

Always Look a Gift Horse in the Mouth

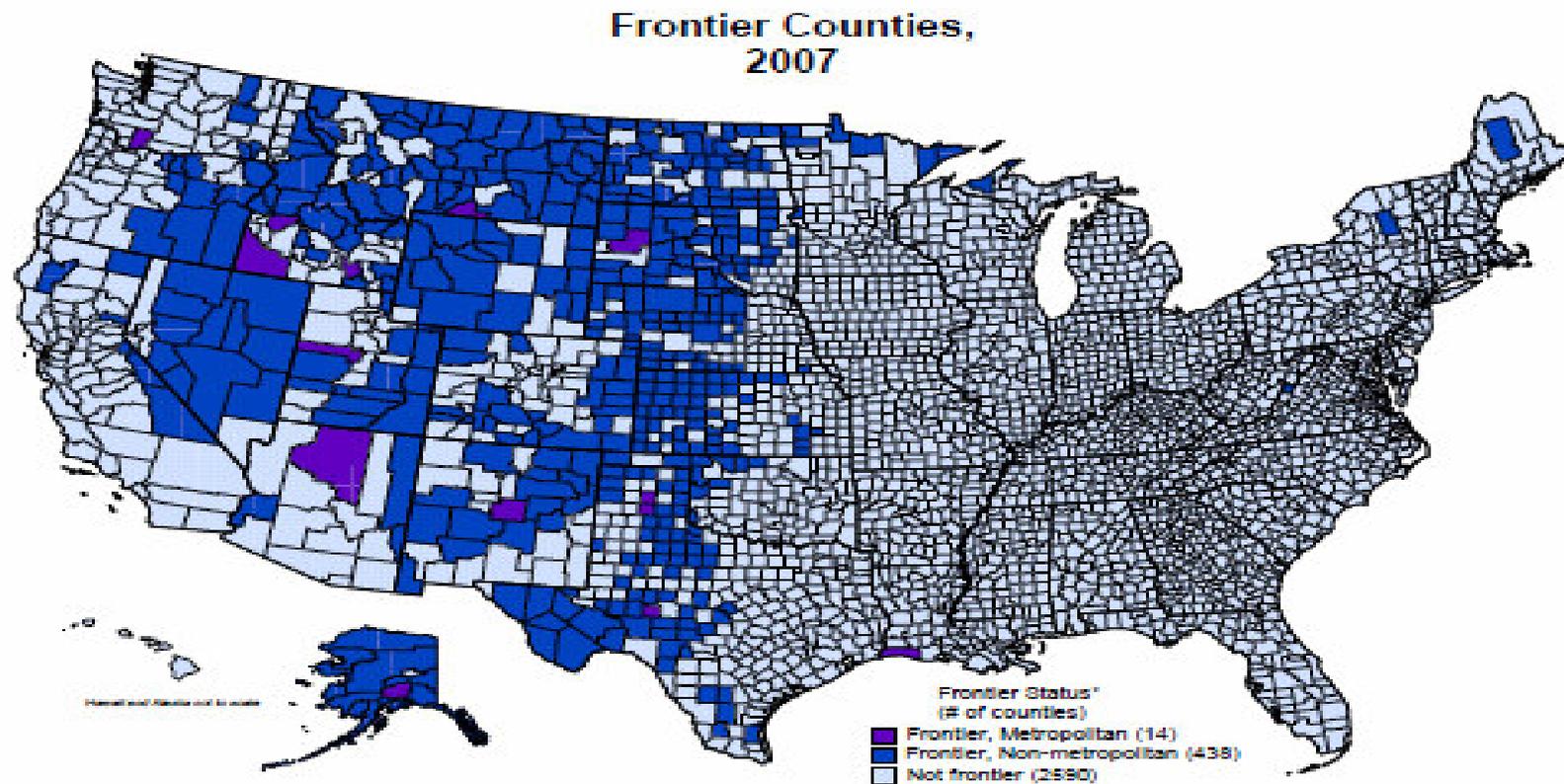
Understanding the Benefits and Challenges of TeleBehavioral Health

Overview

- Introduction
- A Brief National History of AI/AN Telepsychiatry
- A Brief Personal History with Telepsychiatry
- The CRSU Psychiatry Program
- Gift Horses and Fields of Dreams
- Closing Thoughts

New Horses

Why Telepsychiatry?



*Frontier counties are defined as having fewer than seven persons per square mile.
Source: Area Resource File, 2006; US Department of Health and Human Services, Health Resources and Services Administration.
Prepared by: The North Carolina Rural Health Research and Policy Analysis Center, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill.

