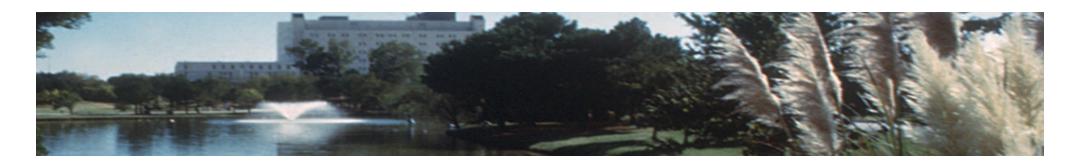


Using Telepsychiatry to Improve Access to Evidence-Based Care



Sy Saeed, M. D., FACPsych,

Professor and Chairman

Department of Psychiatric Medicine

Brody School of Medicine - East Carolina University

Director

ECU- Center for Telepsychiatry



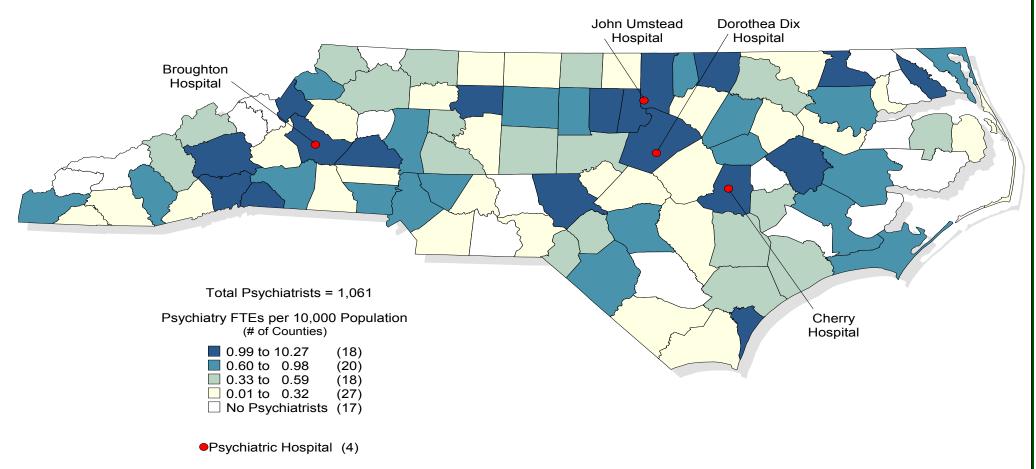
Mental disorders are common

- An estimated 26.2% of Americans ages 18 and older (about 1 in 4) Americans have a mental disorder in any one year¹.
 - When applied to the 2004 U.S. Census residential population estimate for ages 18 and older, this figure translates to 57.7 million².
- The main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 — who suffer from a serious mental illness¹.
- 1. Kessler RC, Chiu WT, Demler O, Walters EE. Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). Archives of General Psychiatry, 2005 Jun;62(6):617-27.
- 2. U.S. Census Bureau Population Estimates by Demographic Characteristics. Table 2: Annual Estimates of the Population by Selected Age Groups and Sex for the United States: April 1, 2000 to July 1, 2004 (NC-EST2004-02) Source: Population Division, U.S. Census Bureau Release Date: June 9, 2005. http://www.census.gov/popest/national/asrh/

In North Carolina, there is a shortage of mental health services in 58 counties

According to federal guidelines, 58 counties in North Carolina qualify as Health Professional Shortage Areas because of shortages of mental health providers to meet population needs.

Psychiatrist Full-Time Equivalents per 10,000 Population North Carolina, 2004



Source: LINC, 2005; North Carolina Health Professions Data System, with data derived from the North Carolina Medical Board, 2004; NC DHHS, MHDDSAS, 2005.

