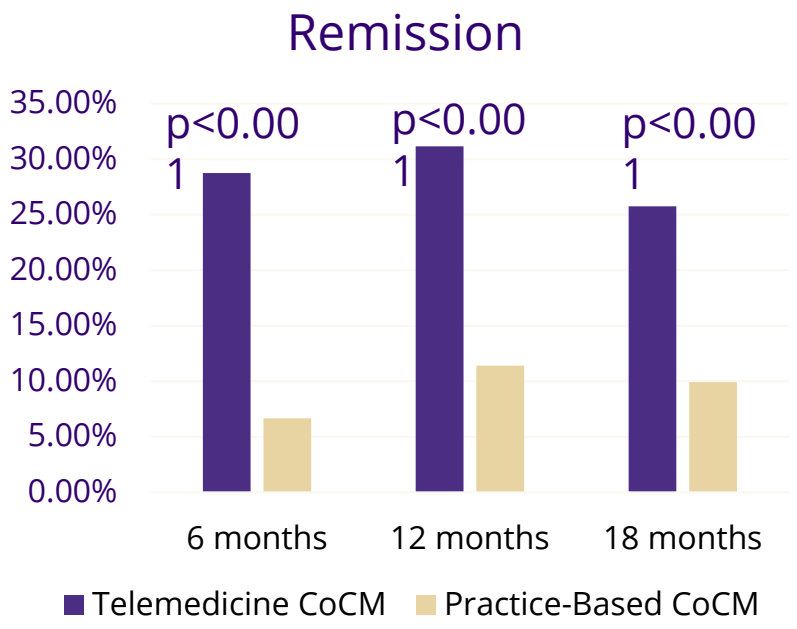
Depression, FQHCs (Mississippi Delta, Ozark Highlands) - R01 MH076908

- 364 primary care patients with PHQ9 depression severity scores ≥10
- 4.7 physical health comorbidities:
- MCS 1.7 SD below national mean
- 65% unemployed
- 70% annual household income < $20,000
- 51% uninsured
- 73% received prior depression treatment
- 48% currently receiving depression treatment

Fortney et. al, *AJP*, 2013

Outreach Outcomes





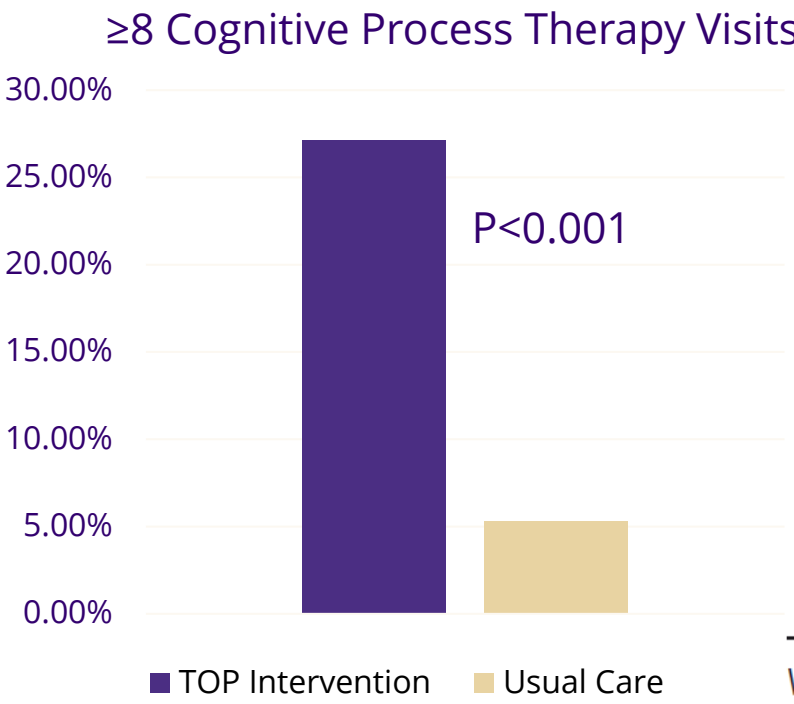
Telemedicine Outreach for PTSD (TOP) Trial

