Pop Quiz

What is the best way to support the VC CORE Team in FY25?

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a) Make us Co-Is on your research & QI Projects

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Announcements

1. Needs Assessment and Network Analysis Refresh

   - Can be accessed by clicking the personalized link in the email you received from Elizabeth.Stevens@nyulangone.org.

   - If you are an investigator in this network and did not receive an email from Elizabeth, please let me know!

   - Should take ~15-20 minutes.

   - Will help us evaluate our activities over the past 4 years, understand and better address evolving needs of the network in our renewal (FY26-30).

   To subscribe to the VC CORE listserv, please email
   VHAVirtualCareCORE@va.gov

   @VA_VCCORE

Announcements

2. VC CORE CIPHER Wiki!

- Several recently published guides supporting improved measurement of virtual care in VA.
  - What is telehealth and how to measure it in VA
  - How to define a telehealth utilization measure
  - OCC's Connected Care Outcomes Framework (with additional guides to understanding each category of outcomes therein)
- Available at cipherwiki.va.gov → Resources by Partner → Virtual Care CORE
- Some VC access metrics also available under VARC Compendium.

To subscribe to the VC CORE listserv, please email
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@VA_VCCORE

The Many Caregiver Roles in VVC

Megan Gately, PhD, OTD, OTR/L

October 9, 2024

COnsortia of REsearch Presentation

HSR Cyber Seminars

Disclosures

Disclosures: This work was supported with resources and the use of facilities at Department of Veterans Affairs, including support from the Office of Connected Care and Office of Rural Health.

Views and content are those of the presenter(s) and do not reflect the official policy or position of VA or any agency of the United States Government.

Background

Caregivers provide the bulk of in-home support to growing older Veteran population who want to age in place

- ***$600 Billion value***
- ***Veterans +85 = fastest growing older Veteran cohort***

*Sandwich generation

*Post-pandemic health care shortages

Our lens

GRECC – Geriatric Research Education and Clinical Center
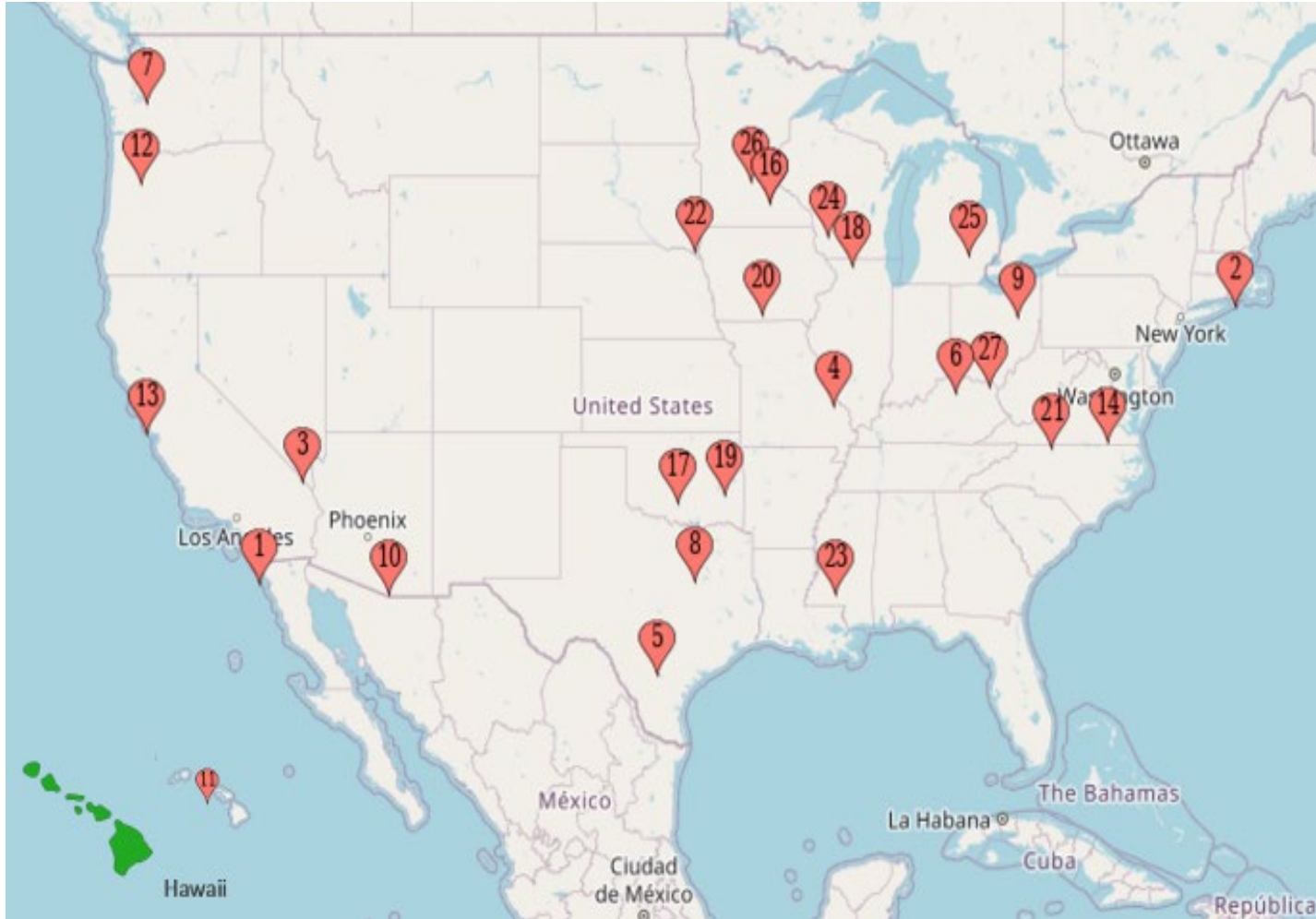
In-home video telehealth

Dementia - caregivers

Occupational therapy

What is the caregiver role in VVC?

- Interviews with VHA OT practitioners

- Identify barriers and facilitators to VVC, particularly to older, rural Veterans

- *Funding from Office of Rural Health*

VHA OT Practitioner Interviews

Locations of interviewed VHA OT practitioners.

