

Piloting a Telehealth Model for Delivering Mental Health Care During the COVID-19 Pandemic

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Background

The Cardinal Free Clinics' (CFC) Mental Health Clinic (MHC) is a monthly student-run clinic that provides psychiatric care to underserved populations and mental health educational experiences for undergraduate and medical students. MHC services include psychiatric evaluations, affordable medication prescriptions, and referrals for long-term care. Since its inception in 2007, MHC has operated in-person at locations in East Palo Alto and San Jose. However, the COVID-19 pandemic has necessitated the temporary closure of in-person clinics. To address the growing need for psychiatric care during the pandemic, we aimed to:

- 1. Pilot a telehealth MHC clinic based on the CFC General Clinic telehealth model to deliver psychiatric care to patients while continuing to provide educational experiences for students.
- 2. Create a survey to assess the patient perspective of receiving psychiatric care via telehealth to access whether the telehealth model can be used after the COVID-19 pandemic to increase access to care.

Community Partner

The mission of the Cardinal Free Clinics (https://med.stanford.edu/cfc.html) is to provide medical care to underserved patient populations and educate health care leaders to address health disparities and improve access to care in the community. The mental health clinic is a CFC specialty clinic that aims to extend this mission by providing psychiatric care to patients.

Project Description

Patient Population

Our patients are referred to us from the CFC General Clinic, where they administer the following the *Patient Health Questionnaire 2-item (PHQ-2)* to screen for depressed mood and anhedonia over the past two weeks.

Clinic Volunteers

Each clinic relies on the help of many volunteers including:

- MHC coordinators
- Pre-clinical students
- Psychiatry residents
- Psychiatry attendings
- Patient health navigators (PHN): stays with the patient throughout the appointment to help navigate telehealth
- Bridge-to-care (B2C): connects the patient to community resources and prescription coupons

Project Description (Continued)

Clinic Flow

The MHC Telehealth clinic structure and schedule takes into consideration student learning opportunities and patient privacy/comfort.

