PERSONALIZED IMPLEMENTATION OF VIDEO TELEHEALTH (PIVOT)

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IT TAKES A VILLAGE: OUR PROJECT TEAM

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THE CHALLENGE:
ACCESS TO MENTAL HEALTH TREATMENT

Most patients who need MH care don't access it [1]

Most patients who access care do not receive an adequate dose [2]

Racial and ethnic minorities and rural patients experience barriers to access and continuity of care [3]

Comorbidity and low prevalence diagnoses increase barriers to receiving specialty care [4]

[1] Benz et al (2017).
[2] Seal et al. (2010)
[3] Mott et al. (2014), Schraufnagel et al. (2006), Wang et al. (2005), Spoont et al. (2015).
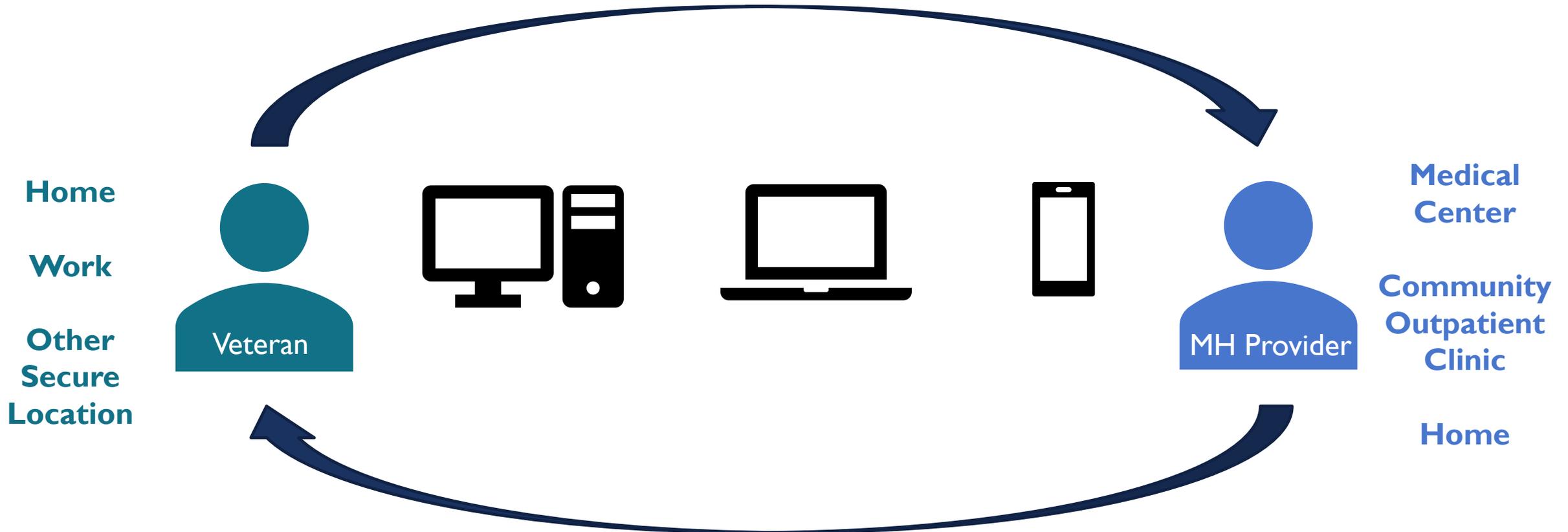[4] Comer & Barlow (2014).

BARRIERS TO IN-PERSON CARE

- Anxiety leaving home

- Distance/travel time

- Transportation

- Time away from work or home responsibilities

- Lack of comfort at VA

- Physical limitations

VIDEO TELEHEALTH TO HOME (VTH) FOR MENTAL HEALTH (MH) CARE

Synchronous Delivery

Home

Work

Other Secure Location

Veteran

MH Provider

Medical Center

Community Outpatient Clinic

Home

POLL QUESTION 1

Do you have experience in providing or receiving care over telehealth?

- -Providing
- -Receiving
- -Both
- -Neither

VTH DEVELOPMENTS – VETERANS HEALTH ADMINISTRATION

2013
MH via VTH
approved

2018
Anywhere to
Anywhere
approved

2018
Goal: 100% MH
providers VTH
capable by end
2020

2017
Telehealth
expansion

2017
VVC
platform
introduced

VTH = IN-PERSON MH CARE

PSYCHIATRY IN THE DIGITAL AGE (J SHORE, SECTION EDITOR)

CrossMark

Recent Advances in Delivering Mental Health Treatment via Video to Home

Terri L. Fletcher[1,2,3] · Julianna B. Hogan[1,2,3] · Fallon Keegan[1,2] · Michelle L. Davis[2] · Miryam Wassef[1,2,3] · Stephanie Day[1,2,3] · Jan A. Lindsay[1,2,3]

Abstract

Purpose of Review Telemental health has rapidly evolved as technology and policy advances have allowed new and innovative approaches, including the remote delivery of services directly to patients' homes. This review examined the literature on video to home (VTH) delivery of mental health services to synthesize information regarding (1) the comparative clinical effectiveness of VTH to in-person mental health treatment, (2) impact of VTH on treatment adherence, (3) patient and provider satisfaction with VTH, (4) cost effectiveness of VTH, and (5) clinical considerations for VTH use.

