

Primary Care Practice Transformation by Integrating Behavioral Health

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Disclosure

Neither Dr. Srinivasan nor Dr. Peters have any relevant financial relationships to disclose.



Objectives

- Present an overview of the iCARE telepsychiatry program at Prisma Health.
- Demonstrate how this model reduces disparities in access to mental healthcare in rural South Carolina.
- Highlight the ability of collaborative care to reduce time from referral to appointment with a psychiatric provider.



iCARE Program Overview

- Improved Care and Provision of Rural Access to Eliminate Health Disparities (iCARE) project.
- Provides psychiatric medication management as well as psychotherapy services within rural FQHCs via telehealth.
- Has served over 13,000 patients in rural SC since 2017.
- Over 1,000,000 miles of travel saved for patients state-wide.



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Prisma Health - Midlands

- Partnerships:
 - John A Martin Primary Health Care Center in Fairfield County.
 - CareSouth Carolina: Chesterfield, Darlington, Dillon, Lee, and Marlboro Counties.
- Adult, geriatric, and child/adolescent psychiatry consultation services, as well as longitudinal psychotherapy services.
- Currently one geriatric psychiatrist, one child and adolescent psychiatrist, one general psychiatrist, one psychiatric nurse practitioner, and one LPC.



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Partner Sites

South Carolina

Three rural definitions based on Census Urban Areas

Rural locations are those outside Census Urban Areas with a population...

...greater than or equal to 2,500

Outside Census Urban Areas \geq 2,500

...greater than or equal to 10,000

Outside Census Urban Areas \geq 2,500

Census Urban Areas: 2,500 - 9,999

...greater than or equal to 50,000

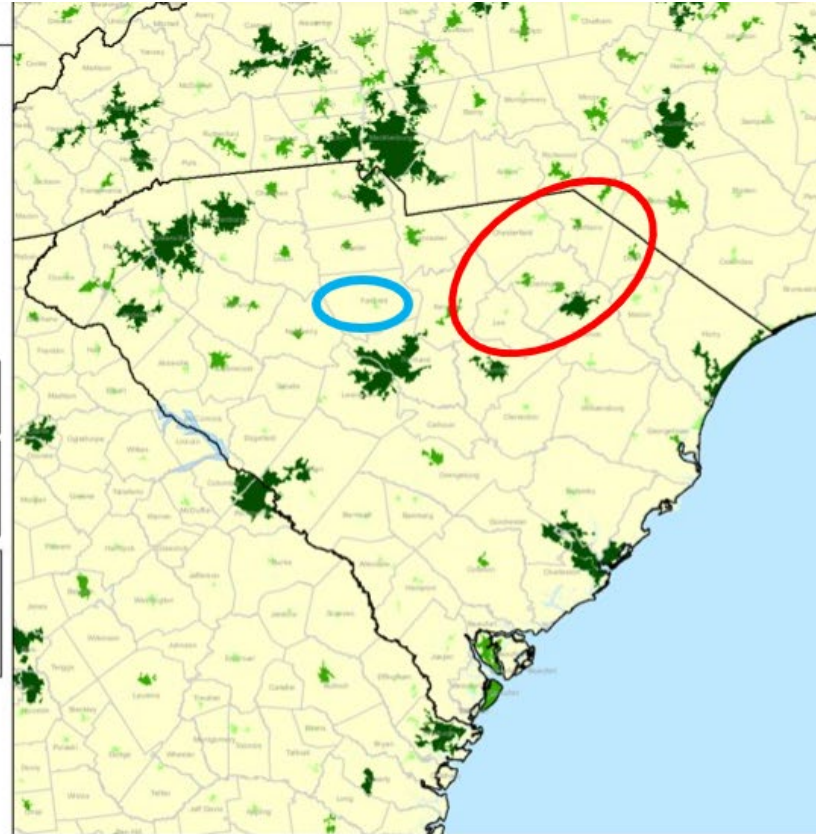
Outside Census Urban Areas \geq 2,500

Census Urban Areas: 2,500 - 9,999

Census Urban Areas: 10,000 - 49,999

Urban locations under all three definitions:

Census Urban Areas: \geq 50,000



- ICARED sites:
- **Care South:**
 - Chesterfield Co. (Cheraw)
 - Darlington Co. (Hartsville, Society Hill)
 - Dillon Co. (Dillon, Lake View, Latta)
 - Lee Co. (Bishopville)
 - Marlboro Co. (McColl, Bennettsville)
- **JAM Center:**
 - Fairfield Co. (Winnsboro)

https://www.ers.usda.gov/webdocs/DataFiles/53180/25595_SC.pdf?v=0 (Accessed October 31, 2022)



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Consultation Services

- Our providers review documentation, lab data, testing etc within the FQHC's EMR.
- Meet with the patient via Vidyo teleconferencing system (in-clinic or in-home) for approximately 1 hour evaluation.
- Consultation report including diagnostic impression, recommendations for further diagnostic testing, and treatment recommendations is faxed to partner site (or viewable in their EMR).

