Policy recommendations based on MasterMind results

MASTERMIND
"MAnagement of mental health diSorders Through advancEd technology
and seRvices – telehealth for the MIND"
GA no. 621000

1   Introduction

Depression is one of the most significant public health challenges worldwide. Around 30 million European citizens suffer from unipolar depression each year[1], whereas globally, the number is 300 million people of all ages[2]. In 2010, the total cost of disorders of the brain was estimated at €798 billion, of which mood disorders accounted for €113.4 billion[3].

Psychotherapy for depressive disorder delivered through Internet also referred to as eMental health, has potential advantages such as increased reach and accessibility while maintaining comparable clinical effects to existing routine practice[4].

The MasterMind project aimed to solve one overarching problem: actual and equal offer of eMental health interventions under good conditions and at a competitive price. With MasterMind, eMental health solutions for depression have been boosted and gained a solid foothold in the participating regions. The project has provided an unprecedented wealth of information about implementing eMental health in routine healthcare for depressive disorder. No other projects have implemented eMental health services at this scale and systematically identified barriers to implementation and up-scaling in routine practice and collected valuable experience as well as research results in the process.

MasterMind has universally been regarded a successful project, and this success is celebrated by the partners who highlight it as a tool for communication and further dissemination, beyond the original project's lifetime. With increased awareness, we expect a bigger demand for eMental healthcare to surface accompanying the general digitalization of healthcare and the universal requirement for a quality sustainable healthcare delivery system providing equal access. Experiences from the MasterMind project show that the political landscape is receptive for innovative and technological solutions and for these to play a greater role in high quality healthcare.

Considering the impact depressive disorder places on EU citizens, there is an urgent need for smart policies and strategies that support the continued and further deployment of eMental health. The MasterMind consortium highlights the following aggregated focal points and gives recommendations for the further deployment of eMental health solutions.

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[1] Wittchen et al., 2011

[2] World Health Organisation, Depression Fact Sheet, 2017

[3] Gustavsson, A., Svensson, M., Jacobi, F., Allgulander, C., Alonso, J., Beghi, E., et al. (2011). Cost of disorders of the brain in Europe 2010. *Eur Neuropsychopharmacol*, *21*(10), 718–779. http://doi.org/10.1016/j.euroneuro.2011.08.008

[4] Lindefors, N., & Andersson, G. (2016). Guided Internet-Based Treatments in Psychiatry. (N. Lindefors & G. Andersson, Eds.) (pp. 1–244). Cham: Springer. http://doi.org/10.1007/978-3-319-06083-5

2   Recommendations

Recommendation 1: Development of a clear implementation strategy and plan

Implementation of eMental healthcare can be accompanied by many challenging factors such as existing legislation, as well as lack of human resources both in terms of qualified staffing and high turnover. Moreover, fragmentation of healthcare systems including different financial structures is also commonly viewed as an impediment. Thus the development of a sensitive, contextual, implementation strategy is essential to aid implementation in the different jurisdictions. This of course needs to be accompanied by senior political buy in and an implementation plan in depth and scale.

Recommendation 2: Congruent financial metrics

Throughout the project, it has become clear how easily existing archaic financing structures can have a negative impact on the structure and delivery of the service. e.g. if the cCBT programme is built on a financing model based on physical face-to-face treatment, the likelihood of adoption of eHealth solutions is significantly reduced irrespective of the quality of the service delivered. Unless this is fully appreciated, erroneous conclusions about innovative solutions are common, whilst the more likely is a lack of adaptation of the financial systems to the new modality.

It is our recommendation to establish a sustainable financial model that creates proper incentives for the healthcare professional and organisations to use eMental Health services for the evidence based treatment of depression. Based on existing MasterMind experiences this reimbursement should cover on costs of the services (staff, licences, management costs, training, etc.)

It is our recommendation to align the reimbursement method to the existing model in the healthcare system as both a fee for service (or outcome, as appropriate) and as part of the budget frame.

Recommendation 3: Communication strategy

In order to aid implementation in the different regions, it is essential to have a communication strategy in place. All regions should explicitly identify target groups and channels (e.g. events, face-to-face meetings, social media, press, scientific publications, etc.) Relevant target groups include management of healthcare provider organisations and health authorities, governments, health boards, decision makers, GP practices, mental health teams, technical staff, (potential) patients, the general public, and other organisations such as job centres or prisons. We recommend bespoke tailored communication campaigns ensuring that the right information reaches the right people. Examples of targeted information to e.g. decision makers could be: positive well researched business cases; local evidence of clinical effect; how eMental health delivers quick, affordable and low threshold treatment and gives equal access to all; and how eMental health is a natural step in the process of healthcare digitalisation.

Recommendation 4: Change management

The introduction of new technology, or new ways of using existing technology, often comes with new roles, tasks and responsibilities. These are inevitably associated with resistance and therefore constitute a challenge to a successful implementation. Therefore, in the deployment phase, the impact of change management efforts should never be underestimated and indeed should form an integral part of every deployment. Some aspects to consider in the change management process are described below:

- Time and experience are important drivers for change. Professionals need to be given enough time to get habituated to new services and enough space to discuss their

experiences with colleagues/peers. Champions can function as a knowledge-hub and facilitate the sharing of experiences.

