Telemedicine and Beyond at SEHC

Extending Psychiatric Services to Underserved Populations
Telemedicine and Beyond

The Team

- Jim Dumbauld – Family Physician
- Sister Michelle Humke – Director of Behavioral Health Services
- Martha Preciado – Case manager/Recruiter
Telemedicine and Beyond at SEHC

• University of Arizona
• St. Elizabeth Health Center
• Robert Woods Johnson Foundation
Telemedicine and Beyond Overview

- History of SEHC and Telemedicine program - Jim
- Pilot program for Telepsychiatry - Michelle
- Robert Woods Johnson Grant – Testing acceptability and accessibility of Tele-psychiatric care in underserved populations – Michelle and Martha
- Summary/Lessons learned – Jim, Michelle, Martha
- Q & A - panel
FOUNDED 1962
Mission of caring for the uninsured and underserved for 46 years in Tucson and Southern Arizona
St. Elizabeth Health Center
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History and development of Telemedicine at St. Elizabeth’s

• In 1997 plans were made to include SEHC in University Medical Center Teleradiology Dept.
• This became a very successful demonstration project for UMC
• Helped to make radiology services available to our pts – no charge for radiologic interpretations
Arizona Telemedicine Program

• Nursing School finds out about our T1 connection to UMC
• Tele-Health pilot program is started in 2002 seeing students at Lowell Elementary School
• 2004 Walter Douglas Elementary School was added.
• Tele-nutrition and E-promotora programs were added.
Telepsychiatry Services Pilot

• Summer, 2007 - Dr. Francisco Moreno – staff psychiatrist at UMC approaches SEHC about volunteering
• Oct, 2007 - Sister Michelle Humke joins SEHC and becomes director of Behavioral Health Services
• Nov, 2007 - Telepsychiatry pilot program is started with Dr. Moreno seeing patients and Sr. Michelle coordinating care
Telepsychiatry Services Pilot

• Developing the system
  – Referrals
    • Initially PCPs referred patients directly to psychiatrist
      Patients made appointments but did not show
    • Changed process – PCPs referred patients to Behavioral Health
      Counselor then referred patients to psychiatrist
Telepsychiatry Services Pilot

• Developing the system
  – Sharing of PHI
    • What needed to be provided and how?
    • Now fax to psychiatrist information sheet that patient completes to establish care at SEHC
    • Psychiatrist faxes initial assessment or progress note to SEHC after appointment
Telepsychiatry Services Pilot

• Developing the system
  - Obtaining patient consent
    • Psychiatrist faxes to care coordinator
      – Treatment Plan
      – Informed Consent for Medication Treatment
    • Care coordinator obtains signature and faxes to psychiatrist
Telepsychiatry Services Pilot

• Developing the system
  – Providing patient with Rx
    • Considered and tried several methods
      – Psychiatrist faxing Rx
      – PCP at SEHC writing Rx according to indications on Informed Consent for Medication Treatment
      – Personnel at SEHC calling in Rx to pharmacy using indications on Informed Consent for Medication Treatment
Telepsychiatry Services Pilot

• Developing the system
  – Psychiatrist availability
    • Will patients have direct phone access to psychiatrist?
    • Now during office hours patients contact care coordinator who then contacts psychiatrist
    • Both sites have emergency numbers for after hours
Telepsychiatry Services Pilot

- Patients served
  - Uninsured or underinsured
  - All diagnoses
  - All ages
Telepsychiatry Services Pilot

• Current Results of Pilot
  – All but one patient have expressed satisfaction with method
    Dissatisfied patient has characteristics of Narcissistic Personality Disorder
  – Rate of compliance appears to be the same as face-to-face treatment
RWJ Proposal

• Dr. Moreno applies to RWJ foundation for grant funding for overcoming treatment barriers in depressed hispanic patients using telepsychiatry through the internet (webcam)
• January 2008 – RWJ Foundation site visit takes place.
• April 2008 – RWJ Foundation notifies approval
RWJ Proposal

• Purchase of equipment – computer, webcam and fax
• May – June search for case manager/recruiter; hired Martha July 9
RWJ Proposal

• Purchase of equipment – computer, webcam and fax
• May – June search for case manager/recruiter; hired July 9
• Beginning in July two resident psychiatrists begin participating
  – One treats study patients
  – One takes over care of patients from pilot
RWJ Proposal

• Patients are recruited for study
  – During registration process to establish care at SEHC
  – By referrals from PCPs
  – By self-referrals as a result of reading information about study on signs posted in SEHC
RWJ Proposal

• To screen patients for appropriateness for study
  – All recruited patients complete the PHQ-9
    • PHQ – Patient Health Questionnaire, also known as the PRIME–MD
    • PHQ-9 consists of the 9 questions pertinent to symptoms related to depression
  – Patients are referred for further screening if the score on PHQ-9 $\geq 10$
  – Further screening with other questionnaires done to exclude those with co-occurring mental disorders
RWJ Proposal

• When patients qualify for study, they’re
  – Given information about study and related process
  – Asked to provide signed consent
  – Randomized to Webcam or Treatment As Usual (TAU)
    • Webcam – psychiatric intervention
    • TAU – appointments as usual with PCP, who may decide to
      – prescribe antidepressants
      – refer to Behavioral Health
RWJ Proposal

• Webcam (psychiatric intervention) includes
  – Initial psychiatric assessment
  – Monthly follow-up appointments over a period of 6 months

• Webcam setup consists of computer and webcam in each psychiatrist’s office

• Internet connection achieved via the Breeze website
RWJ Proposal

• Experience with Webcam
  – All patients currently in study have adapted well to method
  – Occasional technical problems have occurred
    • Two of the psychiatrists have had difficulty with volume and echo
    • A few times the transmission has stopped from the site of the psychiatrist
      – Usually reconnecting with the website has resolved problem
      – Once it was necessary to stop and use telemedicine equipment
Summary/Lessons Learned

- Community collaboration is a way to stretch resources and serve the SEHC patients
- Telemedicine and webcam can be tools for overcoming barriers to care
Summary/Lessons Learned

• Implementation of study required redesign of screening and randomization scheme:
  – screening all pts vs registration & referral
  – PHQ 9 scores that are generated but no immediately addressed

• “Treatment as Usual” definition is changing

• The implementation of a clinical study has many ramifications – not all are obvious at start
Summary/Lessons Learned

• Personality disorder may not be amenable to this modality
• Care coordinator position at patient care site is critical to ensure patient acceptance
• Requires Psychiatrist’s commitment to this modality
• Requires careful attention to communication of treatment plan and medications