

Developing a Digital Web to Address Behavioral Health Disparities in Rural New York State



Cohort:
2018-2021

Team Members:
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Location:
Rochester, New York

Focus Areas:
Behavioral and Mental Health
Health Care Access
IT/Technology

Background

There is a behavioral health care crisis in rural America. The Substance Abuse & Mental Health Services Administration reports that 1 out of 5 residents of nonmetropolitan United States counties had some sort of mental illness. Meanwhile, more than 60% of rural Americans live in mental health professional shortage areas. Tragically, the economic decline that fuels despair and need for behavioral health care in many remote settings also reduces its availability. In upstate New York (NYS), our rural counties are among the hardest hit in these regards, following years of economic downturn and the outmigration of jobs. Over the last decade, the number of suicides in NYS increased by 32% (to over 1,700 per year). At the same time, rural cultural mores – including values on independence, caring for oneself and one's own, and stigma around behavioral health – can create obstacles to seeking care.

Wicked Problem Description

In rural Allegany County, we have a distinct wicked problem at this nexus of spiraling mental health need/suffering and a deep lack of access to resources including behavioral health care. 16.3% of the County's population lives below the federal poverty level, and household income levels are among the lowest in the state. We are experiencing:

- Suicide rate at 16% per 100,000 – double the NYS average
- Opioid overdose rate at 46.4 per 100,000 – 9% above NYS overall
- Alcohol-related motor vehicle injury & death rate at 55.5 per 100,000 – double NYS average
- Medicaid Potentially Preventable Emergency Visits for behavioral health symptoms rate at 48.4 per 100,000 – 7% above NYS overall

Extremely limited access to mental health services:

- Designated Federal Mental Health Provider Shortage Area
- Help seeking at small community hospital & behavioral health clinic
- Many residents forgo care leading to unneeded suffering, premature institutional care, or early mortality or suicide
- Family caregivers try to take up the slack, too often with resulting economic hardship, loss of employment, and distress

Strategies Your Team is Undertaking

The Digital Web proposes to engage members of the Allegany community, reduce health disparities, and improve the quality of behavioral health care and support received by individuals, families and caregivers. Leveraging the expertise of our team members and technology, the Digital Web is creating linkages between our community partners and the region's academic medical center. Our strategies and initiatives are to: equip community providers with the knowledge, skills, and comfort level to treat patients with complex behavioral health within their community, and, to increase access to behavioral health care through digital interventions.

Current/Ongoing Strategies

1. We have identified community stakeholders within our community and have convened a meeting of key stakeholders to identify needs and opportunities, define the strategic plan, and assist with ongoing community engagement planning.
2. We have supported the launch of Project ECHO® (Extension for Community Healthcare Outcomes) PSYCH, a telementoring program in General Psychiatry

that systematically connects interdisciplinary behavioral health specialists at the University of Rochester with community partners.

3. We have established a telemedicine service within Clarity Wellness Community (formerly Allegany Rehabilitation Associates), the community outpatient behavioral health clinic, to increase access to psychiatric medication prescribers.
4. We have developed and launched the Psychiatric Assessment Officer (PAO) / Telepsychiatry Model into Jones Memorial Hospital, the community acute service provider, to help facilitate a smooth transition of care across the community's primary care network, social service organizations, and regional inpatient psychiatric hospitals.
5. We have explored the development and feasibility testing of a Cognitive Behavior Therapy mobile application to deliver behavioral health care directly to community residents through smartphone technology.

Future Strategies

1. Assessment of Digital Web support for delivery of behavioral health services during COVID-19.
2. Work with community partners to develop a sustainability plan including novel payment reimbursement mechanisms.
3. Develop dissemination strategy through multiple venues, including presentations to other rural communities regarding the benefits of a comprehensive Digital Web.

