Telebehavioral Pain Management: Bringing Specialty Pain Services To the Veteran

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VA National Telemental Health Center

Telemental Health in VHA
Brief Overview

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Where We Started

In TV sessions, patients (posed by NPI staff) sit in V-formation so that therapist (on screen) can follow facial expressions on his own monitor.

Telemental Health Today

Current TMH Use

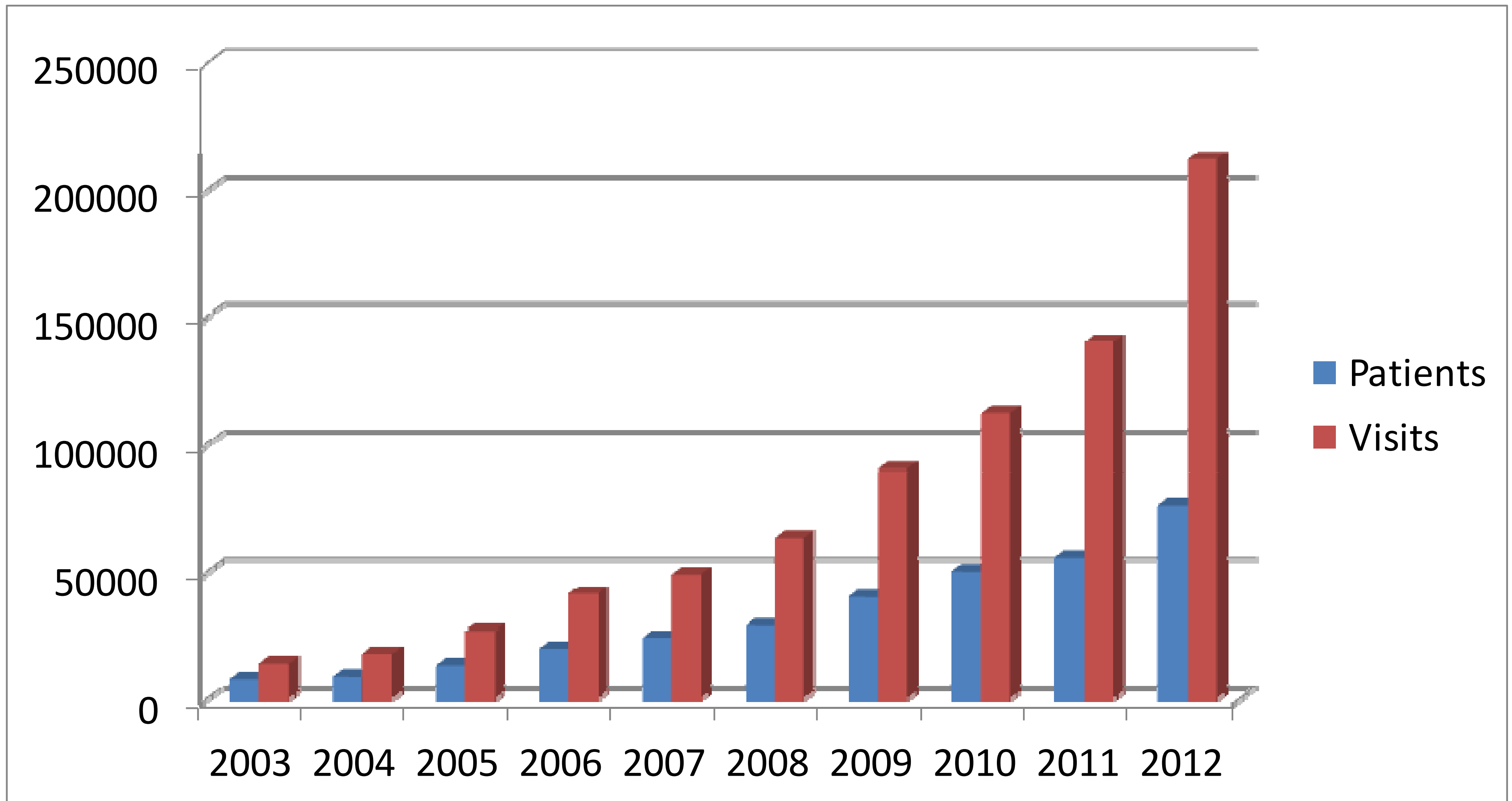
- *Is used to treat virtually **every DSM (Diagnostic and Statistical Manual) diagnosis**, including affective disorders, anxiety disorders/ PTSD, psychotic disorders, and substance use disorders.*
- *Is employed to deliver virtually **every treatment modality** including individual therapies, group therapies, medication management, family therapy, couples therapy, cognitive behavior therapies, psychological testing, etc*
- *Takes place at **multiple sites of care** including VA medical centers, VA Community Based Outpatient Clinics, non-VA healthcare facilities, student health centers, homeless shelters, supervised housing sites, and residence.*
- *Is delivered by **clinicians from multiple mental health professions** and specialties including psychiatrists, psychologists, advanced practice clinical nurse specialists, physician assistants, social workers, RNs, addiction specialists, vocational rehabilitation specialists, and trainees.*

