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## NECESSITY PROMOTES INNOVATION: DEVELOPING AND PROVIDING TELEMENTAL HEALTH TO UNITED STATES VETERANS FROM A NOVEL SETTING

Kathleen Carroll, DNP

*The speaker has no conflicts of interest to disclose*

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**Necessity Promotes  
Innovation: Developing and Providing Telemental Health  
to United States Veterans From a Novel Setting:  
Objectives**

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- Discuss and analyze the practice of an innovative method for providing mental health care, describing the history, challenges, risks, benefits, and barriers of this novel treatment setting.
- Differentiate between the provision of TMH in a civilian versus federal agency. Identify the stakeholders necessary to achieve and promote quality TMH communication and care.
- List logistical components necessary for successfully delivering TMH from a remote location. Choose the tools that promote effective evaluation of this innovative treatment delivery modality.

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Discuss and analyze the practice  
of an innovative method for  
providing mental health care

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Photo: Carroll, K. (2014)

**Setting Sail on a New Technological Horizon**

Or Is It?

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### Discuss and Analyze the Practice



When did this treatment modality rise?

- 1959 – Initially via University of Nebraska, which subsequently connected to VA's at Omaha, Lincoln, and Grand Island
- 1968, the VA in Bedford, MA began Telemental Health (TMH) to increase access to care for Veterans with providers from the Massachusetts General Hospital.
- 1990s Larger scale operations began when the computer age flourished.
- 1997, the Veteran Health Administration (VHA) implemented start-up funding for Telemental Health (TMH) services nationally.
- Fiscal year 2011, Veteran Health Administration (VHA) established the National Telemental Health Center (NTMHC) at VA Connecticut Healthcare System, West Haven.

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### Discuss and Analyze the Practice




Photo: Carroll, K. 2011

1993 Civilian sector entered the waters of telemental health, and the American Telemedicine Association, (ATA) was established.

A separate organization, Telemental Health Institute offers civilian providers certification in TMH

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### Describing the risks




Photo: Carroll, K. (2013)

- #1: Veteran Safety: What is the Evidence
  - Telehealth overall
    - 30% reduction in bed days of care
    - \$1,900 est. in savings per patient annually
    - Approximately 41,000 veterans, who would otherwise have needed long-term institutional care, were able to live independently in their own homes because of their telehealth connections (Spotswood, 2013).

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### Describing the risks

What is the Evidence



- 2003 Aoki, Dunn, Throop, & Turley's systematic lit review concluded telehealth accuracy, satisfaction, and positive technological evaluations
- Telemental Health Equivalent to Face to Face Visits
  - Hilty, Ferrer, Parish, Hohnston, Callahan, and Yellowlees (2013) Systematic Lit review
  - Godleski, et al. (2008) Literature Review; Godleski, et al (2012) Outcomes Report
  - O'Reilly, Bishop, Maddox, Hutchingson, Fisman, and Takhar (2007) RCT
  - Fortney, et al. (2013) Contracting with an off-site Telemedicine Based Collaborative Care team yields better outcomes than implementing Practice Based Collaborative Care with locally available staff.

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### Describing the risks






Photo: Carroll, K. (2004)

How do we mitigate the risks to assure calm waters?

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### Describing the risks



- How do we mitigate the risks?
  - Have local Emergency contact information (CBOC, PSP, CBOC Security local ER, local ambulance, local, police and fire)
  - Have easy access to ALL of this information before session begins.
  - Create contingency plans
  - Informed consent include unique emergency management protocol mutually agreed to
  - Consult with State laws regarding Police holds, involuntary commitment
  - Be familiar with local resources
  - Avoid Embarrassment: Know when you are "Live" on camera
- Home Based Unsupervised Clinical Settings
  - Thorough Patient evaluation
  - Before beginning each session, verify that the Patient Support Person (PSP) is accessible during the session (PSP does not have to be in same physical location as patient during the session).
  - Have PSP info readily available as well as local emergency personnel

