

1. Febbraio

## Telepsichiatria on demand

*In un'opera di psichiatria, mi interessano solo i discorsi dei malati.*

Emil Cioran

*L'inconveniente di essere nati, 1973*

Nell'ultimo decennio, i sistemi sanitari hanno dovuto affrontare sfide nuove e ampliate che minano la loro capacità di fornire cure economicamente vantaggiose. Dall'aumento della domanda alla crisi del personale e all'evoluzione dell'economia, l'attuale contesto di mercato ha messo a dura prova le risorse a tutti i livelli. Questa tensione è particolarmente evidente nell'assistenza sanitaria mentale, che sostanzialmente manca di un pronto soccorso per gestire efficacemente i pazienti in crisi.

Un gruppo di medici di San Francisco ritiene che esista un modo migliore per soddisfare le esigenze cliniche e finanziarie del trattamento acuto della salute mentale sfruttando soluzioni di telepsichiatria per l'assistenza post-dimissione attraverso **Brightside Health** una piattaforma di telemedicina che offre accesso rapido on line a trattamenti personalizzati di salute mentale attraverso un team di esperti.



**"Il modello Brightside"** che combina dati, tecnologia e medici sta cambiando i risultati sulla salute mentale, con l'86% dei nostri membri che si sente meglio entro le prime 12 settimane", ha affermato



**Brad Kittredge**, fondatore e CEO di *Brightside Health*.

**Brightside Health** tratta l'intero spettro della gravità dei sintomi, comprese le persone con condizioni complesse, e offre appuntamenti tempestivi da casa, disponibili in sole 24 ore. Con un comodo accesso al trattamento tramite visite video, messaggistica illimitata e supporto continuo,

**Brightside Health** aiuta le persone a sentirsi meglio più velocemente e a rimanere così più a lungo. La piattaforma aderisce ad approcci basati sull'evidenza, guidati da una rete di livello mondiale di fornitori psichiatrici e terapisti autorizzati che utilizzano strumenti di supporto innovativi e seguono protocolli strutturati e clinicamente testati per fornire cure efficaci su larga scala. I membri monitorano i progressi attraverso check-in online monitorati anche dai fornitori, garantendo l'efficacia dei piani di trattamento personalizzati e consentendo un intervento rapido in caso di necessità.

Dopo una valutazione dell'assunzione, **Brightside Health** sfrutta un algoritmo proprietario di apprendimento automatico per valutare più di 100 punti dati su un individuo per assistere in modo efficiente i fornitori nel personalizzare il trattamento per ogni persona, consentendo all'azienda di fornire cure personalizzate efficaci e risultati leader del settore. In uno studio recente

*O'Callaghan E et al*

**A Comparative Evaluation of Measurement-Based Psychiatric Care  
Delivered via Specialized Telemental Health Platform Versus Treatment As Usual:  
A Retrospective Analysis.**

*Cureus. 2022 Jan 13;14(1):e21219.*

**Brightside Health** ha fornito tassi di risposta al trattamento e di remissione superiori di oltre il 50% rispetto a un importante sistema sanitario statunitense. Attualmente, l'86% dei pazienti di riscontra un miglioramento clinicamente significativo e il 71% raggiunge livelli di remissione entro le prime 12 settimane di trattamento.

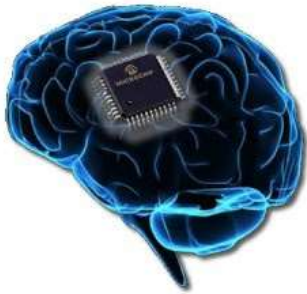
**Brightside Health** ha oggi raccolto 50 milioni di dollari in finanziamenti di serie B per rispondere al bisogno insoddisfatto di qualità assistenza sanitaria mentale per tutti. Questo round, guidato da ACME Capital e Mousse Partners, con la partecipazione degli investitori esistenti Bullpen Capital, Triventures e Trousdale Ventures, porta il finanziamento totale di Brightside Health fino ad oggi a 75 milioni di dollari. Questo nuovo capitale consentirà di potenziare il team da 57 a 175 dipendenti previsti quest'anno e a migliorare ulteriormente la qualità complessiva della piattaforma che vi invito a visitare

Brightside Health, visitare [www.brightside.com](http://www.brightside.com) .

