

Breaking Barriers, Building Bridges: Behavioral Health Meets Primary Care

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Background

ICARE

The Improved Care and Provision of Rural Access to Eliminate Health Disparities (ICARE) initiative utilizes telehealth or innovative models to expand local subspecialty clinical services, including psychiatry, cardiology, endocrinology, and pulmonology, in rural communities. Since ICARE's implementation in 2017, these subspecialties have served over 13,000 patients and saved over 1,000,000 miles of travel for patients state-wide, delivering services across 32 counties in the Upstate, Midlands, Pee Dee, and Lowcountry Regions.

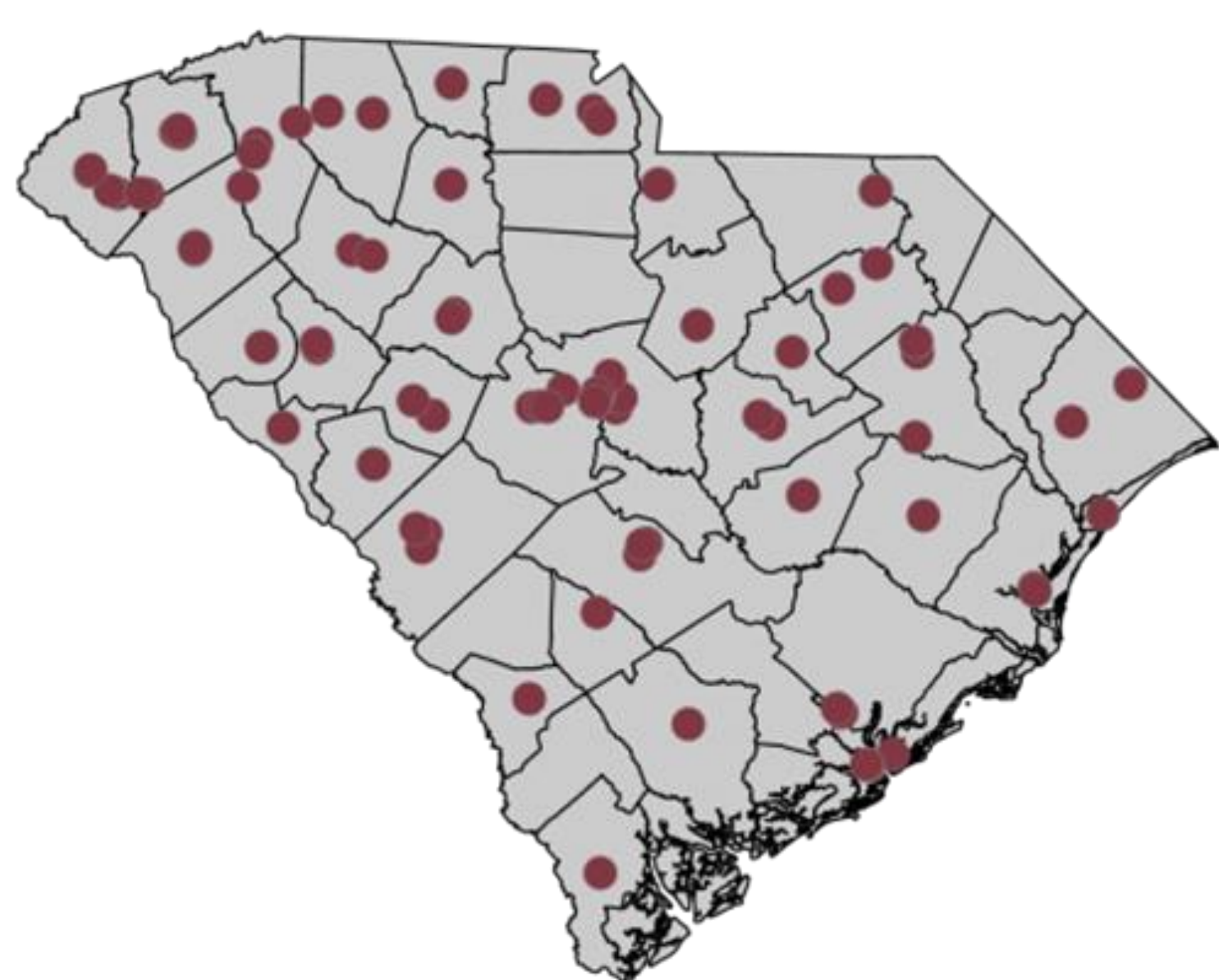
ICARE Psychiatry Services

The focus of this poster is ICARE's psychiatry specialty services. These services are delivered by Prisma Health's Department of Psychiatry. ICARE Psychiatry serves seven clinics providing evaluation, medication management, psychotherapy, and provider consultation within rural FQHCs.