Produced by: North Carolina Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

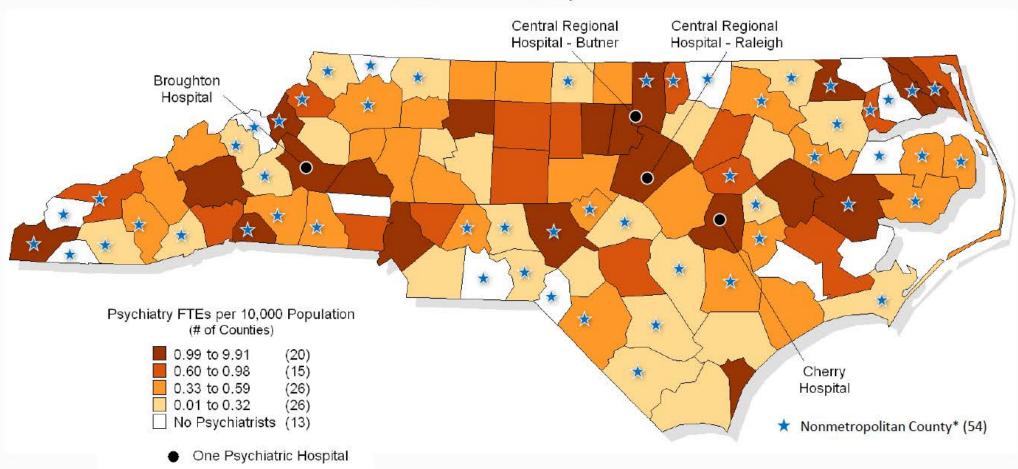
*Psychiatrists include active (or unknown activity status), instate,nonfederal, non-resident-in-training physicians who indicate a primary specialty of psychiatry, child psychiatry, psychoanalysis, psychosomatic med, addiction/chemical dependency, forensic psychiatry, or geriatric psychiatry, and secondary specialties in child psychiatry and forensic psychiatry.

The majority of NC Emergency Departments do not have access to a full-time psychiatrist

- Currently, there are 108 hospitals with either single ED's, or in some cases, multiple site ED's across the state with varying degrees of psychiatric coverage.
- The majority of ED's do not have access to a full-time psychiatrist.

13 NC counties have no psych coverage

Psychiatrist Full-Time Equivalents per 10,000 Population North Carolina, 2008



Produced by: North Carolina Health Professions Data System, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System, with data derived from the North Carolina Medical Board, 2008; LINC, 2010; NC DHHS, MHDDSAS, 2010. Note: Psychiatrists include active, instate, nonfederal, non-resident-in-training physicians who indicate a primary specialty of psychiatry, child psychiatry, psychoanalysis, psychosomatic Medicine, addiction/chemical dependency, forensic psychiatry, or geriatric psychiatry, and secondary specialties in psychiatry and forensic psychiatry.



In recent years North Carolina has seen high emergency department admissions related to behavioral health issues and extended lengths of stays (LOS), ranging from long hours to multiple days¹.

1) Akland, G. & Akland, A. (2010). State psychiatric hospital admission delays in North Carolina. Retrieved from

http://www.nami-wake.org/files/NAMI Wake State Psych Hospital Delays Report.pdf

Telepsychiatry can offer help!

Telepsychiatry is defined in the statute as the delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of two-way real-time interactive audio and video by a consulting provider at a consultant site to an individual patient at a referring site.