In allegato il “libro bianco “ dei servizi disponibili



# CHIP WAR



La corsa per impiantare la tecnologia degli smartphone direttamente nel tronco encefalico si è accesa quando domenica **Neuralink** ha impiantato un chip nel suo primo cervello umano . Per rivaleggiare con questo nuovo passo avanti nella tecnologia, lunedì la Cina ha fissato un calendario per sviluppare la propria “interfaccia cervello-computer”, con prodotti in arrivo già nel 2025.

La **Cina** elenca “*l’interfaccia cervello-computer*” come uno dei suoi “*prodotti iconici innovativi*”, secondo un comunicato stampa tradotto lunedì. Nei prossimi anni, il Paese mira a “*fare passi avanti nelle tecnologie chiave e nei dispositivi fondamentali come la fusione cervello-computer, chip simili al cervello e modelli neurali di brain computing*”, ha affermato il **Ministero cinese dell’Industria e dell’Information Technology**. Questi primi annunci offrono uno sguardo su, potenzialmente, la più grande battaglia tecnologica internazionale del prossimo decennio.

Quando qualcuno capisce come mettere il tuo smartphone direttamente nella tua testa, non avrai bisogno di muovere un muscolo per scorrere TikTok e il tuo corpo può diventare molle e molle mentre le aziende tecnologiche rubano i tuoi dati mentali. Invece di lavorare da casa, puoi lavorare dal tuo cervello; è una realtà distopica su cui sia la Cina che Elon Musk lavorano da anni.

Il Ministero dell’Industria e della Tecnologia dell’Informazione afferma che vorrebbe sviluppare diversi prodotti di interfaccia cerebrale facili da usare. Il ministero rileva che la tecnologia cerebrale potrebbe essere utilizzata nella guida senza conducente, nella realtà virtuale e nella riabilitazione medica.

L’“intelligenza ispirata al cervello”, o intelligenza artificiale generativa, viene citata più volte come potenzialmente compatibile con queste nuove tecnologie.



South China Morning Post

L'anno scorso, il governo cinese ha aperto un laboratorio di 60 persone focalizzato interamente sulle interfacce cervello-macchina. Secondo il *South China Morning Post*, il laboratorio si concentra principalmente sul trasformare la sua ricerca in applicazioni pratiche che potrebbero competere con Neuralink di Musk.

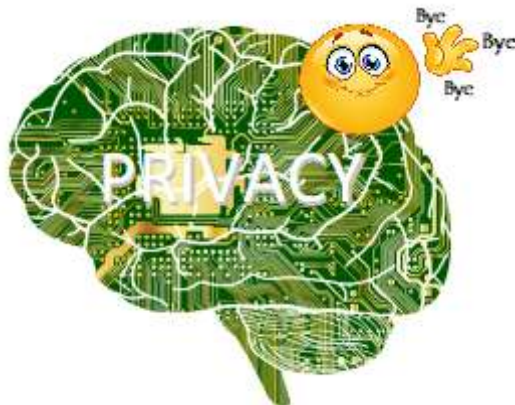
THE  
INDEPENDENT

I **ricercatori cinesi** hanno anche sviluppato un dispositivo informatico che si collega al cervello tramite l'orecchio interno. Questo dispositivo non richiede l'impianto di un chip, come **Neuralink**, ma può comunque fornire "streaming di dati a larghezza di banda completa" al cervello, riferisce **The Independent**.