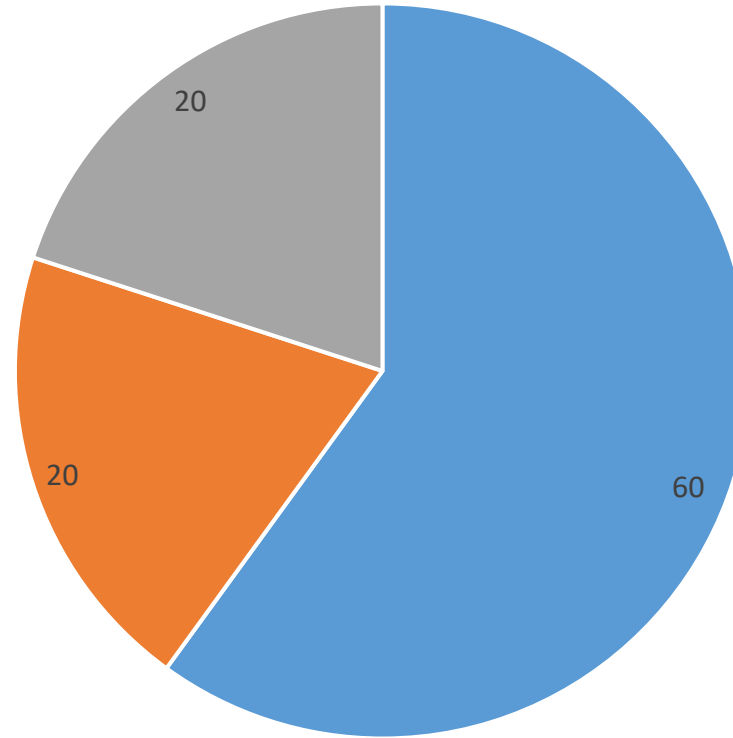


Geriatric Telepsychiatry Consultation

- General Consultation:
 - Patients age 55+
 - General psychiatric conditions (mood, anxiety disorders, psychotic spectrum)
 - Consultative evaluation and management recommendations furnished to referring provider
- Dementia Evaluation Consultation:
 - Patients age 65+ (if <65 years of age, referral should be for cognitive reasons)
 - Referring provider note within 1 month of referral
 - Lab results within past 6 months
 - Medication list
 - Neuroimaging results

