

Final Report:

Feasibility of Using the PTOPHelp
Website as a Tool to Identify Mental
Health and Substance Abuse Treatment
Providers in Vermont

Submitted to
Healthfirst
May 13, 2015

bailit
health

Introduction

Healthfirst engaged Bailit Health to assess the feasibility of a web-based tool to be used by primary care providers (PCPs)¹ to refer patients to mental health and substance abuse (MH/SA) treatment providers and to provide recommendations based on our findings. Healthfirst specifically asked if the PTOPHelp website (www.ptophelp.org) could be updated to meet the needs of the primary care community. PTOPHelp is a searchable listing of Vermont mental health and substance abuse treatment providers that was developed 10 years ago by the Southern Vermont Area Health Education Center (AHEC) and is currently maintained by the Champlain Valley AHEC.

This request for Bailit's assistance grew out of concern on the part of Healthfirst leaders that its PCPs find it challenging to identify MH/SA treatment providers who can provide the appropriate services to their patients in a timely manner. The initial expectation was that a website with information on Vermont MH/SA providers might facilitate the referral process for PCPs.

To structure its research, Bailit focused on answering the following questions:

1. What are the barriers PCPs have when identifying appropriate MH/SA providers for referrals?
2. Will PTOPHelp, or other websites, address those barriers and be useful tools for Vermont PCPs?
3. Are existing websites currently used by PCPs to identify and refer to MH/SA providers?
4. Are there other websites available to Vermont providers that perform the same function?
5. Is updating PTOPHelp, or creating a new website, feasible and advisable?

To answer these questions, Bailit consultants pursued a two-pronged approach. First, Bailit interviewed key stakeholders, including the following representatives from Vermont-based organizations:

- Helen Reihle, Executive Director, Champlain Valley AHEC
- Marty Hammond, Executive Director, Southern Vermont AHEC
- Frank Reed, Deputy Commissioner of the Vermont Department of Mental Health
- Barbara Cimaglio, Deputy Commissioner at the Alcohol and Drug Abuse Program within the Vermont Department of Health
- Beth Tanzman, Assistant Director, Vermont Blueprint
- Rick Barnett, President, Vermont Psychological Association
- Ellis O'Herlihy, Vermont Chapter of the National Association of Social Workers
- A small sample of MH/SA providers listed on the PTOPHelp website

¹ Our use of the term "primary care providers" refers to anyone in a primary care practice that might make a referral to a mental health and substance use treatment provider, including physicians, social workers or care managers.

- A small sample of MH/SA providers suggested by Health*first*
- Five primary care physicians identified by Health*first*
- Three nurse care managers on Community Health Teams within Health*first* practices

Bailit made multiple attempts to interview a representative from the Vermont Psychiatric Association, but all were unsuccessful.

Second, Bailit identified existing websites designed to facilitate referrals to MH/SA providers, including local, regional, state-wide and national websites. Bailit assessed the websites it found for relevance, completeness of information and ease of use and included that information in the Findings section of this report.

Findings

1. Current practice of PCPs in MH/SA treatment referrals

Our interviews with Vermont primary care physicians revealed that by and large, MH/SA referrals were limited to a small number of known treatment providers with whom the physician felt comfortable. For example, one practice makes referrals to preferred MH/SA providers by giving identified patients a list of the three or four MH/SA treatment providers that the PCP recommends and asking the patient to call to identify whether those providers accept their insurance and if they have an available appointment. In other practices that do not have MH/SA contacts, the leg work involved in finding a therapist was left completely in the patient's hands. One physician we interviewed said that patients in need of therapy are instructed to call their insurance company to identify a list of in-network providers and cross reference that to websites like Psychology Today (www.psychologytoday.com).

Through interviews with Community Health Team nurse care managers, Bailit also found that the current practice of identifying MH/SA treatment providers is one based on, and limited by, existing relationships and institutional or personal knowledge collected over many years. The nurse care managers described informal internal lists of MH/SA treatment providers they knew and were comfortable with, but often times those providers did not meet the individual needs of the patient the care managers were assisting – either because the patient did not live near the MH/SA treatment provider, the treatment provider did not offer the type of care needed, or the provider had a full panel. In those cases, the nurse care managers reported spending significant time “hunting down” therapists through websites and word of mouth.

The current PCP and nurse manager practice of attempting to identify appropriate MH/SA treatment providers for patient referral was not satisfactory to anyone we interviewed. Based on our interviews, Bailit identified specific barriers faced by physicians and nurse care managers, which we discuss below. For the purposes of this report, we organized the barriers by those that are easily addressed by a website and those that are not.

