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Comparing Two Telehealth Approaches for Treating Psychiatric Disorders in Primary Care

REACH Dissemination Committee, Maine, USA

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Comparing Two Telehealth Approaches for Treating Psychiatric Disorders in Primary Care



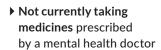
Federally Qualified Health Centers (FQHCs) are community clinics that provide primary care in rural and other underserved areas. FQHCs **often don't have enough mental health specialists** to treat patients with complex mental health conditions.

LOCATION & POPULATION

 Patients received care at one of 24 clinics from 12 FQHCs in underserved areas in Arkansas, Michigan & Washington.



▶ 1,004 adults with symptoms of PTSD, bipolar disorder, or both





- ▶ 66% White
- ▶ 13% Black
- ▶ 21% Other race/ethnicity

▶ Average age: 39

▶ 70% women



STUDY DESIGN

The study compared two telehealth approaches for patients with complex mental health conditions who received care at rural clinics.

Patients first had a **video call** with a mental health doctor to **develop a treatment plan**.



Randomization of Participants

Telepsychiatry Collaborative Care (TCC)

Care managers & consulting telepsychiatrists support Primary Care Provider.

Telepsychiatry-Enhanced Referral (TER)

Telepsychiatrists and telepsychologists responsible for treatment.

MEASURED OUTCOMES at 1 year

Based on patient surveys including questions about quality of life, care received, and mental health.

- ▶ Between the groups, there was no difference in reports of:
 - quality of life
 - severity of mental health symptoms



- access to care
- medicine side effects

▶ Both groups reported improvement in:

- quality of life
- mental health symptoms
- side effects



- ▶ Patient qualitative interviews showed that both models of care:
 - improved access to care
 - had high levels of satisfaction



Conclusions

Clinical leadership should implement whichever approach is more sustainable. From a societal perspective, policy makers should incentivize TCC because it required one-third as many telepsychiatry encounters as TER.

REFERENCE

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