

Treating People You Never
See:
HCFs Helping Hands Program

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Aim:

Reduce hospitalization and
increase well being

in HCF members with recurrent
psychiatric admissions

Process: recruitment

- Identify the high users
- Ask them did they want to better understand and manage their condition
- Have them telephoned by a McKesson case manager
- Give them the opportunity to opt out
- 407 contacted, 174 enrolled, 99 completed

Process: management

- Detailed assessment by telephone
- Self care booklet – importance of medication, sleep, exercise, substance use, stress management, social contacts
- Personal relapse prevention plan
- Regular telephone support calls for 12 mo.
 - 21 calls of 36 minutes from McKessons
 - 3.5 calls to McKessons.

Results

The number of people in the severe range of the K10 was halved.

Compared to the previous year, the number of days in hospital was halved.

Average cost for telephone case management was \$900 per person

Average savings in hospital costs was \$7,500 per person

cost benefit ratio 1:8.4

Implications

- Taylor et al (2005, Psych Services) did the same in the US and saved \$3,300 per person in hospital costs.
- Telephone counseling for high utilizers makes people better and saves money.
- Shouldn't this be part of the service their private psychiatrist offers?

Implications

- Is Nicola Roxon right? Doctors may not need or want to do everything.
- See Bodenheimer, Lorig et al JAMA 2002 for the benefits of patient self care in asthma, diabetes and arthritis
- Titov, Andrews et al ANZJP 2008 on treating people with social phobia over the web.

Threats to validity

- The patients might have been getting better anyway
- We now need a proper randomized controlled trial with decent numbers
 - Three Funds, 200 people enrolled from each
 - Probably compare telephone counseling with Climateclinic programs with treatment as usual