



Hybrid model free psychiatry clinic reduces barriers to mental health care



Department of Psychiatry

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Objectives

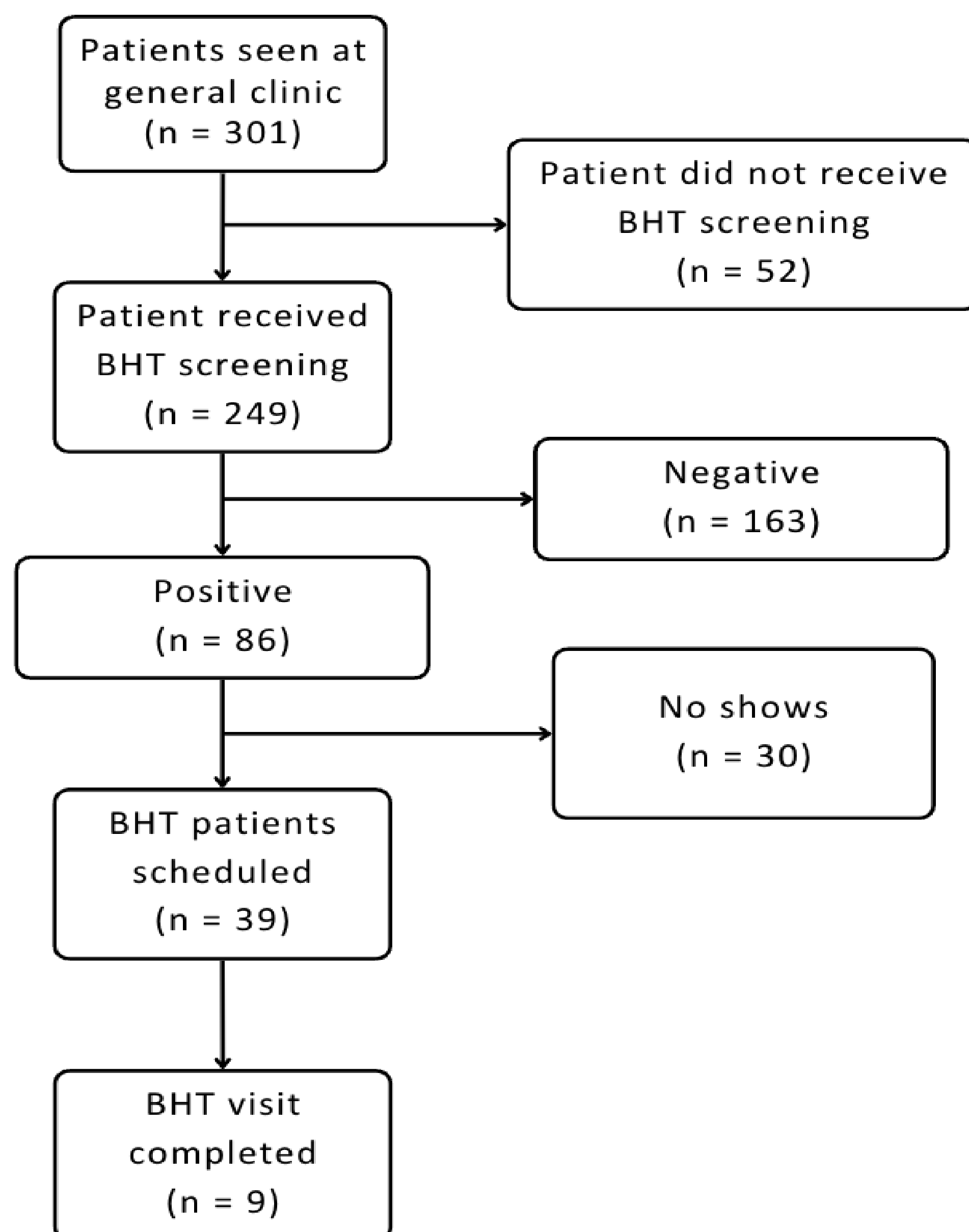
Examine the number of appointments fulfilled within the past year, contrasting between the behavioral health clinic at Willow Free Clinic and the newly introduced hybrid model. Our hypothesis suggests that implementing the hybrid model at the behavioral health clinic will lead to an increase in the number of patients identified as screening positive and subsequently accessing care.

