



Clinical Video Telehealth into the Home (CVTHM)

Toolkit for Providers



Mental Illness Research,
Education & Clinical Center

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Toolkit Purpose

The purpose of this Toolkit is to equip providers with the necessary skills and procedures to deliver mental health care to Veterans through clinical videoconferencing into the home (CVTHM). This toolkit was designed to supplement the mandatory trainings found on the Office of Telehealth Services website to provide additional guidance on implementation of CVTHM at your local facility.

To best use this Toolkit, it is recommended that facilities first conduct a self-assessment using the CVTHM Implementation Checklist (Appendix A) to assess areas of strength and need in their current programs. Following identification of areas of need and after addressing the issues, the Toolkit can provide individual providers with guidance to assist with the transition to CVTHM service provision.

This guidance is intended for mental health clinicians interested in expanding their skillset to include the use of video teleconferencing, as delineated in the [Clinic-Based Telehealth Operation Manual](#) from the Office of Telehealth Services and the [Home Telehealth Operation Manual](#). This document contains links to additional training, tools and resources that will supplement other requirements to ensure that individuals are competent and able to successfully implement and manage CVTHM programs that are within the scope of their practice or privileging.

This supplement focuses on the training components and processes necessary to become a fluent CVTHM mental health provider. The most common use will be by a provider who works in a hospital or community-based outpatient clinic (CBOC) setting.

History of Clinical Video Telehealth into the Home

CVTHM is an extension of efforts in general telemedicine and telemental health to bring services into the patient's home via video-teleconferencing technologies. Telemental health, a use of telemedicine to provide mental health assessment and treatment at a distance, has solidified itself as a well-known practice in the medical field. It refers to telepsychiatry and other telecommunication forms of mental health services, including psychotherapy and diagnostic assessment. CVTHM extends the existing Veterans Health Administration (VHA) clinical videoconferencing network for VHA clinicians into the homes of Veteran patients, providing an unparalleled level of access and efficiency in mental health care.

The Veterans Administration has emerged as a leader in the field of telemental health. Beginning in July 2003, the VHA established the Office of Telehealth Services (OTS) (website: vaww.telehealth.va.gov/) with the following mission:

Telehealth in VA is the wider application of care and case management principles to the delivery of health care services using health informatics, disease management and telehealth technologies to facilitate access to care and improve the health of designated individuals and populations with the intent of providing the right care in the right place at the right time.

Prior to that, the first VHA telehealth program was established in 1977. Telehealth projects have since followed and flourished, leading the VHA to begin its major systematic implementation of telemedicine in 1997. By 1999, the VHA was performing 300,000 telemedicine contacts per year, the majority involving teleradiology; but 31 other clinical specialties were using telemedicine as well.

The contemporary view of telemental health is that it is a sustainable and efficient method of providing quality mental healthcare to a wide array of patients, particularly for rural and underserved patient populations (Adler, Pritchett, Kauth, & Nadorff, 2014). Telemental

health has been shown to be an effective means of providing reliable and valid clinical assessment and diagnosis (Hilty et al., 2013). It has been shown to be useful for a broad range of clinical disorders, including anxiety, depression, and posttraumatic stress disorder (PTSD).

Several studies have compared traditional therapies to telemental health services (Morland et al., 2014; Richardson, Frueh, Grubaugh, Egede, & Elhai, 2009). Studies have reported reduced length of hospitalization (O'Reilly et al., 2007), improved medication adherence (De Las Cueva, Arredondo, Cabrera, Sulzenbacher & Meise, 2006), symptom reduction of disorders (Fortney et al., 2007), and effective provision of evidence-based therapies to individuals (Tan et al., 2013) and groups (Morland et al., 2011).

Several reviews of the literature have also shown that telemental health is beneficial for clients. Backhaus and colleagues (2012) found that telemental health has been used in a variety of therapeutic formats and with diverse populations, has been associated with good user satisfaction, and has been found to have similar clinical outcomes to traditional face-to-face psychotherapy. Although research continues to emerge on telemental health, additional large-scale clinical trials need to further assess its efficacy and effectiveness. While there is limited research examining the effectiveness of mental telehealth into the home, specifically, results from general telehealth into the home offer promise (Bensink, Hailey, & Wootton, 2006). Early results suggest telehealth into the home provides clinically beneficial services to those with complex medical conditions (Sorocco, Bratcovich, Wingo, Qureshi, & Mason, 2013).

Steps to Becoming a CVTHM Service Provider

Before you begin, it is important to highlight that the information in this Toolkit is updated on a regular basis by the Office of Telehealth Services. The most up-to-date information

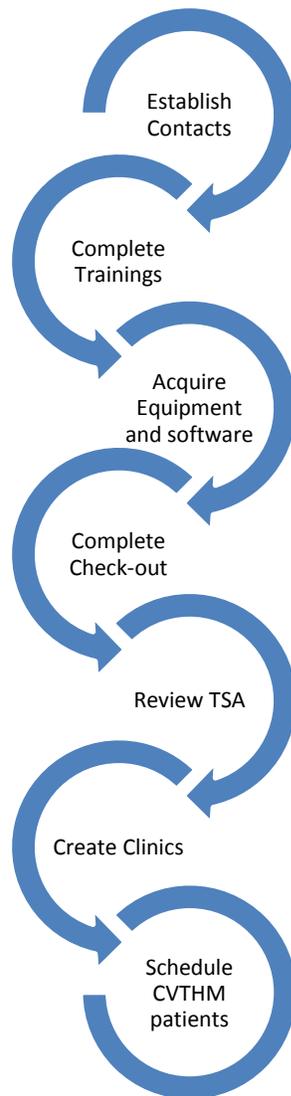
is located on the VHA Telehealth Services [website](#) and the VHA telehealth services [SharePoint](#). These websites house many useful resources, including operations manuals, training resources, Telehealth contacts, and videos. You are encouraged to explore these websites as a first step in becoming a telehealth provider.



