Virtual Behavioral Health Program at TAMC

The Quadruple Aim: Working Together, Achieving Success

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**Virtual Behavioral Health Program at TAMC**

**Tripler Army Medical Center, 1 Jarrett White Rd, Honolulu, HI, 96859**

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The views expressed in this presentation are those of the presenter and do not reflect the official policy or position of the Department of the Army, Department of Defense, or the U.S. Government.
Tripler’s Area of Responsibility: 52% of the Earth’s Surface
A system of care that uses modern communication technologies to:
- Maximize utilization of Behavioral Health assets
- Provide uniform surge support BH encounters to Soldiers throughout the ARFORGEN cycle
- Increase access to care
- Insure continuity of care
- Promote a cultural change in the Force
TAMC VBH Pilot Study

- **Face-to-Face (FTF)**
  - Traditional and familiar
  - Provider and Patient/Client need to be in same locality

- **Video Teleconference (VTC)**
  - High quality picture
  - High bandwidth requirements
  - ISDN secure; IP less so

- **Webcam**
  - Fast setup
  - Does the job
VBH Pilot: 520 Redeployed Soldiers

Conroy Bowl:
- Brief (5 min)
- Questionnaire (7-8 min)
- Check-in and booking (1 min)
- VTC (20 min)
- DCO (20 min)
- Face-to-face (20 min) visit

TAMC:
- Remote VTC visit
- Remote DCO visit

Checkout:
- Survey monitor
- NCM
- Survey and follow-up (5 min)

Analysis:
- Provider survey

2011 MHS Conference
VBH Provider View
Structure of VBH Post-Deployment Interviews

- Positive psychology approach focusing in strength and resiliency
- Normalizing of the readjustment process
- Screening and referral of high risk issues
- Identification of other potential issues/problems with referrals and recommendations
- Reducing stigma
- Maximizing access to care
Soldiers who felt the interview was helpful

- FTF: 87%
- VTC: 88%
- Webcam: 86%
Soldiers who felt satisfied with the overall process

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTF</td>
<td>96%</td>
</tr>
<tr>
<td>VTC</td>
<td>97%</td>
</tr>
<tr>
<td>Webcam</td>
<td>95%</td>
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Prefer FTF

FTF: 91%
VTC: 34%
Webcam: 36%

2011 MHS Conference
There were concerns I did not feel comfortable discussing.
Number of Referrals Made

<table>
<thead>
<tr>
<th>Mode</th>
<th>N</th>
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<tbody>
<tr>
<td>FTF</td>
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<tr>
<td>VTC</td>
<td>26</td>
</tr>
<tr>
<td>Webcam</td>
<td>24</td>
</tr>
</tbody>
</table>
Provider comfort with the process

- FTF: 100%
- VTC: 89%
- Webcam: 56%
Provider’s ‘tired’ by the process

- FTF: 5%
- VTC: 5%
- Webcam: 33%
Other Findings

- No significant difference in provider’s perceived ability to assess and treat
- 94-96% of Soldiers felt there was adequate privacy
• 3324 Soldiers from the 4-25 ABCT participated in VBH (99% participation rate)
• 983 (30%) were recommended by the BH Provider to receive a BH referral
• 686 (70%) accepted the referral
• Satisfied Soldiers: 86.5%
• 73.9% felt that the interview was helpful
• 64.8% disagreed that members of their unit would have less confidence in them if they went for behavioral health care service
• 59.4% of providers felt comfortable using this method of interview
• Provider credentialing process was fast
• Provider training was inadequate
• All workload credit went to remote site
• IT and logistical issues were primary concern
Lessons Learned: Soldier Perspective

- Soldiers view the VBH encounter very positively
- Soldiers are comfortable with the process
- Telehealth screening questionnaires and webcam interviews work
Lessons Learned: Provider Perspective

- Providers need thorough training on positive psychology approach
- Providers need thorough training on skills specific to providing care via telehealth
  - Camera position
  - Volume levels
  - Explanations to the recipient
  - Movement
- Telehealth is tiring
Lessons Learned: Safety and Backup

- Phone in VTC/Webcam room
- Need ‘dedicated’ phone line at remote site
  - Staff on ‘standby’ at remote site to pick up call
  - Phone needs to be ‘always on’
- Need backup procedures in place
  - Power goes out
  - Patient/client is at risk
- Home-based treatment presents unique challenges
Lessons Learned: Enterprise Issues

• AHLTA has major limitations across regions; workarounds implemented but cumbersome
• Culture changes are needed (e.g., shift from region-focus to enterprise-focus)
• Need to remain mindful of the VBHP concept and vision when efforts at enterprise-wide deployment are meet with resistance
Behavioral Telehealth at TAMC

- Staffing
  - 10 Clinical Psychologists
  - 1 Psychiatrist
  - 3 Nurse Case Managers
  - 3 Psychology Technicians
  - 3 IT Support Staff
  - 2 Admin Staff
  - 22 Total

- Provided the clinical, technical and military cultural training required to do the job.
Services

- Worldwide surge support
- Services to soldiers down range
- Services to military units in the Pacific Regional Medical Command’s area of responsibility to include Japan, Korea, and Guam
- Services to National Guard/Army Reserve Families and Soldiers living on the Hawaiian Islands and remote islands of the Pacific
- Services to uniformed service members living on Oahu who would like to avoid the two hour commute it may take to get to Tripler from their place of duty.
Virtual Behavioral Health For Redeploying Troops Program Consultation

Dr. Moira Shaw
Allison Pompey, M.A.
Public Health Assessment Program
Weather for Honolulu, HI

- **Tue**
  - 80° F | 69° F

- **Wed**
  - 80° F | 70° F

- **Thur**
  - 78° F | 69° F

- **Fri**
  - 78° F | 68° F

Weather for Washington, DC

- **Tue**
  - 50° F | 35° F

- **Wed**
  - 41° F | 34° F

- **Thu**
  - 39° F | 27° F

- **Fri**
  - 39° F | 30° F

**Mahalo!**

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