Recent Findings Clinical effectiveness, treatment adherence, and patient satisfaction outcomes are comparable for VTH and in-person delivery of psychotherapy and psychiatric consultation services. Clinical applications for VTH have expanded in an effort to provide mental health care to difficult to reach, underserved populations. VTH is less costly than in-person care when assuming that patients could employ existing personal technologies.

Summary VTH delivery offers a safe and effective option for increasing access to mental health care for patients who face logistical and stigma-related barriers to receiving in-person treatment. VTH should be routinely offered to patients as an option for receiving care, maximizing patient choice, and coordination of care.

**Keywords** Mental health · Telehealth · Telemental health · Effectiveness · Access

❖ Effectiveness of treatment

❖ Patient retention in care

❖ Patient satisfaction

❖ Cost effectiveness

BENEFITS OF VTH
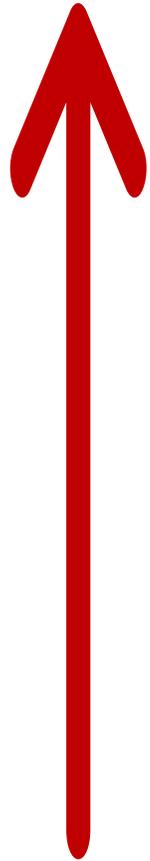
❖ **High levels of patient satisfaction**

❖ **Increases access** to care for patients with barriers to in-person care

❖ **Expands the reach** of expert providers

❖ Can **inform clinical care** (observe home environment)

❖ Increases **patient comfort**

IMPLEMENTING VTH FOR MH CARE IS COMPLEX…
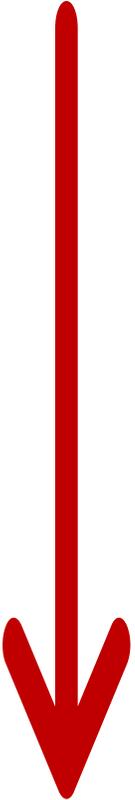
❖ **Low levels of provider adoption:**

    ❖ Provider/patient relationship

    ❖ Scheduling

    ❖ Complexity of technology

A **personalized** implementation approach is needed

IMPLEMENTATION SCIENCE

- ## Implementation Facilitation

  - Grounded in implementation science

  - Responsive to contextual factors

  - Promotes uptake of innovations in healthcare settings

[1]Ritchie MJ, Dollar KM, Miller CJ, Oliver KA, Smith JL, Lindsay JA, Kirchner JE. Using Implementation Facilitation to Improve Care in the Veterans Health Administration (Version 2). Veterans Health Administration, Quality Enhancement Research Initiative (QUERI) for Team-Based Behavioral Health, 2017. Available at: https://www.queri.research.va.gov/tools/implementation/Facilitation-Manual.pdf
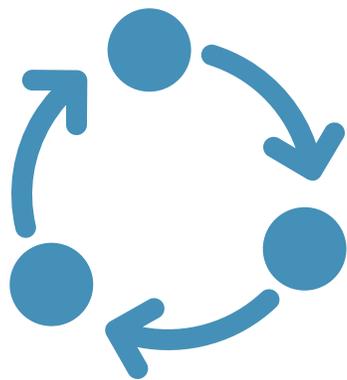
POLL QUESTION 2

What do you think is the key ingredient to increasing uptake of an innovation at your site(s)?

- -National mandates requiring use

- -Patients requesting the innovation

- -Word of mouth among providers

- -Other

PERSONALIZED IMPLEMENTATION OF VIDEO TELEHEALTH (PIVOT)

PIVOT Key Components

VTH is integrated into existing MH routine clinical care

PIVOT is flexible and adaptable to varied contexts

Maximizes patient choice: VTH for some or all care

PIVOT KEY PLAYERS

❖ **External Facilitators**
   ❖ Licensed clinicians with expertise in implementation science & telehealth technology
   ❖ Review, compile and coalesce:
      ❖ National/state/local/organizational policies, guidelines & laws
      ❖ Technology, ethics, safety, compensation