With the recent expansion of Telehealth Services within the VHA, each VHA facility should have a facility telehealth coordinator ([FTC](#)), as well as telehealth clinical technicians ([TCTs](#)) and [preceptors](#). As policies and procedures are frequently updated, it is essential that you connect with your FTC early in this process. You can find your local FTC, TCT, and preceptor on the telehealth website listed [here](#). FTCs and TCTs are able to help you navigate the national and local systems to efficiently ascertain certification and the necessary devices to begin your

CVTHM practice. However, if your facility does not have technology staff in place, you can still proceed to becoming a CVTHM using this toolkit as guidance.

The steps shown in the figure below represent the processes for developing your CVTHM practice. While it is recommended that you proceed in the order presented here, the steps are often overlapping. Thus, feel free to approach this process in a way that is most fitting to your individual situation.



Step 1: Establish Contacts.

If you are ready to begin training to become a CVTHM provider, the first step is to contact your [FTC](#) to assist and direct you in this endeavor. You may already have been contacted by your facility telehealth leadership to determine the appropriateness of this service for your patients. The telehealth clinical technician CVT Preceptor who can be any discipline, including the TCT, will provide you with a list of [necessary trainings](#) and help guide you through the certification process. A complete list of trainings is available <http://vaww.infoshare.va.gov/sites/telehealth/Lists/trngspc/AllItems.aspx>. Be aware that there are numerous trainings available through TMS and My Telehealth. Only those trainings mandated by your facility's telehealth leadership are required for your individual training goals.

Step 2: Complete Trainings.

Training courses on CVT and CVTHM are located on both the TMS training system and in My Telehealth. My Telehealth is an online learning platform, or website, that houses trainings and provides links to various resources. This platform can be accessed through the TMS website. Please be sure to contact your local administrator to ensure that you have access.

Trainings fall under two categories, required and optional. Because local expectations may conflict with national standards, it is important to check with your local FTC about whether nationally recognized "optional" trainings are required for CVTHM certification locally. Two trainings are nationally recognized as required to begin your CVTHM practice.

To begin the process, log-on to TMS with your normal username and password. Then find and load the My Telehealth course (VA 14367). If you encounter technical difficulties accessing or completing the trainings, Contact the National Telehealth Training Center at 303-324 1370 or the National Telehealth Help Desk at 866-651-3180.

THE COURSES REQUIRED FOR CVTHM (THIS INFORMATION IS SUBJECT TO CHANGE)

1. TELEMENTAL HEALTH OPERATIONS MANUAL: VIDEOCONFERENCING
2. TELEMENTAL HEALTH SUICIDE PREVENTION AND EMERGENCY CARE
3. CVT INTO THE HOME-JABBER DEVICES
4. TELEMENTAL HEALTH SKILL ASSESSMENT

THE COURSES RECOMMENDED FOR CVTHM (THIS INFORMATION IS SUBJECT TO CHANGE)

1. CVT INTO THE HOME BARRIERS
2. CVT INTO THE HOME-PROGRAM GUIDANCE

Required Trainings

The following two course enrollments are required and are located on TMS: (1) Telemental Health Operations Manual: Videoconferencing; and (2) Telemental Health Suicide Prevention and Emergency Care. To enroll in these courses, search and load them into your TMS.

Telemental Health Operations Manual: Videoconferencing (60 mins; VA 5268) –

The purpose of this course is to provide VHA telemental health leaders with the information and tools necessary to implement successful telemental health programs. In FY 2010, the Secretary identified Telehealth as one of VHA's transformation initiatives within the New Models of Health Care (NMOC/NMHC) T21 Initiative. Based on recommendations of the Telehealth Expansion Task Force, the Secretary approved the further expansion of Telehealth staffing and equipment during FY 2011 and 2012. This includes the integration of Telehealth into other VHA offices, including specialty care, such as mental health care.