TMH CVT Growth Summary in VA

- Total Telemental Health encounters from 2003-2012 = over 800,000.
- From 2003-2012, Telemental Health *annual* encounters have increased over 15-fold from 14,000/yr to over 212,000/yr.
- From 2003-2012, Telemental Health *annual* unique patients have increased approximately 10- fold from 8,000/yr to nearly 80,000/yr.
- In 2012, Telemental Health was delivered between approximately 50 Medical Centers and 530 clinics.

WHERE WE ARE NOW:

VA TMH Services FY 2003-2012



Outcomes of 98,609 U.S. Department of Veterans Affairs patients enrolled in telemental health services, 2006-2010. Abstract

- Psychiatr Serv. 2012 Apr 1;63(4):383-5. Godleski L, Darkins A, Peters J.

OBJECTIVE:

- The study assessed clinical outcomes of 98,609 mental health patients before and after enrollment in telemental health services of the U.S. Department of Veterans Affairs between 2006 and 2010.

METHODS:

- The study compared number of inpatient psychiatric admissions and days of psychiatric hospitalization among patients who participated in remote clinical videoconferencing during an average period of six months before and after their enrollment in the telemental health services.

RESULTS:

- Between 2006 and 2010, psychiatric admissions of telemental health patients decreased by an average of 24.2% (annual range 16.3%-38.7%), and the patients' days of hospitalization decreased by an average of 26.6% (annual range 16.5%-43.5%). The number of admissions and the days of hospitalization decreased for both men and women and in 83.3% of the age groups.

CONCLUSIONS:

- This four-year study, the first large-scale assessment of telemental health services, found that after initiation of such services, patients' hospitalization utilization decreased by an average of approximately 25%.

VA National Telemental Health Center

- To unify the use of telemental health technologies
  - To assure access to uniform mental health services nationwide
  - To increase access to specialty care in all geographic areas
    - To establish panels of national clinical experts
    - To provide highly specialized services
    - To develop resource bank opportunities

National Telemental Health Center Progress

- Over 2000 clinical encounters completed
- 5 clinical programs
  - Tele-Behavioral Pain
  - Tele-Bipolar
  - Tele Compensation and Pension
  - Tele Insomnia
  - Tele Psychogenic Non-Epileptic Seizures
- Delivering care across 15 states and 29 sites
- Successfully conducted international evaluations from Connecticut to Okinawa

Stepped Care Approach to Pain Management

Stepped care is instituted as a strategy to provide a continuum of effective treatment to a population of patients from acute pain caused by injuries or diseases to longitudinal management of chronic pain diseases and disorders that may be expected to persist for more than 90 days, and in some instances, the patient's lifetime.

