

Clinical Video Telehealth: Applications in Integrated Primary Care

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Integrated Primary Care in the VA

- Primary Care Mental Health Integration (PCMH)
- Patient Aligned Care Team (PACT)
 - PACT is the equivalent of the Patient Centered Medical Home

PCMHI: VA Components

(Dunden, Dollar, Schohn, & Lantinga, 2011).

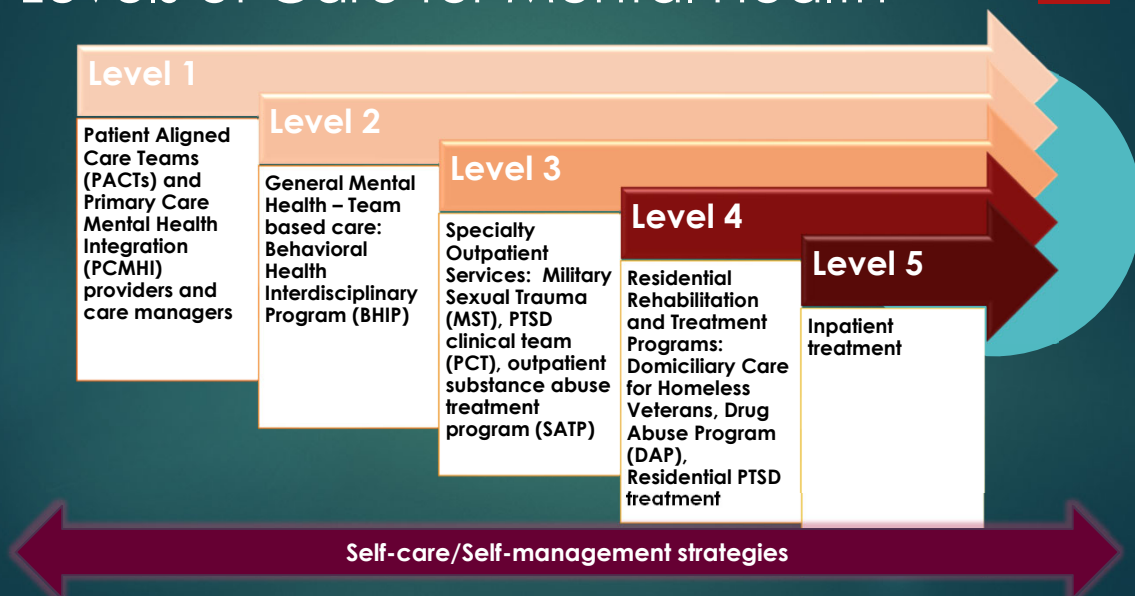
Colocated Collaborative Care (CCC)

Provision of services to primary care patients in a collaborative framework within primary care teams. Behavioral health visits are brief (generally 20-30 minutes), limited in number (1-6 visits with an average of between 2 and 3), and are provided in the primary care practice area, structured so that the patient views meeting with the behavioral health provider as a routine primary care service and medical providers are supported across a broad scope of behavioral health concerns.

Care Management (CM)

Systematic monitoring of symptoms and treatment emergent problems such as non-adherence or side effects; decision support; patient education and activation; and assistance in referral to specialty mental health care programs, when needed. CM services follow structured protocols designed around specific diagnostic entities such as depression and are generally implemented by behavioral health nurses or clinical social workers.

Levels of Care for Mental Health



PCMHI Functions

Stepped Care

- Providing the patient the level of care needed based on the severity or complexity of symptoms, with each level involving increasing intensity of services
- Typically a patient starts at a lower level and then steps up to the next level if symptoms do not improve
- This type of care helps reduce over treatment of symptoms and encourages efficient use of health care resources

Same Day Access

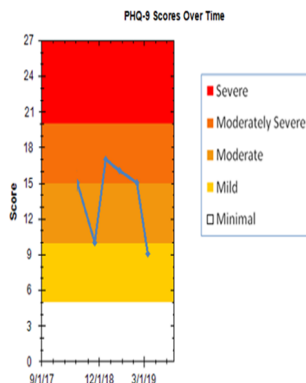
- Goal is to get the Veteran to the most appropriate level of care as quickly as possible with the fewest obstacles/stops along the way
- Warm Handoff to a PCMHI team member

