Promoting Assessment and Management of Depression in Rural Communities Through Telehealth

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PURPOSE

- A South Florida Federally Qualified Community Health Center (FQCHC) in a rural community identified a need to provide psychiatric care for patients with depression.
- **January 2017**- start of a telehealth psychiatric service
- **January 2018- May 2018**- no referrals sent to the telehealth service.
- Need to promote awareness and utilization of the telehealth service in rural communities.

CLINICAL QUESTION: In adults with depression living in the rural community, how does education on referral to the telehealth psychiatric program compared to no education affect awareness and utilization within 3 months?

BACKGROUND ON DEPRESSION

- One of the leading causes of disability and suicidal deaths in the U.S.
- Affects individuals emotionally, physically, management of chronic diseases and outlook on life.
- 44% are managed by a professional
- High prevalence in females, aged 18-25, & American Indian or Alaskan Native.
- In the year 2016, 14.2% of people in Florida were diagnosed with depression.
    - 7.6% residences of Port St. Lucie
    - 17% of residences of Okeechobee
    - Union County had the highest rate of 28.4%

(American Foundation for Suicide Prevention,2018; Healthy People, 2017; National Institute of Mental Health [NIMH], 2017; Anxiety and Depression Association of America [ADAA], 2016; Florida Department of Health, 2018)

LITERATURE REVIEW: DEPRESSION IN RURAL COMMUNITIES

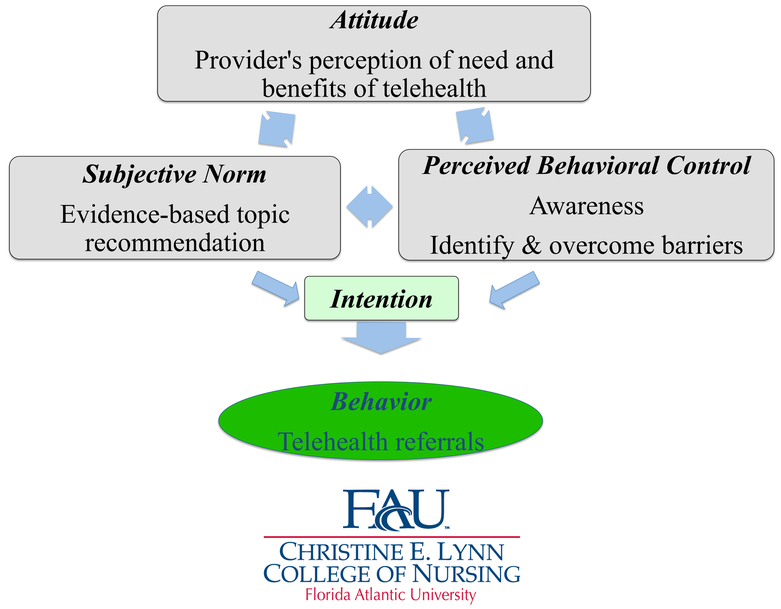
- Fear and stigma associated with mental illness.
- Shortage of mental healthcare providers.
- Limited access to nearby mental health centers.
- Long waiting period for an appointment.
- Patients often have to travel out of town or avoid care.
- There is a need to implement telehealth programs.
- **Educating providers and other staff is key factor for increasing use of telehealth services.**

(Chan, Parish, & Yellowlees, 2015; Dautovich, Shoji, Stripling, & Dzierzewski, 2014).

INTERVENTION

- 30-minute group education session "Tele-to-Me" with the Medical Assistants (MA), Nurse Practitioner (NP), and Doctors (MD) of a rural clinic.
- Participants received a survey prior and 3 months after education session to determine attitude about depression and use of telehealth.
- Review patient's charts to determine if referral to the telehealth psych program increased.

Theory of Planned Behavior (TPB) by Icek Ajzen



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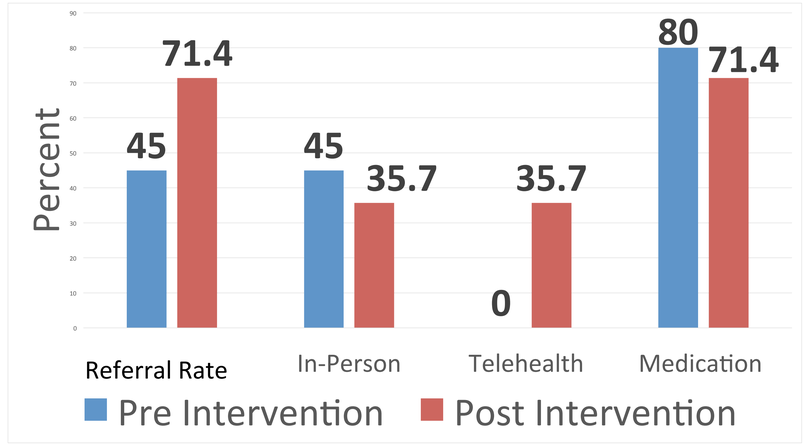
RESULTS

- 75% of MA, NP, & MD participated in the education session.
- 100% demonstrated awareness of the purpose of the telehealth service.
- Telehealth referrals increased from 0% prior to the intervention (March to May 2018) to 35.7% after the intervention (June-August 2018) resulting in a statistically significant improvement [$\chi2(1)=8.37$, $p=.007$].
- The overall referral rate (both telehealth and in-person psych) increased from 45% to 71.4%, [$\chi2(1)=2.33$, $p=.064$].
- **Providers were 1.6 times more likely to send a referral after the "Tele-to-Me" educational intervention**.



KEY BARRIERS & RECOMMENDATIONS

- Patient reluctance identified as key barriers to telehealth service.
- Limit in insurance reimbursement.
- Miscommunication with FQCHC & the telehealth company
- Educate patients about telehealth.
- Evaluates the telehealth service from the perspective of the patient.