

"Common Communications"

Partnering with Community Organizations for Telehealth

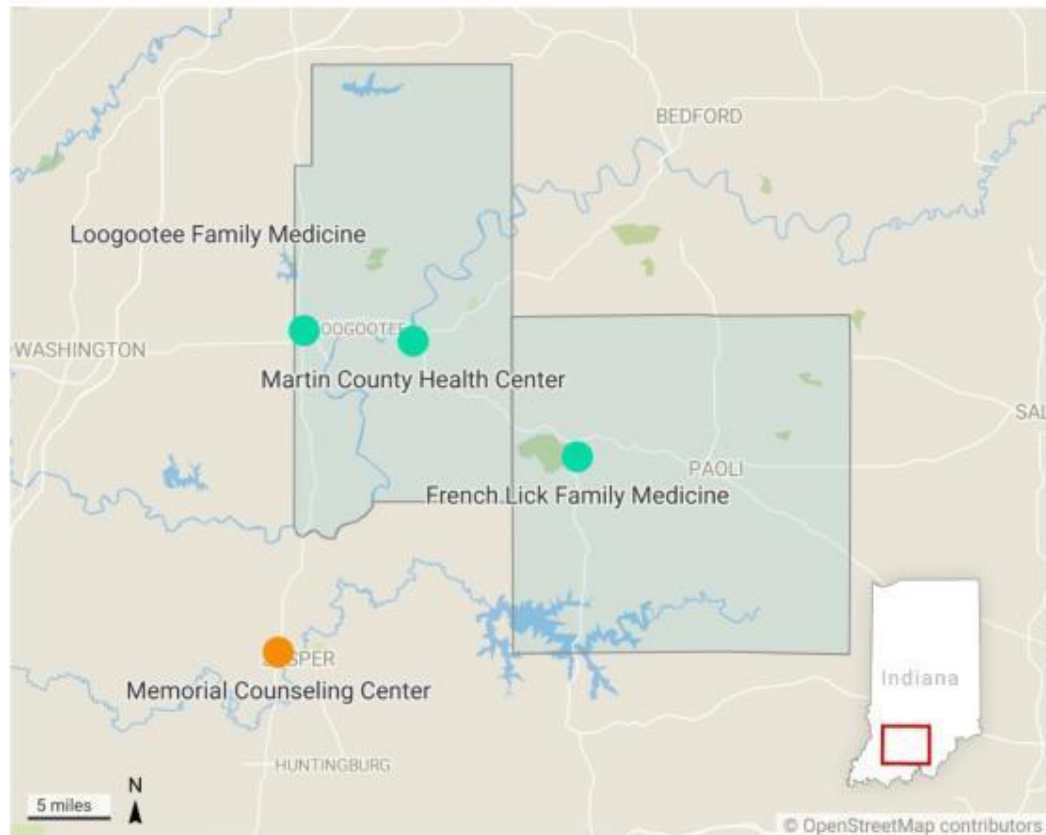


Part 1: Our Program

Faith Net - A Tele-Emergency Program in Southern Indiana



Faith Net Originating and Distant Sites



Key

- Distant Site
- Originating Sites
- County Coverage

Faith Net Coverage:

Martin County (pop. 9,812)

Orange County (pop. 19,867)

Core Principles of Faith Net



UPSTREAM

Identifying **possible future** emergency needs during primary care visits



TIMELY

Using telehealth to **push beyond warm handoffs** to immediate or same-day triage



UNIVERSAL

All adult patients were considered eligible for the program

Conditions Served

A Telepsychiatry and Tele-behavioral Health Program



MODERATE TO SEVERE DEPRESSION

PHQ-9 score in the medical record > 14 (screens were conducted annually even prior to this program).



RISK OF SELF-INJURY

Non-zero answer to PHQ-9 question 9 (highly sensitive but not especially specific).



UNSPECIFIED CLINICAL CONCERN


Provider perceives risk based on clinical judgment or experience and wants to facilitate follow-up.