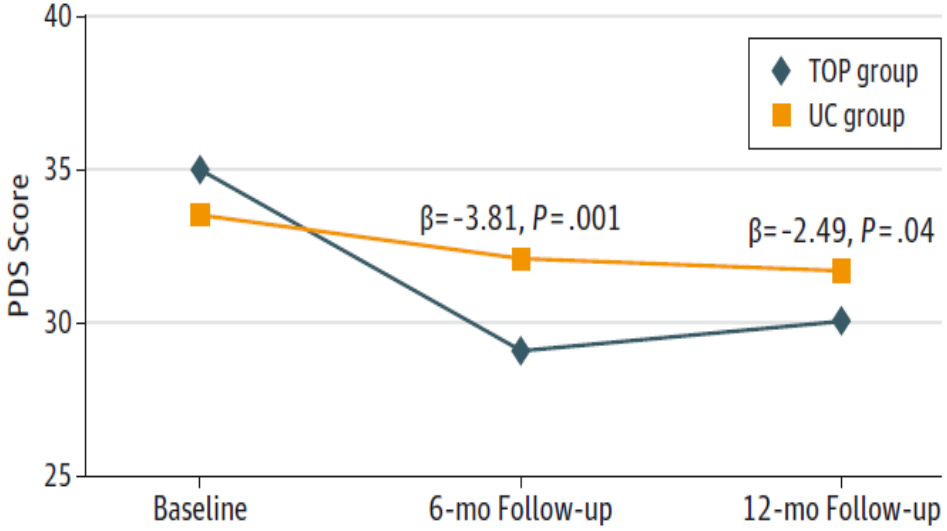
PTSD, VA Community Based Outpatient Clinics (AR, CA, LA) - MHI 08-098

- 265 primary care patients with CAPS DX PTSD
- 50% combat trauma exposure
- MCS 1.7 SD below national mean
- Mental health comorbidities: panic disorder (44%), generalized anxiety (67%), depression (79%)
- 25% employed
- 78% received prior PTSD treatment

Fortney et. al, *JAMA Psych*, 2015

TOP Outcomes





We measured PTSD severity using the Posttraumatic Diagnostic Scale (PDS). TOP indicates Telemedicine Outreach for PTSD; UC, usual care.

Study to Promote Innovation in Rural Integrated Telepsychiatry (SPIRIT) trial

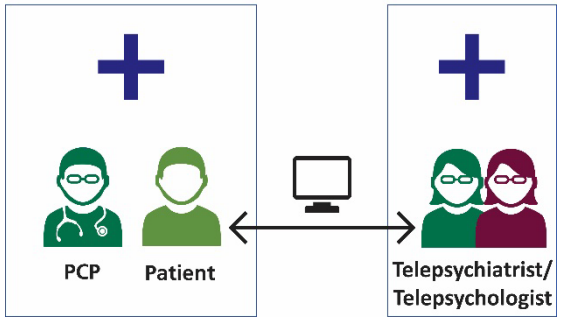
PTSD and Bipolar Disorder, FQHCs (AR, MI, WA) – NIMH R24 MH085104 & PCORI PCS-1406-19295

- 1,004 primary care patients with screening positive for PTSD and/or Bipolar Disorder
- 4.0 physical health comorbidities:
- MCS 2.8 SD below national mean
- 79% unemployed
- 66% living in poverty
- 85% received prior pharmacotherapy
- 79% received prior psychotherapy
- 71% currently receiving pharmacotherapy

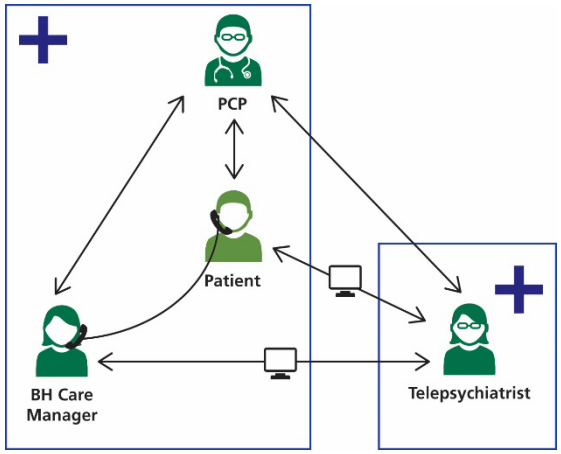
Fortney et. al, *JAMA Psych*, 2021

SPIRIT Comparators

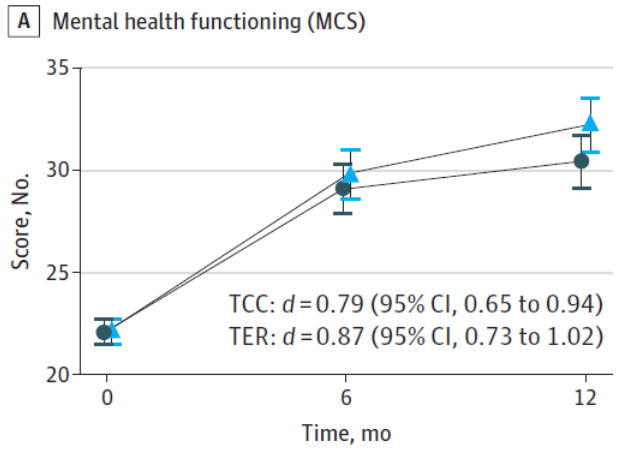
TER - Telepsychiatry Enhanced Referral Care

