



Telemedicine – Can it Work in a Charitable Clinic?

Lisa Rigby, Executive Director, Metrocrest Community Clinic

Joseph Trombello, Ph.D., UT Southwestern Medical Center

Jason Tibbels, MD., Teledoc, Inc

Nora Belcher, Executive Director, Texas e-Health Alliance

Brian Posey, Regional Mgr, Lifesize



UT Southwestern
Medical Center

Center for Depression Research and Clinical Care

Behavioral Activation teletherapy for depression in low-income, charity clinics.

Joseph Trombello, Ph.D.
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vital | sign⁶

VitalSign⁶

VitalSign⁶ utilizes a web based application, VS⁶, to administer the Patient Health Questionnaire and Measurement Based Care (MBC)

- ✓ Assessment of depressive symptoms,
- ✓ Antidepressant treatment side effects,
- ✓ Antidepressant treatment adherence



PHQ-9

NAME John Q. Sample DATE _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

		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 in some way	0	1	2	3

add columns: +

TOTAL:

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	_____

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

PHQ=patient health questionnaire

Available at <http://www.depression-primarycare.org/clinicians/toolkits/>

VitalSign⁶ PROJECT SUMMARY

August 18, 2014 – March 1, 2017



	TOTAL
# total unique patients screened	30,774
# positive screens (%)	5,872 (20%)
# negative screens (%)	24,872 (80%)
# patients with a depressive diagnosis	3,634
# participating clinics	17

Remission Rate
with at least 1
follow-up visit

34%



Behavioral Activation Teletherapy

(Trombello & Trivedi, in press; Trombello et al.,
under review)

Brief program outline

- One 60 min. intake; eight 45 min. sessions.
- Using MBC instruments: PHQ-9 and GAD-7.
- Biweekly or monthly boosters.
- Involves consultation with PCP providers.
- Offer from PCP's office or from patient's home after initial intake.

mychart.utsouthwestern.edu

MyChart - Appointment Details

Video Visit

High Quality
Standard Quality

The image shows a web browser window displaying a video visit. The browser's address bar shows the URL 'mychart.utsouthwestern.edu'. The page title is 'MyChart - Appointment Details' and the page content is labeled 'Video Visit'. The main video frame shows a woman with dark, curly hair, wearing a light blue sleeveless top, smiling. A smaller video frame in the bottom right corner shows a man with a beard and glasses, wearing a white shirt and a red bow tie. The video player interface at the bottom includes a pause button, a volume icon, a volume slider, and a quality selector set to 'High Quality'.

What is BA?

- Depression stems from under involvement in activities: the less you do, the less you want to do.
- Focus on helping people DO small, naturally-reinforcing behaviors that tap into pleasure and/or accomplishment.
- Each person has unique antidepressants.
- Structure/schedule activities following a plan, not a mood (work from outside-in).
- Trouble-shoot and problem-solve barriers.

Supporting literature

- Substantial empirical support for treating MDD¹
- BA superior to Cognitive Therapy (CT) among severely depressed patients²
- CT and BA both superior to antidepressant medication in preventing MDD recurrence/relapse³

1. Dimidjian et al., 2006, 2011; Hopko, Lejuez, Ruggiero, & Eifert, 2003; Soucy Chartier & Provencher, 2013; Weinstock, Munroe, & Miller, 2011)
2. Dimidjian et al, 2006
3. Dobson et al., 2008

Session breakdown

- **Intake:** Psychiatric evaluation, BA psychoeducation, activity tracking, readings.
- **Sessions 1-5:** Primarily BA focused for depression.
- **Session 6:** Some discussion of cognitive model.
- **Session 7:** Begin to discuss termination.
- **Session 8:** Relapse prevention/summarization.
- **All sessions** involve mood check-in, bridge, agenda-setting, review of homework, setting new homework, and client feedback.

BA activity scheduling

Pleasant Event Tracking & Mood monitoring

<u>DAY/TIME</u>	<u>ACTIVITY</u>	<u>MOOD BEFORE</u>	<u>MOOD AFTER</u>
<i>Ex. Monday 5pm</i>	<i>Walked the dog around the neighborhood</i>	<i>4 (0 is low/sad, 10 is high/happy)</i>	<i>7 (0 is low/sad, 10 is high/happy)</i>

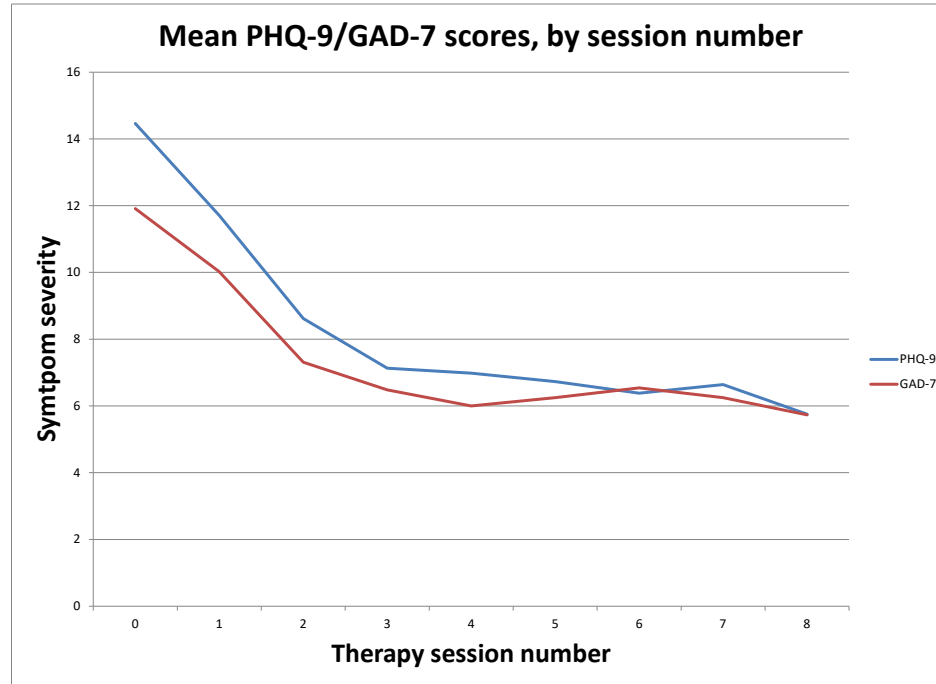
Thinking	
Social Activities	Pleasant Activities
<i>Healthy</i>	
	
ME	
Exercise	Relaxation
Professional Support	Social Support

Relapse prevention

Descriptive Results: Sample

- From, June 2015 to August 2016, 74 patients completed at least one therapy session and had a PHQ-9 score present at the intake.
- Patients were primarily women (79.7%), Latino/a (66.2%), and Spanish-speaking (54.1%).
- Patients were, on average, moderately depressed/anxious on intake.
- Mean # teletherapy sessions completed: 5.02.

Descriptive Results: Outcomes



The majority of patients not already in remission (PHQ-9 < 5) at intake who completed at least one therapy session achieved remission at some point during the course of therapy (n = 38, 52.8%). Most of those who achieved remission sustained that remission until final session (n = 33, 86.8%).

Challenges

- Engagement in psychotherapy after intake.
- Barriers in accessing care.
- Unique cultural challenges.
- Barriers to activation completion: Internal and External.

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Contact Details



Joseph.Trombello@utsouthwestern.edu

(214) 648-0162