Payer Source - 2020-2022 Geriatric Aggregate

Percent



■ Medicare ■ Managed Medicare ■ Medicaid



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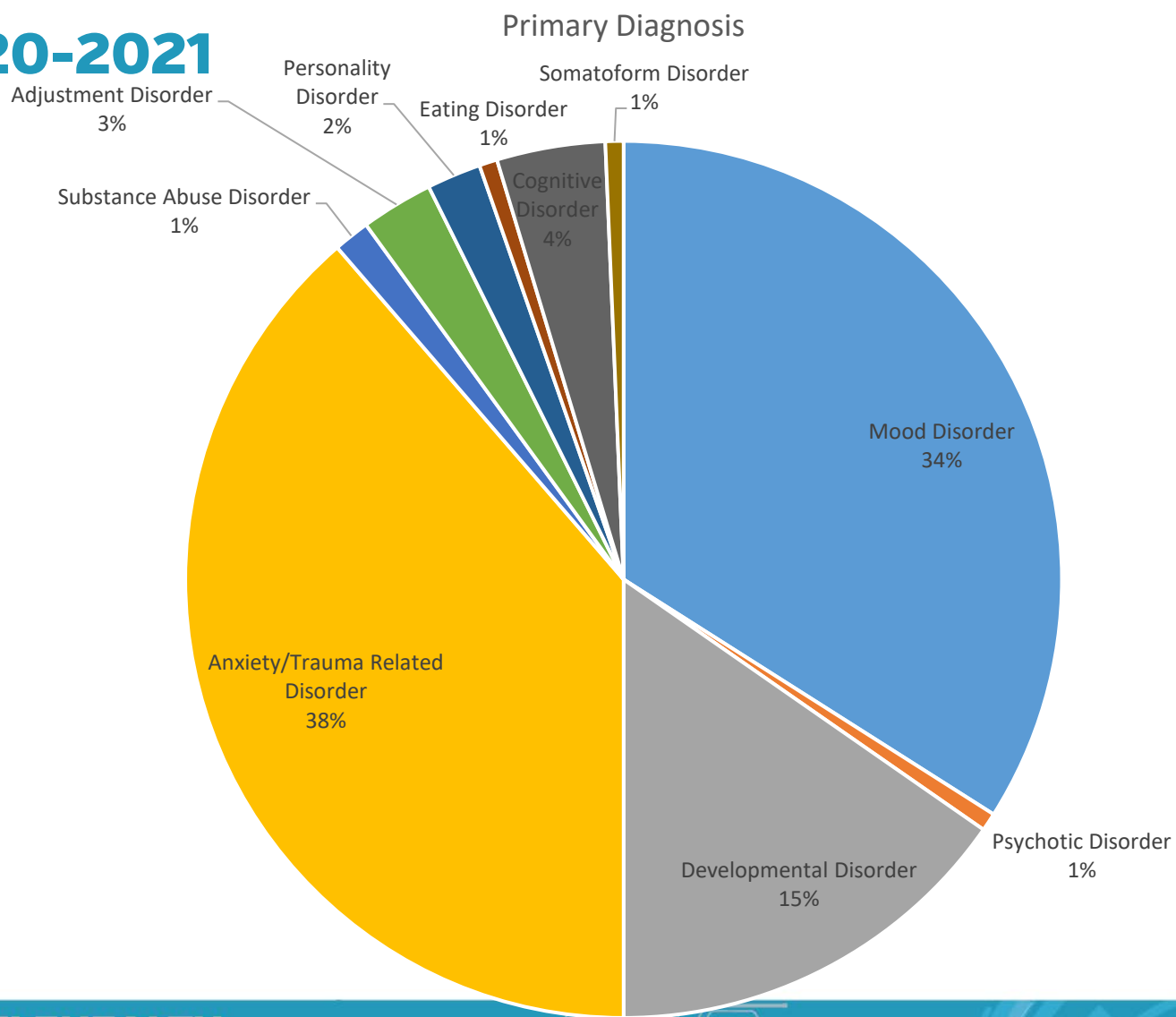
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Child/Adolescent Telepsychiatry Consultation

- All completed in-clinic for safety and quality assurance.
- Video or telephonic peer-to-peer session required prior to assessment of children under 5 years.
- Often have psychological/psychoeducational testing previously completed by on-site psychologist.
- Can re-consult after 6 months after completing peer-to-peer to discuss interval changes/response to recommendations.



Primary Diagnosis – 2020-2021



In-Home: 31%

In Clinic: 69%



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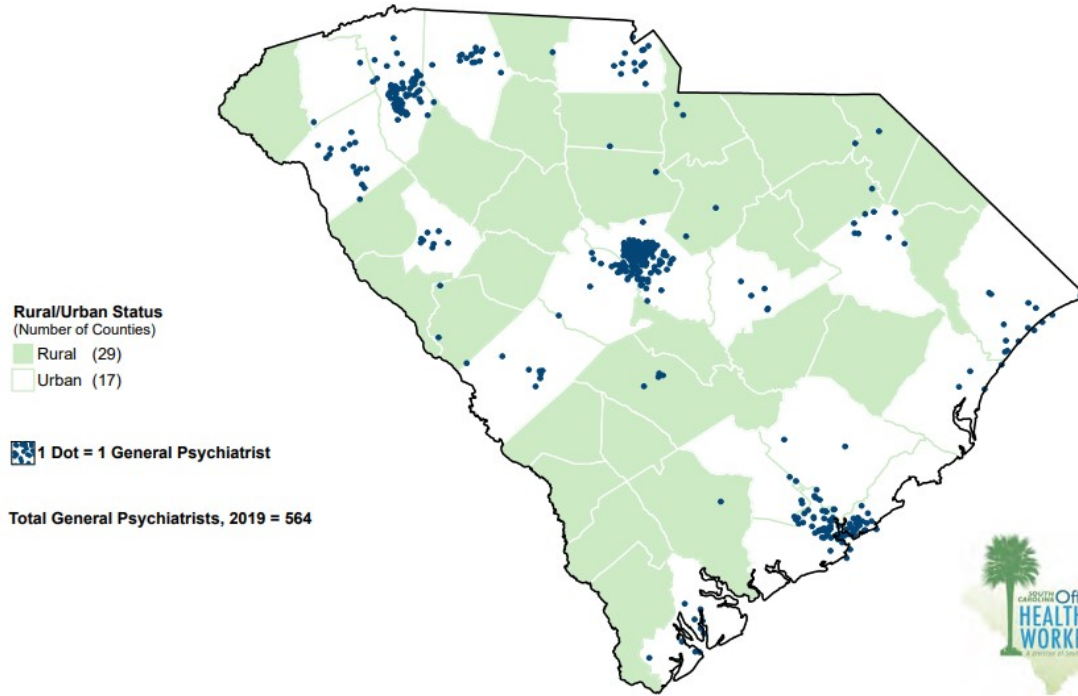
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Access to Mental Healthcare

