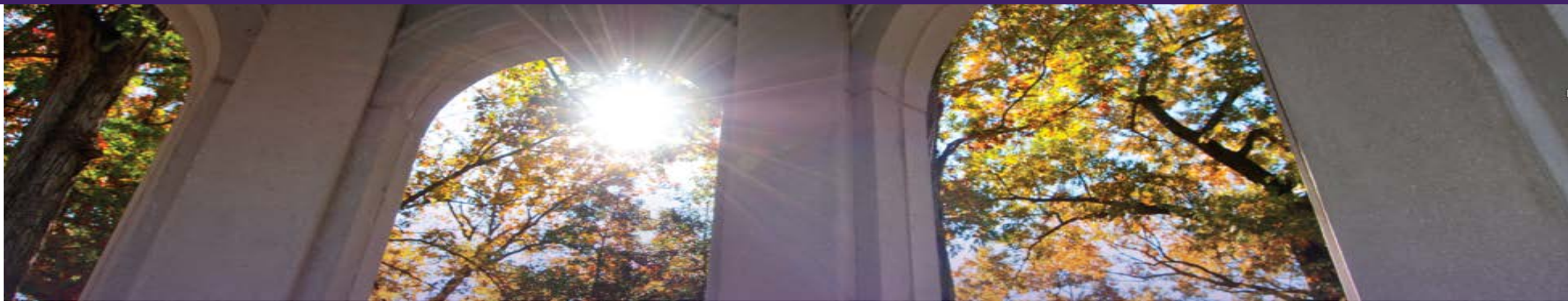
Ensuring Access, Quality, and Availability of Psychiatric Services During and After the Pandemic



Sy Atezaz Saeed, MD, MS, FACPsych,
Professor and Chair
Department of Psychiatry and Behavioral Medicine
Brody School of Medicine - East Carolina University

Executive Director
North Carolina Statewide Telepsychiatry Program (NC-STeP)

NC-STeP NORTH CAROLINA STATEWIDE TELEPSYCHIATRY PROGRAM

Ensuring Access, Quality, and Availability of Psychiatric Services During and After the Pandemic

- We need to make sure that our communities have access to mental health and addiction services during the pandemic.
- We also need to prepare for a surge in mental health and substance use disorder patients that will occur both during the pandemic and in its aftermath.
- While there is growing awareness of mortality rates associated with COVID-19, we should also be cognizant of the impact on mental health—both on a short- and a long-term basis.

Ensuring Access, Quality, and Availability of Psychiatric Services During and After the Pandemic

- Telemental health services are perfectly suited to this pandemic situation—giving people in remote locations access to important services without increasing risk of infection.
- As the COVID-19 pandemic continues, the need for mental health services will only rise.

Ensuring Access, Quality, and Availability of Psychiatric Services During and After the Pandemic

- Without the ability or resources to provide services through telehealth, local mental health and addiction organizations are likely to lay off staff and face hard decisions about limiting services or shutting down.
  - Yet the need for their services is on the rise.
  - A national poll released by APA in late March found that more than 36% of Americans say that coronavirus is having a serious impact on their mental health.

Findings In this cross-sectional study of 1257 health care workers in 34 hospitals equipped with fever clinics or wards for patients with COVID-19 in multiple regions of China, a considerable proportion of health care workers reported experiencing symptoms of depression, anxiety, insomnia, and distress, especially women, nurses, those in Wuhan, and front-line health care workers directly engaged in diagnosing, treating, or providing nursing care to patients with suspected or confirmed COVID-19.

Meaning These findings suggest that, among Chinese health care workers exposed to COVID-19, women, nurses, those in Wuhan, and front-line health care workers have a high risk of developing unfavorable mental health outcomes and may need psychological support or interventions.

JAMA Netw Open. 2020;3(3):e203976. doi:10.1001/jamanetworkopen.2020.3976

Mental health and substance use disorders are common, but services have been in short supply even before the Covid-19 pandemic.

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 year[1].
  - 66 million adults, when applied to the 2018 U.S. Census residential population estimate.[2]
- About 6 percent, or 1 in 17 (15.12 million), suffer from a serious mental illness[1].
- Four of the ten leading causes of disability—major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder—are mental illnesses.

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. https://www.census.gov/quickfacts/fact/table/US/PST045217. ACCESSED September 25, 2018.

