

Two effective telehealth models for primary care patients screening positive for PTSD and/or bipolar disorder

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Speaker Disclosures

- None

Learning Objectives

- 1) Describe results of a comparative effectiveness study of two telehealth interventions for primary care patients screening positive for bipolar disorder and/or PTSD
- 2) Describe clinical diagnoses associated with positive screening results

PTSD and Bipolar Disorder Prevalence

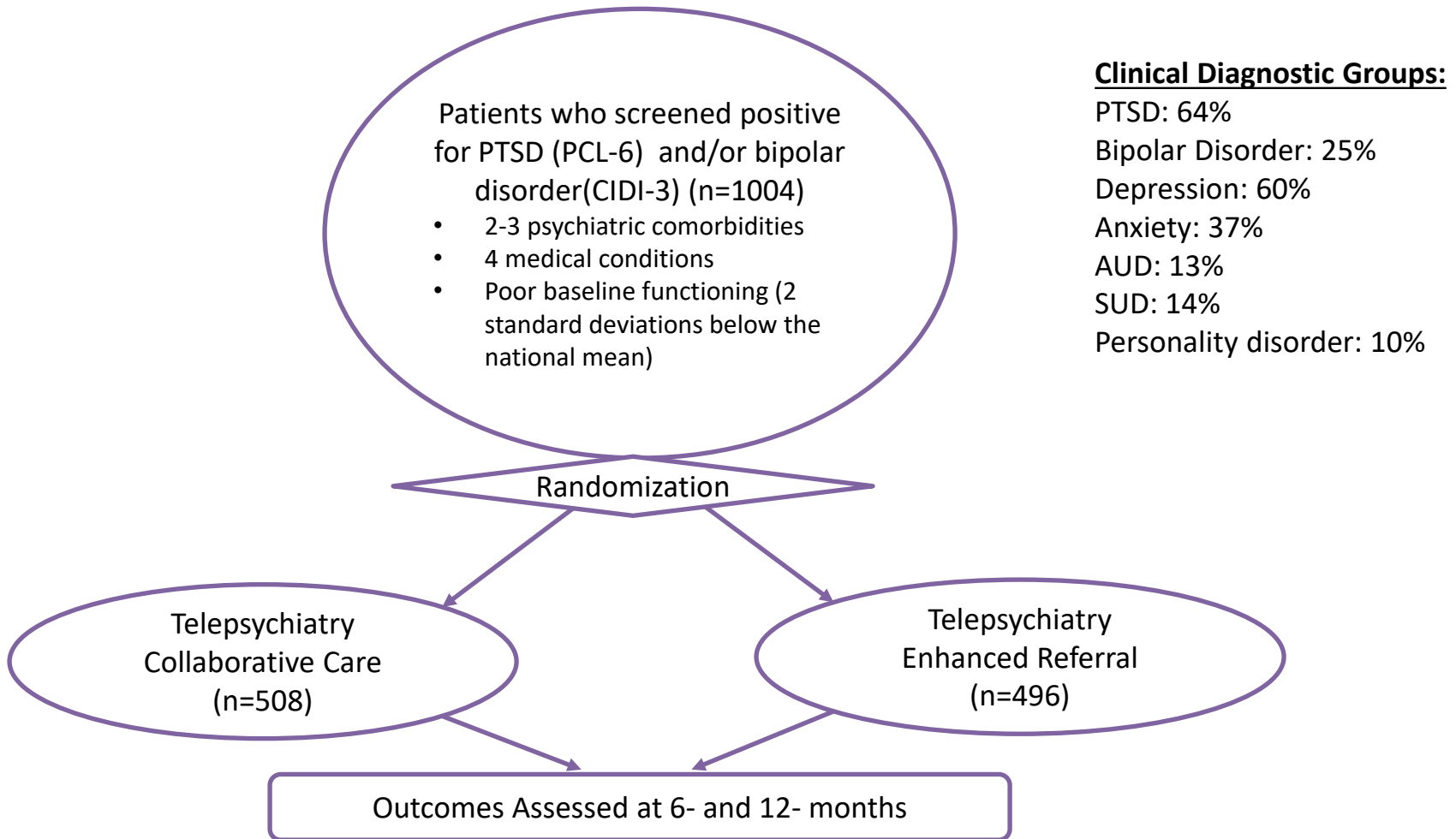
PTSD

- 20% of primary care patients screen positive
 - Documented diagnosis in only 15% of these
- 12 year delay from onset to diagnosis