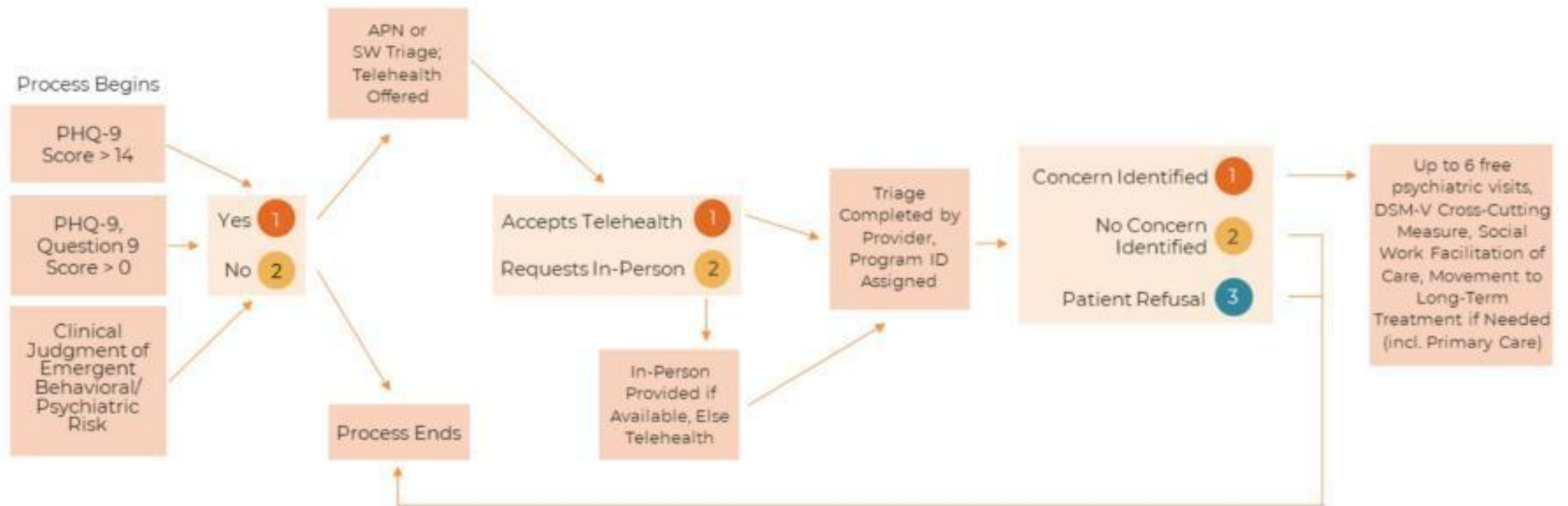
A Balancing Act

Why these conditions/events and not others?

- PARTNER FEEDBACK ABOUT FEASIBILITY
- COMMUNITY-ENGAGED DECISION MAKING
- PLUS: THE REALITIES OF PREVENTIVE HEALTHCARE

A hand holds an hourglass against a light gray background. The top bulb of the hourglass is partially filled with dark sand. A thin black line extends from the right side of the top bulb to a gray circular callout bubble. The bubble contains text about USPSTF recommended services. The bottom bulb of the hourglass is mostly empty, with a small amount of sand visible at the very bottom.

If all USPSTF
recommended
services (in
2003)
conducted: **7.4
hours/day**



Pilot Data from the First 6 Months

68 

Referrals from primary care to triage

46 

Diagnosed with at least one disorder via DSM-5
cross-cutting assessment (n=11 patients refused
triage)

Pilot Data from the First 6 Months



Patients out of the 68 referrals who had a **preexisting, documented diagnosis** related to mental health, behavioral health, substance use, etc.



**PATIENTS REFERRED TO TRIAGE AS OF
MAY 2024**

**> 350 Unique
Patients**

**PERCENTAGE OF THE COMBINED
ADULT POPULATION OF ORANGE
AND MARTIN COUNTIES**

> 1.5%

Challenges



1

LOCATION

The need to be located in southern Indiana seemed to make recruitment more difficult. Social worker recruitment was harder than nurse recruitment.

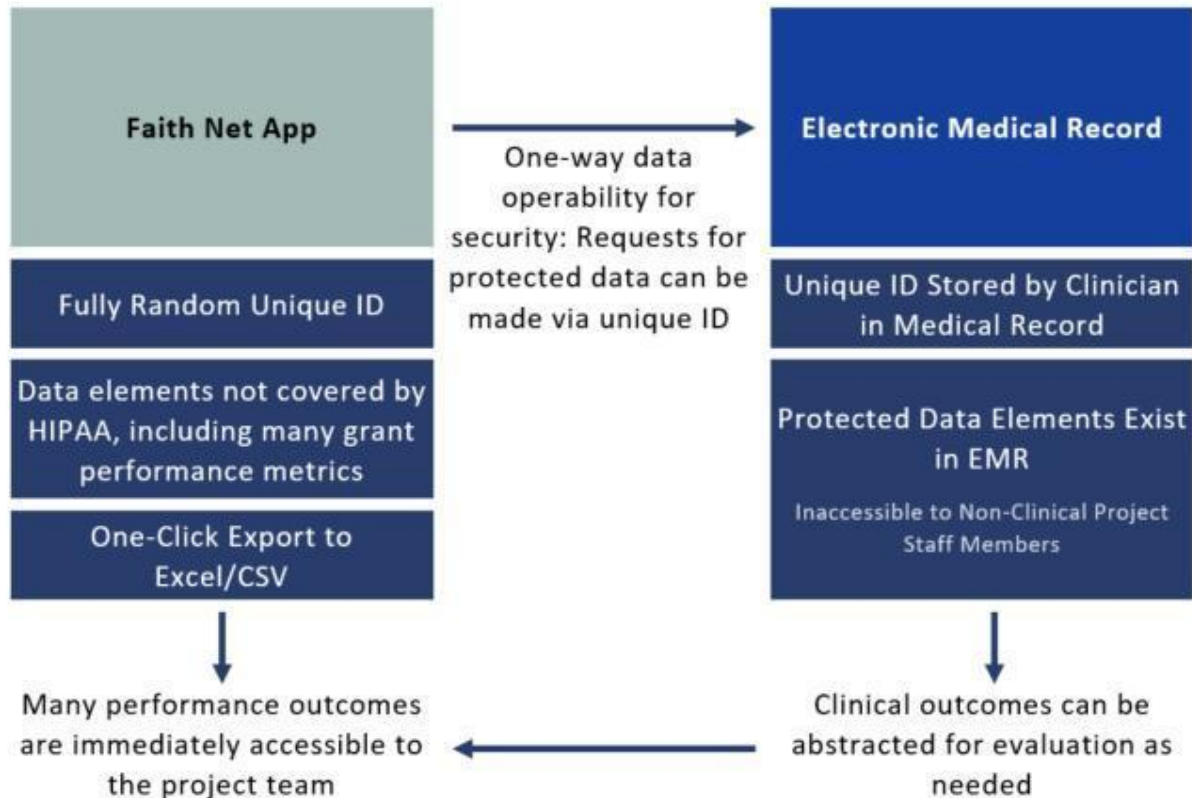
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COMPLEXITY