Determining Level of MH Care

PACT & PCMHI	BHIP	Specialty MHC	RTTP	Inpatient
<ul style="list-style-type: none"> • Prevention • Early intervention • New onset of symptoms • Adjustment issues • Support with health behavior changes • Subthreshold symptoms 	<ul style="list-style-type: none"> • Chronic history • Moderate to severe symptoms • Significant risk factors • SMI diagnosis • Significant cognitive impairment • Psychotropic medication needs that cannot be managed in PACT 	<ul style="list-style-type: none"> • Level of care is appropriate for BHIP but, specialized treatment for specific diagnoses is warranted (MST, PTSD, Substance Abuse, Day Treatment programs) 	<ul style="list-style-type: none"> • Structured, intensive residential treatment is warranted 	<ul style="list-style-type: none"> • Acute psychiatric emergency • Imminent threat to self or others • Detox

Measurement Based Care in PCMH

	Initial score on 10/18/2018	Most recent score on 3/5/2018	Change in score
PHQ-9 scores (0-27)	16	9	-7



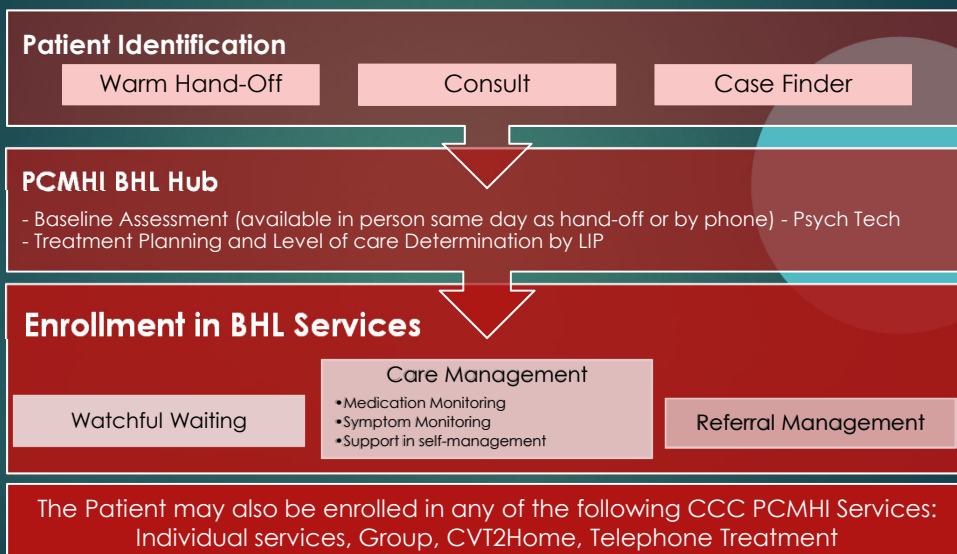
Measurement Based Care (MBC)

- The use of standardized assessments and other tests to help guide treatment planning and assess outcomes at the patient and practice level

Behavioral Health Lab (BHL)

- Software platform for capturing measurement based care
- Panel management tool for providing comprehensive care management services
- Built in algorithms to support decision-making and treatment planning

PCMH Flow



Variety of Services

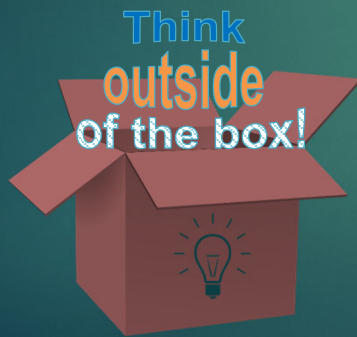
- Services are provided on a continuum
 - Designed to match the veteran's treatment need and level of readiness
- Services are staggered to offer increased access to treatment
 - Start dates and times of workshops differ
 - Extended hours (evenings and Saturdays)
- Strong emphasis on groups and workshops
 - Preference is for veterans to complete a short-term group before individual services are considered
 - Moving Forward (PST) is most often the first stop for veterans enrolled in our program
- Flexibility in individual services
 - Support in self-management
 - Brief interventions via CVT, phone, or face-to-face

Clinical Video Telehealth (CVT) Implementation

PCMHI CVT: The Balancing Act

Challenges Spawned Innovation

- Co-located Primary Care space was limited
- PCMHI resource allocation across sites was strained
- Warm Hand-Off demand in Primary Care exceeded staffing of PCMHI co-located clinicians



Strategic Plan for Improvement

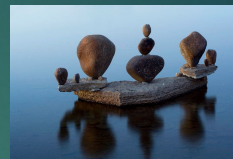
- Increase availability for warm hand-offs
 - Increase use of CVT
- Streamline Facility Resources
 - Spread staff workload and patient reach across sites