- Prisma Health Midlands iCARED serves counties with:
 - Minimal psychiatric services
 - High percentage of individuals living in poverty
 - High percentage of older adults (SC 18.6% vs. 16.8 % national)
 - Sizable and historically under-served African American populations
 - Limited access to high-speed internet access



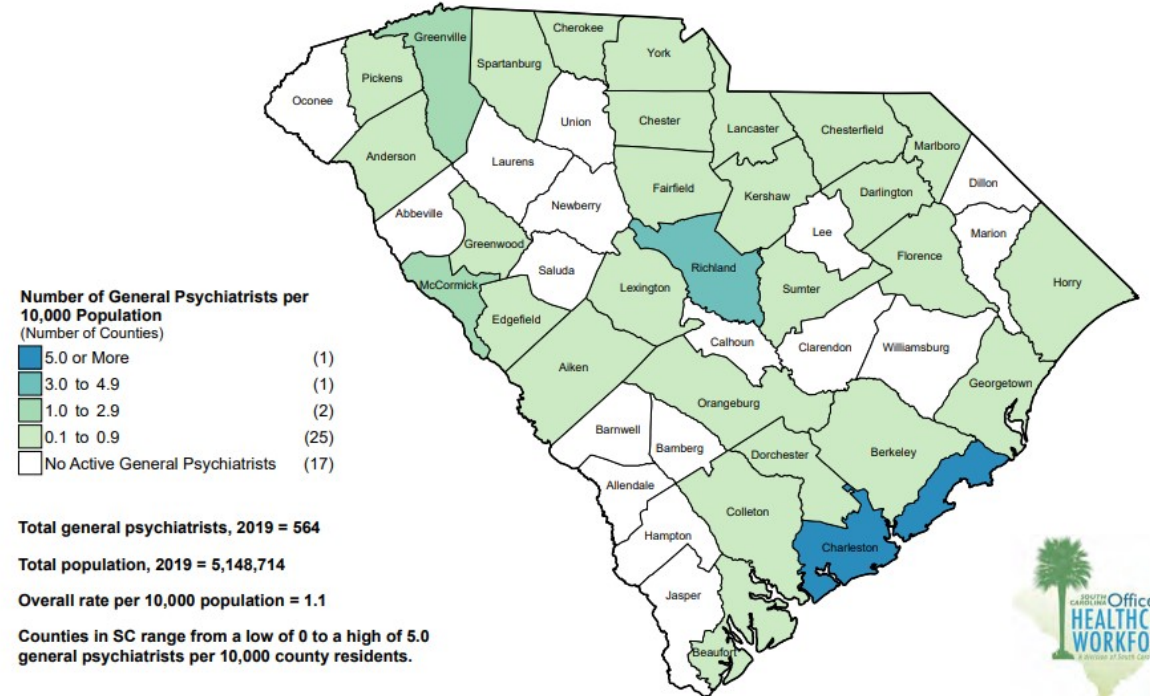
General Psychiatrists by Primary Practice Location South Carolina, 2019



This information is based on all physicians with a primary specialty of psychiatry that have an active license to practice and a primary practice location in a nonfederal setting in South Carolina as of 9/1/2019. Counts are based on self-reported primary practice location and include residents-in-training. Dots are randomly scattered within the zip code area and may not represent the actual street address of the practice. Counts do not include psychiatry sub-specialties.

Source: South Carolina Office for Healthcare Workforce, SC AHEC, with data collected by the SC Department of Labor, Licensing and Regulation and obtained from the Revenue and Fiscal Affairs Office. Rural definition from U.S. Census Bureau, Geography Division, <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural/2010-urban-rural.html>. Rural counties are those counties where 50% or more of the population lives outside an urbanized area, based on the 2010 Census counts.

