

Rural Behavioral Health and the Role of Telehealth

Mahana Chang, Psy.D.
I Ola Lāhui, Inc.

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Objectives

- Background of I Ola Lāhui, Inc.
 - Rural Hawai'i Behavioral Health Training Program
- Rural behavioral health disparities
- Brief review of behavioral telehealth research
- Lessons learned from a pilot program utilizing on-line care
- Recommendations for behavioral telehealth in rural areas

I Ola Lāhui: Our Mission

- The I Ola Lāhui mission is to provide culturally-minded evidence-based behavioral health care that is responsive to the needs of medically underserved and predominantly Native Hawaiian rural communities.
- Goal is to increase access to needed health care services through direct service and training, and conduct research to determine effectiveness of the interventions provided

I Ola Lāhui: 4 Branches of Service

- Behavioral Health Training Program
 - Practicum, Internship, Post-doc
- Research and Evaluation
- Direct Service
- Consultation and Advocacy

I Ola Lāhui: Strategies to address provider shortage

- IOL training program
- Licensed providers in rural areas
- Partnering with community agencies

I Ola Lāhui: Our Training Goal

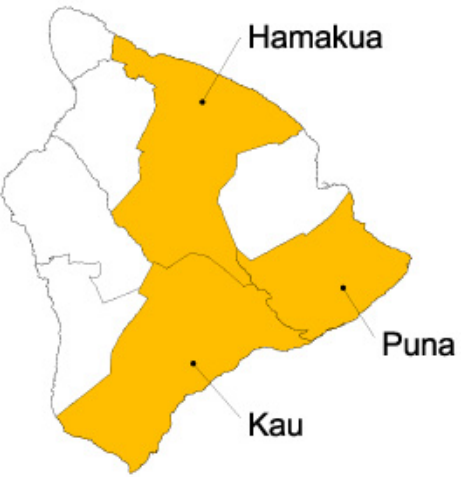
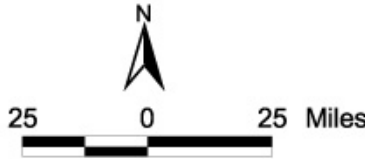
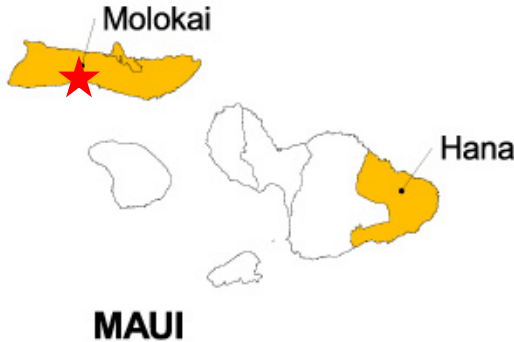
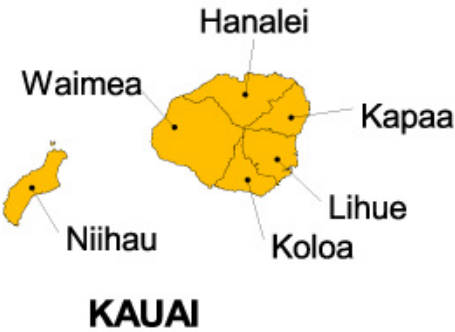
“to *increase capacity* to address the growing mental and behavioral health care needs of rural Hawai’i through training in behavioral health care and chronic disease management, psychopharmacology, traditional mental health concerns such as anxiety and mood disorders and substance abuse, and *the integration of cultural and community-based perspectives and approaches in program development, implementation, and the evaluative processes*”

I Ola Lāhui: Our Aims

- To provide *training* to pre-doctoral psychology interns and post-doctoral fellows in biopsychosocial-cultural assessment and evidence based interventions for use in Hawai'i's rural and medically underserved communities.
- To provide culturally-minded, evidence-based behavioral *health care* that is responsive to the needs of medically underserved and predominantly Native Hawaiian rural communities.

