

Telemental Health in VA: Laying the Groundwork for Opportunities to Access to Cognitive Behavioral Therapy for Pain Part 1

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GOAL OF TELEMENTAL HEALTH EXPANSION

This goal involves clinical, implementation, education and research domains including:

1. Creating clinical guidelines and processes to assure safe and effective TMH delivery
2. Developing a clinical infrastructure for implementation
3. Formalizing a national curriculum for training staff
4. Designing patient data systems and evaluating outcomes

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.

“Two-way television in group therapy”

- *Wittson, Cecil L.; Affleck, D. Craig; Johnson, Van Mental Hospitals, Vol 12(10), 1961, 22-23.*
- 1959 University of Nebraska Medical Center:
 - two-way television technique as a means of extending mental health services to remote areas
 - Design: 2 therapists led 2 televised and 2 control groups of 5-6 patients.
 - University of Nebraska Medical Center connected to Omaha VA, Lincoln VA, and Grand Island VA Hospital

Telemental Health Today



TMH CVT Implementation Measures in VA Since 2002

- >1,400,000 = Telemental Health encounters
- >200,000 = Telemental Health patients
- 2014 = Approximately 325,000 TMH encounters to 106,000 patients
- >20-fold = Increase in Telemental Health *annual* encounters
- >10-fold = Increase in Telemental Health *annual* unique patients
- >150 Medical Centers and 530 clinics

Telemental Health Overview

1. Definition
2. Magnitude
3. Uses
4. Delivery Configurations
5. Infrastructure
6. Implementation Resources
7. Ongoing Outcomes Data Analyses
8. National Telemental Health Center

Telemental Health (TMH)

- Telemental Health in its most basic definition is the delivery of mental health services using remote technologies when the patient and provider are separated by distance.
- TMH does not seek to replace all in-person mental health services but rather to provide additional access to general and specialized care using a variety of treatment modalities.

GOAL

- To increase access to general and specialized mental health services for patients throughout the nation by creating and implementing the first large-scale innovative telemental health program using evolving technologies
- Prior to this program, no national telemental health program existed in the US, and no other nationwide program of this magnitude exists in the world

Patient Selection

- Provide access to as many different mental health services as possible for patients with all diagnoses across all age and gender groups.
- Few exclusion criteria, e.g. patients too cognitively impaired to use the technology, patients too acutely ill and imminently unstable for remote intervention.
- Using VA administrative databases, the national TMH program team developed tracking mechanisms to identify implementation trends and monitor patient demographic representation.

Current Telemental Health Use

- *Is used to treat nearly **every DSM 5 diagnosis**, including affective disorders, anxiety disorders/ PTSD, psychotic disorders, and substance use disorders.*
- *Is employed to deliver nearly **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.*

Typical VA Telemental Health Program

- Majority of Telemental Health Activity is Hub and Spoke Model from Facility to its Community Based Outpatient Clinics (CBOCs)
- Provides Access to General Mental Health Services for Patients in Remote CBOCs
- Provides Access to Medical Center Specialists for Patients in Remote CBOCs
- Ease of Implementation
 - Same Credentialing and Privileging
 - Same Medical Record
 - Same Workload and Reimbursement Mechanism
 - Same Quality Management Oversight
 - Same IT Department and IT Infrastructure

Creating Comprehensive Clinical Guidelines

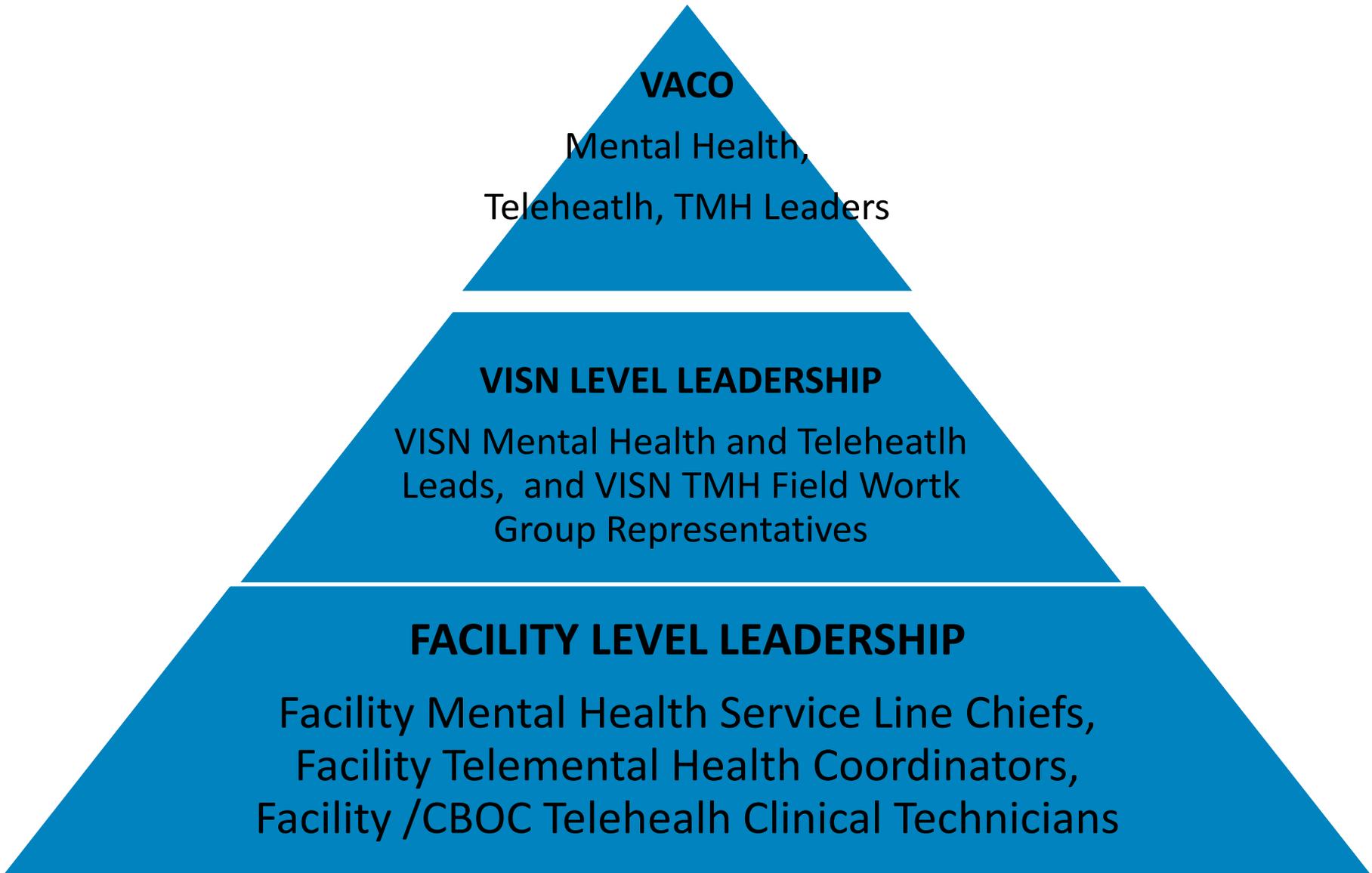
Yale faculty clinicians and other national experts created ongoing workgroups to devise previously uncharted comprehensive TMH clinical guidelines for the delivery of telemental health services that address:

- context and background, including history of TMH and current technology
- clinical conduct of the interview, including establishing rapport remotely
- equipment competency to maximize the clinical encounter
- managing remote clinical emergencies, with emphasis on assuring patient safety
- legal considerations including licensing and off-site detainment /commitment
- prescription of medications remotely while complying with DEA telehealth laws
- monitoring critical labs and medical sequelae from a distance

Developing an Implementation Infrastructure

- National TMH clinical implementation leadership group since 2002.
- Comprised of regional TMH representatives working collaboratively with the VA National Offices of Telehealth and Mental Health Services.
- Ongoing nation-wide clinical strategies developed to address changing needs for expanding videoconferencing from remote clinics to the patient's direct place of residence, and to develop effective protocols that can be used for in-home messaging devices, interactive voice response, and mobile apps.
- In 2010, the implementation infrastructure established a VA National Telemental Health Center to coordinate national TMH activity and expand its portfolio of services to provide access to national experts for any VA patient no matter where they are located.

MENTAL HEALTH, TELEHEALTH, AND TELEMENTAL HEALTH LEADERSHIP STRUCTURE



VACO

Mental Health,
Telehealth, TMH Leaders

VISN LEVEL LEADERSHIP

VISN Mental Health and Telehealth
Leads, and VISN TMH Field Work
Group Representatives

FACILITY LEVEL LEADERSHIP

Facility Mental Health Service Line Chiefs,
Facility Telemental Health Coordinators,
Facility /CBOC Telehealth Clinical Technicians

VA Telemental Health Infrastructure

- VA National Telemental Health Field Work Group since 2002
- Regional (VISN) TMH representatives selected by regional mental health leaders
- VISN TMH Reps serve:
 - In national strategic planning role
 - As VISN TMH Leader, subject matter expert and resource
 - As a conduit from VACO to facility and clinicians
 - As collaborator on Conditions of Participation Site Visits

TeleHealth Infrastructure

- Every VISN and every facility have Telehealth Coordinators
- Every facility and CBOC have Telehealth Clinical Technicians

Formalizing a National Curriculum

- The National Telemental Health Program developed the first formalized national TMH curriculum for extensive training of all mental health clinicians, residents and students. This innovative curriculum was furthermore delivered using remote innovative technologies.

Formalizing a National Curriculum:

- 1) *Comprehensive National Web-Based Telemental Health Interactive Training Modules* – the first to address fundamental and advanced topics
- 2) *Live Clinical Videoconferencing Competency Training* – the only national remote experience to establish baseline competency skills prior to patient contact, using simulated patient encounters and clinical vignettes;
- 3) *National Telemental Health Educational Satellite Broadcasts* – the first nationally aired live TMH expert lecture series, with real-time questions from clinicians throughout the country
- 4) *National Telemental Health Internet Interactive Live Meetings* – combining teleconference and interactive internet screen materials in original sessions
- 5) *National Evidence-Based Teleconferenced TMH Journal Club* – first national journal club to provide an innovative approach to on-going TMH competency, keeping current with the rapidly advancing field

TMH Implementation Resources

- Established Training Centers and training programs in place
- VHA Telemental Health Operations Manual for Clinical Guidance
- Web Based Training Modules---over 3000 MH clinicians trained in last 2 years, including TMH Overview, Emergency Management and several optional in-depth training modules
- Live Simulated Training
- Extensive Specialized and Optional Trainings including Satellite Broadcasts, Live Meetings, Web-Based Conferences, etc.
- Ongoing Competencies: e.g. National Journal Club

Linda Godleski, M.D. A Comprehensive National Telemental Health Training Program .Academic Psychiatry 2012;36:408-410. 10.1176

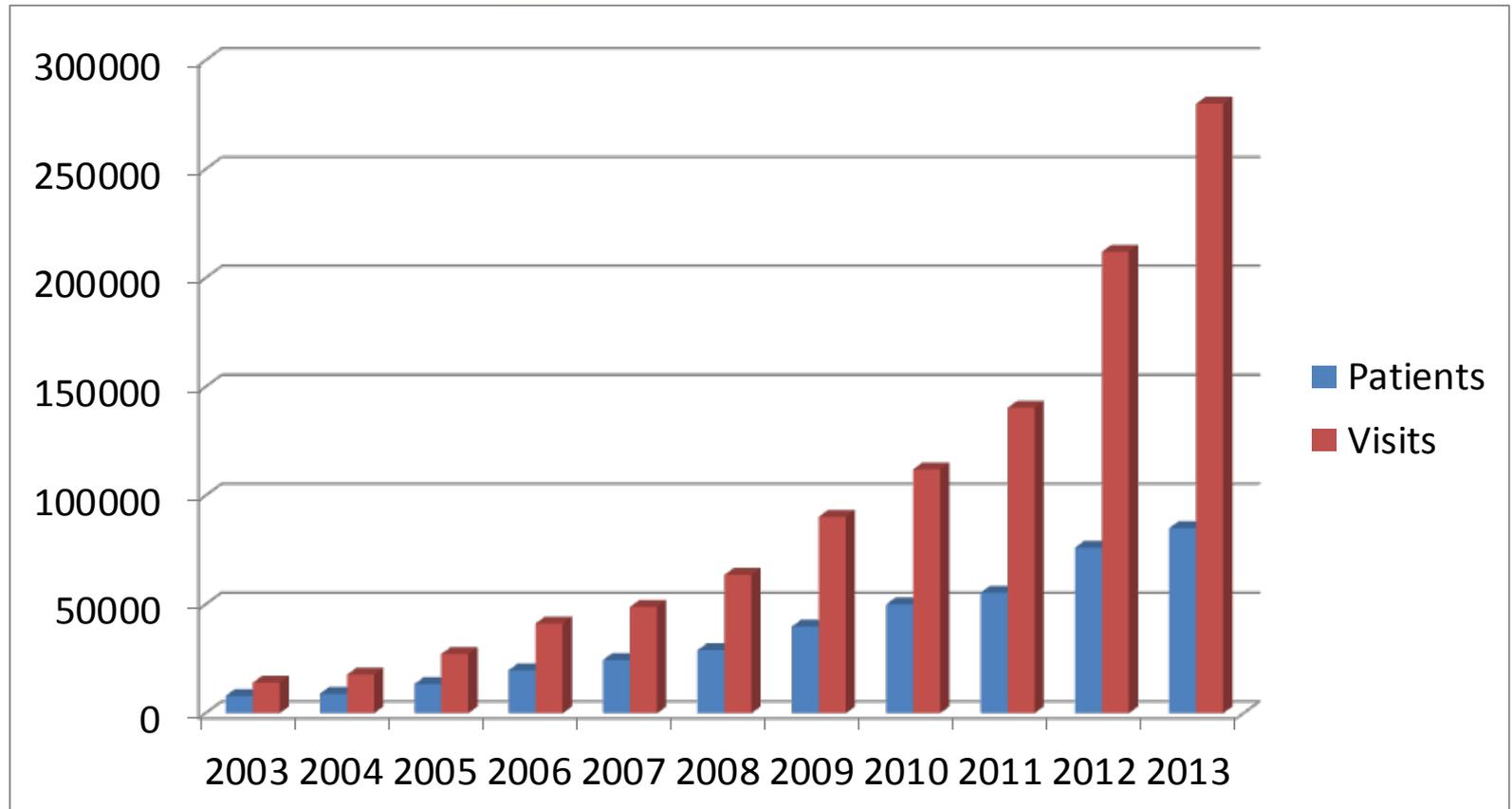
VHA Telehealth Services Data Cubes

- Multiple data points since 2003
- Drilled down to VISN, facility, CBOC, and individual Veteran
- Demographics by specific coded visits and patient demographics
- Validated monthly
- Used for performance indicators, assessment of implementation penetration
- Specific for coded telemental health visits
- Agreed business rules

VA National Data Warehouse TMH Project: Monitoring Outcomes/Demonstrating Impact

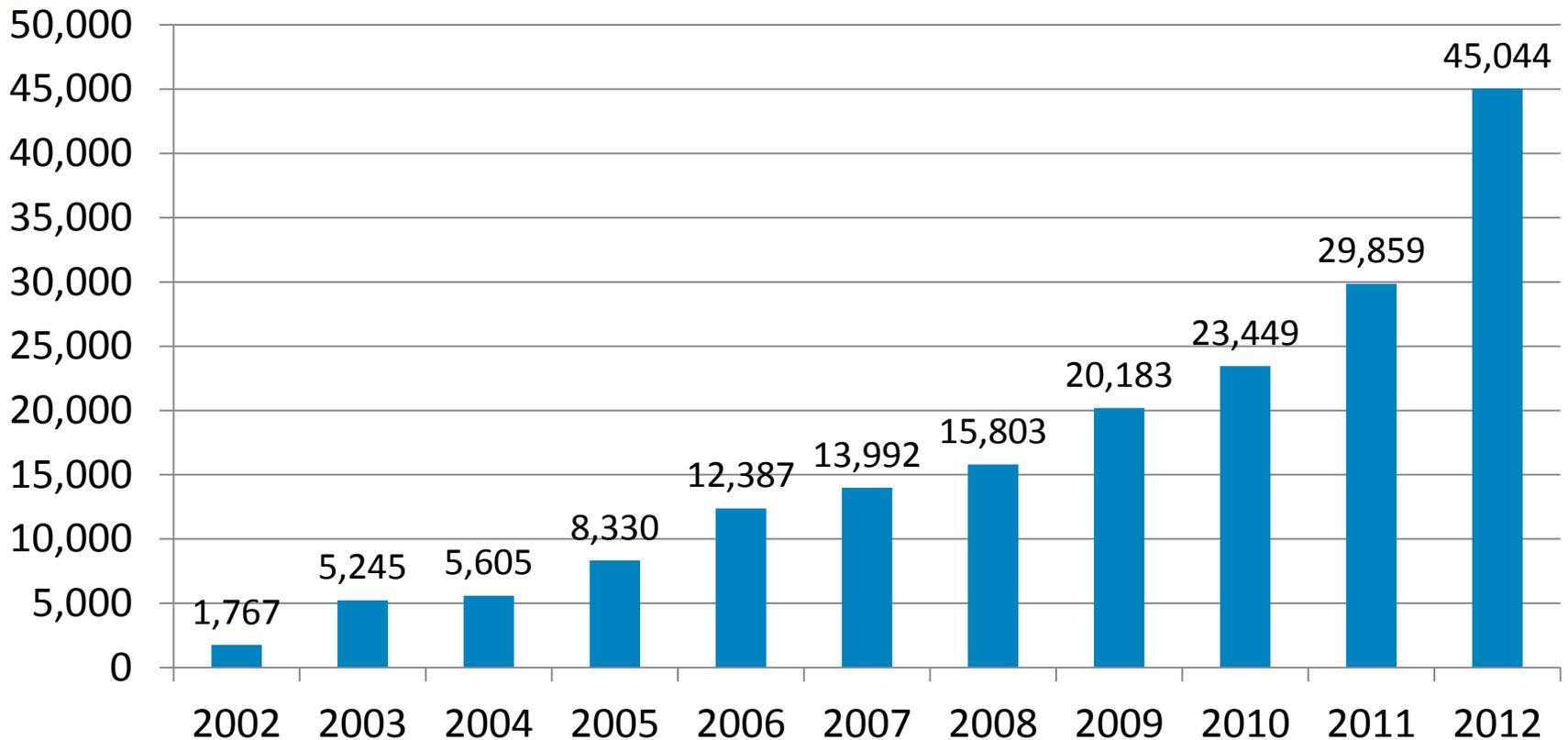
- National Data Warehouse reporting of demographics and outcomes
- Informatics collaborations with Joseph Erdos, MD and Cynthia Brandt, MD
- Joint project with Yale Informatics faculty
- Electronic medical record, coding, business rules
- 1,000,000 telemental health encounters
- Validation across programs and data bases
- Analysis of trends, Defining best practices
- Goal = Live real time TMH dashboard with additional parameters beyond the VA TS Data Cubes

