VA Telemental Health Innovations: Improving Access to Care

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May 2018
Agenda

• Where We Started
• Where We are Today
  – Sampling of TMH Programming
• Where We are Going
  – Anywhere to Anywhere
  – VA Video Connect
  – Operational Guidance
Why Telemental Health (TMH)?

➢ Enhance outreach and access
➢ Augment staffing
➢ Provide services to underserved areas
➢ Meet Veterans in their preferred location
➢ Increase quality of care using SMEs
➢ Promote SECVA’s Top 18 priority, Telehealth

“To provide the right care in the right place at the right time through the effective, economical, and responsible use of health information and telecommunications technologies”
Where We Started
1959 University of Nebraska Medical Center:

- Two-Way Television
- Group Therapy
  - Omaha VA
  - Lincoln VA
  - Grand Island VA Hospital

Image from Wittson, Cecil L.; Affleck, D. Craig; Johnson, Van Mental Hospitals, Vol 12(10), 1961, 22-23.
Where We Are Today
Where We Are Today: Programs

Clinical Video Telehealth

Into the Home

Clinic Based

VISN Hubs

National Expert Consultation
VA TMH Services: What and How

The use of information and telecommunication technologies to deliver mental health services when the provider and the Veteran are separated by geographical distance.

- Delivered by multiple MH disciplines
- To treat nearly all diagnoses
- Employing consultation and most treatment modalities (e.g., individual psychotherapies, psychopharmacology management, group and family psychotherapies)
- At multiple sites of care [e.g., VA Medical Center (VAMC), CBOC, Veterans’ homes, and non-VA sites].
VA Telemental Health Growth FY02-17
VA Telemental Health Growth (FY11-17)

All Veteran encounters increased from 2011-2017 by 213%

Number of Veterans

Fiscal Years

FY11 FY12 FY13 FY14 FY15 FY16 FY17

151,156 113,420 151,821 131,411 176,270 201,999 473,226

442 4,141 4,862 5,649 6,353 7,311 41,741

All Encounters VVC Encs
What TMH is... and is not

• Has no absolute exclusion criteria: “clinical considerations for inclusion”
• Can be used for ‘virtually’ any type of MH care provided in person
• Is at the discretion of the provider for any individual patient
• Is a modality of care that needs to be thoughtfully considered

• Is NOT the solution for everything
VA Connected Care’s Mission

Access and the Veteran Experience will be enhanced through information and communication technologies that are effectively integrated into the daily lives of Veterans and VA Staff.
VHA TMH Services: Overview of Select Programs and Projects

National Telemental Health Center
TMH Hubs
PCMHI TMH
Telemedicine Outreach for PTSD (TOP)
Rural SUD Learning Collaborative
OMHSP-VISN 10 Tablet Pilot (HRF)
Mobile Apps & Web Programs
National Telemental Health Center
National Telemental Health Center (NTMHC)

- Established in FY 2010
- Provides Veterans access to clinical experts throughout the country
- Affective, psychotic, anxiety, and substance use disorders; neuropsych and neurology treatment
- Bedford VA/UMASS; Boston VA/Harvard; VA Connecticut Healthcare System/Yale; Philadelphia VAMC/University of Pennsylvania; Providence VAMC/Brown; San Francisco VAMC/University of California, San Francisco
- FY 2010 - FY 2017: > 21,500 encounters to > 5,600 Veterans
- FY 2017: > 2,900 encounters to > 600 Veterans
VA National Bipolar Telehealth Program

- Funded by Office of Connected Care since 2011
- Utilizes tele-Bipolar specialists in National Telemental Health Center
- Based on Life Goals Collaborative Care Model for Bipolar Disorder
  - Comprehensive diagnostic assessment
  - Psychopharmacologic consultation
  - *Life Goals Self-Management Skills Program:* 6 manual-based modules covering: goals and values, mania and depression profiles and coping responses, provider visit preparation
    - [www.lifegoalscc.com](http://www.lifegoalscc.com); Mark Bauer [mark.bauer@va.gov](mailto:mark.bauer@va.gov)
- Uses inter-facility consults originating from patient site
- Delivers CCM via videoconference from expert hub to patient’s clinic
Bipolar Telehealth Program Elements