Total sessions: 1080
 Total patients seen: 322
 66% Native Hawaiian (214)

STATE OF HAWAII



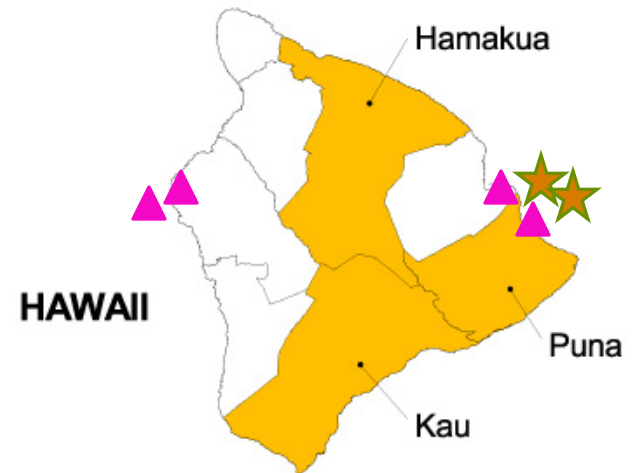
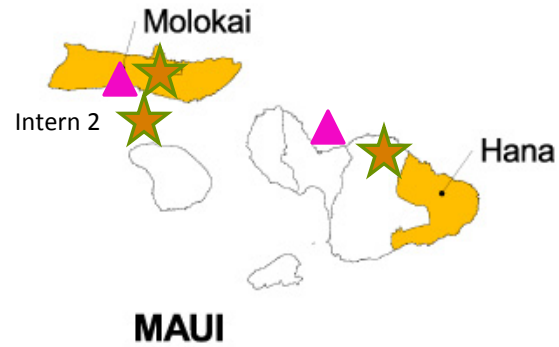
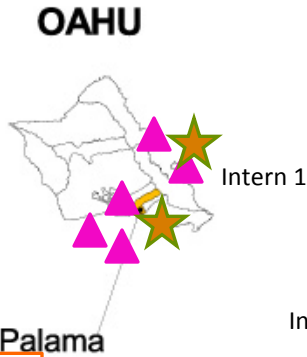
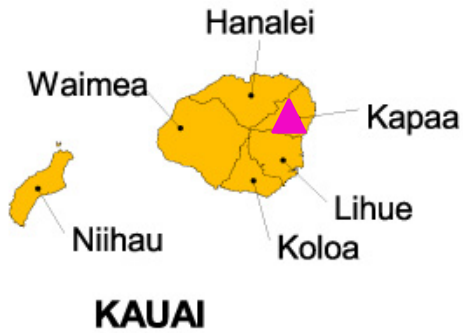
I Ola Lāhui Trainees and Sites

- ★ 2007-2008
- ★ 2008-2009
- ★ 2009-2010
- ▲ IOL trained psychologist hired

Map 4 - Location of Federally Designated Primary Care HPSAs

Total sessions: 5048
 Total patients seen: 3339
 (as of August 30, 2014)

STATE OF HAWAII



I Ola Lāhui Trainees and Sites

- ★ 2007-2008
- ★ 2008-2009
- ★ 2009-2010
- ★ 2010-2011
- ★ 2011-2012
- ★ 2012-2013
- ★ 2013-2014
- ★ IOL trained psychologist
- ▲ hired

Map 4 - Location of Federally Designated Primary Care HPSAs

I Ola Lāhui: 2014-2015 Training Class

- 2 practicum students
- 4 pre-doctoral interns
- 3 post-doctoral fellows
 - Waimānalo Health Center
 - Nā Pu'uwai Native Hawaiian Health Care Systems Clinic
 - IOL/Hilo Island Family Health Center
- APA Accreditation for Internship through December 2017

I Ola Lahui: Patient Stats

Patient Demographics		
Total number of patients		3,291
Total number of patient encounters		12,387
Average number of sessions		3.96
Sex	Female	1,584 (58.2%)
Age	Average	38.82 (SD = 17.11)
Ethnicity	Native Hawaiian	944 (38.9%)
	African American	58 (2.4%)
	Caucasian	884 (36.4%)
	Asian	291 (12.4%)
	Other Pacific Islander	55 (2.3%)
	Other	196 (8.0%)