Questions included:

- Readiness for VVC pre-COVID
- OT clinical experience with VVC
- Barriers and facilitators

Sampling

- Jan. - April 2021
- 25 OTs and 2 OTAs
- ~536 VVC each in 2020
- Mix of pre/post COVID VVC usage

KEY OT INTERVIEW FINDINGS

- Video telehealth increases access to OT by rural Veterans

- Rural Veteran challenges with video telehealth include:
  - Insufficient bandwidth
  - Difficulty navigating the complexity of the video telehealth encounter
  - Lack of technology (e.g., email or device)

- ***Caregiver assistance is critical, particularly for older, rural Veterans***

Caregiver Specific Takeaways

Gately ME, Waller D, Metcalf EE, Moo LR. Occupational Therapy Practitioner Perspectives of the Role of Caregivers in Video Telehealth. J Gerontol Nurs. 2022 Oct;48(10):15-20. doi: 10.3928/00989134-20220908-02. Epub 2022 Oct 1. PMID: 36169296; PMCID: PMC9577539.

Caregiver participation was referenced specifically with older Veterans

Caregivers assisted with a broad range of tasks

Caregivers were not always available to assist, due to Veterans' lack of social support or COVID restrictions

Aims

(1) Describe caregiver role supporting patient participation in OT video
(2) Identify barriers and facilitators

Findings

- Of 216 eligible articles, 12 met inclusion criteria
- Articles showed caregiver involvement in a range of OT processes; however, details on what CGs did was lacking
- *Underscores need for clear and robust descriptions of caregiver role supporting patient engagement in video*

Scoping Review

Caregiver Support Role in Occupational Therapy Video Telehealth
A Scoping Review

Megan E. Gately, PhD, OTD, OT; Emily E. Metcalf, MA; Dylan E. Waller, MS; Jaye E. McLaren, OTD, MA, OT; Elizabeth S. Chamberlin, PhD; Chelsea E. Hawley, PharmD, MPH; Maria Venegas, PhD, MPH; Eileen M. Dryden, PhD; Maureen K. O'Connor, PsyD; Lauren R. Moo, MD

Partnering with Caregivers to Ensure Access to VVC for Veterans with Complex Care Needs

- Objective
  - Assess barriers and facilitators to caregiver involvement supporting Veteran engagement in VA Video Connect (VVC)
- Aims
  - Survey VHA OT practitioners about CG involvement in VVC
  - Gather perspectives of caregivers who participated in OT VVC through interviews

- *Funding from Office of Connected Care and Office of Rural Health*

OT Survey

Sampling

- January-February 2022
- Of 1,780 VHA OT and OTAs Invited, 333 responded and 286 (16.0%) met inclusion criteria.
- Inclusion criteria- 10+ VVC encounters involving a caregiver

Survey Items

Frequency of caregiver involvement and caregiver role

Veteran factors that necessitate caregiver participation in OT VVC

What caregivers do to support Veteran participation (e.g. Technological tasks, Clinical tasks)

Facilitators to caregiver involvement (e.g. frequency, effectiveness)

Barriers to & benefits of caregiver involvement

KEY SURVEY FINDINGS

56% Indicated caregivers are "Often"
or "Always" involved with OT video sessions

81% Reported that more than half of their
patient population is over 65 years of age

72% Of video visits that would have benefited from caregiver
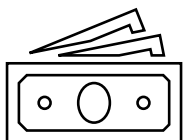involvement, but no caregiver was available move to telephone

Who are Veterans' caregivers?

Spouses

Adult Children
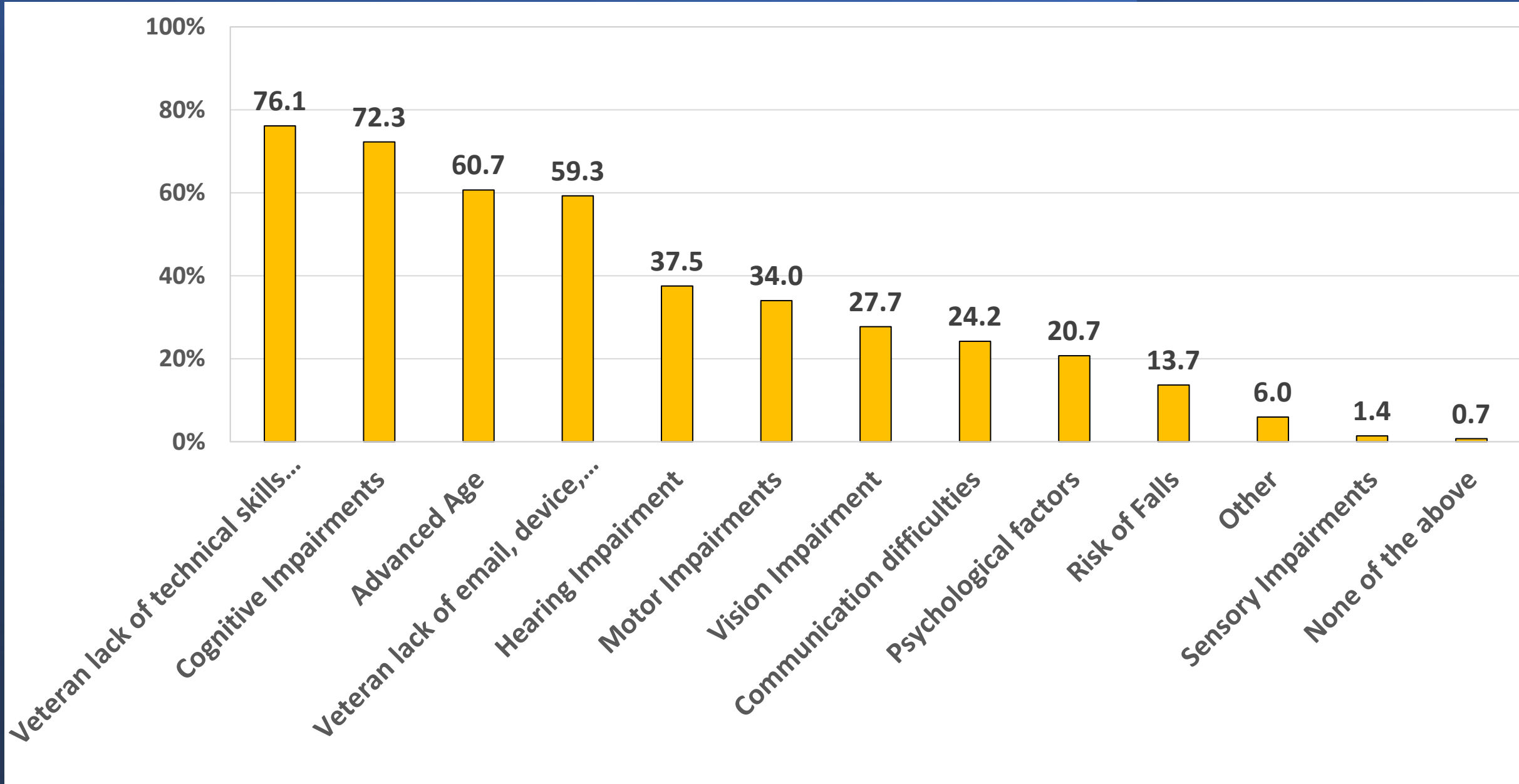
Paid Care Staff

Veteran factors that contribute to caregiver participation in OT VVC

Technological
Tasks

- Enable camera and mic
- Operate camera
- Trouble-shoot issues initiating and during OT video telehealth

