

The background of the slide is a photograph of a rural landscape. It features a wide, green grassy field in the foreground. In the middle ground, there are several houses, including a prominent yellow one and a blue one, surrounded by trees. The sky is blue with some light, wispy clouds, suggesting a clear day.

Considerations in the Use of Telehealth for Specialized Early Psychosis Services

Samantha J. Reznik, PhD

University of Washington Department of Psychiatry & Behavioral Sciences

Seattle Children's Research Institute

My Early Psychosis and Telehealth Training Experiences



DOCTORAL TRAINING:

Practicum: Early Psychosis Intervention Center, EPICenter, Tucson, AZ

Pre-Doctoral Internship: University of Kansas Medical Center HRSA Underserved Track Internship, Kansas City, KS and surrounding areas, *KU Center for Telehealth*

POSTDOCTORAL TRAINING:

Psychosocial Rehabilitation (PSR) Fellowship at VA San Diego, San Diego, CA

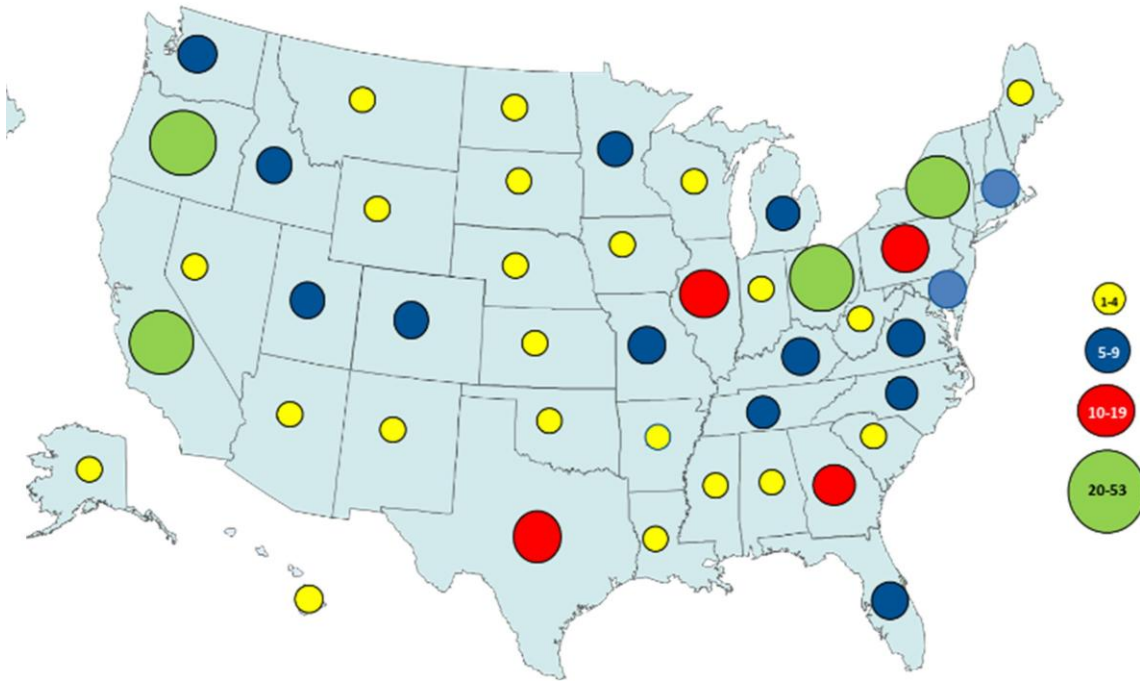
Early Psychosis Research Fellowship with Advancing Early Psychosis Intervention Network in Texas (EPINET-TX), UT Austin, state partnership

CURRENT POSITION:

Assistant Professor, University of Washington Department of Psychiatry and Behavioral Sciences, SPIRIT Center

Director, Seattle Children's Psychosis Program (*In-Person and Telehealth*)

Access to Specialized Early Psychosis Care in the United States



Map showing early psychosis programs in US. Courtesy of NIMH.

- The majority of the 360+ Early Psychosis Programs are in urban or suburban areas¹
 - > Disparity in access to rural early psychosis services²
 - > Rural-urban disparity for individuals with psychosis³
- Telehealth presents an opportunity
 - > And many considerations