❖ **Internal Facilitators**
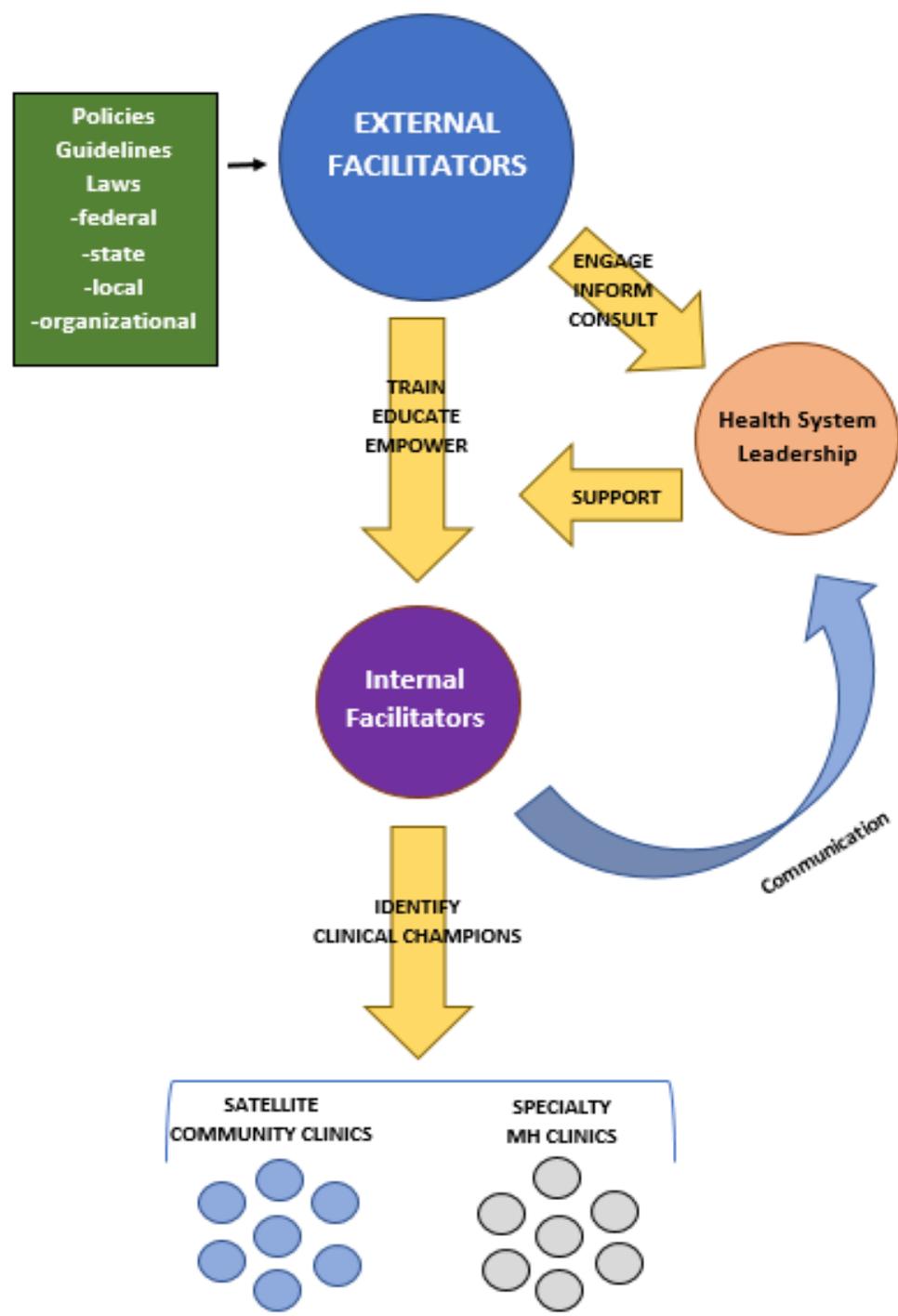   ❖ Licensed clinicians with knowledge of the hospital system
   ❖ Have existing relationships with providers

❖ **Clinical Champions**
   ❖ Providers located in satellite community/specialty MH clinics
   ❖ Inform colleagues/patients about VTH

Greater VTH adoption

PIVOT STRATEGY

PIVOT PILOT

Houston VA Medical Center (VAMC)

❖ Large, urban VAMC

❖ 11 Community Based Outpatient Clinics

❖ Serves approximately 130,000 Veterans

Veteran Barriers Engaging in In-Person MH Treatment (N=30)

Anxiety leaving home (67%)

Distance/travel time (63%)

Time off work (50%)

Lack of comfort at VA (43%)

Physical limitations (37%)