**INTAKE**

Weekly Life Goals Sessions

One-month Life Goals Booster Session to reinforce skills and update status

**Typical enrollment:**
4-6 months

Order consult in CPRS

Comprehensive Diagnostic Assessment & Psychopharm Consultation

Chart notes entered in CPRS
Bipolar Telehealth Impact & Implementation

- Over 50 sites
- Over 1600 Veterans
- Growth rate increasing

2018: Collaboration with REACH-VET to identify at-risk Vets with bipolar disorder

Improves mental health quality of life in program completers
TMH Hubs
Purpose: Serve rural Veterans in access-challenged sites; provide gap coverage for staffing shortages
• Evidence-based psychotherapy and/or pharmacotherapy
• Coverage for critical staff shortages
• Same-day MH access
• Primary Care Mental Health Integration (PCMHI)
• Special, patient-centered care needs

• Improved Access
  – Care vs. no care
  – Reduced wait times
  – Specialty services

• Decreased travel costs
• Increased Veteran and provider satisfaction
• Hired trainees as FTE
Nearly 181,000 TMH Hub visits and over 40,000 Unique Veterans served between June 1, 2016, and March 31, 2018. As of FY18Q2, 216 spoke sites online and 25 additional sites planned.
TMH Hub Reach
Highlighting Other TMH Programs
• Moved scheduled care outside of co-located clinics as much as feasible
  – Use Off-Campus non-patient care site
  – Telework
    • Providers telework opposite schedules, which allows multiple providers to “share” co-located offices.
    • Provide groups from home to all sites via CVT in the PACT setting
  – Co-located providers have 5-8 30-minute slots and 2-4 Groups per week to ensure treatment continuity in PACT setting
    • All other co-located time is designated for Warm Hand-Offs
    • All other care is scheduled via CVT or phone
• CVT2Home
  – Mainly provided by teleworking providers
• PCMHI “On-Demand”
  – Warm hand-offs in PACT clinics via CVT
• POC: Hampton: Jessica Ackermann Jessica.Ackermann@va.gov
Telemedicine Outreach for PTSD (TOP)

- Compares 2 implementation strategies to promote the adoption of TOP in 11 small rural CBOCs across 5 VAMCs
- TOP Collaborative Care Model
  - Telephone Care Manager (promotes engagement)
  - Telepsychologist (PE & CPT)
  - Veterans surveyed report increased access to care
  - Site variation in PE & CPT engagement (up to 35%)
- Funding
  - Virtual Specialty Care QUERI
- Operational Partners
  - Office of Rural Health
  - National Center for PTSD
- National Priorities
  - Suicide Prevention
  - Improve Timeliness of Services
- POC: John Fortney (John.Fortney@va.gov)
Rural SUD Learning Collaborative

• Partners:
  – OMHSP Technical Assistance Specialists
  – Center of Excellence for Substance Abuse Treatment & Education (CESATE)
  – Program Evaluation & Resource Center (PERC)
  – 11 rural sites interested in expanding reach of SUD services.

• Goal:
  – Learn about technologies, share best practices, and learn from others’ successes and challenges while working on self-identified SUD services expansion goals.

• Process:
  – Initial weekly presentations by experts and innovators and discussions to support identification of sites’ implementation goals/actions.
  – Current bi-weekly calls focused on sharing strategies to most effectively provide remote intensive SUD services.

• POCs: Matt Moore (louis.moore@va.gov) & Claire Collie (claire.collie@va.gov)
OMHSP-VISN 10 Tablet Pilot (HRF)

- **Partners:**
  - OMHSP and VISN 10 (N. IN, Cincinnati)
- **Goal:**
  - Use tablets to increase access for Veterans at High Risk for Suicide
- **Process:**
  - Offer Veterans identified as High Risk for Suicide a tablet as part of the safety planning process to allow better access to Mental Health staff and the Veterans Crisis Line (VCL).
  - Veteran receives tablet at their home along with instructions.
  - 4 initial follow-up appointments already scheduled in advance.
  - No cost to the Veteran
  - Tablet is pre-loaded with VA’s Virtual Hopebox app and VCL chat icon
- **Evaluation:**
  - Veteran compliance with care, any change in high-risk status (re-admission, additional suicidal behavior) and Veteran survey re the use of the tablet technology
- **POC:** Greg Hughes ([Gregory.Hughes2@va.gov](mailto:Gregory.Hughes2@va.gov))
Mobile Apps and Web Programs
Questions, Bugs, or Suggestions?