Clinical
Tasks

- Provide history
- Assist with communication, e.g., remind/prompt/cue patient
- Receive education or training to support patient care

What are the most common facilitators to caregiver participation?

Clinician education to caregivers about what to expect

Clinician troubleshooting tech during video

Test call with clinician or team before video

Benefits of Caregiver Involvement

Increasing patient <u>access</u> to video telehealth (90%)

Increased <u>collaboration</u> with family (87%)

Caregiver Interviews

Aim

Gain a better understanding of the caregiver support role in OT video telehealth.

Questions included:

- Caregiver comfort with technology
- What caregivers did during VVC (technological, clinical) and perceived burden of such tasks
- Barriers and facilitators to caregiver-enabled OT VVC sessions

Sampling

- March- September 2023
- Semi-structured interviews with caregivers (N=19) of older Veterans who received OT VVC from 4 VHA sites (OH, NC, MN, FL)

KEY INTERVIEW FINDINGS

- Caregiver level of participation ranges from enabling Veteran engagement (e.g., offering Veteran the device, leaving the room after the Veteran has connected) to handling most of the conversation

- Caregiver involvement remediates Veteran impairments. (e.g., repeating what the OT says at a louder volume for hearing-impaired Veterans, or providing additional details to the OT for a Veteran with cognitive issues)

- Caregivers sometimes assist with more hands-on clinical tasks like taking measurements of the home; while caregivers often did not receive training, they felt confident in their ability to do so

- Caregivers operate the device to provide visuals of the Veteran and/or the home, especially when the Veteran is unable to do so due to complex medical needs and or cognitive/physical limitations

CAREGIVER ATTITUDES TOWARD VIDEO

- Avoiding travel, which was difficult for both caregiver and Veteran for a multitude of reasons, was deeply appreciated by most participants

- Some caregivers perceived Veterans as less engaged with the clinician during telehealth as compared to in the clinic

- Some caregivers discussed limitations of VVC for certain kinds of care (acute needs, wound care or other services requiring keen visualization, and diagnostics such as imaging or bloodwork)

- Caregivers generally did a lot; caring was seen as a mission, part of trying to keep Veterans safe and at home as long as possible

OPTIMIZING VIDEO FOR CAREGIVERS

- Email instructions for how to access the telehealth session are sufficient for some caregivers, especially those with prior experience with VVC

- Test calls may increase caregivers' feelings of preparedness and reduce anxiety

- In some cases, caregivers assisting Veterans with video sessions may themselves have low technological literacy. Similarly, caregivers may have their own health issues that make it difficult to assist with more hands-on aspects of video telehealth

PUTTING IT ALL TOGETHER
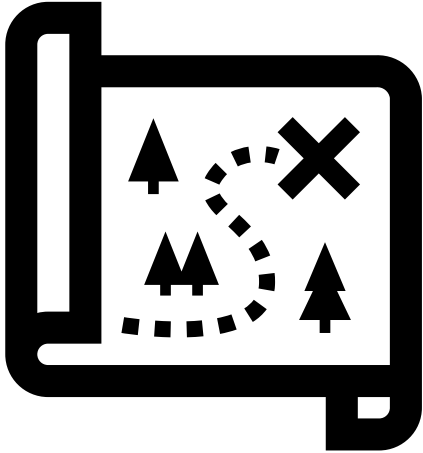
1. Caregivers are particularly vital to support older Veterans' access to VVC

2. Benefits – Increased access to care, particularly for rural Veterans

3. Benefits – Family-centered care, with CGs participating in aspects of treatment

4. VVC may be burdensome to clinicians and CGs; need a balance of clinician and facility technical support

5. CGs have their own issues (older, health needs, less tech savvy); may need customized support such as one-to-one training, coaching, and resources

Next Steps

- Examine caregiver role in VVC as potential barrier/facilitator to offer of VVC
  - *Current OCC-funded project will survey VHA clinicians about factors involved with initial offer of VVC, including caregivers, so STAY TUNED!*
- Develop resources to support increased integration of VVC by VHA clinicians, including effectively partnering with caregivers

Thank you

Megan Gately, PhD, OTD, OTR/L

megan.gately@va.gov

Today's Presentation

1. **Why treat PTSD in primary care?**

2. **What is Clinician Supported (CS) PTSD Coach?**

3. **Is CS PTSD Coach effective?**

4. **Implementing CS PTSD Coach**

   - Overview of training and implementation support

   - Patient Access and Clinical Outcomes

   - Staff time to deliver

   - Clinician Perspectives

5. **Next steps:** Optimizing the Use of Patient Generated Health Data

PTSD in Primary Care Patients

• PTSD in primary care patients in common: 12-20% VA primary care clinics.

• PTSD is associated with a variety of negative outcomes.

– Physical: cardiovascular disease, hypertension, diabetes, etc.

– Highly co-morbid with depression, substance use, and anxiety

– Functional: unemployment, poverty, and relationship difficulties

Primary Care Mental Health Integration (PCMHI) clinicians often request PTSD treatment that are packaged for primary care.

# Combining Professional Support with Self-Help Resources

- Meets patient's preferences for self-reliance

- Efficient way to deliver services.