PCMHI CVT: The Balancing Act

Finding the **Balance**: Using Technology to “Create” Space

Non Traditional Space

- Off-Campus non-patient care site
- Implemented Telework
 - Providers telework opposite schedules, allowing multiple providers to share co-located offices
- Whenever feasible, care is scheduled via CVT when the provider is teleworking or at the non-patient care site

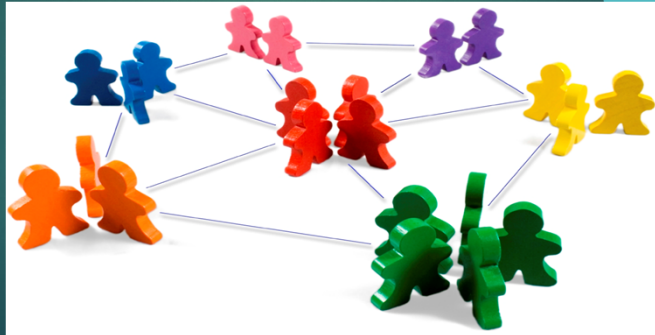


Co-located Space (“premium” space)

- Each co-located provider has several 30-minute individual slots and several groups per week to ensure treatment continuity **in PACT setting**
- All other co-located time is designated for Warm Hand-Offs from **PACT**

Hub Model

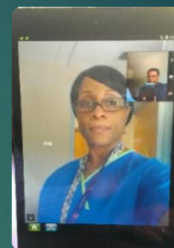
- Team members are located across all 4 sites and some team members telework full-time
- The team operates as one unit, and personnel at one location may be called upon to assist with providing services to another location
- Clinical video telehealth units are used to connect distant providers to a site



PCMHI CVT: Clinical Applications

CVT is used for:

- Group CVT to all sites
- CVT2Home
 - Brief Individual Interventions
 - Expanding to include groups soon



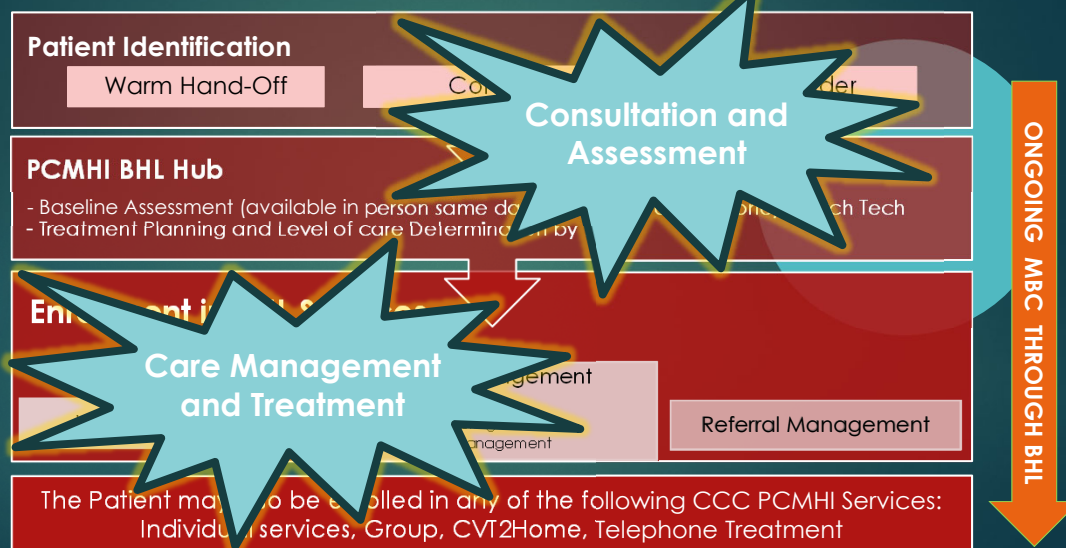
PCMHI "On-Demand"

- A virtual Warm Hand-Off for a patient in PACT via CVT to complete the Same-Day Assessment and Initial PCMHI Assessment
- Same day care management enrollment

PCMHI CVT: Clinical Applications

- Individual and group services such as:
 - Problem Solving Training-Primary Care
 - Cognitive Behavioral Therapy for Insomnia (CBT-I)
 - Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
- Medication Consultations with primary care physicians or the patient
- Support in self-management of symptoms for
 - Depression, Anxiety, Sleep, Tobacco, Pain, Health Behavior Changes