I Ola Lāhui: Clinical Settings

- Native Hawaiian Health Care Systems
 - Na Pu'uwai (Molokai)
 - Ho'ola Lāhui (Kaua'i)
- Federally Qualified Community Health Centers (CHCs)
 - 6 islands (O'ahu, Maui, Moloka'i, Lāna'i, Hawai'i island, Kaua'i)
- Clinics
 - Hilo Medical Center (Hilo)
- Community Organizations
 - Healthways (Hilo)

Rural Behavioral Health: Treatment Disparities

- 60% of rural America is underserved for behavioral health
- More than 85% of the nation's behavioral health shortage is in rural areas
- Less likely to receive BH services, and more likely to receive general medical care

Source: U. S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy, June 2011

Rural Behavioral Health: Health Disparities

- Higher rates of preventable conditions
 - Obesity
 - Diabetes
 - Cancer
 - Injury
- Higher rates of related high-risk health behaviors
 - Smoking
 - Physical inactivity
 - Poor diet

Source: U. S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy, June 2011

Native Hawaiian Health Disparities

- Health
 - Obesity, Diabetes, Hypertension, Asthma, Cancer
 - Fatal unintentional injuries
- High-risk health behaviors
 - Smoking, Alcohol and substance Abuse
- Behavioral health
 - Depression
 - Suicide
 - Anti-social behaviors

Rural Behavioral Health: Disparities

- Prevalence and incidence rates of mental illness is similar in rural and urban areas
 - Enter care later in the course of their disease
 - Enter care with more serious, persistent, and disabling symptoms
 - Require more expensive and intensive treatment response

Rural Behavioral Health: Ethnic/Racial Disparities

- Less likely to have access to available mental health services
- Less likely to receive needed mental health care
- Often receive poorer quality care
- Significantly under-represented in mental health research

Rural Behavioral Health: Geographic Barriers to Care

- Accessibility
- Availability
- Acceptability

Telehealth: Defined

- Providing psychological services remotely, via telephone, email or videoconferencing
- Also known as:
 - Telepractice
 - Telepsychology
 - Telemental health

Telehealth: Utilization Rates

- 62% of telehealth visits by Medicare beneficiaries in 2009 were for mental health services
- Email use tripled between 2000 to 2008
- Videoconferencing use increased from 2% to 10%

Source: Gilman, M. & Stensland, J. (2013). Telehealth and Medicare: Payment policy, current use, and prospects for growth. *Medicare and Medicaid Research Review*, 3(4), E1-E14. Notovny, A. (2011). A new emphasis on telehealth. *Monitor on Psychology*, 42(6), 40.

Telehealth: Value

- Improved care delivery
- Expanded staff capacity
- Enhanced training opportunities
- High levels of patient acceptance
- Cost savings

Source: Increasing Access to Behavioral Health Care Through Technology, U.S. Department of Health and Human Services, Health Resources and Services Administration, February 2013

Telehealth: Concerns

- Licensure
- Reimbursement
- Training
- Ethics
 - Confidentiality
- Treatment efficacy
- Cultural acceptability

Behavioral Telehealth

- Consultation
 - Non-BH provider to BH provider
- Direct Service
 - BH provider to patient

Telehealth Pilot Program Utilizing HMSA On-line Care

- Collaboration between I Ola Lāhui, HMSA and Healthways
 - Develop PCMH model of care with Hilo IPA
 - 2 modes of care
 - On-site
 - Telehealth (HMSA On-line Care)

Personal Reflections: Barriers to Implementation and Utilization

- Availability of alternative model of care
- Lack of champion on recipient end
- Logistical concerns:
 - Technical disruptions
 - Upfront cost for patients
 - Pre-set session time limits
- Patient characteristics
 - Age
 - Familiarity with technology
 - Readiness for change and treatment engagement
- “Culture” of therapy in rural areas

Recommendations: Role of Behavioral Telehealth

- Direct Service
- Consultation
- Supervision
- Peer Support



Mahalo!