Lo sviluppo di **Neuralink** dell'inserimento di un chip nel cervello umano è significativo, ma la tecnologia è ancora agli inizi. L'azienda di Musk ritiene che le interfacce cervello-computer potrebbero aiutare le persone con disabilità. **Neuralink** ha chiesto alle persone con paralisi, sordità o perdita della vista di essere le prime a partecipare al suo studio sugli impianti di chip cerebrali. Il tuo cervello è il data center che le aziende tecnologiche hanno cercato negli ultimi due decenni.



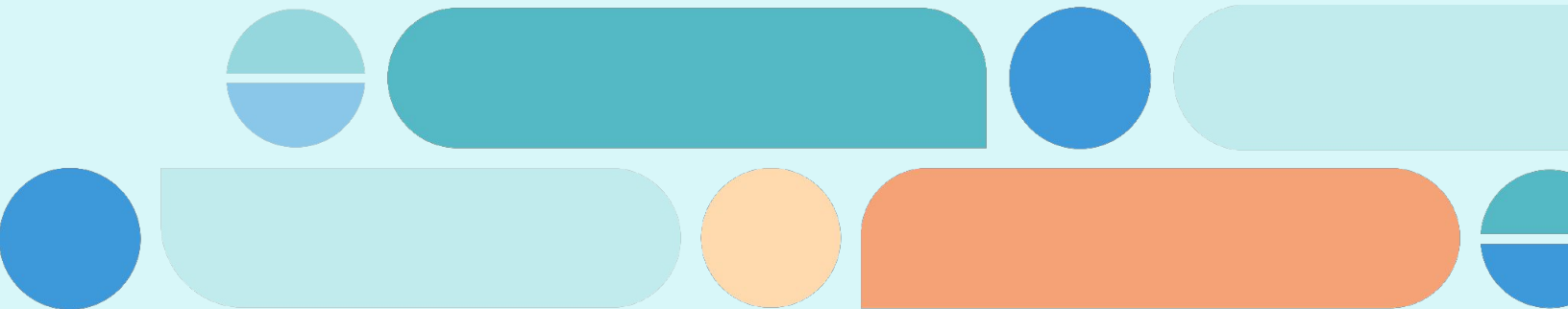
con gli algoritmi dei social media e il tracciamento di Internet, come i cookie, la tecnologia ha lentamente acquisito una comprensione di tutto ciò che ti motiva, ti eccita e ti irrita. Con le interfacce cervello-computer, la barriera biologica tra te e la Big Tech verrebbe definitivamente cancellata. La tecnologia avrebbe accesso illimitato ai tuoi pensieri e potrebbe sapere tutto ciò che c'è da sapere su di te. *Privacy ye.bye*





# The Untapped Potential of Telepsychiatry for Post-Discharge Care

A virtual solution to improve ED throughput  
and save lives





## Executive summary

Healthcare delivery is not possible without health systems. These institutions provide the full spectrum of care throughout their communities, enable access to a broad range of service lines, and see patients across outpatient, inpatient, and tertiary care.

Nationally, 88.2% of hospital beds and 44.6% of physicians—including nearly 50% of primary care physicians—are [part of a health system](#).

Over the last decade, health systems have faced new and expanded challenges that impact their ability to deliver cost-effective care. From rising demand to staffing crises and evolving economics, the current market environment has strained health system resources across the board.

This strain is especially evident in mental health care, which is increasingly delivered in the emergency department (ED). While [62%](#) of EDs lack psychiatric services to manage patients in crisis, they are often left to treat patients with severe and acute psychiatric needs out of necessity, resulting in lengthy ED stays and avoidable inpatient admissions.

At [Brightside Health](#), we believe there is a better way to meet both the clinical and financial needs of acute mental health treatment. This whitepaper will discuss the challenges health systems face providing mental health care in the ED today, and how engaging with a telehealth partner in longitudinal, post-discharge care can improve access and outcomes, reduce ED visits and throughput, and save lives.