WHERE WE ARE NOW: VA TMH Services FY 2003-2013

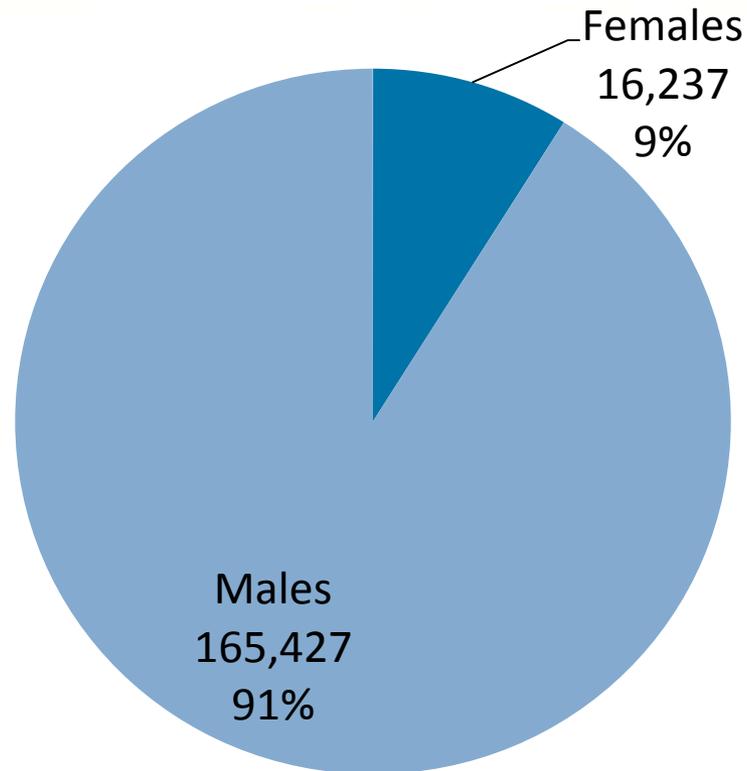


New Telemental Health Patients by Year of Entry

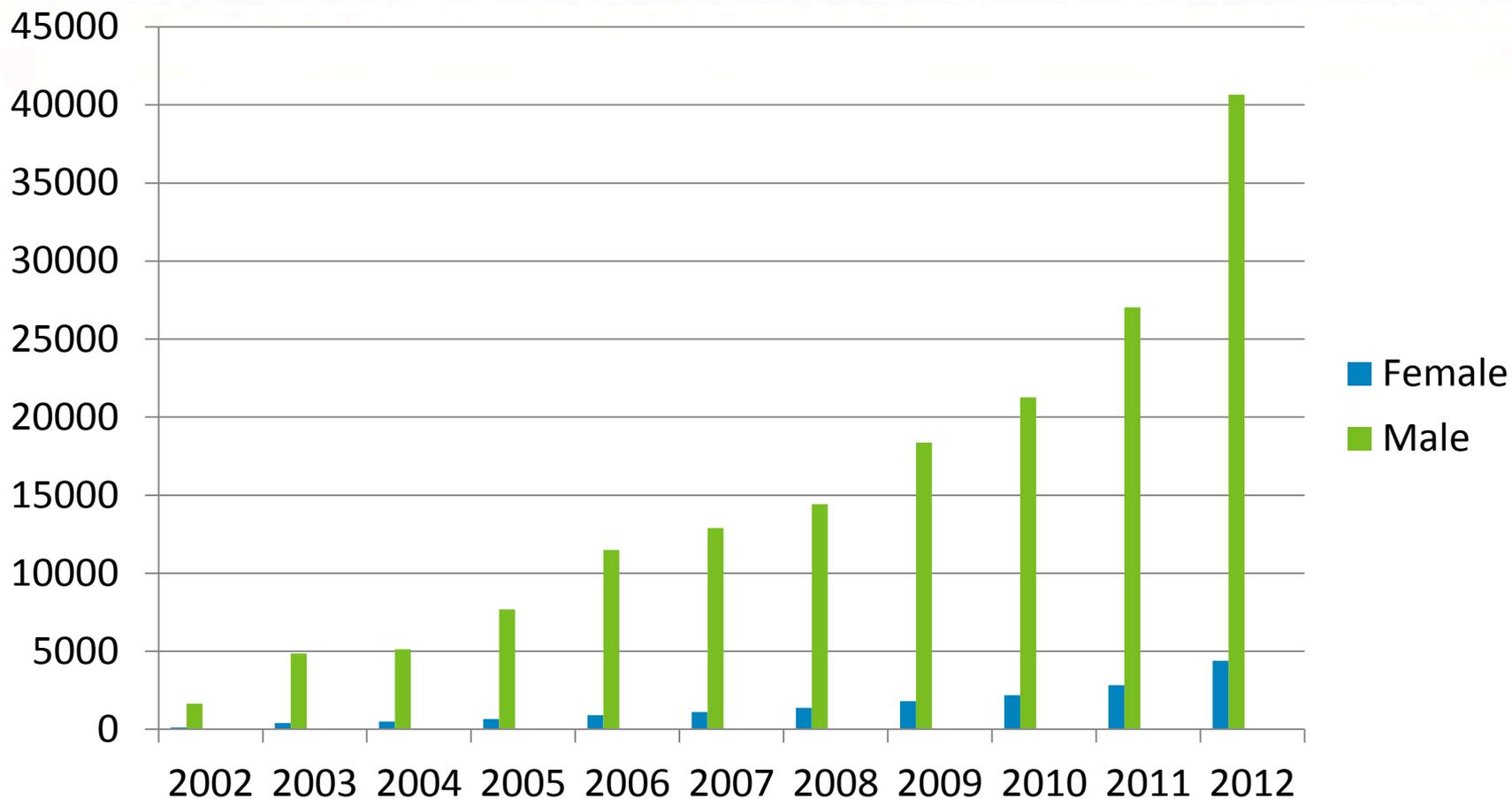
New Veterans



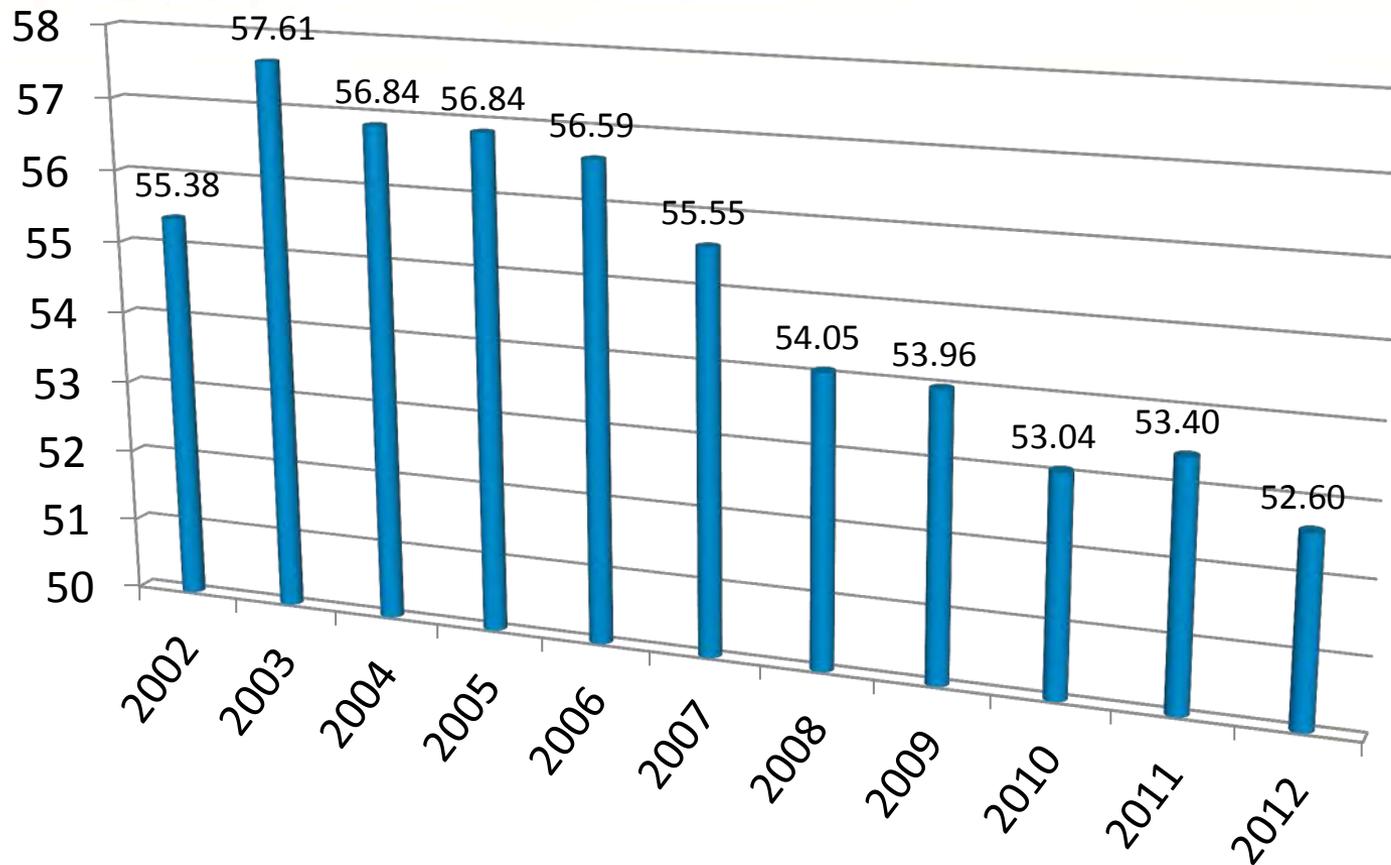
Gender of All Telemental Health Patients Seen Between 2002-2012



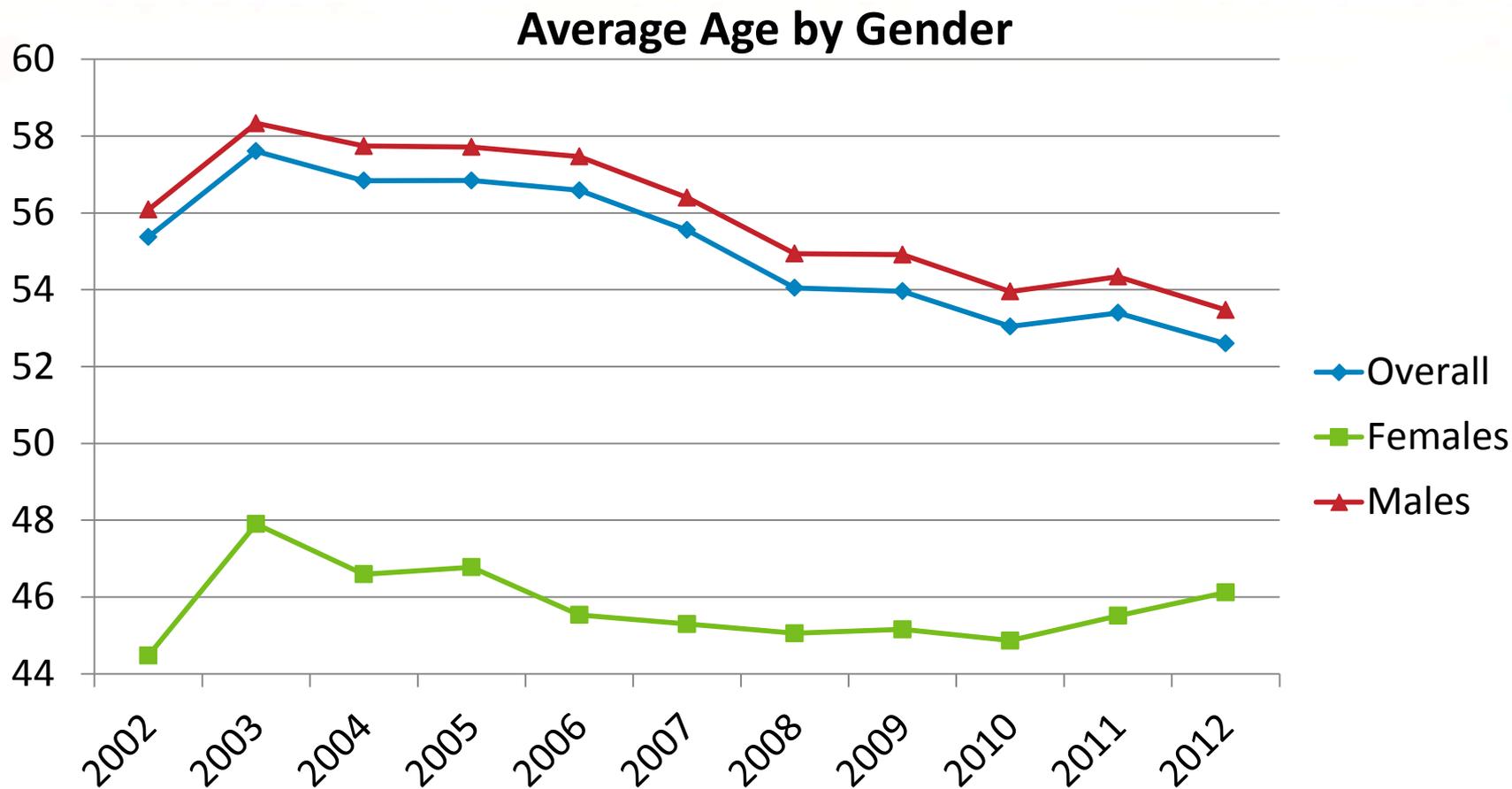
Gender of New Telemental Health Patients by Year of Entry, 2002-2012



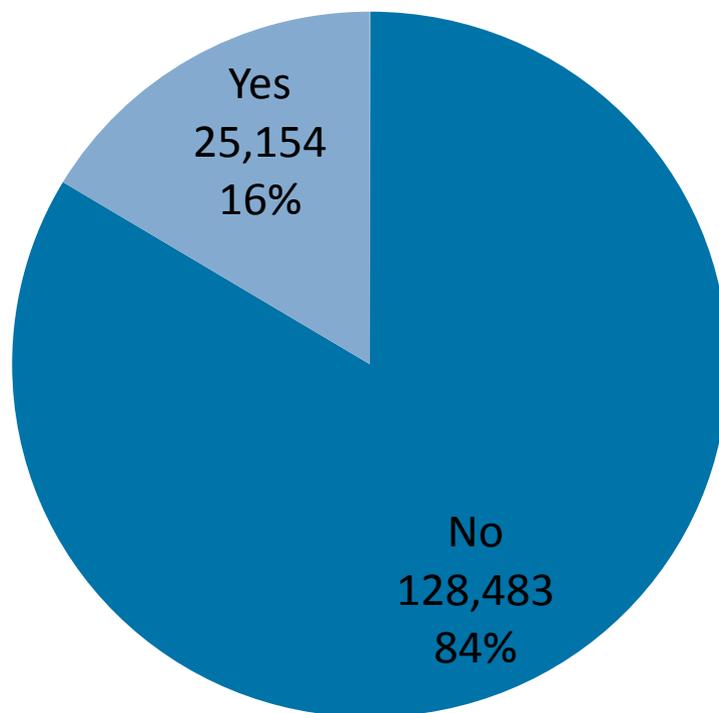
Average Age at Date of First TMH Visit (New TMH Patients Each Year)



