

**Change Proposal Summary Report**

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Mental health conditions such as depression, anxiety, addictive behaviors, and post-traumatic stress disorder are among the leading causes of disability, a high risk of self-harm, and impairment in cognitive functioning. One in every eight people (970 million) had mental disorders, including anxiety and depressive disorders, in 2019 (World Health Organization, 2021). The number of people with mental health issues like anxiety and depressive disorders rose significantly in 2020 due to the COVID-19 pandemic. In the United States, people in rural areas grapple with a massive burden of mental health issues due to the interplay between poor social determinants of health (SDOH). According to Mongelli et al. (2020), racial-ethnic, sexual, and gender minority groups and underserved urban communities are susceptible to mental health conditions that compromise their quality of life and well-being. Therefore, the proposed evidence-based practice for improving access to timely and convenient mental health services entails incorporating telehealth technology into psychiatric interventions for the US mental

health system.

## **Executive Summary**

### **Proposed Change**

The proposed change entails incorporating telehealth technology into the current mental health care delivery approaches in the United States. It is essential to note that the most significant achievement in reducing disparities in care accessibility was Medicaid expansion, which requires states to lower Medicaid eligibility criteria to 138% of the federal poverty line (FPL). However, this policy has successfully improved access to care for people in rural areas and underserved urban centers. According to Mongelli et al. (2020), about 28 million Americans lack health insurance despite the enactment of the Medicaid expansion policy. A lack of insurance coverage, stigma, mental health workforce shortages, and inequalities in healthcare professionals' geographical distribution contribute to extreme mental health conditions' effects on minority groups, people in rural areas, and those in underserved urban areas.

Amidst the need to ensure equality and address disparities in mental health services' accessibility to vulnerable populations, telehealth technology emerges as a profound strategy for addressing causes of healthcare inequalities like workforce shortage and uneven distribution of healthcare professionals. According to Li et al. (2021), workforce shortages associates with a lack of follow-up after psychiatric inpatient discharge. These issues lead to high readmission risks, increased incidences of self-harm, suicidality, and non-adherence to medications.

Incorporating telehealth into psychiatric interventions seeks to address these issues by facilitating remote vital sign monitoring, facilitating remote communication and coordination, eliminating the need did in-person clinical visits, and promoting care delivery for people grappling with

transportation issues. These aspects will contribute to the concept of care quality, affordability, and equity.

### **Desired Outcomes**

The proposed change entails two profound desired outcomes: reducing disparities in accessing mental health services for people in underserved rural and urban settings and improving care utilization for patients with mental health conditions by addressing barriers such as uneven distribution of healthcare professionals, stigma, and nurse staff shortages. The organization responsible for paying for the components of telehealth is Yale New Haven Psychiatric Hospital, which serves the mission of commitment to innovation and excellence in patient care, teaching, research, and service. This organization provides the highest quality patient care and transforms mental illness's overall understanding and treatment.

### **Health Care System Comparative Analysis**

While the American Psychiatric system emphasizes incorporating telepsychiatry techniques into approaches for providing care to people with mental health conditions, healthcare systems in other countries exhibit creative methods for reducing disparities in mental healthcare accessibility. In Australia, mental health organizations can use the already established fly-in-fly-out (FIFO) and drive-in-drive-out (DIDO) healthcare strategies to enhance health equity and access to quality care. According to Gardner et al. (2018), FIFO and DIDO involve employees traveling long distances to worksites and participating in on-shift rosters. Asare et al. (2022) argue that the FIFO work lifestyle entails the frequent separation of workers from families and long-distance commuting arrangements that target remote, underserved areas. As a result, addressing the uneven distribution of healthcare workers in rural, underserved communities is essential.

On the other hand, the UK healthcare systems apply different approaches to address disparities in care accessibility. For example, the grant-based Improving Access to Psychological Therapies (IAPT) program guarantees the cost-effectiveness of expanding access to psychotherapy services (Moroz et al., 2020). In the same breath, Wakefield et al. (2019) argue that IAPT is a national-level program for providing evidence-based psychological treatment for depression and anxiety. Finally, this program focuses on the premise of evidence-based psychological therapy to enable recovery and reduce the welfare benefit cost burden. Although the UK, Australia, and the US strategies are different, they emphasize similar outcomes like improving quality care for people in rural underserved communities and addressing barriers to equitable care.

### **The rationale for the Proposed Change**

Incorporating telehealth into psychiatric interventions for Yale New Haven Psychiatric Hospital will enable healthcare professionals to foster care coordination, promote remote communication and care delivery, and reduce the cost associated with frequent, in-person clinical visits. Further, this technology can address barriers to adequate care accessibility and utilization by reducing the effects of nurse shortages and the uneven distribution of healthcare professionals.

### **Financial and Health Implications**

Implementing telehealth is a cost-intensive endeavor, considering the need to address organizational and community-based challenges such as infrastructure deficiencies, patient education and training, issues surrounding its reimbursement, and updating institutional technology infrastructure. However, the proposed change is financially viable due to its ability to reduce care costs by eliminating the cost of patients per clinical visit. Although the organization

needs to address challenges affecting the implementation of telehealth in mental health, failure to implement the Intervention will exacerbate the situation by depriving the community of opportunities for accessing timely and convenient care.

### **Conclusion**

The proposed change entails implementing telehealth technology in psychiatric care delivery mechanisms to address barriers to adequate care access and utilization. At the same time, people in underserved rural and urban settings grapple with various constraints, including poverty, limited access to quality and timely care, and uneven distribution of healthcare professionals, telehealth emerges as a profound strategy for intercepting these problems by facilitating virtual interactions, remote collaboration, consultations, vital sign monitoring, and reducing the costs associated with frequent clinical visits.

## Appendix

Table 1: Health Care System Comparative Analysis

Outcomes	The Australian Healthcare System	The UK Healthcare system	[U.S. Health Care System]
Improved access to quality and timely care for people in rural areas.	FIFO and Drive-in-drive can provide services to people in rural areas	the grant-based improving access to Psychological Therapies (IAPT) program guarantees the cost-effectiveness of expanding access to psychotherapy services (Moroz et al., 2020)	Emphasizes the role of telehealth in psychiatric care.
Improvement of Patient performance and satisfaction	FIFO and drive-in-drive can promote patient satisfaction by eliminating barriers to care accessibility.	The AIPT program emphasizes recovery and seeks to reduce losses due to production issues.	Telehealth can improve patient satisfaction by facilitating remote and virtual cooperation, communication, and care delivery.

Outcomes	The Australian Healthcare System	The UK Healthcare system	[U.S. Health Care System]
Improved professional outcomes	FIFO and DIDO can lead to distress due to their disconnection from social life.	The AIPT emphasizes evidence-based practice, recovery, and productivity	Telehealth facilitates communication between healthcare professionals and fosters coordination.

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