2. Barriers to MH/SA referrals that are too difficult to be solved by a website

Barriers that are too difficult to be resolved by a website are generally related to the lack of relationships between the PCP/nurse care managers and MH/SA treatment providers. Top on the list of barriers identified by the PCPs was the difficulty in finding a therapist to whom the PCP was confident in referring the patient. Unlike the medical field where PCPs use hospital affiliation or training background to judge clinical expertise, PCPs have no easy means of assessing the expertise or competence of MH/SA treatment providers beyond knowing that the individual has a current license from the State of Vermont. Creating the necessary confidence level usually required the PCP knowing other PCPs who recommended the therapist or having had some experience with the therapist providing services to his or her patients.

Second, the physicians and care managers emphasized that finding the “right fit” for the patient was a key part of the MH/SA treatment referral process. The physicians and care managers recognized that if the MH/SA treatment provider and patient can make a connection and are the “right fit,” the patient will be more likely to continue treatment for their behavioral health condition. Identifying whether the MH/SA treatment provider was the “right fit” required the PCP/nurse manager knowing the MH/SA treatment provider’s therapeutic approach, personality and style of interaction with clients. While some of information on practice style and approach might be available on a website, the PCPs/nurse managers generally thought it was not always sufficient for basing a referral.

Identifying MH/SA therapists accepting new patients was also an identified barrier that is not solvable via a website because of the frequency with which changes occur. Based on provider interviews, this lack of updated information on whether a therapist is accepting new patients is even a problem on insurer websites.

3. Barriers to MH/SA referrals that might be solved by a website

The physicians and care managers identified several barriers that might be addressed by an up-to-date website of MH/SA treatment providers. Finding MH/SA treatment providers who accepted the patient’s insurance, and finding psychiatrists who perform psychiatric evaluations were the top barriers that might be addressed by a website.

The PCPs also thought that having a website with pictures of therapists and information on their approach to therapy could be a tool that a PCP might use to introduce a patient to a therapist. Some PCPs thought that pictures of therapists might increase the patient’s likelihood in following through with scheduling and keeping appointments with MH/SA treatment providers.

Based on these interviews, it is Bailit’s assessment that a website would be helpful in addressing only a few of the principal barriers to PCPs and their staff finding appropriate MH/SA

providers for their patients. To determine whether websites currently meet those needs, Bailit investigated existing websites.

4. Currently available websites

Bailit identified several Vermont-specific and national websites currently available for PCPs and others to use when referring patients to MH/SA providers, and assessed the nature of the information provided and the ease with which a user can access needed information. The four Vermont-specific sites we reviewed are as follows:

- PTOPHelp (www.ptophelp.org/), developed by the AHEC in Southern Vermont and currently being supported by the Champlain Valley AHEC. It currently lists 695 Vermont providers and 10 institutions, including 135 RNs, most of whom are school nurses. The PTOPHelp website allows the user to search for a provider by entering a geographic area, insurer and age group. Alternatively, the user can view the entire list of therapists on the website. For those therapists who have submitted practice information, the user can see a listing of therapy disciplines, client age groups, type of therapies used, languages spoken, insurance plans accepted, and educational background. The website's navigation system is difficult to use and the information displayed is dense and not user friendly. About 40% of the 10 therapists randomly selected from the PTOPHelp list were either retired or were not reachable through their listed email.
- Central Vermont Mental Health Professionals (www.cvmhp.org/index.html). This website includes a list of therapists, their availability for new clients, the city or town where they practice, their areas of practice, and the populations they serve. By clicking on the therapist's name, the viewer accesses the therapist's office address and contact information, the types of insurance accepted, a picture, a short biography and a statement explaining the therapist's therapy style. At the time of this report, 44 therapists were listed, with 36 accepting new clients. The website is easy to use and the profiles of the therapists are appealing and provide useful information to understand the nature of the therapy provided.
- Youth Yellow Pages, (www.howardcenter.org/youth-yellow-pages) which is created and maintained by The Howard Center. This website is geared toward children, youth and families in Chittenden County and provides the user with resource information to address issues such as alcohol and drug use, suicide and violent behavior, mental health and counseling, eating disorders, sexuality and sexual identity. Most of the resources are links to programs or agencies, and not individual therapists. Because little description is provided about the linked resources, it provides useful information to someone familiar with the field.
- The White River Family Practice (http://whiteriverfamilypractice.com/?page_id=981), includes on its website a downloadable Excel spreadsheet with separate tabs for listings of practitioners, organizations, school nurses and support groups. The practitioner tab

includes 450 therapists, their license type, organizational affiliation, contact information, insurance plans accepted, areas of interest and populations served. The list was last updated in the summer of 2014 and the user is urged to directly contact the therapists for updated information.² The listing provides only basic information, no pictures or verbal description of the practice style. It is searchable by those familiar with Excel, but search capabilities are limited because of how the data is entered.

