Home Based Telemental Health:  
Meeting Veterans Where They’re @

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VISN20 Telemental Health Lead
"For all of you, as well, success lies in your willingness to collaborate across the broad landscape of mental health care. How are we doing at creating our "pit crews" within each medical care facility? And you are not limited by the walls of the medical center. How are we doing at "pit crewing" our Medical Centers with our Vet Centers, and mobile clinics with our rural mental health initiatives and home-based telemental health care?"

VHA's Mental Health Conference
Baltimore, Maryland
August 23, 2011
What is HBTMH?
What is HBTMH?

- **Computer-to-computer** or video teleconference technology-to-personal support computer utilizing an external or internal **webcam** for viewing on **patient side** with Federal Information Processing Standards (**FIPS**) secure and encrypted software technology.

- **Remote Mobile Access Clinics (R-MAC)**. Video teleconference technology-to-mobile device (i.e. Tablet, Smart Phone, Netbook that has two-way camera capability). R-MAC utilizes Federal Information Processing Standards (**FIPS**) secure and encrypted software technology.

- Currently: Cisco Telepresence (aka MOVI) becoming **Jabber**

- Unsupervised clinical settings.
Purpose

• Meet Veterans where they're at (literally).
• Create a patient-centric / provider-empowered program aimed at serving the mental health needs of Veterans whose access to care is restricted by geography, limited resources or who are home bound due to psychiatric and/medical conditions.
• Treatment provided in the homes, care facilities and/or remote location where ever the Veteran is situated.
  • Have included: CPT for PTSD, Behavioral Activation for Depression, ACT for Chronic Pain, Anger Management, Cognitive Remediation (CogSmart), Chronic Disease Management, Medication Management
Current State

- T21 initiative identifies *IP Video into the Home* as an OTS Pilot Program which utilizes Cisco Telepresence with a structured scheduling interface.

- Only known other implemented HBTMH Pilot Program:
  - VISN 20 Home Based Telemental Health Pilot Program (launched February 2010).
VISN 20 Home Based Telemental Health Pilot Program

Meeting Veterans Where They’re @ Since February 2010
Program Structure

Key Features

- **Staffing**: Clinical Champion/Provider, Telehealth Coordinator, Telehealth Clinical Technician, Peer Support Person – Technology (PSP-T)

- **Phase I**: 1 provider, 10 patients, 60 encounters (*no exposure based PTSD tx*)

- **Phase II**: 6 providers, 500 encounters

- **Phase III**: Maintain 3 providers, no max encounters.

- **Patient Support Person (PSP)**: Each Veteran registers a Patient Support Person (PSP).
Program Structure

*Implementation*

- **Standard Operating Procedure Manual (SOP)**
  - VISN level approvals

- **Train the Trainer**
  - Phase II Provider trains incoming Phase I Provider, etc. To date: 38 providers have been trained.

- **ASH-25** — *A Structured Guide for the Assessment of Suitability for Home Based Telemental Health* (Shore, 2011)
  - Risk Management and Suitability Measure
Veteran Selection

Remember: it’s a “Pilot Program”
Inclusion Criteria

1. Referral for MH – access to care issues.
2. Must have a computer / broadband access.
3. Must have PCP/MH POC.
4. Must be an enrolled Veteran.
5. Must be able to enlist a PSP.
6. Provider completed an ASH.
7. Exclusionary criteria ruled out.
Exclusion Criteria

- Rejects telehealth in the informed consent process.
- With immediate need for hospitalization.
- Acutely violent or unstable Veterans with poor impulse control
- Active suicidal or homicidal ideation
- Severely decompensated
Exclusion Criteria

- **Dementia**: confusion or mild cognitive decline.
- Requiring **involuntary commitment** in states which
  - a) do not legally acknowledge telehealth evaluations for this purpose,
  - b) states that require licensure in the state where Veteran is located if clinician in different state.
- **Without broadband access** to DSL, cable, 3g or 4g internet connection
- **Without personal computer**.
Exclusion Criteria