**Brad Kittredge, Founder & CEO**

## THE PROBLEM

# A twofold crisis of access and severity

An onslaught of patients with chronic health conditions—coupled with mounting provider shortages—make it nearly impossible for health systems to keep up with rising demand.

Nationally, [50%](#) of adults have at least one chronic condition that requires care. This upward trend is met by a falling supply of qualified providers. Today, the average wait for primary care is [26 days](#). By 2034, the U.S. could see a shortage of [37,800 to 124,000](#) physicians spanning both primary and specialty care fields.

Within mental health care, a lack of access and increased severity are already leading to an overreliance on the ED. [One in five](#) adults live with a mental illness and [12 million](#) people seriously consider suicide each year. [More than 60%](#) of U.S. counties do not have a single psychiatrist, and for those that do, the median wait time for in-person appointments is 67 days. The pool of physicians available to treat those with more severe conditions is even smaller, as providers often shy away from treating people with suicide risk outside of the ED. Consequently, these patients are repeatedly turned away or passed from one provider to another.

[According to the CDC](#), approximately 139.8 million patients visit hospital EDs in the U.S. each year. [10.9% of ED visits](#) nationwide were for psychiatric or substance use-related diagnoses, up from 6.6% 10 years earlier.

In short, the ED has become a frontline for the mental health crisis, and it is costing health systems and payers billions.

1 in 5 

adults in the U.S. lives with a mental illness

[CDC, 2021](#)

12 MM 

people seriously consider suicide each year

[CDC, 2020](#)

More than

60%

of counties in the U.S. do **not have a single psychiatrist**, and the **average wait time** can be upwards of **25 days**.

[Psychiatry Online, 2015](#)

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patients visit hospital EDs in the United States each year

[CDC, 2023](#)

10.9%

of ED visits nationwide were for psychiatric or substance use-related diagnoses, up from **6.6% 10 years earlier**.

[Journal of Clinical Psychiatry, 2020](#)



# The emergency department was not built to deliver mental health care.



Both health systems and their patients are suffering because of a fundamental mismatch between patient needs and ED capabilities. For health systems, delivering mental health care in the ED is inefficient, ineffective, and expensive. It takes mental health patients [three times as long](#) to be moved out of the ED and onto appropriate care, costing two bed turns and thousands of dollars of lost revenue. Inefficiencies in triage, evaluation, and care further contribute to overcrowding and reduced quality.

EDs are good at what they are designed to do: stabilize crisis situations and triage to appropriate levels of care. For people who are in serious, acute need of an inpatient stay, the ED is the right place to start. EDs are not good at, nor designed to be good at, delivering mental health care.

The majority of patients presenting at the ED with mental health complaints, though, do not require inpatient care. From our work with health system partners, we know that more than two-thirds of adults who present at the ED with a mental health concern are not admitted and are ultimately

discharged for outpatient care. While some required potential stabilization and triage, the majority were at the ED as a last resort because they couldn't find timely or effective outpatient support.

Furthermore, high readmission rates indicating a consistent lack of care continuity after discharge. According to a study published in the *Western Journal of Emergency Medicine*, [14.2%](#) of patients return to the ED or hospital within 30 days.

Treating mental health in the ED is not a viable solution for patients, nor the operational and financial needs of health systems. But without specialty and longitudinal care options following discharge, the number of avoidable ED visits will continue to rise.

A Premier analysis of 750 hospitals attempted to estimate the costs of avoidable ED visits, and found that behavioral health accounted for approximately 2.4 billion of those visits—[creating a \\$4.6 billion opportunity](#). **Collectively, the mismatch between patient needs and ED capabilities is costing us almost five billion dollars a year.**

# Transitioning patients out of the ED into longitudinal telemental health care



Over the last five years, we've witnessed the emergence of a powerful new class of digital solutions aimed at treating everything from chronic illness to mental health. According to our payer partners, nearly 60% of all mental health care is delivered via telehealth. As health systems gain confidence and trust in these newer models of care, there is a unique opportunity to address the long-standing and recently amplified issues presenting in the ED.

