

Improving Treatment Outcomes for American Indians with PTSD Through Telepsychiatry

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INTRODUCTION

Post Traumatic Stress Disorder

An increasing health crisis post pandemic

- Prior to the Covid-19 pandemic, 6.8% of US population was diagnosed with PTSD ¹. This number is now 15 to 24% ²
- For individuals identifying as **American Indian, PTSD prevalence ranges: 16%-24% preceding the pandemic** ³
- **American Indians**, often live within rural & tribal communities. Their access to quality mental health involves myriad challenges: provider shortages, deficits in culturally competent care, lack of proximity to clinics, unreasonable wait times ⁴.
- For this reason, telemedicine, specifically **telepsychiatry, provides clinicians the ability to minimize many of these barriers to treating PTSD in American Indians**, a particularly vulnerable population.

OBJECTIVES

This DNP project **modified a telepsychiatry program for American Indian patients diagnosed with PTSD.**

The aims of this project were:

1. To develop and adapt a home based telepsychiatry program for PTSD patients at a small rural federally qualified health center
2. To implement and evaluate the adapted home based telepsychiatry program.
3. To make recommendations for sustainability and scalability of the program

METHODS

Project was implemented in a northwestern, US tribal community

Aim 1: Develop & adapt home based telepsychiatry program for PTSD patients

- Creation of patient encounter procedure
- Modification of risk assessment procedure & telepsychiatry policy
- Identification of instruments/assessment tools: Greenway Telehealth; PTSD Checklist for DSM-5 (PCL-5), Appt Attendance & Program Evaluations
- Wkly implementation team mtgs to plan program implementation

Aim 2: Implement program and evaluate its effectiveness.

- Pts w/PTSD identified by the BH Director
- Eligibility: Catchment area, internet access, mobile device
- 40 patients began program, 37 completed 12 weeks/ 4-6 visits

Evaluation: Descriptive- 1) appointment adherence, 2) PCL-5 scores, 3) program evaluations by pts. & implementation team

Aim 3: Sustainability and scalability.

Sustainability:

- Program outcomes presented to the Med. Dir. & BH Directors
- Program will continue for tx of PTSD

Scaling

- Program eventually to expand to other Psych Dx.
- Recommendation made to expand program to other tribal health clinics within the area

Milestone	Project Dates
Aim 1: Planning	
Needs Identification	6/1/2022-7/30/2022
Infrastructure Survey	6/1/2022-8/31/2022
Partnership Organization	6/1/2022-10/15/2022
Structure Configuration	6/1/2022-10/15/2022
Aim 2: Implementation	
Patient Screening for Enrollment	10/17/2022-10/21/2022
Pre-test PCL-5 Administration	10/17/2022-10/21/2022
Weekly Team Meeting	10/17/2022-1/13/2023
Post -test PCL-5 Administration	1/2/2023-1/9/2023
Patient and Staff Program Evaluation Completion	1/2/2023-1/9/2023
Aim 3: Evaluation	
Final Team Meeting	1/13/2023
Data Analysis	1/15/2023-1/31/2023
Summary Meeting with BH & Medical Director	3/1/2023-3/31/2023

