
CONFERENCE ABSTRACT

New horizons for the integrated care

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Purpose: In spite of the lack of relationship between primary and secondary care in mental health area, the general practitioner is in most cases the first point of access for patients suffering from depression. With the aim of integrating the primary and the secondary care, the main purpose of our study is to allow the early detection of depressive disorder and the planning of an effective treatment since the first care access. In addition to that, important innovations from the therapeutic point of view have been introduced for patients, based on the online cognitive behavioural therapy tools allowing subjects to better recognize their symptoms and learn to manage them.

Context: Launched in March 2014, the MasterMind project (MANagement of mental health disorders Through Advanced Technology and Services - telehealth for the MIND) [1], co - financed by the Framework Programme for Competitiveness and Innovation of the European Union, involves 15 European regions, with a total of over 5,280 patients and 141 healthcare professionals. The Local Health Authority n.9 of Treviso, located in the Veneto Region, is one of the pilot sites, with the involvement of the Department of Mental Health (DMH) of Treviso. The objective of the study is therefore to provide patients with new support instruments in the management of their disease, to improve the quality of life and, at the same time, to make the collaboration between the primary and secondary care more effective.

Methods: The Local Health Authority n.9 is engaged in the realization of some services for the treatment and monitoring of adult subjects with depression disorders. First of all DMH has tried to get involved GP, psychiatrists, psychologists and the staff of mental health centres. Mastermind project was explained and discussed in some training events. It was presented videoconferences opportunities and cCBT tools. Patients were recruited directly from GPs.

During the follow-up period some data on the enrolled patients and the professionals involved will be collected. The project will end in March 2017. Through a Health Technology Assessment (HTA),

assessing the organizational, economic and social impact it will be evaluate the barriers and success factors for the implementation of proposed services at large scale.

Results and discussion: In relation to the purposes described above, the videoconference service is implemented and used among professionals with the aim to share information and give to the General Practitioners the support to recognize depressive symptoms and define the right clinical pathway for each patient, since the first contact. For patients, the cCBT therapy is introduced in the clinical routine practice with the aim to give them a new online therapy, favouring the self-management of moods and of everyday activities suggested.

The new care model involved about 30 professional and a target of 200 patients followed for three or more months. The greatest barriers were linked to the difficulties to get involved a great part of GPs and to share, also from the informatics point of view, information and evaluations, with the result of less patients and less diagnosis than waited.

The treatment, for the recruited patients, is carried out as a close cooperation between the GP, the specialist and the patient. By increasing the relationship between the different healthcare actors and settings, the new integrated and collaborative care model aims to the delivery of treatment, care and learning.

References:

1. <http://mastermind-project.eu/>

Keywords: integrated care; mental health; cCBT; GP; depression; quality of life
