Moderator: Welcome to the HS R&D Investigator Insights podcast series. In this episode, Center for Information Dissemination and Education Resources staff writer, Karen Jamrog, talks with Dr. Lynn Garvin, investigator with the HSR&D Center for Healthcare Organization and Implementation Research at the VA Boston Healthcare System. They are discussing Dr. Garvin’s research to promote telehealth use among homeless experienced veterans with co-occurring substance use disorders.

Karen Jamrog: Homelessness is a significant and concerning problem in this country and within the VA patient population with more than 37,000 veterans experiencing homelessness and an additional 1.4 million veterans at risk of homelessness. To me, the notion of using telehealth with people who are experiencing homelessness is somewhat counterintuitive. You do not always imagine that someone living on the streets necessarily has access to technology that would enable them to use telehealth. Could you please just briefly explain how you addressed that potential problem?

Lynn Garvin: This is a wonderful question, Karen. As you may know, there are three different levels of homelessness. We are very aware certainly of those who are street homeless, which are probably the most severe cases. These are folks who literally must find their own path each day to food, to sufficient coverage, to stay warm, et cetera. Then there are also people who have transient housing who are staying through a voucher system and do find a room each evening. Then there are those who may have full-time relatively permanent housing, such as through VA domiciliaries.

There are three different levels. What we are going to be talking about is the fact that despite these incredible circumstances, they are able to support use of technology as long as they get the training to use that. Most of the veterans we encounter actually already have a mobile phone. We are just trying to support their use of that to access their VA healthcare.

Karen Jamrog: Interesting. It is amazing that so many people have mobile phones, okay. Thank you for explaining that. This study focused on video telehealth, specifically VA’s Video Connect app. Can you tell us a bit about what led to the study and its three phases?

Lynn Garvin: Absolutely. VA video visits have been exponential growth over the past ten years, but adoption has remained uneven with vulnerable veterans such as homeless veterans substantially less likely to use it. To address this, back in 2016, the VA Office of Rural Health collaborated with VA’s Office of Connected Care to expand video visits through the VA Video Connect app, or VVC. The program initiated nationwide distribution of tablets to overcome these barriers. They can include long travel times to the VA, few transportation options, or limited or unaffordable broadband connectivity which you often to see in a rural setting, for example.

Karen Jamrog: Yeah.

Lynn Garvin: VA providers refer these eligible veterans through a standardized consult through the electronic health record. Over 35,000 veterans with a history of housing instability have received tablets between 2015 and 2022. The tablets come preloaded with the VVC app so that they can connect with their providers for video visits. They have a full wireless service plan and wi-fi 4G mobile connectivity. As long as the veteran can find an electrical source, then they can make that telehealth visit. If I may add, veterans can also use the tablets for a large number of other things to add resources. They can access housing services, food pantries, clothing, and job search. The tablets really are a find for these veterans, and they really value them tremendously.

Karen Jamrog: That is great. How about the phases and how the research was structured?

Lynn Garvin: Yes. This study was supported by the VA National Center for Homelessness Among Veterans. It was part of the Homeless Program Office. It was informed by the Unified Theory of Acceptance and Use of Technology Model, or UTAUT. It has four determinants. We have to look at both the device as well as the actual app, the service. We look for usefulness, ease, and convenience of that, any social influences could be the provider, or it could be just friends who are helping you as you use the unit, and any facilitating conditions like the training we are going to propose.

 Phase one are veteran interviews. We talked with 28 veterans with experience of homelessness and substance use disorder to identify the barriers and facilitators to using VVC. For them to propose intervention candidates that would work for them. Then in phase two, it was two parts. We talked with VA provider experts who work hand-in-hand with veterans facing substance use disorder to ask for further ideas. Then a veteran focus group actually looked at the group of interventions we proposed and come up with a final candidate which we put through phase three. It was called intervention mapping. It is a design technique to get to a good, solid implementable prototype.

Karen Jamrog: Okay. What were the results?

Lynn Garvin: Yeah. The results, not surprisingly, we did uncover of course that many of these veterans had low digital literacy. It was not that they did not have the equipment, because VA provided that. It was that they could not get onto the equipment to use it. Once they were on it, they were having difficulty using the app. They were also beset by a large number of co-occurring health disorders, physical limitations, poor eyesight, and hearing, hand tremors, and other disabilities that can hinder their use of the device, cognitive challenges like Attention Deficit Disorder, and behavioral challenges like obviously substance use that can diminish their concentration and their memory.

In terms of the results, we were pleased to see there were five different kinds of interventions that were put forward by both the veterans themselves and the experts who support them. One was motivational interviewing, which comes from SUD treatment. It is a directive patient-centered counseling approach. It is very motivational. It looks for the intrinsics that the veteran is seeking in their health.