Bipolar Disorder

- 25% of primary care patients with depression or taking antidepressants screen positive
 - Documented diagnosis in 0% of these
- 6-8 year delay from onset to diagnosis

SPIRIT Study Overview



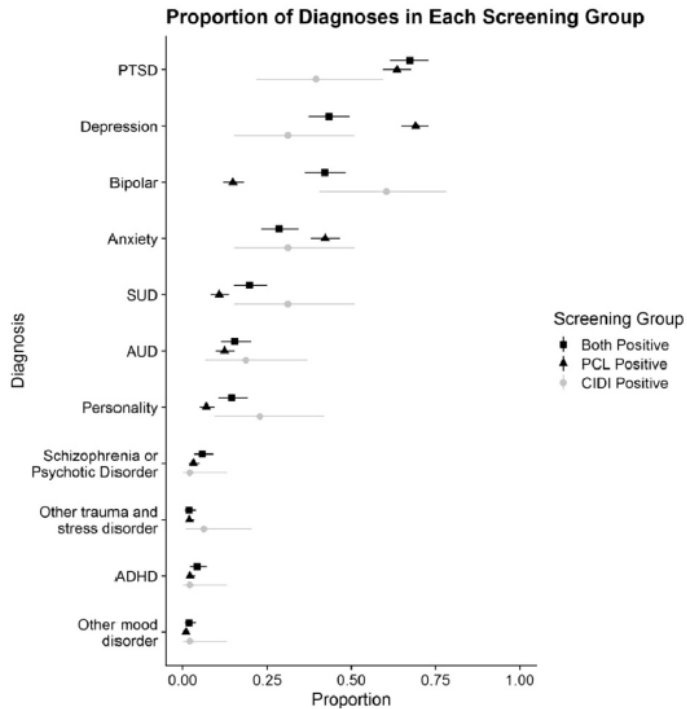
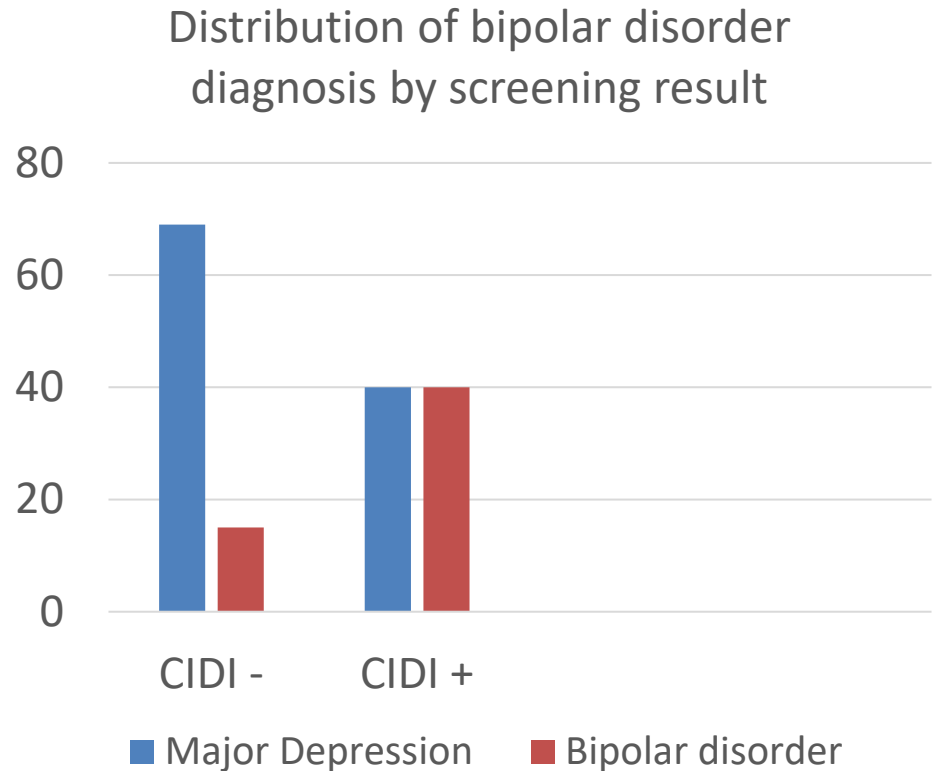


Fig. 1. Proportion of individuals diagnosed with psychiatric disorders based on screening results. PCL positive: positive screen on the PCL-6 for PTSD. CIDI positive: positive screen on the CIDI for bipolar disorder. Both positive: positive screen on the PCL-6 and the CIDI.



