

Innovations In Telemedicine – Mental Health Offerings.

What is Psychiatric Telehealth-Enabled
Collaborative Care Management??



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Behavioral Health in the U.S.

Mental illness and substance use disorders are highly prevalent in the United States.

- 1 in 5 adults and 1 in 6 youth experience mental illness each year.¹
- 13.9% of U.S. adults meet the criteria for alcohol use disorder and 3.9% for another drug use disorder.²
- Acuity has only worsened since pandemic.³


High costs of healthcare associated with not addressing behavioral health (BH)^{4,5}

- Treatment for medical conditions among individuals with BH disorders is 2.8-6.2 times higher than the costs for those without BH disorders.⁴
- Although patients with BH disorders account for more than half of all healthcare spending, only 4.4% of these costs are actually for BH services.⁴



Rural Behavioral Health


Rural individuals experience similar rates of BH disorders yet severely lack access to adequate treatment.¹



Fewer BH providers working in rural areas as compared to rest of country.^{6,7}



Limited access to BH services likely contributes to higher suicide rates among rural Americans (nearly 2x that of urban Americans).⁸



Most rural residents receive BH services in the context of primary care.^{9,10}



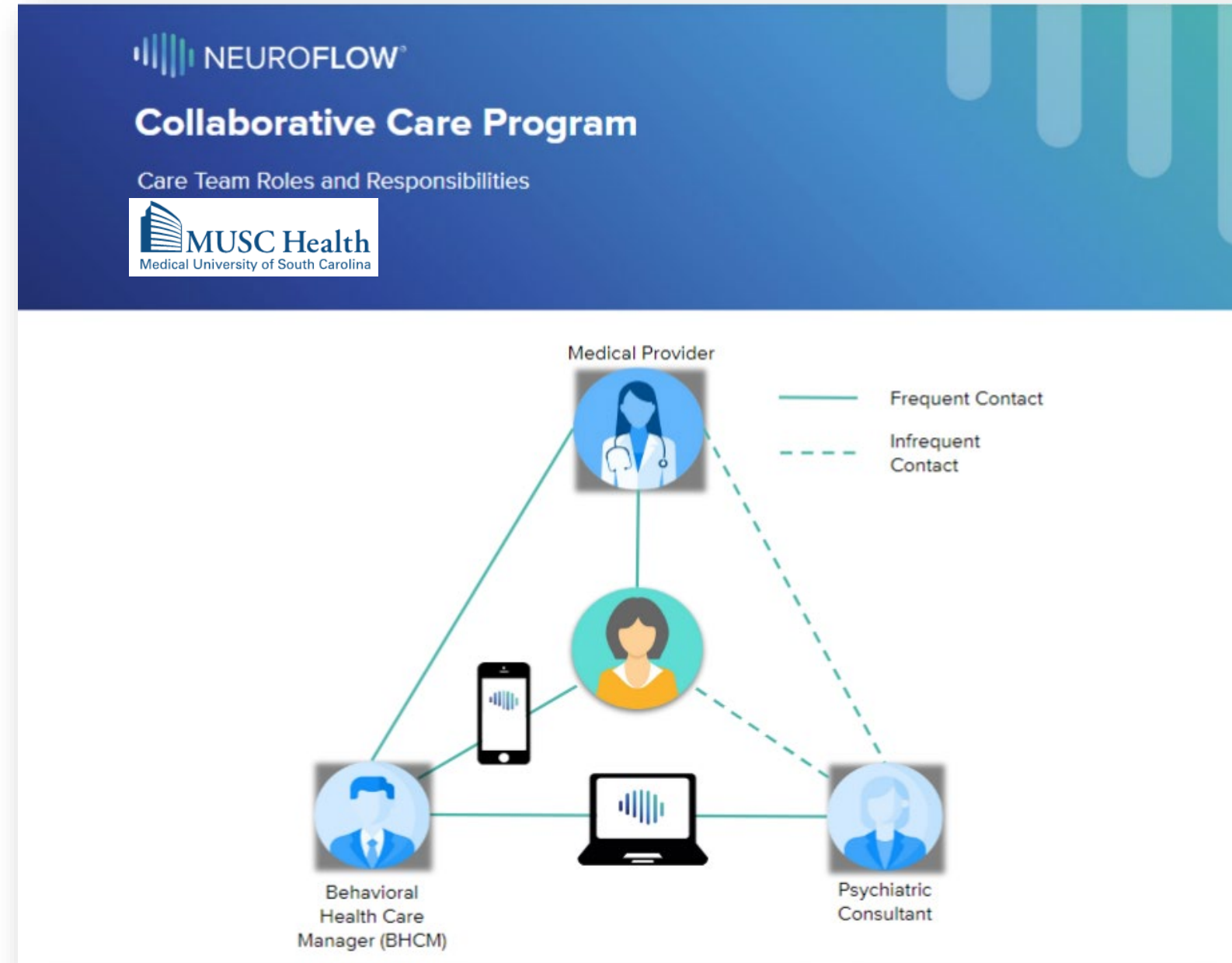
Overview

- Psychiatric collaborative care management (CoCM) is a model for treating BH in the context of primary care
- Strong evidence base with over 90 clinical trials across a variety of primary care settings,¹¹ and adoption has become a key policy priority^{12,13}
- Key components:¹¹