WHY WE DO WHAT WE DO: A CASE STUDY

Female Veteran in her 30s who experienced MST

Placed on bedrest - unable to make weekly in-person appointments

iPad resolved 4G connection issues

2 hour one-way trip to the VA

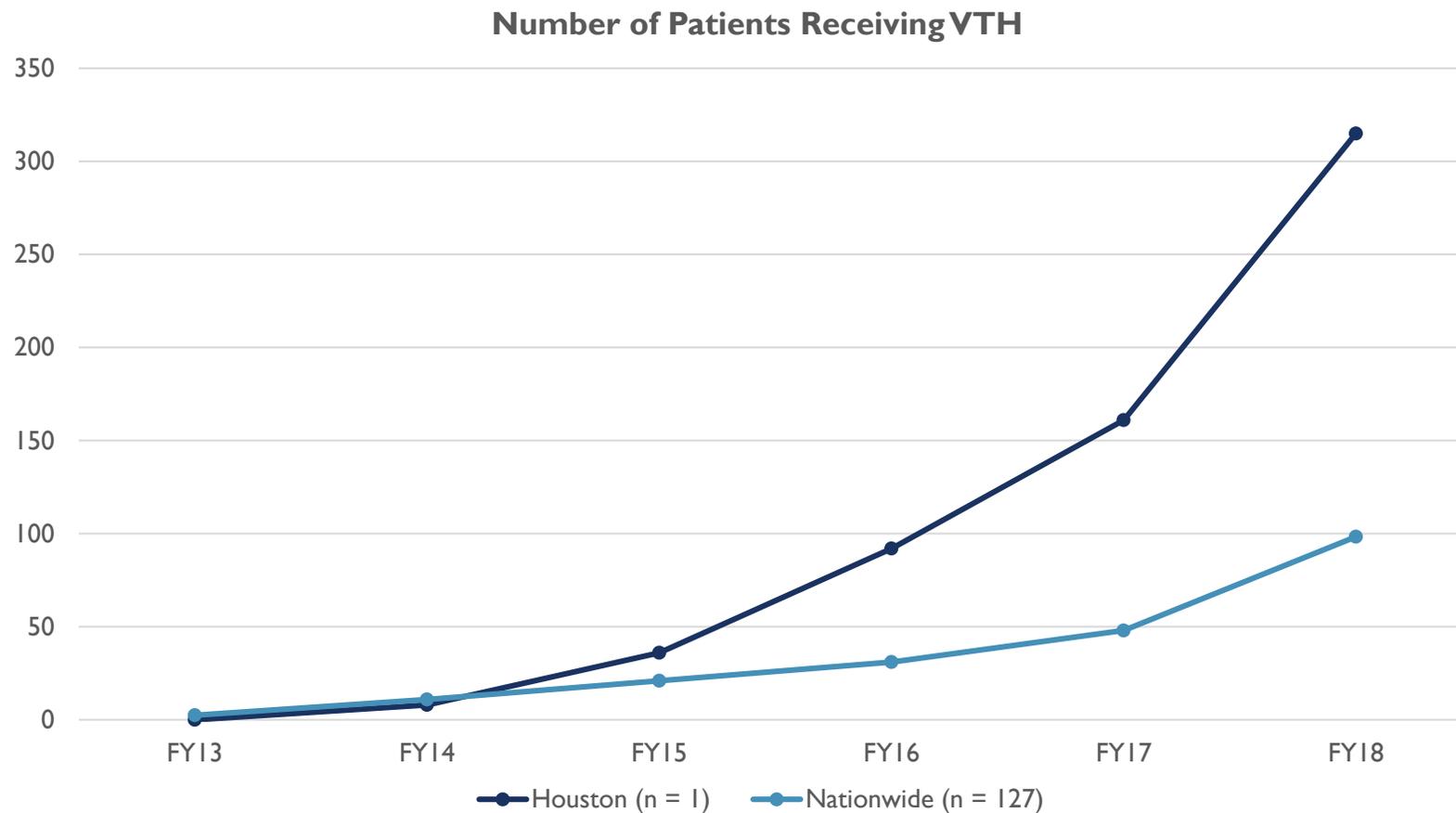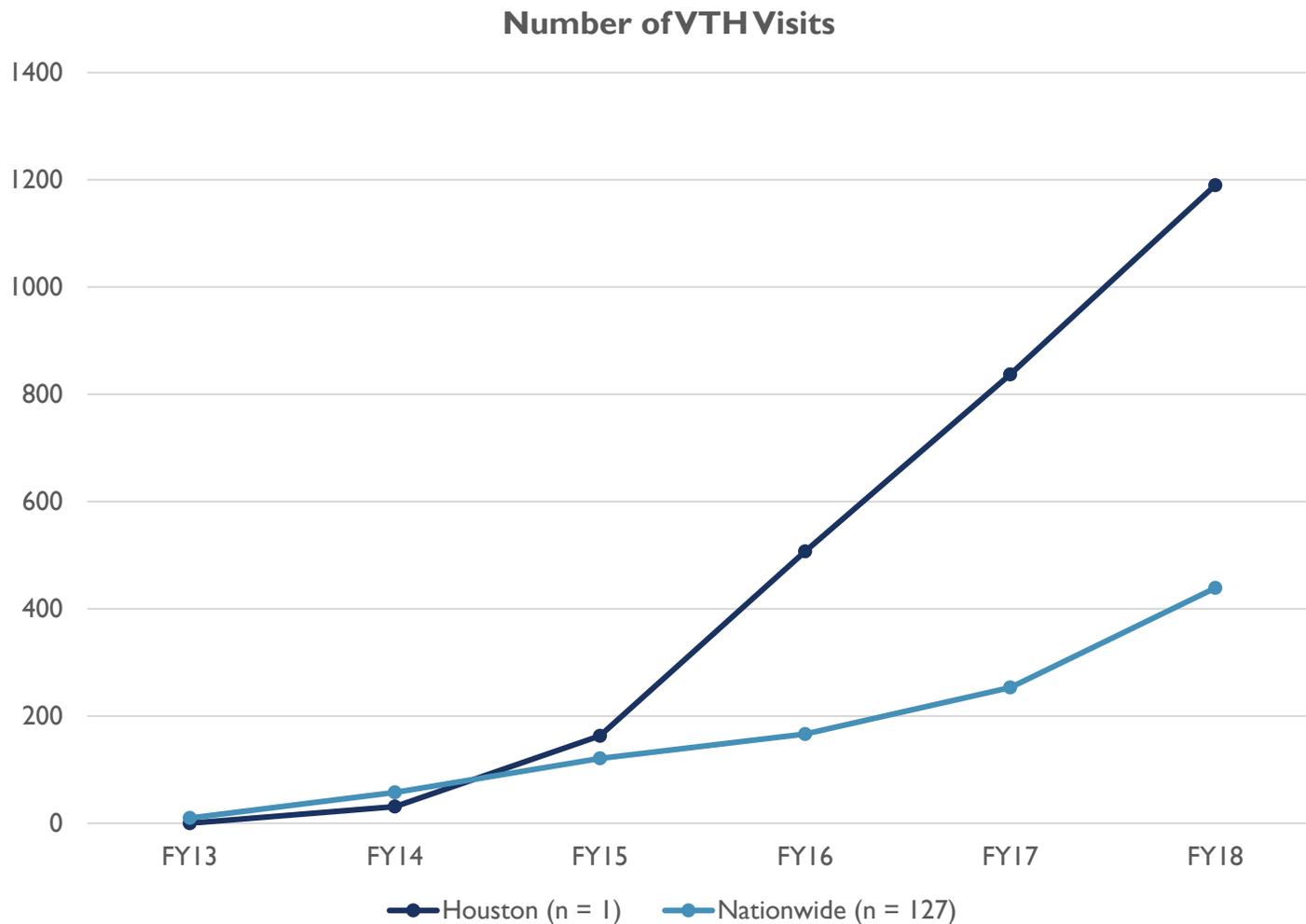**Felt VTH would not be "as personal" as in-person care, but she now loves it**