- Essential **medical monitoring** that is unavailable on site
- **Psychotic disorders** that may be exacerbated by telemental health (e.g. ideas of reference regarding television)
- **Untreated Substance abuse/dependence** (current and/or extensive history with elongated sobriety and relapse)
- Significant **sensory deficits**
Risk & Safety Management

(in 3 minutes or less)
- Licensing
- Involuntary detainment / commitment
- Liability
- Best Practices
- Consult with State Law
- Pre-Session Procedures
- Patient Support Person (PSP)
- Imminent Risk
Don’t worry… it’s only Technology

And it will change again.
• MOVI/Jabber is a Third Party Software.
• Webcam is a Third Party Software.
• MOVI installation and usernames (step-by-step) in SOP.
• Connectivity issues.
• Stability of network.
• Common problems: DSL vs. Cable Modem vs. Satellite vs. Dial up vs. WIFI
VISN 20 HBTMH Pilot

Data Sample
Phase I Overview

- 1 provider: Peter Shore, Psy.D. (Clinical Psychologist)
- 9 Veterans, 60 Encounters total (6 sessions via Telework)
- No PTSD tx as primary treatment EBTs for Chronic Pain, Depression, Cognitive Strategies and Anger Management. Some general support, voc rehab counseling
Phase I  
(June – September 2010)

- 9 Veterans, 60 encounters
- 4,012 Total Miles saved
- Approximately $11,394.09 in travel reimbursement saved
- 99% show rate: 0 Veteran cancellations / 1 Veteran reschedule / 2 no shows
Expected *Benefits*

- Increased access to MH services / decreased barriers to treatment
- Less Veteran stress associated with travel
- Less potential for passing on sickness with clinic visits
- Flexibility in scheduling
- Lower cost per encounter (Provider clinic space, miles saved, travel reimbursement saved)
- Inherent environmental benefits with reduced transportation requirements
Unexpected **Benefits**

- Stigma a non-issue.
- Less guarded, more vulnerable vs. traditional TMH
- Identified excellent platform for treatment resistant history
- Honored VA treatment resistant Veterans
- Closer Veteran follow up
- Increased frequency of visits = shorter length of treatment
- Satisfaction Survey sample results suggest significantly higher levels than “traditional” TMH
Phase II *Highlights*

(September 2010-present)

- March 2011: VISN Leadership approved VISN wide expansion:
  - Provider Pool expands via “Train The Trainer”:
    - 38 mental health providers and/or administrators have been trained.
    - 7 of the 8 VISN medical centers have at least 1 provider.
Phase II

- PTSD Tx in the home – 3 CPT cases completed.
  - “Our Veteran”: Pre Tx PCL=71, Session 6 PCL=55, Post Tx PCL=38
- Closer collaborations between prescriber and psychotherapist via “shared Veterans”
- Peer Support Person– Technical (PSP-T) an HBTMH Beneficiary
- Monthly HBTMH Consultation Call (open)
Random Sample (n=40)

- **Gender**: 87.5% Male; **Mean Age**: 50.3
- **Era**: OIF/OEF/OND: 30%; Vietnam: 40%
- **Total # of Encounters**: 354 (Range: 1-29; Mean: 8.7)
- **Mean SCD**: 40%; SCD (75%-100%: 25%)
- **Dx**: PTSD: 32%; Dep: 24%; Chronic Pain: 10.5%
- **Attrition**: 32.5% (death, caregiver demands, technological issues)
- **Depression**: 54% improved with an average reduction in symptoms of 19.6%
- **Anxiety**: (panic, GAD or PTSD), 73% improved with an average reduction in symptoms of 28.5%
But, is it safer?

A standardized measure of patient’s perceptions of safety was collected throughout treatment. (Score range 5-35). Pre-Mean: 30; Post-Mean: 30.6

“I would feel more comfortable and safe doing this at home because my anxiety is so severe I would not feel safe, secure or comfortable. I would be unable to participate (if weren’t available at home).”
Closing The Gap

From the ASH-25:

“Would Veteran have received mental health services if they were otherwise not offered in the home?”

