COVI Mental - DocuMental in times of COVID 19

The problem

Fig 1. Share of the population with Mental health disorders
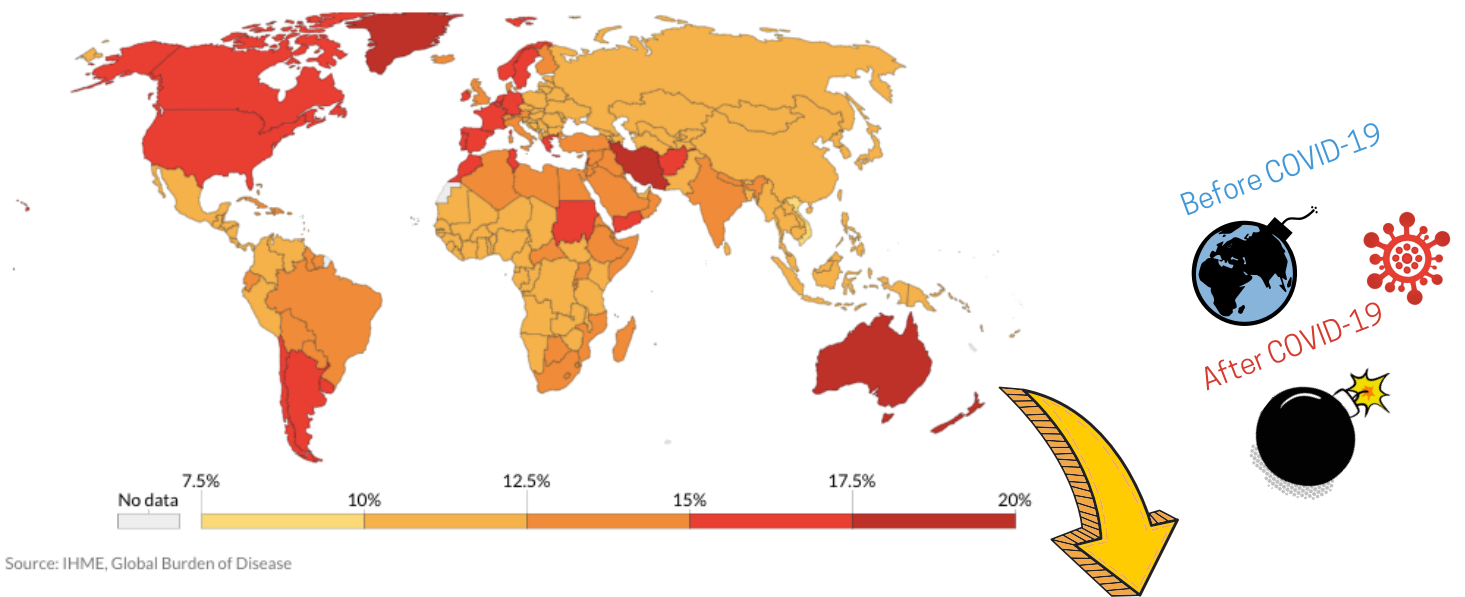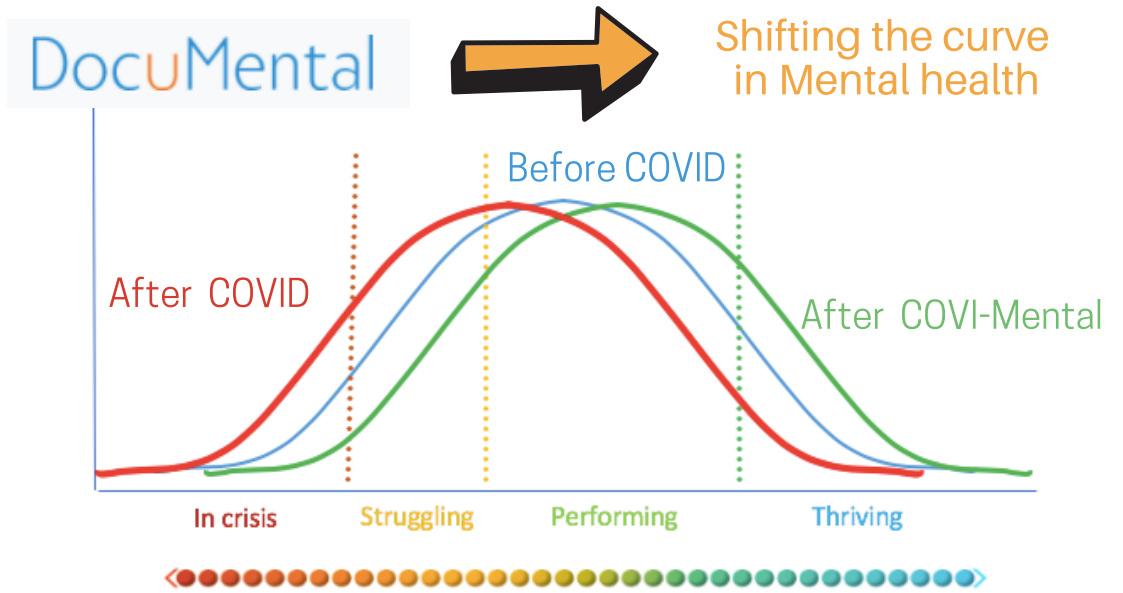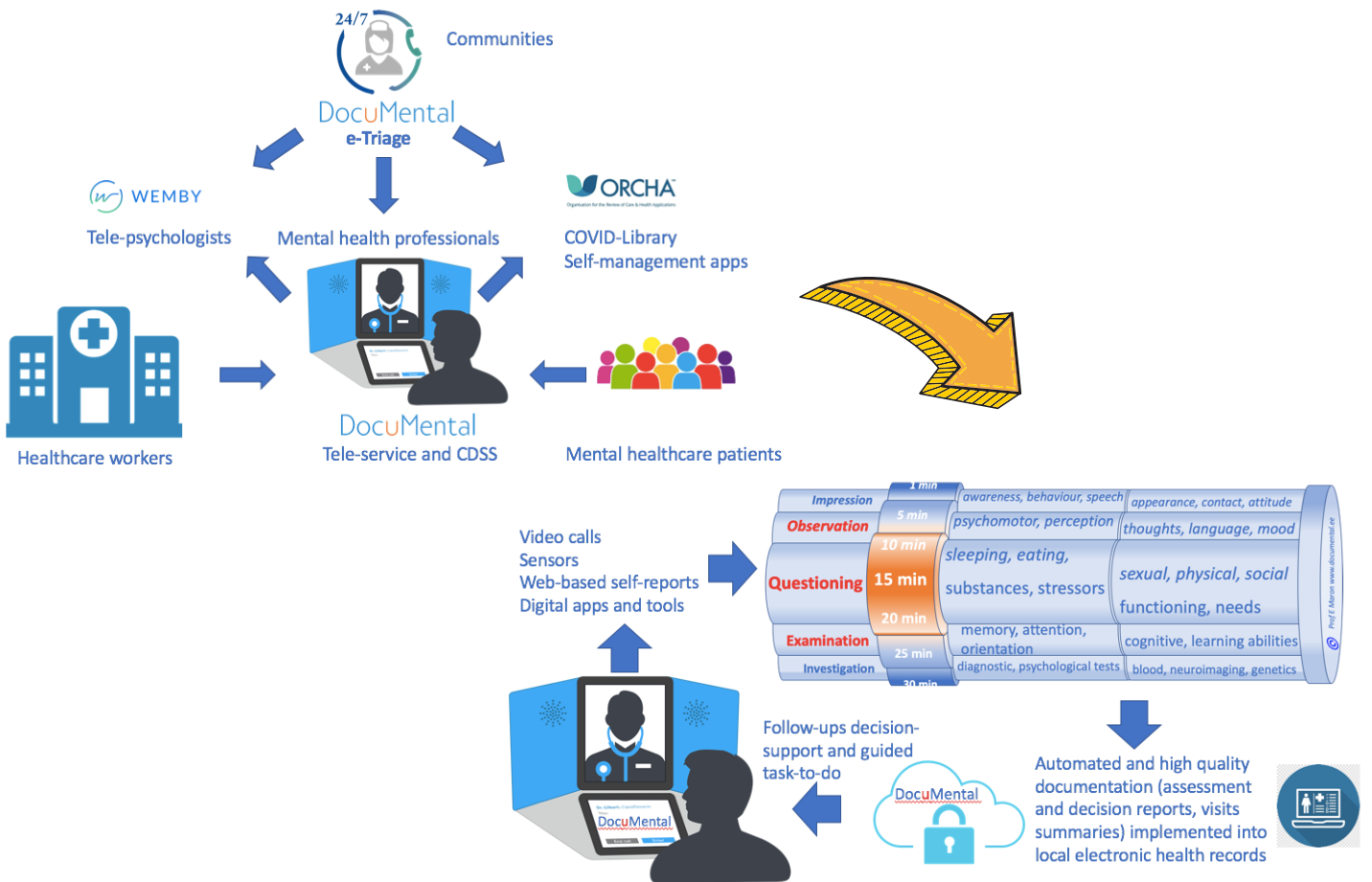

