Using Telehealth to Bridge Barriers: Lessons From Providing Tele-Mental Health for Veterans in Contracted Community Nursing Homes & State Veterans Nursing Homes in Rural and Urban Colorado

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Introductions

» Who you are
  » How many have worked for the VA or are currently?
  » Why you were interested in this session?
    » Interested in nursing homes?
    » Interested in telehealth?
    » Interested in direct mental health care?
    » Interested in the VA?
    » Interested in rural populations?

» Who we are
  » Rachel
  » Elizabeth
Key Learning Objectives

- Provide an overview of the unique VA tele-mental health program including logistics, processes, and clinical considerations

- List unique aspects of providing mental health care through a telehealth medium including unique logistical considerations

- Identify and describe differences and similarities of the mental health needs of veterans in rural and urban skilled nursing facility settings
Who do we serve?

- Colorado has 403,327 Veterans
- Last year, the VA Eastern Colorado Health Care System supported 1,033,000 outpatient health care visits.
- Community Based Outreach Clinics (outside of the Denver Metro area)
  - Colorado Springs
  - Pueblo
  - Alamosa
  - Burlington
  - La Junta
  - Lamar
  - Salida

https://www.va.gov/vetdata/docs/SpecialReports/State_summaries_Colorado.pdf
Caring for Older Veterans in Eastern Colorado:
Alamosa, Aurora, Burlington, Colorado Springs, Denver, Golden, La Junta, Lamar, Pueblo

Geriatric Outpatient Care & Home-based Primary Care
Dementia Care & Geropsychology Caregiver Support
Tele-health Geriatrics, Palliative Care, Palliative Care Psychology; Geropsychology, Psychotherapy
Overview of the VA Tele-mental Health Program

What is the VA tele-mental health program?
- Our focus is on veterans living in community nursing homes in Colorado
Problem:
Closing of the ECHCS Community Living Center

Idea: Use telehealth to deliver specialty care to Veterans in VA Contracted Nursing Homes in CO and OK

Goals: Save travel time and costs
Increase continuity of care
First Leg of the Journey

In-person site visits to Oklahoma & Colorado: meetings with VA Providers, Social Workers, and Telehealth Technicians

**Colorado:**

- Weekly meetings
- Geriatrics and Palliative Care
- Needs: SVHs, Mental Health
Program Goals

1. Increase access to care for Veterans in Contracted Nursing Homes through Video Visits (when appropriate) with VA providers
2. Provide prompt delivery of care
3. Eliminate travel time or lower costs for Contracted Nursing Home Veterans who need specialty care services.
4. Enhance relationships between VA and Contracted Nursing Homes
5. Systemically measure sustainability and future replication of this approach to delivering care.
Colorado:
Facilities Engaged: CNH: 11; SVH: 2
Specialties: Geriatrics, Hospice, Palliative Care, Mental Health, Gero-Psychology, and Psychiatry
Providers Engaged: 9
Savings and Success

Costs saved:
SVH Visit: SVH: $141, VA: $65
CNH Visit: CNH: $165, VA: $156

TECHNOLOGICAL SUCCESS

- Successful: 82%
- Experienced Issue: 18%
Envisioned Versus Reality of Visits

- Instead of replacing visits, needs were identified:
  - Mental Health
  - Medication reconciliation
  - Specialty care referrals
  - Staying active in the VA medical system
- Building and restoring relationship in community
Key Lessons

- Cultivating buy-in from key stakeholders
- Support from VA specialty, telehealth, and social work leadership
- Prior relationships to providers
- Team communications and meetings
Program structure

- Three VA Project Nurses:
  - Tele-presenters for patient by going to the nursing home
  - Coordinate care between nursing home and VA
- Referrals from:
  - VA staff and providers
  - Chart review
  - Nursing home staff
- Technology:
  - Clinical Video Telehealth tablets from the VA
  - Headphones for the hard of hearing
Walsenburg
Expansion to a Rural State Veterans Home

Tele-Mental Health Visits to SVH by Month

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Unique Aspects of Tele-mental Health

- Logistics of using tele-mental health
  - Requires patient/staff familiarity with computers and tablets
  - Need for Privacy
  - Need for Licensure

- Common problems with logistics
  - Poor internet connection
  - Finding private space for provider and/or resident
    - Sound proofing
  - Access to computer/tablet with video and microphone
Process Considerations

- Referral
- Setting up clients
- Introductory sessions
- Termination
Clinical Considerations

- Appropriate population
  - Diagnosis
  - Ability to use tele-health
- Unique issues in using tele-mental health services
  - Problems communicating due to illness
  - Problems communicating due to visual or hearing impairments
- Crisis situations
  - Physical or mental health emergencies
  - Protocol
Clinical Considerations

- Building rapport
  - Short-term
  - Remote
  - Shared experience
- Limitations of assessing presentation of the client
  - Harder to establish rapport with staff of facility
  - Limited by camera and microphone
  - Feedback loop - patient, family, and staff
Technology-Specific Considerations

- Familiarity with technology
- Crisis situations
- Body language
- Conversational rhythm
- Building rapport
- Expectations
- Resource knowledge limitations
Needs of Veterans in Rural and Urban Skilled Nursing Facility Settings

Urban
- Adjustment to illness
- End-of-life needs and existential issues
- Communication and relationship building skills
- Difficulty communicating with nursing home staff
- Adjustment to a nursing home setting
- Severe mental illness
- Feelings of isolation due to living in a nursing home, feeling separated from family, and feelings of isolation due to sexual orientation

Rural
- Adjustment to illness, including neurological conditions
- Mood management, including anxiety and depression
- Healthcare navigation
- Communication and relationship building skills with informal and formal support systems including nursing home staff, family members, and other residents
- Substance abuse treatment
- Connection with informal and formal resources
- Coping with feelings of isolation due to travel time, weather, and distance, as well as feeling excluded from the local social community
Contracted Nursing Home Educational Program

- Emerged out of referrals to tele-mental health program
- Conducted needs assessment
  - Common needs identified were:
    - Trauma informed care including management of PTSD and dementia
    - Nonpharmacological interventions for dementia related communications
    - Mood management skills like helping someone struggling with depression who refuses treatment
    - Communication skills for staff and family members as well as staff and residents
    - Staff burnout and resiliency
- Offers virtual interactive dementia education to community nursing home staff
Community Nursing Home Educational Program

- If you are with a community nursing home serving veterans and would be interested in participating in our educational program

- Email us at: VHAECHDementiaEd@va.gov
Join Veteran Community Partnership

**Convening Partners**
- Regular networking
- VA healthcare team members
- Community organizations

**Access to Care Rounds**
- VA and community discussion of complex situations

**Email to join!**
Courtney.Bauers@va.gov

May 1, 3-4 PM
VA Auditorium
Veteran Community Partnership

Goal: Improve how the VA and community organizations partner to meet the health and social needs of Veterans and their families

- Veterans’ situations discussed in Access to Care Rounds:
  - Chronic pain (Chronic Pain Clinic)
  - Homelessness (RMHS, HUD-VASH)
  - Suicide (VA Suicide Prevention; Colorado Office of Suicide Prevention)
  - Safety concerns at home (MHCD; VA Dementia Care Program)
  - Transportation for older adults (DRCOG)
Questions?

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