Integrated Behavioral Health Care via Telepsychiatry

Meera Narasimhan, MD
Associate Provost University of South Carolina
& Professor and Chair Department of Neuropsychiatry and Behavioral Science
USC-SOM

Prevalence of Affective Disorders in Patients With and Without Medical Comorbidities

- No medical illness
- 21 medical illness

N=2552
Note: most common affective disorders were major depression and dysthymia

Mortality in Mood Disorders Disorder Due to Natural Causes

Patients With Schizophrenia: Increased Risk Factors for CVD

- ↑ Risk factors:
  - ↑ Obesity (42% BMI > 27 vs 27% in general population)
  - ↑ Lipid abnormalities (TC, LDL, TG)
  - ↑ Diabetes (>1.5X the general population)
  - ↑ Hypertension
  - ↑ Metabolic syndrome (>50% vs >25% in general population)
  - ↑ Physical inactivity
  - ↑ Smoking (75% vs 25% in general population)


Integrated Service Delivery

Screening → Assessment → Medical comorbidities/complex health care needs

- Integrated psychiatric and primary care services
- Lifestyle changes, holistic approaches

Primary care
Mental health/primary role
Coordination of care

Integrated Care Programs

- Center of Excellence for Integrated Care, North Carolina
- DIAMOND, Minnesota
- IMPACT/AIMS Implementation Center, Washington
Telepsychiatry – Overview

- Access to optimal mental health care
- Reduce health disparities
- Social determinants, minority, rural counties
- Offers a host of benefits

Several challenges: licensure, state regulations


Barrier to Care

- Shortage of Mental Health Providers
- Rural Counties: transportation, costs
- Time constraints
- Attitude and stigma

Psychiatry

Psychoanalysis
Psychopharmacology

Implementation Science

Improve the Science Digital

Personalized Medicine & Population Health

Tele mental health or Telepsychiatry

- Telemedicine refers communications technologies and electronic information to provide and support health care when distance separates the participants
- It has applications in clinical care, education and research
- Reduce health disparities in patient

Benefits of Telepsychiatry

- Telepsychiatry may be a feasible means to deliver psychotherapy and pharmacotherapy.
- Improves access to care in rural, underserved areas, reduce cost over time, decreased costs for patients and systems. Lower attrition rate and similar levels of patient satisfaction as compared to person


Various Clinical Settings

- Inpatient
- Outpatient
- Veterans Administration
- Correctional Facilities
- Nursing Homes
- Primary Care Clinics
- Home Based
- Rural Settings
**Considerations for Telepsychiatry Implementation**

- Technological competence
- Licensure and other liability issues
- HIPAA compliance, and disclaimer language
- Confidentiality and security measures
- Reimbursement
- Data storage and technical issues
- Management of emergent situations and safety protocols
- Therapeutic alliance
- Acceptance by providers

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**Telehealth**

- Tele Stroke Network
- TeleID
- Telepsychiatry

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**PRIMARY STROKE CENTER**

- Door-to-needle ≤60 min
- 110 min Initial NIH TIA and minor stroke, follow-up for early CT scan and interventions
- 110 min Stroke team present for fast CT and treatment
- 5 min CT scan initiated
- ≤48 min CT scan completed
- ≤60 min Administration of tPA

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**The REACH Virtual & Collaborative Healthcare Model – Clinical Workload Balance**

**TELEPSYCHIATRY**

A New Frontier in Improving Access, Affordability, Efficiency, Costs and Clinical Outcomes
A Deeper Look at Medical Co-morbidities – South Carolina

Cardiometabolic Risk

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<tr>
<th>Condition</th>
<th>None</th>
<th>Non 24/7-4HI</th>
<th>24/7-4HI</th>
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<tbody>
<tr>
<td>Diabetes</td>
<td>8.7%</td>
<td>13.6%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Lipidosis</td>
<td>11.6%</td>
<td>11.6%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Other Nutritional</td>
<td>6.6%</td>
<td>6.6%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>13.6%</td>
<td>13.6%</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

Narasimhan et al, NAMHMD Research Institute, 2009

All Maine & South Carolina ER Visits per Thousand Members in Group per Year (ME/SC Study)

The Uniqueness of the Telepsychiatry Project

- Largest ED telepsychiatry project in the nation!!
- 30,000 patients in 22 ED, 3 more coming on board
- Public, private and academic partnership.
- Policy Practice and Research
- Data warehouse all-payer state database in healthcare.
- Opportunity to rigorously study the impact of this novel intervention on outcomes
- Contextual factors that may allow the program to be disseminated to other states.

Outcomes

- Lower rates of inpatient admission from the ED in the 30 days after telepsychiatry compared to the ED encounters with no telepsychiatry (8% vs 19%; p<0.01)
- Shorter lengths of stay than those in the control group (4.1 days vs. 6.2; p < 0.01 days for any hospitalization) and
- 30 day outpatient follow-up than patients who received no telepsychiatry (38% vs. 13%; P < 0.01) and
- 90 day follow-up than those who received no telepsychiatry (46% vs. 17%; P < 0.01).
**Summary**

- Telepsychiatry may improve access to mental health care\(^1\) and offer multiple benefits.
- Telepsychiatry may be acceptable for use among patients within several psychiatric settings.
- Telepsychiatry is a feasible for use among various underserved patient populations.
- Telepsychiatry may offer advantages to all stakeholders in the service and delivery of mental health care, i.e., patients, providers, and payors.