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Digital enhancement of the primary care w

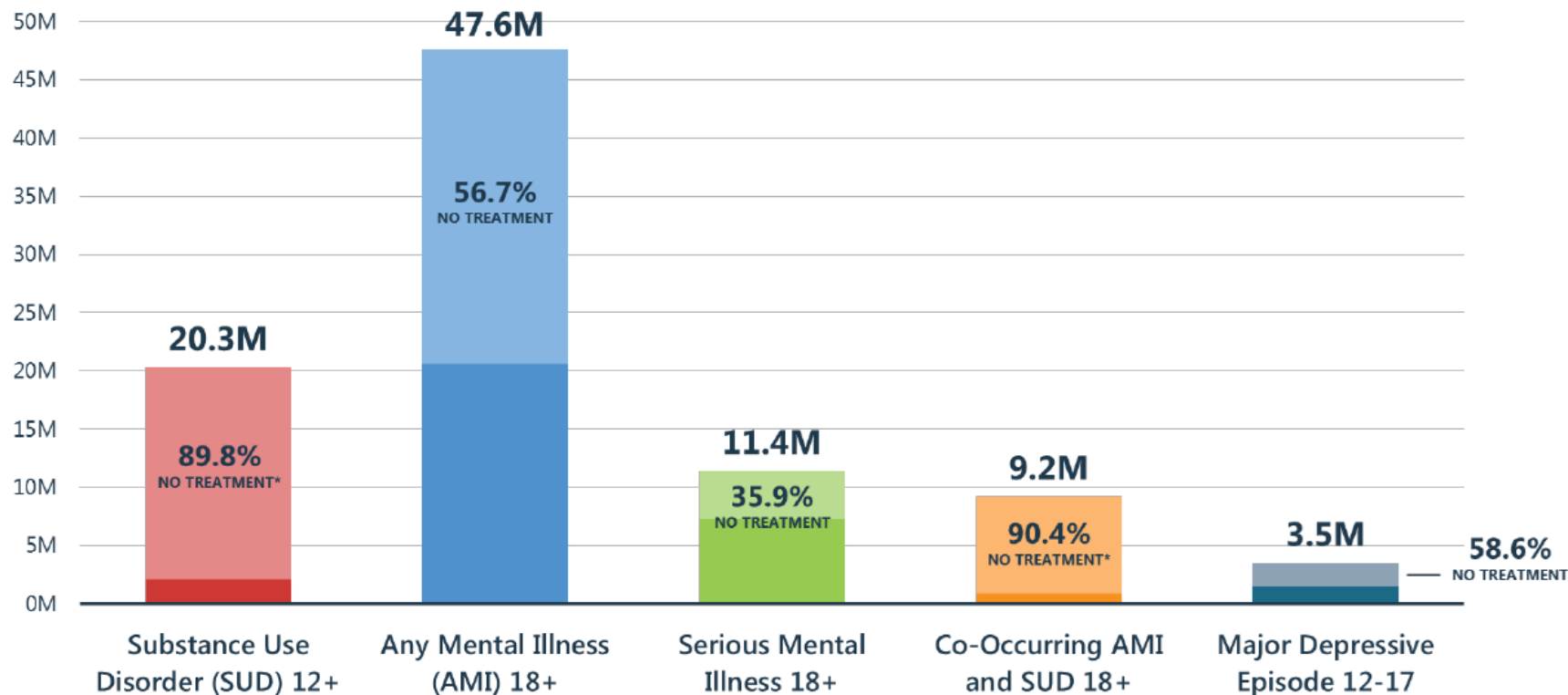
Caring for People with Mental Health and Substance Use Disorders in Primary Care Settings

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Disclosure: Dr. Ondersma is part owner of a company that licenses e-intervention authoring software.

Despite Consequences and Disease Burden, Treatment Gaps Remain Vast

PAST YEAR, 2018 NSDUH, 12+



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Integrated care? Not so easy



Time

Doing all United States Preventive Services Task Force “A” and “B” recommendations would add 4.4 hours per day (Yarnall et al., 2003)



Training

Even brief approaches require significant training and ongoing supervision/retraining; training often fails to change provider behavior (vanBeurden et al., 2012)



Role responsibility

Primary care providers vary in the extent to which they are comfortable directly addressing substance use and mental health (McKnight-Eily et al., 2020)

If only there was...

- Sophisticated technology in nearly everyone's pocket or purse
- Software that could conduct behavioral health screening and intervention with patients directly, giving providers tailored summary reports for each patient
- A spot in healthcare where patients were sort of just...waiting



But does it work? And is it practical?

Efficacy

- Promising effects of electronic brief intervention in randomized trials (Ondersma et al., 2012, 2014, 2015; Ramsey et al., 2019)
- Also with general sample of women in primary care; > control and = person-delivered, at lower cost (Martino et al., 2018)

Implementation

- In an implementation trial, over 90% of patients successfully used the app in waiting area using existing staff only
- High satisfaction ratings from patients
- New standards will reduce electronic record challenges

Training

- Such findings raise the possibility that technology could dramatically reduce training needs
- For example, providers could receive a report flagging key behavioral health risks, & prompting them to briefly apply available skills (review test results, advise, refer)



Digital enhancement of the primary care workforce

1. **Technology can facilitate identification and intervention for behavioral health risks among non-treatment seekers in primary care**

We're seeing encouraging early evidence regarding efficacy, scalability, and cost. Providers can and should still follow-up, reinforce, refer, etc.

2. **Technology can and should help providers to focus on top-priority needs**

Providers are asked to do too much; technology should promote rather than impede focus.

3. **Expect the unexpected**

This approach could have many downstream ramifications