

A Virtual Pathway to Technology-Assisted Care Models: Keeping Up with New Technology in Behavioral Health Care

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Community-based behavioral health organizations and the individuals they serve would benefit from embracing new media and digital technologies. Technology-assisted care allows providers an additional set of tools to supplement engagement and establish more meaningful lines of communication. With the expansion of audio, video, mobile and other digital devices and/or multimedia programs, we are seeing this technology shift in all sectors of healthcare, including behavioral health. Organizational tools, apps and communication systems that utilize innovative technology allow healthcare workers to be better attuned to customer needs, with increased information and in real time; boosting patient engagement, leveraging support systems and providing critical cost and time saving advantages.

The rising need for services for those with Serious Mental Illnesses (SMI) that is accessible, less expensive, and more effective, highlights the needs for more intensive and innovative communications strategies to change health behaviors and manage chronic conditions, than our current system of weekly/monthly visits permit. Utilizing novel and innovative technology may be the only solution to reach more people. These resources can allow healthcare workers to reduce the reaction time and distance, enabling the human touch when otherwise unavailable. These tools are not meant to replace face to face visits, rather supplement, enhance, and offer added choice in how one elects to engage with their healthcare providers.

These technologies can better address treatment gaps, facilitating access and linkages to needed services, overcome geographic and transportation barriers, foster engagement by enabling anonymity as well as decreasing stigma about accessing behavioral health services. For providers there is a growing body of evidence that these technologies offer more real-time access to critical information about the patients, makes managing caseloads more efficient and effective and potentially freeing clinician time to better address patients with more intensive needs.

Coordinated Behavioral Care's Pathway Home (PH) Program draws on creative approaches to deliver community-based care, including advances in technology-assisted care. PH has started using texting, video-



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conferencing, ridesharing, and other mobile tools to support treatment adherence and to prepare staff for the changing realities of a more technologically integrated exchange between the individuals we serve and providers.

For the PH teams, meeting with individuals frequently and on an as needed basis is essential to ensure improved connectivity and ultimately engagement in services with consequent improved health outcomes. It is not uncommon for individuals in a PH Team to receive multiple weekly and at times daily visits. PH staff use phone calls or other means of communication to supplement and offer support in between more traditional visits. Nevertheless, there can remain large gaps of time between contacts where urgent matters can arise or even a small gesture of support can go a long way to minimize the loneliness that may lead to isolation and decompensation.

To further relationship building and ongoing communication, the PH Teams has started utilizing a *mobile messaging application*: a secure texting engagement platform providing assistance with reaching clinical goals, through reminders to take medication and attend appointments, as well as texts that educate on healthy living habits. PH staff schedule reminders and health education texts, either preemptively or in real time. The system can also check-in after tasks like appointments, inquiring how it went or if the appointment was made. After-hours, an automatic text responds with directions of who is on-call and how to reach on-call staff, to ensure 24/7 coverage.



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One PH staff remarked "For my own clinical work, it's been monumental to break out of traditional phone calls. Not to mention, this is how most of us communicate in 2018. It makes my job a lot more convenient, authentic, and genuine." "I have seen great benefits for the individuals on our team with secure text messaging... it has really helped build relationships." another PH clinician stated.

As an example, PH used this technology with Luz, a shy 19-year-old who at first was not talkative during in person meetings or over the phone. When Luz started using the application, she would type out answers to questions about her goals and symptoms, in a way never detailed in verbal conversations. As someone who had experienced suicidal ideation and serious attempts and often described feeling "overwhelmed in life," it was helpful for PH clinician to begin seeing signs and symptoms based on responses through text messages. During a trip out of state, it proved a useful way to keep in touch and check in regularly. She is now well connected to providers, has not returned to hospital or experienced suicidal ideation, volunteers at a pet shop, and returned to school to continue her education.

Luz sums it up best; "Texting is a lot easier for me than calling. I really do not like talking on the phone but texting is simpler, quicker, and more likely to get a response from me. If you don't have time to call someone, you can find a few seconds to reply to a text."

In our work, a common theme from hospital and housing staff is medication adherence. For individuals with medication

management needs, PH uses *electronic medication reminder & dispenser machines* as a tool and reminder that addresses adherence. The machine is programmed by a PH nurse and is set to dispense medications at the appropriate time, prompted by the user. Visual and audio alarms continue to sound from the dispenser and are not dismissed until the medication is dispensed. If not dispensed, the PH Team nurse receives a message and can follow up with a call or visit to the individuals setting and address the lack of adherence. One PH nurse noted, "The medication dispensers is a good starting point to help increase awareness of the benefits of medication adherence."

In one instance, PH was serving Malcom, who was prescribed 12 oral medications to be taken three times a day. Malcom had reported past challenges with medication adherence and concerns about forgetting to take them on time. For three months, the PH nurse assisted with medication management using the dispenser machine. The machine alerted Malcom to take notice of the prescribed times, increasing awareness and adherence. Practicing this routine led Malcom to no longer rely on the electronic medication and begin to take medication with increased independence, continuing adherence months later at completion of PH services.

In this ever-changing healthcare and technology world, it is imperative for behavioral health community-based agencies to remain relevant with the changing tide of new technology-assisted care. With the ubiquity of Smartphone apps, including hundreds that target mental health and substance use disorders, and inventiveness in technological tools, it is difficult to ignore this trend in healthcare. Individuals in the service delivery system in NYC with psychiatric conditions would benefit from beginning to use these and the service delivery staff should begin to become aware of the various resources that exist. If we do not embrace the innovation in healthcare and be present to shape it, we run the risk of it happening without our input. Piloting and testing technological solutions is the only way to assess usefulness, determine ability to support, and elicit buy-in from administrative and direct care staff. Behavioral healthcare professionals can be on the forefront of innovation, we simply need to have the courage to follow the virtual pathway forward.

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