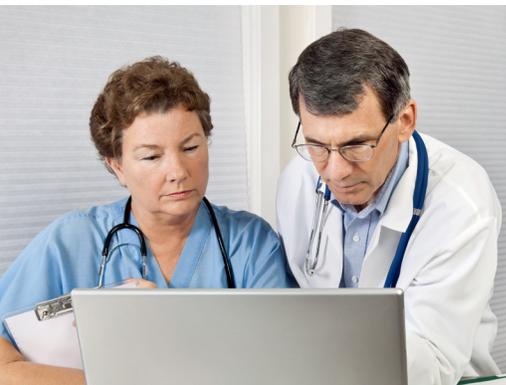


Case Study



Personal Videoconferencing, a tool for building a mentoring network for the delivery of mental health care.

The Challenge

Improving the delivery of mental health care in underserved communities

According to an April 2012 report from the Canadian Medical Association, Canada has 4,426 licensed, and aging, psychiatrists. That shortage resulted in an average wait-time for non-urgent cases of 11 weeks. That report further noted that Ontario's psychiatric shortfall is expected to continue until 2030 unless 300 additional consultants practice in the province.

Psychiatrist Nina Desjardins is a member of a health care community in rural Ontario, where there are no consulting psychiatrists. Although she is a member of the North Simcoe ACTT team, working for the Mental Health and Addictions Services of Simcoe County, she continues to provide care for a small group of patients in her former practice. Dr. Desjardins stressed that even if she had continued her full-time practice, she would still not have met the care needs of all those in her community.

The Solution

Personal Videoconferencing: A tool for mentoring family physicians

Dr. Desjardins observed that providing care for those with mental health issues frequently falls to the family doctor, who is reluctant to treat a patient whose treatment is not straight forward: for example, the treatment of patients with trauma. As a result, these people are often in and out of hospital.

Dr. Desjardins, who began using Personal Videoconferencing to follow her patients, has identified a new purpose for the service - one she believes will improve the delivery of mental health care for all who live in her community.

Dr. Desjardins envisions a network of family doctors with whom she connects by Personal Videoconferencing in their homes or offices. From her home, Dr. Desjardins would use Personal Videoconferencing to mentor network members, improving the doctors' mental health care skills through one-on-one or group meetings. By sharing her expertise, this network of health care professionals would develop skills to enable them to confidently conduct mental health triage. They would learn to distinguish patients who require psychotherapy from those that require psychiatric care.

Dr. Desjardins' experience with Personal Videoconferencing has inspired a second purpose for the network she envisions - using Personal Videoconferencing to educate patients about mental health care options.

"The quality of Personal Videoconferencing's sound and video are far superior to Skype or Facetime."

The Benefits

Simplicity, Affordability, Accessibility

According to Dr. Desjardins, Personal Videoconferencing is weatherproof, affordable and doesn't affect the quality of care provided for her patients.

The hardware and software requirements are readily available and simple to set-up:

1. A laptop or desktop computer with an up-to-date computer operating system.
2. A business grade Internet connection.
3. An HD webcam.
4. Either an echo-cancelling speakerphone or a headset.
5. OTN's clinical grade Personal Videoconferencing service.

With the launch of OTN's accessible Personal Videoconferencing service, Dr. Desjardins' vision of a mentoring network for the delivery of mental health care could be established simply and affordably.

“Personal Videoconferencing does not affect the quality of care for my patients.”

Advice to New Users:

Negotiate bandwidth delivery

Because she lives in the country, Dr. Desjardins found it necessary to negotiate with her Internet provider to ensure the company did not “throttle back” her bandwidth. Once that negotiation was completed, she found *“the quality of sound and video exceeded my expectations.”*

Dr. Desjardins admitted that she was reluctant to try Personal Videoconferencing, because of the low sound and image quality she had experienced using Skype or Facetime. The quality of Personal Videoconferencing’s sound and video, she stressed, are *“far superior.”*

The interview with Dr. Desjardins was conducted using OTN’s secure Personal Videoconferencing service.

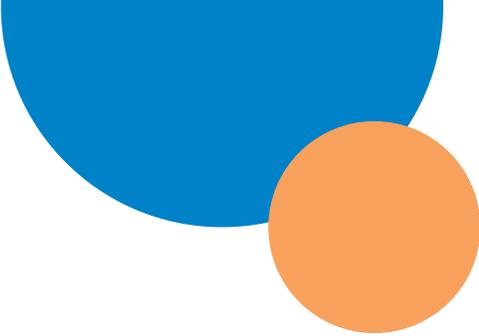


Dr. Nina Desjardins, B.Sc., MD, FRCP(C)

Dr. Desjardins is a psychiatrist specializing in Assertive Community Treatment. She recently led a Dialectical Behavioral Therapy team at the Oakridge Division, Waypoint Centre for Mental Health Care in Penetanguishene, Ontario. She received her M.D from the University of Alberta and completed her postgraduate training at the University of Western Ontario.

Dr. Desjardins also has a strong interest in First Nations mental health and Transcultural Psychiatry.





Personal Videoconferencing for Your Health Care Practice

Personal Videoconferencing is secure, safe and reliable, and is subject to Ontario's Personal Health Information Act (PHIPA) and Canada's Personal Information Protection and Electronic Documents Act (PIPEDA). The service is state-of-the-art with privacy protocols that meet or exceed provincial and federal standards.

Patients do not pay additional fees. Physicians may bill OHIP for telemedicine at a premium.

Training and support are provided to Personal Videoconferencing adopters. OTN is a recognized provider of healthcare distance education. That skill and experience are applied to all online Personal Videoconferencing training modules. Experienced OTN staff provide support to all users.

As the world leader in telemedicine, OTN helps Ontario get more out of the healthcare system, bridging the distance of time and geography to bring more patients the care they need, where and when they need it. Using innovative technology OTN streamlines the health care process, while also expanding the way knowledge is shared and how the medical community interacts with each other and with patients. The efficiencies achieved help health care budgets go farther. Funded by the Government of Ontario, OTN is a not-for-profit organization. For more information, go to www.otn.ca