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Conference Abstract

Implementing home-based telepsychiatry in routine outpatient care: a preliminary analysis of clinician perceptions

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Abstract

Purpose: A growing body of evidence demonstrates telepsychiatry to be an effective treatment modality in various psychiatric conditions with high patient satisfaction and acceptability; however, there is little research to guide the implementation and integration of telepsychiatry into routine care delivery. We present preliminary findings from an ongoing monitoring and evaluation study of the implementation of home-based telepsychiatry in routine outpatient care in the Mental Health Services of the Region of Southern Denmark. Monitoring and evaluating the telepsychiatric service in terms of patient and provider uptake, perceived quality of service, user satisfaction and possible negative experience with the use of videoconferencing in routine care is necessary to guide further roll-out of service and improve integration of telepsychiatry in routine outpatient care. The presentation will focus on the practical experiences of providers of home-based telepsychiatry in routine care.

Background: The establishment of home-based telepsychiatry as a part of outpatient treatment by videoconferencing has been a targeted goal in the Region of Southern Denmark since 2013. Two pilot projects have been carried out demonstrating the feasibility of offering videoconference calls as part of outpatient care. As of January 2015 videoconferencing is now being implemented at scale in the Region with reimbursement for service equaling consultation in person. Every outpatient clinic in the Psychiatric Hospital is equipped with videoconferencing equipment and is able to deliver telepsychiatric services for assessment and diagnosis, consultation, and treatment follow-up. The telepsychiatric service relies mainly on a Bring Your Own Device model where patients use their own tablets or desktop computers. Centre for Telepsychiatry provides the videoconference software and facilitates the implementation, which includes training providers in conducting videoconference consultations and offering technical support. Finally, Center for Telepsychiatry is responsible for the continued monitoring and evaluation of organizational impacts and outcomes for patients and providers.

Methods: The evaluation study includes both process and outcome evaluation. The process evaluation data is collected continuously and will feed into and guide the ongoing implementation process (e.g. by identifying implementation barriers and possible solutions). To assess the practical experiences of clinicians and patients with the telepsychiatric service we apply a pre-post mixed methods design. Initial expectations of providers are assessed in a questionnaire and semi-structured interviews concerning their experiences are conducted after the first period of delivering telepsychiatric outpatient care. Pre- and post-survey of patient experiences is administered by clinicians in daily contact with the patients.

Results and discussion: The ongoing evaluation will shed light on patient outcomes and organizational impacts for health professionals as well as the operational aspects of running and implementing a telepsychiatric service. This will lay the foundation for best practices for further roll-out of videoconferencing in routine outpatient care. We present preliminary findings from the ongoing monitoring and process evaluation study. Currently, videoconference consultations are employed in 14 psychiatric outpatient clinics across the region. Based on qualitative data from semi-structured interviews with clinicians involved in the telepsychiatric service (N=6-8) and data from a survey on clinicians' expectations towards the telepsychiatric service (N=20) we identify barriers and enablers for the roll-out of telepsychiatry in routine care and discuss ways of overcoming these barriers.

Keywords

home-based telepsychiatry; videoconferencing; monitoring and evaluation; outpatient care