Objectives

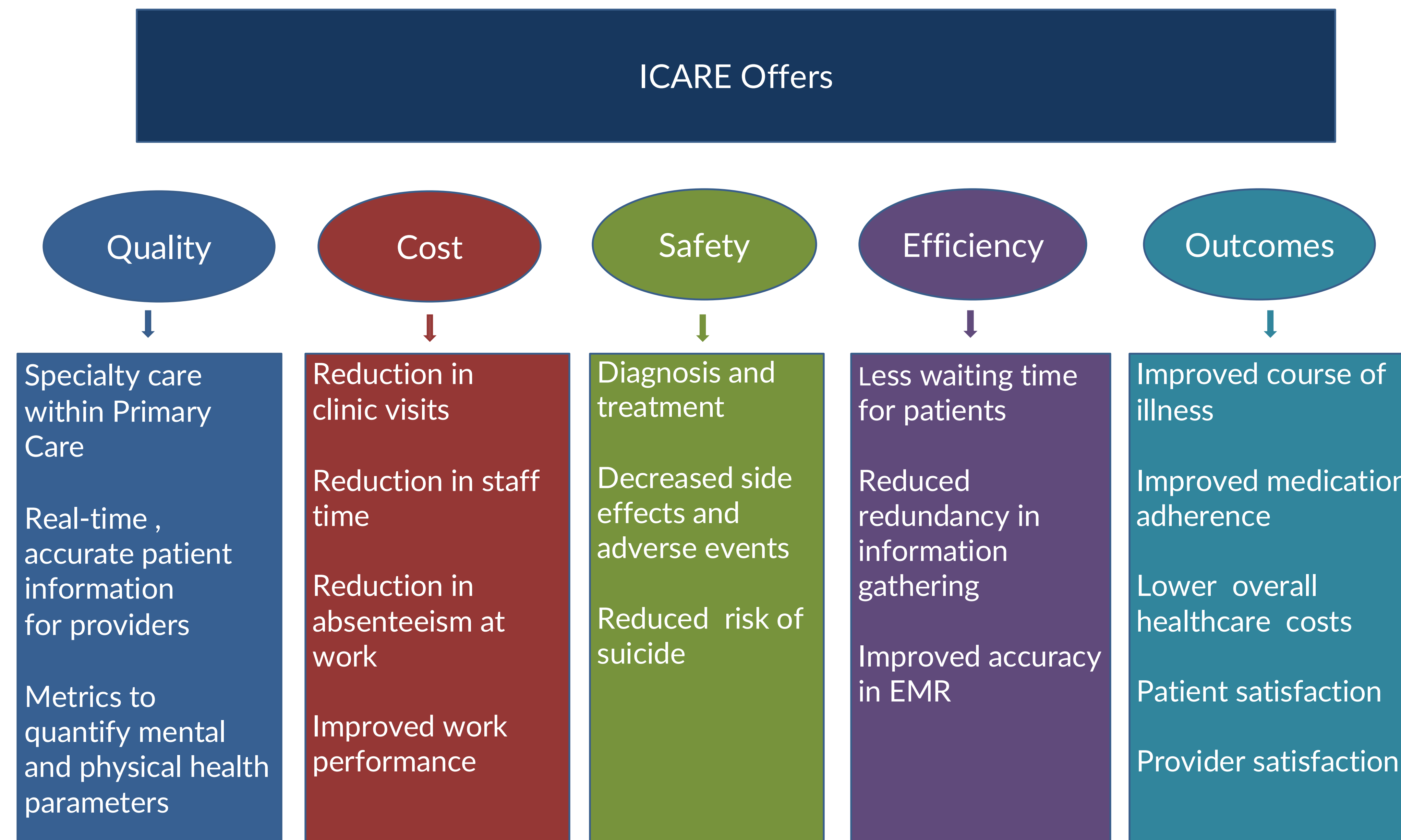
- Describe an overview of the broader ICARE program with a focus on the tele-psychiatry program provided by Prisma Health
- Identify the evolution of ICARE and describe the collaborative process needed to make each visit possible
- Demonstrate how this model reduces disparities in access to mental healthcare in rural South Carolina