The Mobile Apps Team at VA’s National Center for PTSD wants to hear from you!

ACT Coach

Anger & Irritability Management (AIMS)

CBT-i Coach

Concussion Coach

CPT Coach

Mindfulness Coach

Mood Coach

Moving Forward

Parenting2Go

PE Coach

PFA Mobile

PTSD Coach

PTSD Family Coach

STAIR Coach

StayQuit Coach

VetChange

Contact us at: MobileMentalHealth@va.gov
Web Programs for Veterans and Servicemembers

Available at VeteranTraining.va.gov

- Moving Forward
  Overcoming life’s challenges

- Anger and Irritability Management Skills (AIMS)

Available at PTSD.va.gov

- Vet Change
  Manage alcohol use & PTSD symptoms

- Parenting for Veterans and Servicemembers

- Path to Better Sleep
  Cognitive Behavioral Therapy for Insomnia

- PTSD COACH online
  Tools to help you manage stress

VA staff interested in training or consultation on integrating mobile apps & web programs into care for Veterans email: Pearl.McGee-Vincent@va.gov
Levels of Support for Veterans’ Use of Mobile Mental Health Apps

**Self-Directed Care**

**Providing Information**
- Give informational handout, e.g.:
  - flyer about self-care apps
  - flyer about specific app
  - how/where to download

**Examples of when to provide info:**
- one-time visit/infrequent visits (primary care, inpatient, rural settings)
- subclinical issues/psychotherapy with a provider not indicated
- before/after an episode of care

*Clinical or non-clinical staff can provide information about apps for self-care*

**Supplement to Tx**
- With Veteran’s buy-in and access to needed equipment, provider introduces tool(s) that:
  - facilitate tx (e.g., skills practice, psychoeducation, self-monitoring) for:
    - primary focus of treatment
    - and/or supplemental issues (e.g., anger management)
- Can use all features of app or select specific tools or features
- Care provided is mostly the same as without app
- Provider works within scope of practice and knowledge (e.g., is trained in CBT skills in apps,)
- Provider integrates app in ways that fit with the tx being provided (e.g., assigning HW with app)

**Specialty Mental Health**

**Treatment Companion**
- For Veterans participating in an evidence-based treatment (e.g., CBT-i, PE, CPT, STAIR, ACT...):
  - The app is presented as an option (for HW completion, skills practice, self-assessment, etc.)
  - Alternatives (e.g., paper worksheets, tape recorder) also presented
- EBP is delivered per protocol
- Following an episode of care, apps may be recommended for ongoing self-management and self-monitoring of symptoms
Monthly *Tech Into Care* Community of Practice calls!

Every 1st Tuesday of the Month, 12-1pm EST/9-10am PST

→ Open to all VA providers and staff interested in using VA’s mental health mobile apps and online programs with Veterans: email Pearl.McGee-Vincent@va.gov for Outlook Invitation

- Tues, June 5th: **mHealth Tools for PTSD Awareness Month** with Katherine Juhasz, MS
- Tues, July 3rd: No call this month
- Tues, Aug 7th: **CBT-i Coach** with Drs. Shannon McCaslin and Katherine Miller
- Tues, Sept 4th: **Apps in Telehealth** with Dr. Holly Hunley
- Tues, Oct 2nd: **AIMS for Anger Management** with Dr. Annabel Prins

For more information:

- Email Pearl.McGee-Vincent@va.gov with questions, requests, and to request Outlook invitation
- Email the NCPTSD Mobile Apps Team for app-related questions, feedback, suggestions, or to report bugs: MobileMentalHealth@va.gov
Where We Are Going
VA will leverage telehealth technologies to enhance the **accessibility**, **capacity**, and **quality** of VA health care for Veterans, their families, and their caregivers anywhere in the country.
Telehealth Goals: Accessibility

- Telehealth Care to the Home
- Family Connect
- TeleUrgent Care
Telehealth Goals: Capacity