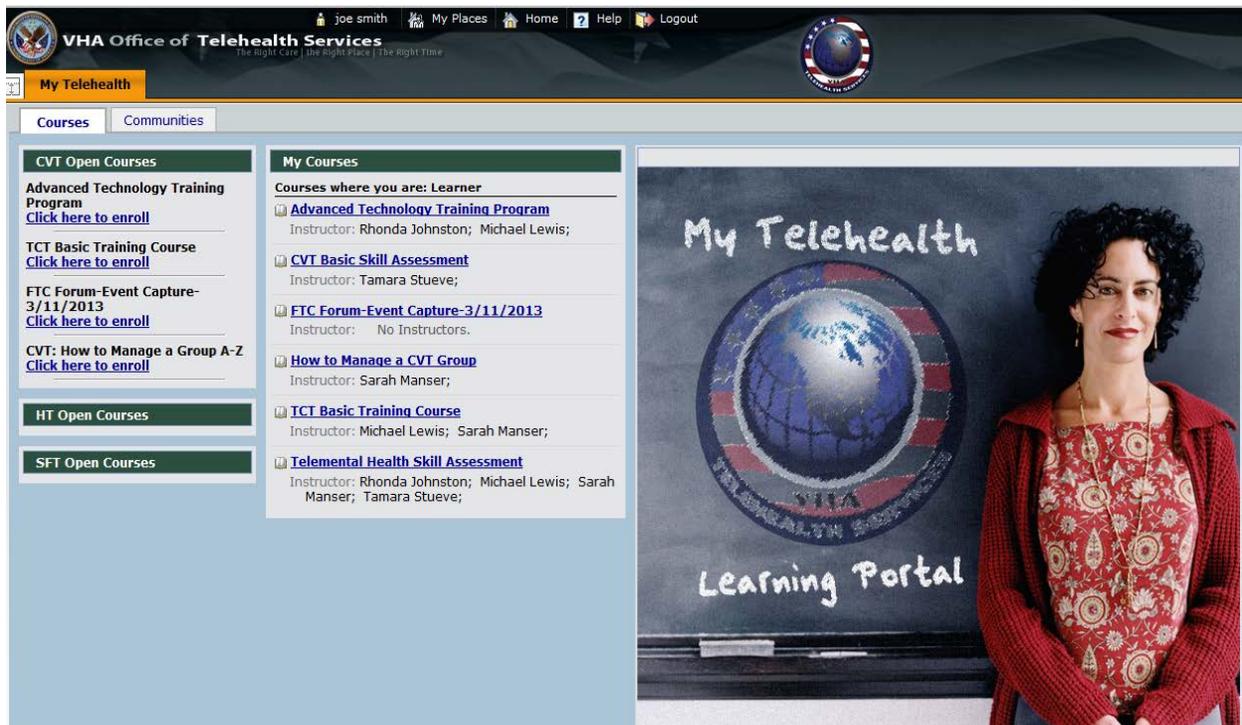
Telemental Health Suicide Prevention and Emergency Care (30 mins; VA 6949) –

The purpose of the Telemental Health Suicide Prevention and Emergency Care course is to assist and guide staff who may be conducting telemental health to understand and be prepared for clinical and legal issues in emergency situations, especially regarding care for patients who are potentially suicidal.

CVT into the Home-Jabber Devices (30 mins; TMS VA 3939343)

This Web-based Telehealth training course will provide the clinician or designated staff with possible patient owned home devices that would use the Jabber software to conduct a patient encounter into the home.

TeleMental Health Skill Assessment (30 mins: My Telehealth VA 14900)



My Telehealth is a virtual learning environment and course-management system developed by Blackboard, Inc. It is a Web-based server software. Its main purposes are to add online elements to courses traditionally delivered face-to-face and to develop completely online courses with few or no face-to-face meetings. You will find the TMH skill Assessment on this platform. Directions are provided through the [Telehealth Services TMH Web Site](#) and [TMH Training Plan SharePoint](#).

The skill assessment is an evaluation of the provider's ability to use the technology and complete the TMH Skill Assessment. To receive a Record of Completion for the TeleMental Health (TMH) Skills Assessment you must successfully complete the steps below:

Step 1: Complete the two classes in the TMH Core Curriculum listed below. Please save the two TMS class certificates to confirm class completion to the TMH Skills Assessment Reviewer.

[Telemental Health Operations Manual: Videoconferencing](#)

[Telemental Health Suicide Prevention and Emergency Care](#)

Step 2: Obtain an orientation to your Telehealth equipment in order to demonstrate and complete the [Telemental Health Skills Assessment Checklist- TeleProvider or Telehealth Skills Assessment Checklist-TelePresenter](#)(Control +Click), depending upon if you are a Telepresenter or Teleprovider. You must be familiar with your teleconferencing equipment and local emergency procedures that are contained in this checklist. This is what the Reviewer will assess you on. Please note the assessment will take a half hour.

Step 3: Choose the technology you will use to complete the [Telemental Health Skills Assessment Checklist- TeleProvider or Telehealth Skills Assessment Checklist-TelePresenter](#) (Control +Click), depending upon if you are a Telepresenter or Teleprovider. Note: this should also be the technology that you will use to see patients. Please review the training on one of the technologies to prepare for you TeleProvider Skills Assessment Training.

[CVT into the Home-Jabber Devices \(30 mins; TMS VA 3939343\)](#)

Step 4: Request a TeleMental Health Skills Assessment by going here: [Schedule a TMH Skill Assessment](#) (Control + Click). You will be sent further instructions in the confirmation email once you have scheduled your assessment.

Step 5: Upon successful completion of the two classes and the TeleMental Health Skills Assessment, you will be enrolled in My Telehealth where you will obtain your certificate and your Skill Assessment will be recorded in TMS.

Optional Trainings

The following trainings are recommended by telehealth staff to increase competence in CVTHM service provision. These trainings include information to facilitate safe and effective provision of CVTHM services.

CVT into the Home-Program Guidance (30 minutes; VA 3939449 TMS)

This Web-based Telehealth training course will provide the clinician with the skills and competencies necessary to routinely provide care or consultation through video with Veteran patients in their homes using processes and procedures that are safe, appropriate and effective.