Overview of National Behavioral Health Landscape

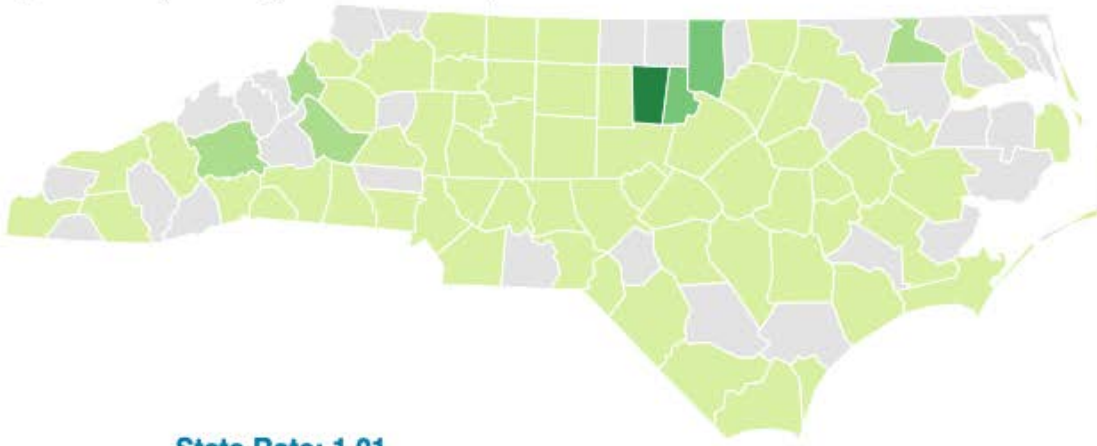
An estimated 26.2% of Americans ages 18 and older (about 1 in 4) Americans have a mental disorder in any one year[1]. When applied to the U.S. population estimates for ages 18 and older, this figure translates to 61.8 million people[2].

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. http://quickfacts.census.gov/qfd/states/00000.html. ACCESSED September 24, 2015.

Work force for mental health and substance use disorders has been in short supply and it's getting worse.

Physicians with a Primary Area of Practice of Psychiatry, General per 10,000 Population by County, North Carolina, 2018



