Rural Telemental Health Services

United States
Jim Boulger
Organization type: nonprofit/ngo/citizen sector
Budget: $10,000 - $50,000
Website: http://www.med.umn.edu/duluth/about/CRMHS/home.html

- Behavioral issues
- Disability
- Health care
- Infant health
- Maternal health
- Mental health
- Substance abuse

Project Summary

Concise Summary: Help us pitch this solution! Provide an explanation within 3-4 short sentences.

A mental health consultative service for rural health providers has been established (Rural Minnesota Telemental Health Network (RMTHN)). This supports rural providers and patients by establishing a telecommunications link - a virtual presence - of mental health professionals to assist in the care of patients in underserved populations.

About Project

Problem: What problem is this project trying to address?

Integrating mental health into primary health care settings in underserved rural populations is our objective. Using a shared-care model of service: where care is delivered at the patient's local Family Medicine clinic results in greater patient anonymity and thus reduces stigma attached to mental health consultations - one of the primary barriers to appropriate treatment in rural communities. The rural mental health system is dependent on the family physician. The need to support rural physicians in their efforts in mental health care in communities is critical to attracting and retaining physicians in underserved areas. The CRMHS serves patients only in areas that lack mental health providers. Communities that are in our Rural Minnesota Telemental Health Network are all in federally designated health professional shortage areas (HPSA's, MUA's and Mental Health HPSA's). None of the communities has a psychiatrist and rarely are there available mental health professionals of any type.

About You

Organization:
Center for Rural Mental Health Studies

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Country
What will it take for your project to be successful over the next three years? Please address each year separately, if possible.

2010: Additional funding will provide expansion of services to additional underserved rural and small communities; additional staff will be required to support expansion. Current faculty efforts will need to be maintained at a time of diminishing State budgetary resources. Commitment from institutional sources will be maintained.

2011: Again, additional funding will need to be continued to support the expansion of services to additional underserved communities; additional staff will be required to support this. Current faculty efforts will need to be maintained. Commitment from institutional sources will be maintained.

2012: During this year, it is probable that the Director of the Center for Rural Mental Health Studies will retire. A search will need to be conducted...
Throughout the three years, we project having to constantly look for external sources of funding to support the rural telemental health consultation activities. This commitment of time will, of necessity, make sustainability more difficult.

**What would prevent your project from being a success?**

A number of events may threaten the continuing success of this project. The co-Director of the Center for Rural Mental Health Studies, Dr. Gary Davis, recently assumed the leadership of the medical school campus in Duluth. This has lessened the amount of time that he has available to see patients. Insofar as his hectic schedule permits, he has maintained his schedule in this regard. It would be beneficial to replace these efforts with time from additional professionals in the community.

As for most clinical services, funding is a perpetual issue. We will continue to seek external funding to bridge the gap between funds recovered from third-party insurers and the actual costs of service delivery. Should we be unsuccessful in these efforts, the project will be jeopardized.

The telemental health consultation service is successful. We hope that it will remain so,

**How many people will your project serve annually?**

101-1000

**What is the average monthly household income in your target community, in US Dollars?**

More than $4000

**Does your project seek to have an impact on public policy?**

Yes

**Sustainability**

**What stage is your project in?**

Operating for 1-5 years

**In what country?**

Is your initiative connected to an established organization?

Yes

If yes, provide organization name.

Center for Rural Mental Health Studies, University of Minnesota Medical School Duluth

**How long has this organization been operating?**

More than 5 years

**Does your organization have a Board of Directors or an Advisory Board?**

Yes

**Does your organization have any non-monetary partnerships with NGOs?**

Yes

**Does your organization have any non-monetary partnerships with businesses?**

No

**Does your organization have any non-monetary partnerships with government?**

No

**Please tell us more about how these partnerships are critical to the success of your innovation.**

Our partnerships are with rural and Native American primary care practice sites. That is the source of the patients and the medical home of our provider/partners.

**What are the three most important actions needed to grow your initiative or organization?**

Additional funding is required to expand the number of sites to which telemental health services are offered. Development of additional partnerships with other mental health providers will be necessary to expand further. Additional community assessments of need are required to fuel appropriate expansion.

**The Story**

**What was the defining moment that led you to this innovation?**

The goal of the University of Minnesota Medical School Duluth has been to train physicians for service in rural and Native American underserved areas. We have been markedly successful in accomplishing these goals. Half of all Duluth graduates are in Family Medicine, and 46% are in practice in communities smaller than 20,000. More Native Americans have received their MD degree from the University of Minnesota since the school’s inception in 1972 than any other US medical school except Oklahoma.

Support for the patients of our alumni, as well as those practitioners themselves, in these underserved areas is a natural effort for the mental
health professionals at the school. Knowing the limited resources available to patients and professionals in the rural areas of Minnesota, the telemental health consultative services were instituted using our alumni and colleagues in smaller communities. The interactions that we have had in training our students in these practices as part of our Family Medicine Preceptorship Program made cooperative links relatively easy to form in a trust-based relationship.

While working with rural family physicians in the medical school curriculum as well as in the supervisory process for Family Medicine residents in the Duluth residency, the need was apparent for collegial support for the providers and their patients via telemedical consultations. Via this method using virtual presence by staff in Duluth, we should be able to decrease the wait time for patients to see mental health providers, be able to assist the primary care physicians and other health care providers with rapid and focused consultative services and deliver comprehensive services within the patient’s medical home.

We are pleased with our success.

**Tell us about the social innovator behind this idea.**

James G. Boulger, PhD, is the Director of The Center for Rural Mental Health Studies based at the University of Minnesota Medical School Duluth. Dr. Boulger has been on the faculty of the medical school in Duluth for the past thirty-five years in various positions. Currently, he is Professor and Head of the Department of Behavioral Sciences with a joint appointment in the Department of Family Medicine where he has directed the Family Medicine Preceptorship Program for the past 34 years. He has been recognized nationally for his efforts in rural medical education by the National Rural Health Association as well as by the University. From its inception in 2000, he has been the Director of the Center for Rural Mental Health Studies.

The Center is comprised of a multidisciplinary team of faculty and community associates who provides rural Minnesota residents with better access to mental health services through their family physician. The CRMHS telemental health providers consist of 4.5 FTE doctoral level psychologists and one master’s level trained counselor. All psychologists volunteer their time and are employed on a full-time basis elsewhere within the Duluth medical school.

This off-site shared-care consultative model is a collaboration with the family medicine clinics in the Minnesota communities of Bigfork, Cook, Ely, Littlefork, Mora and Paynesville Minnesota. Additional sites are two at the Bois Forte Reservation in rural Minnesota which provide assistance to the primary care providers at that Native American health site.

**How did you first hear about Changemakers?**

Through another organization or company

**If through another, please provide the name of the organization or company**

Via the Western Interstate Commission for Higher Education (WICHE) Mental Health Program efforts which were attempting to identi...