 1. Team-based Care: Primary care provider, BH care manager, psychiatric consultant
 2. Population-focused: universal, preventative screenings and referrals to treatment; patient registries for efficient management
 3. Measurement-based: Regularly administered, validated BH assessments to monitor progress toward to reach treatment goals



Team-Based, Collaborative Care Model

- **Patient & Family/Caregivers**
 - The center of the collaborative team
- **Behavioral Health Care Manager (BHCM)**
 - Develops treatment plans
 - Provides brief intervention & care coordination
 - Powers the program and does bulk of work
- **Psychiatric consultant**
 - Meets weekly with BHCM to review complex cases and patients not improving to advise on treatment strategies, including Medication recommendations
 - Available for direct consult with PCP or patient as needed
- **Primary Care Provider**
 - Refers patients to program
 - Prescribe meds to patient based on psychiatrist recommendations



Meet Our MUSC Collaborative Care Team



Andrew R. Alkis, MD
Psychiatric Consultant



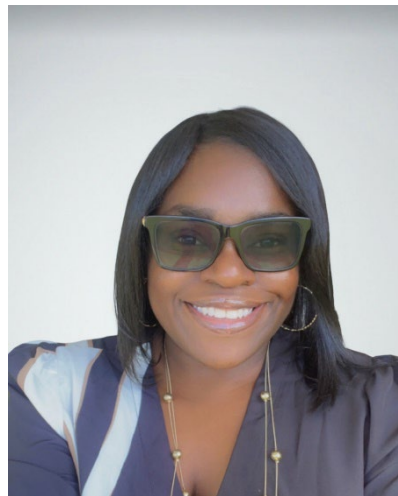
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MUSCs Telehealth enabled CoCM Program

- Funded using HRSA's Telehealth Center of Excellence
- 2023 Started as a pilot testing telehealth-enabled CoCM model in 4 rural, MUSC regional health network sites in the PeeDee area of SC.
- FY24 expanded to 18 additional MUSC sites in the PeeDee area.
- FY25 expansion enterprise-wide (MUSC) & Two (2) new BHCMS.



Measurable Outcomes



Overview Report

Organization: MUSC - Medical University of South Carolina
Report created: 10-24-2024
By: Candace Sprouse -McClam