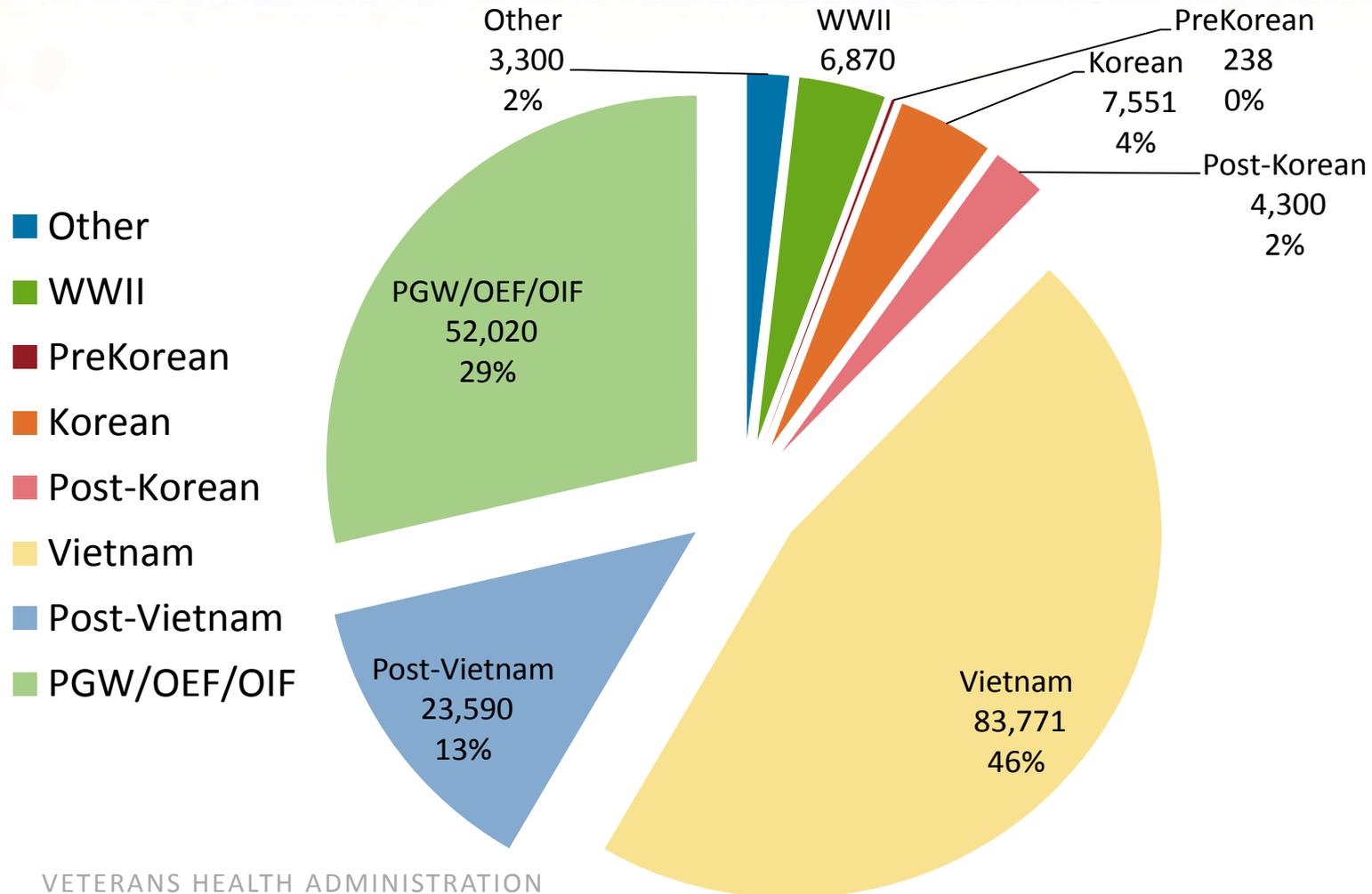
Average Age at Date of First TMH Visit (New TMH Patients Each Year)



Combat Status of TMH Patients 2002-2012

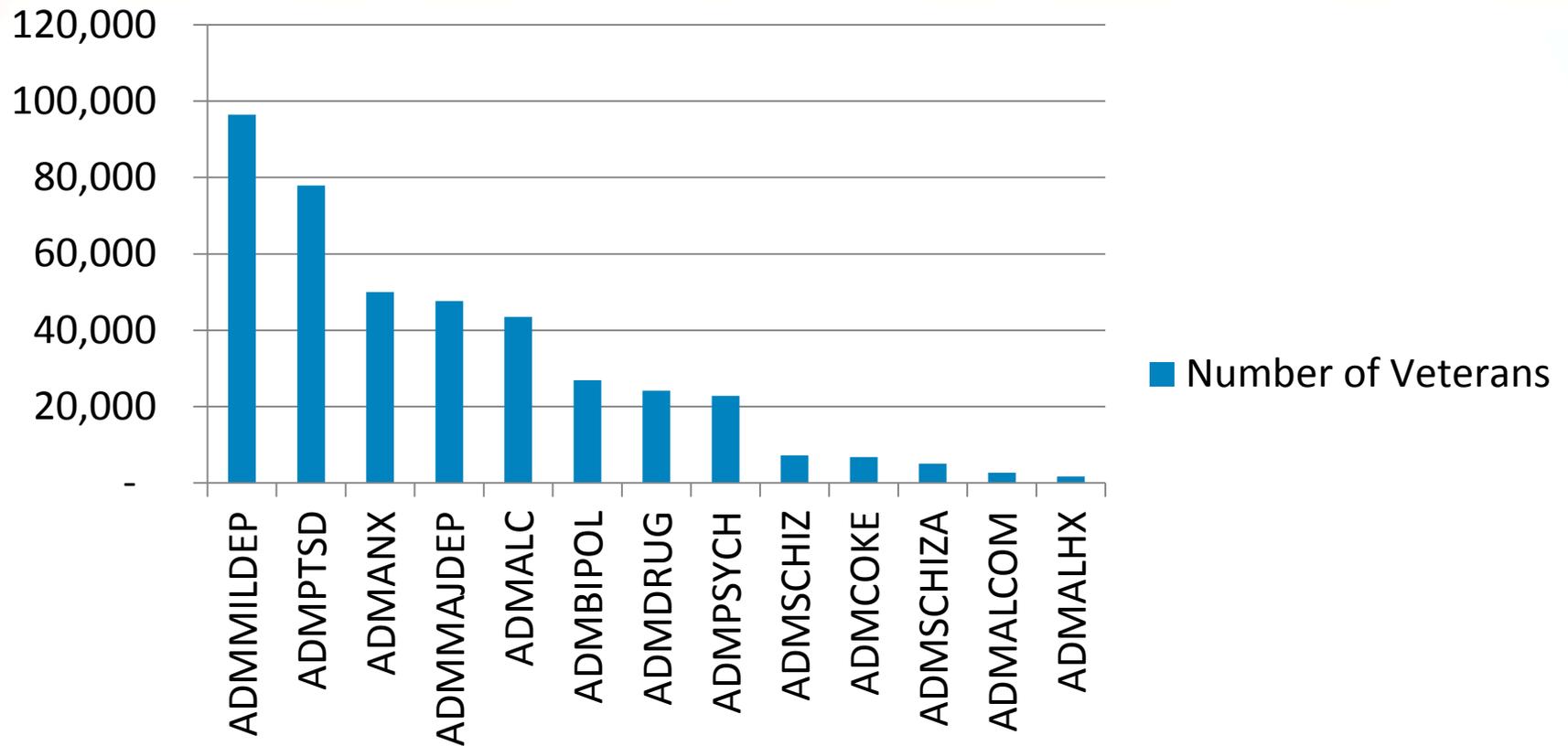


Military Service Periods of TMH Patients 2002-2012



Outpatient Psychiatric Diagnoses

Number of Veterans

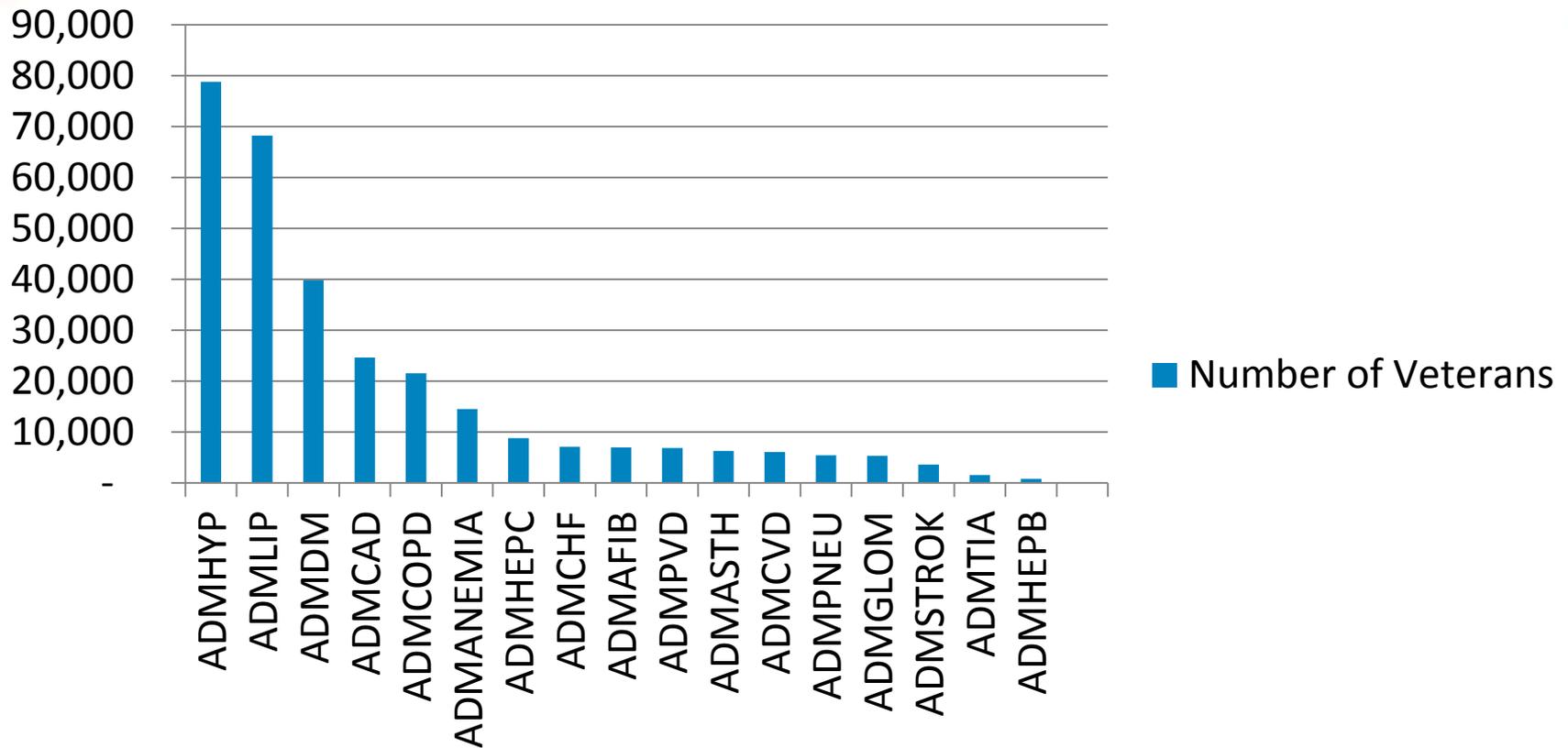


Number of Psychiatric Co-Morbidities for TMH Patients 2002-2012

<i>Number</i>	<i>Frequency</i>	<i>Percent</i>
0	19986	11
1	45001	24.77
2	47683	26.25
3	33784	18.6
4	18554	10.21
5	9228	5.08
6	4401	2.42
7	1964	1.08
>7	1063	0.59

Co-morbid Medical Diagnoses at Outpatient Visits

Number of Veterans

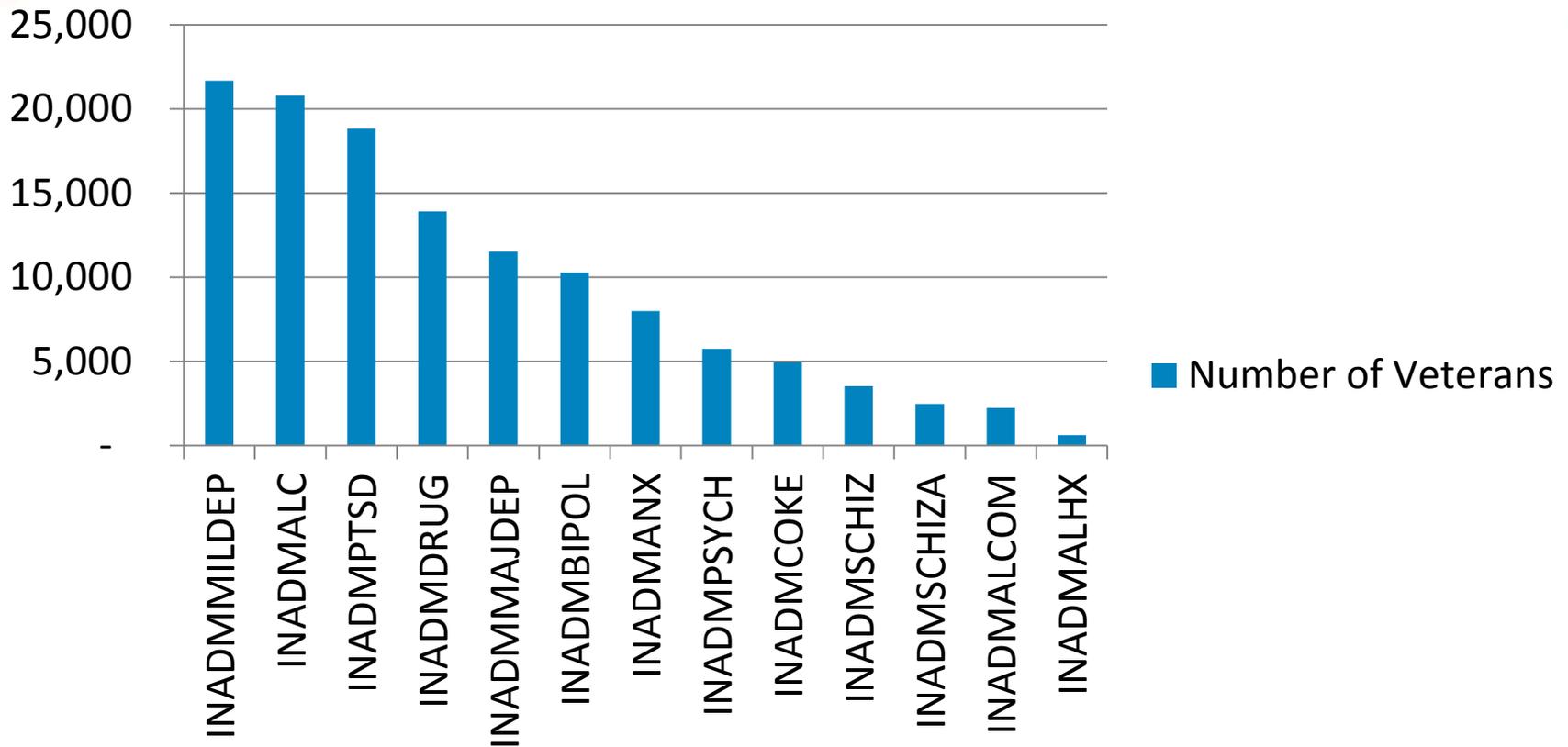


Number of Medical Co-Morbidities for TMH Patients 2002-2012

<i>Number of Medical Co-Morbidities</i>	<i>Frequency</i>	<i>Percent</i>
0	76153	41.92
1	40212	22.14
2	31359	17.26
3	22478	12.37
4	9112	5.02
5	2350	1.29

