



# Videoconference Hybrid Care

## General Practitioner + Psychiatrist + e-health

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# Mental health in Australia....the elephant in the room

**1 in 5**  
people will  
suffer a  
mental illness  
each year

**65%**  
People don't  
obtain  
treatment

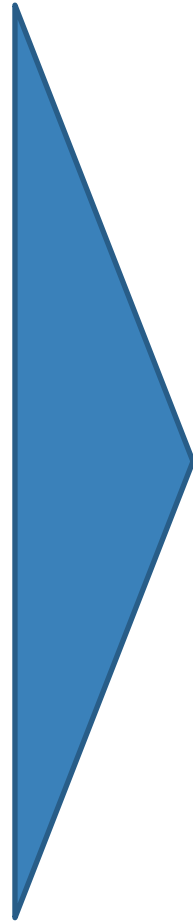
**Largest**  
Cause  
disability by  
2020 (MI &SA)



**Need for better integration of Psychiatric care into the Primary Health setting**  
*Supported by American College of Physicians*

## Advantages of Hybrid (Integrated Care)

- ⦿ Physical & Behavioural Care Simultaneously
- ⦿ Non-traditional location
- ⦿ Structured Treatment Plan
- ⦿ Scheduled Follow-up
- ⦿ Relationship with GP/nurse



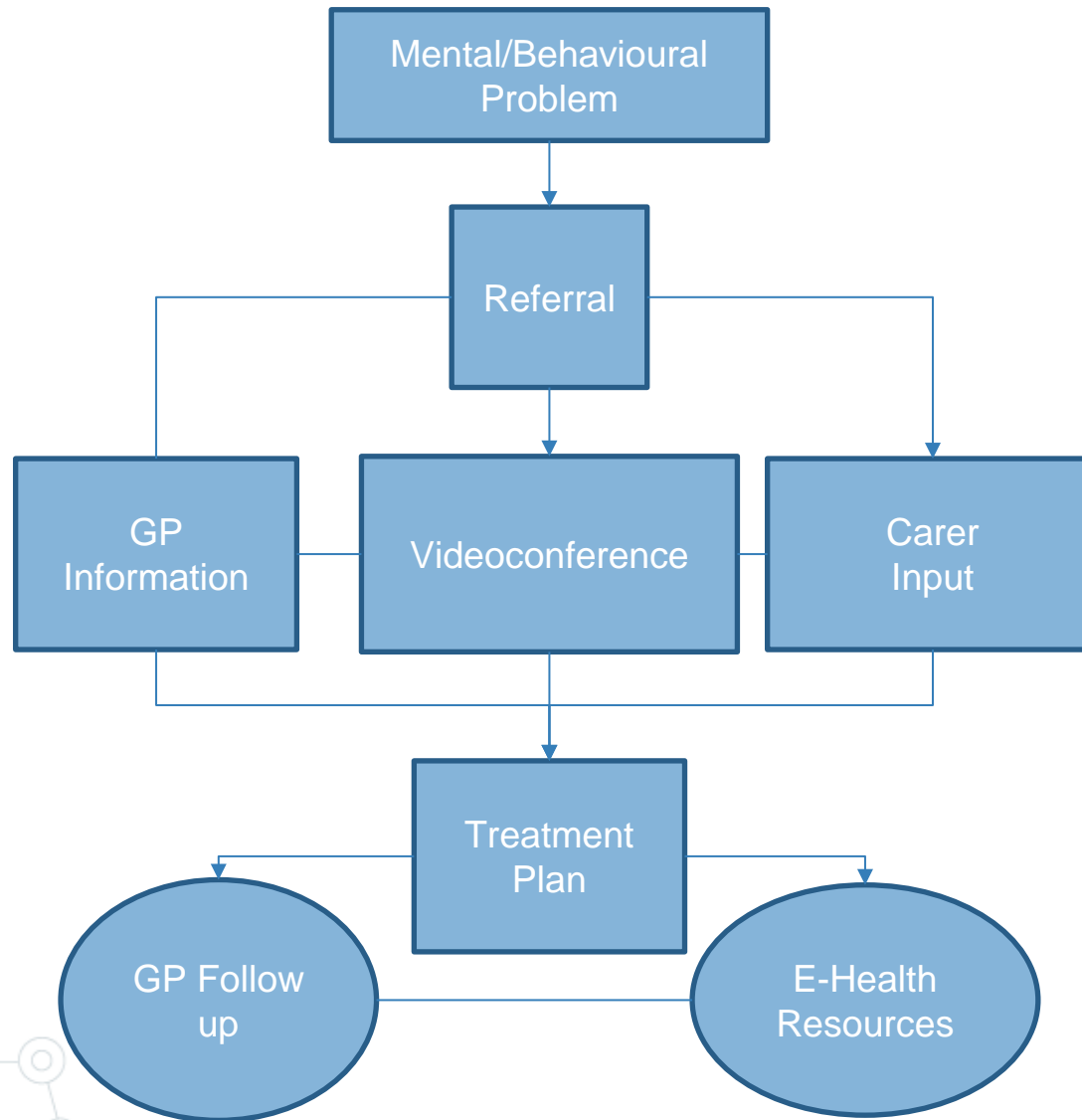
- ⦿ Better detection of illness
- ⦿ Improved health outcomes
- ⦿ Better patient experience
- ⦿ Better value for health spending