VETERAN FEEDBACK

- ❖ "Helped me improve my attitude for receiving care at VA"

- ❖ "I was more comfortable being at home"

- ❖ "More privacy [at home]. At the CBOC [Community Based Outpatient Clinic], I can hear others"

- ❖ "Being able to talk about your issues from a familiar place"

- ❖ "It's just as good or better than going to see somebody. You don't have to wait in line or try to find parking…A lot of Vets can't get around"

- ❖ "Already have recommended it to other Veterans"

EVALUATING PIVOT: SUSTAINED VTH GROWTH

**Significantly greater increase in the number of unique Veterans receiving VTH**

Number of Patients Receiving VTH

Houston (n = 1)   Nationwide (n = 127)

EVALUATING PIVOT: SUSTAINED VTH GROWTH

Number of VTH Visits

Houston (n = 1) Nationwide (n = 127)

Significantly greater increase in the number of VTH encounters

EVALUATING PIVOT: GREATER PROVIDER ADOPTION

❖ 47 MH providers using VTH in FY18 ~ significantly greater than the national average

❖ Significantly greater number of unique specialty MH clinics delivering VTH FY14-FY18
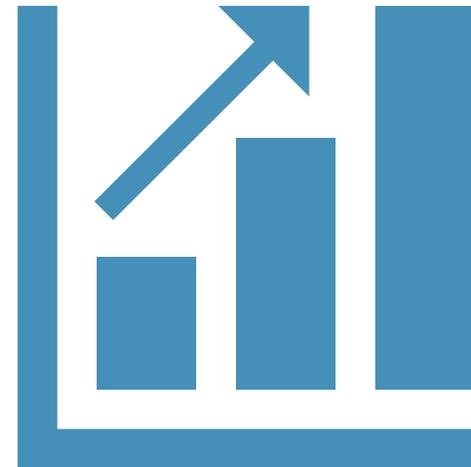
EVALUATING PIVOT: GREATER PROVIDER ADOPTION

❖ Providers note:

  ❖ VTH more effectively treats certain disorders (agoraphobia)

  ❖ VTH reaches patients who would not otherwise engage in care (e.g., MST, PTSD, physical limitations)

  ❖ Highlighted logistical and clinical concerns (e.g., emergencies, enabling avoidant behavior) that could be preemptively addressed

SYSTEM OPPORTUNITIES: HURRICANE HARVEY
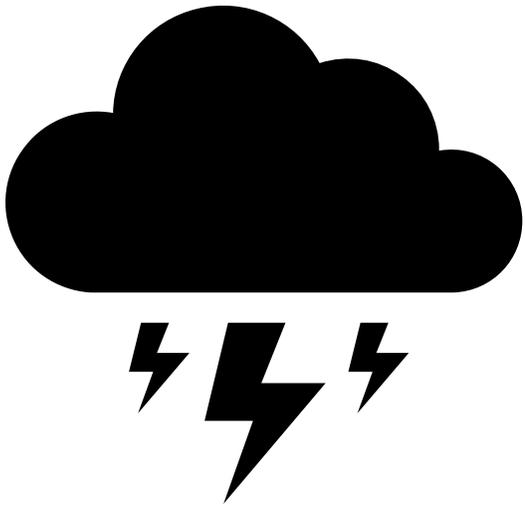
❖ Widespread devastation and thousands in emergency shelters

❖ Veterans displaced and distressed by the sounds of search and rescue helicopters

❖ VTH enabled patients to stay connected with their existing providers to maintain continuity of care during this crisis

❖ **Hurricane Harvey offered unique motivation for previously reluctant providers to use VTH during this crisis and beyond**
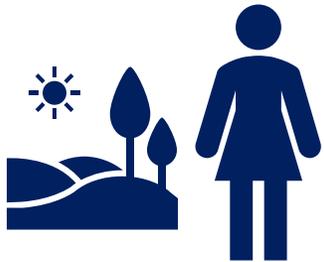
MONTANA

- Site-specific opportunities:
  - ❖ Hunting season
  - ❖ Weather conditions
  - ❖ Snowbirds
  - ❖ Highly rural
  - ❖ Committed champions

WHY WE DO WHAT WE DO: A MONTANA CASE STUDY

Female Veteran in her 30s who experienced MST, living in rural area

Psychologist providing MH care (in-person & VVC) was moving recommended PE

Closest PE provider 2 ½ hrs away - unable to make weekly in-person appointments

VVC delivery to home: no commute minimized distractions able to talk freely

Would use VVC for MH care in future – more options for care

WHY WE DO WHAT WE DO: A MONTANA CASE STUDY

Male Veteran in his 60s, service connected, living in urban area

Social Worker providing MH care at nearby CBOC (clinic-to-clinic)