A Brief Telemedicine History

- Alaska – The Frontier
 - 1905 phone lines
 - 1915 phone lines abandoned → radiophones
 - 1931 BIA gets into healthcare → shortwave radio
 - 1955 BIA hands off to PHS/IHS → sharing radio capacity (DOD/VA and others)
 - 1960's Community Health Aide program started

EVOLUTION & SUMMATIVE EVALUATION OF THE ALASKA FEDERAL HEALTH CARE ACCESS NETWORK TELEMEDICINE PROJECT, 2004;

<http://www.alaska.edu/health/downloads/Telemed/AFHCAN.pdf>

A Brief Telemedicine History

- Alaska – The Frontier (cont)
 - Late 60's – Satellite Era starts – ATS-1
 - Education early use
 - 4 hours of healthcare communication daily
 - Supervision of village healthcare aides
 - 1970's – ATS program continues
 - 2 way communication, clinical exams
 - 1990's
 - Broadband arrives!

A Brief Telemedicine History

- Alaska – The Frontier (cont)
 - Alaska Network Buildout 1990s-2000s
 - AFHCAN
 - Coordinated effort between state, DOD, VA, IHS
 - Telehealth takes off
 - Telebehavioral health visits
 - Villages do Virtual groups, AA, Med Assessments, Crisis Support
 - Spurred development of Village Behavioral Health Aide certificate program

