

## **CASE STUDY: NEW HOPE CLINIC**

**Location:** Southport, North Carolina

**Budget:** \$299,522

**Patient visits in 2011:** 5,400

### **Abstract**

The New Hope Clinic provides tele-psychiatry services for patients who require immediate and ongoing access to mental health services. Tele-psychiatry, which uses tele-communications—such as video-conferencing—to deliver care, is a proven method for bringing health services to underserved or rural populations. The model is supported by three collaborating partners including: the New Hope Clinic, Southeastern Center for Mental Health, Developmental Disabilities & Substance Abuse Services (Southeastern Center), and RHA Health Services, Inc. (RHA). The program is funded by Southeastern Center, a Wilmington-based local management entity that serves three neighboring counties. A mental health professional, who screens patients for mental health eligibility at the New Hope Clinic, is provided by RHA. The clinic has been using tele-psychiatry since 2009. Since then the rise in patient visits has grown steadily from 34 mental health patient visits in 2008 before the tele-psychiatry program was established, to 597 in 2010.

### **Increasing access to mental health services through the use of technology**

Established in 1998, the New Hope Clinic provides primary and specialty care to residents of Brunswick County, a rural, coastal area in North Carolina. The community is largely a mix of out-of-state retirees and local fishing families. Medical providers are limited and residents often commute 40 miles to Wilmington for routine medical care. Individuals without personal transportation are at a significant disadvantage due to limited public transportation options between Brunswick County and Wilmington. The cost of a bus ticket—\$6.00 roundtrip—plus the time off from work results in a significant population forgoing care. The executive director is the only full-time paid staff, therefore the clinic relies on two part-time, grant-funded mid-level providers and over 150 volunteers to provide primary and specialty care including: podiatry, chiropractic, dermatology, EKG, dental, eye care, and diabetes education.

In 2008, the Southeastern Center for Mental Health, Developmental Disabilities & Substance Abuse Services (Southeastern Center), a local management entity that serves Brunswick, New Hanover, and Pender Counties, identified the need to increase access to mental health providers in Brunswick County. Although there are a number of mental health providers in the area, the New Hope Clinic is the only health clinic that offers mental health services integrated with primary care. In collaboration with the New Hope Clinic, a tele-psychiatry program was implemented in 2009. The tele-psychiatry program delivers mental health services via tele-communications, giving a patient instant access to a mental health professional. A Licensed Clinical Social Worker (LCSW) screens patients for mental health disorders at the clinic, and if

needed, the patient is connected to a psychiatrist in Wilmington via video-conference. The service is supported by Southeastern Center and RHA Health Services, Inc., a Wilmington-based nonprofit that provides outpatient, enhanced, and crisis services to individuals with mental health, substance abuse and developmental disabilities. Southeastern Center provides funding and video-conferencing equipment. RHA provides the LCSW, who is physically located at the New Hope Clinic. This particular model was implemented in July 2011; however the clinic used a different method of delivering mental health services with tele-psychiatry from 2009-2011.

Prior to 2011, the New Hope Clinic offered mental health services in collaboration with Southeastern Center and a different Wilmington-based mental health organization. In this model, a Licensed Professional Counselor (LPC) screened patients at the New Hope Clinic, who were then referred to a local mental health professional or received ongoing counseling onsite. Referrals were seen on a pro bono basis or funded by the State. Both models provide an immediate point of entry to access the system to ensure patients with acute illnesses receive proper and timely treatment.

### **Collaboration between primary care doctors and mental health professionals is essential**

A critical element of both models is collaboration between primary care doctors and mental health professionals. A majority of patients at the New Hope Clinic suffer from co-morbid conditions such as diabetes or hypertension coupled with depression, anxiety disorders, or substance abuse, therefore it is necessary for providers to work together to develop an integrated treatment plan.

### **A Licensed Clinical Social Worker navigates privacy issues**

The New Hope Clinic requires patients to sign a consent form so that the providers from each organization working with a patient have access to the patient's medical records. The LCSW navigates this process and the clinic uses a standardized form provided by Southeastern Center to request further services.

### **Considerations for starting a tele-psychiatry program:**

- What are the mental health needs of your community?
- Who are potential partner organizations, e.g., mental health agencies, community-based organizations, FQHCs, universities?
- Do you have a mental health "champion," i.e., someone who is dedicated to coordinating the effort?
- Do your volunteer primary care doctors have time to collaborate with mental health professionals to develop an integrated treatment plan?
- What type of mental health conditions should and can be treated at your clinic?
- How will you ensure availability of a consulting clinician at the other end of the line?

- Who will provide the equipment?
- Do you have a private room to administer the service?
- How will patients access mental health medications?
- How will you share medical records?

## Lessons Learned

### ✓ Utilize technology to overcome barriers in mental health delivery

Tele-medicine is a proven method for delivering critical health services to underserved populations. The American Psychiatric Association concludes that better care collaboration and improved communication between patients and providers is a direct outcome of successful tele-health programs.<sup>1</sup> The New Hope Clinic's tele-psychiatry service ensures that residents of Brunswick County have immediate access to mental health services. The increase in mental health visits—from 34 in 2008, to 597 in 2010—is an indication that these services have greatly benefited the community.

### ✓ Determine what conditions can be treated at your clinic using tele-health

Many of the patients at the New Hope Clinic suffer from depression and anxiety disorders in addition to one or more chronic medical diseases or conditions. In coordination with Southeastern Center and RHA, the New Hope Clinic determined what is feasible to treat in the clinic and what conditions require referral services or hospitalization. Developing a treatment plan that includes the primary care physician and mental health professional is essential.

### ✓ Set realistic parameters for community partners

Buy-in from community partners at the onset is essential. Local mental health agencies are a valuable resource for information on assessing community mental health needs. Keeping a continuous flow of communication between collaborating organizations is essential to ensure that program expectations and outcomes are being met.

## Additional Resources:

### American Psychiatric Association ([www.psych.org](http://www.psych.org))

The American Psychiatric Association lists multiple resources for building a tele-psychiatry program including various models and a guide for developing a tele-health program.

Click [here](#) to access these resources.

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<sup>1</sup> American Psychiatric Association: Telepsychiatry.  
<http://www.psych.org/Departments/HSF/UnderservedClearinghouse/Linkedddocuments/telepsychiatry.aspx>