7-3-1905

Pediatric Telebehavioral Health in Rural Primary Care: An Electronically-Mediated Warm Handoff

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Outline

- Background
- Clinic description
- Year 1 outcomes
- Barriers
- Future directions

Background

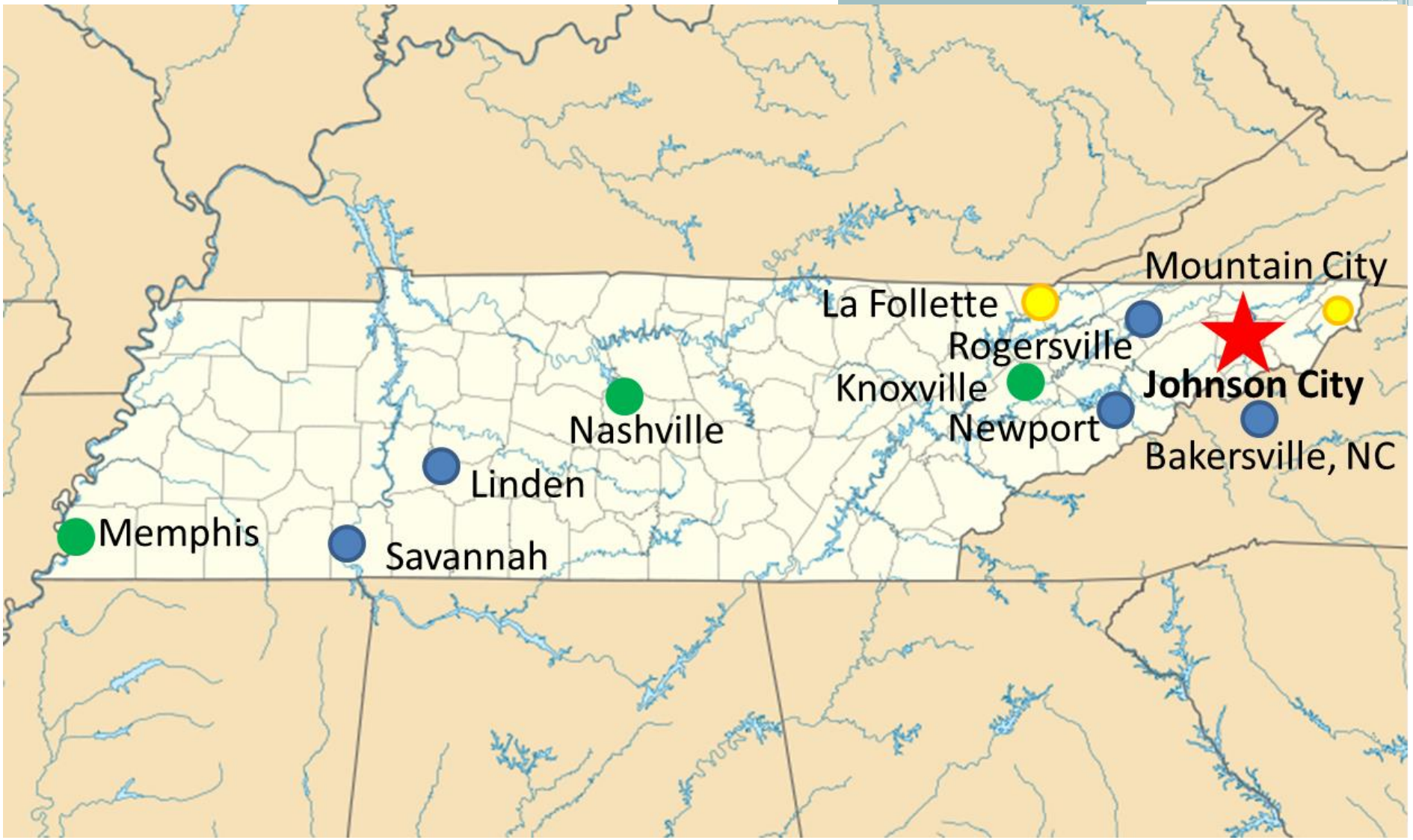
- 21% (Polaha, Dalton, & Allen, 2011)
- 63% (Polaha, Dalton, & Allen)
- Rural areas have less access to evidence-based care (Hoagwood, et al., 2000; Palmer, et al, 2010).

Background

- Children with depression responded as well to CBT treatment delivered via videoconferencing as those receiving face-to-face treatment (Nelson, et al., 2003).
- ADHD was one of the most commonly treated child/adolescent diagnoses (Palmer, et al, 2010).
- Telehealth was identified as one of the most promising avenues of collaborative service delivery for rural and underserved youth with ADHD.