General Psychiatrists per 10,000 Population South Carolina, 2019



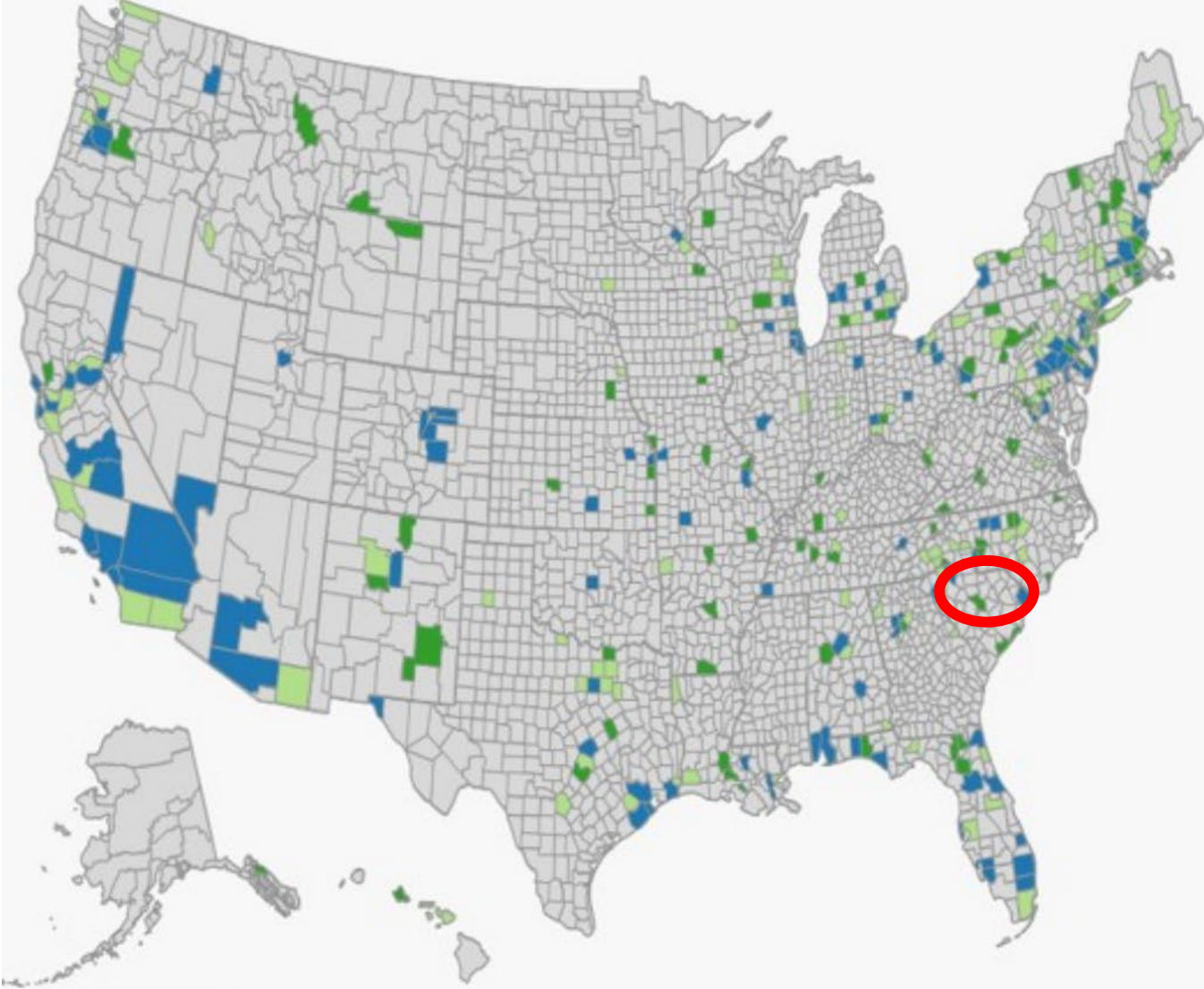
This information is based on all physicians with a primary specialty of psychiatry that have an active license to practice and a primary practice location in a nonfederal setting in South Carolina as of 9/1/2019. Counts are based on self-reported primary practice location and include residents-in-training. Other psychiatry specialties, such as child psychiatry and forensic psychiatry, are excluded from these counts.