OCTOBER 2024

QUESTIONNAIRES

Completed 1+ questionnaire	41%
Ready for review	40%
Reviews complete	13%

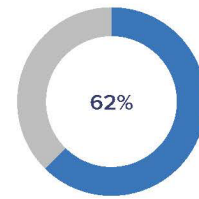
RISK

Urgent alerts	11
At Risk alerts	16
Unique patients with Any Alert	21

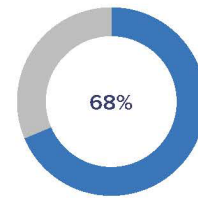
PATIENTS

Invited	23	↑ 43% change
Registered	8	↓ 27% change
Engaged	106	↑ 12% change

SYMPTOM REDUCTION AFTER 8 WEEKS

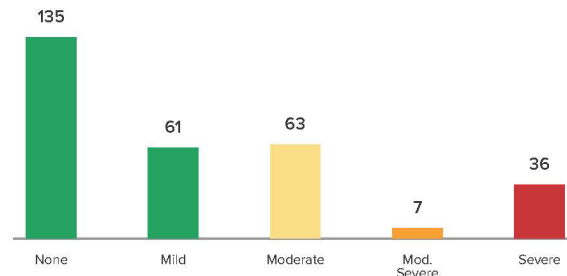


of patients with reduction in **GAD-7** scores



of patients with reduction in **PHQ-9** scores

CURRENT PATIENT SEVERITY



CUMULATIVE REWARD POINTS

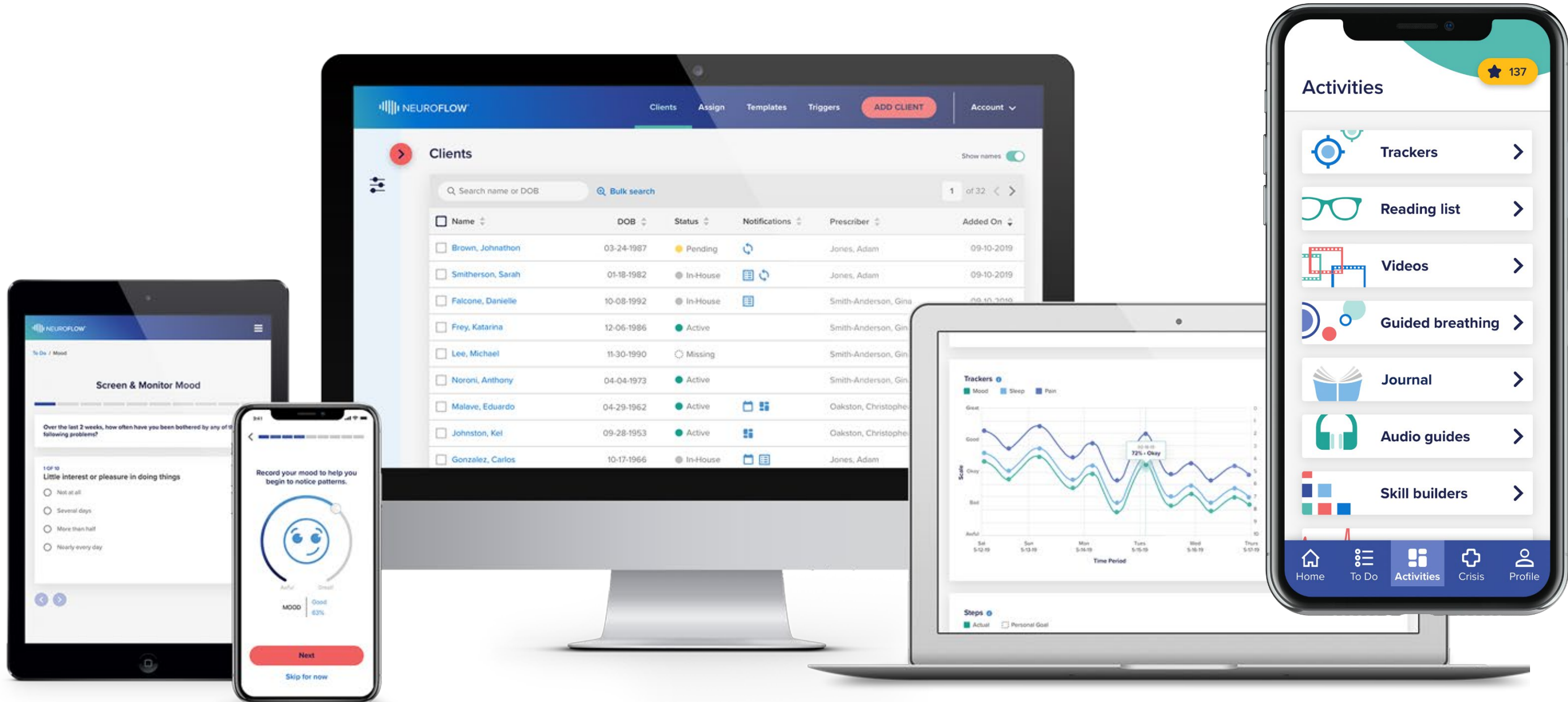


Assignments	79%
Trackers	6%
Streaks	2%
Other	13%

Numbers may not add up to 100% due to rounding

- In FY24
 - 515 BHCM consults
 - 209 new enrollments
 - **41 program graduations**
 - Avg time to stabilization 90 days
- Over the last 8 weeks...
 - **62%** of patients with **reduction in GAD-7** scores
 - **68%** of patients with **reduction in PHQ-9** scores