Outcomes:

Specific objectives of this project are to provide Clarity Wellness Community, Jones Memorial Hospital, and community primary care providers located in Allegany County with (1) capacity, knowledge and decision support, and, (2) the patients, families, and caregivers served by these providers with increased access to specialty behavioral health consultation services through a technology driven integrated care delivery system. As a result of the integration of the Digital Web, Allegany County was poised for rapid, uninterrupted behavioral health services during COVID-19 when in-person meetings were not available. The county has emerged as a model to other rural communities that were not engaged in technology solutions to access and service delivery.

Completed Outcomes

- Convened a community stakeholder's meeting
- Project strategic plan revised in response to stakeholder input
- Installed telemedicine into community behavioral health clinic which allowed a rapid response to COVID- 19 and non- interruption of services
- Instituted PAO/Telepsychiatry Program into community hospital which has, since 2018, served 731 patients, provided 167 phone consults and conducted 7

video visits as well as contributed to a significant reduction in out of county transfers to distance hospitals

- Rapid expansion of telepsychiatry in Clarity Wellness Community initially reduced wait time from three months down to two weeks. The recent surge in request for behavioral health services via telehealth due to COVID-19 has increased wait time for psychiatric evaluation to approximately 4 weeks (excluding psychotherapy services). The agency is currently recruiting for more psychiatry time.
- Billable telemedicine (phone /videoconference) sessions, including those allowed by COVID-19 regulations initiated in March 2020, totaled 12,740 (1/2020 – 9/30/2020), an enormous increase in patient care volumes.
- Publication of PAO/Telepsychiatry Program results in peer-reviewed journal:
- Maeng, D., Richman, J., & Hasselberg, M.J. (in press). Impact of integrating psychiatric assessment officers via telepsychiatry on rural hospitals' emergency visit rates. *Journal of Psychosomatic Research*, doi: 10.1016/j.jpsychores.2020.109997.
- Publication of Digital Web conceptual model in a peer-reviewed journal:
- Hasselberg, M.J. (2020). The digital revolution in behavioral health. *Journal of the American Psychiatric Nurses Association*, 26(1), 102-111 doi: 10.1177/1078390319879750.
- Establishment of Project ECHO PSYCH for community primary care network with 10 ECHO clinics held attended by 120 primary care participants
- In March 2020 ECHO meetings were reconfigured due to COVID-19. Prior to the change, survey data from participants showed high levels of satisfaction and enhanced confidence for responding to behavioral health needs. ECHO PSYCH resumed 10/2020.
- Rapid expansion of telepsychiatry across the University of Rochester Medical Center during the COVID-19 pandemic outbreak resulting in a reduction of patient appointment No Show rate by 6% and the cancellation rate by 19%.

Future Outcomes

- Expansion of community engagement and development of sustainability plan
- Develop a dissemination plan
- Publish blog or academic paper on the Digital Web's impact on the community's readiness for rapid response to COVID-19

Timeline

Standardization and Dissemination of the Digital Web (12 months)

1. Draft final project report
2. Present findings to community stakeholders
3. Disseminate the Digital Web framework through multiple modalities
4. Explore expansion of the Digital Web to other rural regions in NYS
5. Achieve sustainability

Partnerships

The University of Rochester in collaboration with Clarity Wellness Community have partnered with Jones Memorial Hospital, the Jones Memorial Hospital Primary Care Network, the Allegany County Commission of Social Services, the Allegany County Office of Community Services, the Finger Lakes Performing Provider System, and the Allegany Council on Alcoholism to guide the development, implementation, and dissemination of the Digital Web on the community at large.

Evaluation Strategies

We will conduct formative and summative evaluations to examine the impact of the Digital Web on the community. The evaluation has three primary aims:

1. To examine the extent to which the Digital Web impacts quality of care for the patient population presenting to Jones Memorial Hospital
2. To examine the extent to which the Digital Web improves patient access and utilization of behavioral health care
3. To examine the extent to which the Digital Web impacts provider and clinician satisfaction working in the community especially in response to Covid-19

Contact Person Information

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