Source: South Carolina Office for Healthcare Workforce, SC AHEC, with data collected by the SC Department of Labor, Licensing and Regulation and obtained from the Revenue and Fiscal Affairs Office. Population data (2019) from SCAN, Division of Biostatistics and Health GIS, PHSIS, SCDHEC, https://apps.dhec.sc.gov/Health/SCAN_BDP/tables/populationtable.aspx, retrieved 11/19/2020.

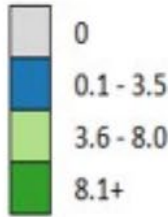
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Geriatric Psychiatrists per
100,000 County Population Aged 65 and Older



Geriatric Psychiatrist Workforce in SC

University of Michigan Behavioral Health Workforce Research Center.
Estimating the Distribution of the U.S. Psychiatric Subspecialist Workforce. Ann Arbor, MI: UMSPH; 2018.

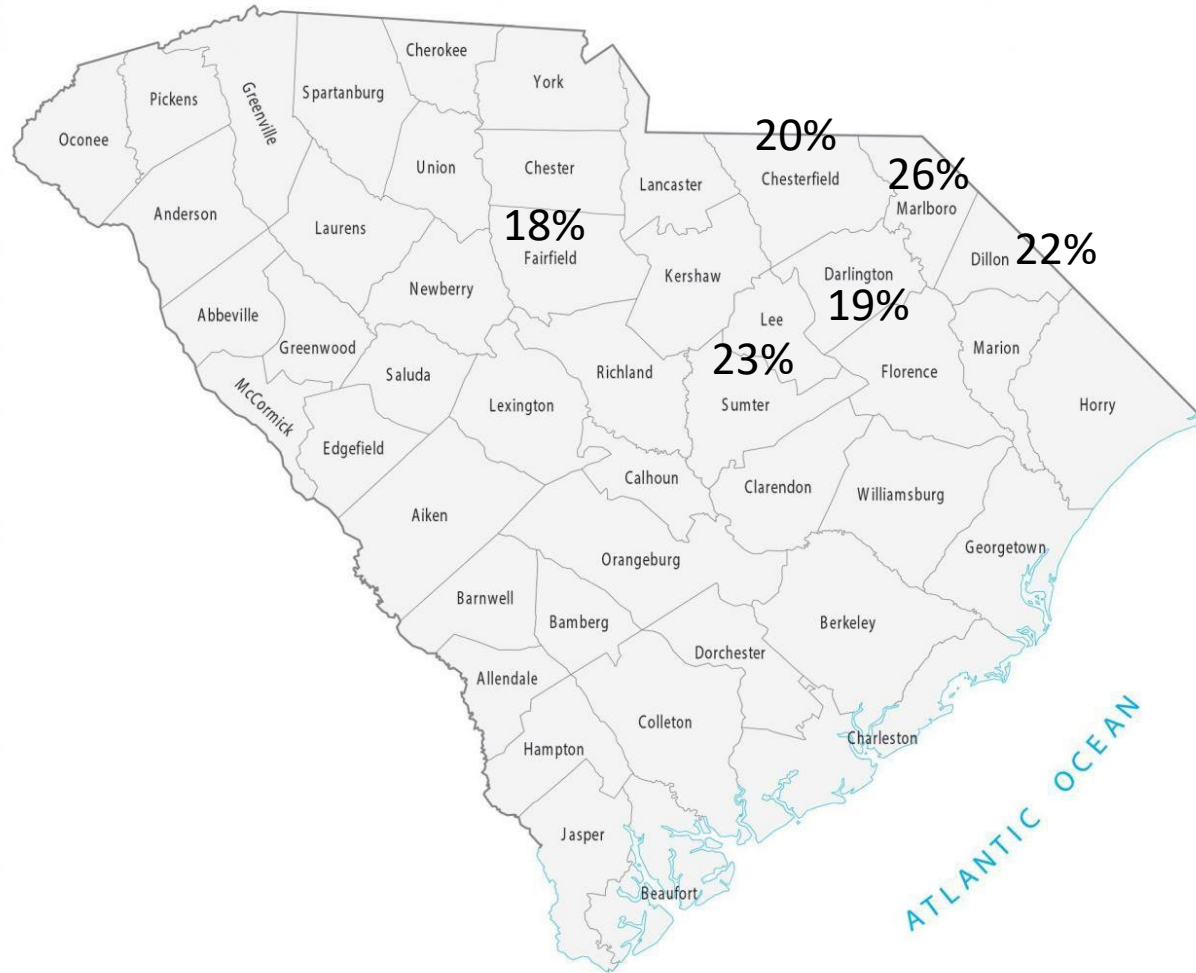


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Individuals Living in Poverty