VHA Pain Management Directive 2009-053

VA Stepped Pain Care

RISK

Comorbidities

Treatment Refractory

Complexity

Tertiary, Interdisciplinary Pain Centers

Advanced diagnostics & interventions

CARF accredited pain rehab

Integrated chronic pain and SUD treatment

STEP 3

Secondary Consultation

Pain Medicine

Rehabilitation Medicine

Behavioral Pain Management

Multidisciplinary Pain Clinics

SUD Programs

Mental Health Programs

STEP 2

Patient Aligned Clinical Team (PACT)

Routine screening for presence & intensity of pain

Comprehensive pain assessment

Management of common pain conditions

Support from MH-PC Integration, OEF/OIF, & Post-Deployment Teams

Expanded care management

Opioid Renewal Clinics

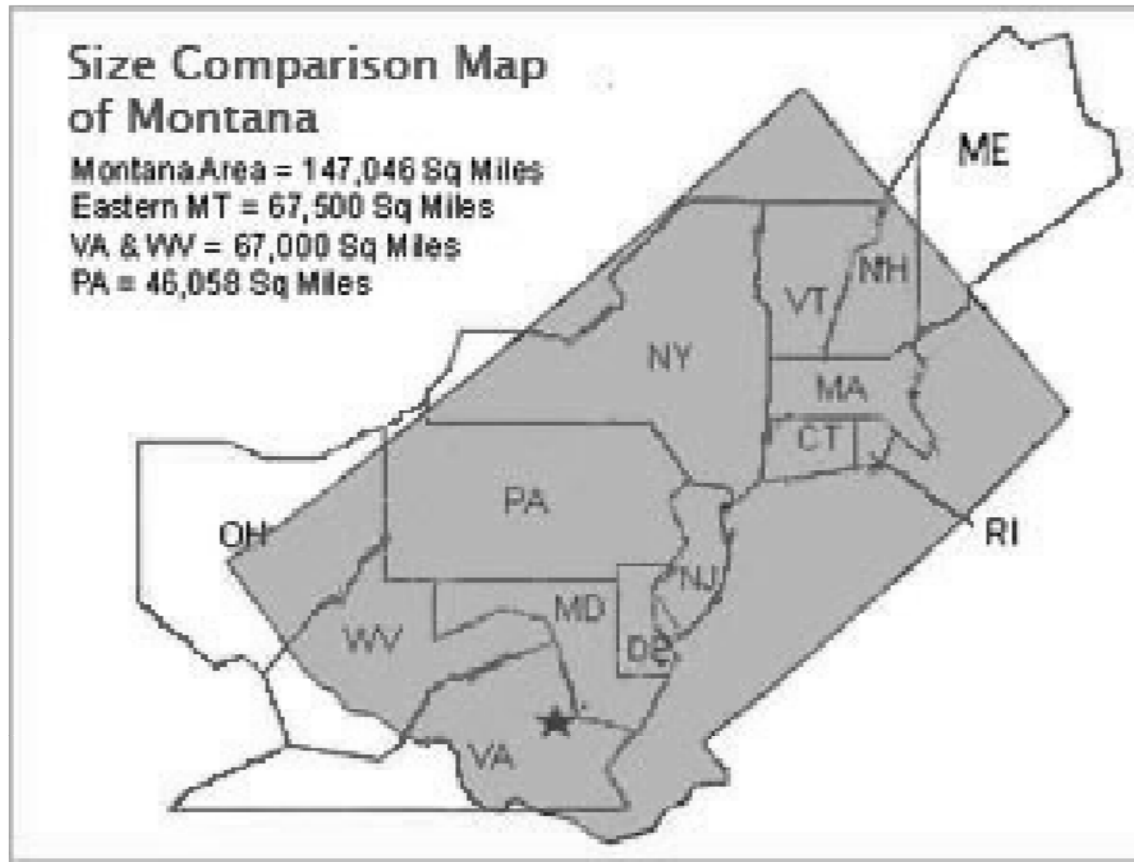
STEP 1

Need for Greater Outreach

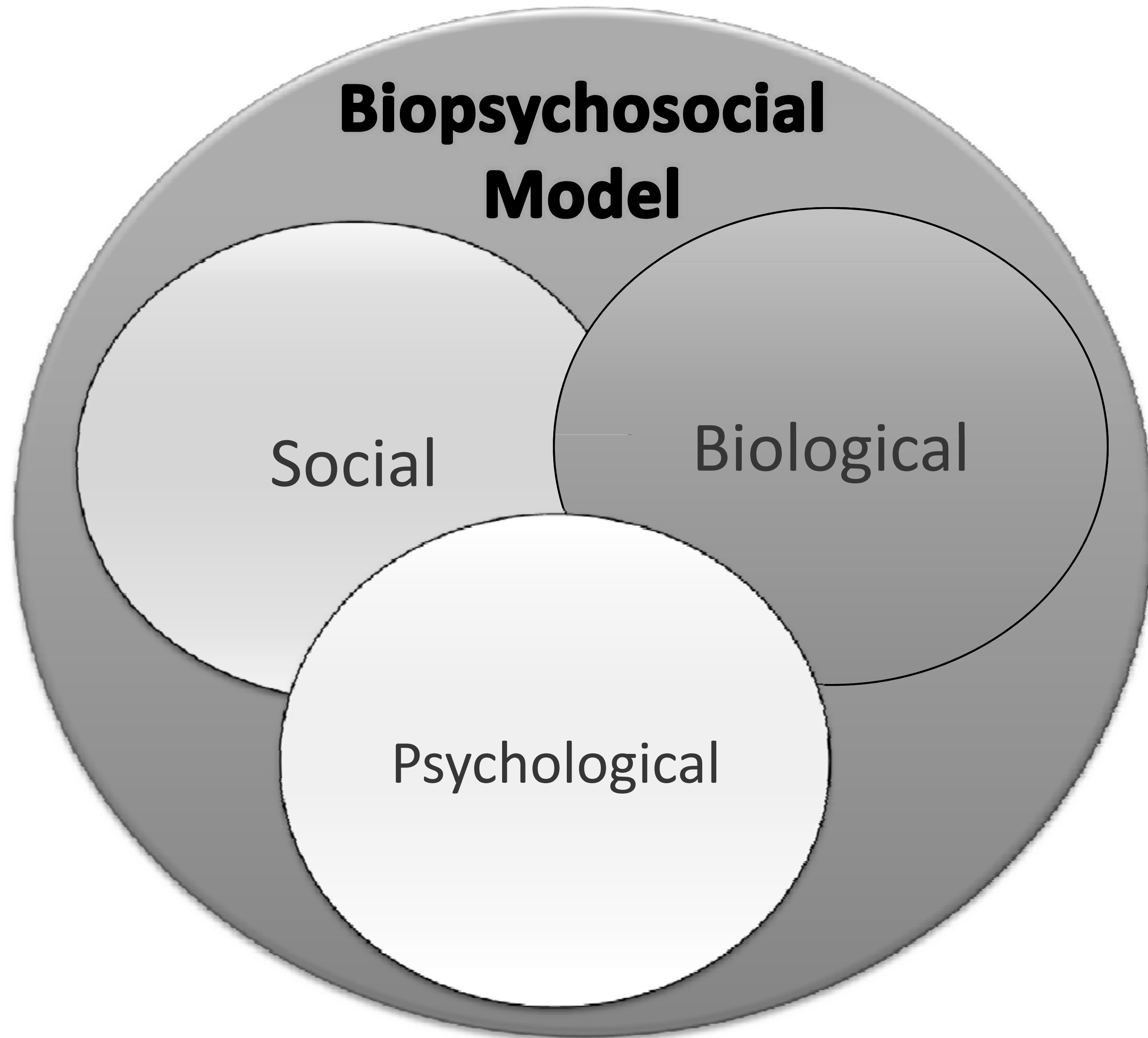
- Approximately 3 million Veterans live in rural settings[1]
- Approximately 44% of active duty service members come from rural settings[1]
- Veterans in rural communities have lower health-related quality of life compared to counterparts in urban and suburban areas[2]
  - Both physical and emotional functioning

1 Nordeoff, C. Field Hearing before United States Senate Committee on Veterans' Affairs. 2009.
2 Weeks, et al. (2006). Differences in health-related quality of life within disease categories of Veterans. *J. Rural Health*. 2006; **22**:204-11.