CVT into the Home Barriers (30 minutes; VA3880170 TMS)

This course will provide the learner with guidance and troubleshooting techniques for CVT into the Home Encounters. The course is intended for TCT's, FTC's and Teleproviders involved with CVT into the Home Patient Encounters.

Step 3: Acquire Equipment and Software.

Once you have completed the necessary coursework, the next step is to contact your facility's FTC and acquire the necessary equipment, including the video teleconferencing equipment and Jabber software program. The FTC at your site will work with you to ensure the appropriate devices are installed and functioning properly. Once loaded, the Jabber software will be found in the cisco folder on the windows start menu

Step 4: Complete CVT Skills Check-out.

Upon successful completion of all necessary coursework, it is time to complete a provider checkout. There are two ways to complete the checkout: (1) you can meet with your site CVT Telehealth Preceptor or CVT TMH Master Preceptor; or (2) you can [schedule a teleprovider skills assessment with the National Telehealth Training and Resource Center](#). You will be sent further instructions in a confirmation email once you have scheduled your assessment.

The method of checkout will depend on your local policies and procedures. During this meeting, the technician will review the use of your televideo equipment, use of Jabber software, and standard procedures and policies. Once this meeting is complete, you will be provided with a certificate of completion and your Skills Assessment will be recorded in TMS.

Step 5: Review Telehealth Service Agreement (TSA).

The Telehealth Service Agreement specifies and governs the clinical, business, and technical details of operations of the telehealth services between Facility Telehealth Service and each Clinical Service and defines the responsibilities and procedures involved in establishing and operating a telehealth clinic between the involved medical facilities.

There should be one TSA for each Clinical Service providing CVT into the Home. The TSA will specify local policies in regards to admission/inclusion criteria, discharge/exclusion criteria, emergency procedures, including behavioral emergencies, and procedures for equipment failures. The TSA will also include a method to identify the patients and providers involved in CVT-HM. In regards to emergencies, TSA's will address plans for emergency situations, reconcile telehealth policies with existing policies, identify steps for transportation and admission of patients, and provide plans for referring the veteran for an urgent or emergent

mental health assessment and/or treatment. Further, TSA's will have contingency plans for equipment failures, including who exactly to contact at your local site for immediate assistance. All necessary community contacts will also be included such as 911 and other emergency numbers. Also consider community contacts such as local hospitals, providers, fire and police. You also need to include and verify patient information at every visit. Contact your local FTC for a copy of your TSA. If a TSA for CVTHM is not in place, you can find a template on the VA Telehealth Sharepoint [here](#) to be tailored to your local procedures.

Step 6: Create Clinics.

When creating clinics, it is important to discuss local procedures and policies with your FTC and refer to the TSA for up-to-date information on local nomenclature. Separate CVTHM clinics need to be established in VistA Appointment Management for the provider side of the CVTHM. The *Primary Stop Codes* are the same as in-person visits for mental health treatment (e.g., 500-599; visit http://vaww.dss.med.va.gov/programdocs/pd_oident.asp for a comprehensive listing). *Secondary Stop Codes* are used according to the Telehealth requirements. In *all* cases, use of CVTHM requires the use of the secondary stop code 179. For example, a CVTHM clinic established to deliver mental health care from the General Mental Health Clinic would use a 502-179 stop code.

Step 7: Schedule Patients.

Once you have completed the necessary training steps, you are ready to begin scheduling patients. In addition to scheduling clinic appointments through VISTA, you will also be required to use the online VA scheduler for scheduling Veterans for CVTHM appointments. The scheduler can be found [here](#). Your username and password are identical to your VA computer login (e.g., VHALOCLASTFIRST). You must schedule both in VISTA and on the VA scheduler

for the appointment to be valid. The VA scheduler will provide you and the Veteran with a link to an encrypted session. Without these links, the session cannot proceed.

PRIOR to seeing the patient via CVTHM, you should record as many emergency contact numbers as possible, including the patient's home and cell phones, any point of contact home and cell phones the patient provides (e.g. friends, neighbors), and you should look up the local emergency numbers for the patient's location. The latter can be done using the internet (e.g., www.usacops.com may be helpful) to find the police, fire, emergency medical numbers for the patient's location. In the midst of an emergency, you can always call the VA crisis number 1-800-273-8255 press 1 which is managed by the VA for emergencies.

Trouble Shooting

CVTHM problems seem to center around several domains. This tip sheet provides suggestions organized by domain. This is a working document intended to augment, not replace, any local or national guidance on CVTHM.

Equipment

Ensure that the computers on both the provider and patient ends are upgraded to as fast a processor as possible. Core i5 processors and higher provide significantly faster connection and improved quality as compared to lower speed processors.

1. Check audio settings. Ensure that the speakers on both ends are connected to the correct speaker and microphone. If audio is not working properly, sometimes hanging up and calling back fixes the problem. Be prepared to use telephones to provide audio if the software audio does not work properly.
2. The National Telehealth Technology Help Desk (866) 651-3180 is available 7-11pm EST to help troubleshoot technical problems with CVTHM.