Provider Risk – Forward Head Posture

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## PROVIDER TOP TEN

### BENEFITS OF TELEMENTAL HEALTH

10. **EBOLA**
9. **WARDROBE**
8. **PROVIDER SAFETY**
7. **LIFESTYLE FLEXIBILITY**
6. **COMMUTE REDUCTION**
5. **INCREASED EXERCISE**
4. **DOCUMENT WHILE YOU VISIT** INCREASING ACCURACY
3. **INTENTIONAL PROFESSIONAL COLLABORATION**
2. **INCREASED TECHNOLOGICAL PROWESS**
1. **INCREASED SATISFACTION KNOWING YOU ARE INCREASING ACCESS TO CARE**



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- Determine Barriers to Negotiate in order to move this care modality forward.
  - Licensure
  - Be a Champion of TMH
  - Planning and commitment of the organization:
    - Civilian vs Federal



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**Identify the stakeholders necessary to achieve and promote quality TMH communication and care**

- The Veteran
- Mental Health Clinical Service Chief - according to Mental Health Strategic plan
- Providers
- Facility Telehealth Coordinator
- Taxpayers – the ability to provide VA TMH care in areas where NonVA Fee Basis is currently utilized may reduce costs



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**List logistical components necessary for successfully delivering TMH from a remote location.**



**CVT – Clinical Video Telehealth**  
Synchronous, real time interaction requiring the presence of both the provider and the Veteran at the same time with a communication link between the two.  
And remember informed consent

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**Consider the evaluation methods that may assess this innovative treatment delivery modality.**

**CLINICAL**

- **Clinical Process Outcomes**
  - Perception of treatment
  - Satisfaction
    - Veteran satisfaction
    - Provider satisfaction
    - Veteran/Provider/Group alliance
  - Treatment adherence, attrition
  - Treatment credibility among professionals

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**Consider the evaluation methods that may assess this innovative treatment delivery modality.**

**CLINICAL**

**Clinical Outcome Measures**

- Clinical Symptom Severity
- Social functioning
- Clinical quality indicator achievement accomplished via telehealth visit (e.g. patient education)
- Veteran/provider alliance
- treatment adherence, attrition
- treatment credibility among professionals
- Access to Care

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### Consider the Evaluation Methods That May Assess This Treatment Modality

**Cost and Technical Outcomes**

**Cost Process Measures**


- Number of no shows
- Number visits per FTE or per unit of time
- Financial sustainability/cost effectiveness outcomes

**Cost Outcome Measures**

- Travel cost avoided
- Travel time avoided
- Number of unique patients with telehealth stop code vs. total patients for Mental Health Service
- Number of telehealth encounters (Clinical Video, Store and Forward and Care Coordination) vs. total for visits for the Mental Health Service Line

**Technical Outcomes**

- Percentage/Ratio of incomplete visits due to technical issues
- Access to care



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So when we are searching for ways to increase access to care consider telemental health as a viable alternative.

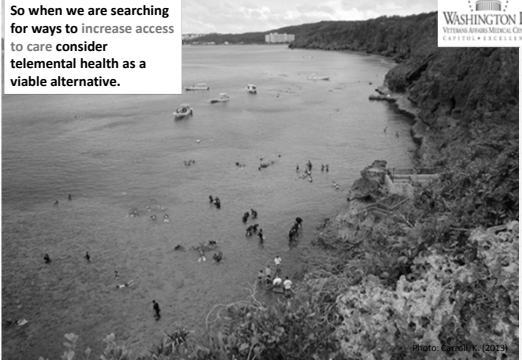



Photo: Espinola (2015)



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## Summary

- Discussed and analyzed the practice of an innovative method for providing mental health care, describing the history, challenges, risks, benefits, and barriers of this novel treatment setting.
- Differentiated between the provision of TMH in a civilian versus federal agency. Identified the stakeholders necessary to achieve and promote quality TMH communication and care.
- Listed logistical components necessary for successfully delivering TMH from a remote location. Chose the tools that promote effective evaluation of this innovative treatment delivery modality.



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## QUESTIONS?

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Veteran Health Administration (VHA) Telemental Health Field Work Group Linda Godleski, MD, Chair Adam Darkins, MD, MPH, FRCS Ina Katz, MD Lana Frankenfeld LCSW Clinical Video Telehealth: Telemental Health Operational Manual: Videoconferencing

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