



TeleMental Health

Derek J. Burks, PhD, Psychologist
Rural TeleMental Health Manager
VA Portland Health Care System
10/3/2019



Rural Health Challenges

- Fewer educational resources
- Higher rates of poverty
- Stronger religious, family, or community ties
- Lower incomes
- Higher unemployment rates
- Greater social isolation
- Higher rates of uninsured and use of Medicare
- Very limited access to healthcare
 - Chronic medical issues and worse health outcomes
 - Untreated psychiatric issues
 - Complex, multifactorial medical and behavioral health concerns

Rural Challenges

- About 24 percent of the Veteran population today resides in rural areas compared to 18.6 percent of the civilian population
- Lack of general and specialty MH service providers
 - Significant challenges in recruiting and retaining mental health care professionals in rural areas
- Logistical problems
 - Distance and transportation-related barriers
 - Child care
- Less access to psychiatry and psychotherapy
 - Acceptability lower in rural areas due to increased stigma and decreased anonymity

TeleMental Health (TMH)

- TMH refers to mental health services that are provided using electronic communications technology
 - Synchronous or “real time” connection
 - Clinical Video Teleconferencing (CVT)
 - VA Video Connect (VVC)
 - Telephone, smart phone apps, internet, e-health



CVT Standalone Equipment

Computer-to-Computer CVT

Computer-to-Tablet CVT



Smart Phone/Tablet Applications



ACT Coach



In ACT with a therapist and want added support? Find it here.

iOS Android



Anger and Irritability M...



Track, address and manage anger better with AIMS.

iOS Android



Caring4WomenVeterans



Resource to help deliver quality care to female Veterans.

iOS Android



CBT-i Coach



Engaged in CBT-I and want extra support? The Coach is here.

iOS



Concussion Coach



Customizable tool to help manage concussion symptoms.

iOS Android



CPT Coach



App to enhance CPT treatment with a mental health provider.

iOS



Mindfulness Coach



Be in the moment! Learn mindfulness to reduce stress.

iOS Android



Mood Coach



Boost your mood through positive activities with this app.

iOS



Moving Forward



Tools to keep you moving forward during times of stress.

iOS



PTSD Coach



Get the info, support and tools you need to manage PTSD.

iOS Android



PTSD Family Coach



Support and tools for those living with someone who has PTSD.

iOS Android



STAIR Coach



Take the step, enhance STAIR in-person psychotherapy.

iOS



VA Launchpad for Veterans

One app to launch them all! Launch VA apps from here.