- Few people will use apps enough on their own to get any clinical benefit

Supportive Accountability Model (Mohr et al.,2011 JMIR)
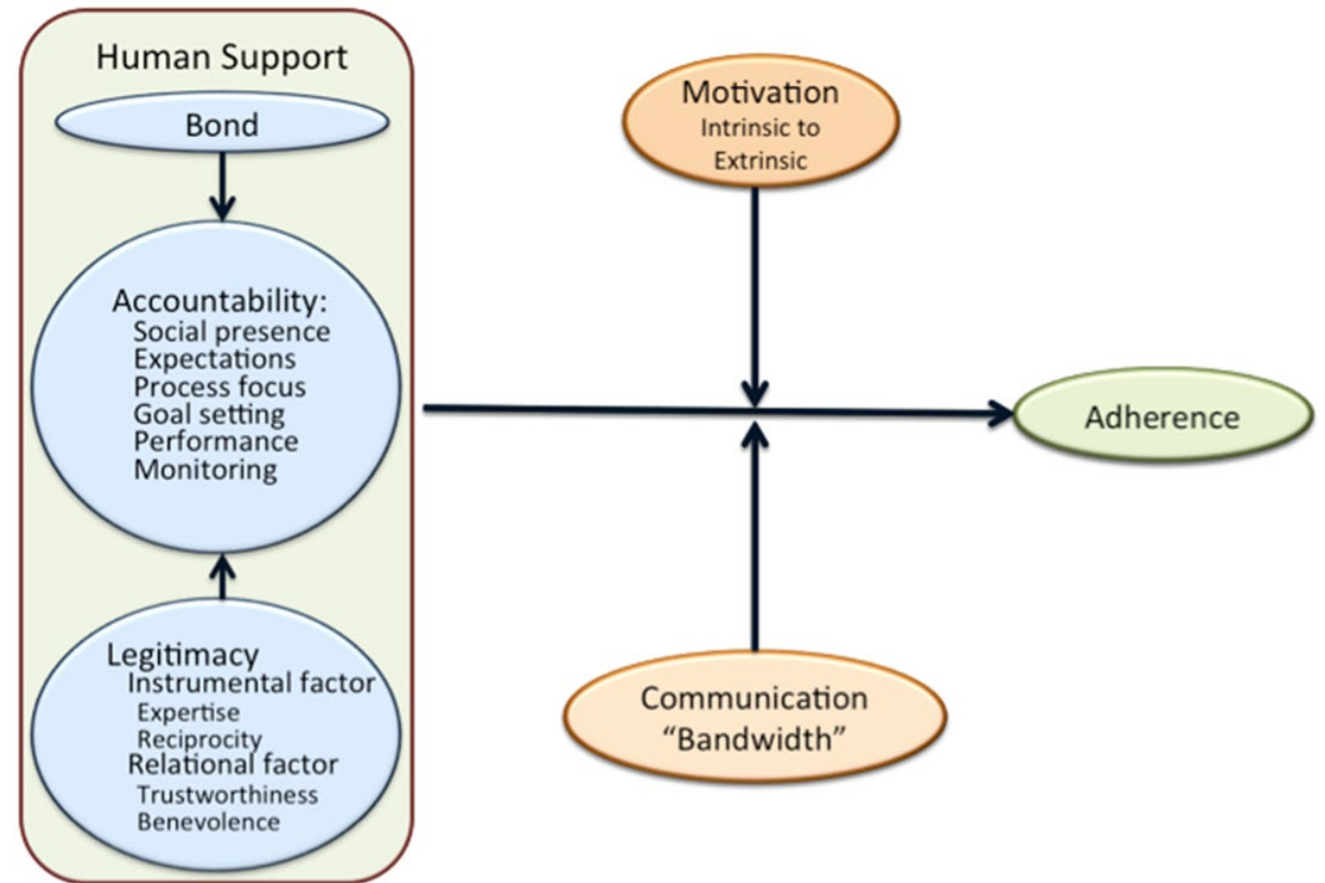
Clinician Supported PTSD Coach

Combines four 30-minute PCMHI sessions with the PTSD Coach mobile app
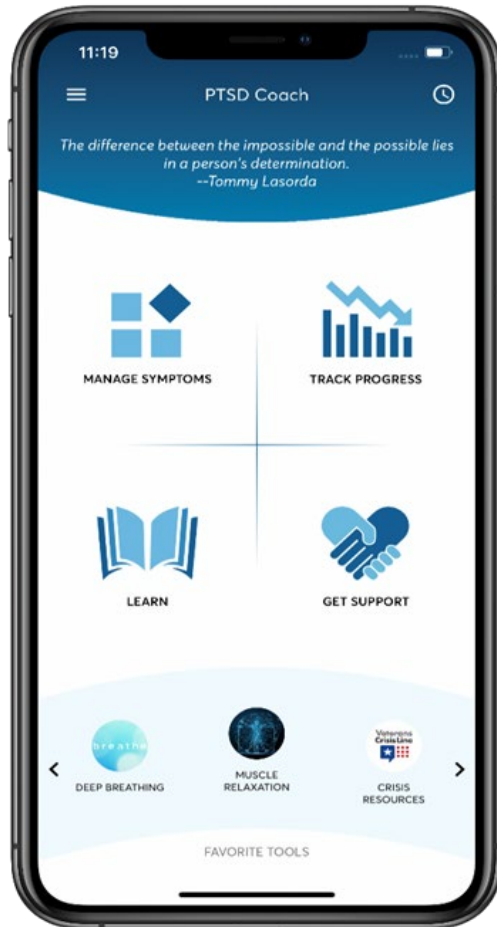
PCMHI Clinician Support

- Focus on personalizing the symptom management strategies for the participant's specific concerns.
- Assigns the patient to use the app daily to manage symptoms.
- Clinicians help patients apply strategies in daily life and overcome barriers to active symptom   .
- Facilitates transition to other care if symptoms persist.

Goals of Clinician Supported PTSD Coach

The purpose of this treatment is to:

1. Reduce PTSD, depression, and general distress

2. Increase general functioning

3. Increase knowledge about PTSD symptoms, management strategies, and coping self-efficacy

4. Increase initiation rates for PTSD-focused treatments for those Veterans who did not experience enough symptom relief after the 4 sessions of CS PTSD Coach.

Patient Generated Health Data (PGHD)

- Patients generate health data by:
  - tracking their PTSD symptoms
  - using of self-management strategies in app.
- PGHD is used to:
  - Deliver measurement-based care:
    - Clinicians use data to help patients select specific self-management strategies that encourage behavioral change.
  - Engage in shared decision-making
    - At session 4 symptom severity guides stepped-care
      - > clinical cut off--- offered options to step-up
      - < cut off--- continue to use self-management strategies.