Profession Demographics for North Carolina

Rate per 10,000 Population

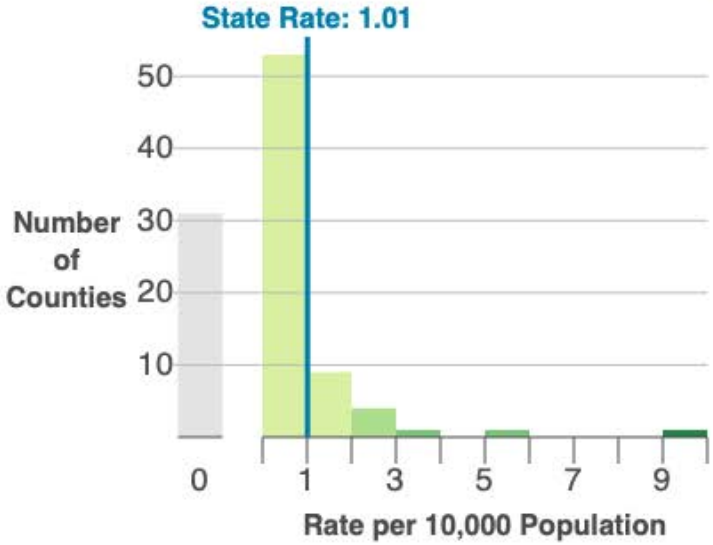
1.03 — 1.01

2011 — 2018

Total

997 — 1,047

2011 — 2018



2004	1.16/ 10,000
2011	1.03/ 10,000
2018	1.01/ 10,000

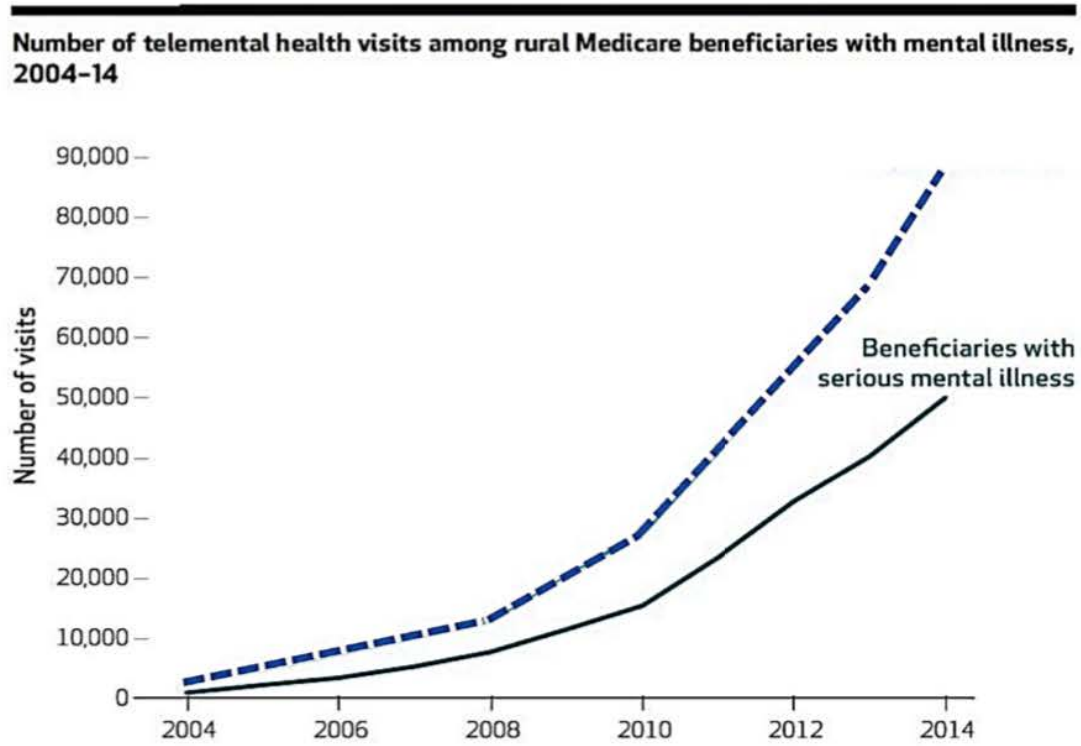
SHEPS HEALTH WORKFORCE NC

Physicians with a primary area of practice of Psychiatry, General include the following: Forensic Psychiatry, Geriatric Psychiatry, Hypnosis, Internal Medicine - Psychiatry, Psychiatry, Psychiatry - Family Practice, Psychoanalysis, Psychosomatic Medicine. Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 18, 2019 at https://nchealthworkforce.unc.edu/supply/.

North Carolina Distribution of Psychiatrists and Mental Health Services at the County Level

- 31 out of 100 counties in NC have no psychiatrists
- 13 counties have no active behavioral health provider (BHP)
- According to federal guidelines, 90 counties in North Carolina qualify as Health Professional Shortage Areas

Telehealth is Rapidly Shaping the Future of Medicine



Source: Mehrotra et al. Rapid growth in mental health telemedicine use among rural Medicare beneficiaries, wide variation among states. Health Affairs 2017; 36(5):909-917.