The three national websites Bailit identified and reviewed are as follows:

- Therapist Locator, (www.therapistlocator.net/iMIS15/therapistlocator/) which is maintained by the American Association of Marriage and Family Therapists. This site enables the user to search for a therapist by zip code, city or town, or by therapist's name and covers the United States, Canada and overseas locations. After entering the necessary information, a list of therapists appears. The user is then able to click on the name of any listed therapist and view a profile that includes a picture, email link, practice information, office location, education, licenses and other certificates, languages spoken and insurance plans accepted. It is user friendly, easy to access desired information, and informative about the therapists listed, but only has 29 Vermont providers listed.
- Healthgrades (www.healthgrades.com/provider-search-directory) is a commercial site that provides patient ratings of listed therapists. The user can search by geography and type of therapist. The website provides a list of therapists near the geographic location indicated. For each therapist, the website lists professional training and experience, any patient reviews, which can be read by the user, and contact information. Some therapist profiles include pictures. Its unique feature is the patient evaluations, which are difficult to rely upon because one does not know the motivation for the review or the reliability of the patient's observations.³
- *Psychology Today's* Therapist Finder (<https://therapists.psychologytoday.com/rms/>), enables the user to sort a search for a therapist by provider type, location, specialty and provider's name. Each therapist listing, which costs the therapist \$360 annually, contains a personal statement by the therapist providing information on educational background and therapy style. The site also provides an email link, office location, insurance accepted, and lists of areas of specialty, types of mental issues addressed, client focus and treatment approach. This website offers flexibility regarding search requests, provides useful details about the therapists listed and is user friendly. Currently the website lists 385 Vermont therapists and sixteen facilities. The types of

² In our interview with the White River Family Practice, we learned that the website was created as a point in time resource by a hired intern and no resources are available to keep the excel file up-to-date.

³ We asked the primary care providers and nurse care managers about whether patient feedback or "customer reviews" would be a helpful functionality for a website and in general, most interviewees who answered the question did not think patient reviews would be helpful. One nurse care manager thought that provider-based (e.g., social worker) reviews would be more relevant in their referral process.

providers include doctoral level and masters levels therapists, including psychologists, marriage and family therapists, social workers, and licensed mental health/substance abuse counselors. The site also list several pastoral counselors and psychoanalysts and one psychiatrist. Of the five PCPs interviewed by Bailit, two or three PCPs currently, and the nurse care managers use the Psychology Today website.

5. Findings of interviews with MH/SA treatment providers

To ascertain how practicing MH/SA treatment providers view the importance of different referral sources, Bailit interviewed both individual practicing therapists and representatives from the Vermont Psychological Association and the Vermont chapter of the National Association of Social Workers. Bailit was unsuccessful at contacting a representative from the Vermont Psychiatric Association. Generally, the MH/SA treatment provider's assessment of different referral sources appeared to vary mostly based on length of time in practice. Social workers who were starting a new practice found websites to be a very important source for referrals. More established practices thought having a web presence is important, but not a critical source of referrals. Several practices reported that they did not need additional referral sources and did not see the value of being listed on a website. Generally, therapists were open to participating on a website, but were not enthusiastic supporters.

Of those interested in being on a website, most indicated that they thought the *Psychology Today* Therapist Finder website to be the website they would join or have joined. MH/SA treatment providers interviewed who were listed on the PTOPHelp website reported that they did not recall receiving a referral from that site. All emphasized the importance of keeping any website up-to-date in order to be useful and they felt that Psychology Today had the resources to do so.

Interestingly, several MH/SA treatment providers interviewed indicated that PCP referrals were only one of many referral sources they had, most coming from crisis centers, other MH/SA treatment providers, or current or former patients. Only one MH/SA treatment provider interviewed mentioned the development of ACOs as a reason why her organization needed to be proactive in establishing referral relationships with local PCPs.

Assessment of Findings

1. Limited viability of PTOPHelp

The current PTOPHelp website uses an old navigation system that is clunky and not user friendly, compared to other alternatives, such as the *Psychology Today* Therapist Finder. Moreover, the information on the PTOPHelp website is not current. Several of the randomly selected MH/SA treatment providers listed on the website that Bailit called were no longer practicing. It is our assessment that PTOPHelp is not worth updating because of the extensive changes that would be required to increase its usefulness.