To fully realize this potential, we need specialized telehealth providers who are equipped to serve higher level patients—those who require more than routine services, but don't meet inpatient admission requirements.

Suicide rates have been found to be [100-200 times higher](#) after inpatient psychiatric treatment or ED presentation. But when patients visit the ED or get discharged from an inpatient mental health hospitalization today, they receive a list of local mental health resources and limited levels of support to secure follow-up care.

Without timely and effective care, patients will readmit.

Partnering with a specialized telehealth provider equipped to take on these patients can ensure a seamless, integrated discharge process—helping patients access appropriate step-down care in a timely manner.

Furthermore, when telemental health providers are integrated with care coordination teams, patients are not only directed to the appropriate level of care faster—they're given the personal, human connection that is so vital in this period of transition. With direct connection to care coordination, telehealth providers can even assist in scheduling within the ED, and ensure follow up compliance for referred patients.

**Through a seamless discharge process, effective safety planning, timely appointments, and direct care coordination, health systems and telehealth solutions can work together to combat high readmission rates, improve throughput, and prevent many of the downstream implications seen in the typical patient experience today.**

# More than a virtual visit: Telehealth for high-severity patients

Traditional health systems have primarily employed telehealth in the form of virtual visits that allow their own providers to see patients remotely. While an important component of care delivery, virtual visits alone won't solve the problem of ED overcrowding. When we talk about the potential and promise of telehealth, it's better defined as technology-enabled care delivered virtually. This means leveraging data, technology, and skilled clinicians to deliver the right care at the right time. Only with this level of rigor and measurement will we be able to effectively treat high severity patients in an outpatient telehealth setting.

At Brightside, [our technology and responsive care model](#) proactively identify, activate, and engage high-risk patients—preventing costly escalations and ED visits.

Our sophisticated platform enables tailored treatment selection, evidence adherent care, remote patient monitoring, and real time alerts that prompt providers to support urgent patient needs in real time.

Additionally, our [AI-driven clinical decision support system](#) enables our clinicians to more effectively determine which treatment and medication is likely to be the most tolerable and effective for the patient. This decision support helps clinicians get the treatment right the first time at a rate of 70%—double the average, according to industry data. All of these features drive clinically significant outcomes for high severity and acuity patients.

## OUR CARE MODEL

### Technology-enabled healthcare, built to proactively manage risk



**1:1 care** via secure video sessions & anytime messaging



**AI-driven prescribing**, clinical decision support, & med management



**Real-time care management** with proactive progress tracking, alerts, & intervention



**Responsive screening** based on validated assessment tools



**Suicide-specific protocols**, integrated into our technology platform



**Rigorous quality management** with supervision system

# Taking technology-enabled care further for those with suicidal ideation



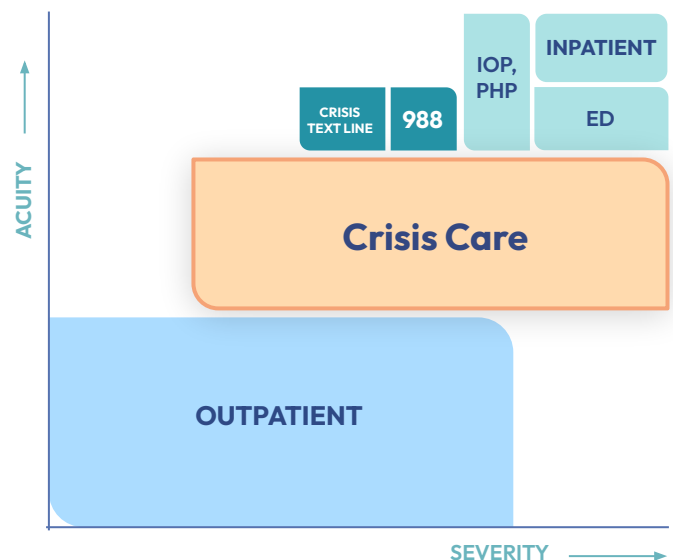
**Patients with suicidal ideation need more than care; they require specialized protocols that are proven to work. At Brightside Health, we're treating these higher severity and acuity patients with Crisis Care—the first-of-its kind national telehealth program for treating individuals at elevated risk for suicide.**