Southern Appalachian Telebehavioral Health Clinic

- Began August 2010
- 8 primary care systems across TN and school-based health clinics in NC.
- Distal clinics range from 45 miles to over 400 miles from ETSU.


Mountain City
La Follette
Rogersville
Knoxville
Johnson City
Newport
Nashville
Bakersville, NC
Linden
Memphis
Savannah

Southern Appalachian Telebehavioral Health Clinic

- Initially offered specialty services
  - Co-located model

Southern Appalachian Telebehavioral Health Clinic

- Move towards more collaborative in November 2010.
  - 1 day of open hours per week
  - Continued to offer specialty care appointments
  - Referral increase!
- Even more collaborative in March 2011.
  - 2 days of open hours per week
  - Continued to offer specialty care appointments
  - HUGE referral increase!

Southern Appalachian Telebehavioral Health Clinic

- Moved completely away from a specialty care model in Year 2.
  - Providers utilize electronically-mediated warm hand offs to refer patients for services
  - Provide brief, problem focused interventions operating on a 15 minute hour.
  - Care coordination with provider

Southern Appalachian Telebehavioral Health Clinic

- Initial consult requires no paperwork and the patient is not charged.
- Patients placed on a sliding scale and complete a brief information packet if an additional appointment required.
- Addition of an ADHD management clinic Summer 2011
  - Monitor behavioral response to medication
  - Provide behavioral recommendations to improve functioning at school/home

Southern Appalachian Telebehavioral Health Clinic: Clinic Data Year 1

- Descriptive and satisfaction data collected on 38 patients

	Age (*M*)	*SD*
Open Hours	8.9	3.6
Specialty Clinic	12.1	4.6
Overall	9.6	3.9

Southern Appalachian Telebehavioral Health Clinic: Clinic Data Year 1

- Gender
  - Female-47.4%
  - Male-52.6%
- Ethnicity
  - White-94.7%

Southern Appalachian Telebehavioral Health Clinic: Clinic Data Year 1

Referral Problem	Percentage
Noncompliant/Oppositional Behavior	41%
ADHD	15.4%
Toileting Concerns	12.8%
Depression	10.3%
Anxiety	7.7%

Southern Appalachian Telebehavioral Health Clinic: Clinic Data

Satisfaction Survey

Item	*M* (*SD*)
I could see the psychologist clearly during the telemedicine visit.	5.74 (.50)
I had no trouble hearing the psychologist when she spoke to me.	5.68 (.70)
I was able to speak freely with the psychologist and ask questions.	5.74 (.64)
The psychologist was able to ask me questions.	5.89 (.34)
The doctor seemed to understand my problem.	5.50 (.89)
I was comfortable with and understood what the psychologist told me about my complaint.	5.52 (.72)
The camera or other equipment embarrassed me or made me feel uncomfortable.	1.60 (1.19)
The telemedicine visit makes receiving care more accessible .	5.42 (.85)

Southern Appalachian Telebehavioral Health Clinic: Clinic Data

Item	*M* (*SD*)
I would prefer a telemedicine visit now rather than waiting for a face-to-face appointment with the same doctor.	4.89 (1.20)
I would have traveled to another city to see a specialist if I had not used telemedicine	4.87 (1.65)
Traveling to another hospital would have cut into my work/school or my child's school time.	5.00 (1.33)
Traveling would affect my wages for that time.	3.26 (2.17)
I would experience other inconveniences in traveling.	4.45 (2.02
I would prefer a face-to-face visit with the specialist rather than a teleconsultation with a specialist.	3.42 (1.88)
This telemedicine visit was as good as a face-to-face encounter.	5.29 (.89)
Overall, I am satisfied with telemedicine.	5.47 (.65)

Southern Appalachian Telebehavioral Health Clinic: Clinic Data

- PSC was administered to all clients who completed a referral packet.
- Initial and follow-up PSC scores available for 6 patients.
  - Initial scores M=25.5, SD=16.02
  - Follow=up scores M=17.3, SD=9.73
  - Reduction in PSC scores for patients seen in specialty clinic.

Challenges

- Reduction in referrals over time
- Difficulty remaining top of mind for providers
- Record sharing
  - No access to clinics EMR
  - Rely on fax to exchange information
- Billing
  - Some patients reluctant to pay fee for service out of pocket
  - Insurance reimbursement challenges

Future directions

- Sustainability
  - Contracts with individual clinics
  - Billing infrastructure
- Increase focus on evidence based care of disruptive behavior via videoconferencing
- Collaborative care of disruptive behavior disorders such as ADHD
  - Serving as the link between primary care and local schools.

Conclusions

- Telebehavioral health can be an effective means of treatment for children and adolescents with behavioral concerns.
- Record sharing and reduction in top of mind presence serve as barriers to collaborative care.
- Addressing these barriers could improve collaboration.

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