Some patients were asked to take two "big steps" at once - telehealth and mental health care.

Success Factors

1. Having a customized app to facilitate grant performance data collection and team interoperability.



Success Factors

2. Community engaged approach.

- Project was initiated in the community, by the community, not the university.
- Key team members live, work, and play in the community.
- Respect for the process of growing the program together and co-ownership.



Example of Impact

We heard a story from a primary care provider at one of our originating sites. This provider described how some patients with mental health needs would take 3 to 4 times as long as other patients. Being able to provide telehealth triage not only got the patient into targeted care more quickly; it also **reduced subsequent wait times for other patients.**

We had not thought about this downstream effect in our planning, but it became a compelling part of our sustainability story.

Example of Impact

Our data tell a compelling story about how telehealth can help a rural community.

In our pilot analysis, the **vast majority** of patients who were identified as having potential for psychiatric crisis had **at least** 1 undiagnosed disorder.

Without telehealth, it would not be possible for our utilized FTE coverage to have served this volume of patients: windshield times exceed 30 minutes each way to originating sites, **and between originating sites**.

Part 2: Communication and Partnership

Observations About Community Engagement





**"With whom
rather than
to whom."**

Lessons from a Study on Community Engagement

AVOID "OBSESSION" WITH THE "OUTCOME"

"Loud noise" about the metrics may not help bring about a collaboration.

Which of these is closer to expressing a community's interest?

- We need to reduce emergency department re-admissions within 30 days by 40%.
- Our residents don't know where to go when they need help with mental health. This means that they often end up in the emergency department when things get bad enough.

AVOID TALKING DOWN TO THE COMMUNITY

Even if the community is engaged, there is still the risk of a didactic relationship.

Ask some core questions:

- Who came up with the idea for this project?
- Who went to whom to propose a partnership?

Things look different depending on whether the community is **demanding an intervention or program** versus if they are **agreeing to be subjected to it**.



"Transparently
matching
needs to
expertise."

Matching

Not just "who is good at what" - Also, "who hates doing what?"

- **WHAT DOES YOUR COMMUNITY *HATE* ABOUT GRANTS OR EXTERNAL FUNDING?**

Paperwork unrelated to their "normal" jobs?

Extra annual reports?

Stressful e-mails and uncertainty?

- **HOW CAN YOU WORK WITH YOUR COMMUNITY PARTNERS TO INSULATE THEM FROM STRESSORS?**

Transparent communication about your intentions.

What will work for them? For you?

"Getting to yes."



"Becoming part
of the
community."



BOOTS ON THE GROUND

Having someone who lives locally as a part of your core team.



LOCAL MEDIA

Work with newspapers, radio, podcasts, and other local media to establish a presence.



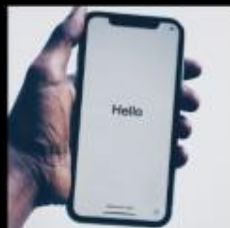
ATTENTION TO DETAIL

For example, don't use stock images for reports, use photos of local landmarks.



USE LOCAL VENDORS

Can a local vendor cater a meeting? Do social media contracting for you?



BE ACCESSIBLE

Within reason, be sure that key decisionmakers in the community can easily reach you - directly.



PARTNER ON ACADEMIC PRODUCTS

Do community members want to publish a paper? Give a talk? Help give them an opportunity to do it!

Questions?

