

# Assertive Community Treatment in the Age of COVID-19: Addressing the Barriers of Telehealth

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# Objectives

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- Compare and contrast the day to day operations of OU IMPACT prior to COVID-19 to after COVID-19
- Discuss the literature surrounding caring for Individuals with Serious Mental Illness in light of a pandemic
- Identify barriers individuals with Serious Mental Illness face surrounding Telehealth
- List at least 3 take home points to apply to your practice when you are caring for individuals with serious mental illness in light of COVID-19



# OU IMPACT

- Integrated Multidisciplinary Program for Assertive Community Treatment
- Started in 2004
- Serves individuals with serious mental illness (SMI)
- Our members require a higher level of care than traditional outpatient services offer
- Often referred to a “hospital without walls”
- Team comprised of: Case managers, therapists, nurses, peer support, and a psychiatrist





# OU IMPACT Operations Pre-COVID-19

- 250-300 member visits in the community/week
  - Members seen 3x weekly at least, some seen more depending on needs
    - Medications, Individual Rehab, Case management services, Grocery Shopping, Transportation to doctor appointments, Assistance with housing/benefits
    - Outings
- Tuesday injection clinic
  - 15-20 members brought into clinic by staff
  - Receive long acting injectable psychiatric medication
  - Nurse and Doctor visit
- Daily treatment team meetings
- Bi-monthly health home meetings

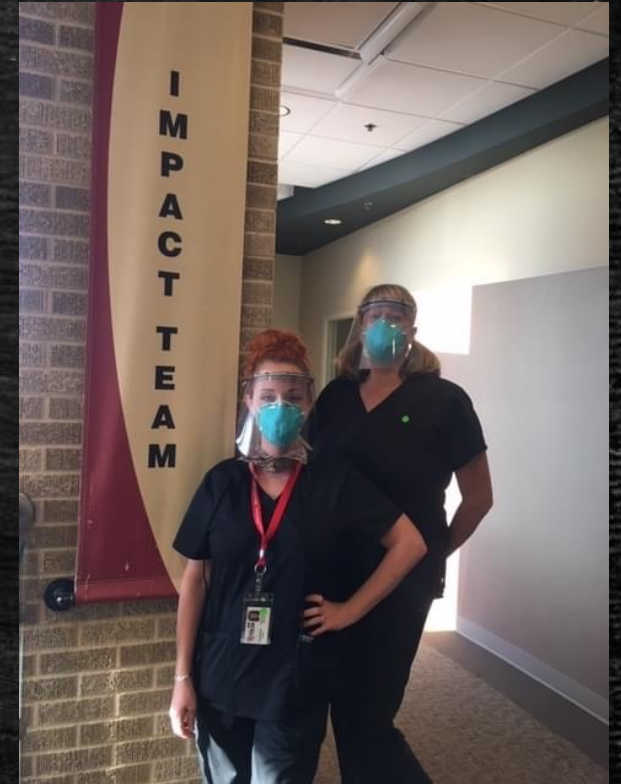




# COVID-19 Response

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- Week of March 2: Letter to members
  - Reviewed symptoms of COVID-19
  - Ways to prevent illness
  - Informed members that we would not transport if they were ill
- Week of March 16
  - Reduced visits to once weekly on the member's medication day
  - Continued injection clinic
- Week of March 23-April 3
  - Began half-staffing and continued once weekly medication deliveries
  - Injection clinic moved to the field, dr. visits via phone
  - Stopped transportation of all members





# COVID-19 Response Continued

- April 6-May 11
  - Once weekly medication deliveries on Mondays
  - Staggered staff arrivals
  - Injections in the field
  - Daily phone calls Tue-Fri
- May 18-29
  - Phase back in to two weekly visits
  - Worked on creating a new schedule
  - Moved offices so staff could socially distance
- June 1-5
  - 3 weekly visits → MWF
  - New injection "Clinic" MT nurse and doctor in the field





## New Procedures

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- Clinic will be in the field on Monday and Tuesday with the Resident in van to optimize spacing
- Screening for COVID-19 prior to visits
- Staff masked during visit, member masked, socially distance when possible during visits
- No transportation at this time
- Staff have individual offices now, no shared office space
- Team Meetings moved to Zoom



# Serious Mental Illness (SMI) and COVID-19

## The COVID-19 Global Pandemic: Implications for People With Schizophrenia and Related Disorders

Nicole Kozloff<sup>1,2</sup>, Benoit H. Mulsant<sup>1,2</sup>, Vicky Stergiopoulos<sup>1,2</sup>, and Aristotle N. Voineskos<sup>\*,1,2,●</sup>