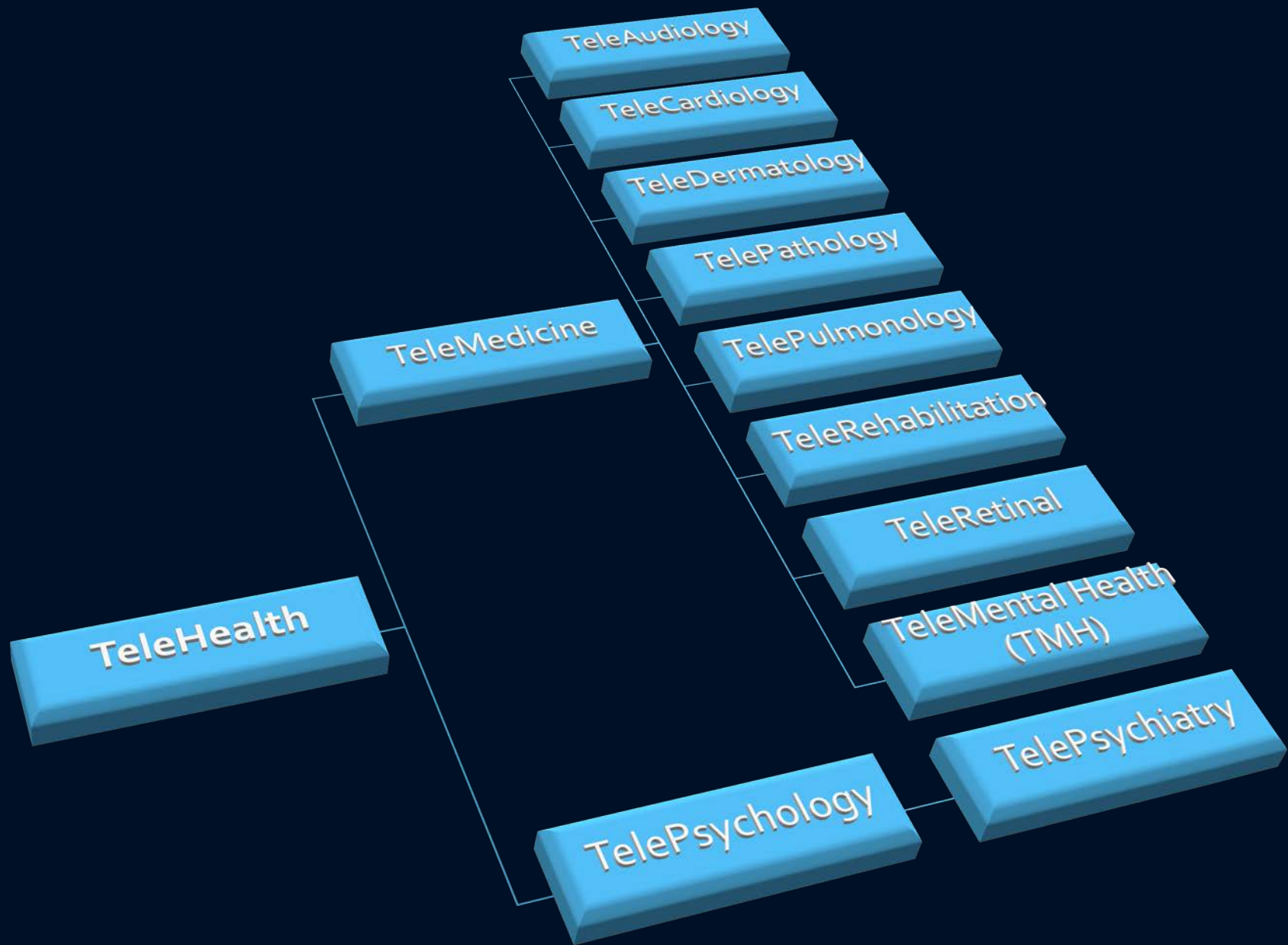
iOS Android



VA Video Connect

Secure video visits with your VA care team from anywhere.

iOS Web Android



VA Portland Health Care System

Rural TMH Mission

- Improve access to quality mental health care for rural military veterans
 - Provide evidence-based care and specialty consultation
 - Provide culturally competent evaluations and treatment plans
 - Utilize innovative health technologies to enhance quality of care
 - Support distal sites that do not have on-site MH providers available
 - Provide quality, efficient, culturally informed, and effective MH care

Uses of TeleMental Health

- For most mental health diagnoses, with rare exclusions
- By all mental health providers: Psychiatrists, PMHNPs, psychologists, social workers, counselors, case managers
- In multiple treatment modalities: Psychotherapy (individual, group, couples, family), psychiatric medication management, neuropsychological assessment, case management

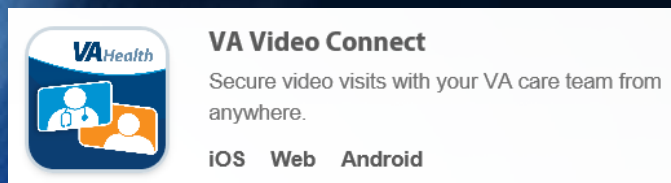


VA TeleMental Health

- Majority of TMH activity is hub-and-spoke model from larger VA medical facilities to smaller VA community-based outpatient clinics (CBOCs)
 - Clinical Video Teleconferencing to CBOC (CVT-to-Clinic)
 - Clinical Resource Hub (CRH) to other VA facilities in the region
 - Provides access to general and specialty mental health services for veterans in remote locations
- Home-Based TMH is rapidly growing within the VA
 - VA provider (located at a VA facility or who teleworks from their own home) provides TMH to veterans in their homes (CVT-to-Home; In-Home CVT)
 - Computer-to-computer, computer-to-tablet, or computer-to-smart phone device
 - VA Video Connect (VVC)

VA Video Connect (VVC)

- Web-based video conferencing software
- Creates a virtual medical room
- <https://www.youtube.com/watch?v=YY6lYrIQ5Ys> (03:12)
- <https://www.youtube.com/watch?v=56HDdnYXiqs> (00:57)



FACTSHEET

VA



U.S. Department
of Veterans Affairs

VA TELEMENTAL HEALTH

OVER 3 MILLION VISITS

Since fiscal year (FY) 2002, VA has provided Veterans with access to mental health services through **more than 3,344,000 TeleMental Health (TMH) encounters**.