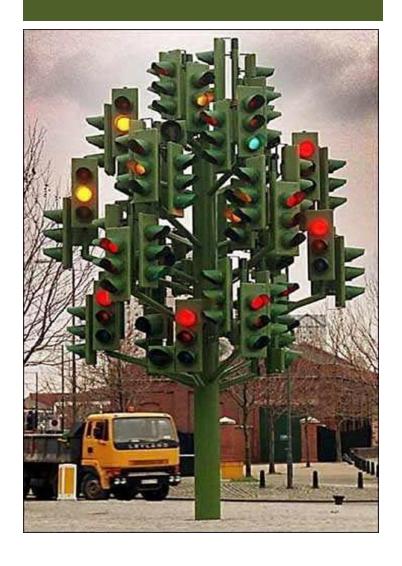


Demonstrated Benefits of Telepsychiatry

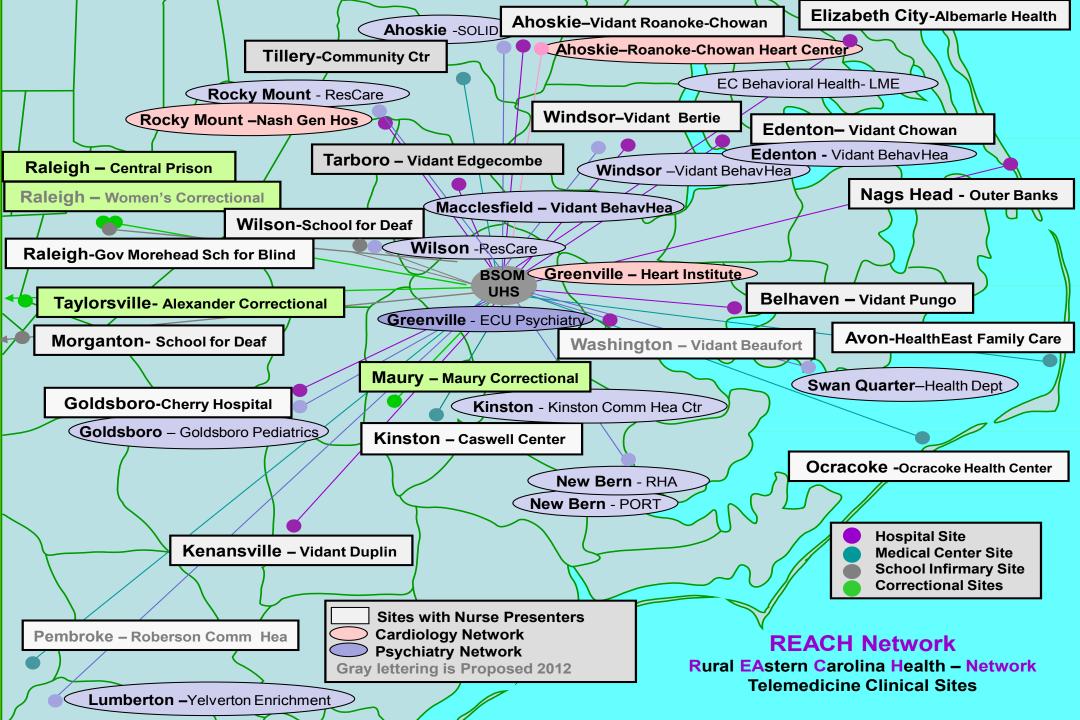
(Saeed SA, Diamond J, Bloch RM. (2011)

- 1 access to mental health services
- ↓ geographic health disparities
- † consumer convenience
- ↓ professional isolation
- † recruiting and retaining MH professionals in underserved
- Improved consumer compliance.
- Improved education of mental health professionals.
- Improved coordination of care across mental health system.
- Reduction of stigma associated with receiving mental health services.

Where to start?



- Type of TH service identified
- Equipment / network needs
- Available Telecommunication
- Available providers
- Technical and user support
- PHI transfer/MR creation
- F/U to referring provider
- Scheduling/ presentation protocol
- Training of users
- ONE number call center





This statewide program was developed in response to Session Law 2013-360 directing the N.C. Department of Health and Human Services' Office of Rural Health and Community Care to "oversee and monitor establishment and administration of a statewide telepsychiatry program." (G.S. 143B-139, 4B).

NC Statewide Telepsychiatry Program (NC-STeP)



Statewide Telepsychiatry Program Plan Section 12A.2B of North Carolina Session Law 2013-360



GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2013

SESSION LAW 2013-360 SENATE BILL 402

ESTABLISH STATEWIDE TELEPSYCHIATRY PROGRAM

SECTION 12A.2B.(a) By no later than August 15, 2013, the Office of Rural Health and Community Care of the Department of Health and Human Services shall develop and submit to the Senate Appropriations Committee on Health and Human Services, the House Appropriations Subcommittee on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division a plan to implement a statewide telepsychiatry program to be administered by East Carolina University Center for Telepsychiatry and e-Behavioral Health (ECU Center for Telepsychiatry) pursuant to a contract between the Department and ECU Center for Telepsychiatry. The plan shall be substantially similar to the Albemarle Hospital Foundation telepsychiatry project currently operating in 14 hospitals in eastern North Carolina and shall allow all hospitals licensed to operate in the State under Chapter 131E or Chapter 122C of the General Statutes to participate in the telepsychiatry program, either as a consultant site or as a referring site. As used in this section, the terms "consultant site" and "referring site" are as defined in G.S. 143B-139.4B(a).



- The Statewide Telepsychiatry Program builds upon two successful telepsychiatry programs in North Carolina:
 - East Carolina University's Center for Telepsychiatry and e-Behavioral Health (ECU Center for Telepsychiatry)
 - Duke Endowment/Albemarle Hospital Foundation Telepsychiatry Project.

