Video conference for collaborative care and treatment of depression in the MasterMind project

Abstract

Purpose

The objective of the project is to make high quality treatment for adults suffering from depressive disorder more widely available. This will be achieved try implementing and studying the use of video conference services and networks for treatment of depression in relevant setups, including collaborative care in routine care. MasterMind is a large cross-country project for which the study protocol has been published (1). This abstract include the video conference part of the project.

Context

13 partners (pilot sites) across the European Union and associated countries participate in the project. The pilots are classified into four groups, depending on their focus.

Group A is treatment for depression facilitated by video conference between specialists and/or GPs/other healthcare professionals without the patient.

Group B is treatment for depression facilitated by video conference between specialist and GP with the patient present.

Group C is follow-up or outpatient care of the patient at home. In this case, the healthcare worker communicates with the patient, who is at home.

Group D is acute care. This is video conference from the acute ward to a specialist.

Method

The evaluation is structured according to the Model for ASessment of Telemedicine (MAST) (2) and the evaluation will assess the viewpoints of three levels of stakeholders involved in the projects: 1) patients, 2) healthcare professionals and 3) mental healthcare organisations. A mixed-methods approach will be employed to allow an understanding of what (quantitative results) the implementation projects have achieved, and how or why (qualitative results) these outcomes occurred.

Results and discussion

The primary focal points of interest are reach, clinical effect, acceptability, appropriateness, implementation costs, and sustainability of the interventions in practice. At this point in the project, a large proportion of the data are still to be reported. The resulting summative evaluation will provide valuable insight into the perspectives of involved stakeholders and the factors that influence the implementation and up-scaling of video conference. Examples of the recommendations so far is related to the importance of having focus on

implementation, engaging health care professionals, management and patients and finding the right technical solutions.

Location

Europe

Year

2016

Related Integrated Care keywords

- DIGITAL HEALTH: ICT (INFORMATION AND COMMUNICATION TECHNOLOGY) SOLUTIONS, DEVICES, MONITORING

Pervasiveness

Small scale in a region

Status

Completed

References

(1) Vis, C., Kleiboer, A., Prior, R., Bønes, E., Cavallo, M., Clark, S. A., et al. (2015). Implementing and up-scaling evidence-based eMental health in Europe: The study protocol for the MasterMind project. Internet Interventions, 2(4), 399–409. http://doi.org/10.1016/j.invent.2015.10.002

 (2) Kidholm K, Ekeland AG, Jensen LK, Rasmussen J, Pedersen CD, Bowes A, et al. A model for assessment of telemedicine applications: mast. International journal of technology assessment in health care. 2012;28(01):44-51.

Links

Skjøth MM, Bønes E, Vis C. Video conference for collaborative care and treatment of depression in the MasterMind project. International Journal of Integrated Care. 2016;16(5):S37. DOI: http://doi.org/10.5334/ijic.2586

https://www.ijic.org/articles/abstract/10.5334/ijic.2586/

https://mastermind-project.eu/