EVIDENCE-BASED PSYCHOTHERAPY FOR POST-TRAUMATIC STRESS DISORDER
TELEMENTAL HEALTH EXPANSION INITIATIVE

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Background

• Since 2007, VHA has been actively working to nationally disseminate evidence-based psychotherapies (EBPs) for PTSD and sees significant potential to further the reach of these and other EBPs to a greater number of Veterans by utilizing telehealth modalities (Karlin, et al., 2010).

• Recent research, including within VHA, has shown these therapies to be effective and well-accepted by patients when delivered utilizing clinical video technology (CVT), with results on par with face-to-face delivery (e.g., Tuerk, Yoder, Ruggiero, Gros, & Acierno, 2010).

• Accordingly, in 2010 an Evidence-Based Psychotherapy for PTSD Telemental Health Care Taskforce was convened to provide recommendations for a national strategy for promoting the delivery of Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) telemental health services.
Background

- That Task Force, Office of Mental Health Services, and Office of Telehealth Services, helped to develop a strategic plan that consists of four key mechanisms to promote the delivery of CPT and PE telemental health services nationally:
  - **Expansion of CPT and PE clinical video teleconferencing services** from medical centers to CBOCs
  - **Piloting of regional CPT and PE clinical video teleconferencing clinics** to supplement services provided by local medical centers and clinics
    - Will also serve as regional sites of excellence and provide technical support
  - **Expansion of CPT and PE CVT services to Veterans in remote non-VA sites**
    - Like colleges and universities, community health agencies
  - **Acceleration of testing of home-based CPT and PE clinical video teleconferencing services.**
Case Vignette

• An OEF/OIF Veteran started being treated for PTSD 4 years ago. He lives two hours away the local medical center and used to have to take a whole day off from work whenever he had an appointment. Back then, he had never heard of telemental health. But now he is using real-time videoconferencing at a near by community based outpatient clinic.

• For the first time he was willing to try weekly psychotherapy sessions since he would not have to take a whole day off of work for an appointment.
Hub and Spoke Expansion

• In the 3rd QTR of FY 2011, VISNs were surveyed
  – EBP for PTSD Telemental Health Needs Assessment developed by OMHS and nationally distributed to the field

• At the beginning of FY 2012, each VISN received between $200,000 to $800,000 to support the salary of staff to provide these services
  – Specific funding amounts were based on various factors including: geographical size of the VISN, rurality, number of PTSD uniques, as well as information provided by VISNs in response to the above mentioned survey
  – These staff will deliver these services to Veterans located at remote CBOCs and at non-VA community sites, such as colleges and universities
Hub and Spoke Expansion

- Each VISN Mental Health Lead/Liaison worked locally on a plan for hiring or reassigning staff to serve in the role of EBP for PTSD Telemental Health Provider, at identified sites within the VISN
  - working in collaboration with the Office of Mental Health Services, VISN telehealth leadership, other VISN leadership, and local program leadership
- Complete plans have now been submitted by all VISNs, some have begun offering these services with reassigned staff and others are still working on hiring new staff.
Pilot Regional EBP For PTSD Via TMH Clinics

• Additional funds were provided to support the salary of staff to create 3 pilot regional EBP PTSD TMH clinics. Proposals were reviewed in conjunction with OTS and awarded to:
  – San Diego (VISN 22)
  – Charleston (VISN 7)
  – San Antonio (VISN 17)

• These sites will provide specific services to Veterans both within their VISN as well as to other VISNs where these services are needed
New Performance Measure

• Workload at sites with funded staff will be tracked through a combination of:
  – CPT psychotherapy codes
  – primary mental health stop codes
  – secondary telehealth stop codes
  – where Veteran primary diagnosis is PTSD

• The goal is for all VISNs to establish and show clinical activity and thereby demonstrate telemental health capability to deliver psychotherapy for PTSD by EOY
Rise in TMH – All Mental Health Stop Codes

TMH Encounter Growth - FY 02 to 11
Training and Staff Support

- The Office of Mental Health Services and the Office of Telehealth Services have developed an **EBPs for PTSD via TMH Appendix** (an appendix to the comprehensive Telemental Health Operations Manual) to provide front-line clinical staff and program leaders in the field with guidance on the technical and logistical requirements and clinical procedures for delivering CPT and PE through telemental health modalities.
- Sample functional statements and a position description were developed.
Training and Staff Support

• The Office of Mental Health Services (OMHS) and the Office of Telehealth Services (OTS) jointly conducted a national training workshop on the implementation of EBP for PTSD TMH services in August 2011
  – OMHS, OTS, EES and subject matter experts from the field, are currently developing a similar workshop on best practices for the delivery of evidence-based psychotherapies for PTSD via telemental health. These additional workshops will be held in May and July FY 2012.
  – These workshops will be filmed in order to create an enduring online TMS training that new or reassigned VA staff can access. EES, OMHS, and OTS are collaborating on this product
Training and Staff Support

• New EBP for PTSD TMH providers who require training in CPT and/or PE, will be prioritized for participating in the OMHS-sponsored training programs
• Telemental health specific information is being added to the national CPT and PE training workshops
• Monthly program calls with the EBP for PTSD Telemental Health Providers are being planned that will be hosted by EBP for PTSD telemental health subject matter experts, telemental health experts, and other VA staff who could both provide didactic training and answer questions from these providers regarding implementation of these services
Field Advisory Group

• The Office of Mental Health Services plans to convene an ongoing advisory workgroup that will consist of interested members of the EBP for PTSD TMH Taskforce, the EBP for PTSD TMH Appendix workgroup, faculty from the EBP for PTSD national training workshops, and other subject matter experts in this field and telehealth in general.

• This group will meet quarterly to review progress of the initiative, assist with developing program evaluation plans, and provide recommendations for staff training and support