In FY 2018 nearly **600,000 TeleMental Health encounters** were provided to over **180,000 Veterans**.



TeleMental Health into the Home

In addition to traditional TeleMental Health to and from VA locations, in FY 2018 approximately 16,400 Veterans gained access to VA TeleMental Health services using synchronous video telehealth directly from their homes or other mobile non-VA locations. Additionally over 6,500 Veterans accessed TeleMental Health care using home telehealth monitoring devices.

High Veteran Satisfaction

FY18, Veteran Telehealth Satisfaction scores:
90% for Synchronous within VA
88% for Home or Mobile Encounters
89% for Home Telehealth Remote Patient Monitoring



Benefits of TeleMental Health

- Can lower cost without sacrificing quality of care
- Benefits with regard to lost employment time, as well as transportation costs and time
- Technology has rapidly increased system coverage area, thereby increasing access to rural veterans
- The alternative to delivering MH services via CVT to rural patients is often not in-person delivery, but rather, a lack of any available MH services

Morland et al., 2003; Morland et al., 2013; Bose et al., 2001; Elford et al., 2000; Trott & Blignault, 1998; Frueh et al., 2000; Monnier, Knapp, & Frueh, 2003; Pruitt, Luxton & Shore, 2014



*Is TeleMental Health as good as
traditional, in-person mental health care?*

Yes!

Evidence for the Effectiveness of TMH

- TMH has been effectively utilized for a variety of MH problems
 - Depression, PTSD, ADHD, eating disorders, substance use disorder, OCD, panic disorder, anger management, insomnia disorder, etc.
- Research indicates TMH is effective and as good as traditional in-person mental health services
- TMH offers a lower cost alternative to in-person mental health care without sacrificing quality of care
- Patient benefits are wide-ranging: They may not have otherwise pursued care, or may have had to incur more time off work, higher transportation costs, and more inconvenience
- Satisfaction of TMH is high among patients and providers

Backhaus et al., 2012; Bose et al., 2001; Bouchard et al., 2004; De Las Cuevas et al., 2006; Duncan et al., 2014; Elford et al., 2000; Fortney et al., 2015; Frueh et al., 2007; Frueh et al., 2000; Gros et al., 2011; Hilty et al., 2013; Monnier, Knapp, & Frueh, 2003; Morland et al., 2015; Morland et al., 2014; Morland et al., 2011; Morland et al., 2010; Nelson & Bui, 2010; O'Reilly et al., 2007; Osenbach et al., 2013; Pruitt, Luxton & Shore, 2014; Rees & MacLaine, 2015; Ruskin et al., 2004; Shore et al., 2007; Trott & Blignault, 1998; Tuerk et al., 2010; Yuen et al., 2015