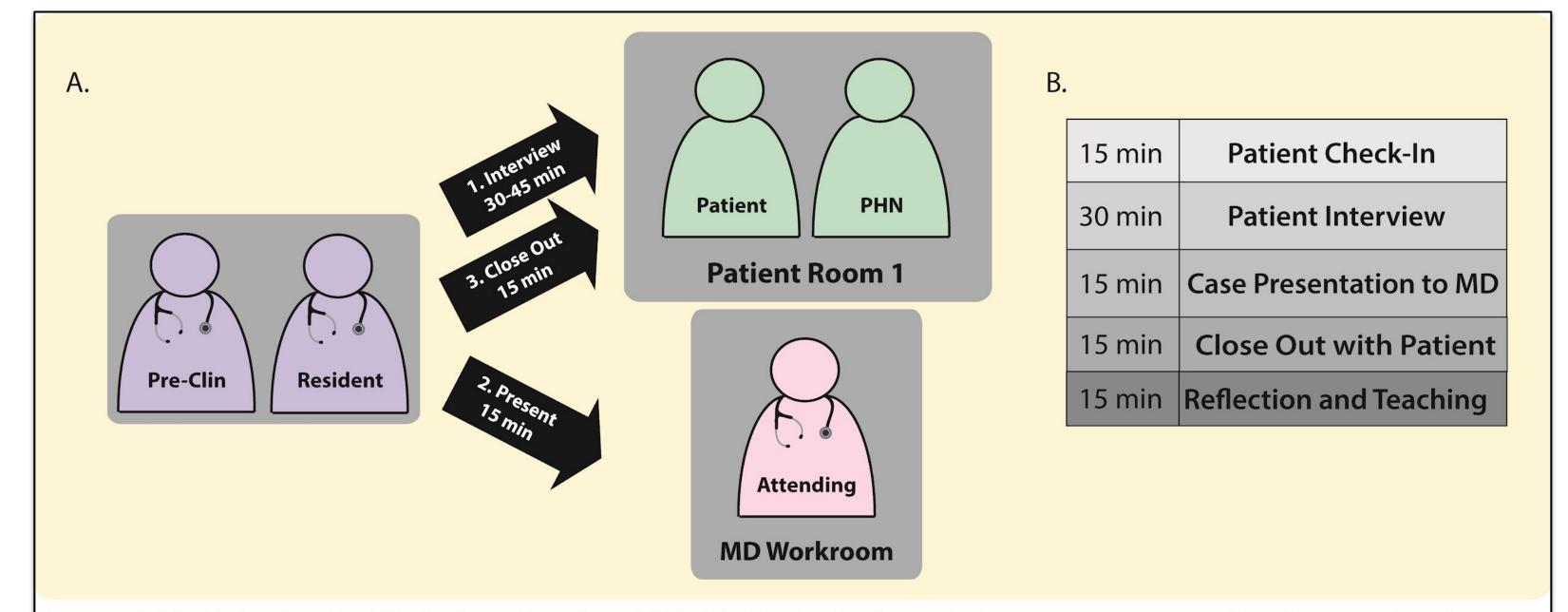


Figure 1: MHC Telehealth Clinic Coordination. (A) MHC Telehealth is carried out over zoom and involves moving the pre-clin and resident to and from different break out rooms. After the patient checks in, the pre-clin and resident are moved to Patient Room 1 to conduct an interview. After the interview, the pre-clin and resident are moved to the MD Workroom to present the patient case and review the assessment and plan. Lastly, they will move back to Patient Room 1 to summarize the encounter. **(B)** Example schedule for one visit

Survey

The survey consists of 12 multiple-choice questions. It has two aims: (1) to characterize our patient population and (2) to assess patients' views on telehealth visits compared to in-person ones. A Qualtrics version of the survey is currently being created and will be emailed to patients following their visit.

Please rate these statements about your visit (strongly agree, somewhat agree, neither agree nor disagree, somewhat agree, strongly disagree):

The following statements are about in-person appointments:

 It was easy for me to get transportation to my appointments at the in-person Cardinal Free Clinics.

The following statements are about our telehealth Zoom appointments:

- It was easy for me to join the appointment through Zoom.
- I felt comfortable speaking with the doctor through Zoom.
- I was able to discuss all of my concerns during my Zoom appointment.
- I was comfortable with the number of clinic staff members in the Zoom call.
- I was able to find a private location to carry out my telehealth appointment via Zoom.

The following statements are about your preferences:

 I prefer telehealth appointments to in-person appointments for mental health care.

Outcomes

- We used our adapted method to hold two successful telehealth clinics that served two patients each. We have created a plan to scale the model to serve four or five patients per clinic day, and will implement it at the next clinic.
- We provided community resources to patients, such as county behavioral health and recovery services hotlines.
- We provided educational experiences for undergraduate and medical students.
- We will begin distributing MHC Telehealth surveys via email to patients.
- We facilitated a leadership transition by holding a meeting with the new coordinators to share the telehealth model, documents, and best practices.

Lessons Learned

Learning Opportunities

- Observation of the psychiatric evaluation and interview.
- Review of psychiatric conditions and care during the case presentation to the attending.
- Reflection and teaching at the end of the clinic.

Patient Privacy and Comfort

- Each patient gets their own zoom breakout room.
- Each patient is assigned a PHN, so they have a way to ask for technical help or clarifications at any point of the clinic visit.
- The volunteers assigned to the patient room is limited to one resident, one pre-clin and one PHN. B2C joins at the end of the visit.

Recommendations

- Telehealth model has great potential to increase access to mental health services by eliminating the need for a physical clinic.
- Telehealth is especially alluring for MHC for patient privacy and the special concerns that go into mental health interviews.
- Telehealth may be a way to continue providing mental health services even after the pandemic with the minimal procedural requirements for this specialty.
- Start to the discussion of the need for better access to mental health care and how telehealth could be a solution for this problem.
- We hope to share this model with other free clinics, so that psychiatric services will be available for underserved populations.

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