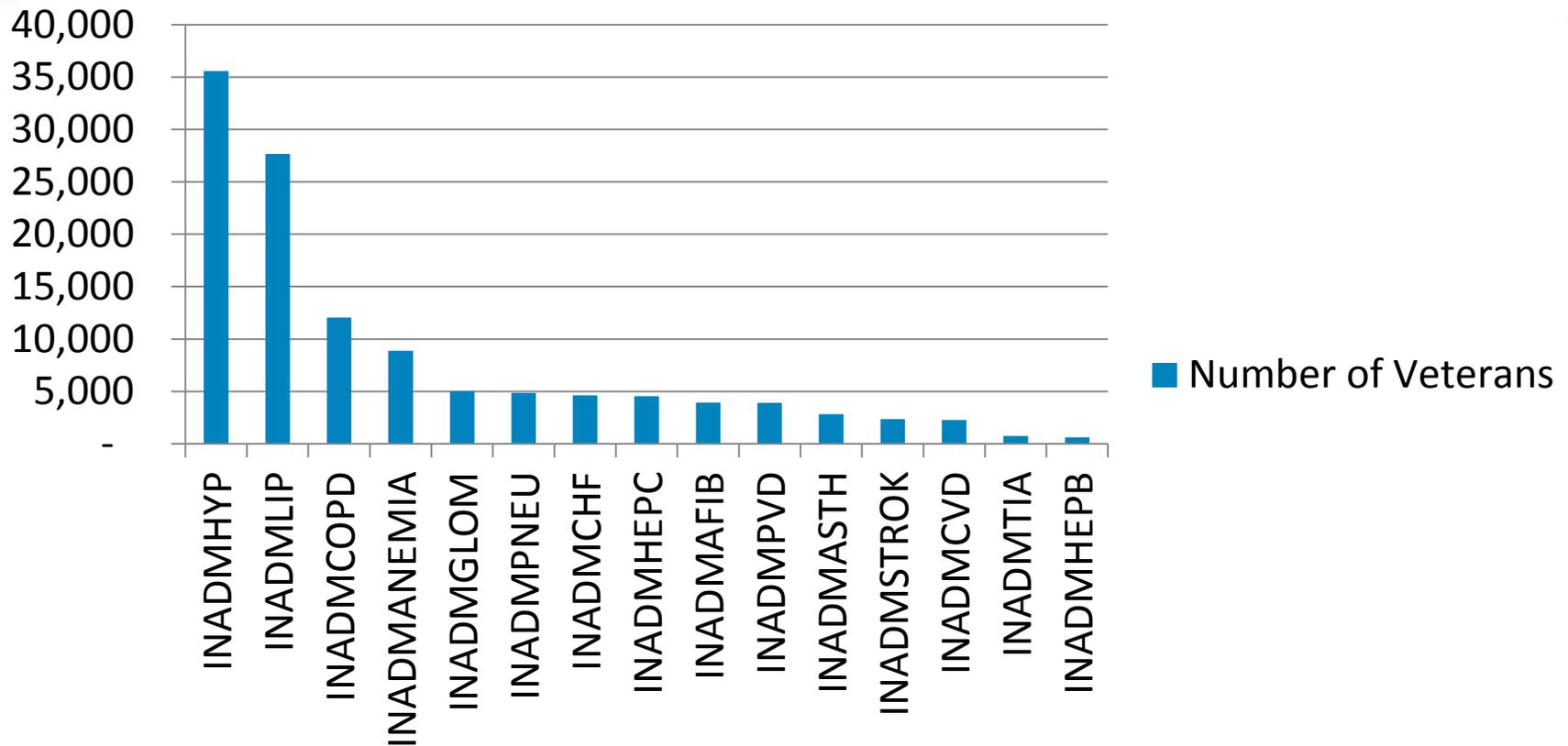
Inpatient Psychiatric Diagnoses of All TMH Patients 2002-2012

Number of Veterans



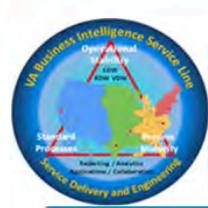
Inpatient Medical Diagnoses of All TMH Patients 2002-2012

Number of Veterans

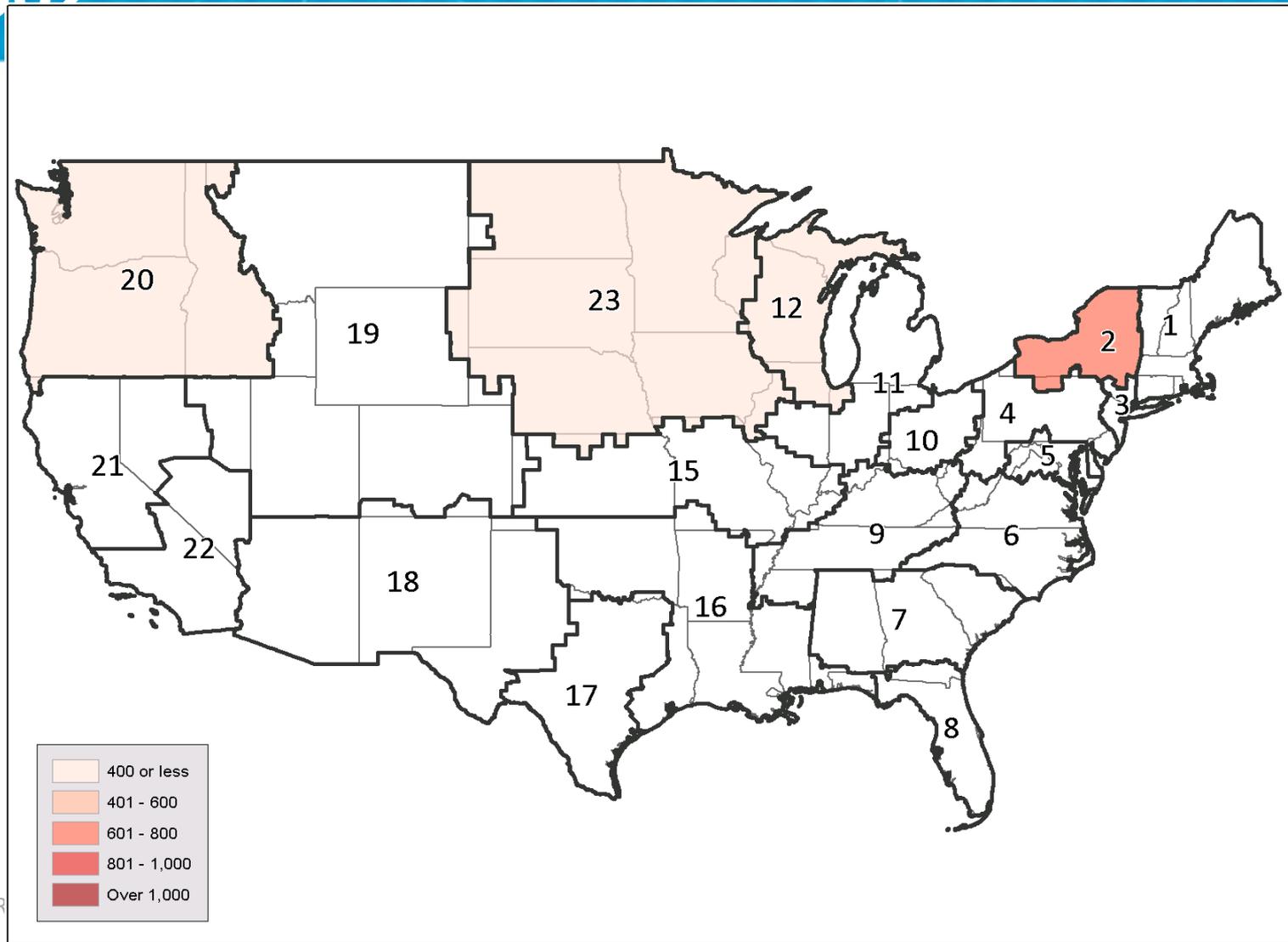




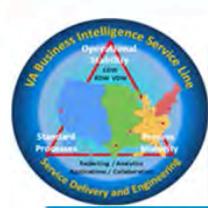
Tele-Mental Health Preliminary VISN Level Analysis of Unique New Patients



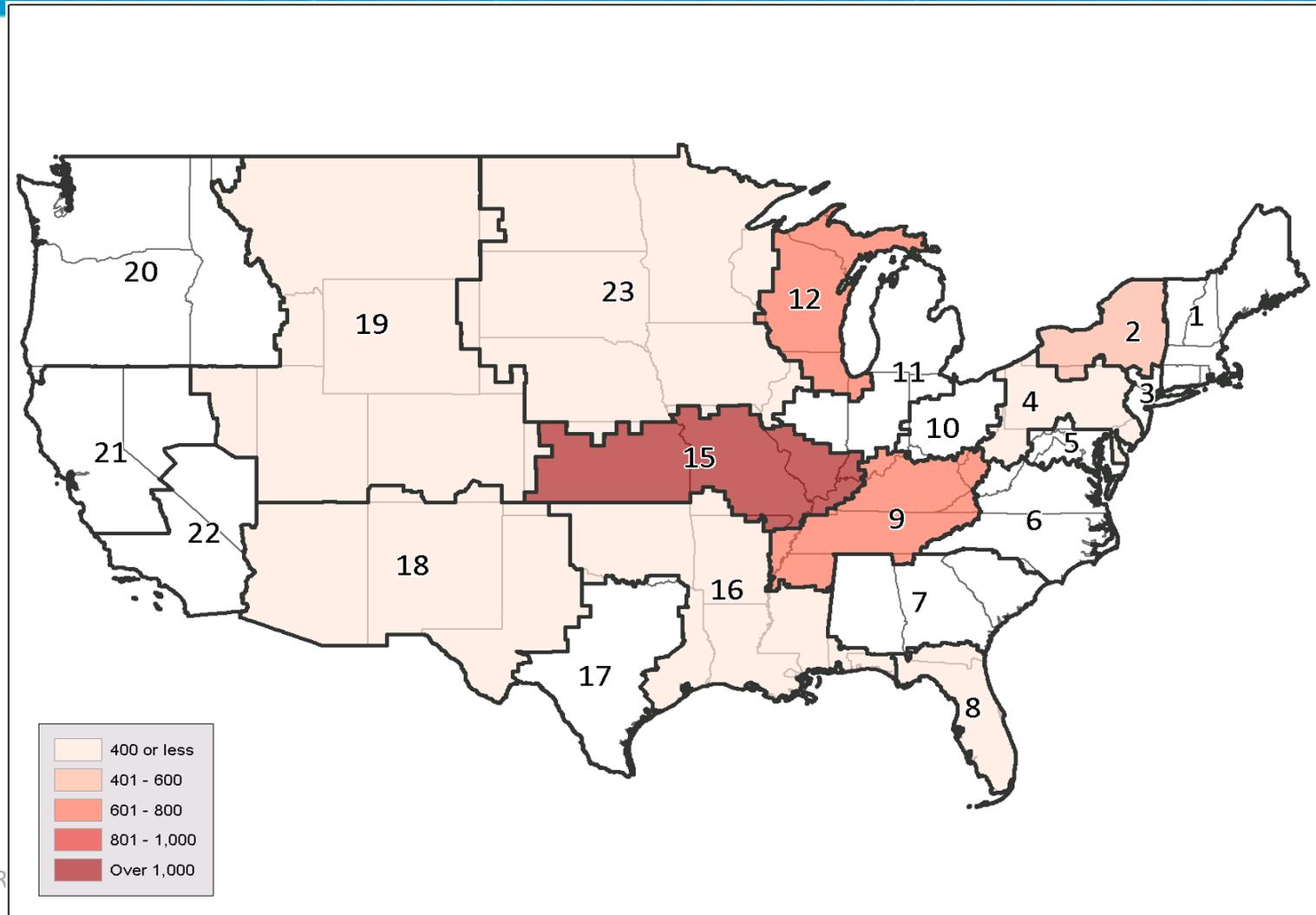
2002



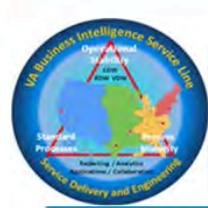
VETER



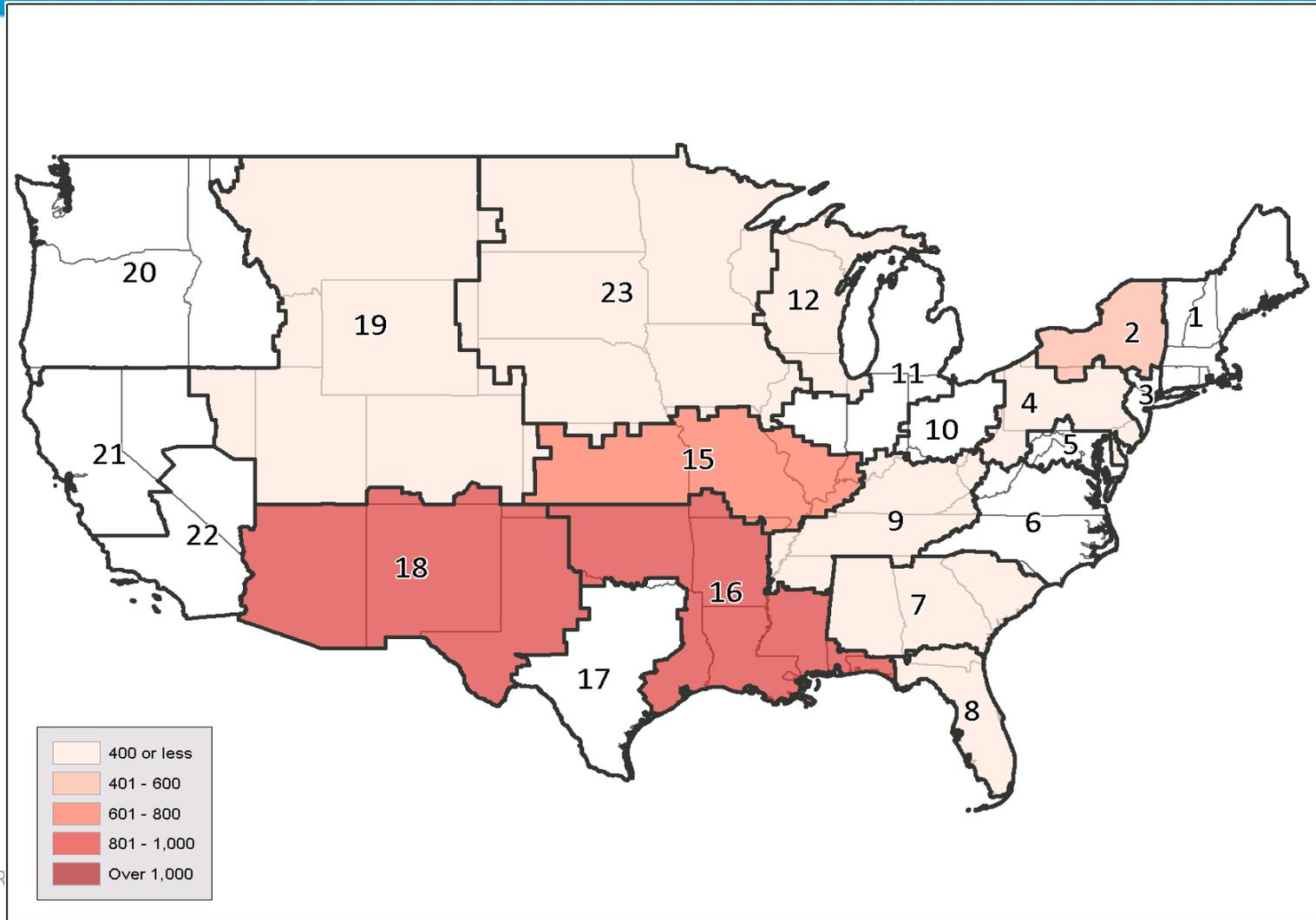
2003



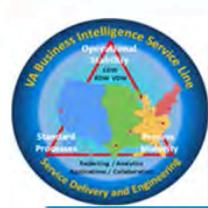
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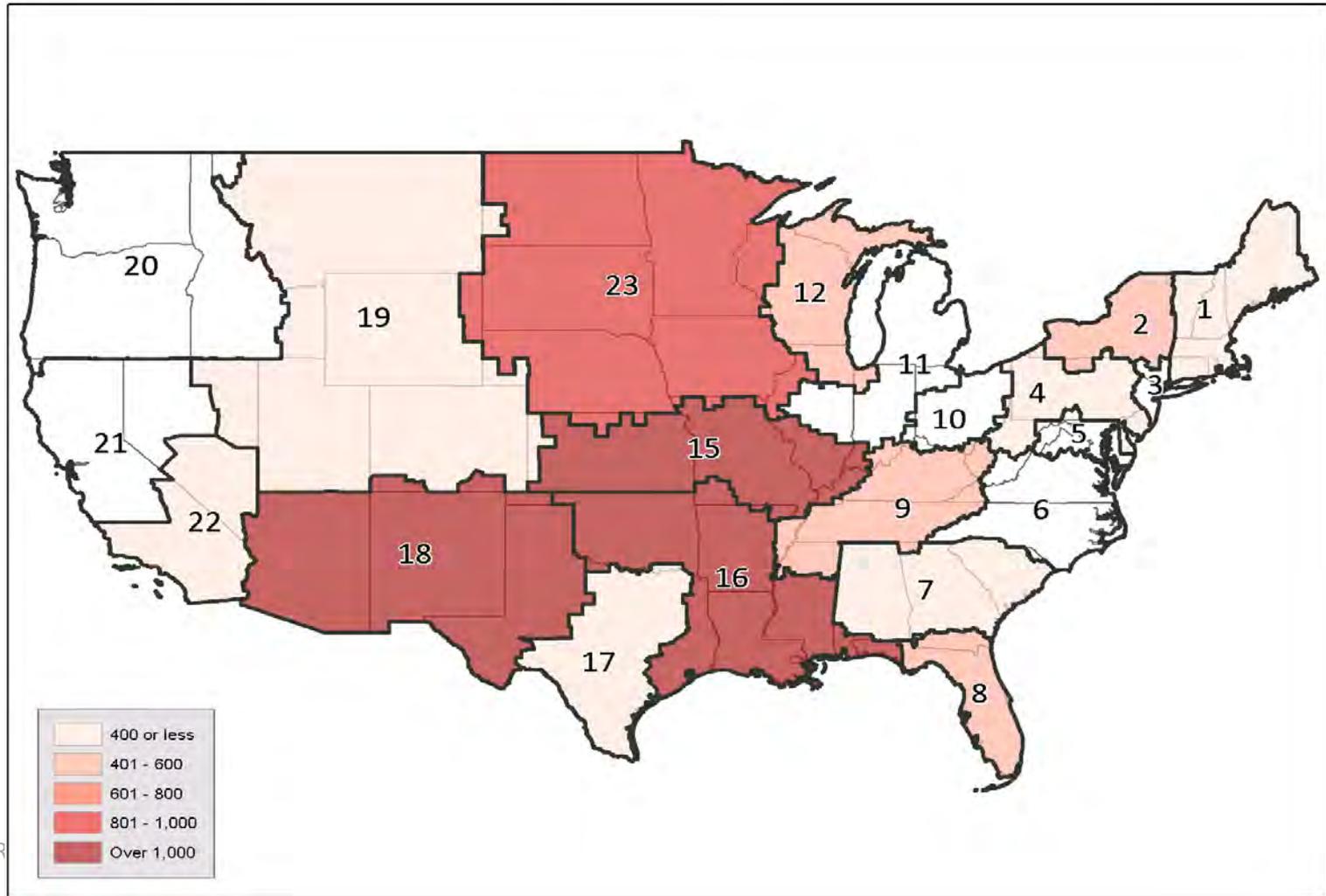
2004