No data   7.5%   10%   12.5%   15%   17.5%   20%

Source: IHME, Global Burden of Disease

Before COVID-19

After COVID-19

Fig 2. Distribution of the population across the Mental health continuum

DocuMental

Shifting the curve in Mental health

After COVID   Before COVID   After COVI-Mental

In crisis   Struggling   Performing   Thriving

The solution

24/7   Communities

DocuMental e-Triage

WEMBY
Tele-psychologists

Mental health professionals

ORCHA
COVID-Library
Self-management apps

Healthcare workers

DocuMental
Tele-service and CDSS

Mental healthcare patients

Video calls
Sensors
Web-based self-reports
Digital apps and tools

Impression	1 min	awareness, behaviour, speech	appearance, contact, attitude
Observation	5 min	psychomotor, perception	thoughts, language, mood
Questioning	10 min / 15 min	sleeping, eating, substances, stressors	sexual, physical, social functioning, needs
Examination	20 min	memory, attention, orientation	cognitive, learning abilities
Investigation	25 min	diagnostic, psychological tests	blood, neuroimaging, genetics

Follow-ups decision-support and guided task-to-do

DocuMental

Automated and high quality documentation (assessment and decision reports, visits summaries) implemented into local electronic health records

Comparative analysis

DocuMental vs. Business as usual

• Traditional clinical workflow

Diagnosis based on first impression (within 5 min)	High rate of misdiagnosis (up to 70%) Gap in treatmnet need and safety (up to 65%)	Spending hours on paperwork (up to 50% of working time for each patient)	Less time for patients and team

• DocuMental workflow

Diagnosis based on ICD-10 critera (within 20 min)	Higher accurancy (100% ICD-10 based) Higher safety (at least 80%)	Spending minutes on paperwork	More time for patients and better communication with team

DocuMental vs. Digital health solutions

	DocuMental	Apps	Telehealth
Decision support system	knowledgebase	simple algorithms	expert-centric
Mental health diseases	all mental problems	only 1-3 specific	not specialized
International guidelines	diagnostic, treatment	No	No
Mistake prevention	indicator-based	limited alarms	No
Communication	bilateral, any time	bilateral, any time	bilateral, visit time
Self-report	online, video, chatbot	online, chatbot	video
Caseload support	strong	weak	moderate
EHR integration	Yes	No	No

Impact

• Scalability
  • DocuMental: already supports remote consultancy in two Estonian clinics
  • Wemby: tele-psychology sessions per day (40% increase due to COVID crisis)
  • Orcha: customized more than 70 healthcare organizations - COVID library set-up
• Short-term impact
  • Appropriate, helpful and internationally supported approach from beginning
• Long-term impact
  • Preventive, cost-effective, sustainable

eit Health

• DocuMental is EIT-Health child
  • Born in 2016 with EIT-Health Commercialization Funding
  • Grew up to ILM8 in 2019 with EIT-Health RIS Local Development Project
  • It is only SME providing solution for depression in 25mil EUR Innovative Medicines Initiative project (www.eu-pearl.eu)
  • According to EC H2020 revision "it has potential to transform mental healthcare"
  • It is supported by professional society from 14 countries and GAMIAN
• DocuMental and its partners are strong enough and want to help EIT-Health and communities to fight against COVID-19 together and safe lives!

DocuMental