Connectivity

1. Internet speed – high-speed Internet starts at 3 Mbps, but the Veteran needs to have consistent Internet speed of 6 Mbps. Less than 6 Mbps does not appear to be able to handle encryption. Have the Veteran check with his/her Internet service provider to ensure he/she has a consistent, minimal connection speed of 6 Mbps. ?Visit www.speedtest.net which is a website that can let the Veteran know the speed of his/her connection.
 - a. On both the provider and Veteran ends, the more devices/activities that are using the Internet signal, the slower the speed. Ask the Veteran to ensure that no one else in his/her house is using the Internet during the session.
 - b. When possible, have the Veteran “hard-wire” into his/her Internet connection. Hard-wire is the best type of connection. If he/she is using an iPad, connecting to a wifi network ensures a better connection second to hard-wired, and using a wireless phone carrier lends a decrease in bandwidth and connectivity.
2. Browser – The Firefox and Chrome are not accepted browsers and will cause problems with Jabber. Ask the Veteran to connect to Jabber through Internet Explorer.
3. Downtime – there are times when the VA network, the Veteran’s internet network, or Jabber is down. In these instances, nothing can be done but to wait until the network has been restored.

Software

1. Jabber software is the most common software used to connect VA providers to Veterans in the home. For additional user instructions/questions, view the help page at <http://jabberhelp.evn.va.gov/help.htm>. The Veteran will need to load the software onto

whatever device (laptop, iPad, desktop) he/she will be using for treatment. Manual install instructions can be found [here](#). See “[Jabber installation on iPad](#)” document for detailed information regarding how to install Jabber on an iPad. Secure software is only available “one-to-one” currently, meaning that one device on the provider side can connect securely to one device on the patient side. Connecting securely to more than one patient is not possible using the current software.

2. To obtain access to Jabber, the Veteran will receive a link from “[VideoAnywhere Scheduling](#)” software.
3. Once he/she receives the link from “[VideoAnywhere Scheduling](#),” he/she will click on the link and follow the directions to download the software. Detailed directions for iPad installation are attached. Installation needs to occur only once, and the Veteran does not need to download the software for every appointment.
4. Once Jabber is downloaded from the link, the Veteran clicks on the link in the email sent by VideoAnywhere Scheduling to get his/her username and password for the appointment.
5. The Veteran should COPY and PASTE both the username and password into the appropriate boxes once he/she has opened Jabber. The username and password are valid for 24 hours, including multiple log-ins if disconnections occur.
6. The National Telehealth Technology Helpdesk (866) 651-3180 is available 7-11pm EST to help troubleshoot any technical problems with CVTHM.

Engaging leadership: Benefits of CVTHM

Home telehealth is a collection of new technologies, approaches and protocols that goes beyond the definition of "just another tool" in the practice of healthcare. Telehealth into the home is a powerful tool that reduces the effect that geographical distance has on access to mental health services. For the patient, telemental health into the home brings care into the home; for the provider, it enables him/her to provide access to specialized and quality mental health services for the general patient population. As telemental health becomes more systematically integrated into mental health care at the VHA, it will become increasingly less distinct and less daunting.

While telemental health presents some differences from traditional in-person services, in general, most concerns surrounding telemental health are not really different from the concerns that exist with more traditional mental healthcare delivery.

Further, telemental health aims to provide timely, cost-effective, and convenient access to quality mental healthcare services, despite geographical distance. Mental health providers and patients gain improved access to one another by using teleconferencing equipment. Patients and healthcare providers can eliminate the traditional necessity of physical presence in the same place at the same time. Convenient access allows a substantial reduction in the burden of travel for patients and healthcare providers to interact.

The VHA is now recognized as a leader in telemental health services. CVT uses telehealth technologies, including state-of-the-art videoconferencing, to make diagnoses, manage cases, and provide psychotherapy at a distance. Telemental health provides benefits across several domains:

- **Cost:** Total cost of care is reduced when patient and healthcare provider travel expenses are mitigated. Costs are also reduced if patients have the support to manage their own care; get timely, appropriate care; and get care early in the disease process.

- **Access:** Providing a telehealth endpoint where the Veteran lives provides greater access to specialty care, for example, enabling a Veteran to see a trauma therapist for PTSD without traveling to the distant site.
- **Quality:** Studies measuring quality of telehealth compared with outpatient visits indicate no significant perception of difference.
- **Patient Satisfaction:** Surveys of patients following a telehealth encounter show a high level of satisfaction, particularly as it relates to cost, efficiency, and improved access.