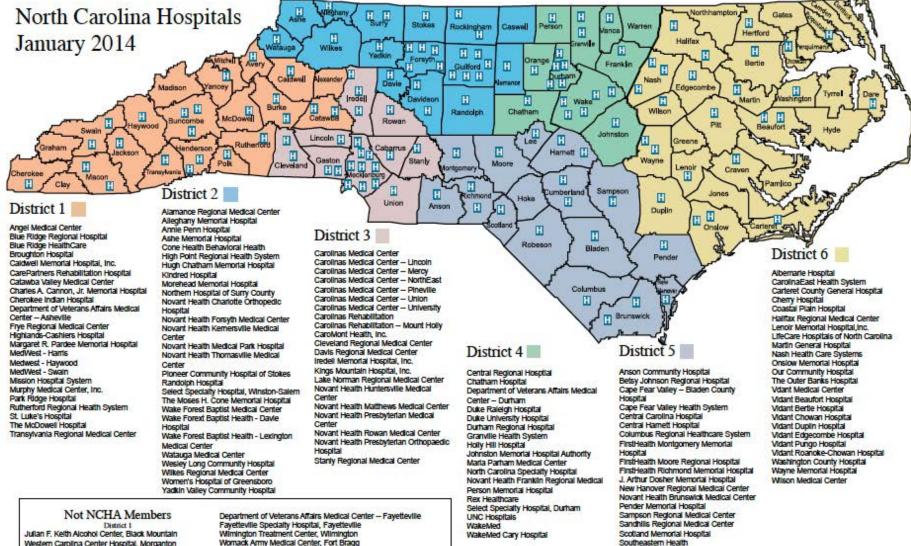
NC- STeP Vision

 To assure that if an individual experiencing an acute behavioral health crisis enters an emergency department, s/he will receive timely specialized psychiatric treatment through the statewide network in coordination with available and appropriate clinically relevant community resources.



• ECU Center for Telepsychiatry is the home for statewide program (NC-STeP) that is anticipated to connect 60-80 hospital emergency departments across the state of North Carolina and will provide psychiatric assessments and consultations to patients presenting at these EDs.





Western Carolina Center Hospital, Morganton Yancey Community Medical Center, Burnsville District 2

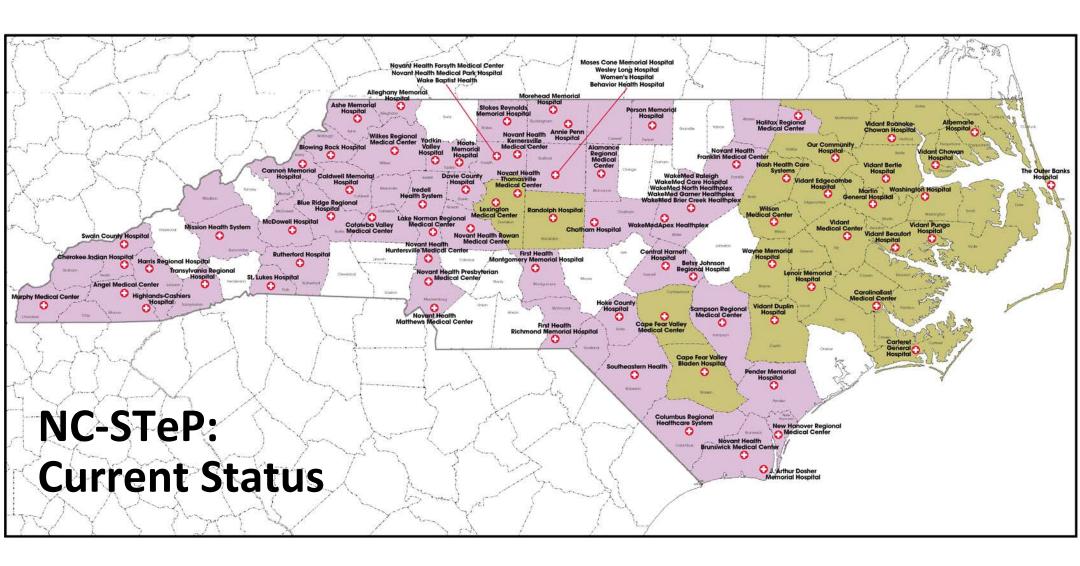
Amos Cottage Rehabilitation Hospital, Winston-Salem Fellowship Hall, Greensboro

Crawley Memorial Hospital, Boiling Springs W. G. Hefner VA Medical Center, Salisbury

Central Prison Hospital, Raleigh Larry B. Zieverink, Sr. Wake County Alcoholism Treatment Center, Raleigh NC Alcoholic Rehabilitation Center, Butner District 5

Brynn Marr Hosottal Caswell Center, Kinston Naval Hospital, Camp Lejeune Naval Hospital, Chemy Point

Counties without a hospital Camden, Caswell, Clay, Currituck, Gates, Graham, Greene, Hyde, Jones, Madison, Northhampton, Pamilco, Perguimans, Tyrrell, and Yancey and Mitchell County share Blue Ridge Regional Hospital





Quality Management and Outcomes Monitoring

- All participating clinical providers will:
 - Participate in a Peer review process
 - Meet quality and outcome standards