2. Lack of need for a new, general MH/SA therapist directory website

Based on our research, it is Bailit's assessment that there are both local and national websites that can help PCPs identify possible therapists for their patient and provide key information about the therapist's areas of interest and therapy style. While these websites have some limitations, another, unique MH/SA treatment provider website in Vermont is not necessary. Creating and maintaining a useful website is a significant challenge. It would require the creation of a new website that had flexible search options and an easy navigation system. It would need to be updated frequently on an on-going basis and offer something more than the *Psychology Today* Therapist Finder website. Since most therapists who were interviewed did not generally consider a website to be critical to gaining new patients, getting a critical mass of Vermont therapists to initially list their practices and then to update the information on an on-going basis would be challenging. There would need to be frequent, automated reminders to those listed to update the site. Moreover, the majority of therapists interviewed viewed a Vermont-only site to be duplicative of the *Psychology Today* Therapist Finder website and, therefore, would pay nothing or only a nominal amount (between \$25 and \$200 per year) to be listed.

The *Psychology Today* Therapist Finder website appears to have credibility among the therapists interviewed and be the preferred website to join. For PCPs a website which lists all practicing therapists is the most useful site. However, Bailit was not able to determine the total number of practicing therapists in Vermont, so we are not able to judge the completeness of the *Psychology Today* Therapist finder. It is Bailit's assessment that increasing the number of therapists listed on *Psychology Today* Therapist Finder website is a more viable option for Healthfirst than building and maintaining a new website. We think that given the expressed preference of Vermont therapists for the *Psychology Today* Therapist Finder website, it would be possible to increase listings through a promotional campaign. To be effective, a campaign would need to encourage PCPs to use the site as well as encourage therapists to join the site.

3. Need for listing of psychiatrists able to do psychological evaluations

All the PCPs interviewed agreed that having a listing of psychiatrists able to conduct psychiatric evaluations would be invaluable. Bailit's assessment is that developing and maintaining a list of psychiatrists doing psychiatric evaluations is much simpler than creating a website of all providers. To meet its purpose, such a list would need to include only key information, including psychiatrist's name, contact information and email address, insurance plans accepted and whether new clients are being accepted for psychiatric evaluations. The list of such psychiatrists could be hosted on a central website, perhaps through the Vermont Medical Society for example, so that it is readily accessible for all PCPs. To develop such a list, Healthfirst would be advised to partner with the Vermont Psychiatric Association and the Vermont Medical Association. Healthfirst could also join with other ACOs to convey to Vermont psychiatrists the value of such as list.

Recommendations

Bailit recommends that instead of investing time and resources in updating or replacing the PTOp Help website, Healthfirst pursue the following:

1. *Educate PCPs on the availability of the Psychology Today Therapist Finder website.* This can be done by Healthfirst via emails, newsletters, webinars, and during regularly scheduled meetings of its associated practices. We also recommend that Healthfirst join with the Vermont Medical Society to more broadly communicate the availability of the website.
2. *Coordinate with other ACOs and with professional organizations to encourage additional MH/SA treatment providers to join the Psychology Today website.* This message should include information that Vermont PCPs and nurse managers are being educated about the site and that it is expected that PCPs will increasingly access the site for referral information. Education about the growth of ACOs in Vermont and the value of creating therapist – PCP relationships is also an important message to include.
3. *Work with the Vermont Psychiatric Association and Vermont Medical Society to develop and maintain a list of psychiatrists or clinics available for psychiatric evaluations.* The list should be downloadable and sortable by key variables including provider name, location, insurance accepted, and whether accepting new patients. Since this would be a relatively short list of providers, it is feasible to create and maintain. There would not be a need to create an expensive, sophisticated, consumer-friendly website.
4. *Host events or activities that enable MH/SA treatment providers and PCPs to meet each other in an effort to gain confidence, familiarity and to encourage closer working relationships.* Healthfirst, in conjunction with the Blueprint and key professional associations such as the Vermont Psychological Association and the Vermont Chapter of the American Association of Social Workers, could hold regional meetings that feature an educational, as well a social component to encourage participation. For example, all fields could benefit from better understanding what delivery system changes are occurring in Vermont and the implications for providers. These meetings could be held annually or semi-annually, based on the level of interest.

Conclusion

Bailit recommends that Healthfirst not upgrade PTOpHelp or develop a new Vermont-specific website directory of MH/SA treatment providers. Rather, it is our assessment that Healthfirst would be using its resources more effectively by promoting the increased use of the *Psychology Today Therapist Finder* website by both MH/SA treatment providers and primary care offices, and by creating opportunities for PCPs and therapists to get to know one another. Finally, Healthfirst could provide an important service by creating a coalition to develop and post a list of psychiatrists who are able to do psychiatric evaluations.