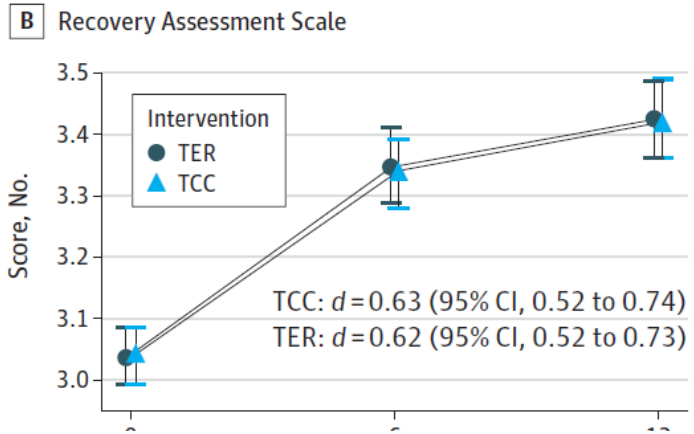


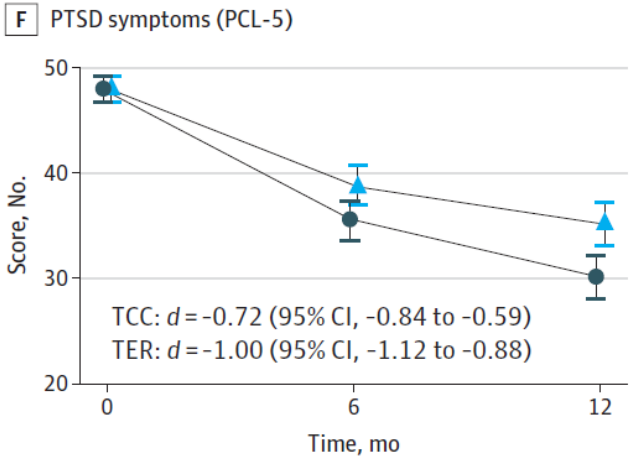
TCC - Telepsychiatry Collaborative Care

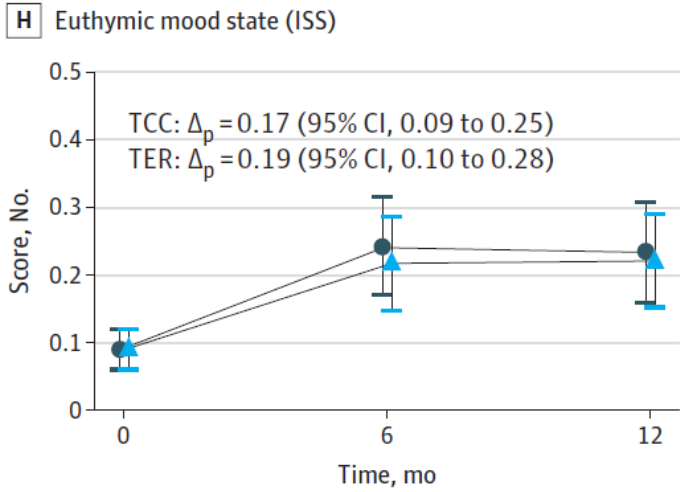


SPIRIT Outcomes









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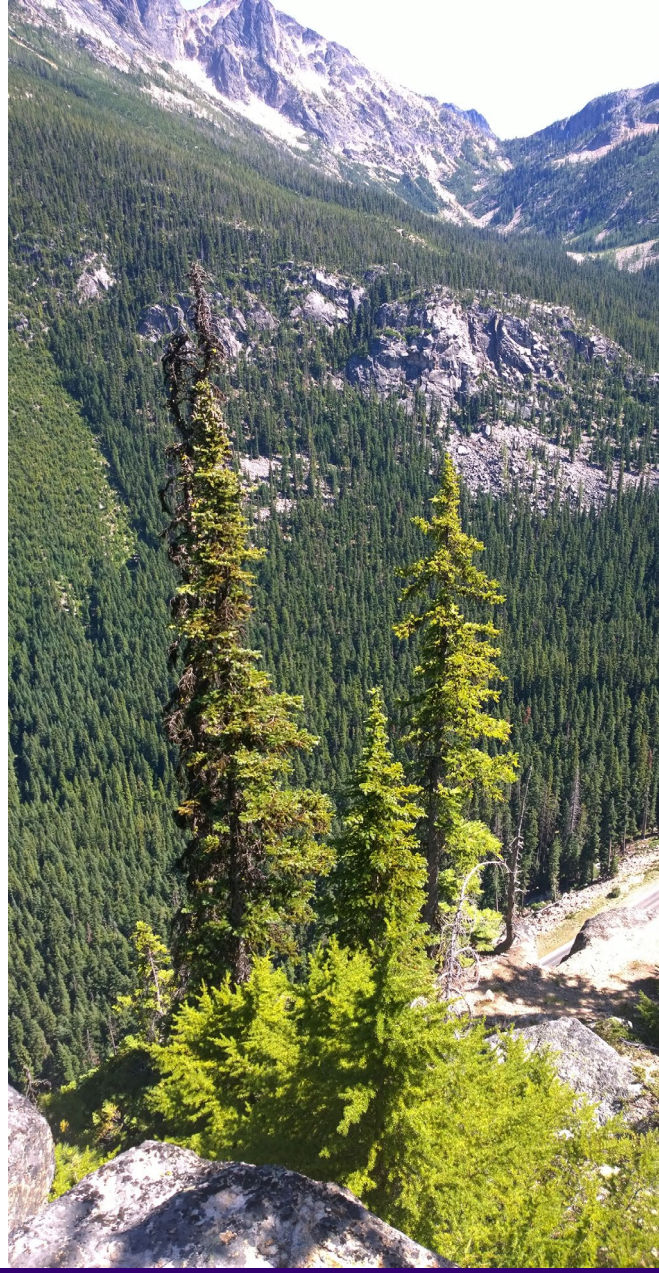
Review Article

Remote Collaborative Care With Off-Site Behavioral Health Care Managers: A Systematic Review of Clinical Trials

Jessica Whitfield, M.D., M.P.H., Erin LePoire, M.P.H., Brenna Stanczyk, M.D., Anna Ratzliff, M.D., Ph.D., Joseph M. Cerimele, M.D., M.P.H.

Background: *In the United States, most patients who require behavioral health care do not receive it owing to an overall shortage of behavioral health specialists. The Collaborative Care Model (CoCM) is a team-based, highly-coordinated approach to treating common mental health conditions in primary care that has a robust evidence base. Several recent randomized controlled trials have demonstrated the effectiveness of remote CoCM teams. As telehealth technology advances and uptake expands, understanding the evidence for remote CoCM becomes increasingly crucial to inform CoCM practice and implementation.* **Objective:** *The objective of this study was to systematically review randomized controlled trials regarding the effectiveness of remote CoCM teams in treating common psychiatric conditions in primary care and medical settings.* **Methods:** *Preferred Reporting Items for Systematic Reviews and Meta-Analysis guidelines were used to structure our review. Our search strategy and development of search terms was informed by knowledge and review of the CoCM literature. Articles were reviewed by 3 authors, and once selected, they were sent to 2 authors for further data extraction to describe various study characteristics and process measures relating to remote CoCM.