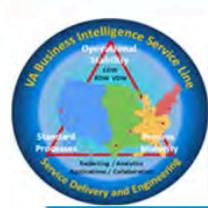
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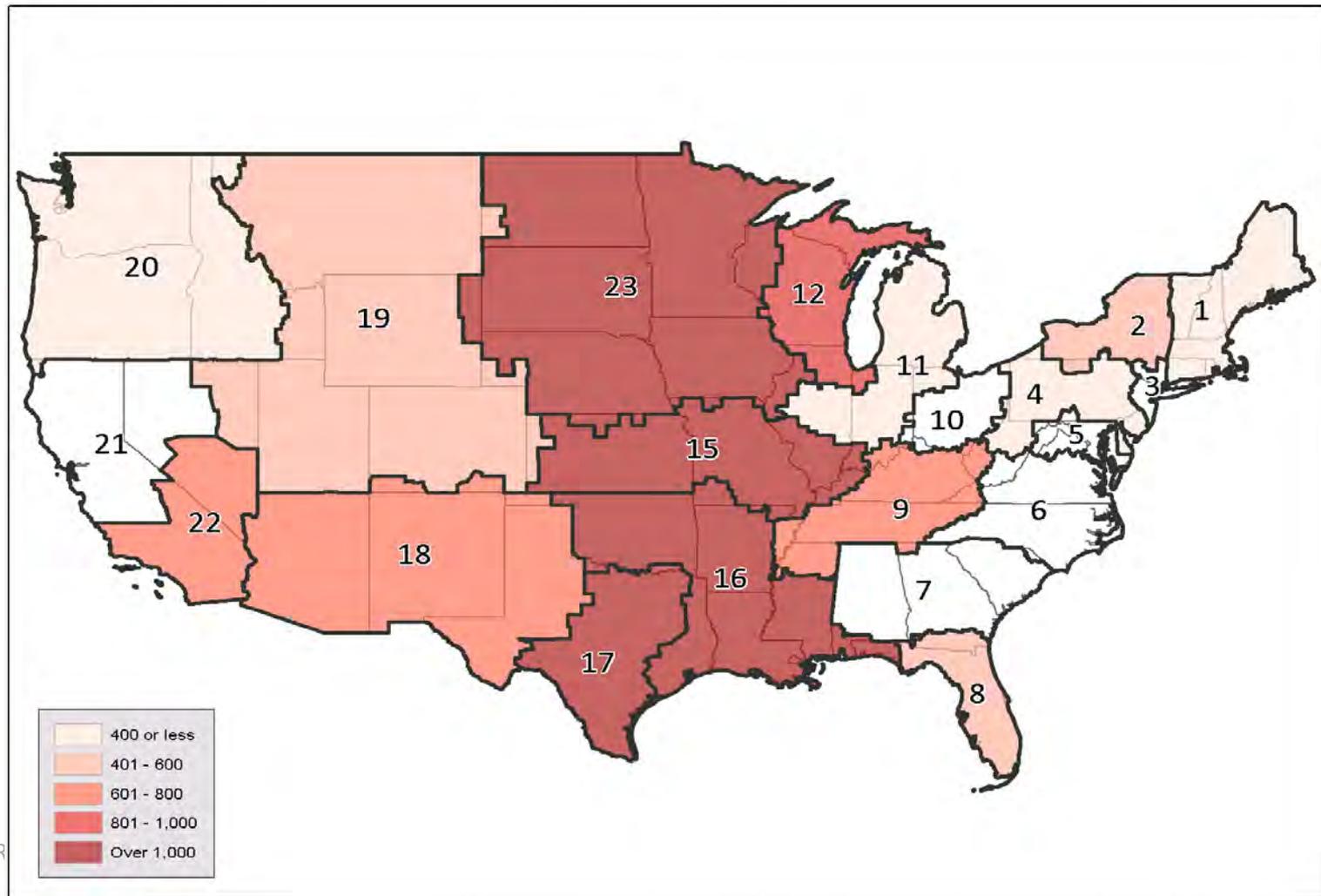
2005



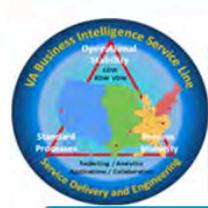
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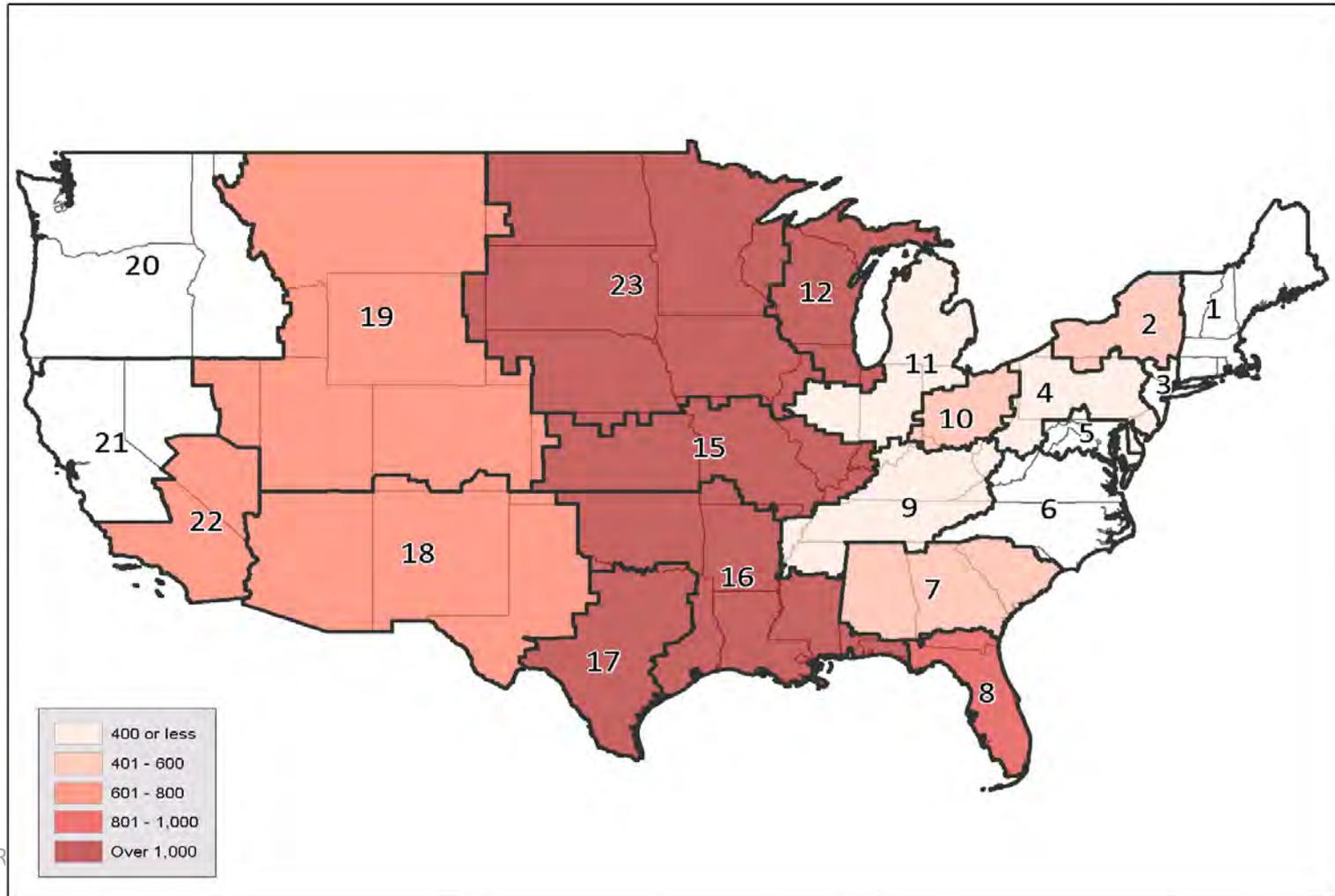
2006



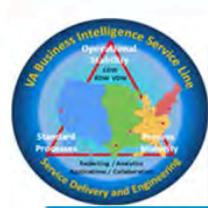
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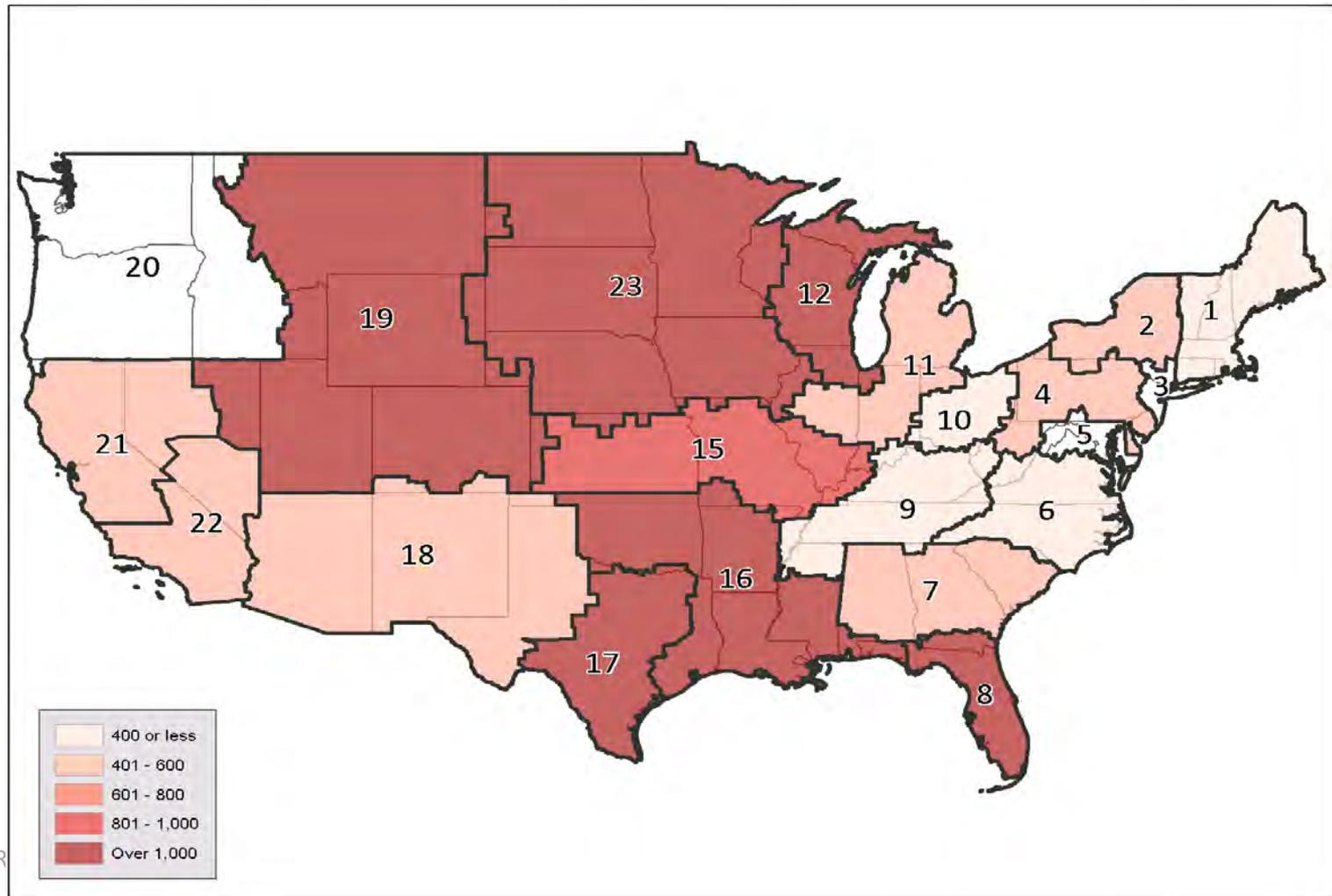
2007



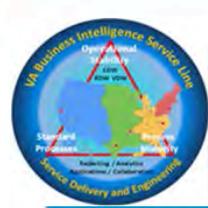
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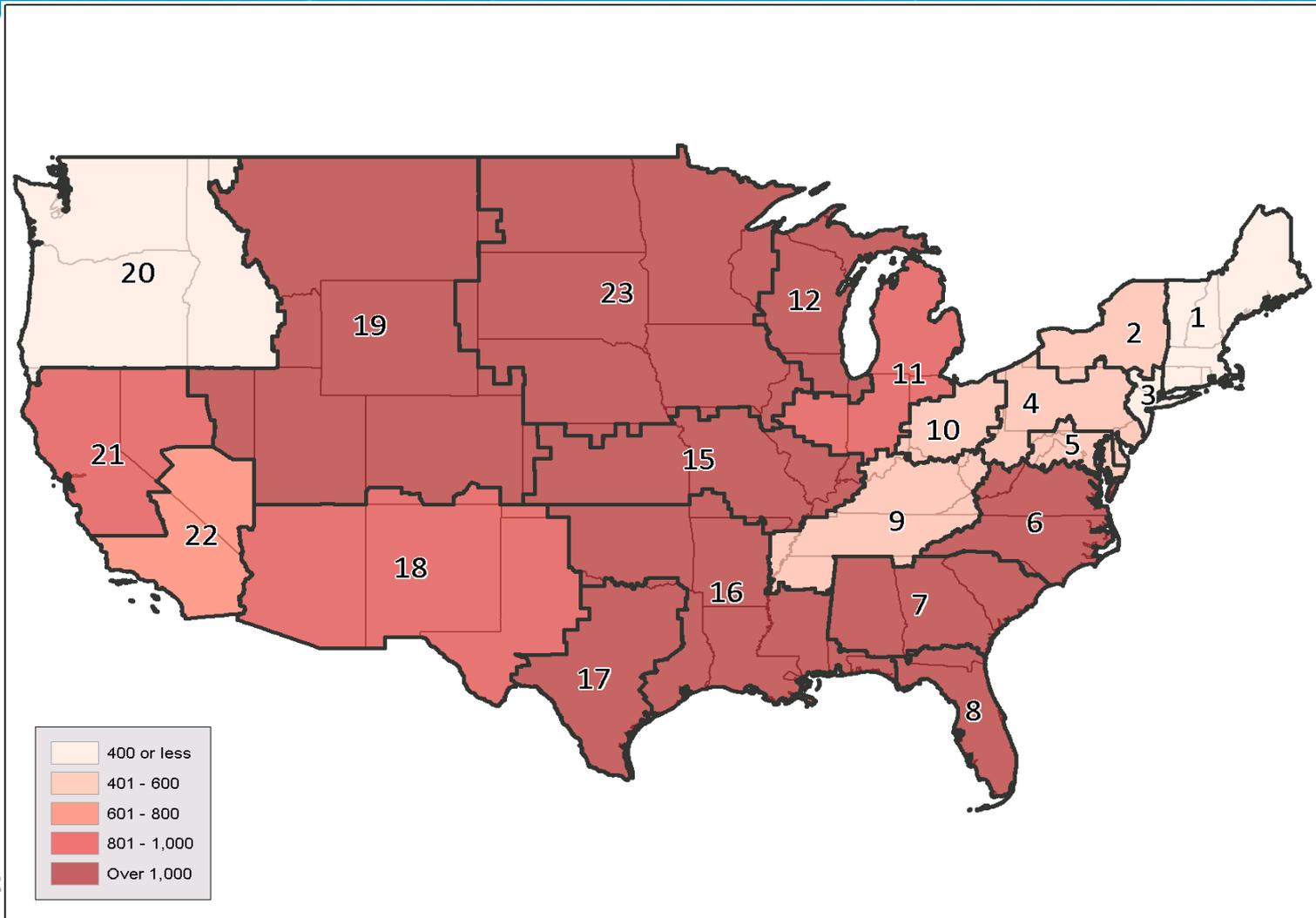
2008