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### VIEWPOINT

## The Mental Health Consequences of COVID-19 and Physical Distancing The Need for Prevention and Early Intervention

### Opinion

### VIEWPOINT

## Addressing the COVID-19 Pandemic in Populations With Serious Mental Illness





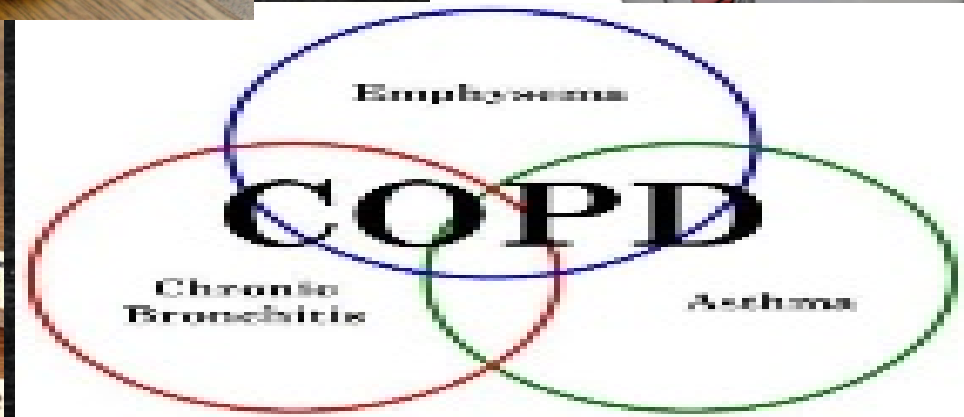




Kozloff N, Mulsant BH, Stergiopoulos V, Voineskos AN. The COVID-19 Global Pandemic: Implications for People With Schizophrenia and Related Disorders [published online ahead of print, 2020 Apr 28]. *Schizophr Bull.* 2020;sbaa051. doi:10.1093/schbul/sbaa051

Druss BG. Addressing the COVID-19 Pandemic in Populations With Serious Mental Illness. *JAMA Psychiatry.* Published online April 03, 2020. doi:10.1001/jamapsychiatry.2020.0894





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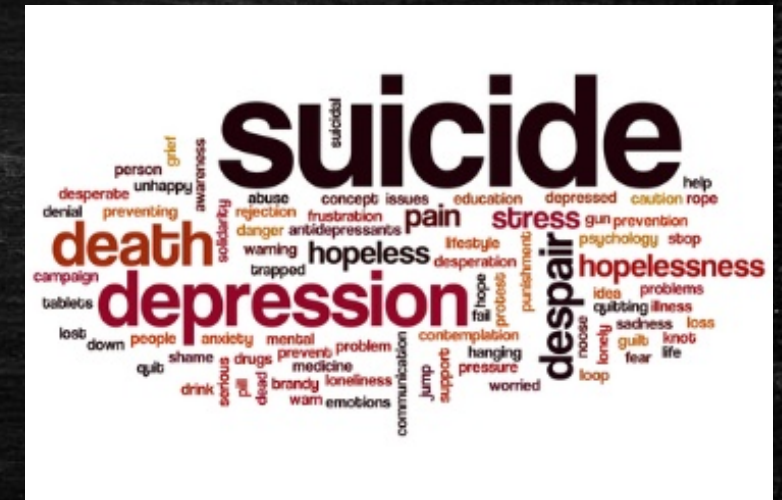


# SMI and COVID-19

- Administration Long-Acting Injectable (LAI) medication
  - Procedure requires close interaction
- PPE
  - Many community mental health organizations didn't have access to PPE









# SMI and Telehealth Overview

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- Telepsychiatry may increase engagement in care
- Often individuals who receive telehealth are satisfied with the services they receive
- Interventions:
  - Telephone Based Interventions



# Telephone Based Interventions

- Some study shows that patients who are involved in receiving regular phone calls have better adherence and decreased hospitalizations
- This is improved when it is integrated with face to face visits in addition to phone calls.
- Potential Limitations
  - Bias
  - Documentation
  - Not all studies were double blinded





# Telepsychiatry

- Studies have shown that this is generally favorable among both providers and patients
- Limitations can include access and disease severity
- Patients report this helps them stay connected and engage in socialization when utilized for groups





# SMI and Telehealth Barriers: Patient

- Symptomology
  - Positive Symptoms
  - Negative Symptoms
  - Cognitive Effects
- Literacy
- Digital Divide





# SMI and Telehealth Barriers: Clinicians

- Low evidence in mental health, though its growing
- Lack of buy in
- Lack of dedicated apps
- Confidentiality/Security





# SMI and Telehealth Barriers: Systems

- Poorer HIT systems in mental health
- Reimbursement
- Buy in
- Security and Privacy





# Addressing the Barriers

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What are things you have done in your practice to address these barriers? What do you think could be done to address these barriers?



# Addressing Barriers in Practice

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- OU Psychiatry Clinic
  - Chrome Books for In Office Virtual
- IMPACT
  - Continue telephone visit check ins for COVID Pos/Those in quarantine
  - Assist our members with telehealth appointments



Thank You! Questions?

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