The SPIRIT study used Measurement-based care in both arms of the study

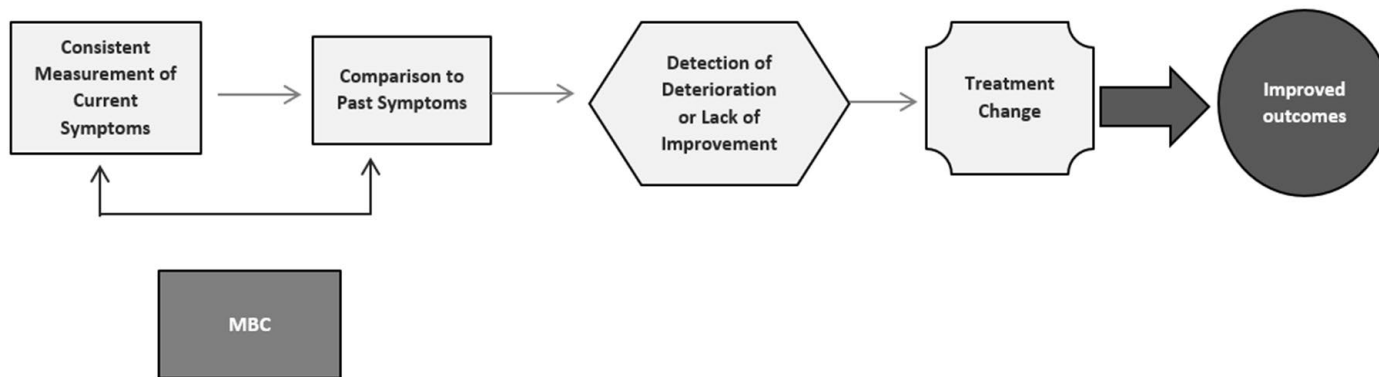


Figure 2. MBC (measurement-based care) promotes consistent symptom measurement and comparison of current to past symptoms

Lewis CC, et al. JAMA Psychiatry. 2019;76:324-335.

Fortney JC, et al. Psychiatric Services. 68(2):179-188, 2017

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns + +

(Healthcare professional: For interpretation of TOTAL, TOTAL:
please refer to accompanying scoring card).

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

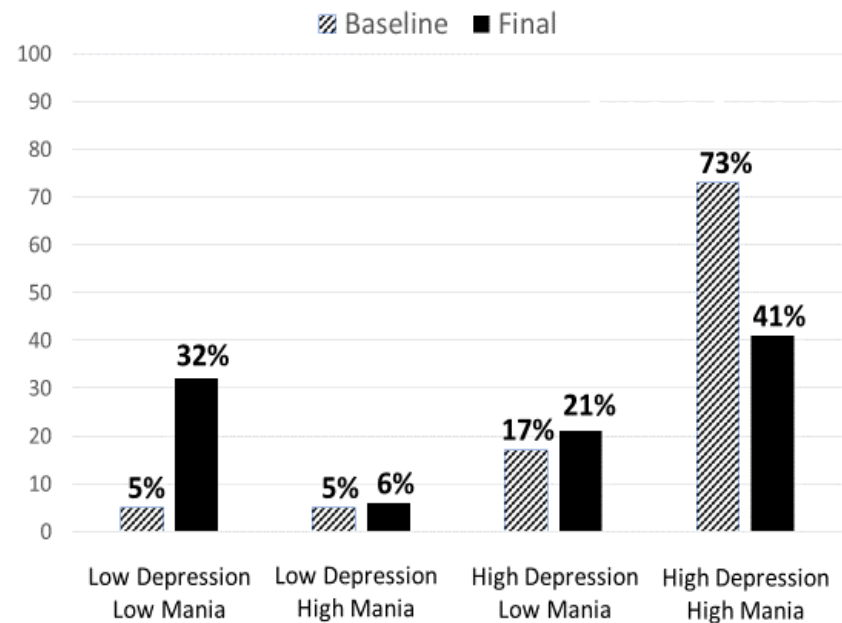
Table 1 Patient Mania Questionnaire-9 (PMQ-9) Scale