## Purpose of referral

- ⦿ Mental Disorders
- ⦿ Substance abuse
- ⦿ Behavioural Disorders
  - obesity
  - eating disorders
  - social isolation
- ⦿ Traditional treatment – new & existing patients
- ⦿ Assessment for admission
- ⦿ Day hospital assessments
- ⦿ Occupational and Medico-legal
- ⦿ In-patient consultations (second opinions)
- ⦿ Post discharge follow up

**Many Psychiatric conditions are suitable for treatment via video conference**

# The Hybrid -Videoconference Model



## **TABLE 4–3.** Behavioral health provider (BHP) schedule: who will I see today?

### **Patients...**

With a scheduled BHP follow-up appointment

Who require depression follow-up, medication information, repeat Patient Health Questionnaire –9, assessment of response to treatment

Who are considered high risk, such as prenatal, recently discharged from the hospital, with complex psychosocial needs, with an uncontrolled medical condition

Who the care team has a hunch would benefit from a behavioral health assessment

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## Advantages of Virtual Space

### ⊙ Patient receives insight with GP support

- Psychiatrist and GP play “good cop bad cop”
- Psychiatrist more direct

### ⊙ Anonymity of the videoconference

- Small communities
- Young men/professionals/VIPs prefer the distance

### ⊙ Patients more open and willing to disclose

## Barriers to Collaborative Care

### ⊙ Facility Impediments

- Space; Internet; Hardware

### ⊙ Financial Impediments

- Practice & Patient

### ⊙ Coordination Barrier

### ⊙ Security/legal concerns

### ⊙ Simple, easy to use system

### ⊙ Affordable for patient; MBS items for GPs

### ⊙ Infrastructure supporting virtual practice

### ⊙ Secure system developed for telehealth



## Clinician Concerns

- ◎ Psychiatrists concerned they will miss subtle cues
- ◎ Engaging the patient and showing empathy may be more difficult
- ◎ Accepting specialists assistance, will the GP be diminished?