Introduction

Approximately 9300 individuals are experiencing homelessness in Sacramento County. Evidence has shown depressive symptoms is more prevalent in those experiencing homelessness. Willow Clinic is a student-run clinic that focuses on providing community members who may be uninsured or unhoused with primary care services. Through this clinic we offer the Behavioral Health Team (BHT) which is committed to providing free and confidential psychiatric services. At Willow Clinic, we use the PHQ-9 and GAD-7 screening tool to assess patients for depression, with a high screening rate of 98.7%. This ensures that almost all patients receive this vital evaluation during their visits, reflecting our commitment to proactive mental health care. BHT consists of a team of dedicated psychiatrists, medical students, and undergraduate volunteers. BHT offers psychiatric evaluations and personalized treatment plans. Our mission is to provide a safe and inclusive environment for patients while providing psychiatric services until they are able to receive consistent services through their primary care and established psychiatrist.

Methods

A retrospective chart review was conducted at the Behavioral Health Team (BHT) clinic from January 2023 to January 2024 to assess the impact of transitioning from virtual to hybrid models on appointment fulfillment and patient engagement. REDCap (Research Electronic Data Capture) was used for data collection from the electronic health record from July 2021 to January 2024. Statistical analysis was performed using chi-square and t-test.



Intervention consisted of protocol changes to a hybrid model incorporating virtual and in-person visits in the clinic space. Patients were able to access a computer for tele-psychiatry visits. Faculty and trainees performed in-person visits located at shelter residence.

References

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Results

There were significant associations between shelter status and suicidal ideation as reported on PHQ-9 surveys.

	Shelter	No Shelter	Marginal Row Totals
SI	55	27	82
No SI	169	24	193
Marginal Column Totals	224	51	275 (Grand Total)