* **Results:** *The literature search identified 13,211 articles, 9 of which met inclusion criteria. The 9 studies collectively demonstrate effectiveness of remote CoCM in treating a range of behavioral health conditions (depression [n = 7], anxiety [n = 2], and PTSD [n = 1]), across various populations and settings. Sample sizes ranged from 191 patients to 704 patients, publication dates from 2004 to 2018, and studies were conducted from 2000 to 2014. Various process measures were also reported.* **Conclusions:** *As the 9 studies included in our systematic review demonstrate, remote CoCM can be effective in treating a range of behavioral health conditions in various primary care and specialty medical settings. These findings suggest organizations may have more flexibility in building their CoCM team and drawing upon wider workforces than previously recognized. As recent shifts in telehealth policy and practice continue to motivate telehealth approaches, further research that can inform best practices for remote CoCM will be useful and valuable to those making organizational decisions when implementing integrated care models.*

(Journal of the Academy of Consultation-Liaison Psychiatry 2022; 63:71–85)



Scaling Up

Partnership with *Concert Health* (17 states) – PCORI DI-2023C2-33391

- Concert Health currently has contracts with 40 medical groups in 17 states
  - > **170 care managers and 21 psychiatric consultants**
- Delivered services to over >59,000 primary care patients with depression or anxiety
- Expanding to PTSD and bipolar disorder using a train-the-trainer model
  - > **Goal is to reach 2,500 patients**
  - > **Observe decreased symptoms**

Summary

Telepsychiatry Collaborative Care is….

- More effective than usual care
  - > **Engaging patients in pharmacotherapy**
  - > **Engaging patients in psychotherapy**
- More effective than Practice-Based Collaborative Care (w/o a consulting psychiatrist)
- Equally as effective as Tele-Mental Health Referral
  - > With greater capacity
- Scalable

Questions and Comments