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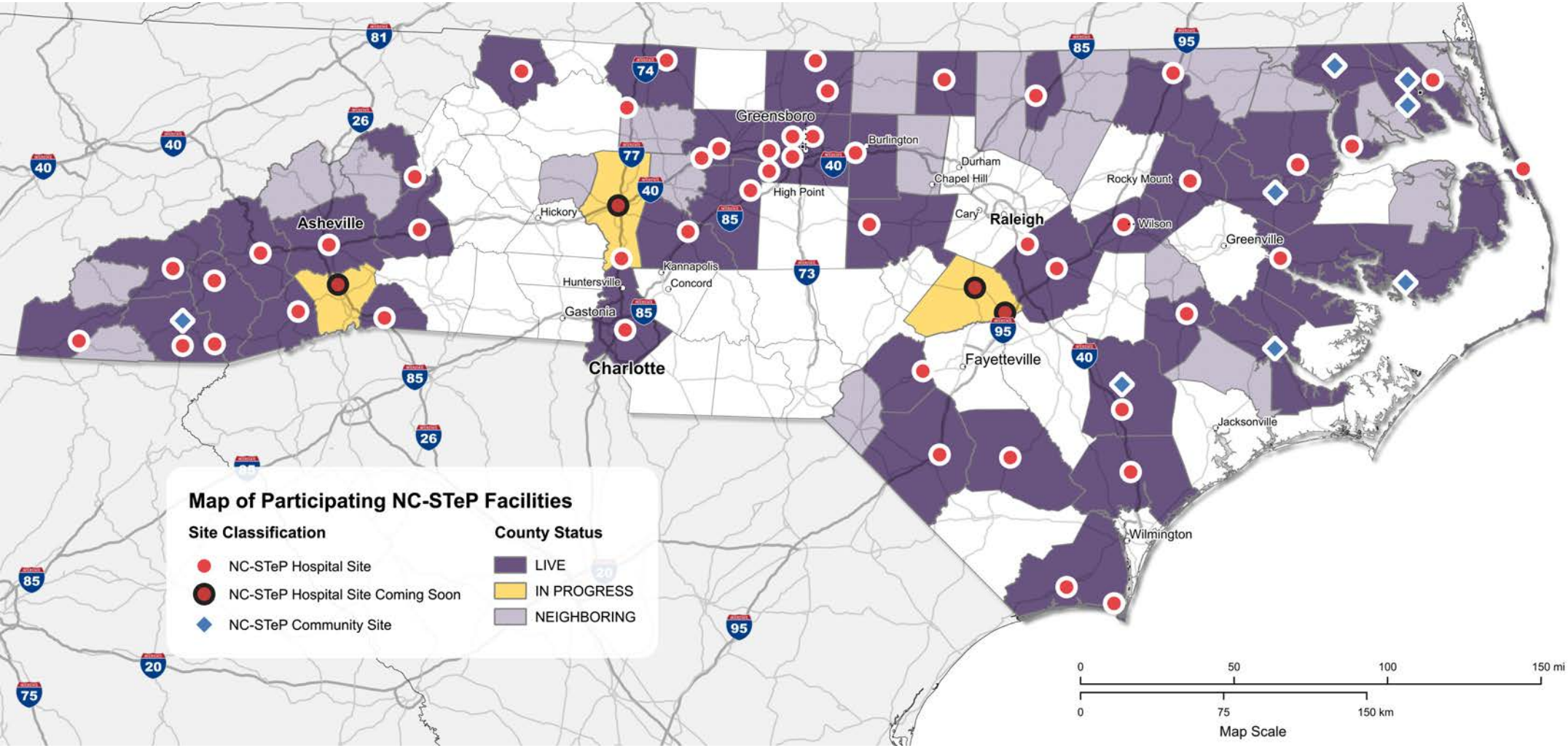
STATEWIDE TELEPSYCHIATRY PROGRAM

Developed in response to Session Law 2013-360.

- G.S. 143B-139, 4B
- Recodified as G.S. 143B-139.4B(a)(1b) by Session Laws 2018-44, s. 15.1, effective July 1, 2018