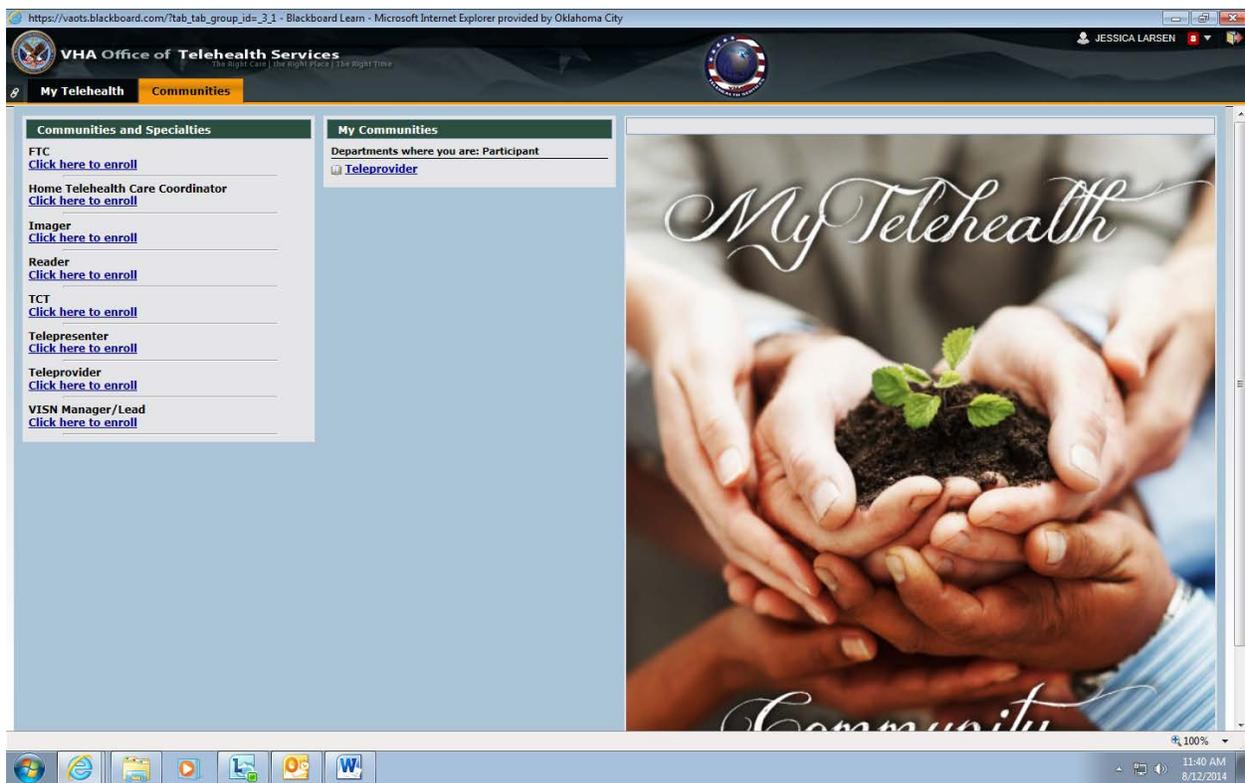
Telehealth technologies make it possible for Veteran patients to connect to a specialist provider who may be in a hospital that is dozens, even hundreds, of miles from their home. This will open up access to mental health treatment for individuals who are homebound and/or live in rural, underserved areas. CVTHM is a new frontier in telemental health and offers many potential benefits. It has been piloted successfully and is now being implemented nationally. In the coming years, the VA predicts that CVTHM will increase access for Veteran patients who, until now, have had to travel to the nearest community-based outpatient clinic (CBOC) to receive services via CVT or who were otherwise unable to receive mental health services.

Develop a Community of Practice

Establishing a professional support environment is an important aspect of clinical endeavors. Telehealth offers a unique opportunity to engage in both online and in-person formats to develop a support network.

Communities in My Telehealth

In addition to allowing you to enroll in the trainings through My Telehealth, the communities tab includes an opportunity to enroll in specialty communities. Simply choose the teleprovider “click to enroll” link under the communities and specialties heading. This website will link you to the myteleprovider website and provide a current list of the CVT Training for teleproviders that is available.



Developing a Local Support Team

Developing a local support community by organizing colleagues and mental health professionals implementing CVTHM at your site will optimize likelihood for success. Such a support team can provide assistance in identifying key players, navigating local systems, anticipating and overcoming barriers to implementation, and troubleshooting issues as they arise. TCTs and FTC's may be initial point persons to help identify other professionals at your site who are involved with CVTHM technology in their clinical practice. Once they are identified, creating an email list and/or holding in-person or virtual meetings may be a great way to develop a local community of practice. Once created, a community of practice may expand beyond the provision of logistical and technical assistance for CVTHM practitioners to the engagement of

clinical consultation, including tasks such as addressing clinical practice issues and sharing VHA's best-practice policies and cutting-edge research on telemental health. By working together to build a community of practice, CVTHM practitioners can ensure a high quality of telemental healthcare provision for Veterans.

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(2), 111. doi: <http://dx.doi.org/10.1037/a0027924>
- Bensink, M., Hailey, D., Wootton, R. (2006). A systematic review of successes and failure in home telehealth: preliminary results. *Journal of Telemedicine and Telecare*, 12, 8-16. doi: <http://dx.doi.org/10.1258/135763306779380174>
- De Las Cuevas, C., Arrendondo, M. T., Cabrera, M. F., Sulzenbacher, H., & Meise, U. (2006). Randomized clinical trial of telepsychiatry through videoconference versus face-to-face conventional psychiatric Treatment. *Telemedicine and e-Health*, 12, 341-350. doi: <http://dx.doi.org/10.1089/tmj.2006.12.341>.
- Fortney, J. C., Pyne, J. M., Edlund, M. J., Williams, D. K., Robinson, D. E., Mittal, D., & Henderson, K. L. (2007). A randomized trial of telemedicine-based collaborative care for depression. *Journal of General Internal Medicine*, 22, 1086-1093. doi: <http://dx.doi.org/10.1007/s11606-007-0201-9>
- 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: <http://dx.doi.org/10.1089/tmj.2013.0075>
- Morland, L., Greene, C., Grubbs, K., Kloezeman, K., Mackintosh, M., Rosen, C., & Frueh, B. (2011). Therapist adherence to manualized cognitive-behavioral therapy for anger management delivered to veterans with PTSD via videoconferencing. *Journal of Clinical Psychology*, 67, 629-638. doi: <http://dx.doi.org/10.1002/jclp.20779>
- 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. *The Journal of Clinical Psychiatry*, 75, 470-476. doi: <http://dx.doi.org/10.4088/JCP.13m08842>
- O'Reilly, R., Bishop, J., Maddoz, 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. doi: <http://dx.doi.org/10.1176/ps.2007.58.6.836>
- Richardson, L. K., Frueh, B. C, Grubaugh, A. L., Egede, L., & Elhai, J. D. (2009). Current directions in videoconferencing telemental health research. *Clinical Psychology: Science and Practice*, 16, 323-338. doi: <http://dx.doi.org/10.1111/j.1468-2850.2009.01170.x>
- Sorocco, K.H., Bratkovich, K.L, Wingo, R., Qureshi, S.M., & Mason, P.J. (2013). Integrating care coordination home telehealth and home based primary care in rural Oklahoma: A pilot study. *Psychological Services*, 10(3), 350.