**Videoconferencing shown to be as effective as face to face consultations**

*Drago et al 2016*

**Demonstrated to be effective in Court Mandated Assessments in Western Australia**

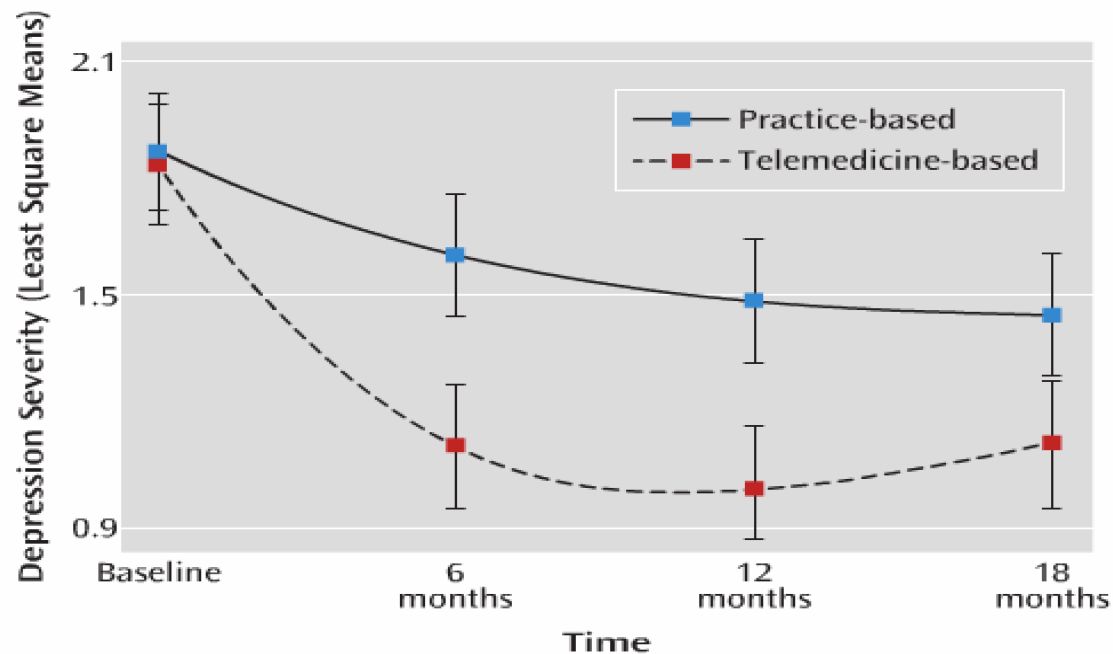
*Brett et al 2015*

# Depression Treatment Face to Face vs. Videoconferencing

Practice-Based Versus Telemedicine-Based Collaborative Care for Depression in Rural Federally Qualified Health Centers: A Pragmatic Randomized Comparative Effectiveness Trial

FORTNEY, PYNE, MOUDEN, ET AL.

**FIGURE 1. Adjusted Depression Severity Scores for Patients Receiving Practice-Based or Telemedicine-Based Collaborative Care<sup>a</sup>**



<sup>a</sup> The graph shows least square means of scores on the Hopkins Symptom Checklist. Least square means, or marginal means, are the estimated group means controlling for the covariates, which are held constant at their mean values. Error bars indicate 95% confidence intervals.

## Telehealth effectiveness

“VA telemedicine initiatives have reduced bed days by 56 percent, reduced readmissions by 32 percent, and **decreased total psychiatric admissions by 35 percent**, Shulkin said. User satisfaction scores are also high, up around **89 percent**”

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# How telemedicine is helping the VA address its access crisis

By **Jonah Comstock** | May 17, 2016

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The Department of Veterans Affairs has had a rough couple of years. The year 2014 saw **the VA come under fire** for an inefficient system that left tens of thousands of patients facing long waits for care with some even dying as a result.

The silver lining of this crisis, Under Secretary for Health and VA Chief Executive Dr. David Shulkin said at the American Telemedicine Association annual conference yesterday, is that it has pushed the VA into exploring new avenues to provide veterans with care including, increasingly, telemedicine options.

“One of the good things about crisis is that it does give you a sense of clarity,” Shulkin said in his plenary address. “And so in response to this access crisis we’ve recently released what we look at as our Declaration of Independence, what we call



## Patient Satisfaction

◎ High satisfaction rates across specialities from Psychiatry to Surgery (Hilty et al 2013).

◎ Explanations include:

- High Eye contact in Telemedicine
- Reduced Patient Anxiety –Close to home, familiar surroundings, supportive GP
- Reduced power differential, patient is not in the specialists' clinic
- Ability to “switch off” a conflictual consultation without being confronted by reception staff etc



## Recent references

© FORTNEY, J. C., PYNE, J., DINESH & HUDSON, T. 2013. Practice-Based Versus Telemedicine-Based Collaborative Care for Depression in Rural Federally Qualified Health Centers: A Pragmatic Randomized Comparative Effectiveness Trial. *American journal of Psychiatry*, 170.

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