NC-STeP Status as of December 31, 2019



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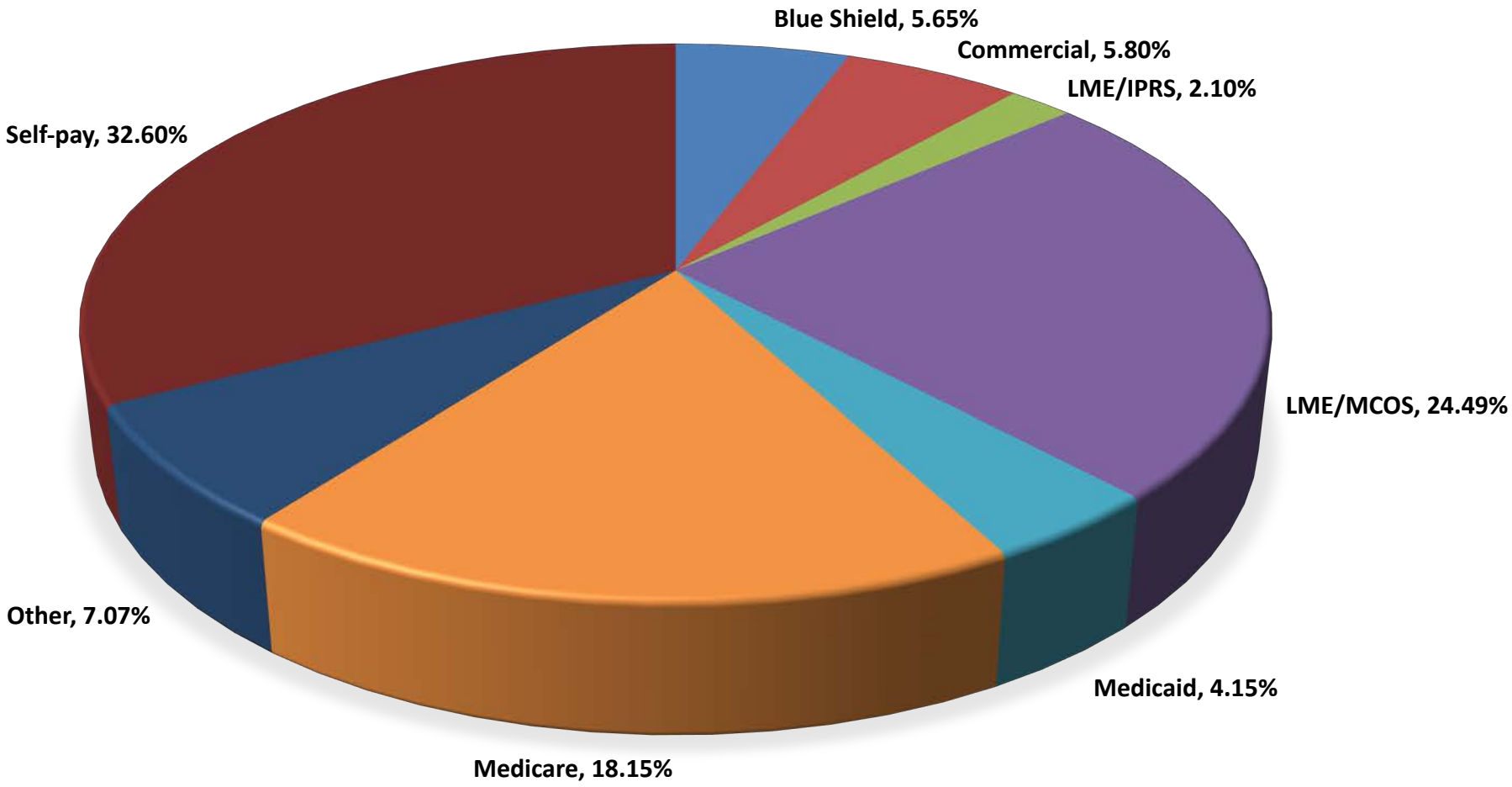
NC-STeP Charge Mix – Project to Date