Tan, G., Teo, I., Srivastava, D., Smith, D., Smith, S. L., Williams, W. and Jensen, M. P. (2013). Improving access to care for women veterans suffering from chronic pain and depression associated with trauma. *Pain Medicine*, 14, 1010–1020. doi: <http://dx.doi.org/10.1111/pme.12131>

Resource List

VA Resources

VA Intranet Home Telehealth Website

<http://vaww.telehealth.va.gov/pgm/ht/index.asp>

CVTHM Supplement

<http://vaww.infoshare.va.gov/sites/telehealth/docs/cvthm-spp.docx>

National Telehealth Technology Help Desk

(866) 651-3180 is available daily 7am-11pm EST.

CVTHM VA Sharepoint

[This website](#) is where you can access CVTHM forms including guidance documents, liability waivers, emergency procedures protocols, need assessments, operations manuals, and telehealth service agreements.

Public VA Telehealth Website

This publically available website can be used to orient patients, community members, and caretakers to telehealth services at the VA. There are specialty sections for real-time telehealth, home telehealth, and store and forward telehealth. Patients can also access newsletters and videos orienting them to teleservices.

<http://www.telehealth.va.gov/>

Public VA Home Telehealth Website

<http://www.telehealth.va.gov/ccht/index.asp>

External Resources

Best-Practices Guidelines

Luxton, D. D., Pruitt, L. D., Osenbach, J. E.. (2014) Best practices for remote psychological assessment via telehealth technologies. *Professional Psychology: Research and practice*, 45, 27-35. doi: <http://dx.doi.org/10.1037/a0034547>

The use and capabilities of telehealth technologies to conduct psychological assessments remotely are expanding. Clinical practitioners and researchers need to be aware of what influences the psychometric properties of telehealth-based assessments to assure optimal and competent assessments. The purpose of this review is to discuss the specific factors that influence the validity and reliability of remote psychological assessments and to provide best-practices recommendations. Specific factors discussed include the lack of physical presence, technological issues, patient and provider acceptance of and comfort with technology, and procedural issues. Psychometric data regarding telehealth-based psychological assessment and limitations to these data, as well as cultural, ethical, and safety considerations, are discussed. The information presented is applicable to all mental health professionals who conduct psychological assessment with telehealth technologies.

Practice Guidelines for Video-Based Online Mental Health Services

<http://www.americantelemed.org/docs/default-source/standards/practice-guidelines-for-video-based-online-mental-health-services.pdf?sfvrsn=4>
[Published May 2013](#)

This covers the provision of mental health services when using real-time videoconferencing services transmitted via the Internet, including a personal computer with a webcam or a mobile communications device (e.g., “smart phone”, laptop, or tablet) with two-way camera capability.

Local Emergency Numbers

www.usacops.com or <http://psap.networkresourcecenter.org/>

These websites may be helpful in identifying local emergency numbers that are to assist the patient in their home. Clinicians should obtain emergency information in advance of seeing the patient.

**SC MIRECC Clinical Video Telehealth into the Home (CVTHM) Implementation Checklist
(Appendix A)**



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	Implementation Step	Decision	Action Item
FACILITY WILL:			
Step 1	Develop CVTHM team by identifying members that will be engaged the implementation process		
	Mental health providers (e.g., psychologists, social workers, mid-level prescribers, psychiatrists, licensed counselors)		
	Facility telehealth coordinator		
	Telehealth clinical technicians		
	OI&T		
	Administrative support		
	Mental Health program supervisors		
	Mental Health leadership		
	Other		
Step 2	Identify mental health providers that are interested in providing CVTHM		
	Discuss at program staff meetings.		
	Discuss at general mental health staff meetings.		
	Meet one-on-one with providers to promote CVTHM.		
	Identify local champion that is enthusiastic about the program.		
	Other		
Step 3	Identify mental health services that will be delivered through CVTHM		
	Evidence-based psychotherapy		
	Initial diagnostic assessment		
	Medication management		
	Follow--up from inpatient hospitalization		
	Couples/family therapy		
	Case-management services		
	Other		
Step 4	Establish CVTHM Clinics		
	Establish clinic name/stop codes via CPRS.		
	Acquire appropriate approvals (local and VISN level).		
	Develop telehealth service agreement.		
	Develop emergency contact form.		
	Develop liability waiver.		
	Develop informed consent process/form.		
	Develop CPRS note template.		

