Center for Evaluating Patient Centered Care in VA
QUERI Partnered Evaluation Initiative

CIHEC
Complementary and Integrative Health Evaluation Center

CHOIR
Center for Healthcare Organization and Implementation Research

Providing Complementary and Integrative Health Services via Telehealth:

Lessons Learned from Whole Health Providers in VA

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Live Whole Health.

VA
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And Cultural Transformation

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- The views in this presentation are the views of the authors and do not represent the views of the Department of Veterans Affairs or the US Government.

Study Purpose

To learn about the experience of delivering Whole Health-aligned services, including complementary and integrative health, via telehealth

Strengths and challenges of virtual formats

Adaptations required for successful service delivery

Perceived impacts

Recommendations

Poll #1

How familiar are you with VA's Whole Health System of Care?

Select one:

- Very familiar
- Moderately familiar
- Vaguely familiar
- Not familiar at all

The Whole Health System

Circle of Health

Whole Health is an approach to health care that empowers and equips individuals to take charge of their health and well-being and live their life to the fullest.

Moving from

"What's the Matter with You?" to "What Matters to You?

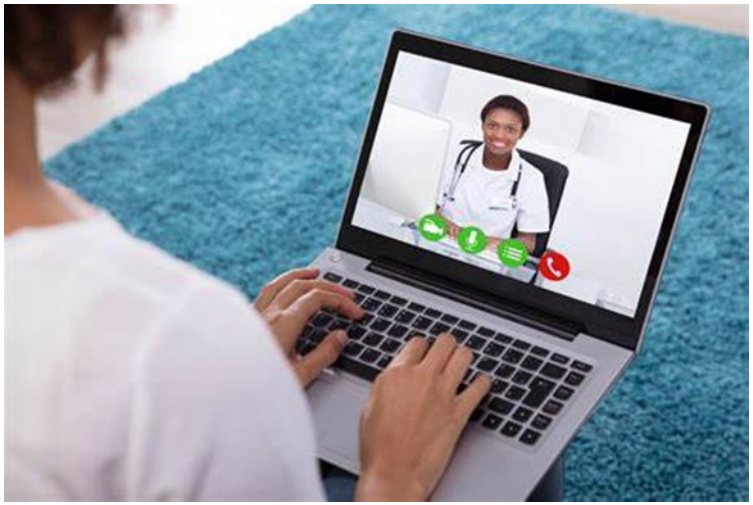
Methods

- **Design** Semi-structured interviews with providers from 10 VA Medical Centers (Whole Health Flagship, Non-Flagship)
- **Participants:** Providers with high volume of Whole Health services provided via telehealth
  - Movement (e.g., Yoga, Tai Chi)
  - Mindfulness/Meditation
  - Provider-Delivered (e.g., Acupuncture, Chiropractic)
  - WH Coaching
  - WH Clinical Care
- **Timeframe:** Interviews conducted Summer 2021

Data Collected

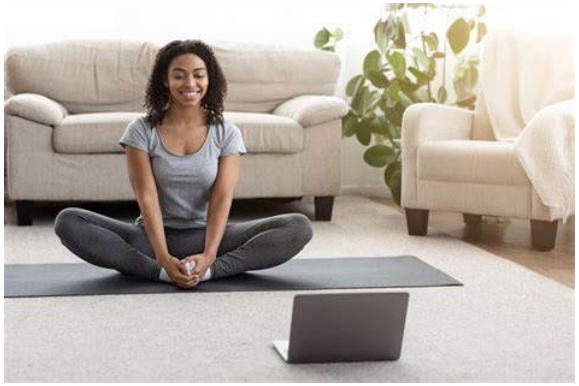
51 Semi-Structured Interviews

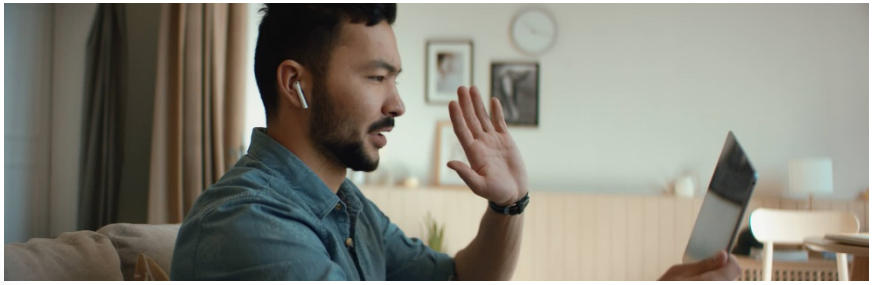
Participants Included



- Physicians
- Nurse Practitioners
- Physical Therapists
- Recreational Therapists
- Psychologists
- Acupuncturists
- Chiropractors
- Dieticians
- WH and Health Promotion and Disease Prevention program managers
- Health Coaches and Peers

Key Findings





Impetus for Telehealth

- COVID-19 pandemic was a major driver for telehealth
  - Expansion of access in all sites
- A few sites were offering WH-aligned services remotely before pandemic (e.g., WH Coaching, group classes through CVT)
  - Most by phone
  - A few specific roles had limited experience (e.g., MDs)
  - Sites serving large rural populations
- A few sites had been planning on expanding services through telehealth before the pandemic
  - Largely due to space limitations
- One site started all WH-aligned services during the pandemic

Telehealth Context

What virtual platforms were used?