[Crisis Care](#) is primed to keep patients with suicide risk out of the ED by delivering the structure, clinical protocols, and oversight necessary to treat these patients effectively. Crisis Care provides fast, specialized treatment virtually for people who:

- have elevated suicide risk
- have had a recent suicide attempt
- are in need of follow-up care after hospitalization

Based on the clinically proven Collaborative Assessment and Management of Suicidality ([CAMS](#)) framework, the program helps patients learn coping strategies to address and eliminate suicidal ideation, increase hopefulness, and reduce overall psychological pain and distress.

Individuals considering suicide require timely access to specialized care and cannot wait weeks or months to be seen by a provider, which is why Crisis Care provides access to safe and effective treatment in 48 hours or less. Patients receive one-on-one weekly video sessions, online check-ins, anytime messaging, and 24/7 call support. The program ensures safety and efficacy through research-backed clinical protocols, rigorous oversight, and care coordination—and is a safe alternative to the ED for intermediate suicide risk.

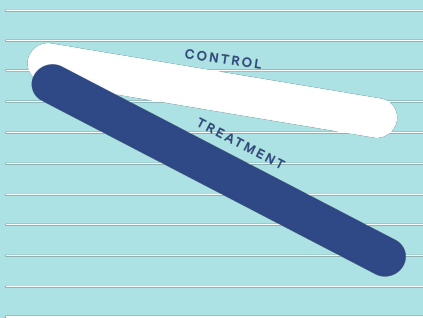


# Proven efficacy with peer-reviewed outcomes

The impact we have on our patients is what matters most. To date, we've published eleven studies in peer-reviewed journals documenting our outcomes, including among those with higher severity and acuity needs. This includes research in [BMC Psychiatry](#) that demonstrated telepsychiatry-delivered prescribing interventions are successful for patients with anxiety and depression, with remission rates of 75% after just 12 weeks of treatment—double the industry average. A study published in [Cureus](#) also demonstrated 50% higher response and remission rates than a leading U.S. health system.

Additionally, we looked at the impact our care has on higher severity and acuity patients in a study published in [JMIR Formative Research](#). Results demonstrated that 77% of Brightside Health members who started with suicidal ideation no longer reported any suicidal thoughts after 12 weeks of treatment—an impact 4.3 times higher than a control group.

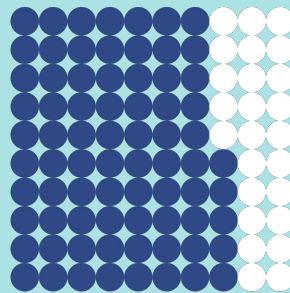
**Brightside Health's telemental health care platform isn't just more accessible; it is delivering high-quality mental health care across the severity and acuity spectrum.**



**77%**

of people no longer had any suicidal thoughts after just 12 weeks of treatment.

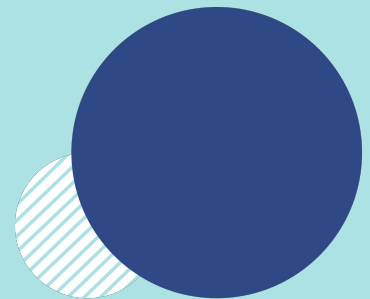
[JMIR, 2022](#)



**75%**

of patients achieved remission within 12 weeks.

[BMC Psychiatry, 2022](#)



**50%**

higher response and remission rates than a leading U.S. health system.