Over the past week, how often have you ...	Not at all	Several Days	More Than Half of the Days	Nearly Every Day
1. Had little or no sleep, and still felt energized	0	1	2	3
2. Felt easily irritated	0	1	2	3
3. Felt overactive	0	1	2	3
4. Acted impulsively or done things without thinking about consequences	0	1	2	3
5. Felt sped up or restless	0	1	2	3
6. Been easily distracted	0	1	2	3
7. Felt pressure to keep talking or been told by someone you are more talkative	0	1	2	3
8. Felt argumentative	0	1	2	3
9. Had racing thoughts	0	1	2	3

Score = + + +

- CHANGES IN SYMPTOM MEASURES WITH TREATMENT

- **Figure 2.** Proportion of patients who had low and high depressive and mania symptoms at first and final assessment. High depression was defined as a PHQ-9 score ≥ 10 , and high mania was defined as PMQ-9 score ≥ 10 .



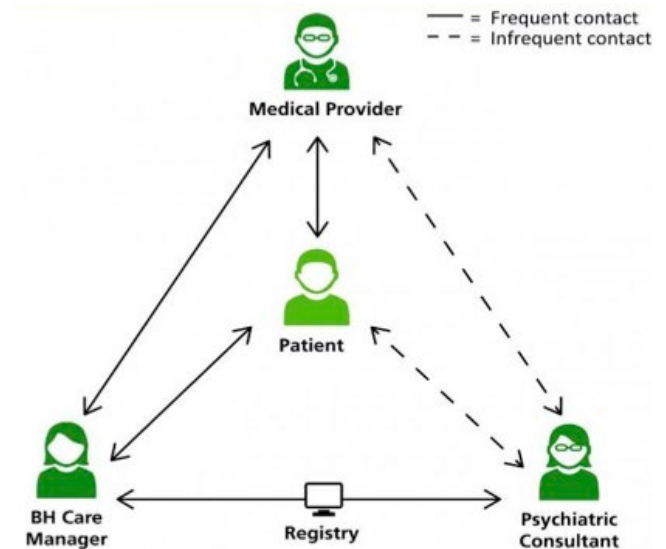
Telepsychiatry Collaborative Care

Primary care team-based care model

Use of registry to guide care

Engagement

- 1 or more care manager encounters: 91.3%
 - 1 or more Behavioral Activation encounters: 79.3%
- Telepsychiatry consultation: 76.6%
- Psychiatric case review: 88%



Telepsychiatry Enhanced Referral

- Specialty referral to University-based telepsychiatrist and telepsychologist
- Of patients randomized to TER, 78.2% had 1 or more
- telepsychiatry encounters and 45.0% had 1 or more telepsychology encounter.

JAMA Psychiatry

RCT: A Pragmatic Randomized Comparative Effectiveness Trial of Teleintegrated Care and Telereferral Care for Treating Complex Psychiatry Disorders in Primary Care

POPULATION

283 Men, 701 Women



Adult patients screening positive for posttraumatic stress disorder and/or bipolar disorder

Mean age, 39.4 y

SETTINGS / LOCATIONS



24 Primary clinics in Arkansas, Michigan, and Washington

INTERVENTION

1004 Patients randomized



508 Telepsychiatry collaborative care (TCC) On-site behavioral health care manager and off-site telepsychiatrist consultant support primary care clinician prescribe medications



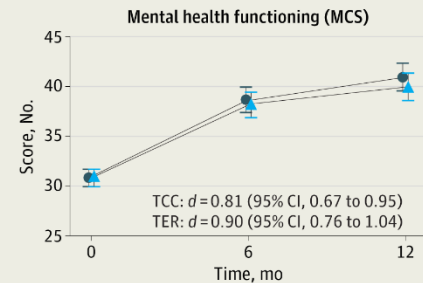
496 Telepsychiatry/telepsychology-enhanced referral (TER) Off-site telepsychiatrist prescribes medications and off-site telepsychologist delivers therapy

PRIMARY OUTCOME

Mental health functioning at 12 mo measured by the Veterans RAND 12-item Health Survey Mental Component Summary (MCS) score (range, 0-100)

FINDINGS

Patients in both groups experienced large and clinically meaningful improvements from baseline to 12 mo (TCC: Cohen $d=0.81$; TER: Cohen $d=0.90$)