	Consult with IT to troubleshoot installation of Jabber software.		
	Test run CVTHM scheduler with IT.		
	Other		
Step 5	Specify how Veterans are referred for CVTHM services		
	Use only with provider's established patients.		
	Referral from within provider's own program only (e.g., PCT, GMH)		
	Referral from other providers within outpatient Mental Health services		
	Referral from inpatient units		
	Referrals from facility non-Mental Health services		
	Referrals from CBOCs		
	Other		
Step 6	Identify or develop implementation tools		
	Veteran brochures and educational materials		
	Provider training materials		
	Clinical assessment tools		
	Consult forms/procedures		
	Other		
Step 7	Conduct Audit/Feedback		
	Data collection (e.g., surveys, interviews with providers and Veterans)		
	Data analysis		
	Report to stakeholders		
	Revision of implementation strategy		
	Other		
PROVIDER WILL:			
Step 1	Complete education/training needed to begin CVTHM		
	Complete required CVTHM online modules.		
	Installation of Jabber software/equipment.		
	Practice scheduling CVTHM appointments/capturing workload credit.		
	Complete test/practice call.		
	Other		
Step 2	Identify Veteran population that is appropriate for CVTHM		
	Inclusion criteria: established Mental Health diagnosis; referral from PCP or Mental Health provider; informed consent; completion liability/emergency contact forms; computer access with speakers; access to Internet; phone for troubleshooting		

	Exclusion criteria: refusal of informed consent; violent/unstable patients/suicidal patients; severely decompensated patients; patients whose mental illness symptoms may be exacerbated by telemental health; hearing and visually impaired		
	Prescreening for appropriateness		
	Other populations/conditions not listed above		
	Marketing strategies: discuss at face-to-face appointments; discuss over the phone; discuss with Veteran family members; other		
	Connection of Veteran with TCT/PSA		
Step 3	Identify Veterans that cannot complete CVTHM services		
	Becomes more high risk and must be seen face-to-face		
	Too cognitively impaired to use the equipment or schedule appointments		
	Equipment not reliable		
	Home environment is not conducive to CVTHM		
	Veteran preference for face-to-face visits		
	Other		
Step 4	Conduct CVTHM encounter		
	Provider will confirm Veteran's home address.		
	Provider will confirm Veteran's emergency contact information.		
	Provider will ask if there are any other individuals in the Veteran's home during this session.		
	Provider will collect any relevant contact information for other individuals in the home during this session.		
Step 5	Audit/Feedback		
	Complete pre/post treatment surveys.		
TCT/PSA WILL:			
Step 1	Ensure Veterans have necessary equipment		
	Verify Veteran has computer with speakers.		
	Verify Veteran has phone for troubleshooting.		
	Help Veteran install webcam/Jabber software.		
	Test Veteran's bandwidth before first visit.		
	Test Veteran's ability to schedule appointments.		
	Complete test/practice call.		
	Help Veteran complete informed consent, emergency contact and liability forms.		
	Other		
VETERAN WILL:			
Step 1	Connect with TCT/PSA		

	Install webcam/Jabber software		
	Test bandwidth before first visit		
	Test ability to schedule appointments		
	Complete informed consent, emergency contact and liability forms		
	Complete test/practice call		
	Other		
Step 2	Complete CVTHM encounter		
	Verify home address.		
	Confirm emergency contact information.		
	Confirm whether there are any other individuals in the home during this session.		
	Provide any relevant contact information for other individuals in the home during this session.		
Step 3	Audit/Feedback		
	Complete pre/posttreatment survey/interviews		

Clinical Video Telehealth Contacts

My Facility Telehealth Coordinator (FTC) is: _____

Phone number: _____

My Telehealth Clinical Technician (TCT) is: _____

Phone number: _____

My Telehealth preceptor is: _____

Phone number: _____

My Office of Information and Technology (OI&T) contact is: _____

Phone number: _____

VHA Telehealth Technology Help Desk:

Phone number: (866) 651-3180

VA Crisis Line:

Phone number: (800) 273-8255 press 1

Additional Contacts (include providers, supervisors, support staff):

Name: _____ Phone number: _____

Sample heading for a CVTHM session Note

REQUIRED TELEMENTAL HEALTH INTO THE HOME INFORMATION:

1. Address of patient during this session:
14 Home Lane Oklahoma City, OK 73013

2. Emergency number for that address:
EMERGENCY CONTACT NUMBERS:
Veteran's Phone: (405) 555-5555
Local PD: (405) 555-5556
Local FD: (405) 555-5557
VAMC-OKC Police: (405) 456-5590
Nat. Telehealth HELP Desk: (866) 651-3180
VET CRISIS HOTLINE: 800-273-8255

3. Any other individuals present in the home during this session: Yes, wife, Jane Doe

4. Any relevant contact information (e.g. for any other individuals present in the home during the session): Jane Doe's cell (405) 555-5558

SESSION INFORMATION:

NAME: John Doe
DATE: 1/1/2015
Veteran's Phone number: (405) 555-5555
Veteran's email address: johndoe@gmail.com
Time CVT began: 13:00
Time CVT ended: 13:45

CONNECTIVITY AND PRIVACY:

Was privacy insured? Yes, with use of a headset

CVTHM Connectivity: Veteran connected with provider via CVTHM with no problems. Session proceeded normally, with no interruptions.

Continue with session note...