- Sites mostly transitioned to **VA Video Connect (VVC)**.
- Other virtual platform use depended on local VA policy and guidance and included **Telephone**, **WebEx** and **Zoom**.
- Each platform had unique advantages and disadvantages.

How much telehealth?

- Throughout the pandemic, sites teetered between offering some, most, or all services via telehealth.
- Participants did not talk much about asynchronous offerings.

Where were providers located?

- Highly variable, depending largely on local policies and some personal preferences
- Most offered telehealth services at home, especially during initial waves of the pandemic
- By Summer of 2021, beginning to see a shift back to the office for some, but not all

Services Offered

Wide variety of Whole Health services offered in individual and group formats

- **Yoga (Chair, Mat, assessments)**
- **Tai Chi**
- **Acupressure**, Acupuncture consults, BFA/BAA
- **iRest yoga nidra**
- **Mindfulness, Meditation**

  (incl. MBSR, Mindful self-compassion, Mindfulness-based elimination diet group, mindfulness intuitive eating)
- Chiropractic
- Biofeedback
- Aromatherapy
- Integrative Medicine assessments
- **Whole Health coaching**
- WH Orientation or Introduction to Whole Health
- Taking Charge of My Life & Health, THRIVE

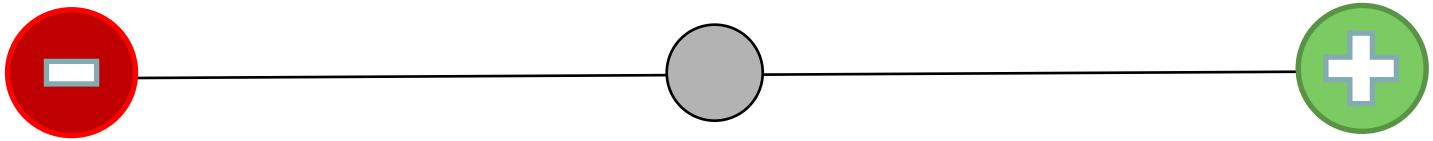
Other groups and classes:

- MOVE!, Dance
- Nutrition
- Tobacco Cessation
- Women's Retreat
- Resiliency
- Tension, Stress, & Trauma Release

General Challenges and Strengths

- Connectivity
- Technology
- Administrative Issues
- Logistics
- Individual Preferences and Circumstances

Services Offered One-on-One



Productivity and Quotas

- Some sites had productivity requirements as condition for telework
- No-show rates were relatively high, affecting weekly quotas
- Some providers had back-to-back appointments all day
  - Fatigue
  - No time to write up notes

Drop in Referrals

- Providers who were embedded in PACTs or other teams faced particular challenges staying engaged and connected
  - Fewer referrals
  - Less care coordination

Technology

- VVC generally perceived to be OK for one-on-one appointments
- Provider can trouble-shoot tech problems on an individual basis, with option to switch to phone if needed

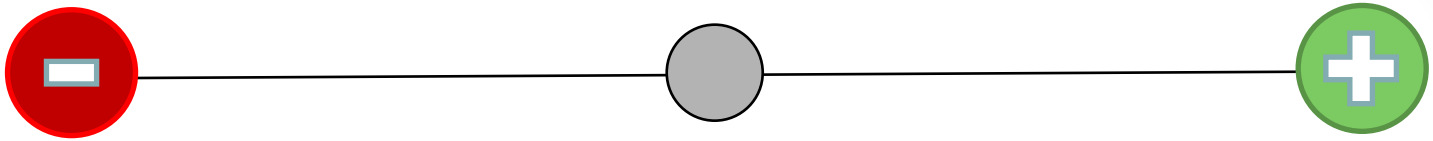
Adaptations

- Reduce length of individual sessions to allow time to write notes immediately after meeting
- Some services (WH Coaching, Mindfulness) required few adaptations

No Shows

- Ability to call Veterans who do not show up for appointments to trouble shoot tech issues as needed

Services Offered in Groups



Technology

- VVC glitches or lags, disrupting flow of communication
- Layout makes it challenging to see people, leading to reduced class size

Managing Problems

- Technical or personal problems/concerns are difficult to manage when managing class alone