Another was contingency management. That is more extrinsicals like cash payment or gift card for performing or using the system. Any text messaging is very well received in this population. That might be a training property. Peer-led digital training and support was a really strong one. The veteran peer specialists themselves have a background of either substance use or homeless and are in recovery themselves. The veterans know they are talking to someone who gets them. Right?

Karen Jamrog: Yeah.

Lynn Garvin: Then also a smart phone app is another option. There were five different options. Of these, the veterans actually liked two in particular. They married two of them – the motivational interviewing that they hoped the veteran peers would use with them to onboard to the use of the system, and as I said, the long-term peer support.

Karen Jamrog: Yeah. It is a stepped care intervention. Right?

Lynn Garvin: Yes. Yes.

Karen Jamrog: It has some flexibility. It can be adjusted to suit the needs of the user.

Lynn Garvin: Yes exactly. What we loved about this, we learned this from Dr. Jen Edelman who is at the Yale School of Medicine. The fact that it allows us to serve veterans either in groups or one-on-one depending upon whatever approach works for them to receive their digital training. It also allows the peer to either work with them at a VA facility, or the peer can actually drive or get to the residence of wherever the homeless in case that person is not mobile or cannot get to VA very readily. That is helpful in sort of a rural setting where people are quite a distance from VA. Anyway, there is a lot of flexibility built into the design.

Karen Jamrog: That is great. I imagine that the skills and the confidence that veterans gain from using this intervention and the training that you offer them could spill over to benefit them in other parts of their lives. We all know digital literacy these days is a huge and necessary part of everyday life for employment and everything. Just that boost of confidence, I would think, does a lot for them. It would do a lot for anybody, but especially an under-represented group like that. It is interesting to me. You sought advice and input not just from healthcare experts, but from the veterans themselves by asking homeless veterans to serve as members of the focus group. Can you comment on that? How do you think the veterans felt being invited to participate, knowing their opinions were valued, and knowing that now they are armed with these digital skills?

Lynn Garvin: Absolutely Karen. We heard back wonderful things from veterans as well as receiving good critique as to what further they needed. People who were able then to access their healthcare said thank you for making the iPad as easy to use as my phone. I think that is the gold standard. Really, ease of access is critical. The population we are talking about requires as many supports as we can. Making it easy is ideal.

 Also is the fact that the usefulness of it. They like to be able to see their doctor. We all do. The fact is that using the VVC allows them to do that. This is often an isolated group of people. Sometimes it is by choice, but often not. They have said that they feel heard and understood by their care teams. They also very much like the fact that it was delivered by a veteran peer. They said you are going to trust it if you hear it from one of your veteran peers. It is a wonderful accommodation. It has all sides. It has a tech component, but really it takes a lot of trust to come on board with a new system. That is what the peers offer us.

Karen Jamrog: Yeah. You are just giving them that emotional boost too, which I think is a really nice aspect of all of this.

Lynn Garvin: Yes, you are absolutely right. Veterans who are able to get on the VVC then often ask about, gee, I would like to use this for My Healthy Vet, the patient portal. Absolutely. Then the peer is able to take them there and bring them on board with all the mobile apps. It really opens up a whole new world.

Karen Jamrog: Yeah. The person has the confidence to even think of doing something like that.

Lynn Garvin: Exactly.

Karen Jamrog: I think that is so exciting. Is there anything else you wanted to add?

Lynn Garvin: It is clearly in its early stages. The Office of Connected Care, which oversees VA Video Connect, is doing a fabulous job in terms of offering virtual health resource centers. It is in the pilot phase right now. Veterans can actually walk into the center at this VA facility and get that one-on-one training if they need it or help with their system. What we find is that for homeless veterans, especially those with substance use disorder, we need to go the extra mile to meet them where they are. That is where the peers can play such a fabulous role.

Karen Jamrog: Yeah, that makes sense. I just wanted to ask one more question about you. You have held leadership positions at a number of large and impressive organizations – Boston Children’s Hospital, IBM, and others. What drew you to the VA? What keeps you here?

Lynn Garvin: Thank you. I pursued my PhD much later in my career. I was working with VA Center for Healthcare Organization and Implementation Research, CHOIR, where I am positioned now to collect my dissertation information on the My Healthy Vet portal. I was initially drawn to VA based on the research expertise and the mentoring that CHOIR had provided in Boston. Four years later, I am proud to be contributing to the HSR&D research and operations funded projects as well. I am honored to be working with the veterans, with their VA healthcare providers, and with those peer specialists so they can achieve access through virtual care.

Karen Jamrog: I think we are all lucky to have you. Thank you again for taking time to talk to us.

Lynn Garvin: Thank you, Karen.

Moderator: The views and opinions expressed in the preceding podcast are concerned with the scope of recently concluded or ongoing VA HSR&D funded research, and do not necessarily reflect current or to-be implemented VA policy. To learn more about this research, visit the VA HSR&D website at www.hsrd.research.va.gov.