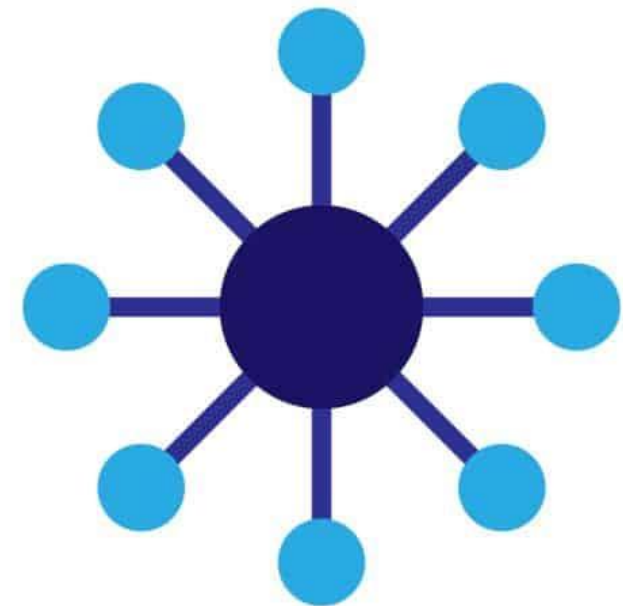
¹Heinssen & Azrin, 2022

²Oluwoye et al., 2022

³Morales et al., 2020

Models of Access to Specialized Care: To Telehealth or Not to Telehealth?

- Systematic literature review found two major types of rural specialized early psychosis programs¹
 - > Standalone (in person)
 - > Hub and spoke (telehealth)
 - > Specialist within generalist (in person)² not included in this paper
- Positive outcomes of both models: reduced hospitalizations, distressing symptoms, and improved quality of life
 - > Fidelity proposed to be low due to funding and practical barriers to implementation



¹Pipkin et al., 2021

²Behanet et al., 2017

Evidence For Telehealth in Specialized Early Psychosis Services

- Telehealth has been found to be acceptable and feasible¹
 - > Engagement in core services stable or even increased²
- Adaptations may be necessary³
 - > Changes to individual therapy and family education
 - > Peer support challenges
 - > Multidisciplinary team considerations



¹Nelseon et. al, 2022

²Bertish et. al, 2023

³Meyer-Kalos et. al, 2021

Can Telehealth Advance Equity for Early Psychosis Services?

Advancing Early Psychosis Intervention Network in Texas (EPINET-TX) Rural Workgroup highlighted:

- Potential for increased access
 - > Workforce shortages, particularly among specialized providers
 - > Long travel distances for patients and providers
- Risk of mismatch with local needs
 - > Telehealth providers may not be familiar with community context or culture
 - > Rodriguez et al. describe “The simplicity of matching a *tool* with a *need*”



Can Telehealth Advance Equity for Early Psychosis Services?



- Rapid telehealth implementation, such as during COVID-19, can unintentionally exacerbate disparities¹
- Access does not guarantee equity in person-centered care
 - > Need attention to cultural fit and context
- Need for community-informed implementation, such as Community Based Participatory Research (CBPR)
 - > Ezekiel et. al (2021): Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities
 - > Crisanti et. al (2015): Implementation of CSC for FEP in Rural and Frontier Communities

¹Hirko et. al, 2020

Advancing Equity In Early Psychosis Goes Beyond Telehealth Availability



BUILDING THE PLANE AS WE FLY: CONSIDERATIONS FOR SCALING OUT COORDINATED SPECIALTY CARE FOR EARLY PSYCHOSIS IN THE RURAL UNITED STATES

Samantha J. Reznik, Bess Friedman, Maria Monroe DeVita, Stephanie L. Hayes, and Molly Lopez



- Telehealth may increase access in rural areas
 - However, rapid implementation can create unintended consequences
 - Telehealth must be both feasible and culturally responsive
 - Preferences for telehealth may vary across young people, families, providers, and communities

Person-Centered Equity May Include Multiple Perspectives in Early Psychosis

Patient Perspective (Person-Centered)¹

- Some report improved service (20%) some report negative (10%)
- More access and environment choice but tech and confidentiality issues

Provider Perspective¹

- Improved access, workplace satisfaction (13%)
- Decreased engagement (12%), reduced therapy skills (10%), teletherapy training (8%)

Systems Perspective

- Lack of funding and workforce
- Balancing timely availability, quality, and fit

¹Randall et al., 2021

Telehealth and Tension of Balancing Availability, Quality, and Fit for Early Psychosis Specialized Care

"We've gone with some more private telemedicine companies. I'm not gonna wait 3, 4, 6 days, or 6 weeks to get my patient into a provider. I want a provider now."

- EPINET-TX Community Partner

- Access to timely care is not the same as access to specialty care
- Immediate availability is different than match between the service and patient's specialized needs

My Current Work: First Telehealth Specialized Early Psychosis Service in Washington State

- Seattle Children's Hospital Psychosis Program
 - > Provide In-person services locally and via telehealth to individuals in rural areas without access to other specialized early psychosis programs
 - > Allows access in low population density areas
- Considerations
 - > Mitigating potential for exacerbating disparities with providing different types of services
 - > Evaluation plan
 - > Community partnership
 - > Understanding local communities, needs, and cultures



Thank you!

- Goal to increase access to specialized early psychosis services that are person-centered, locally meaningful, and equitable
 - > Telehealth, when carefully considered for fit and access, may be one tool for doing so



Questions, comments, ideas?
sreznik@uw.edu

