

TELEMENTAL HEALTH IN THE UNITED STATES NATIONAL VA HEALTHCARE SYSTEM

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VHA TELEMENTAL HEALTH APPLICATIONS

Video Conferencing

- VA Medical Centers, Community Based Outpatient Clinics, VET Centers, Indian Health Service



Home

- Video Telephones



- In-Home Messaging Devices



HISTORICAL PERSPECTIVE -

- 1959-1968 University of Nebraska Medical Center (Dept of Psychiatry) medical television system connected to:
 - Omaha VA Hospital
 - Lincoln VA Hospital
 - Grand Island VA Hospital
- Used for a psychiatric treatment and training activities
- Cost \$48,000/yr to connect one site with limited quality

HISTORICAL PERSPECTIVE - 1968

- Broadening of telemental health to large scale operations
- Massachusetts General Hospital to:
 - Logan Airport Medical Station
 - Bedford VA Hospital
- Positive outcomes:
 - 2.5 years
 - 150 patients

HISTORICAL PERSPECTIVE - 1970-2000

◎ 1970's

- 15 federally funded telemedicine projects in the 1970s
- Cumbersome and expensive technologies

◎ 1980's

- Resurgence in the 1980s with widespread entry into computer age

◎ 1990's

- International telemental health applications (e.g. Australia)
- VHA becomes a world leader in telemental health delivery starting in 1997

TMH PROVIDES IDEAL RESPONSE TO VHA NATIONAL MANDATES

- ◉ In geographically remote areas
- ◉ In “difficult to recruit” areas
- ◉ Where circuit rider clinicians experienced inefficiencies of travel
- ◉ To provide remote specialty mental health care (e.g. substance abuse, PTSD, etc)
- ◉ To facilitate collaborations (Vet Centers)