A Randomized Clinical Trial of Clinician–Supported PTSD Coach in VA Primary Care Patients

Kyle Possemato [1], Emily Johnson [2], Kimberly Barrie [2], Sharfun Ghaus [3], Delilah Noronha [3], Michael Wade [2], Mark A Greenbaum [3][4], Craig Rosen [3][5], Marylene Cloitre [3][5], Jason Owen [3], Shaili Jain [3][5], Gregory Beehler [2], Annabel Prins [3], Karen Seal [6][7], Eric Kuhn [3][5]

Pragmatic Effectiveness Trial (N=234)
CS PTSD Coach vs PCMHI- Treatment as Usual (TAU)
Recruited in multiple primary care clinics in New York and California

Specific Aims:
1. Investigate impact of CS PTSD Coach on PTSD severity
2. Investigate the impact of CS PTSD Coach on engagement in specialty mental health care
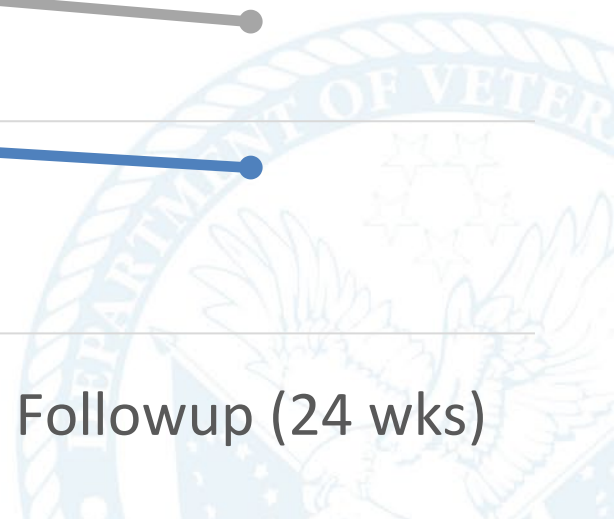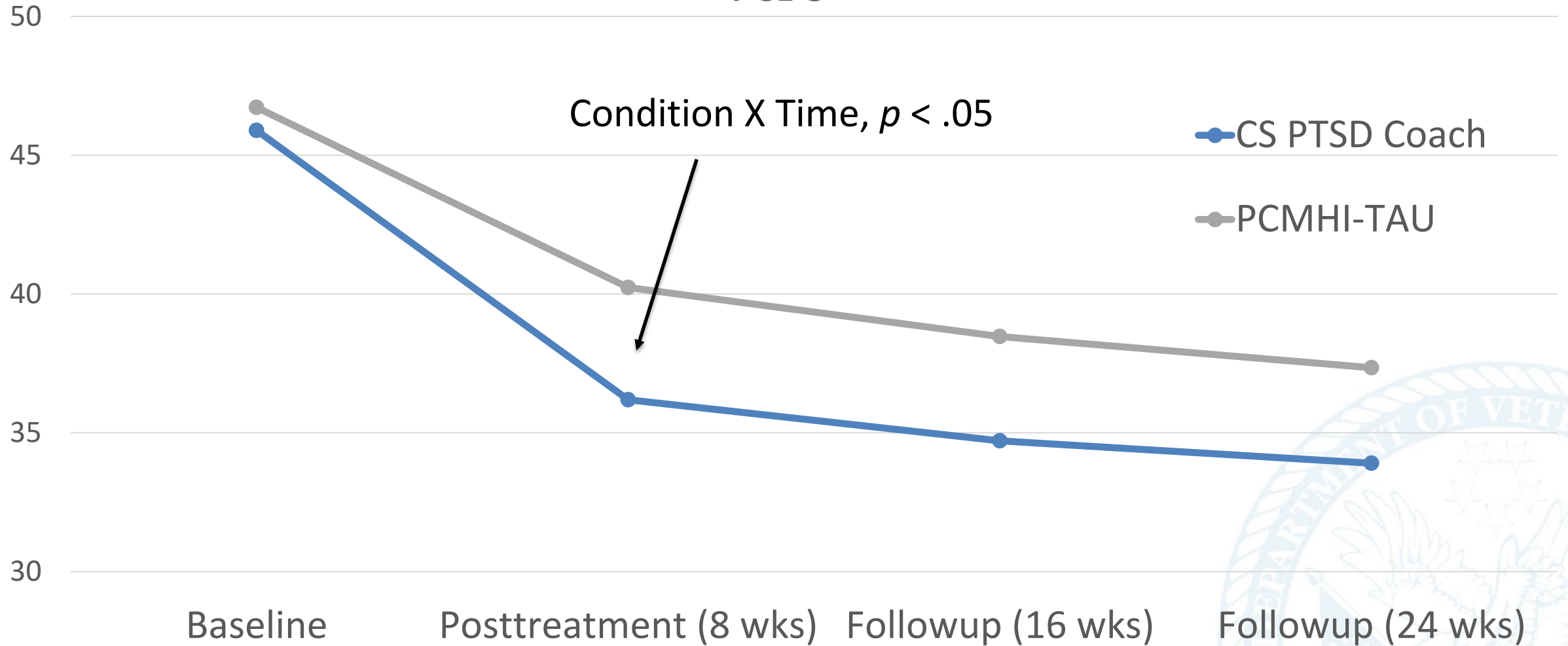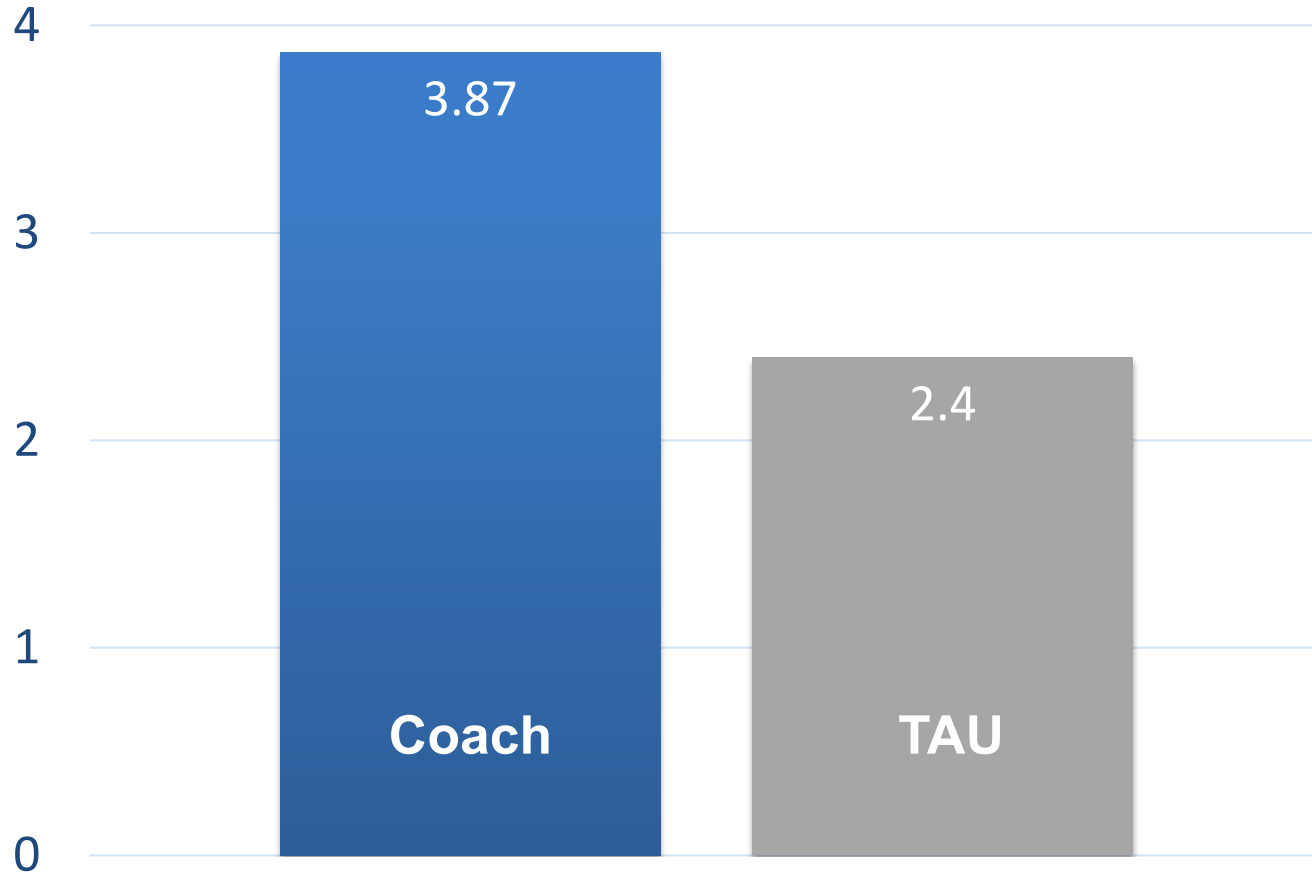3. Investigate patient and provider satisfaction with CS PTSD Coach