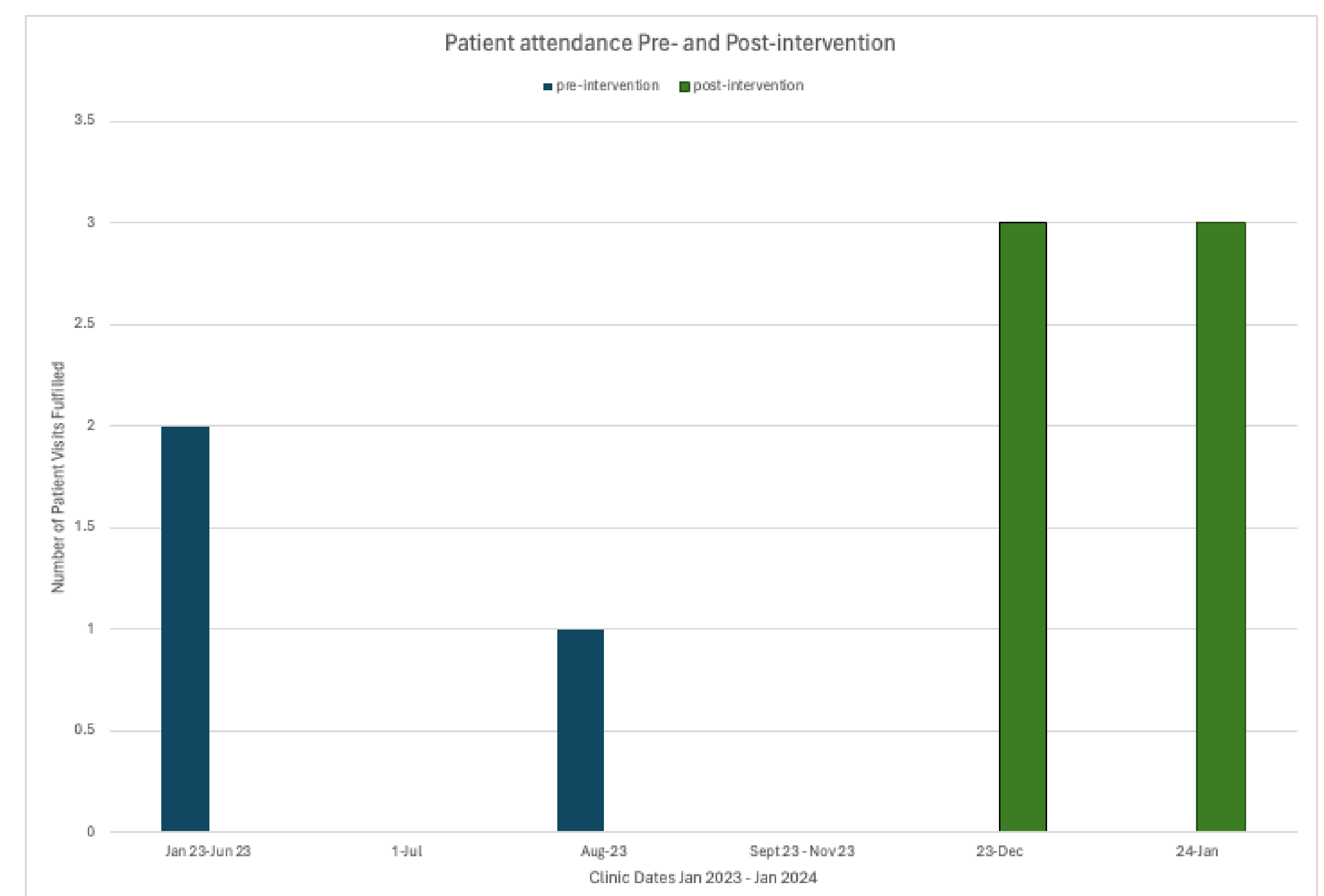
Significance Level:

- .01
- .05
- .10

The chi-square statistic is 15.997. The p-value is .000063. Significant at p < .05 Test: Chi-Square Calculator for 2 x 2 Contingency Table

There was no significant association between PHQ-9 score and insurance type, gender, or race/ethnicity.

Our chart review found an increase in appointment fulfillment rates with the hybrid model. Patients screening positive for behavioral health services exhibited higher engagement levels under the new model. This suggests that transitioning to a hybrid model can effectively improve access to behavioral health services and enhance patient-centered care at BHT. Further research is needed to explore long-term implications.



Discussion

Furthermore, the hybrid program's expansion of educational opportunities for undergraduate and graduate students interested in psychiatry contributes to the cultivation of future mental health professionals. High screening rates demonstrate the program's effectiveness in outreach and early intervention, while its ability to serve a diverse patient population underscores its commitment to equitable access to care. However, several limitations need consideration, such as the small sample size, which may impact the generalizability of findings, and the transient nature of the patient population, which poses challenges in continuity of care. Additionally, limited patient access to technology presents a barrier to leveraging tele-health services fully. To address these limitations, future directions should prioritize continued tracking of clinical outcomes to inform program improvements, as well as explore strategies to increase sample size, enhance continuity of care for transient populations, and improve access to technology for patients.

Conclusions

In conclusion, the implementation of the hybrid clinic model at Willow Free Clinic's behavioral health department has demonstrated notable benefits, particularly in terms of increased appointment fulfillment rates. Our analysis indicates that the hybrid model has effectively facilitated greater engagement with care services, resulting in more appointments being fulfilled compared to the previous virtual clinic setup. This positive outcome underscores the efficacy of the hybrid approach in addressing the needs of patients seeking behavioral health support. Moving forward, continued utilization of the hybrid clinic model holds promise for enhancing accessibility and effectiveness of care delivery within the clinic setting.