Staff Perspective on Use of Telepsychiatry in an URBAN Aboriginal Medical Service

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Outline
• Background
• Methods
• Results
• Conclusion

Background
• Tele Psych running more than 40 years
• 1990s in South Australia, Professor Peter Yellowlees
• Mainly Rural & Remote use of Telehealth
• 2% literature on use of TH in Urban contexts [Spaulding, Cain et al. 2011]
• Even lesser for Indigenous contexts
• Very few in Urban Indigenous contexts:

Telepsychiatry Works
✓ Psychiatric consultations & follow up delivered via TELEHEALTH produces clinical outcomes that are equivalent to those achieved when the service is provided FACE TO FACE [O’Reilly, Bishop et al. 2007]
✓ Urban Telepsychiatry – Uncommon Service for a Common Need [Spaulding, Cain et al. 2011]
✓ Treatment therapeutic
✓ More ED options
✓ Can organize a face to face if needed
✓ No show rate is higher

Urban Indigenous population
➢ Australia’s second largest Indigenous population lives in South East Queensland (SEQ)
➢ 2006, the majority of Indigenous people in Australia lived in Major Cities (31%)
➢ >65,000 Indigenous Australians live in the SEQ urban footprint, over a third of Queensland’s Indigenous population
➢ This is more than the total Indigenous population of :
  ➢ VIC (37,991)
  ➢ SA (30,431)
  ➢ NT (56,779)
  ➢ ≈WA (69,665)

Institute for Urban Indigenous Health (IUHI)
• IUHI- established in 2009 by four independent Community Controlled Health Services to provide for the needs of Australia’s second largest Indigenous population
• 17 multidisciplinary primary health clinics

http://www.iuih.org.au/About/Empowering_Communities
Brisbane ATSICHS Ltd. formed by community members and concerned general practitioners as a small volunteer group in the early 1970s.

Gabba
Logan
Brown Plains
Murr School
North Gate

One of the largest Indigenous community organisations in Queensland and proudly remains community controlled and managed

Telepsychiatry Service

• IUIH implemented a telepsychiatry service – North Gate ATSICHS ~ 2000 clients
  • Service implemented over 12 months ago
  • 102+ telepsychiatry consultations
    - 30% Male, 70% Female
    - 12-15 age group & 25-60 age group
  • 95% ATSI
  • 45 consultations booked but cancelled
  • Mood
  • Anxiety
  • Depression
  • Psychotic or aggressive behaviour patients

Aim & Methods

Aim: Assess the staff's perception on use of telepsychiatry service

Quantitative and qualitative methods – Staff perceptions on the use of the telepsychiatry service were obtained by surveying all clinical staff:
  • 3 Specialists (Psychiatrists): Only 2 responded
  • 2 GPs
  • 1 Nurse
  • 1 Allied health coordinator
  • 1 Care coordinator
  • 1 Practice manager

Model

Staff Feedback

• Benefits
  – How it works?
  – Why is it works?
• Barriers
  – How to improve?
• Feedback & comments
  – Suggestions
  – Personal experience
High demand
- Reduced wait times - 2-3 months for each appointment
- Patient adherence to care - 10-15% DNA's
- Reduced travel costs - 40% transport needed

Care provision
- Localised care
- Culturally appropriate care
- Direct contact level is higher
- Continuity of care
- Families can be involved in the care
- Better communication

Delegation
- Free up GP time
- See more patients

Staff empowerment
- Feel enhanced and more autonomy for nurses
- Telepsychiatry improved their clinical knowledge

Clinical impact
- Reduction in anxiety and stress for the patients
- Better engagement with clinical recommendations - changing medications etc.
- Patients feeling more comfortable at the AMS
- More therapeutic
- Primary care provider involved in patients care on no loss of information
- Well prepared case & referral letters = more effective consultation
- More engaged patient = Better health

Patient
- Reduced
- More
- Feel
- Better
- Telepsychiatry

Benefits

Barriers

Patient End
- Resources
  - Room
  - Dedicated staff time
- Technology
  - Bigger screen
  - Tablet & 1 more laptop
  - Better connectivity
- Operational
  - Staff turnaround or absence
  - Training - to all staff
  - Bookings
  - Increased awareness & promotion
- Clinical
  - Ris of DNAs

Specialist End
- Clinical
  - No shows
- Operational
  - Follow ups & bookings
- Technology
  - Better room set up
  - Bigger screen - see everyone in the room
  - Better phone line & connectivity

Conclusions

Outstanding, except when DNA
Highly beneficial to clients
Good service, but needs lot of coordination
Team care approach
- Familiar environment – after consult
- Service is growing & great to see the improvement in clients health
- Safer way to see patients for Psych- more suited than some other specialties
- Specialists understand multidisciplinary approach towards holistic care- IUlH model of care

Feedback & observations

Telepsychiatry in Urban AMS
- Improved adherence & attendance
- Frequency of accessing care is improved
- Cost savings- transport, private specialist payments
- Context specific culturally appropriate care
- Care in comfort of clinic & familiarity of staff
- MBS reimbursed – no cost to patients
- Better connectivity (?) & access to infrastructure

Sustainability & Continuity

Financial
- MBS items
  - Specialists bulk bill

Operational
- Telehealth champion/Coordinator
  - Ongoing communication
  - Coordination
  - Training
  - Customize as per clinical & operational need

Passion & commitment towards making care more PATIENT CENTERED

Conclusions

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  - Dr Carmel Nelson
TeleHealth Too Deadly
Urban is the new Black

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