Map of Active ICARE Projects

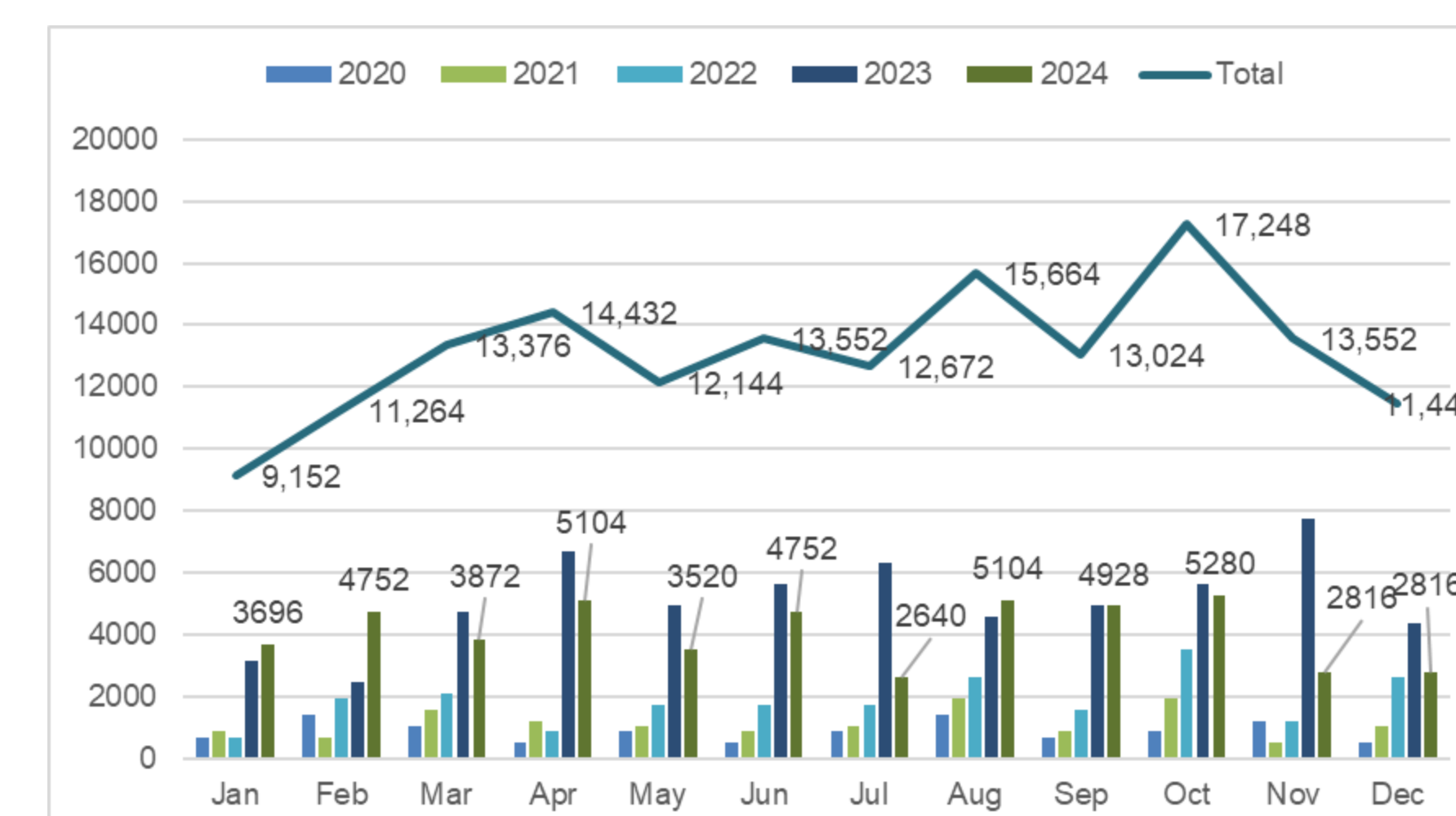


Center for Rural and Primary Healthcare. ICARE.
<https://www.scruralhealth.org/icare>