80% responded “NO.” (n=33)
## No-Show(s)
**VISN20 & Portland VAMC**

<table>
<thead>
<tr>
<th></th>
<th>TMH</th>
<th>HBTMH</th>
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<tbody>
<tr>
<td><strong>FY 10</strong></td>
<td>127</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>(455 encounters, 27.9%)</td>
<td>(64 encounters, 3.1%)</td>
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<tr>
<td><strong>FY 11</strong></td>
<td>97</td>
<td>1</td>
</tr>
<tr>
<td>(thru 8/10/11)</td>
<td>(680 encounters, 14.3%)</td>
<td>(290 encounters, 0.03%)</td>
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**TMH: VISN20 wide**

**HBTMH: Portland VAMC only**
## Satisfaction

*Results from CVT Satisfaction Survey*

<table>
<thead>
<tr>
<th>Item</th>
<th>TMH, n=54</th>
<th>HBTMH n=23</th>
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<tbody>
<tr>
<td>I felt comfortable with the equipment used</td>
<td>65%</td>
<td>74%</td>
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<tr>
<td>I was able to see the clinician clearly</td>
<td>65%</td>
<td>70%</td>
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<tr>
<td>I was able to hear the clinician clearly</td>
<td>69%</td>
<td>83%</td>
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<tr>
<td>There was enough technical assistance for my meeting with the clinician</td>
<td>61%</td>
<td>78%</td>
</tr>
<tr>
<td>My relationship with the clinician was the same during this session as it is in person</td>
<td>54%</td>
<td>65%</td>
</tr>
<tr>
<td>The location of the telehealth clinic is convenient for me</td>
<td>59%</td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>My needs were met during the session</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>I received good care during the session</td>
<td>70%</td>
<td><strong>87%</strong></td>
</tr>
<tr>
<td>The telehealth clinic provided the care I expected</td>
<td>70%</td>
<td>78%</td>
</tr>
<tr>
<td>Overall, I am satisfied with this telehealth session</td>
<td>72%</td>
<td><strong>83%</strong></td>
</tr>
<tr>
<td>I would recommend this type of session to other Veterans</td>
<td>76%</td>
<td>83%</td>
</tr>
<tr>
<td>I would rather use Telehealth to see my provider than travel to a VA Medical Center</td>
<td>69%</td>
<td><strong>91%</strong></td>
</tr>
</tbody>
</table>
What else are the Veterans saying?

- “It was the best most convenient appointment I have ever had with the VA.”

- “It is an awesome program to outreach Veterans… thank you!”

- “My experience has been excellent.”

- “Would like an easier and more reliable connection”

- “I would lose time from work and my husband doesn’t have to take time off of work to take me to VA.”
What Are We Saying?

2012 VHA Employee Innovation Competition
Idea: Home Based Telemental Health (HBTMH)

Total Votes: **501**

Total Rank: **19** (3,841 ideas ranked)

**Topic Area:** *Patient Centered Care* (1,651 ideas); HBTMH ranked **6**.

**Topic Area:** *Access* (349 ideas); HBTMH ranked **5**.

*Thank you for your support!*
Where can HBTMH go?
(Answer: anywhere, literally.)

• Psychotherapy / med management
• VJOC: Incarcerated Veterans from office
• Behavioral Flag: Veterans seen in home potentially reduces risk
• Primary Care / MH integration
• Speech and Audiology
• Home Based Primary Care: MH Providers save on travel doing home visits
• Group modalities
• ERange – HUD/VASH
• Integration with other web based applications (PTSD Coach, live interaction w/provider)
Current Innovation - Tablets

- Providers reach remote Veterans via secure and encrypted software with two-way facing cameras.
- Providers (across multiple disciplines) access their VA network and Veterans.
Future Directions

• Continued VISN 20 pilot expansion
• Establishing network of non-VA settings

• Aspirational:
  – **National Workgroup** – Home Based Telemental Health. Interpret data from various demonstration projects.
  – **Develop OMHS-OMHO/HBTMH Tool Kit and Operations Manual.**
  – **Integrated Model.**
A Veteran gives the last word…
Thank you

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