PCMHI Flow: CVT Applications



MJMH9

Clinical Demonstration

Getting Started

MJMH9 Insert VVC hyperlink



Mance-Khourey, Janette M HAMVAMC, 4/11/2019

Getting started: Ethical Considerations (Rios, Kazemi, Peterson, 2018)

- If providing services to an individual in another state or country, be knowledgeable about and abide by the laws and regulations of the client's home state or country in addition to your own
 - As a federal agency, VA has jurisdiction in any state**
- Ensure you have obtained appropriate consent from the client for video telehealth services
 - Additional consent is required when recording
- Ensure you are practicing within your scope and that you possess the appropriate technological knowledge, skills, and resources to conduct the session
- Ensure you are informed of the appropriate billing codes for telehealth services in your state

Getting started: Clinical Video Telehealth training

- In the VA, required trainings must be completed to be an approved CVT provider
 - Ensures adequate knowledge and skills to conduct CVT services
- <http://vaww.telehealth.va.gov/roles/prvdr/index.asp>

 Telehealth into the Home Using VA Video Connect Provider Training	4279741	TMS	This course provides instruction on how to use VA Video Connect to provide care to Veterans in their homes. This course has replaced CVT Core Competencies course # 23393 and was replaced on Jan. 17, 2019. Ryan Haight content is in this course.
 Clinic to Clinic Telehealth Provider Training (TMS# 4481967)	4481967	TMS	The purpose of this training is to present information to support providers in translating existing clinical skills to those required when providing remote care. Topics included in this training include: the role of the teleprovider in clinic to clinic based telehealth, legal considerations for clinic to clinic telehealth, how to get started using clinic to clinic telehealth and conducting the clinic to clinic telehealth visit. It will address potential challenges and strategies when providing remote care using telehealth technologies.

Getting started: Non-VA Trainings

APA

- "Avoiding a Disconnect with Telemental Health" – 1 CE credit
- "A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical and Evidence-Based Telepractice" – 6 CE credits
- <https://www.apa.org/pi/disability/resources/publications/telepractice-guidy?tab=2>

Telebehavioral Health Institute

- www.telehealth.org
- Consultation/supervision, CEUs, webinars, newsletter, blog
- Level training based on interest/needs
- APA approved

Getting started: A Telehealth Service Agreement

When planning to conduct CBT services to another site, a telehealth service agreement (TSA) is recommended

- The Telehealth Service Agreement governs the telehealth services between Receiving and Providing Facilities
 - Outlines the roles and responsibilities of each site (and providers) involved
- In the VA, the TSA is submitted to the Telehealth Council for approval

TELEHEALTH SERVICE AGREEMENT HAMPTON VA MEDICAL CENTER VIRGINIA BEACH CBOC ALBEMARLE POC

PURPOSE:

The Telehealth Service Agreement specifies and governs the clinical, business, and technical details of operations of the telehealth services between Receiving and Providing Facilities and defines the responsibilities and procedures involved in establishing and operating a telehealth clinic between the involved medical facilities.

VARIABLES AND RESPONSIBILITIES:

- A. Telehealth clinical application/service: Group Cognitive Behavioral Therapy for Insomnia (CBT-I)
- B. Distant, (Provider) site: Hampton VAMC Primary Contact: Janette Mance-Khourey, Ph.D.
- C. Originating, (Patient) site:
- | | |
|----------------------|----------------------|
| Virginia Beach CBOC; | Primary Contact: |
| Albemarle APOC; | Primary Contact: ... |

NOTE: See Attachment 1 of this agreement for a listing of all key personnel for this telehealth service

Getting Started: Security Considerations

(Rios, Kazemi, Peterson, 2018)

- Develop a specific protocol for encrypting documents exchanged electronically
- Ensure all hard drives (internal and external), as well as cloud based storage is encrypted
- Laptops and external hard drives containing client information should be stored in a locked cabinet in a locked room
- If cloud-based storage is used, ensure that the hosting company is HIPPA compliant
- Use a virtual private network (VPN) when engaged in CVT services
- Ensure wireless routers are in encrypted mode
- Use the highest speed and highest quality internet connections that finances will allow
- Make sure firewall settings are set to allow external parties access to your network

Who is a candidate for CVT Services?

Who do you think is a candidate?

- Anyone that does not need a face to face physical examination
- Anyone you determine to be clinically appropriate and is capable of conducting a visit using this modality.