Service Dates: October 1, 2013 – December 31, 2019



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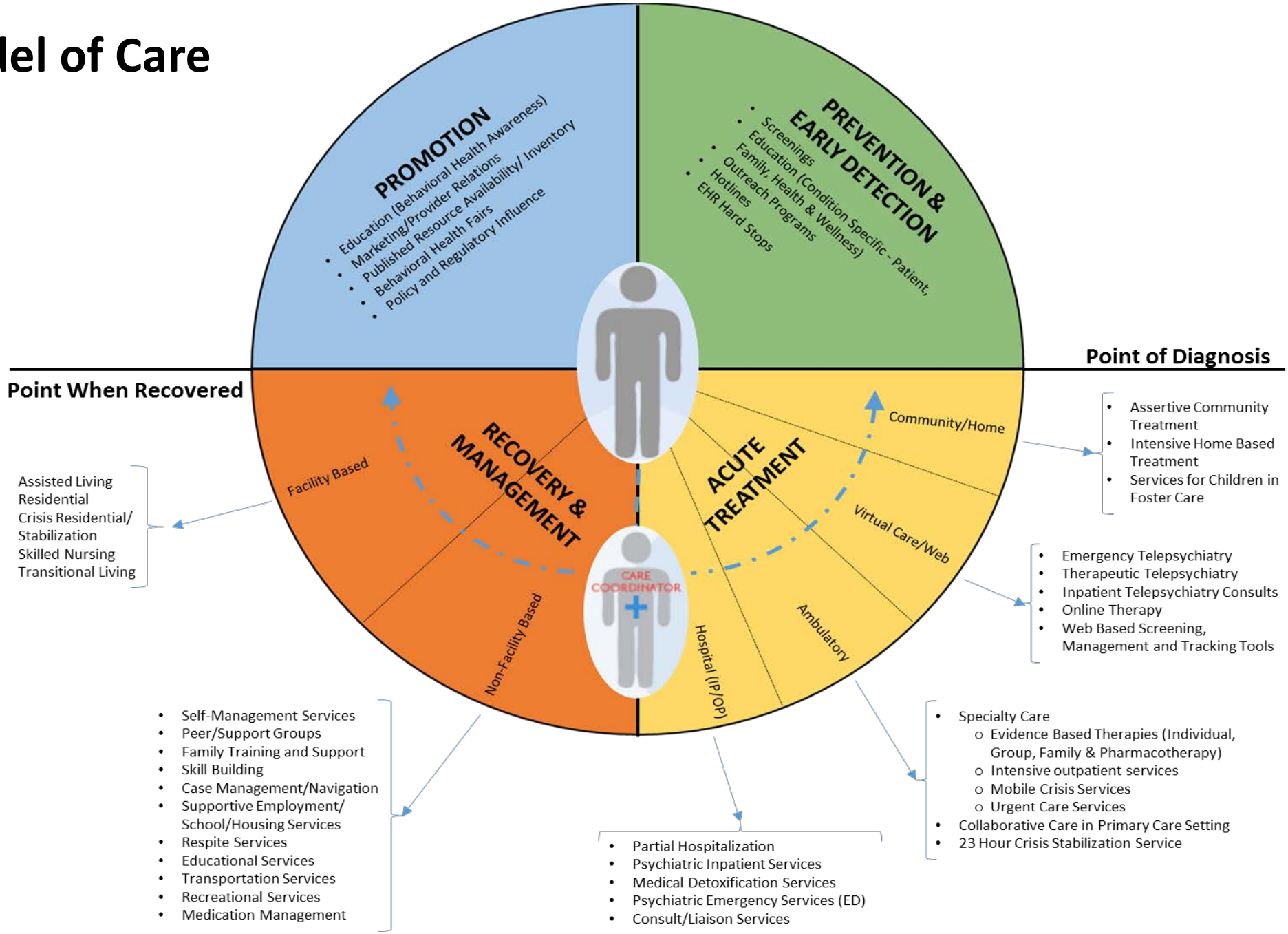
Model of Care



Opportunities

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

NC-STeP Status as of December 31, 2019

- 57 hospitals and 8 community-based sites in the network
- 40,573 total psychiatry assessments since program inception
- 5,631 IVCs overturned
  - Cumulative return on investment = $30,407,400 (savings from preventing unnecessary hospitalizations)
- Eight Clinical Provider Hubs with 53 consultant providers
- Administrative costs below industry standard
- Over 32% of the patients served had no insurance coverage

NC-STeP Telepsychiatry Network a Model for Statewide Coverage

Program provides psychiatric assessments, consultations to patients in more than 50 emergency departments

Author — David Raths

Sep 9th, 2019

https://www.hcinnovationgroup.com/population-health-management/telehealth/article/21096312/ncstep-telepsychiatry-network-a-model-for-statewide-coverage
Accessed February 5, 2020.

Post-Covid Considerations

- Will reimbursement be the same?
- What mix of digital health vs. traditional will be the new norm?
- Do provider compensation models need to change?
- Will we need the same amount of brick and mortar clinic space?
- How to leverage new capabilities to address referral backlog and home-based care?

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Conclusions

- Telepsychiatry is a viable and reasonable option for providing psychiatric care to those who are currently underserved or who lack access to services.
- The current technology is adequate for most uses and continues to advance.
- Numerous applications have already been defined.
- NC-STeP is an established model that is nationally known for its work with the underserved communities.

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Contact

Sy Atezaz Saeed, M.D., M.S., FAC*Psych*
Professor and Chairman
Department of Psychiatry and Behavioral Medicine
Brody School of Medicine | East Carolina University

Executive Director
North Carolina Statewide Telepsychiatry Program (NC-STeP)

Phone: 252.744.2660 | e-mail: saeeds@ecu.edu
Website: http://www.ecu.edu/psychiatry
Mail: 600 Moye Boulevard, Suite 4E-100,
Greenville, NC 27834

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