netCCBT delivery to a national population: teething problems & solutions

<u>Case study</u>

Implementing net*FearFighter (FF)* for phobia/panic across England & Wales

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ISRII <u>Paper</u>   Charlottesville   *12', 11 Oct 07*

Net*FF* licences are bought by Primary Care Trusts (PCTs) of National Health Service

153 PCTs in England & Wales

-each PCT's commissioning group decides what health care to buy and how to deliver it

-PCTs vary in exactly how they buy and deliver health care

The 153 PCTs' care provision including net*FF* is influenced by 3 NHS agencies

-<u>regulatory</u> approval   by NICE   (National Institute of Clinical Excellence)

-<u>licencing</u> rules   " PASA   (Purchasing and Supply Agency)

-<u>implementing</u> guidance   " CSIP   (Care Services in Partnership)

the 3 agencies speed the uptake of net*FF* licences by many PCTs responsible in all for populations totalling many millions

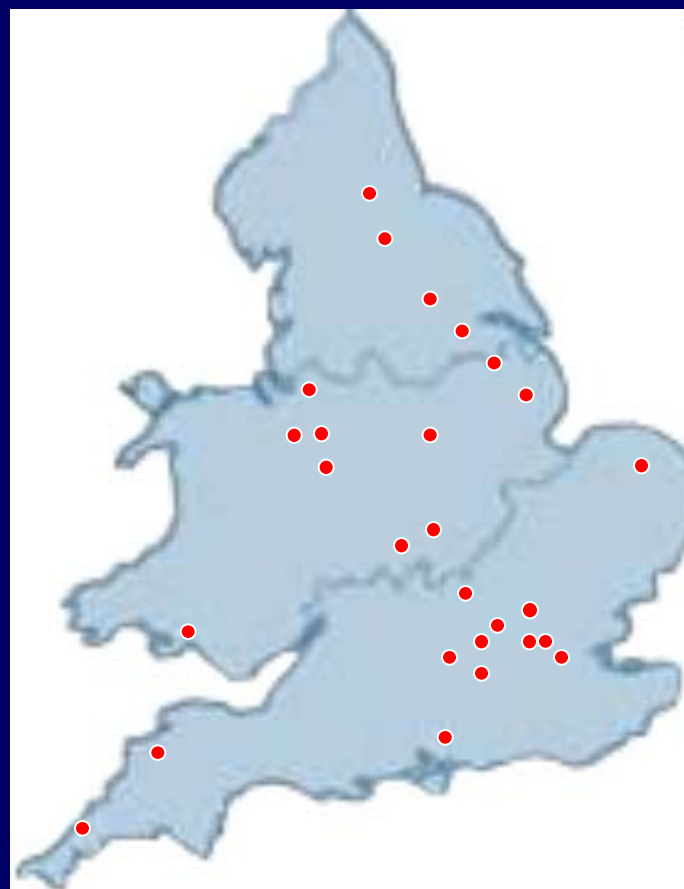# FF-licenced sites in England & Wales *March 06*

● = Primary Care Trust

FF-licenced sites in England & Wales & Hawaii *Oct 07*

● = Primary Care Trust

Hawaii

Upscaling net*FF* delivery in research trials to routine care nationally brings soluble teething problems

-educate PCT's commissioners, managers and healthcare workers re which pts benefit from net*FF,* how they use it, and whom to refer patients to

-allay CBT therapists fear of being deskilled and supplanted by netCCBT

-streamline screening and support to be brief yet efficient

-teach supporters to use *FF*'s anonymised net Patient-Monitoring System to track patients' progress

Licensed PCTs need much help to decide:

-how to publicise availability of the new net*FF* service

-referral pathways for would-be patients

-how to screen referrals, and give suitable ones unique passwords for free 24/7 use on net at home etc

-who should give patients brief support (1h in all over 3m)

-arrangements for 1-day training of supporters

-how to monitor patients' outcome anonymously on net

why is licenced NICE-approved netCCBT not `free' for uses?

-Patients from PCTs licenced for net*FF* DO get:

   free *screening* + *passwords for 24/7 use* at home etc
                        + free *support & monitoring*

-PCTs' licences cover developers' costs of:

1. development, 2. testing, 3. getting regulatory approval, 4. publicising & supporting net*FF* & users, 5. brief short training of people to support *FF* users briefly by phone, and 6. monitor their outcome

'Free' CCBT websites are funded by:

-universities, research councils, governments, commercial bodies, etc.

-all are paid for somehow

-cease being free once hidden development & testing funds run out

-casual unmoderated website visitors have huge attrition from 70% - 99%

-adherence is much ↑ by brief support (1h over 3m)

As for most new technology, startup costs are large to upscale delivery of efficient netCCBT-use by all sufferers in community who can benefit

-cost-effectiveness studies are needed of the many different ways in which affordable netCCBT can be delivered to whole populations

-disseminating netCCBT widely enough with brief support might ultimately ↓ prevalence of some disorders

CCBT guided by computer via internet + brief* support on helpline/email/SMS

*1 hour **total** over 3 months

-most therapy tasks can be delegated to *FF*: therapist's time saved can be >80%, so can help 5 times more patients

-netCCBT can be therapist-extender, not replacer

-patient gets password access to netCCBT 24/7 at home etc, so does not need to attend clinic or have appointments: saves clinic overheads in space, receptionist time, computers

CCBT guided by computer via internet
+ brief support on helpline/email/SMS: 2

*1 hour **total** over 3 months

-with netFF only the therapist can link patients' unique passwords to their anonymised outcome data to track progress on net Monitoring System

-self-empowering

-more confidential

-decreases stigma

-↑compliance and improvement from brief (1 hr **total** over 3 mths) screening & support by helpline/email/SMS

Australian & Canadian findings:
 70-99% attrition of casual unsupported users of net CCBT

`Red Flag' Act effect in netCCBT from therapists' 30' - 90' screening interviews

-self-propelled road vehicles in UK were crippled by 1865 `Red Flag' Locomotive Act: set speed limit of 4 mph & man had to walk 60 yards ahead of vehicle with a red flag or lantern to enforce a walking pace and warn horse traffic of the vehicle's approach

-with a simple Screening Questionnaire & interview can cut screening time for *FF* referrals to <15' without incurring undue risk

-therapists can spend time better on other tasks

Despite its research promise, netCCBT is used nowhere on the national scale needed to improve public health

-if most sufferers in the community are to access and complete netCCBT successfully, numerous obstacles have to be overcome

-successful implementation requires adaptations of the organisation, funding, support & electronic monitoring of netCCBT to suit each country's healthcare system

CBT therapists are overstretched (hence CCBT)
Most sufferers CBT could help are untreated

-waiting list often 1-2 **years** long

-qualified therapists scarce

-therapists often hard to get to

-stigma from consulting a therapist

CCBT research ↑ rapidly:
therapists are too few to meet demand for CBT

Review* of world literature in English found

97 computer-aided CBT (CCBT) self-help systems tested
in 175 studies including 103 RCTs

*HANDS-ON HELP: COMPUTER-AIDED PSYCHOTHERAPY
Maudsley Monograph No. 49, Psychology Press 2007 *Marks IM et al*

In RCTs, CCBT improved *(Marks et al 07)*

-panic/phobic disorders

-OCD

-PTSD

-depression

-eating problems

-smoking & drinking problems

-tinitus distress

-childhood encopresis, facets of autism & asthma

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