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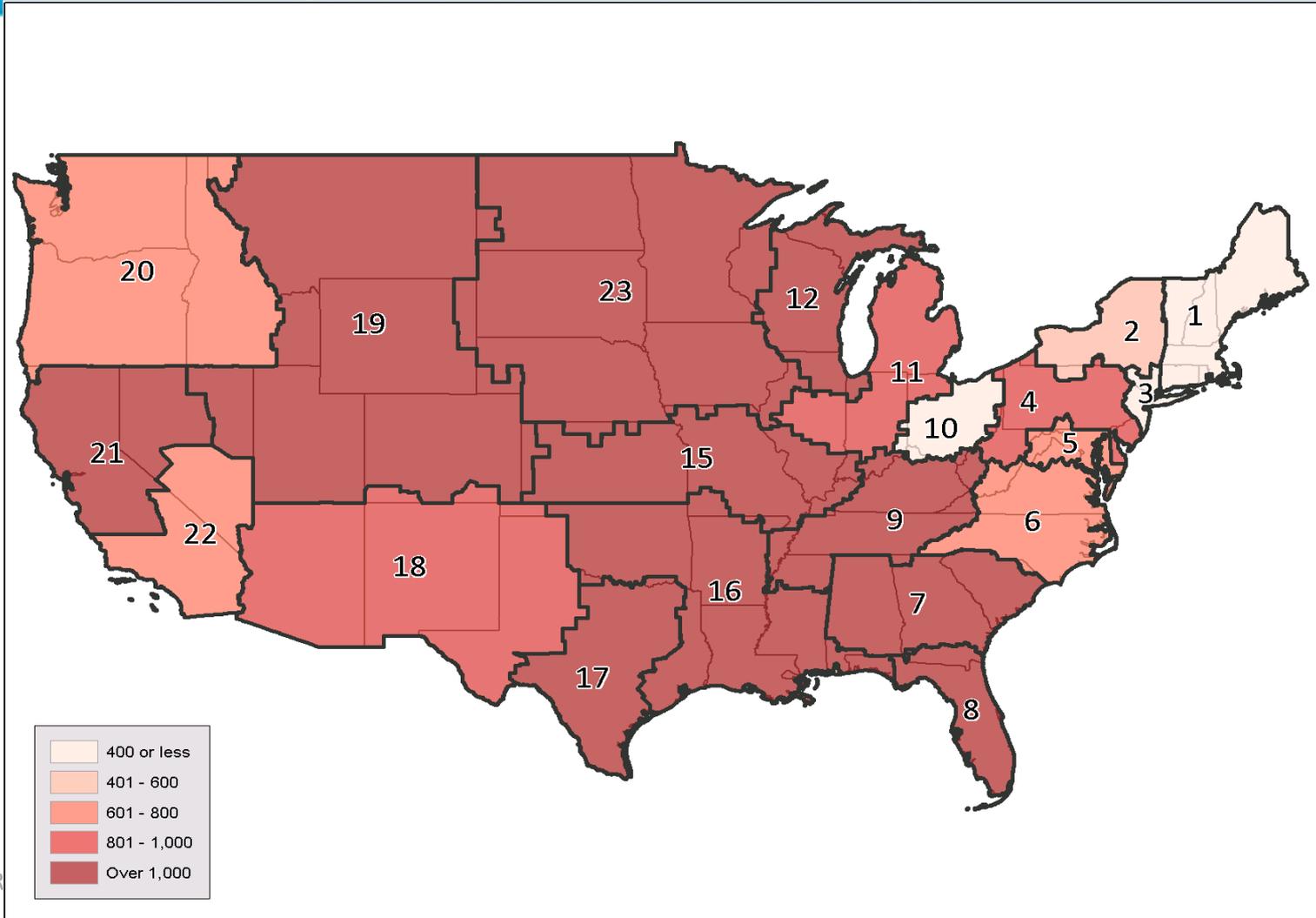
2009



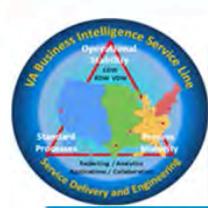
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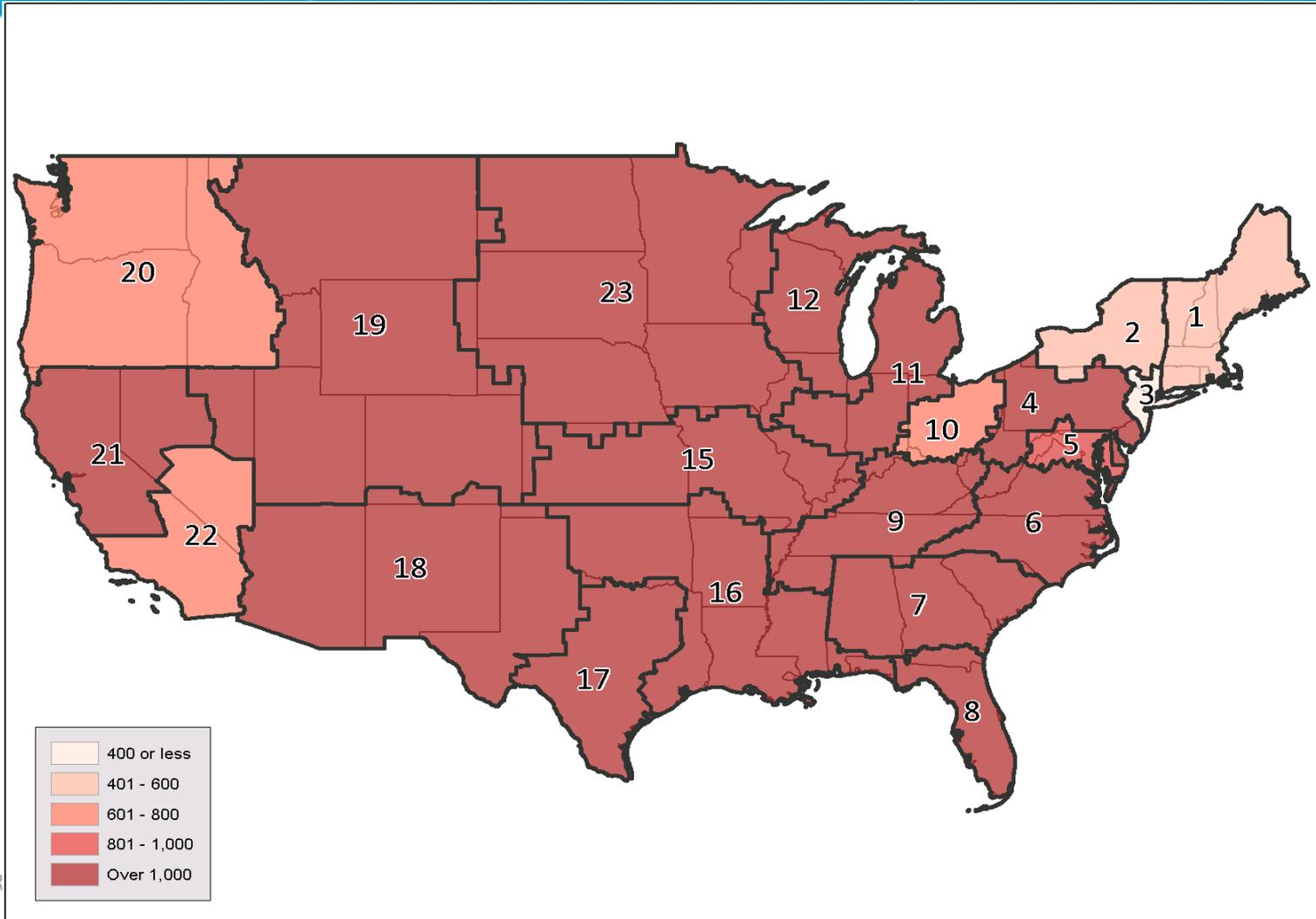
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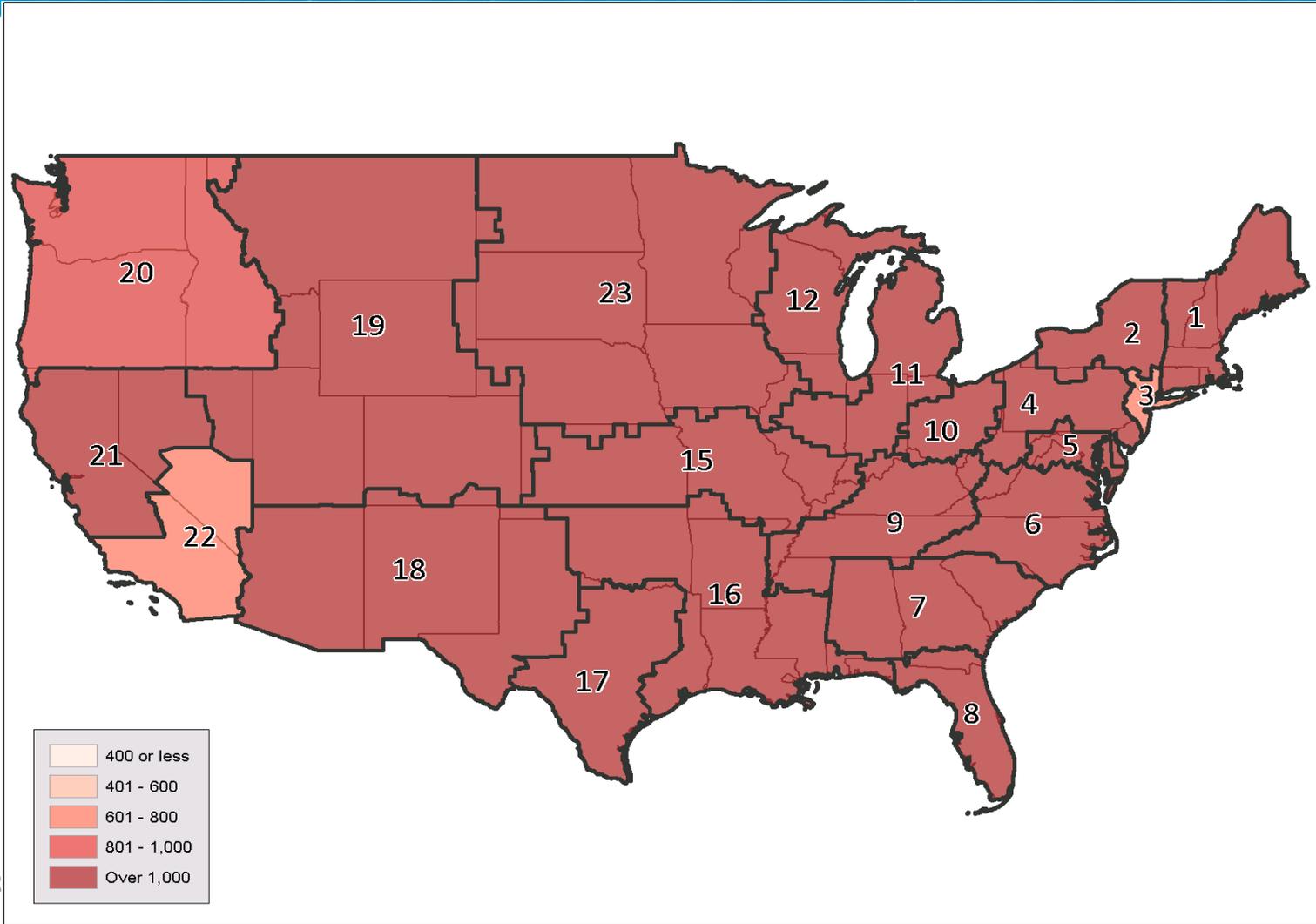
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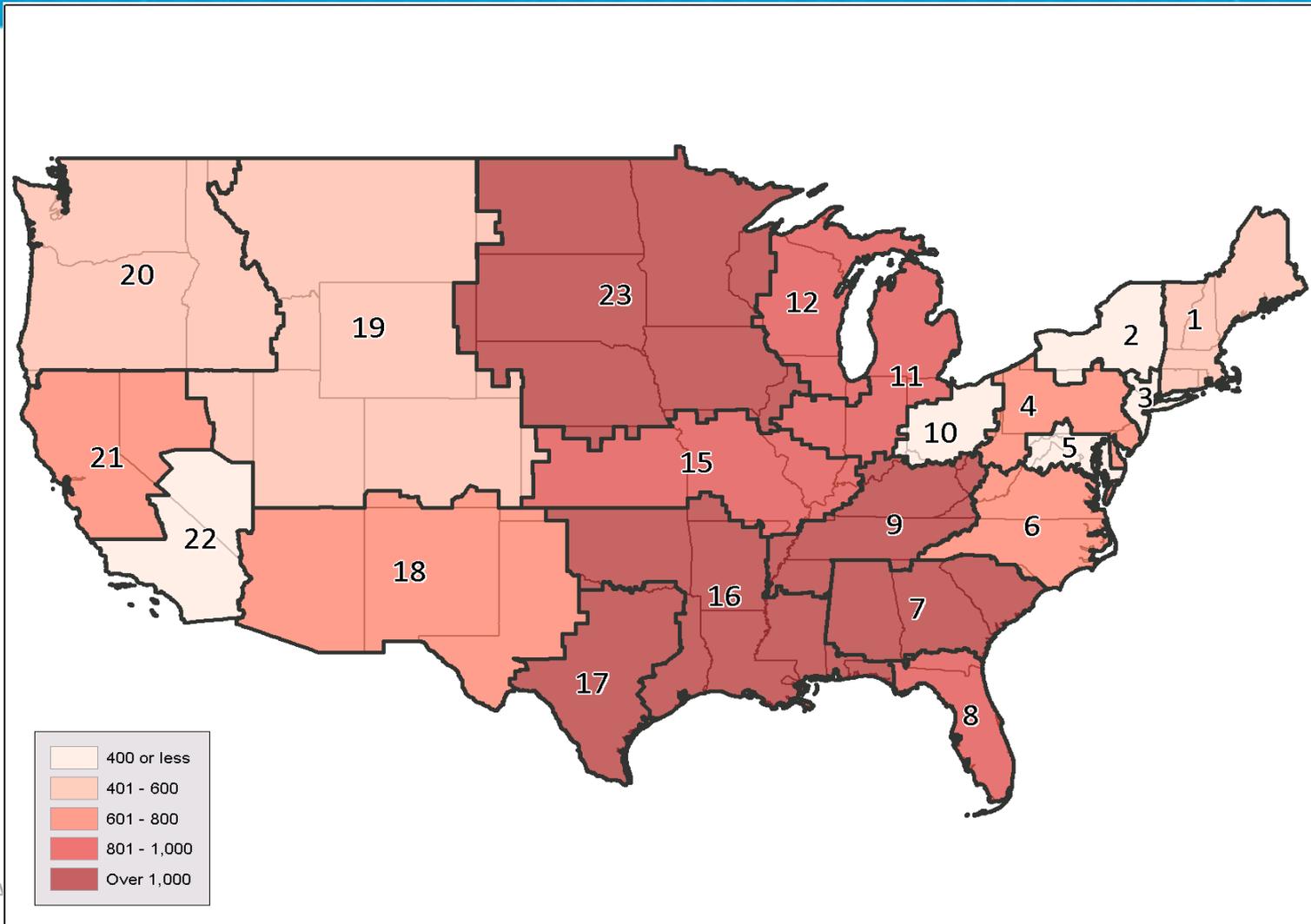
2012



VETER



2013 – Partial Year



VETERA

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%.