ICARE Access and Value



Miles Avoided



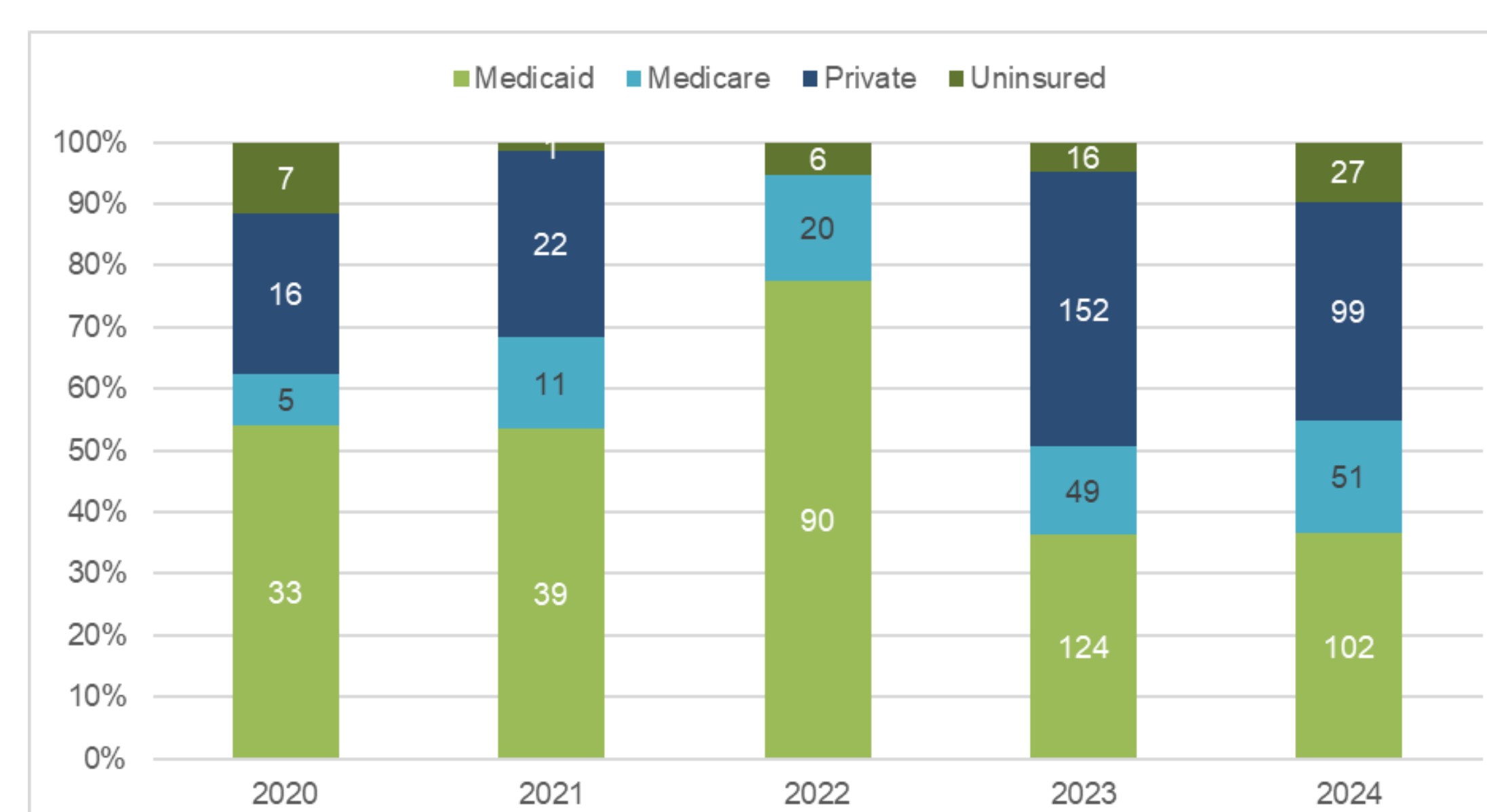
Between 2020 and 2024, ICARE program helped rural South Carolinians avoid 157,520 miles of travel for psychiatry care.

