2018

Using online Behavioral Health Modules to expand care in Rural New York State

Matthew Sommers
University of Vermont

USING ONLINE BEHAVIORAL HEALTH MODULES TO EXPAND CARE IN RURAL NEW YORK STATE

Matthew Sommers

Family Medicine
November 2018

Dr. Slingerland and Hudson Headwaters Health Network

BACKGROUND: PROBLEM

- NIH data suggest around 20% of adults meet criteria for a mental health disorder in the last 12 months.
  - 50% of these were severe enough to affect work/relationships/school.
- A study on health professional shortages found that current behavioral health providers only address 42.5% of the need in New York State and an estimated 200 additional providers would be needed to attain the minimum of acceptable coverage.
  - According to a National Survey on Drug Use and Health (NSDUH) performed in 2015, ~50% of the unmet care need was the result of the cost of treatment, availability, or transportation.
- These data-points support the need to develop alternative ways for people to engage in behavioral health treatment. These interventions should be affordable, accessible to patients, and exist within a step-wise model of care to allow best use of existing resources.

BACKGROUND: COST

- Costing the US a total of 447 billion dollars a year, mental healthcare and its downstream impact places a significant burden on the upstate region through treatment costs, mental health related incarceration, and lost wages/disability.

- In the increasingly difficult business of primary care, health networks continue to be burdened by missed appointments and less time-efficient appointments when patients have poorly controlled mental health.

PERSPECTIVES

- “The patient is at the center of everything we do here. Unfortunately, there aren’t enough resources in our service area to give appropriate behavioral health services to everyone who needs them. If there’s a solution that could increase access and help our patients, I’m for it.”
  - Tucker Slingerland MD, CEO of Hudson Headwaters Health Network

- “80% of behavioral health is being performed in a primary care setting. With this in mind, we are continuing to develop integrated behavioral health services that exist seamlessly within our primary care clinics. This model has proven effective at providing patients with established and lasting care, but the next steps are less certain. I’m not sure if online modules are an appropriate option, but I’m keeping an open mind.”
  - Dave Alloy PhD, Head of Behavioral Health at Hudson Headwaters Health Network

INTERVENTION AND METHODOLOGY

- I researched and found multiple free ways to engage patients with mild to moderate anxiety and depression in evidenced-based and evidence-supported interventions across multiple platforms.
  - These interventions were comprised of online modules verified by randomized control trials.
- I asked providers and patients about their experience with behavioral health, educated them on the availability of online options, and asked about their thoughts.
- I compiled these resources and opinions for Dave Alloy PhD, head of Behavioral Health Services at Hudson Headwaters Health Network, and worked with him to determine how to best integrate this into their model of behavioral health.

DATA

- Providers that I talked to were happy to have an option to offer people with mild-moderate depression or anxiety and stated they would be likely to offer it to patients in the future.
  - Providers mentioned this would be appropriate as a first step for patients who were resistant/unable to attend therapy for many reasons. It could also decrease patient's perceived stigma regarding mental health treatment.
- During my time in clinic, I spoke to multiple patients about this option. The patients were uniformly happy to hear about it.
  - Patients stated the primary benefits would be that they could engage with their care on their own time, at their home, and while waiting for more personalized behavioral health care.

EFFECTIVENESS AND LIMITATIONS

- Prior research has shown these interventions have been effective in treating mild-moderate depression or anxiety and the response from patients and providers was positive.
- Offers a cost-effective method to manage mild-moderate depression or anxiety as part of a stepped-care model.
  - Fills a niche within the field for select patients who are unable, unwilling, or waiting to access traditional care.
  - However, without any formal follow-up data for the rural new York region, it is hard to state efficacy.
- Limitations
  - No formal quantitative data collection.
  - Not appropriate for everyone.
  - People without access to internet or application won’t be helped.
  - No way to ensure people offer this option to their patients.

FUTURE DIRECTIONS

- Consider small studies with further implementation.
  - Assess efficacy of interventions for patients by assessing use, compliance, and symptom improvement.
  - Assess no-show rates for psychiatric appointments.
  - Stagger online-intervention programs with more spread out therapy appointments to assess ways to stretch limited resources.
- Implementing phone call CBT.
  - Shown to be equally effective to in-person CBT
  - Would offer rural disadvantaged patients better access.
- Find similar options for sleep. Best CBT-i programs are not cheap, but good evidence supports CBT-i should be first line for insomnia.

SOURCES

- Insel TR Assessing the economic costs of serious mental illness Am J Psychiatry2008 Jun;165(6):663-5doi:10.1176/appi.ajp.2008.08030366.
- Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics: Designated HPSA Quarterly Summary, as of December 31, 2017.
- Center for Behavioral Health Statistics and Quality. (2016). 2015 National Survey on Drug Use and Health: Detailed Tables. Substance Abuse and Mental Health Services Administration, Rockville, MD.

INFORMED CONSENT

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes: _X_/ No: ___

Names: Dr. D. Tucker Slingerland, MD

Dr. Dave Alloy, PhD