Meanwhile in the Lower 48



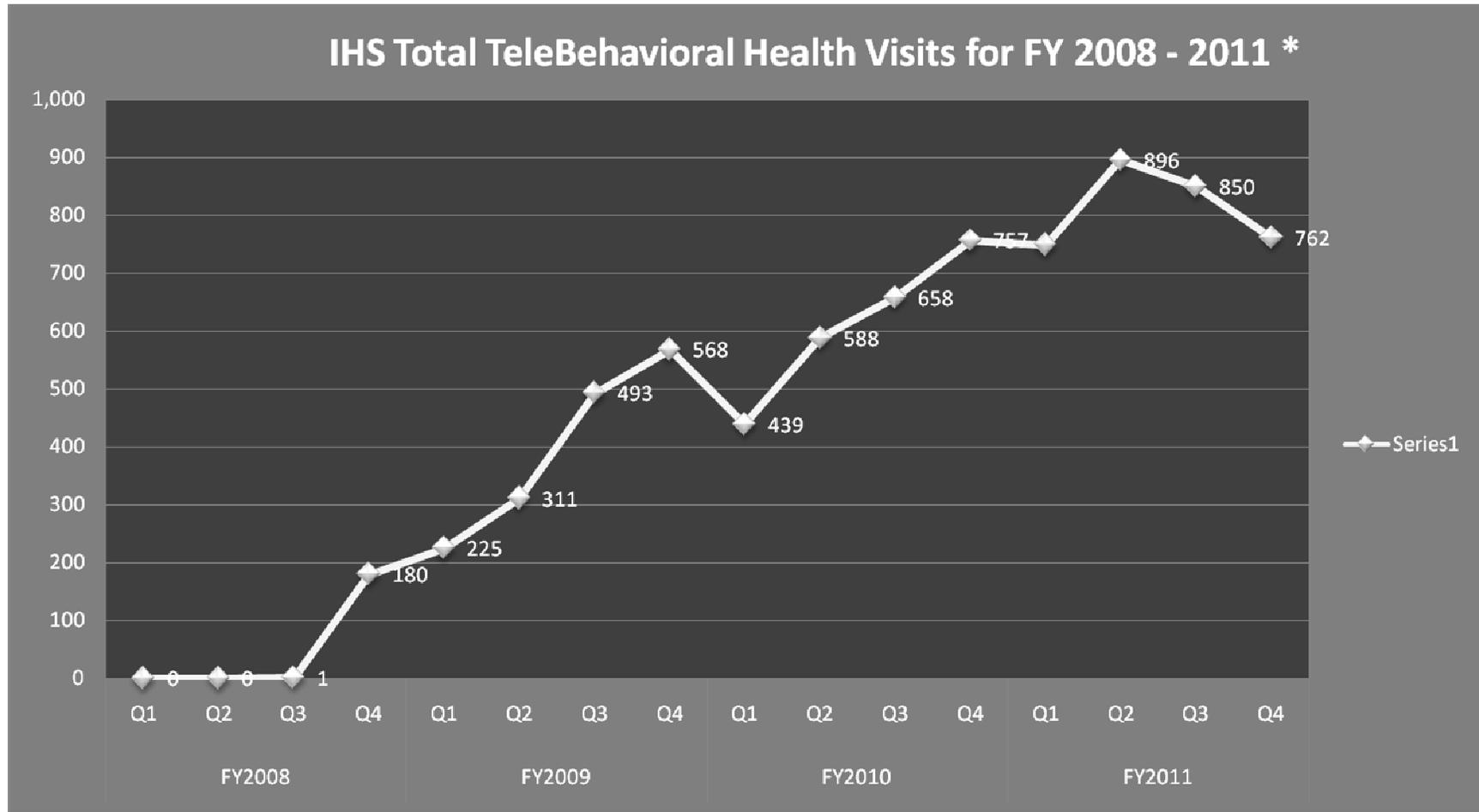
Lower 48 TeleBH Development

- Several calls by Congress for teleBH expansion
 - Scattered programs across the country
 - No central organization
 - Most work occurred around developing telecom infrastructure
- Then ARRA comes
 - IHS network upgrades
 - TeleBH Center of Excellence established in ABQ
 - AND Videoconferencing Units go to hundreds of tribal/federal IHS sites

Lower 48 TeleBH Development

- Current Status
 - National IHS Videoconferencing Support Center
 - IHS TBH Center of Excellence hires FT Coordinator
 - Monthly CE activities being offered
 - Technical Assistance for programs now available
 - Year by Year use of TeleBH increasing
- Still lacking
 - Nationally coordinated programming
 - Adequate bandwidth remains problematic

IHS Telebehavioral Health Activities



IHS Data courtesy of Mose Herne, Ph.D./Div of BH/IHS

A Personal History

- Browning, Montana 1989
- Anchorage/Bethel, Alaska 1993
- Chinle, Arizona 1993-2006
- Window Rock, Arizona 2006
- Kayenta/National HQs 2007-2010
- Parker 2010 - present

Anglos Acculturate Too! Where the Matriarch Goes So Goes the Family



Early Questions

- Will it work?
- What will the patients think?
- Will I like it?
- Will the local staff support it?
- Will I be able to connect to the patients?
- Is this really a job?

Early Challenges

- Selecting Equipment
- Setting up Equipment
 - Telecom Provider
 - Network Access
 - Testing Connectivity
 - Quality of Service Issues (who's telecom traffic gets priority?)
 - Getting tech support (clinical services need real-time response support)

Early Challenges

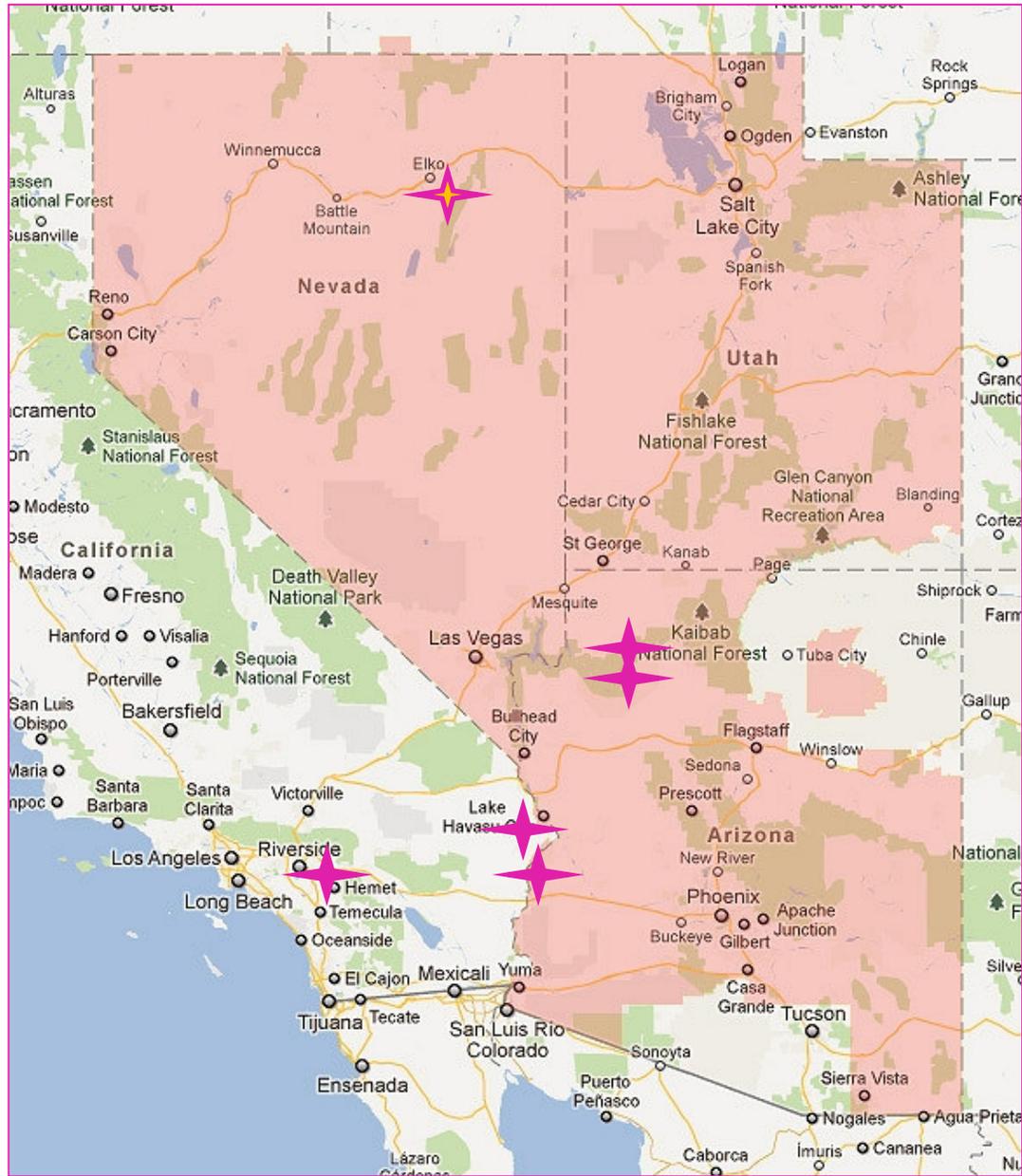
- Orienting Staff
 - Who knows how to turn it on?
 - Who knows what to do when it's not connecting?
 - Who can adjust the video/sound quality?
- Orienting Staff Part 2
 - How do staff introduce the service?
 - What are they doing while the patient is being seen?
 - Is there someone who feels/is responsible for the patient?