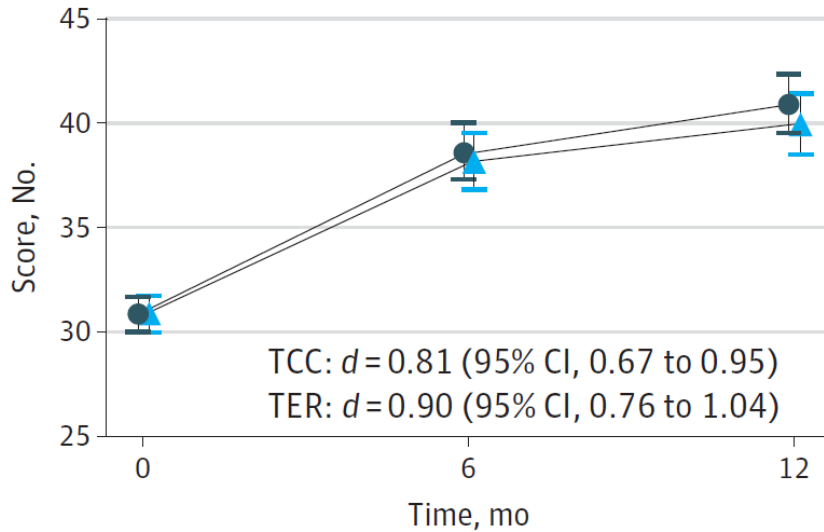
There was no significant TCC-TER difference in 12-mo MCS score ($\beta=1.0$; 95% CI, -0.8 to 2.8 ; $P = .28$), and no significant effect moderators were identified

Fortney JC, Bauer AM, Cerimele JM, et al. Comparison of teleintegrated care and telereferral care for treating complex psychiatric disorders in primary care: a pragmatic randomized comparative effectiveness trial. *JAMA Psychiatry*. Published online August 25, 2021. doi:10.1001/jamapsychiatry.2021.2318

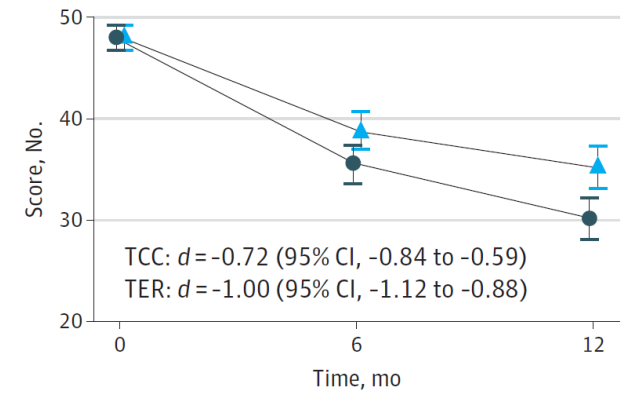
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Outcomes

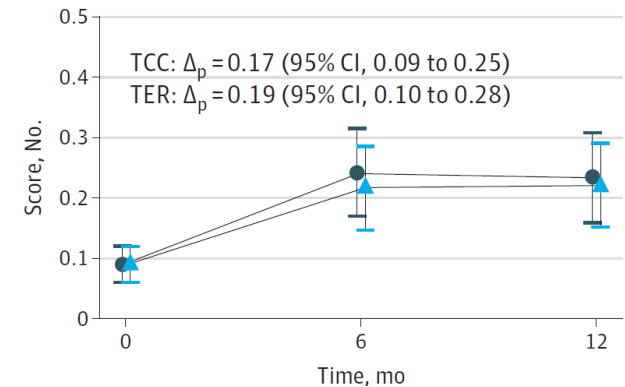
A Mental health functioning (MCS)



F PTSD symptoms (PCL-5)



H Euthymic mood state (ISS)



Outcomes

- Provider perspectives on TCC
 - Liked knowing what was going on with their patients
 - Did not feel overly burdened
 - Appreciated attaining new knowledge and skills

- Patient perspectives
 - Liked having a care manager
 - Some patients liked structured psychotherapy

Takeaways

- Both TCC and TER substantially improved outcomes
 - ↑ Perceived access
 - ↑ Mental Health Functioning
 - ↓ PTSD Symptoms
 - ↓ Bipolar Symptoms
 - ↓ Depression Symptoms
 - ↓ Anxiety Symptoms
 - ↓ Side Effects
- TCC can generate similarly good outcomes with 1/3rd the amount of telepsychiatry time
- Patients and providers were satisfied with both TCC and TER

Resources

- [AIMS Center office hours](#)
- [UW PACC](#)
- [Psychiatry Consultation Line](#)
 - (877) 927-7924
- [Partnership Access Line \(PAL\)](#)
 - (866) 599-7257
- [PAL for Moms](#)
 - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

- If you have not yet registered, please email uwictp@uw.edu and we will send you a link