- Adequate training/instructions should be given to all, professionals as well as patients, so no one feels discomforted because of the implementation of new solutions. Be aware that 'only' educating professionals in the technical use of the services is not enough and more in-depth training is required that includes establishing therapeutic alliances through eMental health and writing skills as opposed to verbal communication methods.

- Turning some key stakeholders into ambassadors in order to create ownership can be a useful strategy to gain initial acceptance.

- Staff should be involved at an early point in the design process in order to benefit from their expertise and also to create ownership and sustainability.

- Set clear measurable targets for use of the services and actively and transparently monitor progress.

- Consider the introduction of extra economic incentives (bonus or disincentives) as a way to initiate and boost deployment in specific locations and/or organisations.

- Ensure senior political buy in at initial phase.

- eMental health solutions create opportunities to establish self-referral regimes.

Recommendation 5: Technical solutions and support

In the MasterMind project, focus was on the implementation of eMental health and not on developing the technical solutions themselves. One important prerequisite for successful implementation is the extent to which services can be adapted to local needs and constraints. Different solutions have therefore been implemented by different partners. Thus, the project has gained useful insight into the variety of technical solutions on the market and learned that a great range of applicable solutions already exist. We have also very clearly appreciated that there is usually a need to further develop and adapt these solutions to local environments, politics, needs and conditions. Implementing organisations should thus consider procurement versus in-house development. Considerations could also be made on the use of mobile technology, e.g. "apps", either to substitute or supplement the more common solution on Personal Computers. We would recommend due diligence and investigating the specific environment and the market first for existing solutions prior to implementation. It is also essential to assess affordability correctly by considering the costs for maintaining own solutions versus eventual eHealth licensing costs. In addition, the principles of evidence-based service provision should prevail in procurement and investment decisions.

Another important aspect to consider before choosing any technical solution is the need for integration of new services into existing clinical and administrative workflows. Further consideration needs to be given to legislation governing data sharing and access across sectors. Experience from the MasterMind project shows, that a lack of integration can be a barrier to efficient implementation and daily operation. A pragmatic solution needs to be identified to manage this as we have also seen that the efforts to integrate services took up so much time at some sites that the implementation process was significantly delayed.

Thus, we would suggest that implementation need not necessarily be delayed until all aspects of data governance and management are fully explored and comprehensive solutions deployed. Each region should therefore consider their needs and possibilities for data integration, and identify solutions in the initial phases that do not unnecessarily impede implementation.

When moving from pilot/implementation phase to daily operation, there is a demand for strong technical consolidation of the services, an efficient and robust back up and support infrastructure. In some cases, this may necessitate an update of the IT infrastructure for the healthcare providers.

Recommendation 6: Organisational structure and stepped processes

Just like the financial structures and incentives, organisational structure also plays a role in the effective implementation of eMental health services. Before implementation, we again recommend due diligence with an evaluation of the existing organisational structure and due consideration of options associated with the introduction of EMental health services. In many cases, the introduction of eMental health services will entail some form of clinical redesign of treatment processes and also the introduction of changes in management structures and governance. Many of the MasterMind partners have redesigned their clinical pathways and adapted or even created new service delivery infrastructures, including self-referral, from primary to secondary care referral, and inter-service referral. Several regions also considered transferring and opening up the services to other locations and jurisdictions, such as job centres, prisons, local authorities, libraries and new clinics. We believe that eMental healthcare can be used for reaching currently underserved populations, and that it has the potential to reach people in a whole set of new locations and organisations, not merely primary or secondary mental healthcare.

When implementing eMental healthcare as a new service, we would recommend a stepped approach possibly testing applicability of the service via some clearly defined pilots, where additional treatment centres, or other relevant institutions, are gradually included in the new service setup and learning from those who have started in earlier waves. The early wavers should be celebrated and encouraged to aid spread.

Further potential

eMental healthcare offers significant opportunities in expanding the concept even further than purely healthcare settings thereby enabling new organisations and partnerships to form.

Other clinical areas

Most partners indicated an interest in expanding the provision of cCBT and/or ccVC to other clinical areas, and some have already initiated new projects in these. The clinical areas specifically mentioned include: anxiety, stress, bipolar disorder, obsessive-compulsive disorder, (borderline) personality disorder(s), somatoform disorders, psychoses, disorders related to or caused by unemployment, prevention of suicidal risk, disorders mainly related to children and young people (developmental disorders, such as autistic spectrum disorders and eating disorders), psychogeriatrics, psychological damage arising from disasters, adjustment disorders, perinatal mental health related illness, post-traumatic stress disorder, addictions, and pain.

Some partners are also interested in the link to somatic healthcare. Every non communicable disease, particularly in its more florid presentation, has aspects of care pertaining to mental disorders. These are often ignored or undertreated by clinicians who concentrate on the more somatic manifestations of disease. eMental healthcare could play a role in bridging this gap as it offers solutions which can be deployed in this widely dispersed dispersedand, variable population.

New treatment formats

In addition to new clinical areas, different treatment formats are also being considered by some partners, e.g. going from purely online self-help treatment to blended care and providing CBT over

videoconference. Some consider using ccVC for other services and some are planning to provide CBT through video to geographically isolated and underserved populations.

All the above recommendations are concluded from the work and results of the MasterMind project. Much more information is to be found in the project reports which can be accessed from the MasterMind project website: https://mastermind-project.eu