References

- Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., .. Thorp, S. R. (2012). Videoconferencing psychotherapy: A systematic review. *Psychological Services*, 9, 111-131.
- Bose, U., McLaren, P., Riley, A., & Mohammedali, A. (2001). The use of telepsychiatry in the brief counseling of non-psychotic patients from an inner-London general practice. *Journal of Telemedicine and Telecare*, 7, 8 -10. doi:10.1258/1357633011936804
- Bouchard, S., Paquin, B., Payeur, R., Allard, M., Rivard, V., Fournier, T., . . . Lapierre, J. (2004). Delivering cognitive-behavior therapy for panic disorder with agoraphobia in videoconference. *Telemedicine Journal and e-Health*, 10, 13-25. doi:10.1089/153056204773644535
- De Las Cuevas, C., Arrendondo, M. T., Cabrera, M. F., Hubert, S., & Meise, U. (2006). Randomized controlled trial of telepsychiatry through videoconference versus face-to-face conventional psychiatric treatment. *Telemedicine and E-Health*, 12, 341-350.
- Duncan, A. B., Velasquez, S. E., & Nelson, E.-L. (2014). Using videoconferencing to provide psychological services to rural children and adolescents: A review and case example. *Journal of Clinical Child & Adolescent Psychology*, 43, 115-127. doi:10.1080/15374416.2013.836452
- Elford, R., White, H., Bowering, R., Ghandi, A., Maddigan, B., St. John, K., et al. (2000). A randomized, controlled trial of child psychiatric assessments conducted using videoconferencing. *Journal of Telemedicine and Telecare*, 6, 73-82.
- Fortney, J. C., Pyne, J. M., Kimbrell, T. A., Hudson, T. J., Robinson, D. E., Schneider, R., Moore, W. M., et al. (2015). Telemedicine-based collaborative care for posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry*, 72, 58-67. doi:10.1001/jamapsychiatry.2014.1575
- Frueh, B. C., Monnier, J., Yim, E., Grubaugh, A. L., Hamner, M. B., & Knapp, R. G. (2007). A randomized clinical trial of telepsychiatry for post-traumatic stress disorder. *Journal of Telemedicine and Telecare*, 13, 142-147. doi:10.1258/135763307780677604
- Frueh, B. C., Deitsch, S. E., Santos, A. B., Gold, P. B., Johnson, M. R., Meisler, N., .. Ballenger, J. C. (2000). Procedural and methodological issues in telepsychiatry research and program development. *Psychiatric Services*, 51, 1522-1527.

References

- Gros, D. F., Veronee, K., Strachan, M., Ruggiero, K. J., & Acierno, R. (2011). Managing suicidality in home-based telehealth. *Journal of Telemedicine and Telecare*, 17, 332-335. doi:10.1258/jtt.2011.101207
- Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health: A 2013 review. *Telemedicine and e-Health*, 19, 444-454. doi:10.1089/tmj.2013.0075
- Monnier, J., Knapp, R., & Frueh, B. (2003). Recent advances in telepsychiatry: An updated review. *Psychiatric Services*, 54, 1604-1609. doi:10.1176/appi.ps.54.12.1604
- Morland, L. A., Poizner, J. M., Williams, K. E., Masino, T. T., & Thorp, S. R. (2015). Home-based clinical video teleconferencing care: Clinical considerations and future directions. *International Review of Psychiatry*, 27, 504-512. doi: 10.3109/09540261.2015.1082986
- Morland, L. A., Mackintosh, M. A., Greene, C. J., Rosen, C. S., Chard, K. M., Resick, P., & Frueh, B. C. (2014). Cognitive processing therapy for posttraumatic stress disorder delivered to rural veterans via telemental health: A randomized noninferiority clinical trial. *Journal of Clinical Psychiatry*, 75, 470-476.
- Morland, L. A., Raab, M., Mackintosh, M.-A., Rosen, C. S., Dismuke, C. E., Greene, C. J., & Frueh, B. C. (2013). Telemedicine: A cost-reducing means of delivering psychotherapy to rural combat veterans with PTSD. *Telemedicine and e-Health*, 19, 754-759. doi:10.1089/tmj.2012.0298
- Morland, L. A., Greene, C. J., Grubbs, K. M., Kloezeman, K., Mackintosh, M., Rosen, C., & Frueh, B. C. (2011). Therapist adherence to manualized cognitive-behavioral therapy for anger management delivered to veterans with PTSD via videoteleconferencing. *Journal of Clinical Psychology*, 67, 629-638. doi:10.1002/jclp.20779
- Morland, L. A., Hynes, A. K., Mackintosh, M., Resick, P., & Chard, K. (2011). Group cognitive processing therapy for PTSD delivered to rural combat veterans via telemental health: Lessons learned from a pilot cohort. *Journal of Traumatic Stress*, 24, 465-469. doi:10.1002/jts.20661
- Morland, L. A., Greene, C. J., Rosen, C., Foy, D., Reilly, P., Shore, J., He, Q., & Frueh, B. C. (2010). Telemedicine for anger management therapy in a rural population of combat veterans with posttraumatic stress disorder: A randomized noninferiority trial. *Journal of Clinical Psychiatry*, 71, 855-863. doi:10.4088/JCP.09mo5604blu

