Telepsychiatry program provides rapid mental health evaluation and referral for treatment among adults with mild-to-moderate mental health symptoms

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| Challenge | **Demand for mental health services among KPNC members is high and continues to increase, which may exceed current services capacity within KPNC. Strategies for addressing the mental health needs of members with mild-to-moderate symptoms are needed.** |
| Existing Evidence | Since the inception of the Connect 2 Care (C2C) telepsychiatry center in June 2018, timely access from initial referral for mental health services to non-physician mental health evaluation has consistently remained above 80%; patients referred to C2C are often able to meet with a C2C initial assessment coordinator (IAC) within 0-3 days. |
| Target Population | Adult KPNC members with mild-to-moderate psychiatric symptoms, who comprise the majority of KPNC patients with psychiatric symptoms. |
| Intervention or Exposure | Initial psychiatric assessment and referral to services through the C2C center or within the member’s local mental health department between June 2018 and February 2020. |
| **Outcomes/Key Findings** | **Among 35,242 members referred to C2C, 49% and 22% received a depression-related and anxiety-related diagnosis, respectively; 83% received a clinical referral (e.g., individual therapy) and 44% received *only* a clinical referral (i.e., no non-clinical referral such as behavioral health education).** C2C patients, compared to non-C2C patients, were more likely to be female, younger (aged 18-39, vs. older age groups), Asian, higher income, have fewer medical comorbidities, and were more frequently diagnosed with depression. Among members referred to C2C, the odds of receiving a clinical referral were highest among C2C patients with depression, anxiety, substance-use, and trauma-related diagnoses, followed by adjustment disorders. |
| **Resulting Action/Change** | **Results were presented to TPMG Regional Mental Health leaders and will be considered for modifications of C2C. Findings also informed development of a successful Physician Researcher Program proposal.** |
| Additional Recommendations | Subsequent studies will address C2C stakeholder perspectives and member service use following referral to C2C. |
| Implementation Tools | Modifications of the C2C program including, for instance: standardization of referral to C2C from local mental health departments; refinement of referrals from C2C by IACs; enhancement of non-clinical referral options. |
| Implementation Measurement | Mental health and all-cause service use; patient-reported outcomes (e.g., psychiatric symptom severity self-report). |
| Reference | Types of referrals among C2C adult patients between 6/1/2018 to 2/29/2020 (n=35,242) |