Telehealth Contingency Staffing/Resource Hubs

Virtual Float Providers
Telehealth Goals: Quality

- Telehealth National Expert Consultation
- Provider Connect: Immediate Access, Provider-to-Provider Telehealth Consultation
- Remote Monitoring
On June 11, 2018, VA **Anywhere to Anywhere Regulation** becomes effective.
- Authorizes VA providers to provide care to Veterans through telehealth irrespective of the location of the Veteran or the VA provider
- Does not impact Ryan Haight Act

USH Notice, outlining requirements to establish telehealth capable providers in Primary Care and Mental over the next 2.5 years, is going through concurrence

- **EOFY2020 Goal:** 100% MH providers are telehealth-capable

Timeline

- **JAN**
  - Release VVC branded iOS app

- **FEB**
  - National Telehealth Help Desk Offers VVC test calls with Veterans

- **MAR**
  - Telehealth Expansion Notice Published
  - Scheduler Training Begins for VVC appointments
  - VVC Provider training published

- **APR**
  - Anywhere to Anywhere Regulation published

- **MAY**
  - Anywhere to Anywhere Regulation legally effective

- **JUN**
  - 100% of PACT and MH Providers VVC capable + Announcement
  - 20% of PACT and MH Providers VVC capable

- **JUL**
  - Telehealth Expansion Notice Published

- **AUG**
  - 75% of PACT and MH Providers VVC capable

- **SEP**
  - 45% of PACT and MH Providers VVC capable

- **2019**
  - Scheduler Training Complete

- **2020**
  - 75% of PACT and MH Providers VVC capable
  - 45% of PACT and MH Providers VVC capable
Current Focus: Video Care To Home

VA Video Connect
Desired Press Release

*Today, VA announced that, across their entire health care network, all Primary Care and Mental Health providers are able to deliver care to patients both in-person and virtually.*

*Every Veteran now has a choice to schedule an in-person, telephone, or video visit with their providers, depending on their preferences for health care delivery.*

*VA is committed to providing multiple care options that increase convenience and that put Veterans in the driver’s seat of their own care.*
What is VA Video Connect (VVC)?

- **Video Conferencing Tool**
  - Web based
- **Secure & Simple**
- **Connects Provider & Veteran**
  - Any device
  - Any location

[Click here to Play VVC video]
How Does It Work?

Overview:

1. Schedule
   VA Video Connect Visit

2. Open
   Email & Click on link.

3. Join
   Virtual Medical Room
How Does It Work

Request an On Demand Virtual Medical Room

Patient E-mail Address: Test.Person@email.com

Request On Demand VMR

The On Demand VMR has been created. Emails have been sent to provider and patient.
Dear Veteran,

As discussed with your VA clinician, this e-mail message confirms your VA Video Visit.

To ensure your video visit runs smoothly, please provide your clinician with the following information:

- Phone number to contact you
- Your present location/address
- An emergency contact name and phone number:

Also, please ensure you are in a safe and private space for your visit.

Please [Click Here Now to Join your VA Video Visit](#)
How Does It Work?

Inside the Virtual Medical Room:

- Add a new participant
- Lock conference
- Mute all guests
- Disconnect all participants
VA Video Connect (VVC) To Home

- VVC to home = in-person care
  - Symptom Reduction/Effectiveness
  - Safe Delivery
  - Acceptability/Feasibility
  - Cost Effectiveness

- In FY17, <1% of Veterans who received outpatient mental health treatment did so via VVC to home

- Addresses barriers to engaging in MH treatment
  - Lack of transportation
  - Work or school schedules
  - Stigma
  - Distance from VAMC or CBOC
  - Arranging childcare

[Pie chart showing FY17 data for In-Person, Clinic Telehealth, and Video to Home treatments]
Implementation & Evaluation Of VVC To Home

- Used evidence-based implementation science strategies to disseminate VVC to home in >10 VAMCs/4 VISNs
  - Trained *local* providers to use VVC to home as a “tool in their toolbox” in their routine clinical practice
  - Providers used VVC to home to deliver treatment for various disorders (e.g., PTSD, MDD, OCD, Panic, Agoraphobia, SUD)

- Conducted mixed-methods program evaluation
  - Feasible and sustainable
  - Can increase treatment adherence
  - Providers and patients satisfied

- Some advantages over in-person care
  - Can be combined with web-based interventions (i.e., webSTAIR)
  - Initial tool to engage patients with avoidance symptoms
  - Allows increased generalizability of exposure exercises for patients with PTSD, OCD, and anxiety disorders