Lessons from Navajo

- The local program counts
- Local staff sell the program
- Each patient interaction is a potential teaching opportunity for local staff
- Tech support needs to be available within minutes during business hours
- Practice ... Any kind ... With the videoconferencing equipment makes perfect

The Colorado River Service Unit Psychiatric Services Program

- Approximately 10,000 user population
- 5 sites across 400 miles of desert
 - Sherman Indian School, Riverside, CA
 - Chemehuevi Health Clinic, Chemehuevi, CA
 - Parker Indian Health Center, Parker, AZ
 - Peach Springs Health Clinic, Peach Springs, AZ
 - Supai Health Station, Supai, AZ
- And Contracted Site – Northern Tribes Health Center, Elko, NV (~2500 user population)



Highlights of the Program

- FT Telepsychiatrist serves all 6 sites
 - New concept to Indian Health Service
 - Quarterly site visits
- Central Scheduling
 - All sites have Equivalent Access
 - Includes options for crisis or urgent evals
 - Use combination of Outlook and RPMS Scheduling
- Combination of dedicated units and desktop videoconferencing

Scaling

- Teleconferencing technology allows improved scaling
- Can increase/decrease level of service in small increments rather than in FT equivalents
- As travel is not involved program does not pay travel premium on top of existing costs
- Opportunities for connections with range of other services – i.e. child psychiatry, neuropsychology, etc.

Central Scheduling

- Crucial if covering multiple sites
- Breaks system out of “BLOCK” scheduling mode
- Allows similar access across sites for improved patient convenience
- Can be challenging across time zones!

Quarterly Site Visits

- Promote staff and community acceptance of program
- Provide on-the-ground coordination
- Opportunity for patients to meet and greet the provider as desired
- More desirable in programs where telepsychiatry provides bulk of BH services (as opposed to existing BH programs where telepsych is ancillary to the main program)

Gift Horses and Fields of Dreams

Beware of Gifts!

Gift Horses and Fields of Dreams

- Unexpected Costs
- Program Misfit
- Inadequate Support Capacity
- Overwhelmed Staff
- Technology \neq Program

Where We're Going ...

- Connect to larger programs for more comprehensive coverage
- Increase use of the system for non-psychiatric providers
- Make activities more portable using CMA technology
- Establish standard MOUs for connecting to non-IHS sites (Tribal BH programs, RTCs, Community MH programs, etc.)

Putting the Patient in the Middle

- Smart phone technology
- Home-based services
- Service travels with patient
- Service connects patients to resources
 - Peers
 - Self-care management
 - Other types of providers/approaches
 - Information

Resources

- Indian Health Service Telebehavioral Health Center of Excellence (TBHCE), Albuquerque, NM
 - Director: Dr. Chris Fore, chris.fore@ihs.gov
 - Coordinator: Daniel Cook, daniel.cook@ihs.gov
 - Resources include technical and program assistance, program setup checklists, sample policies, equipment recommendations, access to CMA-based services
- NARBHA Telehealth Program: www.rbha.net
 - Resources include orientation materials, links to telehealth resources, sample policies
- American Telemedicine Association
 - Resources include implementation/program guidelines, links to resources

Resources

- Peter Stuart, MD
Director, Mental Health Services
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Parker Indian Health Center
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