Engagement in Care

Mental Health Sessions in First 8 Weeks
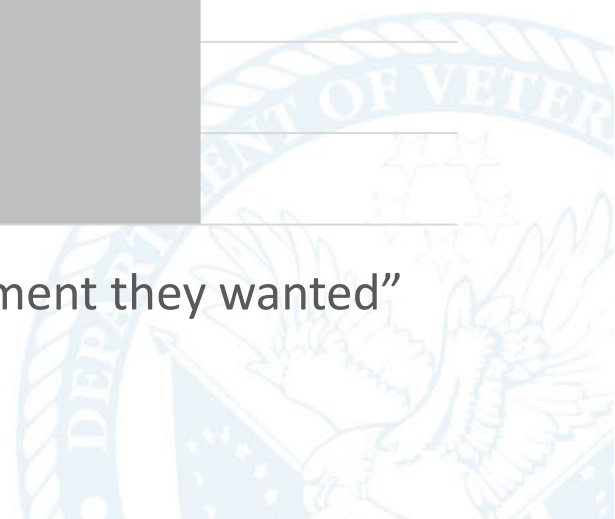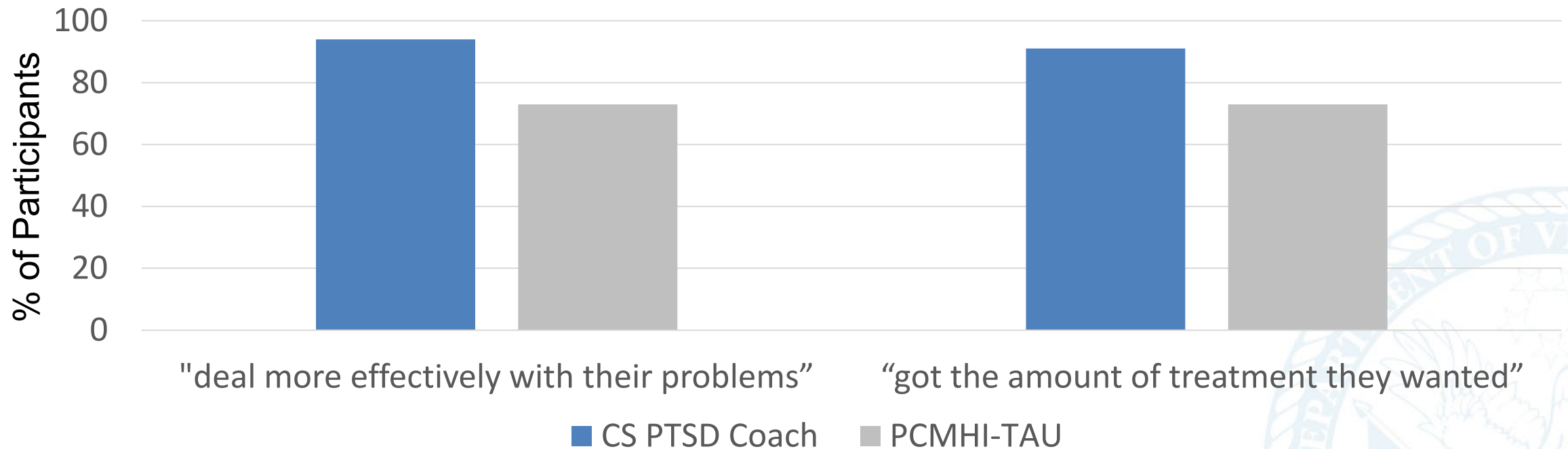

Bar chart showing Coach = 3.87, TAU = 2.4

[mean (SE)=3.87(.15) for Coach vs. 2.22(.17) for TAU, p<.001]

Compared to the previous 10 years, Coach participants were **3.91 times** more likely to access mental health care in the intervention period. TAU participants were **7% less** likely to access care (p=.016).