SW introduced VVC option for care

VVC to home:
easy to use
more privacy
better conversation
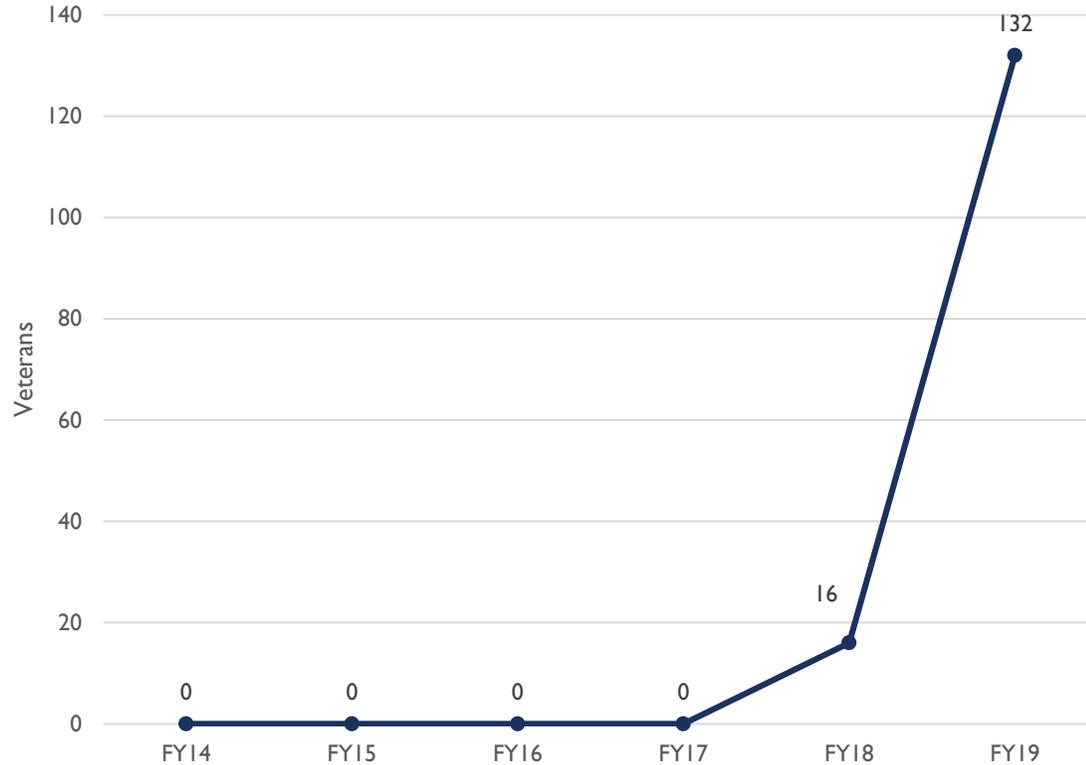**surprised – bureaucracy**

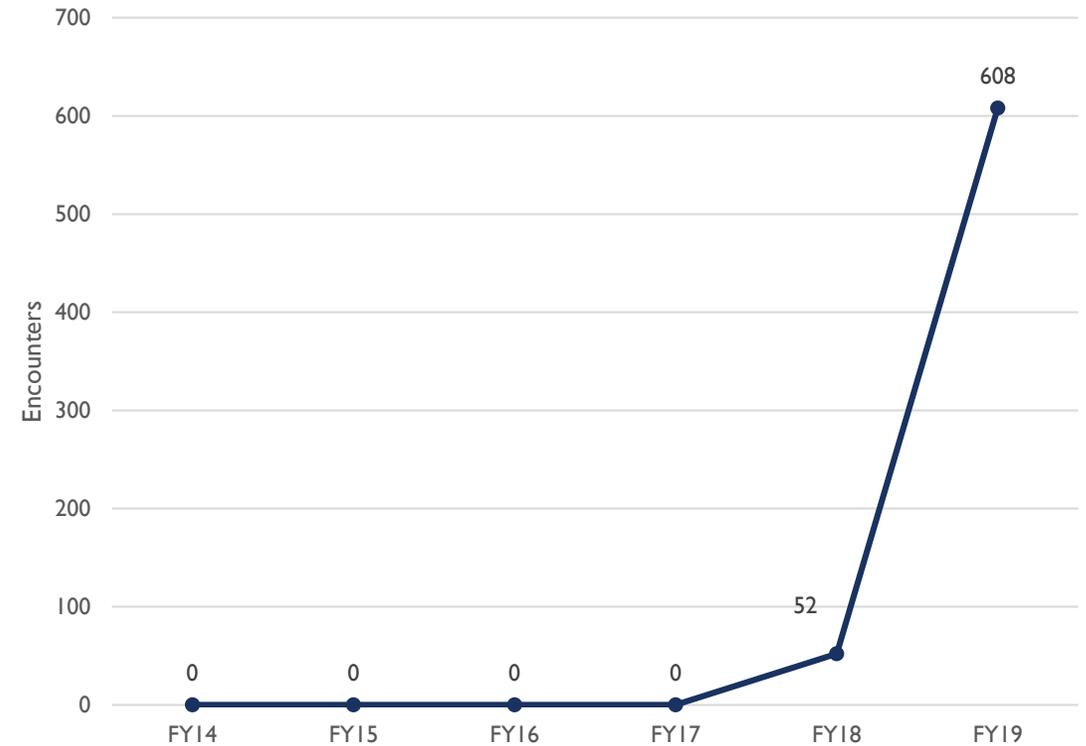**VVC w/provider in Salt Lake City for sleep issues**