TeleMental Health (TMH): Change in Acute Psychiatric Hospital Admissions and Hospital Days after TMH

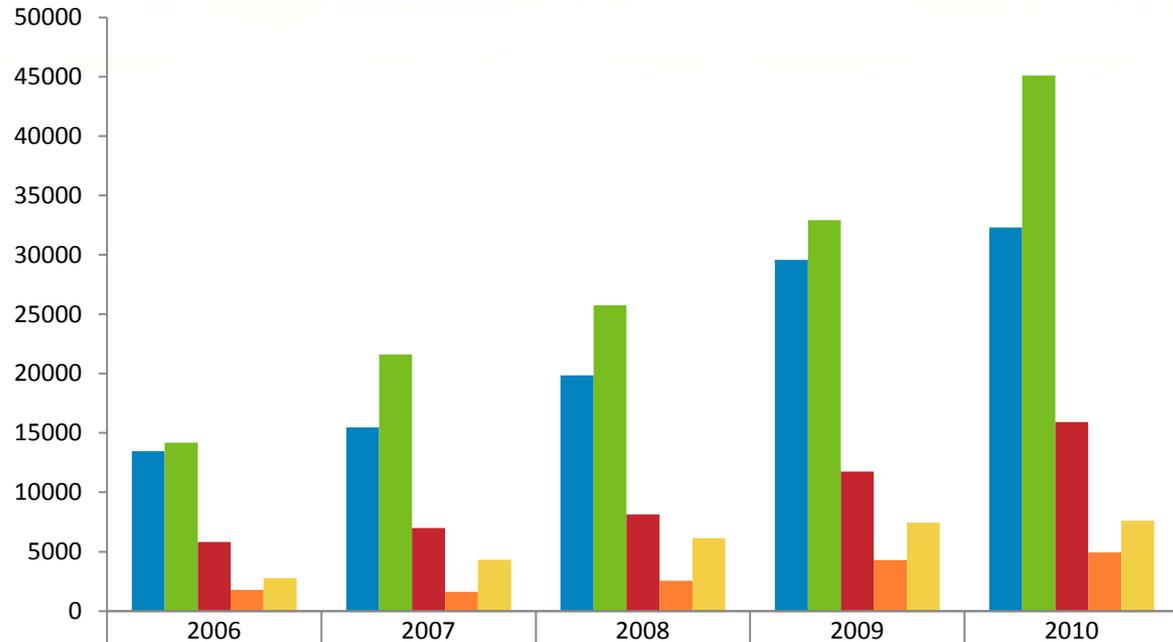
<u>YEAR</u>	<u>NEW PATIENTS</u>	<u>DECREASE HOSPITAL ADMISSION</u>	<u>DECREASE INPT DAYS</u>
2007	18,137	24.6%	24.4%
2008	20,738	16.3%	16.5%
2009	27,075	38.7%	43.5%
2010	32,659	17.5%	20.1%

TeleMental Health (TMH): Change in Acute Psychiatric Hospital Admissions and Hospital Days after TMH

<u>YEAR</u>	<u>NEW PATIENTS</u>	<u>DECREASE HOSPITAL ADMISSION</u>	<u>DECREASE INPT DAYS</u>
2011	40, 464	19.6%	17.4%
2012	57, 257	31.8%	36.4%

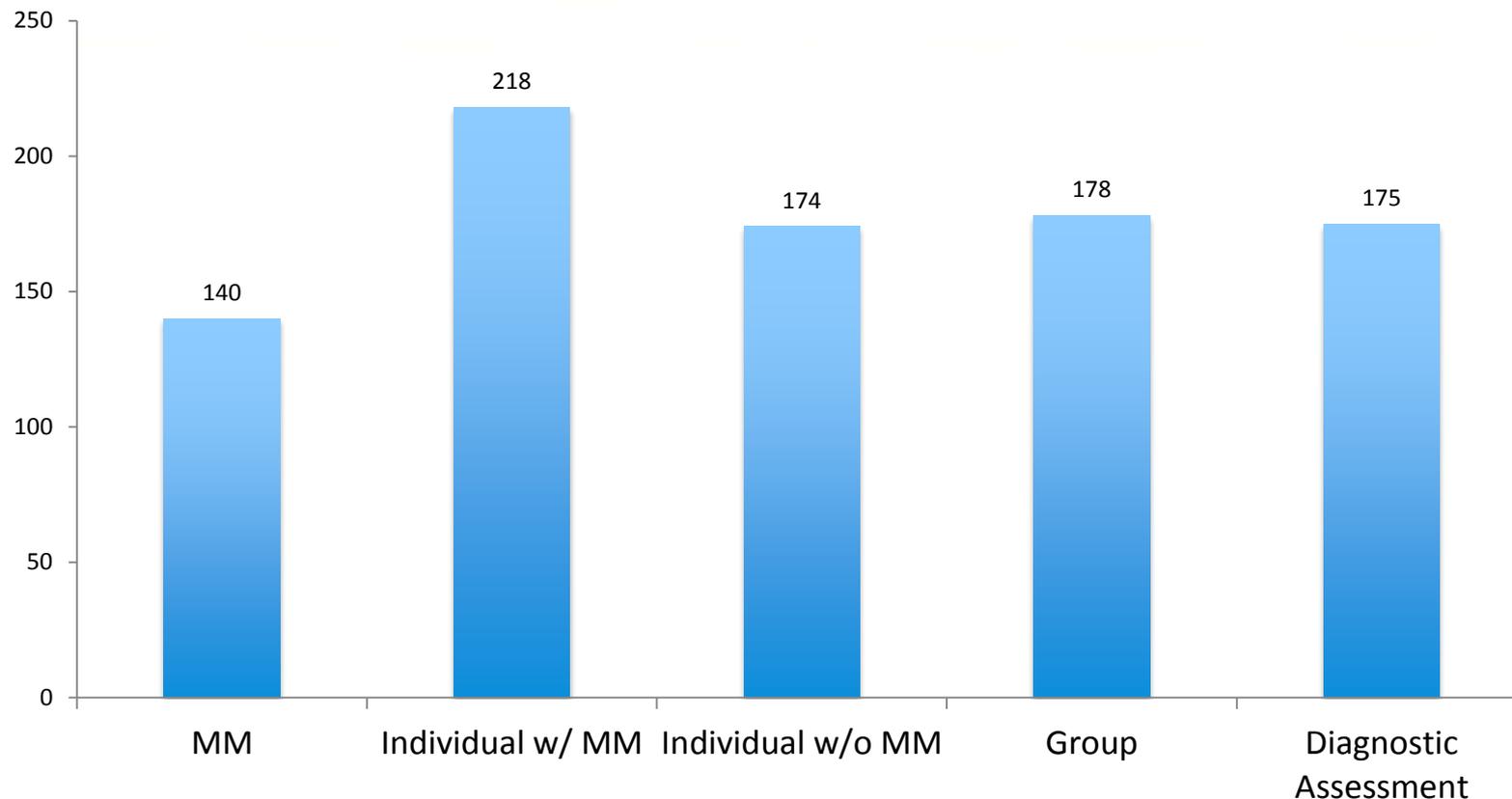
Types of CVT Mental Health Services

Deen TL , Godleski L, Fortney JC. A description of Telemental Health Services provided by the Veterans Health Administration in 2006-2010. *Psychiatric Services* 2012 Nov;63(11):1131-3



	2006	2007	2008	2009	2010
■ Medication Management (MM)	13466	15451	19842	29583	32284
■ Individual Psychotherapy with Medication Management (Ind Psych w/ MM)	14188	21617	25743	32914	45107
■ Individual Psychotherapy Without Medication Management (Ind Psych w/o MM)	5819	6994	8136	11752	15926
■ Group Psychotherapy	1772	1627	2562	4298	4925
■ Diagnostic Assessment (DX Assess)	2769	4327	6124	7448	7614

Percent Increase in Each Telemental Health Service Delivered 2006-2010



Comparison of Mental Health Dx's Treated Via Interactive Video and Face-to-Face

Grubbs, Fortney, Deen, Williams, Godleski; Telemedicine and e-Health, in press 2014.

- Compared one year of national-level VHA administrative data for FY12
- 1.5% of all 12,268,783 mental health encounters were delivered via interactive video
- Compared to face-to-face encounters, larger percentage of interactive video encounters for PTSD, depressive disorders, and anxiety disorders
- In contrast, smaller percentage of interactive video encounters for alcohol abuse, drug abuse and psychotic disorders
- Major Implications for TMH expansion planning

Patient Satisfaction Outcomes

- 30,000 surveys mailed to telehealth patients
- >60% return rate
- 8000 completed for TMH
- 94% overall patient satisfaction
- Each survey had 13 satisfaction questions and the 94% represents the cumulative total of questions answered with satisfaction scores of 4-5 on a 5-point Likert scale.

Education Effectiveness Outcomes

- Since 2010, >3250 clinicians completed the web-based TMH training, and > 2000 completed the TMH Live Simulated Remote Clinical Competency Training.
- Since 2004, more than 2800 participants attended the VA National Telehealth Conferences, with specialized Telemental Health Tracks for psychiatrists, psychiatric residents and medical students.
- The National Journal Club has had over 200 participants since its inception.

Education Effectiveness Outcomes

- Program effectiveness is measured in post training questionnaires.
 - In electronic training modalities (e.g. web-based training modules, National Journal Club), participants demonstrated > 80% scores in knowledge content questions, with 80-90% of the objectives as met and 70-90% satisfaction scores.
 - The national conferences are assessed by an 18 question post-conference evaluations addressing purpose, objectives, teaching strategies, up-to-date nature of information, new skills and knowledge acquired, logistical, and satisfaction items. On a scale of 1-100%, participants have ranked the conferences in the 88-92% range consistently over each item and each year. Over 99% of participants found the conferences worthwhile and would recommend them to their peers.

Other Outcomes

- Outcomes measured
 - No-Show Rates—some preliminary decreases
 - Outpatient Visits---questionable change
 - In-Person Visits
 - Emergency Visits
- Parameters for Consideration
 - TMH Intensity
 - Selecting periods

Home Telemental Health

- Videophones
- Clinical Video into the Home – Mobile PC Video Conferencing
- In-Home Messaging Devices
- Interactive Voice Response
- Computer Text Programming
- Mobile Apps

Videophones



VETERANS HEALTH ADMINISTRATION

Videophones for intensive case management of psychiatric outpatients

- [Nieves JE](#), [Godleski LS](#), [Stack KM](#), [Zinanni T](#). J Telemed Telecare. 2009;15(1):51-4.
- 12 month study, 24 patients receiving supplemental videophone mental health services
- Videophones used to access the hospital clinical team via the home telephone line, when an acute clinical need arose in addressing questions related to medication management and treatment planning
- 95% patient satisfaction, especially savings of time and travel, assistance with medication questions, and increase involvement with treatment.
- Savings of 135 hours of patient and staff travel time, \$4000 salary costs. We believe that there are other potential uses of videophones for seriously mentally ill patients, including discharge planning, intensive post-discharge monitoring and transition to community life.

CVT into the Home

- **Increases access:** for Veteran patients who until now have had to travel to the nearest Clinic-Based Outpatient Clinic (CBOC) in order to receive services via CVT.
- **Implemented nationally since 2013.**
- **Offers range of technologies to enhance patient access to care:** offers patients an opportunity to exercise their preferences for the site of care delivery, participate in shared decision-making and engage in self-management.
- **Clinicians receive National Telehealth Training,** identifies unique patients and conducts visit following established emergency procedures.

In-Home Messaging Devices

- *Home telemental health implementation and outcomes using electronic messaging. Godleski L, Cervone D, Vogel D, Rooney M, in press J Telemed Telecare 2011*
- *Purpose:* In 2007, VA Connecticut Healthcare System was funded to begin a Home Telemental Health Program using electronic messaging.
- *Procedure:* 76 patients with diagnoses of schizophrenia, PTSD, depression, and substance use disorders received in-home electronic messaging devices with scripted disease management protocols which included alerts, trendable data and educational components. Each patient's electronic information was sent to the nurse practitioner daily for triage and follow-up.
- *Conclusions:* In assessing the program, patients who were enrolled in the Home Telemental Health Program demonstrated substantial decreases in hospitalization rates (80, 86%), with marked decline in ER visit rates (60, 66%). Satisfaction data indicated a high level of satisfaction with the components of the Home Telemental Health Program. The feasibility, positive outcomes and satisfaction from this program lay the groundwork for future electronic messaging applications, such as internet and smart phone technologies.

Interactive Voice Response

- IVR technology can be activated from any type of phone including a cell phone
- The phone user can use his voice or touch the number pad on the phone to generate answers to questions about his/her health
- Over 2 million people in the USA use cell phones instead of standard phones
- Multiple language options
- Simple secure pass code with inbound and outbound call options

Computer Text Programming

- Technology exists but applications limited by information security issues
- VA uses My Health-e Vet platform
- Wellness reminders
- Appointment manager
- Secure messaging
- Access to personal medical records
- Mental health resources like patient education and self ratings



Mental Health

Learning about a mental health condition is a good first step to being able to recognize some of its symptoms. You may be wondering if you have symptoms of concern. One way of determining that is to take a brief confidential and anonymous screen. Only you will see the results of the brief screen. None of the results are stored in your My HealthVet account or sent anywhere. You can choose to print a copy of the results for your own records or to give to your physician or a mental health professional.

This section contains screens for symptoms of several mental health conditions. You can take a screen to see if you have symptoms that are commonly associated with a specific mental health condition or with stress. The fact that you have symptoms of a mental health condition does not necessarily mean that you have a mental health condition or that a mental health condition is causing you difficulty in functioning in a major area of your life, such as your family, personal relationships, work life or social settings.

If you are concerned about any illness, regardless of what the screen shows, you should seek further evaluation from your physician. If you are concerned that you may have a medical emergency or are having thoughts of harming yourself or someone else, call 911, the National Suicide Prevention Lifeline at 1-800-273-TALK (8255), or go immediately to the nearest hospital Emergency Room for an evaluation.

My HealthVet Learning Center

- >Manage Your Triggers
- >Succeed at Work
- >Manage Your Stress

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Member Login

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First time My HealthVet user? **Register today!**

REGISTER

Screening Tools



Alcohol Use Screening (AUDIT-C)



Depression Screening (PHQ-9)



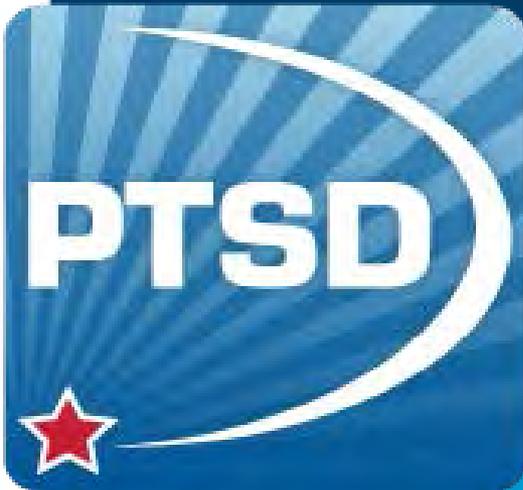
Post Traumatic Stress Disorder Screening (PCL)



Substance Abuse Screening (ASSIST)

Related Links

- [Five things you should know BEFORE you go to the doctor](#)
(PDF, 369 KB)
- [Helpful Health Links](#)



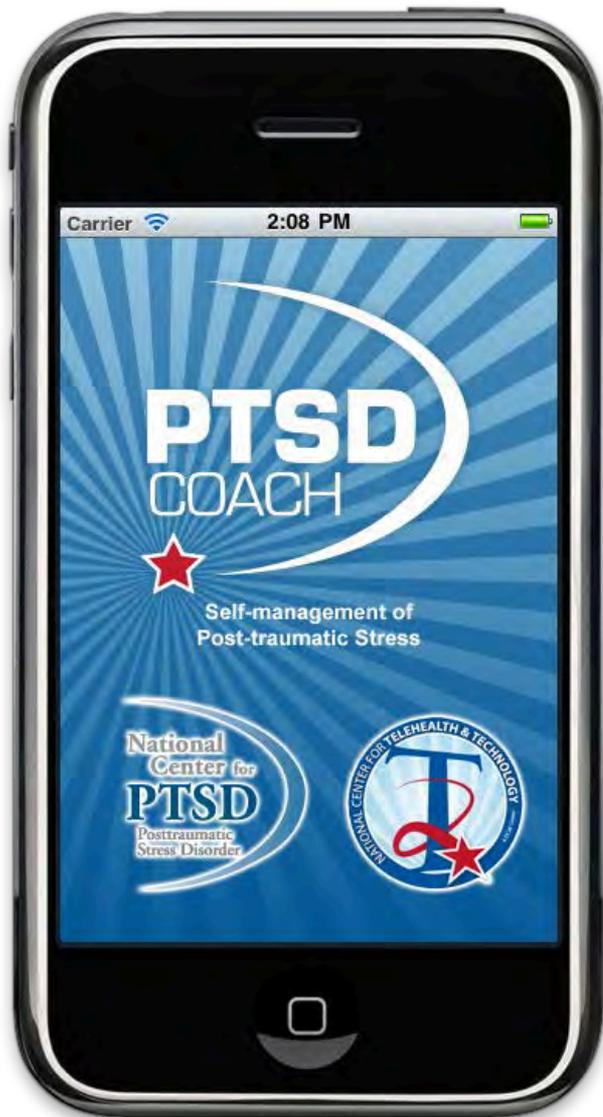
PTSD COACH MOBILE APPLICATION

DEVELOPMENT TEAM:

Julia Hoffman, Psy.D.^{1,2}, Laura Wald, Ph.D.¹, Eric Kuhn, Ph.D.^{1,3}, Carolyn Greene, Ph.D.¹,
Josef I. Ruzek, Ph.D.¹, Kenneth Weingardt, Ph.D.⁴

¹ VA National Center for Posttraumatic Stress Disorder; ² DoD National Center for Telehealth & Technology (T2); ³ VA Sierra Pacific (VISN 21) Mental Illness Research, Education, & Clinical Center; ⁴ VA Office of Mental Health Services

PTSD Coach Overview



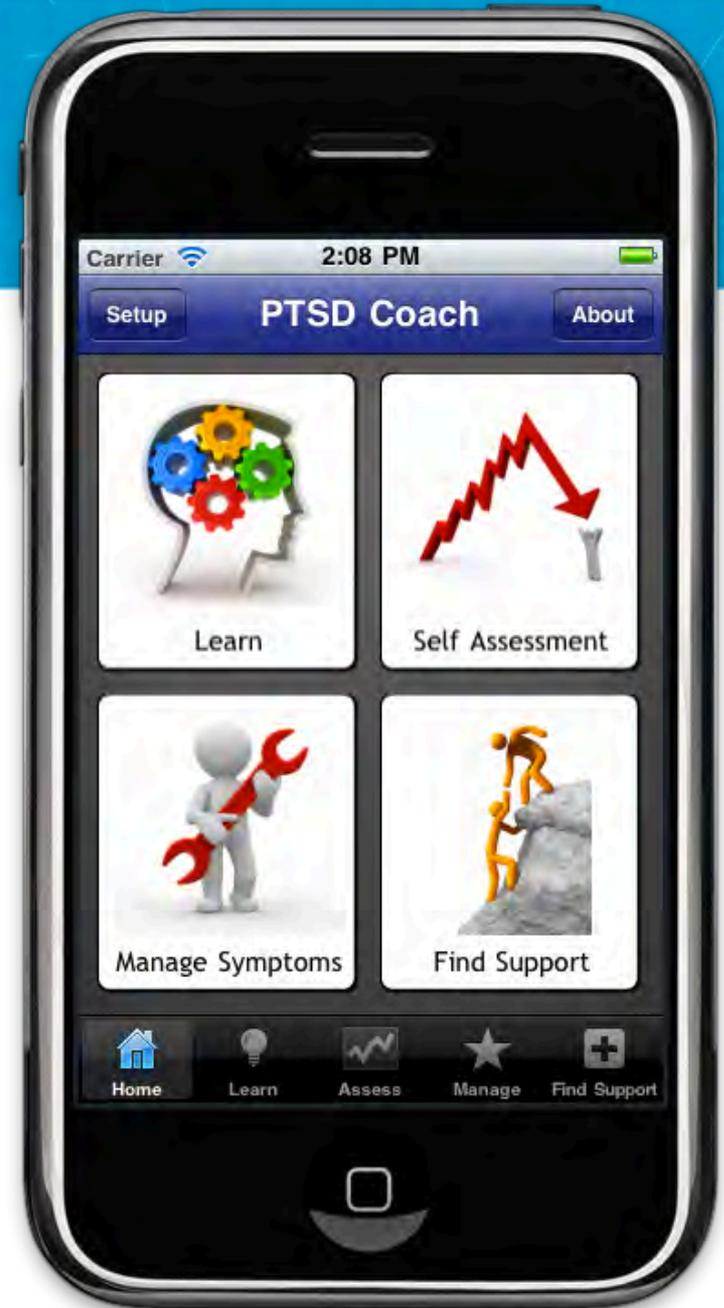
PTSD Coach is a mobile phone app for people with PTSD and those interested in learning about PTSD.