Implementing CS PTSD Coach

- Funded by VC CORE/ OCC

- Objective: Implement Clinician Supported PTSD Coach (CS PTSD Coach) into Primary Care Mental Health Integration (PCMHI) services and conduct a rigorous non-research evaluation of these efforts.

  1. Recruit and train 30 PCMHI providers nationally to deliver CS PTSD Coach.
  2. Conduct community of practice calls to deliver on-going clinical consultation and implementation support.
  3. Evaluate the implementation of CS PTSD Coach with the RE-AIM outcomes of Reach, Effectiveness, Adoption, Implementation, and Maintenance.

Overview of Implementation Program

Training Program

- Over 130 providers have applied for 30 slots

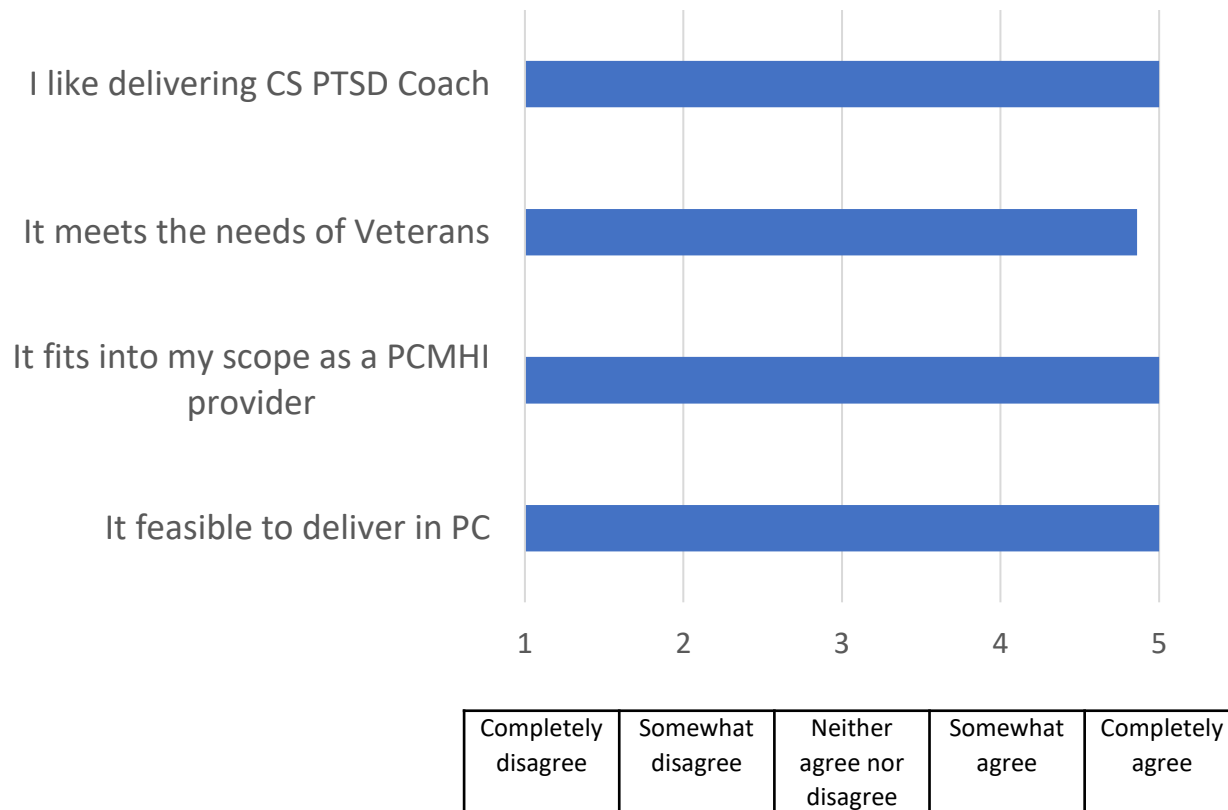| Phase	Content	Length
1	Live Didactic	1 hour
2	Self Study- use app, review manual, watch recorded mock sessions	2 hours
3	Conduct 3 role plays with a training consultant playing a standardized patient	2 hours
4	Attend Community of Practice Calls until 2 cases are complete	30 min, 2x/ month

Data Collection

- CPRS notes are pulled that have the key phrase "CS PTSD Coach"

- Implementation barriers and facilities are tracked during consultation calls

- Trained clinicians take brief surveys on acceptability, appropriateness, and feasibility

Current Implementation Results

Reach	Effectiveness	Adoption	Implementation
1) 99 Veterans received CS PTSD Coach 2) 30 clinicians trained	Mean 10-point decrease on PTSD Checklist-5 from first to last session. t= 1.67, p= .05	1) 14 clinicians delivered CS PTSD Coach 2) 377 CS PTSD Coach sessions delivered 3) 16 VISNs delivering CS PTSD Coach	1) Intervention fidelity: 89% of all essential elements delivered 2) Clinician ratings indicate high acceptability, appropriateness, and feasibility 3) Staff hours to train and deliver CS PTSD Coach. 4 hours of training 6 hours COP calls ≈3 hours/ patient for sessions & documentation

Clinician Acceptability and Feasibility

Cohort 1 Acceptability, Appropriateness and Feasibility

Chart showing agreement levels (scale 1–5) for:
- I like delivering CS PTSD Coach
- It meets the needs of Veterans
- It fits into my scope as a PCMHI provider
- It feasible to deliver in PC

Scale:
Completely disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Completely agree
1	2	3	4	5

Qualitative Feedback

Additional thoughts on acceptability, appropriateness, and feasibility of delivering CS PTSD Coach?

- "Easy to deliver, well-set up, easy to train"
- "It's very user friendly as a therapist and the Veterans I am working with are enjoying it."
- "This tx has been great in PCMHI. Some vets with severe sxs definitely need to move on to specialty care but they are so appreciative of the initial steps with PTSD Coach."

### Are all components of the training necessary?

- "I think they are all necessary, esp. role plays to ensure it is being delivered appropriately."
- "Very helpful----- I don't know if I see an area I would phase out"
- "I think all the components of training were helpful. Repetition is good and I thought the information was presented in a graduated and appropriate way."