MONTANA:
VVC VETERAN & ENCOUNTER GROWTH
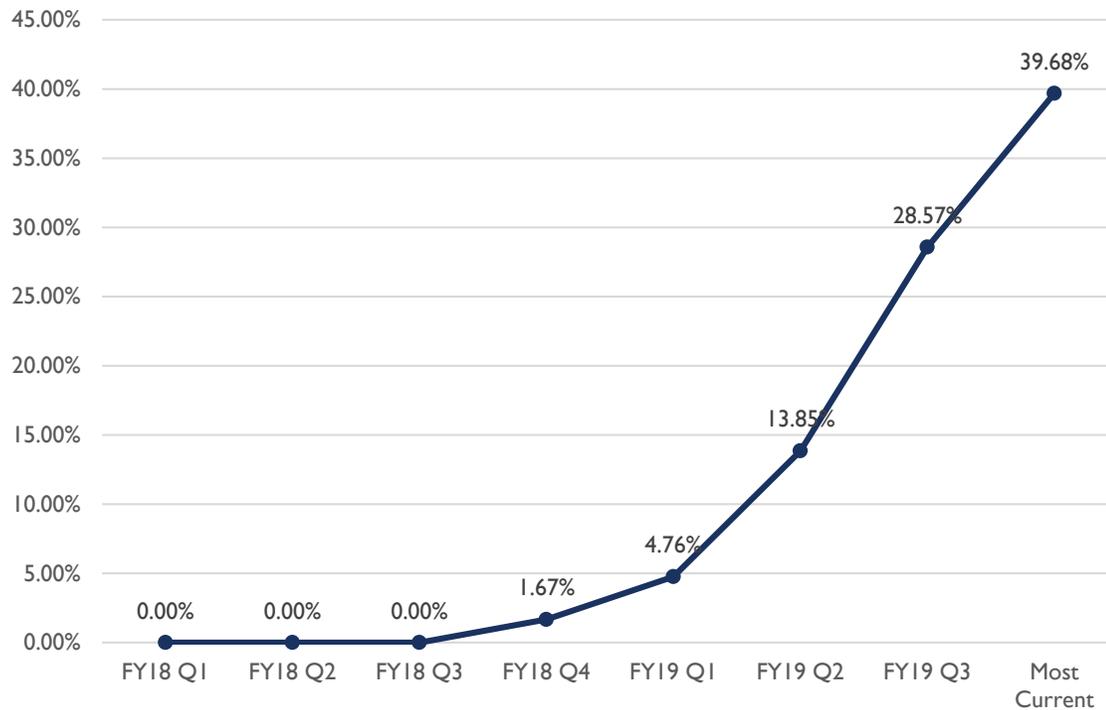

Montana HCS VVC - Veterans
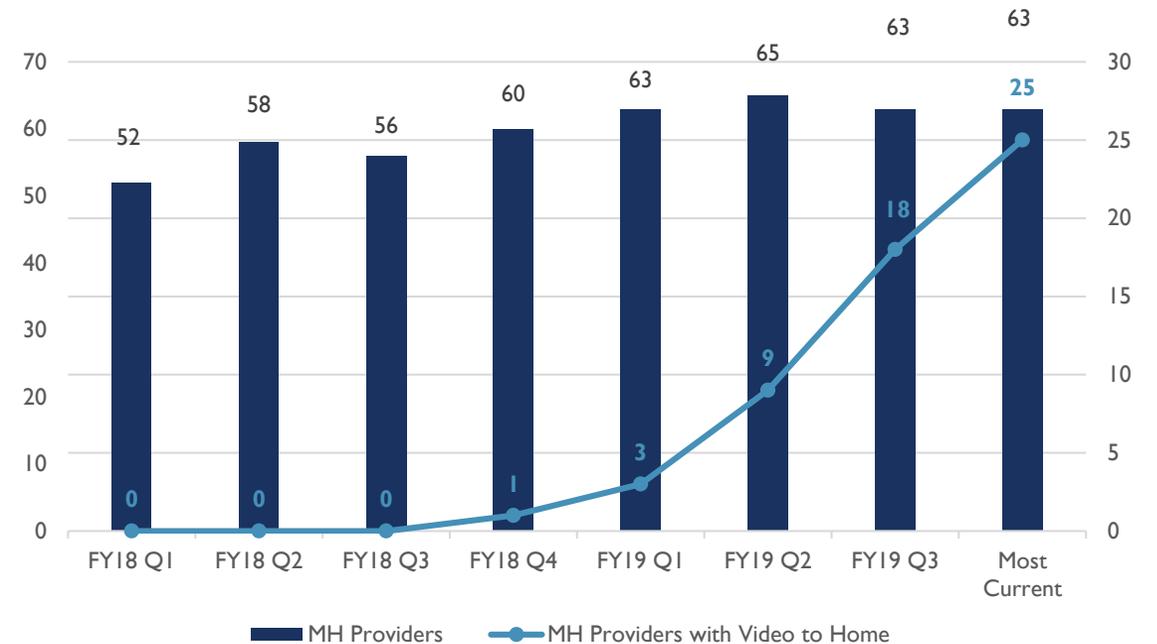
Montana HCS VVC - Encounters