Telepsychiatry "Portal"

The portal is a group of separate but related technologies that will serve as the primary interface through which data is reviewed and created regarding patient encounters, including:

- Scheduling of patients and providers
- Exchanging clinical data for patient care
- Collection of encounter data to support the needs of network managers and billing agents and to support timely referrals

Scheduling of Patients and Providers

- A scheduling module would be one of the primary tools used by the ECU Center for Telepsychiatry to monitor at least three stages of referral and consultation:
 - New: Patient awaiting consultation.
 - Scheduled: Patients assigned to a consulting providers and awaiting evaluation.
 - Completed: Patients who have been evaluated and referred as appropriate.



Challenges & Opportunities

Productivity

Aftercare

Sustainability

Quality



Opportunities

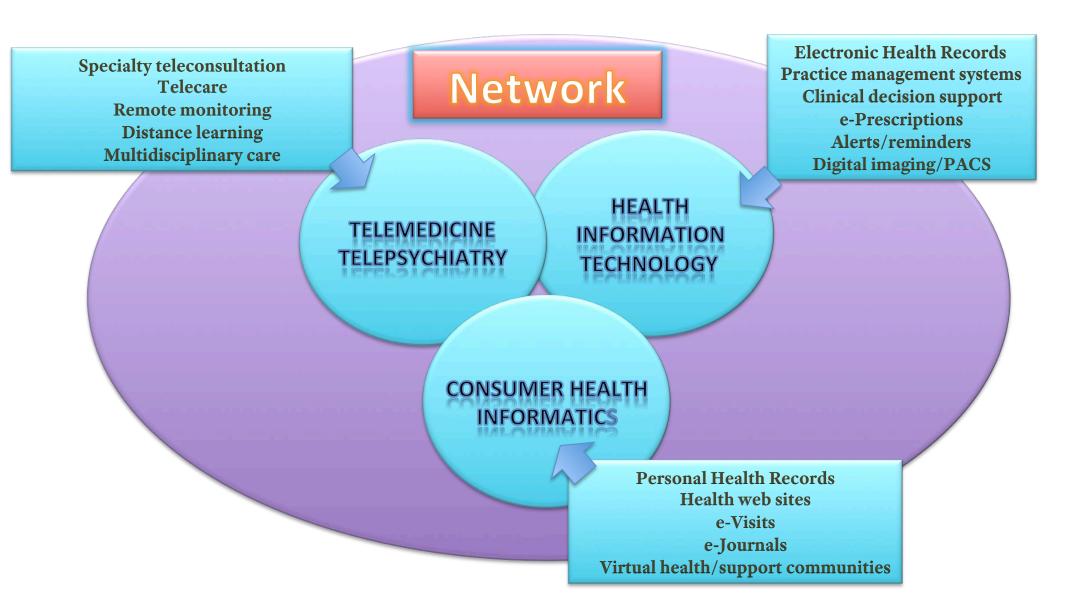
- NC-STeP is not just about taking care of patients in EDs.
- We must build capacity for caring for these patients in our communities.
 - Creating collaborative linkages across continuums of care
- While telepsychiatry makes it possible to transcend geographical boundaries and utilize workforce nationally, even globally, we'll never be successful in resolving NC workforce shortages if our MH workforce was located outside our geographical boundaries.



Opportunities

- Creating collaborative linkages and developing innovative models of mental health care:
 - EDs and Hospitals
 - Communities-based mental health providers
 - Primary Care Providers
 - Public Health Clinics
 - Others
- NC-STeP web portal, accessible by participating providers, as a central point for coordinated care.
- Evidence-based practices to make recovery possible.

Commected Health



Lessons Learned

- Don't reinvent the wheel
- Make it accessible
- Build a strong infrastructure
- Invest in a "connected network"
- It's about relationships, not technology



Contact

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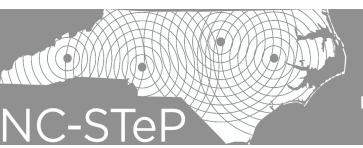
North Carolina Statewide Telepsychiatry Program (NC-STeP)

Phone: 252.744.2660 | e-mail: <u>saeeds@ecu.edu</u> | Website: <u>http://www.ecu.edu/psychiatry</u>

Mail: Brody School of Medicine, 600 Moye Boulevard, Suite 4E-100, Greenville, NC 27834



Tomorrow starts here.



NORTH CAROLINA

STATEWIDE TELEPSYCHIATRY PROGRAM