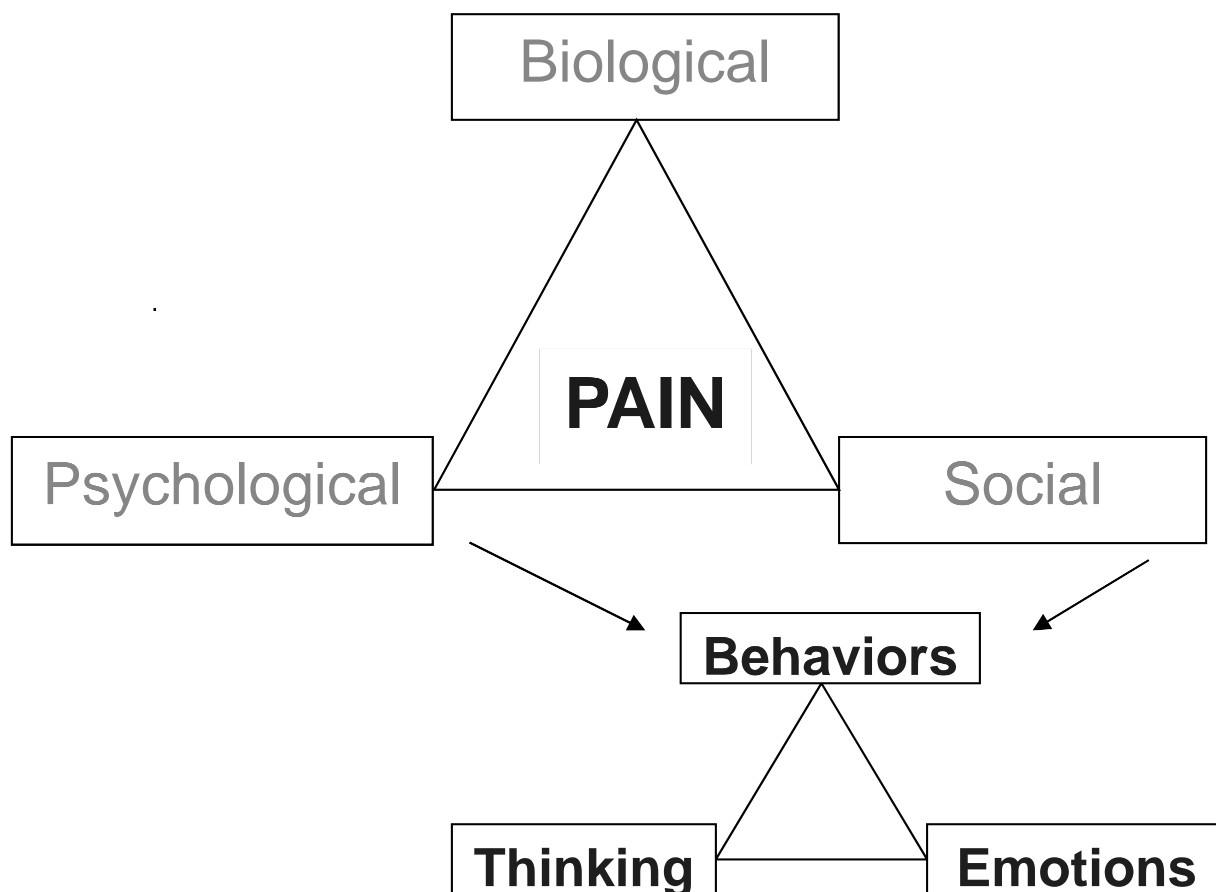
Telemental Health Pain Services



Picture from Dept. of Veterans Affairs website


Biopsychosocial
Model
Social
Biological
Psychological

Biopsychosocial Model of Pain Management



GOALS: Improve function, increase degree of self-reliance, minimize experience of pain and enhance quality of life.

Cognitive Behavioral Therapy

- Patient-centered treatment approach
- Addresses links between **A**ffect, **B**ehavior, **C**ognitions and the pain experience
- Centered around personalized behavioral goals
- *Motivational interviewing* is a key component of this treatment approach
- Should be an integrated component of treatment

Empirical support for CBT

- Strong empirical support for the effectiveness of CBT compared to control groups and other active treatments
  - Pain Intensity
  - Cognitive appraisal
  - Pain interference
  - Depression
  - Cognitive coping
  - Quality of life

(Morley et al., 1999; Hoffman et al., 2007)

NTMHC – Telebehavioral Pain Management Program

- Psychosocial pain assessment
  - Affective and Behavioral components of pain
  - Substance use and abuse
  - Pain self-management and coping
- Behavioral and psychosocial intervention
  - Cognitive-Behavioral Therapy (CBT)
- Consultation to providers