MONTANA: PROVIDER GROWTH

% MH Providers with Video to Home Quarterly Trend

- FY18 Q1: 0.00%
- FY18 Q2: 0.00%
- FY18 Q3: 0.00%
- FY18 Q4: 1.67%
- FY19 Q1: 4.76%
- FY19 Q2: 13.85%
- FY19 Q3: 28.57%
- Most Current: 39.68%

MH Providers and MH Providers with Video to Home* Quarterly Trend

	FY18 Q1	FY18 Q2	FY18 Q3	FY18 Q4	FY19 Q1	FY19 Q2	FY19 Q3	Most Current
MH Providers	52	58	56	60	63	65	63	63
MH Providers with Video to Home	0	0	0	1	3	9	18	25

■ MH Providers ── MH Providers with Video to Home

SUSTAINABILITY: SHIFTING PERCEPTIONS ABOUT VTH

PIVOT Leads to Greater Adoption and Sustainment of VTH

Helps control VTH messaging

Empowers Internal Facilitators/ Clinical Champions

Ensures ongoing communication between stakeholders

Fosters local level engagement

KEY TAKEAWAYS

❖ **Make facilitation key**

   ❖ National mandates/training requirements are not sufficient for widespread adoption

❖ **Start small to ensure success you can build upon**

   ❖ "Grassroots" facilitation approach maximizes engagement

   ❖ Small "wins" maximize credibility

   ❖ Controlling the message and reducing misinformation

National Mandates (i.e., Top Down)

Grassroots Approach (i.e., Bottom Up")
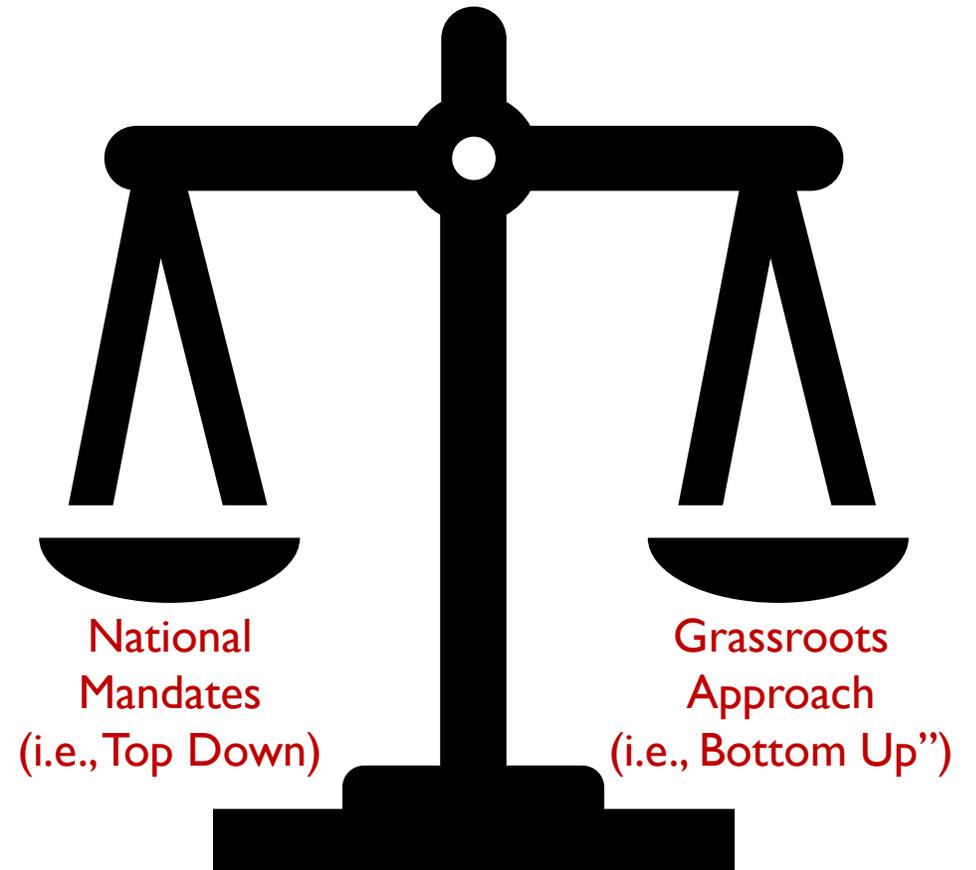
KEY TAKEAWAYS

❖ **Ensure flexibility**

  ❖ Technology is complicated and constantly evolving

  ❖ Regulations are changing and adapting

  ❖ Assess readiness for change and use an implementation checklist

❖ **Assess multiple outcomes to demonstrate implementation impact**

  ❖ # of providers trained and delivering care via VTH

  ❖ # of specialty MH clinics or affiliated community clinics offering VTH

  ❖ Provider discipline (i.e., psychiatry, psychology and social work)

WE ARE HONORED TO SERVE THOSE WHO SERVED

RESOURCES

Connected Care: https://connectedcare.va.gov/

VHA Office of Telehealth Service Website: http://vaww.telehealth.va.gov

Telehealth Services – VVC Information: http://vaww.telehealth.va.gov/pgm/vvc/index.asp

VHA Office of Telehealth Service SharePoint: http://vaww.infoshare.va.gov/sites/telehealth/default.aspx

American Telemedicine Association: https://www.americantelemed.org

American Psychological Association – Guidelines for the Practice of Telepsychology: https://www.apa.org/practice/guidelines/telepsychology

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