This app provides:

- education about PTSD
- a self-assessment tool
- portable skills for acute symptoms
- direct connection to crisis support
- information about available treatment

Home Screen

- Learn: Psychoeducation on FAQs, based on NCPTSD Fact Sheets and VA's MyHealtheVet website.
- Self Assessment: the PTSD Checklist (PCL) self-rating, with feedback and historical comparison.
- Manage Symptoms: Skills based upon Cognitive Behavioral Therapeutic interventions.
- Find Support: Information about how to find professional care and what to expect in treatment



National Telemental Health Center

1. Historical Progression to a National Center
2. Continuum of Growth Beyond Facility and VISN Boundaries
3. Delivery of Expert Telemental Health Care Throughout the Nation

VA National Telemental Health Center

- **Defining the Issue: 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

- Mission—To provide the highest level of clinical expertise to all Veterans
- Programs---Determined by OMHO/MHS based upon areas of clinical priority
- Based---Virtual center at VA Connecticut Healthcare System
- Clinician Experts---From VA Connecticut/Yale, VA Boston/Harvard, VA Providence/Brown, VA Philadelphia/Penn, VA White River Junction/Dartmouth

Current NTMHC Programs

- Over 8600 expert consultations completed to 2800 Veterans in 8 programs:
 - Tele-Behavioral Pain
 - Tele-Bipolar
 - Tele-Compensation and Pension
 - Tele-Insomnia
 - Tele-Non-Epileptic Seizure
 - Tele-Schizophrenia
 - Tele-PTSD
 - Tele-Substance Use Disorder

National Telemental Health Center

- Logistical facilitation
 - Credentialing and privileging
 - Scheduling
 - Coding
 - Quality management
 - Memos of understanding

NTMHC Activity

- **88 Sites**
- **28 States:** Alabama; Arizona; California; Colorado; Connecticut; Florida; Georgia; Illinois; Indiana; Iowa; Kentucky; Maine; Maryland; Massachusetts; Michigan; Missouri; New York; North Carolina; Ohio; Oklahoma; Oregon; Pennsylvania; Rhode Island; South Dakota; Texas; Virginia; West Virginia and Wisconsin.
- **All 21 VA Regions (VISNs)**
- **International:** Okinawa, Japan.

NATIONAL TELEMENTAL HEALTH PROGRAM MODEL

- Used directly or as models for development of programs in:
 - US Department of Defense,
 - Indian Health Service,
 - Rural Health Service,
 - Alaska Federal Healthcare Access Network

Expert testimony for Congress

Consultant for DEA on developing telehealth prescriptive regulations

Faculty leadership for the American Telemedicine Association

ACGME interface with telemedicine and trainees

HONORS AND AWARDS

- 2014 American College of Psychiatrists Educational Innovation Award based upon TMH Curriculum
- 2013 VISN 1 Innovation Dissemination Award to disseminate TMH to all trainees at New England VAs: Harvard, Dartmouth, Brown, Tufts, UMASS, UCONN
- 2011 US Department of Veterans Affairs Worthen Award

SUMMARY of PART 1

- VA Telemental Health has revolutionized the delivery of mental health services, having developed and implemented what has become the largest telemental health network in the world
- The ability to deliver Telemental Health services directly into the home is an even more salient game-changer for mental health care in the 21st century
- This leads the way to expand access to pain services to be discussed by Dr. Grant

Tele-Behavioral Pain Program

Christoffer Grant, Ph.D.

VA National Telemental Health Center

A Significant Need for our Veterans

- Pain in veterans is extremely common¹
- As many as 50% of Male VA patients² and 75% of female veterans³ report regular pain
- Up to 25% of these patients go on to develop chronic pain syndrome, which is highly comorbid with other mental health diagnoses⁴
- CBT is an evidence-based treatment for chronic pain⁵

1 Department of Veterans Affairs & DoD, 2002

2 Kerns et al., 2003; Clark, 2002

3 Haskell et al., 2006

4 VHA Pain Management, Chronic Pain Primer, Accessed 10/3/14

5 Ehde et al., 2014

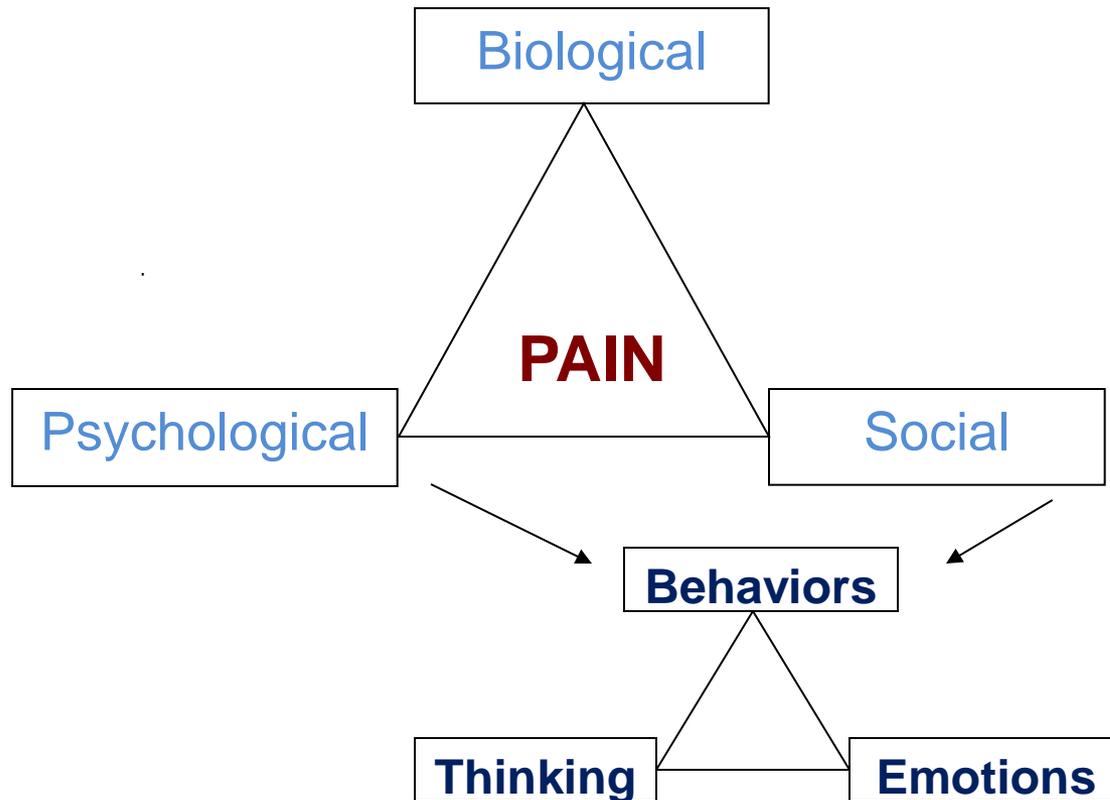
Empirical support for CBT

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



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

Biopsychosocial Model of Pain Management



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

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

© Nations Online Project

CANADA

MEXICO



Camp Rilea, 5/14

Oakhurst, 11/13

Sioux Falls, 7/12

Poplar Bluff, 5/12

Tuscaloosa, 8/12

Indianapolis, 9/14

Saginaw, 2/13

Canandaigua, 4/13

Marion, 4/13

Chillicothe, 1/13

Atlanta, 5/12

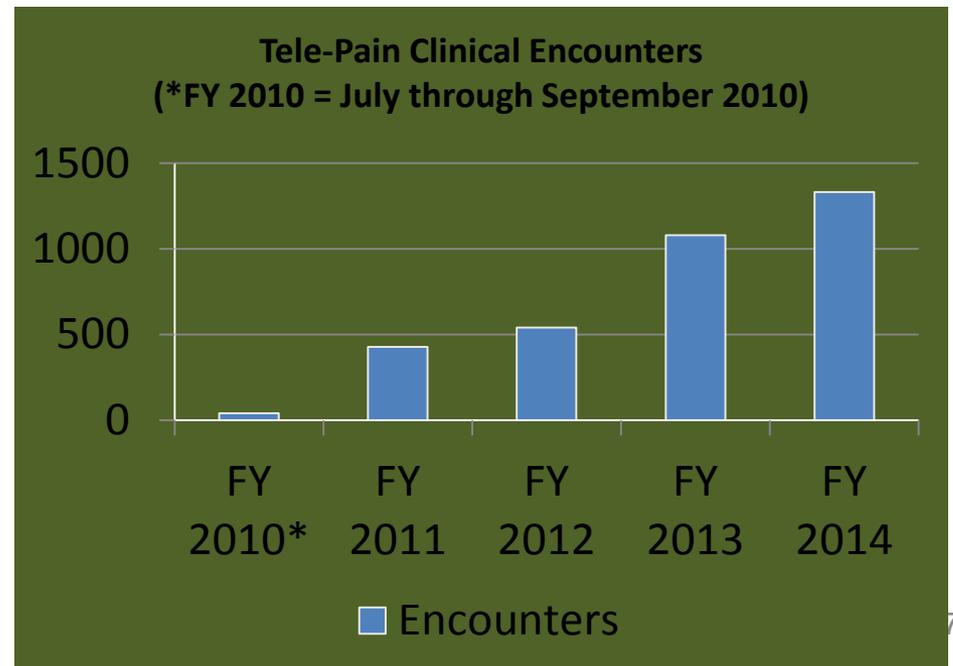
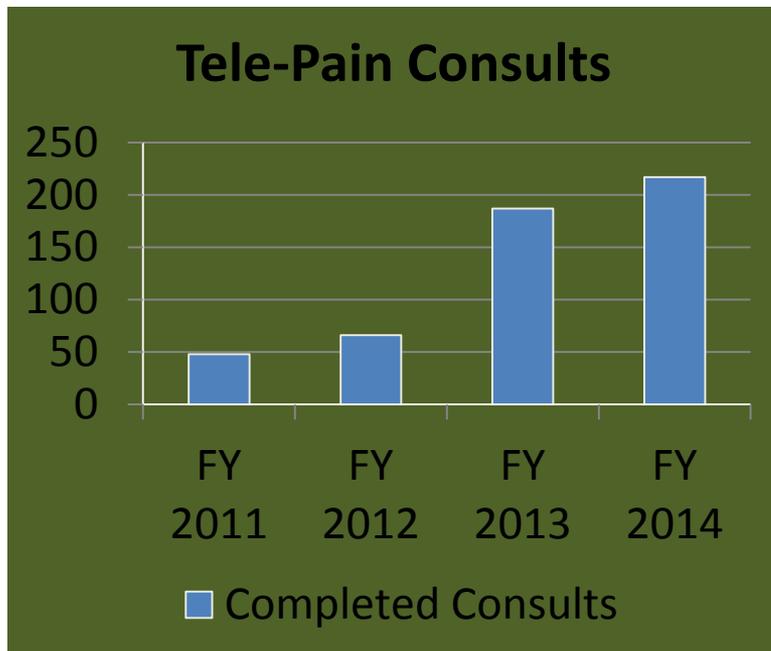
Bedford, 1/11

CT, 7/10

Togus, 12/10

NTMHC – Telebehavioral Pain Management Program

- 2.6 FTE psychologists
- 518 consults from 31 remote sites since 2011
- 3,421 clinical encounters.



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 - 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

NTMHC Telebehavioral Pain Management Program

- Initial visit is a comprehensive psychosocial pain evaluation (approx. 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 offered to providers at remote site (medical and mental health team members)

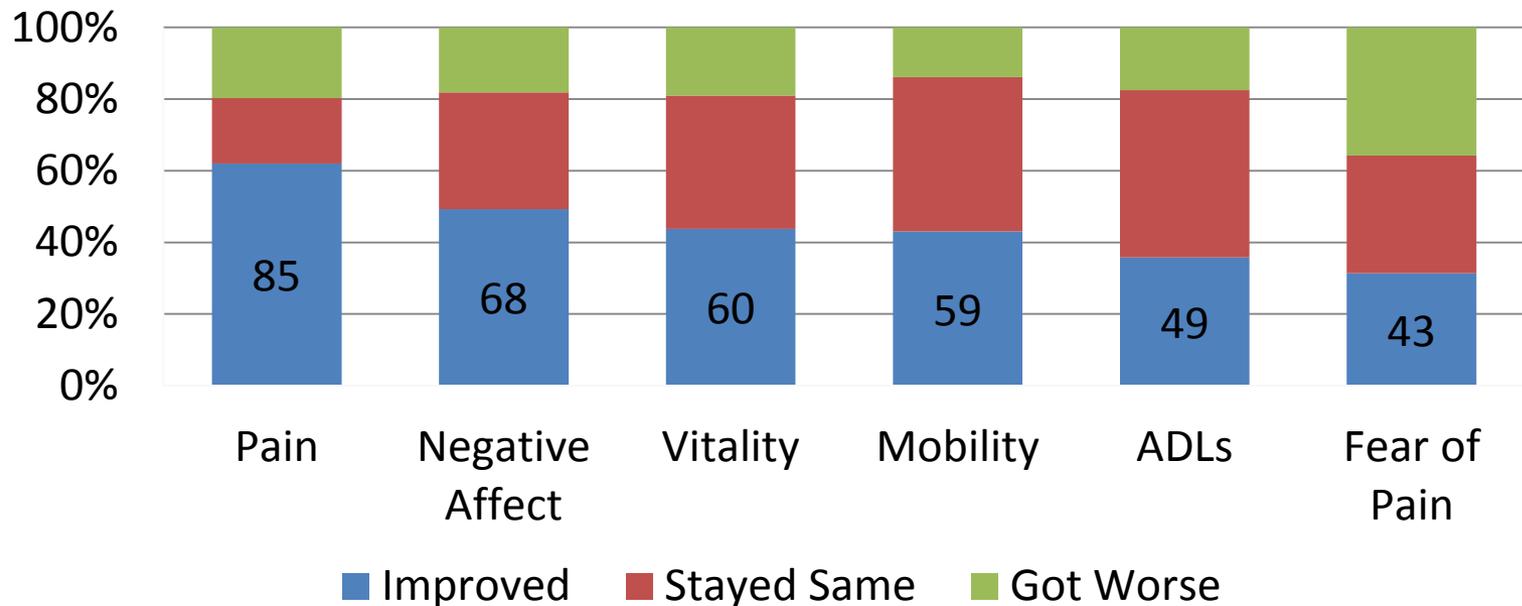
Measuring Patient Outcomes and Satisfaction

- 137 patients completed both a Pre-Treatment and Post-Treatment measure of functioning, the Pain Outcomes Questionnaire (POQ; Clark et al., 2003)
 - The POQ assesses patients on 6 scales (Pain, Vitality, Negative affect, ADLs, Mobility, and Fear of Pain)
- Average duration of treatment was 80 days
- Patient satisfaction with the treatment was extremely high, on average scoring a 9.1/10.
- When patients were asked if they would recommend this treatment to someone else, the average score was a 9.5/10

Patient Outcomes

- Over 60% of patients had clinically significant improvement in pain scores over the course of the treatment
- Only 8 patients did not significantly improve on at least one outcome

Clinically Significant Change Based on a Medium Effect Size on POQ Scales from Pre- to Post-Treatment



For further questions or if you are interested in learning more about this program for your site please contact me.
Thank you!

Christoffer Grant, Ph.D. -
Christoffer.Grant@va.gov