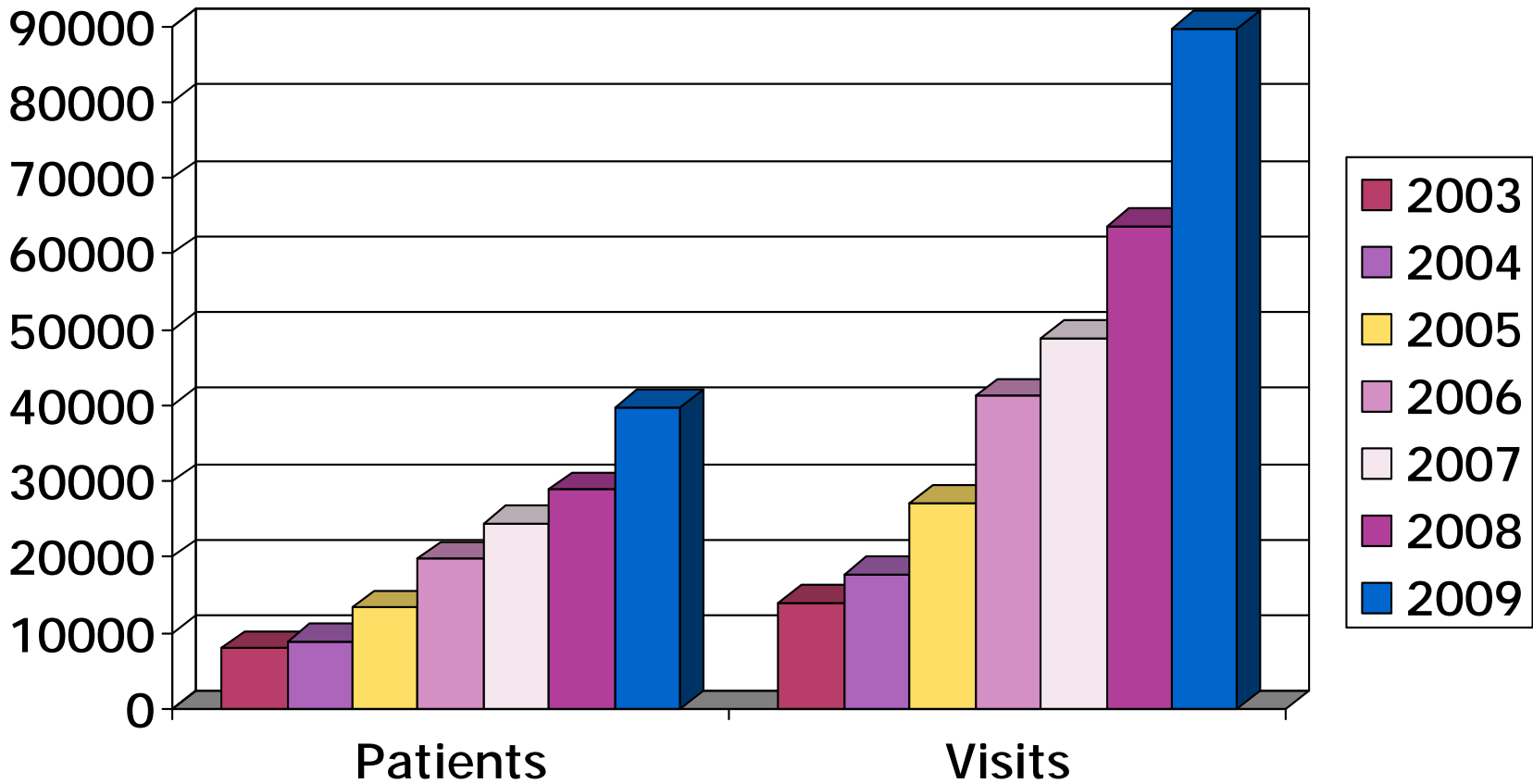
VHA TELEMENTAL HEALTH USE

- New assessments and medication management
- Individual, family/group therapies
- Smoking cessation sessions
- Behavioral interventions/pain management
- Emergency interventions and evaluations
- Expert mental health evaluations/screening
- VA Compensation and Pension examinations
- Diagnostic/psychological testing

VHA TMH VIDEOCONFERENCING SERVICES DURING 2009

- 39737 veteran TMH patients
- 89758 VA TMH encounters
- Over 76 VA Medical Centers
connected to 242 VA Community
Based Outpatient Clinics

VHA TMH SERVICES FY 2003-20089



HOME TELEMENTAL HEALTH SERVICES EXPANDED DURING 2008

- ◉ Home telemental health care coordinators funded through VA
- ◉ Videophones used in homes and shelters
- ◉ In-Home Messaging Devices placed for patients with depression/suicidal attempts, substance abuse, PTSD, schizophrenia, and bipolar

REVIEWS OF THE EVIDENCE BASE

- Frueh and colleagues
literature reviews 2000, 2003
- Hailey et al 2008 review

VA CONTROLLED STUDIES

- ◉ Diagnoses: Depression, PTSD, Substance Abuse, Schizophrenia
- ◉ Treatments: Individual, Group, Medication Management, CBT, Smoking Cessation
- ◉ Sites of Care: Health Care Facility, Patient's Home, Homeless Shelters
- ◉ Modalities: High-Speed Videoconferencing, Home Videophones, In-Home Messaging, IVR

IMPORTANT VA STUDIES

- ◉ Ruskin et al 2004 landmark study on TMH depression versus face-to-face
- ◉ Morland 2004 PTSD group
- ◉ Fortney et al 2007 extensive randomized TMH for depression
- ◉ Freuh et al 2007 PTSD
- ◉ Shore et al 2007 rural Native American
- ◉ Nieves et al 2008 videophones

TELEMENTAL HEALTH: CHANGE IN INPATIENT AND OUTPATIENT ACTIVITY

TMH Patient Population:

This report examines all patients newly active into TMH during the past 12 months (rolling 12 months). Then the report “looks back” 12 months prior to this encounter date to insure the patient has no other TMH encounters.