Etiquette

- Difficult to manage conversation; people talk over each other

No Shows

- Increase in no shows in many sites
- Difficult to document and track
- Challenge to figure out right class size, accounting for attrition

Facilitation

- Co-facilitation: one provider leads class and the other trouble-shoots tech problems and monitors class

Managing Technology Problems

- Tech check calls ahead of class
- Log in early to address problems with connection

Virtual Class Management Skills

- Comfort with technology to minimize disruptions (e.g., mute people, use chat function)
- Encourage Veterans to prepare a private space for engagement
- Develop and communicate class guidelines

Resources

- Send materials in advance

Adaptations

Content

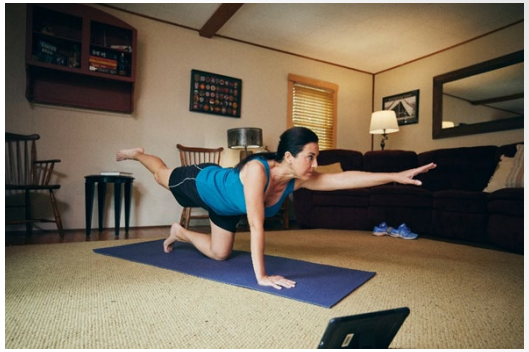
- Some WH services required more adaptation than others
  - WH Coaching perceived to require little change
  - WH Introduction and Education classes required changes in content, process, materials
  - Movement and Touch therapies required a number of adaptations
    - Safety concerns for remote engagement
    - Limitations of virtual platform and technology

Facilitation

- Providing service in person is not the same as providing online
- Few sites had group meetings to discuss how to adapt curriculum or services for online format
- No sites offered training on facilitation/engagement skills for telehealth

CIH Adaptations:

Movement – Yoga, Tai Chi



Camera and Positioning

- Making sure full body or body part (e.g., camera to ankle for ankle stretches) is in frame on screen
- Positioning camera for hybrid class so in-person Vets can see one side and at-home Veterans can see the other
- Turning off camera during certain sequences in order to zoom in on each participant and check alignment

Modifications due to safety concerns

- Switch to less advanced or chair yoga
- No longer incorporate certain poses that involve balance, have big transitions, or require a lot of prompting
- Ask Veterans to be "camera ready" and set expectation for cameras to be on

Equipment

- Using household items in place of specialized equipment (e.g., towel or belt for straps, book or pillow for bolster)

Facilitation

- More verbal prompting and education
- Encourage non-verbal communication (e.g., thumbs up/down)
- Emphasis on self-practice
- Going slower to account for video lag
- Co-facilitator/instructor to monitor

Space

- Set up consistent place to engage in services, free of obstacles and minimal noise/distractions

CIH Adaptations:

Acupuncture, Chiropractic

Acupuncture

- Converting to individual or group *acupressure*
  - Often, but not always a single education session
  - Curricula created for self care, focused on specific pain points
  - Handouts to facilitate self-care
  - New routines and processes for sessions
  - Often stop-gap for cessation of in-person care
- Integrating calming, meditative music and breath work
- One site tried sending ear pellets home for self-administration but this did not work very well

Chiropractic

- Use virtual appointments to spend time with patients on strategies and self-care practices that can accompany physical manipulation
- Incorporating lifestyle and diet change discussion
- More focus on education and training on exercise and stretches
- Utilizing McKenzie method or other similar approaches

CIH Adaptations:

Mindfulness/Meditation

Space and Environment

- Creating a space conducive for relaxation and healing and asking Veterans to do the same.
- Muting microphones and minimizing distractions.
- Going through a “grounding” with patients before getting started to assess environment and adapt session to Veteran positioning

Other

- Using telephone if video platform not productive
- For one mindfulness intuitive eating class, patients watched pre-recorded content on their own time so more group time could be spent in conversation
- One site used Zoom for MBSR, which allowed for breakout rooms for contemplative practice and integrative modalities

Benefits of Telehealth

- Continuity of Care
- Deeper Awareness and Insight
- Access and Flexibility
- Fewer Space Constraints
- Emphasis on Self-Care
- Efficiency

Limitations of Telehealth

Reduced Effectiveness
(esp. for “touch” therapies)

Administrative Burden

Social Connection

Reach and Integration

Drop in Utilization

Safety Concerns

Key Takeaways

1. Telehealth is a ***viable option*** for providing a variety of Whole Health-aligned services to Veterans, including complementary and integrative health offerings.

2. Despite administrative and logistical challenges, the impacts range from ***access to and continuity in care to improvements in self-care.***

3. Invest in ***training for providers*** on how effectively facilitate conversation and engagement in virtual environments.

4. VA needs virtual platforms that ***offer greater flexibility*** for engagement AND are secure

5. ***Workflows that support providers*** in setting up and delivering services virtually are important.

Questions?

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