Additional Dissemination Activities

Implementation toolkit disseminated through the Center for Integrated Healthcare Protocol Portal

- Clinician-Supported PTSD Coach (CS PTSD Coach) (sharepoint.com)
- Toolkit resources include:
  - Application to apply for Virtual Core/OCC-funded training program
  - Video didactic overview of CS PTSD Coach
  - Clinician Manual
  - Videos of mock patient sessions to demonstrate essential skills
  - CPRS note templates
- 111 Clinicians are accessing the toolkit
- Planned evaluation to compare clinicians in the training program to those who just access the toolkit
  - Does the training and implementation support increase uptake?
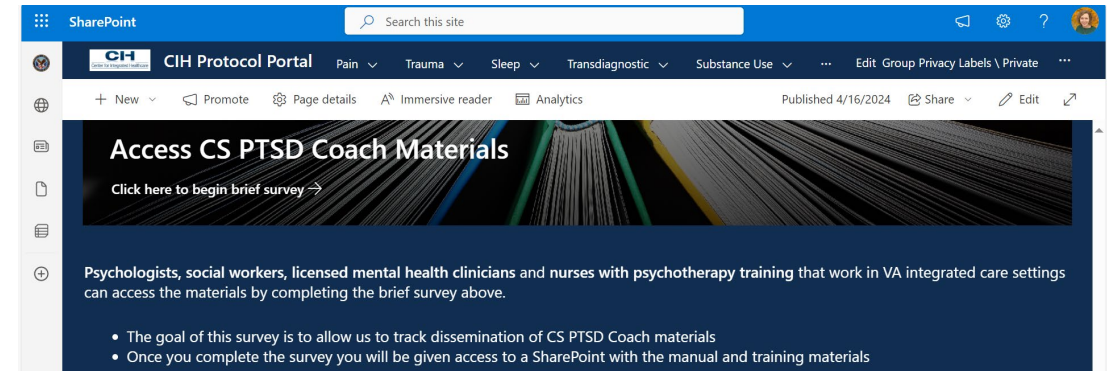
Next Steps: Optimizing Patient Generated Health Data (PGHD)

- Previously trained clinicians will use a dashboard to see PGHD and incorporate this into CS PTSD Coach sessions.

- Gather clinician and veteran input

- Enroll 60 more clinicians into the implementation program.

Figure 1. Screenshots of PTSD Coach Dashboard
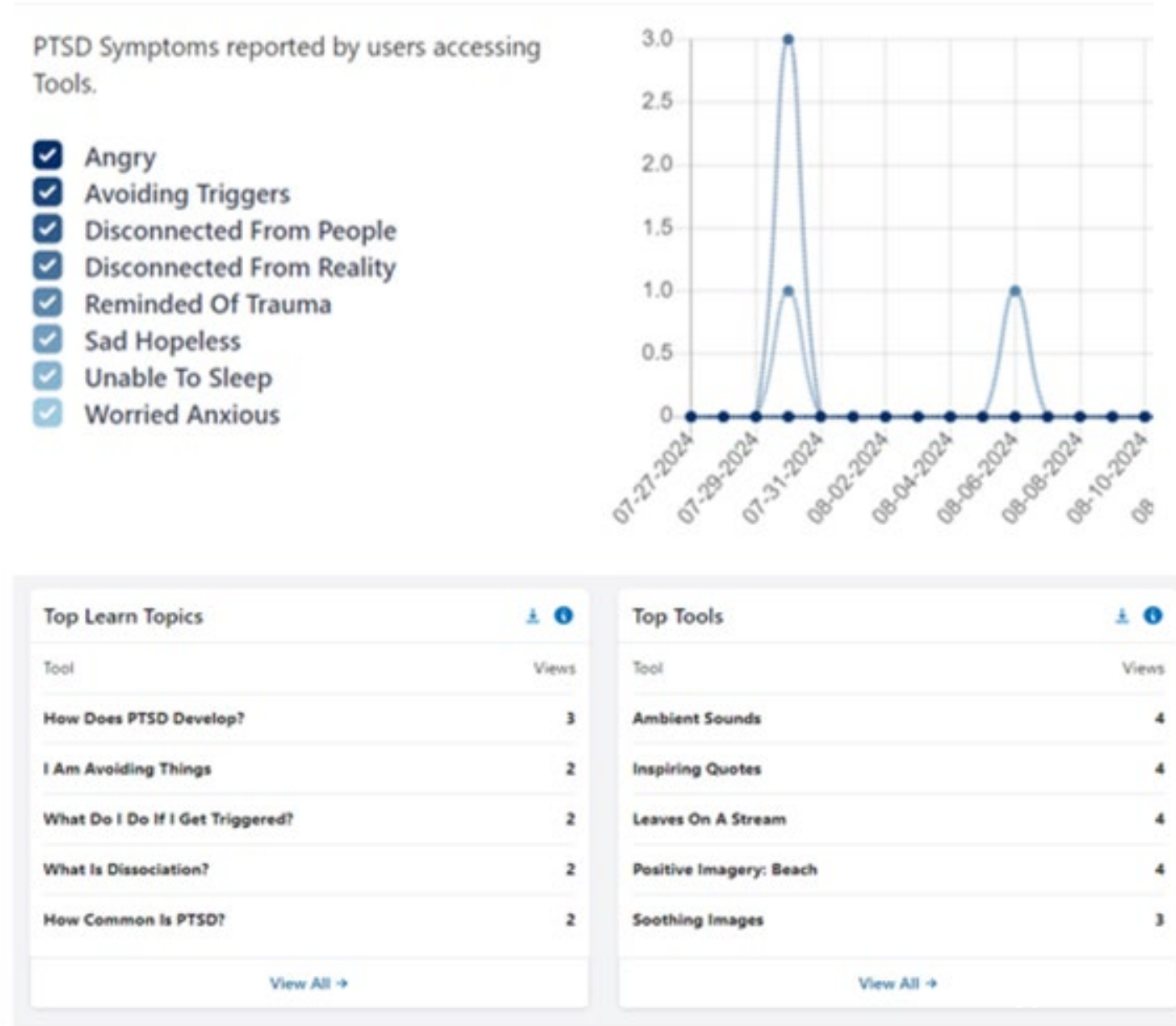
Thank you for your interest.

Contact Info: Kyle.Possemato@va.gov

Access to toolkit: Clinician-Supported PTSD Coach (CS PTSD Coach) (sharepoint.com)