NTMHC – Telebehavioral Pain Management Program

- 2.5 FTE psychologists
- 230 consults from 16 remote sites since July, 2010
- 1,009 clinical encounters
- Quality manager monitors program metrics
  - Receipt and disposition of consults
  - Consult response time
  - Duration of services (number of visits)
  - Documentation

NTMHC Telebehavioral Pain Management Program

- Tap into existing telemental health infrastructure at remote sites
  - Facility telemental health leads
  - Clerk support (TCT's)
  - Establishment of clinics on both ends
- Educate providers at remote sites about telepain services
- Consults placed to NTMHC from Primary Care, Pain Clinics, and Mental Health

NTMHC Telebehavioral Pain Management Program

- Initial visit is a comprehensive psychosocial pain evaluation (60-75 minutes)
- If appropriate and interested, Veteran is seen in f/u for pain-focused cognitive-behavioral therapy (60 min. appts)
- Assessment and treatment materials are transmitted by fax or e-mail
- Follow-up consultation is provided to providers at remote site (medical and mental health team members)

NTMHC - Nuts and Bolts

- Appointments made on both ends
  - Remote site gets workload credit
  - Clinical encounter codes entered on provider end
- MOU between NTMHC and remote sites centralizes credentialing and privileging
- Clinician granted access to CPRS system at remote site – documentation entered on both ends

Telepain Service Delivery

Logistics and Considerations

Logistics & Considerations

- Logistics of setting up individual clinics for each location (e.g., equipment)
- Coordinated schedule among all sites
  - Available times for service site and remote sites
  - Availability of space at small CBOC locations
- Defined roles of the remote site Telehealth technicians and clerical staff
- Clear assignment of responsibility:
  - scheduling and contacting patients
  - checking patients in and completing patient encounters
  - placing patients in front of the video units at remote sites (Telehealth techs or remote clerical staff/nursing)

Logistics & Considerations

- Promoting the service to remote providers, getting their “buy-in” on services provided
- Procedures established for
  - Having technical support available when problems occur during appointment
  - Transferring materials across sites (fax, mail, e-mail)

Clinical Considerations

- Established plans and procedures for handling in-session psychiatric and medical emergencies
  - Who to contact, how to activate local emergency plans
- Ensuring confidentiality
  - Encrypted emails
  - Volume of machine

Clinical Considerations

- Patient positioning in front of machine
  - Too far/close, patient wants to move
  - Volume
- Non-verbal communication
  - What does patient see?
  - Eye contact
- Verbal communication
  - Slight delays in transmission

Do <u>your</u> Veterans need Tele-Behavioral Pain Services?

Becoming a Remote Site

Appropriate Patients

- Veterans who have experienced a significant decrease in their quality of life as a result of their chronic pain
- Interested in learning skills to assist in their self management of pain
- Veteran is not at active risk for self harm or psychiatrically unstable
- Veteran not actively abusing substances

Initial Steps in Administrative Process

- The collaborative relationship between remote sites and the NTMHC must be supported by service line chief(s), chief of staff, and facility telehealth coordinator (FTC)

- Please email me @ Purvi.Vanderploeg@va.gov
  - If you would like materials that summarize our program to discuss this service with your service line chiefs or other interested parties

Initial Steps in Administrative Process

- Patient side sites will have:
  - Telehealth Clinical Technician (TCT) support
    - Scheduling appointments
    - Securing rooms for appointments
  - Equipment and Office Space
  - Clinical Referral Support
    - Program sustained with consistent referral stream

Initial Steps in Administrative Process

- NTMHC will help facilitate the procedure of becoming a remote site
  - Will help build the agreement between NTMHC and remote site
    - Key contact sheet
    - Memo of understanding/ Service agreement
  - Will complete the Credentialing and Privileging of provider(s)
  - Will coordinate with the Information Technology (IT) staff at the remote site to set up the clinic
    - Determining schedule for the clinic
    - Setting up Inter-Facility Consult
    - Setting up clinic in VISTA
    - Creating progress note titles

Do your Veterans need Tele-Behavioral Pain Services?

Contact Information

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Thank you!