References

- Morland, L. A., Frueh, B. C., Pierce, K., & Miyahira, S. (2003). PTSD and telemental health: Updates and future directions. *NCPTSD Clinical Quarterly*, 12, 1-5.
- Mott, J. M., Grubbs, K. M., Sansgiry, S., Fortney, J. C., & Cully, J. A. (2015). Psychotherapy utilization among rural and urban veterans from 2007 to 2010. *Journal of Rural Health*, 31, 235-243.
- National Center for Veterans Analysis and Statistics. (2016). Characteristics of rural veterans: 2014. Data from the American Community Survey.
- National Center for Veterans Analysis and Statistics. (2012). Characteristics of rural veterans: 2010. Data from the American Community Survey.
- Nelson, E., & Bui, T. (2010). Rural telepsychology services for children and adolescents. *Journal of Clinical Psychology: In Session*, 66, 490-501. doi:10.1002/jclp.20682
- O'Reilly, R., Bishop, J., Maddox, K., Hutchinson, L., Fisman, M., & Takhar, J. (2007). Is telepsychiatry equivalent to face-to-face psychiatry? Results from a randomized controlled equivalence trial. *Psychiatric Services*, 58, 836-843.
- Osenbach, J. E., O'Brien, K. M., Mishkind, M., & Smolenski, D. J. (2013). Synchronous telehealth technologies in psychotherapy for depression: A meta-analysis. *Depression and Anxiety*, 30, 1058-1067. doi:10.1002/da.22165
- Pruitt, L. D., Luxton, D. D., & Shore, P. (2014). Additional clinical benefits of home-based telemental health treatments. *Professional Psychology: Research and Practice*, 45, 340-346. doi:10.1037/a0035461
- Rees, C. & MacLaine, E. (2015). A systematic review of videoconference-delivered psychological treatment for anxiety disorders. *Australian Psychologist*, 50, 259-264.

References

- Ruskin, P. E., Silver-Aylaian, M., Kling, M. A., Reed, S. A., Bradham, D. D., Hebel, J. R. et al. (2004). Treatment outcomes in depression: Comparison of remote treatment through telepsychiatry to in-person treatment. *American Journal of Psychiatry*, 161, 1471-1476.
- Shore, J. H., Hilty, D. M., & Yellowlees, P. (2007). Emergency management guidelines for telepsychiatry. *General Hospital Psychiatry*, 29, 199-206.
- Shore, J. H., Savin, D., Orton, H., Beals, J., & Manson, S. M. (2007). Diagnostic reliability of telepsychiatry in American Indian veterans. *The American Journal of Psychiatry*, 164, 115-118. doi:10.1176/appi.ajp.164.1.115
- Trott, P., & Blignault, I. (1998). Cost evaluation of a telepsychiatry service in northern Queensland. *Journal of Telemedicine and Telecare*, 4, 66-68.
- Tuerk, P. W., Fortney, J., Bosworth, H. B., Wakefield, B., Ruggiero, K. J., Acierno, R., Frueh, B. C. (2010). Toward the development of national telehealth services: The role of veteran's health administration and future directions for research. *Telemedicine and e-Health*, 16, 115-115. doi:10.1089=tmj.2009.0144
- Wallace, A. E., Weeks, W. B., Wang, S., Lee, A. F., & Kazis, L. E. (2006). Rural and urban disparities in health-related quality of life among veterans with psychiatric disorders. *Psychiatric Services*, 57, 851-856.
- Weeks, W. B., Kazis, L. E., Shen, Y., Cong, Z., Ren, X. S., Miller, D., Lee, A., et al. (2004). Differences in health-related quality of life in rural and urban veterans. *American Journal of Public Health*, 94, 1762-1767. doi:10.2105/ajph.94.10.1762
- Yuen, E. K., Gros, D. F., Price, M., Zeigler, S., Tuerk, P. W., Foa, E. B., & Acierno, R. (2015). Randomized controlled trial of home-based telehealth versus in-person prolonged exposure for combat-related PTSD in veterans: Preliminary results. *Journal of Clinical Psychology*, 71, 500-512.