[Cureus, 2022](#)

# Crisis Care **by the numbers**

Our most recently published research in the journal [Healthcare](#) outlines early results from Brightside Health's Crisis Care program. These results support the use of telehealth treatment within a stepped-care framework as an effective solution to address key access gaps and expedite care connection for vulnerable populations at risk of suicide.

## TIMELY ACCESS

**4 days**   
on average to first appointment

## ENGAGEMENT IN SAFE, EFFECTIVE TREATMENT

**80%+** 

continue on to complete at least 4 sessions  
(the minimum needed to graduate)

## FAST RESPONSE

**50%**  
of patients graduate by  
the 4th session

**80%**  
by the 8th session  
(consistent with CAMS results)

## CONTINUITY OF CARE

Nearly 90% of graduating patients stepped down and remained engaged in ongoing mental health care at Brightside Health.

Care coordination support is provided for any escalations in care that are needed.



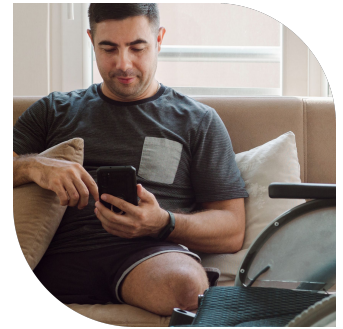
All patients, on average, experienced declines in depressive symptoms, anxiety symptoms, suicidal ideation frequency, and suicide-specific risk factors.

# Reimbursement is the keystone of sustainable care.

**While technology-enabled care is the way forward, we cannot realize its full potential until all patients can access it, including underserved populations such as Medicare, Medicaid, and youth. This means ushering in a new era of mental health care delivery and payment—one that is equitable, accessible, and cost-effective for all.**

Recent estimates indicate one in four Medicare beneficiaries are living with mental illness but [only 40-50% receive treatment](#), and Medicaid is the [single largest payer for mental health services in the U.S.](#) These access issues exacerbate severity and complexity, which can increase costly and ineffective utilization of emergency departments for mental health needs. This cycle will only repeat itself until these patients receive timely, appropriate care that is covered by their insurance.

Currently, few telemental health providers accept Medicare or Medicaid, leading to substantial access and quality issues for these populations. The problem lies in lack of measurement.



Today, payers have little to no insight into the quality of care delivered. As such, payers keep reimbursement low, rather than spending exorbitant amounts of money without clear visibility into clinical or financial impact.

Technology-enabled telehealth solutions can offer a critical return on investment without sacrificing quality. This level of accountability and outcome measurement can open the door for partnerships that serve these vulnerable populations, resulting in more lives covered and reduced reliance on the ED. It is time for Medicare and Medicaid payers to allow for this, with innovative contracting and pay for performance, to better address the needs of this critical population.

At Brightside Health, our tech-enabled solution allows us to offer high-quality mental health care to millions of Medicaid and Medicare beneficiaries through new and expanded partnerships. [With the addition of these partnerships](#), our services will be available to over 100 million covered lives and counting.

## The way forward: Saving lives is a joint responsibility

As the mental health crisis grows, health systems are increasingly feeling the burden in the ED. Staggering provider shortages leave patients in need of mental health care with nowhere else to turn.

It doesn't have to be this way. By partnering with Brightside Health in new and novel ways, we can ease the weight disproportionately placed on health systems and share responsibility for improving outcomes and saving lives.

Brightside Health is committed to reducing the burden on health system EDs by supporting a seamless transition to timely and effective post-discharge care. Our proven care model is backed by peer-reviewed research and can effectively treat patients with severe and acute needs, including those at elevated risk of suicide. A partnership with Brightside Health means reduced ED admissions and readmissions, improved throughput, and most importantly, lives saved.

Contact our Partnership Team at [partnerships@brightside.com](mailto:partnerships@brightside.com) or visit [brightside.com/partners](https://brightside.com/partners) to learn more about how we can work together.



# Brightside Health

Together, we can lower costs,  
improve outcomes, & save lives.

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