South Carolina: 14.6%

United States: 11.6%

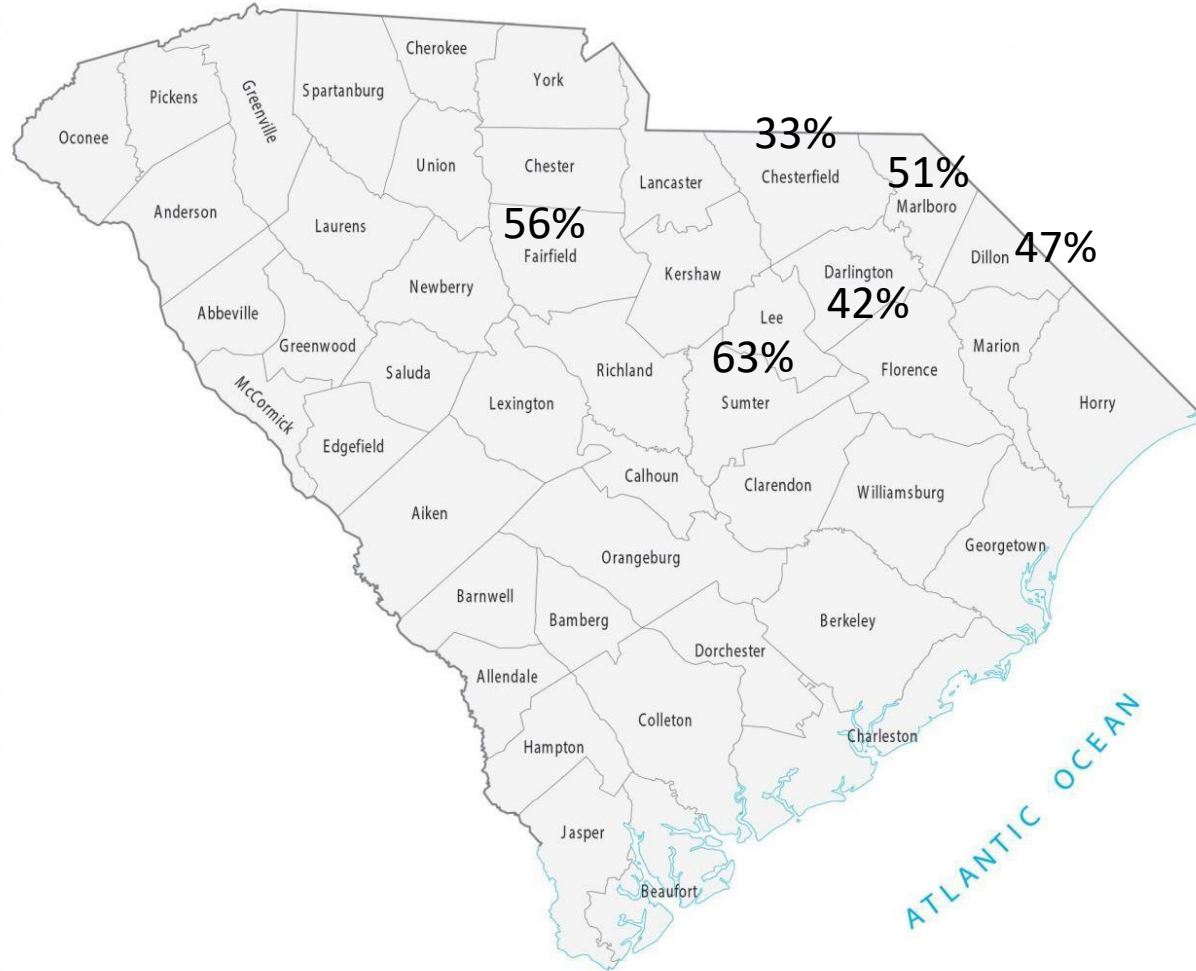


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African American Population



South Carolina: 26.7%

United States: 13.6%

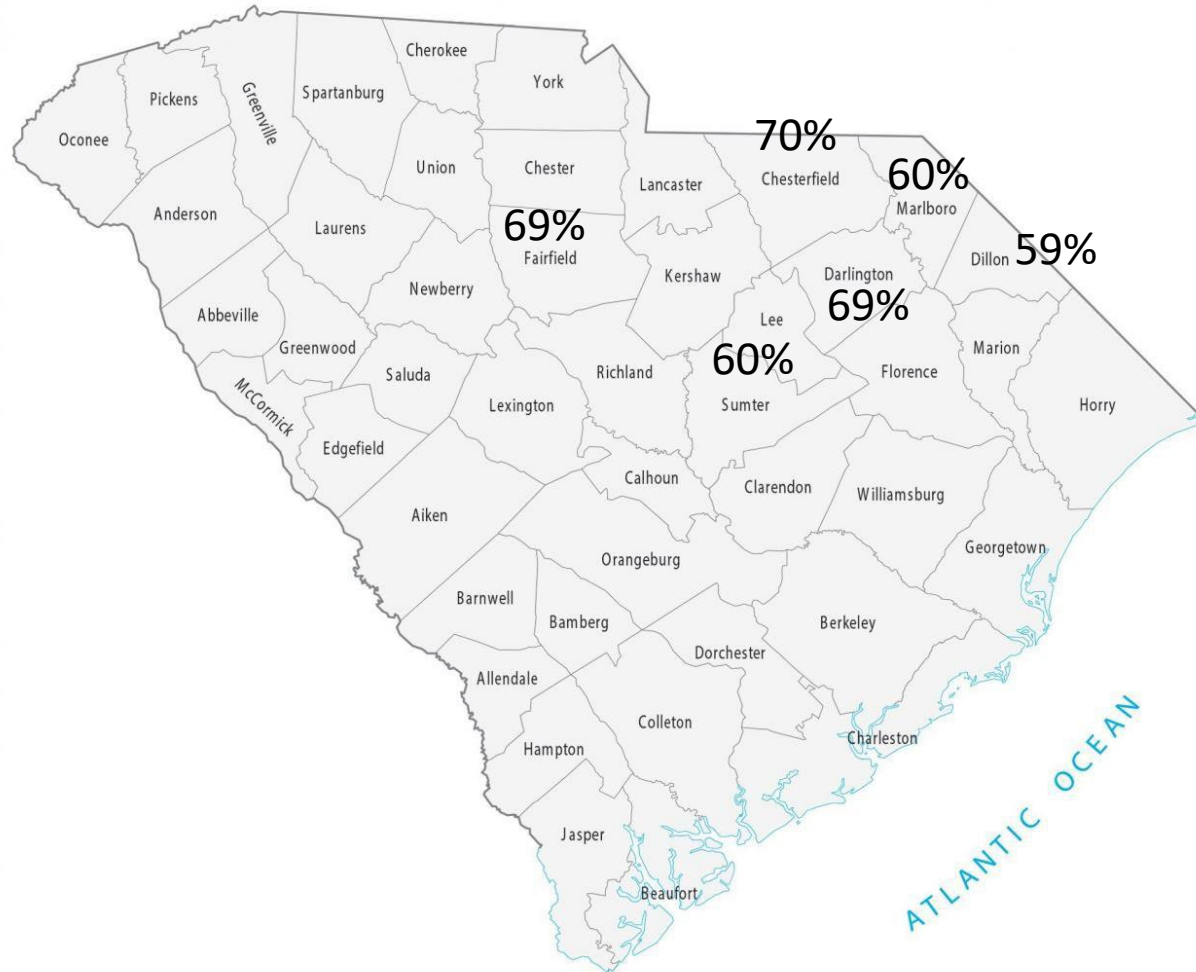


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Homes with Access to Home Broadband Internet



South Carolina: 81.2%

United States: 85.2%



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Referral to Appointment Time

- Malowney et al (2015) indicated around 1 month wait time for first visit with an outpatient psychiatrist.
 - Individuals with private insurance in Boston, Houston, and Chicago.
 - A significant portion of clinicians reached were not taking new patients.
- Lower number of psychiatrists in SC, stress on medical system (and increased pathology) related to Covid-19, and lack of commercial insurance likely paint a more challenging picture for our patients.



Referral to Appointment Time

- iCARE model can provide faster time to appointment given:
 - Limited follow-up appointments
 - Multi-step plan of care provided
 - Flexible scheduling for some providers
 - Utilization of peer-to-peer encounters
- These factors allow for efficient utilization of medical resources, and at times appointments within one week of referral.



References

- University of Michigan Behavioral Health Workforce Research Center. Estimating the Distribution of the U.S. Psychiatric Subspecialist Workforce. Ann Arbor, MI: UMSPH; 2018.
- Malowney, M., Keltz, S., Fischer, D., & Boyd, J. W. (2015). Availability of outpatient care from psychiatrists: A simulated-patient study in three U.S. cities. *Psychiatric Services*, 66(1), 94–96. <https://doi.org/10.1176/appi.ps.201400051>
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Questions?

