Disclosure slid	•
Disclosure silu	e
Conflict of interests	None
Relevant relationship with companies	None



Mental Health Care to and from 2014

General Practitioner (GP) = Gatekeeper

Before 2014:

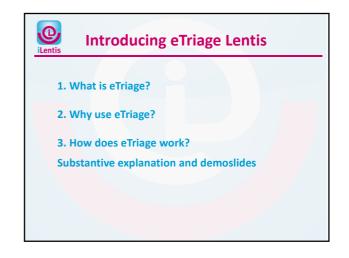
GPs refer patients to mental health care (primary or secondary) based on their judgement. Research shows that 40% of diagnoses are not recognized by GPs.

From 2014:

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Lentis

GPs refer patients to mental health care (General/Basic or Specialized) adding eTriage/eDiagnostics instruments to support their decision. Result is improvement in matched care.



What is eTriage?

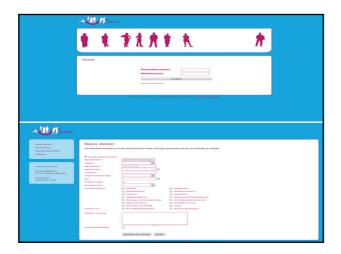
- Webapplication for screening and diagnostics *prior* to referral developed by Telepsy with GPs, mental health care professionals and University Maastricht (also validation)
- Adaptive software; smart questionnaires which determine the sequel based on patient responses:
 - DS-1-5 (based on DSM-IV).
 - Additional specialized questionnaires
 - E-mail notifications for risk of suicide & psychosis
 Review of the software generated profile by special trained health care professionals. End product = report with preliminary diagnoses and echelon advice.
- For now available only for adult patients (>16 year). For children it is in development.

Why eTriage?

Goals:

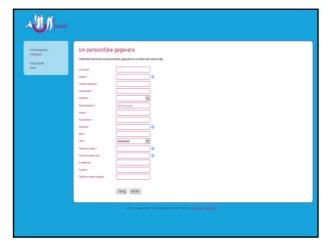
- Matched Care: as soon as possible in the right place for treatment by the most appropriate professional.
- Improving the "front" door: early identification, triage, diagnosis, health allocation
- Efficiency: Increase efficiency by preventing mismatch and betterinformed counselor and patient
- Accessibility: transparent and objective guidance and consultation
- Empowerment: increased self-awareness contributes to joint decisions on diagnosis and treatment

Why eTriage?	How does it work?
dvantages:	
Intense exchange of information without costing more consultation time Patients can fill out the questionnaires at home on the internet Patients tend to reveal themselves fastervia internet Suicidality can be better predicted Quick insight in the problems of the patient Automatic echelon advice and intensity of care according to the reference model 2014 Direct communication between refferer and mental health care Report with conclusions to support a possible referral Direct feedback of the report through care mail	eTriage @ mins to Tr



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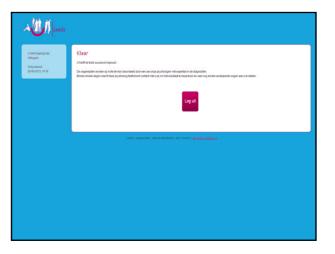




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	D5-2-Demo	17-05-2013	Passief-Agressieve persoonlijtheidsstoomis	
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Verander wachtwoord	Dr. A.B.C. Verwijzer Voorbeeldstraat 1			
Lilloppen	1234 AB Stad			
	Onderwerp		Kenmerk Plaats, datum	
	Resultaten eTriage		12345 Maastritht, 21-06-2013	
TelePsyversie 2.5.2	Patient			
	Naam: Dh Geboortedatum: 01	r. S. Demo		
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	Aandacht voor	Persont@heidsproblenatiek		

iLentis R	esults pilot at Lentis
• First results pr	romising. Better matching by using eTriage
	ed on referral letter VS guidance based on eTriage, ifferent outcomes by using eTriage (N=63):
	refer to the "primary", while eTriage indicated "seconary" d refer to the "secondary", while eTriage indicated "primary"
• Interviewers /	therapists and patients are predominantly positive
• In appr. 85% p	reliminary diagnosis is acquired by therapists
http://www.reuters.com/ar	Triage confirmed by larger research done by University Maastricht Inde 2013 10 10 us-online-system-IdUSIRE599144201310 1007 Isk org contentierly 2013 201021ampra.cm1046.abstract?sids.3cef34a8-a652-4o44-a748-3b1967337834