Patient requirements:

- Smartphone, Tablet, or Computer/Laptop that has the following:
- Microphone
- Speakers
- Video Camera and/or Webcam
- Working E-mail address
- *Wireless Connection preferred (cellular data)

Getting started: Preparation

Ensure your equipment works

- Complete a test call
- Check on lighting, camera placement, and sound

For groups, have printed materials ready for the on-site team member

- Manuals, worksheets, additional aids (copies of PowerPoint presentation, specific slides, etc.)
 - Provide a guide to the onsite assistant that identifies which handouts are to be provided for each session

For individual sessions, identify a way to send any written materials to the client

- Email v. traditional mail

Optional: Set up a phone appointment first to provide an orientation to CVT services

- Can complete informed consent to CVT services, confirm client location/address, phone number, emergency contact information
- Complete a CVT test call during the phone appt

Getting Started: Informed Consent

(Luxton, Nelson, Maheu, 2018)

- Explain what to do in the event of a disconnection
 - Should always have a second method of contact
- Discuss what to do in case of an emergency
 - Client should identify an emergency contact
- Limits of confidentiality
- Privacy limitations regarding the transmission of electronic data
- Process for documentation and storage of information
- Protocol for contact between sessions
- Conditions under which CVT services may be discontinued and a referral for face-to-face services are made

Boundary Issues with CVT: Lessons learned

- Ensure client has a private space to complete the appointment
 - i.e. at home or private office versus at a local Starbucks
 - Creating the "space" for the appointment and setting expectations
- Keep your same "late/no show policy" for these appointments as you would with an office appointment
- Discuss length of appointment in informed consent and stick with it
- Others present during appointment

Documentation Recommendations

- Hampton created a templated note that can be used by any provider completing a VA Video Connect visit

The screenshot shows a window titled "Title: VA VIDEO CONNECT NOTE (D)". The form contains the following text:

Patient has provided verbal consent to use VA Video Connect (VVC) for their visit to take place by video outside of the VA Medical Center. Patient states ☐ he ☒ she is in a safe and private environment suitable for the Telehealth encounter.

INSTRUCTION TO PROVIDER: If patient does not consent, call must be terminated. Hard Stop and get out of the note.

Address/Current location of veteran: *

Current cell back phone number: *

Emergency Contact (in current or nearby location).
Contact name and phone number: *

☐ Provider has locked the Virtual Medical Room.

National Emergency Services Phone Numbers:
To Activate 911 services: (EMERGENCY USE ONLY)
Call 267-508-6605 w/current address of patient.
Agent can put you in touch with a 911 operator for patient's location.

Veterans Crisis Line: 1-800-273-8255 & press #1 or text 638255

VHA National Telehealth Technology Help Desk (NTTHD):
866-651-3180 or 703-234-4463

Comments:

* Indicates a Required Field

Buttons: Preview, OK, Cancel

References

- American Psychological Association. (2013). *Guidelines for the practice of telepsychology*. Retrieved from: <https://www.apa.org/practice/guidelines/telepsychology>
- Dunden, M., Dollar, K., Schohn, M., & Lantinga, L. J. (2011). Primary Care Mental Health Integration Co-located, Collaborative Care: An Operations Manual. Retrieved from: https://www.mentalhealth.va.gov/coe/cihvisn2/Documents/Clinical/Operations_Policies_Procedures/MH-IPC_CCC_Operations_Manual_Version_2.1.pdf
- Luxton, D. D., Nelson, E. L., & Maheu, M. M. (2016). *A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical, and Evidence Based Telepractice*. Washington DC: American Psychological Association. doi:10.1037/14938-006
- Rios, D., Kazemi, E., & Peterson, S. M. (2018). Best Practices and Considerations for Effective Service Provision via Remote Technology. *Behavior Analysis: Research and Practice*, 18(3), 277-287. doi:10.1037/bar0000072
- Turvey, C. L. (2018). *Using Technology in Mental Health Practice*. Washington DC: American Psychological Association. doi:10.1037/0000085-003
- Turvey, C., Coleman, M., Dennison, O., Drude, K., Goldenson, M., Hirsch, P.,...Bernard, J. (2013). ATA practice guidelines for video-based online mental health services. Retrieved from: https://www.researchgate.net/profile/Kenneth_Drude/publication/255175129_ATA_Practice_Guidelines_for_Video-Based_Online_Mental_Health_Services/links/542a8ce40cf29bbc1267ac10/ATA-Practice-Guidelines-for-Video-Based-Online-Mental-Health-Services.pdf?origin=publication_detail