NATIONAL BY ALL TRTS, FY 07

[Contact VHA DSS Reports Help](#) Report for Government Use Only [Data Definitions](#)



TeleMental Health (TMH): Change in Inpatient and Outpatient Activity Change in Acute Psychiatric Hospital Admissions and Length of Stay after TMH Enrollment National Summary - FY 07 (All Ages) (Male and Female)

Location		All Patients while Enrolled into TMH the last 12 mos. (Rolling 12 Months)						Same Patients 12 mos before TMH Enrollment (Rolling 12 Months)				Ratio: Change in TMH / before Enrolled			
Net work	Thru FP	Total # of Patients Newly Enrolled into TMH in last 12 mos.	Total # of TMH Newly Enrolled Patient Days (EPD)	Total # of Acute Psych. Admits while Enrolled	Total # of Acute Psych. Admits while Enrolled / 1000 EPD	Total # of Acute Psych. Inpat. Days while Enrolled	Total # of Acute Psych. Inpat. Days while Enrolled / 1000 EPD	Total # of Acute Psych. Inpat. Admits before Enrolled	Total # of Acute Psych. Inpat. Admits / 1000 Patient Days before Enrolled	Total # of Acute Psych. Inpat. Days before Enrolled	Total # of Acute Psych. Inpat. Days / 1000 Patient Days before Enrolled	Acute Psych Inpat. Admits per 1000 enrolled pt days/acute psych admits per 1000 patient days before enroll	Acute Psych Inpat. Days per 1000 enrolled pt days/acute psych Inpat. days per 1000 patient days before enroll	% Change Inpat. Admits while enrolled in TMH	% Change Inpat. Days while enrolled in TMH

% change Inpat. Admits **while** enrolled = 24.8%

% change Inpat. Days **while** enrolled = 24.4%

MAJOR INITIATIVES AND BEST PRACTICES

- Suicide Prevention Program 2007
 - Establishment of suicide prevention centers
 - Funding for suicide prevention counselors at each facility
 - 24/7 veterans suicide prevention hotline

ROLE OF TELEMEDICINE IN SUICIDE ASSESSMENTS

- Crisis suicide hotlines
- Increasing evidence base
- Video suicide assessments

VIDEOCONFERENCING IN SUICIDE ASSESSMENTS

- ◉ Provides additional dimension to telephone hotline
- ◉ Expands access in remote areas
- ◉ Decreases need and expense for travel
- ◉ Can prevent hospitalization if intervention is successful

LEGAL ISSUES RELATED TO REMOTE SUICIDE ASSESSMENTS

- ◉ Licensing Requirements
- ◉ Involuntary Commitment
- ◉ Prescribing Regulations
- ◉ Liability Issues

LEGAL ISSUES RELATED TO REMOTE SUICIDE ASSESSMENTS: LICENCING

- Across state lines
- Alabama special purpose license for telemedicine
- Most states allow require license in state of patient
- Some states allow for “consultation”
- Licensing laws for involuntary detainment become relevant
- Need for interstate emergency models
- National licensing models proposed

LEGAL ISSUES RELATED TO REMOTE SUICIDE ASSESSMENTS: INVOLUNTARY DETAINMENT AND COMMITMENT

- ◉ Exact criteria varies from state to state (dangerousness, inability to care for self)
- ◉ Videoconferencing in psychiatric involuntary commitment hearings upheld in US Federal Court since 1993
- ◉ Professional organizations approved use of telepsychiatry as appropriate for commitment hearings
- ◉ Reports in the literature report reduced violence and escape risks for commitment hearings

LEGAL ISSUES RELATED TO REMOTE SUICIDE ASSESSMENTS: PRESCRIPTION REGULATIONS

- ◉ Ryan Haight Act
- ◉ Prescription of controlled substances
- ◉ Initial face to face requirement unless exempt
- ◉ Definition of “telemedicine”

LEGAL ISSUES RELATED TO REMOTE SUICIDE ASSESSMENTS: LIABILITY

○ Abandonment

- General suicide assessment abandonment issues
- Abandonment specific to telemental health
- Need for emergency contingency plans

○ Negligence

- Negligence for suicide assessments in general
- Same requirements as face to face

LESSONS LEARNED

BEST PRACTICES

- ◉ Practicing within local legal regulations
- ◉ Using clinical judgment in patient selection
- ◉ Utilizing accepted suicide assessment parameters
- ◉ Addressing contingency plans
- ◉ Training with case vignettes

VA TMH RESOURCES

- Operations manual
- Web based training
- Satellite broadcast
- Telemedicine Training Centers
- Live remote training
- Conference calls weekly/monthly
- Annual strategic planning meetings