MUSC Expertise with NeuroFlow® Partner



References

1. National Alliance on Mental Illness. Mental Health By the Numbers. Accessed 2/25/2023, <https://www.nami.org/mhstats>
2. Grant BF, Saha TD, Ruan WJ, et al. Epidemiology of DSM-5 Drug Use Disorder: Results From the National Epidemiologic Survey on Alcohol and Related Conditions—III. *JAMA Psychiatry*. 2016;73(1):39-47. doi:10.1001/jamapsychiatry.2015.2132
3. Panchal N, Saunders H, Rudowitz R, Cox C. *The Implications of COVID-19 for Mental Health and Substance Use*. 2023. March 20, 2023. Accessed August 31, 2023. <https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
4. Davenport S, Gray TJ, Melek S. *How do individuals with behavioral health conditions contribute to physical and total healthcare spending?* 2020. Milliman Research Report. 04/29/23. <https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx>
5. Niles L, Olin S. *Behavioral Health Quality Framework: A Roadmap for Using Measurement to Promote Joint Accountability and Whole-Person Care: A White Paper*. 2021.
6. Andrilla CHA, Patterson DG, Garberson LA, Coulthard C, Larson EH. Geographic Variation in the Supply of Selected Behavioral Health Providers. *Am J Prev Med*. Jun 2018;54(6 Suppl 3):S199-s207. doi:10.1016/j.amepre.2018.01.004
7. Miller BF, Petterson S, Burke BT, Phillips RL, Jr., Green LA. Proximity of providers: Colocating behavioral health and primary care and the prospects for an integrated workforce. *Am Psychol*. May-Jun 2014;69(4):443-51. doi:10.1037/a0036093
8. Hedegaard H, Curtin, S. C., Warner, M. *Suicide Mortality in the United States, 1999–2017*. Data Brief. 2018. *NCHS Data Brief*. November 2018. Accessed 10/1/22. <https://www.cdc.gov/nchs/data/databriefs/db330-h.pdf>
9. Wang PS, Demler O, Olfson M, Pincus HA, Wells KB, Kessler RC. Changing profiles of service sectors used for mental health care in the United States. *Am J Psychiatry*. Jul 2006;163(7):1187-98. doi:10.1176/appi.ajp.163.7.1187
10. Powers DM, Bowen DJ, Arao RF, et al. Rural clinics implementing collaborative care for low-income patients can achieve comparable or better depression outcomes. *Fam Syst Health*. Sep 2020;38(3):242-254. doi:10.1037/fsh0000522
11. University of Washington AIMS Center. AIMS Center: Advancing Integrated Mental Health Solutions. Accessed 10/1/2022, <https://aims.uw.edu/>



References

11. University of Washington AIMS Center. AIMS Center: Advancing Integrated Mental Health Solutions. Accessed 10/1/2022, <https://aims.uw.edu/>
12. Eighteen Organizations Express Support for the Collaborate in an Orderly and Cohesive Manner (COCM) Act Which Would Bolster Innovative Model of Provision of Mental Health Care. September 9, 2021, 2021. Accessed 10/1/2022. <https://psychiatry.org/news-room/news-releases/eighteen-organizations-express-support-for-the-col>
13. Bipartisan Policy Center. *Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration: Task Force Recommendations*. 2021. March 2021. Accessed August 31, 2023.
14. Curran GM, Bauer M, Mittman B, Pyne JM, Stetler C. Effectiveness-implementation hybrid designs: combining elements of clinical effectiveness and implementation research to enhance public health impact. *Med Care*. Mar 2012;50(3):217-26. doi:10.1097/MLR.0b013e3182408812
15. Johnson, E., & Sterba, K. (2023). Implementation Science Telehealth Toolkit. MUSC Telehealth Center of Excellence. www.telehealthcoe.org
16. Johnson EE, Kruis R, Verdin R, Wells E, Ford DW, Sterba KR. Development of an Implementation Science Telehealth Toolkit to Promote Research Capacity in Evaluation of Telehealth Programs. *Telemed Rep*. 2023 Oct 4;4(1):286-291. doi: 10.1089/tmr.2023.0039. PMID: 37817872; PMCID: PMC10561742.
17. Williams D, Eckstrom J, Avery M, Unützer J. Perspectives of Behavioral Health Clinicians in a Rural Integrated Primary Care/Mental Health Program. *J Rural Health*. Fall 2015;31(4):346-53. doi:10.1111/jrh.12114
18. Myers K, Stoep AV, Thompson K, Zhou C, Unützer J. Collaborative care for the treatment of Hispanic children diagnosed with attention-deficit hyperactivity disorder. *General Hospital Psychiatry*. 2010/11/01/ 2010;32(6):612-614. doi:https://doi.org/10.1016/j.genhosppsych.2010.08.004
19. Fortney JC, Pyne JM, Ward-Jones S, et al. Implementation of evidence-based practices for complex mood disorders in primary care safety net clinics. *Fam Syst Health*. Sep 2018;36(3):267-280. doi:10.1037/fsh0000357
20. Moullin JC, Dickson KS, Stadnick NA, Rabin B, Aarons GA. Systematic review of the Exploration, Preparation, Implementation, Sustainment (EPIS) framework. *Implementation Science*. 2019/01/05 2019;14(1):1. doi:10.1186/s13012-018-0842-6
21. Aarons GA, Green AE, Palinkas LA, et al. Dynamic adaptation process to implement an evidence-based child maltreatment intervention. *Implement Sci*. Apr 18 2012;7:32. doi:10.1186/1748-5908-7-32



Questions?