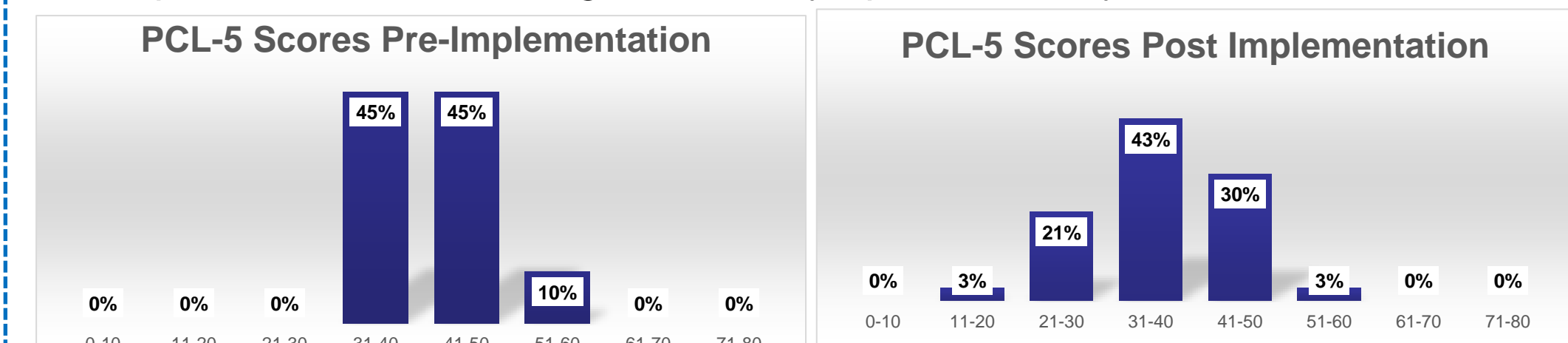
RESULTS

Attendance

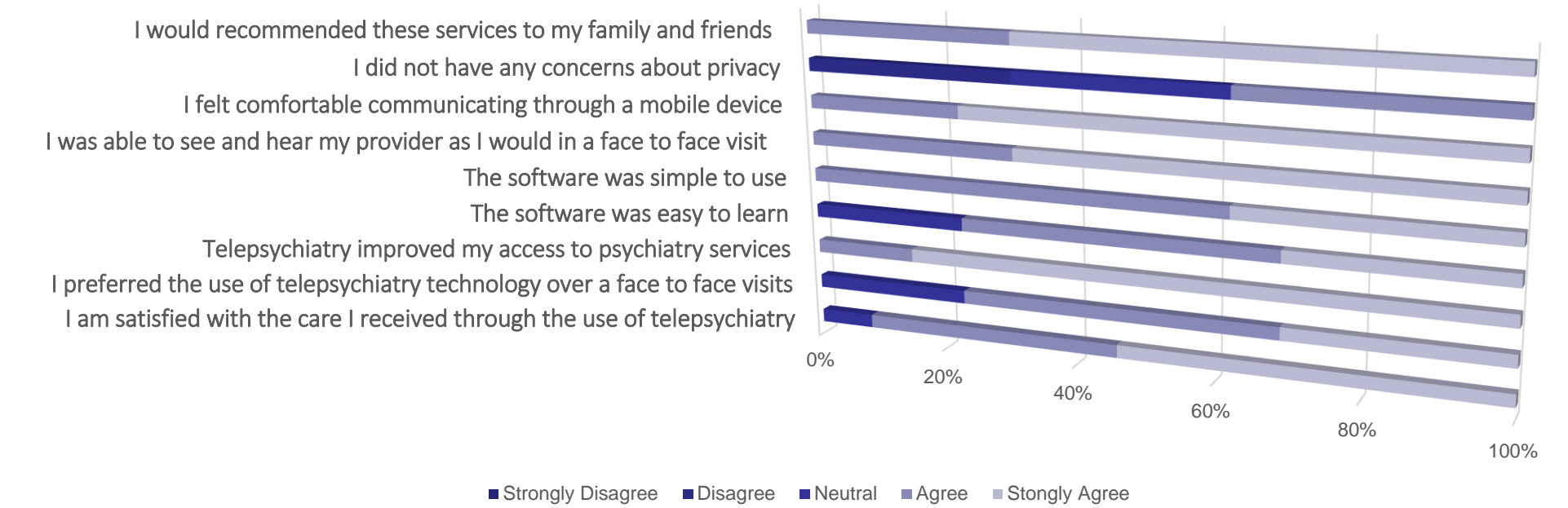
- Appointment data collected for 12 wks prior to program & during program implementation
- **No-shows: 4% decrease; Rescheduled appointments: 23% increase**

PCL-5 Scores

- **37 pts** with pre and post PCL-5 scores, **43% (n=16) expressed sx reduction; 49% (n=18) no change; 8% (n=3) worsening in sx.**
- Pt scores for this program were comparable to literary findings in that over the course of this 12 wk program the majority of patients saw an improvement or no change at all in symptom severity⁵⁻⁷



Patient Program Evaluations



CONCLUSION

- Telepsychiatry: **reduces barriers to tx while improving health equity** for disadvantaged populations such as American Indians.
- Program offers **quality psychiatric treatment**
- Overall telepsychiatry is **comparable to traditional in-person tx**⁷⁻⁹ clinical policies need to address how telepsychiatry can be integrated with in-person care to ensure pts are afforded various options of quality care.

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