- POC: Jan Lindsay ([Jan.Lindsay2@va.gov](mailto:Jan.Lindsay2@va.gov))

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Prevalence rate of unique patients (per 1000) in VVC to home. 10X national average

1Lindsay, JA et al. (2017) Implementing Video to Home to Increase Access to Evidence-Based Psychotherapy for Rural Veterans. *Journal of Technology in Behavioral Science.*
Project Atlas

- Advancing Telehealth through Local Access Stations (ATLAS)
  - POCs: Kedron Burnett Kedron.Burnett@va.gov; Jill Hedt Jill.Hedt2@va.gov; Danielle Ahlstrom Danielle.Ahlstrom@va.gov

Program Challenges

- Veterans far from VA brick and mortar facilities cannot travel for healthcare
- Many Veterans live in areas with limited or no cellular or internet service
- Some VA facilities lack space or staff to satisfy Veterans healthcare needs, limiting their ability to grow services or access

BOLD Solutions

- Partner with government and non-government entities to put telehealth equipment in non-VA facilities for veterans to access care
- Rapidly deploy across the enterprise
- Current VA partners include libraries, community organizations, fire departments, and ambulance services
Operational Guidance
National TMH Directions

- Expand role of VISN TMH Field Work Group
  - Identify VISN TMH Lead POC
  - Develop TMH clinical services inventory
  - Define strategic plan
  - Promote community of practice
  - Address critical issues with SMEs

National TMH Lead: Linda Godleski Linda.Godleski2@va.gov
OMHSP TMH POC: Kendra Weaver kendra.weaver@va.gov
• **April 2018: American Psychiatric Association & American Telemedicine Association**


• “To assist providers in providing effective and safe medical care founded on expert consensus, research evidence, available resources, and patient needs”
  – Administrative Considerations
    • Program Development, Legal and Regulatory Issues, SOPs,
  – Technical Considerations
    • Platform Requirements, Integration into other Technology, Physical Location/Room Requirements
  – Clinical Considerations
    • Patient and Setting Selection, Relationship Management, Ethical Considerations, Cultural Issues, Specific Populations & Settings
Some TMH-Specific Opportunities

- VVC to home
- Emergency Plans (technical and clinical considerations)
- Veterans who are at high risk for suicide (PRF, REACH-VET, inpatient or residential discharge planning, those with SMI, chronic pain, etc.)
- Follow-up for missed opportunities, positive MH screens, inpatient and residential discharges, etc.
- Tele-MAT (medication assisted treatment)
- Tele-on-call (ED, UCCs, inpatient units)
- Potential access for Veterans with disruptive behavior
- Gap coverage / capacity
- Disaster response
- Others?
Promoting TMH as a Care Option

What Can You Do?

• Conduct a ‘TMH/virtual care needs assessment’.
• Decide what specific actions you can take.
• Network with field SMEs and VACO.
• Develop plan to increase TMH, including VVC to home.
  – Work with Facility Telehealth Coordinator.
  – Train providers in VVC.
  – Purchase equipment (webcams, dual monitors, headsets).
• Implement and monitor.
Implementation Guidance

- Connected Care:  [https://connectedcare.va.gov/](https://connectedcare.va.gov/)
- VHA Office of Telehealth Service: [http://vaww.telehealth.va.gov](http://vaww.telehealth.va.gov)
- VHA Office of Telehealth Service SharePoint: [http://vaww.infoshare.va.gov/sites/telehealth/default.aspx](http://vaww.infoshare.va.gov/sites/telehealth/default.aspx)
- Telehealth Needs Assessment: /Business Plan
- Telehealth Management Platform and Telehealth Service Agreements
- Clinic Based Telehealth (CBT) Operations Manual:
- Telemental Health Supplement
- Clinical Video Telehealth (CVT) Skill Assessment:
- Technology Specific Training:
- VMR: [https://vaww.vha.esp.va.gov/sites/telehealthtechnology](https://vaww.vha.esp.va.gov/sites/telehealthtechnology)
VA Required TMS TMH Training

- Video Conferencing (5268)
- TMH Suicide Prevention and Emergency Care (6949)
- TMH Skills Assessment (14900)

- **VVC** VA 4279741