ICARE Visit Location



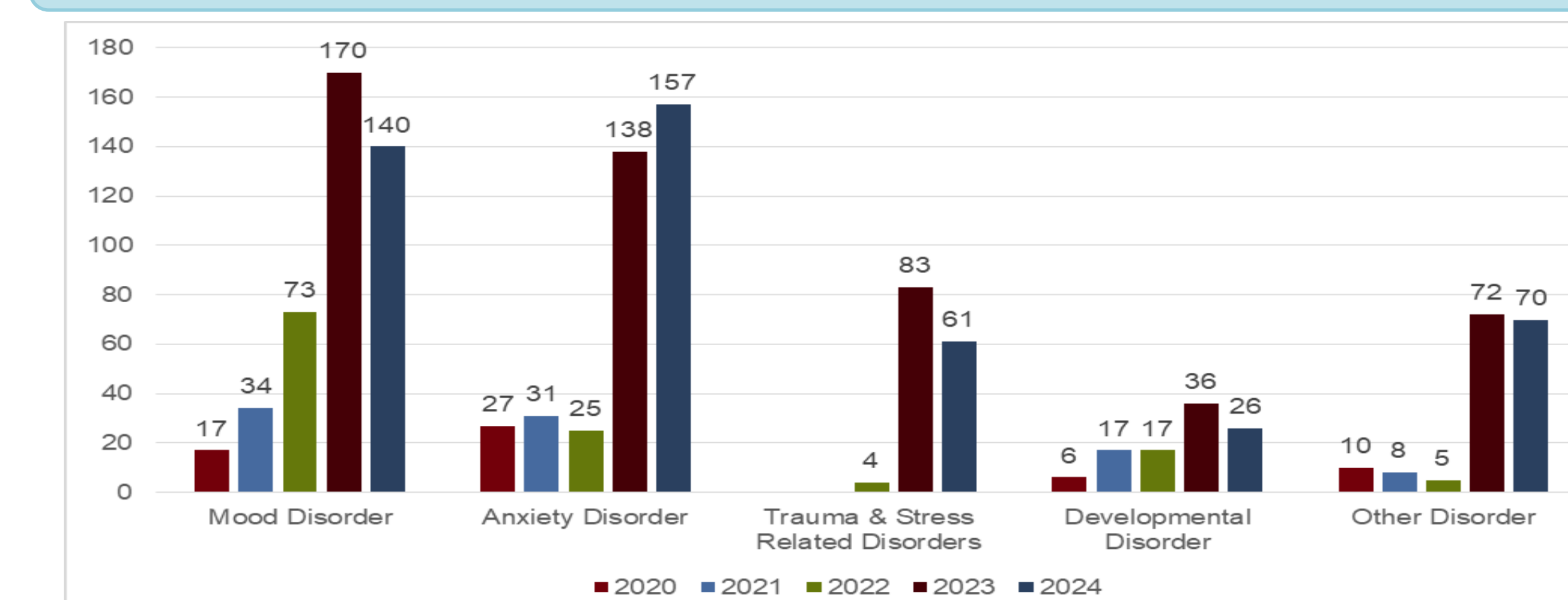
Almost one-third (27%) of ICARE psychiatry patients were seen at home in 2024.

Insurance Types



More than half of patients have Medicaid or Medicare. Some are privately insured. A small number are uninsured.

Diagnoses (Patients may have multiple diagnoses.)



Primary diagnoses: mood disorders (35%), anxiety disorders (31%), trauma & stress related (13%), and neurodevelopmental disorder (6%). Other diagnoses (15%) include psychotic disorders, substance use disorders, adjustment disorders, personality disorders, eating disorders, neurocognitive disorders, somatoform disorders, impulse-control and conduct disorders, obsessive-compulsive and related disorders, and gender dysphoria.

Consultation Services

- Providers review documentation, lab data, testing, etc., within FQHC's EMR.
- Meet with patients via Vidyo teleconferencing system (in-clinic or in-home) for a 60 to 90-minute evaluation.
- Consultation reports including diagnostic impressions, recommendations for further diagnostic testing, and treatment recommendations are entered into the EMR or faxed to partner site.
- Providers at FQHC may opt to schedule peer-to-peer meetings to discuss findings or ask questions upon request.

Program Outcomes

ICARE Psychiatry has demonstrated ability to serve individuals with a variety of psychiatric diagnoses while improving access to care in underserved SC communities.

Over the past five-year period (January 2020 through December 2024):

- 1,436 rural patients were scheduled
- 895 patients were seen
- Patients avoided over 157,000 miles
- ICARE Psychiatry expanded from 1 site to 7
- Service volume increased more than 300%
- Growth represents program's capacity to increase access to quality care
- Majority of patients had public insurance (Medicare and Medicaid)
- Almost 1/3 of patients were seen at home
- Primary diagnoses were anxiety and mood disorders

Future Considerations

Continuing to expand our services in terms of locations and providers will allow ICARE to reach a greater number of patients in underserved SC communities.

The authors have no conflicts to disclose.