

QUERINational Program

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Virtual Specialty Care QUERI

Implementing and Evaluating Technology-Facilitated Clinical Interventions to Improve Access to High Quality Specialty Care for Rural Veterans

Seattle, WA

Iowa City, IA

Overview

Three million Veterans living in rural areas receive VA healthcare. To improve rural Veterans' access to care, the Office of Rural Health's (ORH) Veteran Rural Health Resource Centers are developing promising practices that utilize virtual care technologies developed by the Office of Connected Care. The Virtual Specialty Care (VSC) QUERI works with operational partners to determine how emerging technologies can be optimally incorporated into clinical interventions to better serve rural Veterans.

The goal of the VSC QUERI program is to implement and evaluate promising clinical practices incorporating virtual care technologies to improve access to high-quality care for Veterans residing in rural settings. To achieve this goal, this QUERI has three specific aims:

- Develop, evaluate, and refine implementation strategies to roll out promising clinical practices that incorporate various virtual care technologies, e.g., telehealth, eHealth, and mHealth (mobile health);
- Evaluate and refine promising clinical practices that incorporate virtual care technologies that are designed to improve access to high-quality care for rural Veterans; and
- Measure implementation costs and assess the budget impact for operational partners.

Methodology

Projects compare standard VA implementation strategies to enhanced implementation strategies. For provider adoption, standard implementation strategies include: funding for hiring new personnel, internal facilitators, operational manuals, resource guides and toolkits, training, and technical support. For patient adoption, this includes education handouts and websites. For provider adoption, enhanced implementation strategies include external facilitation, rapid assessment procedures, and systems redesign methodologies such as clinical workflow mapping. For patient adoption, enhanced implementation strategies focus on social marketing techniques.

Findings and Anticipated Impacts

The Telemedicine Outreach for PTSD (TOP) multi-site quality improvement project promotes engagement in evidence-based psychotherapies by Veterans with PTSD served in VA's community based outpatient clinics. To date a total of nine care managers have been trained at five VAMCs and engaged 874 hard to reach Veterans with PTSD in 25 VA Community-based Outpatient Clinics.

The HIE for Dual Use Veterans multi-site quality improvement project promotes Veterans' adoption of Electronic health information exchange (eHIE) for those receiving care in the community. Educational materials generated from this project have been made available nationwide to Veterans through the My HealtheVet website. Eighteen staff have been trained at six VAMCs and 11,410 Veterans have enrolled in the Veteran Health Information Exchange program.

(Over)

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Virtual Specialty Care **QUERI**

The Clinical Video Telehealth to Home project integrated clinical video telehealth to home (CVT-H) technology into the Home-Based Cardiac Rehabilitation (HBCR) program to improve rural Veterans' access to cardiac rehab. This project demonstrated proof for concept of using CVT-H in HBCR and has been used by early adopters at VA medical centers implementing HBCR as part of VA's Office of Rural Health Promising Practices program.

The PE Coach Implementation project evaluated the effectiveness of a high-intensity implementation strategy to promote full-feature adoption of the Prolonged Exposure (PE) therapy mobile app 'PE Coach' by therapists and patients. Key lessons from this project were shared with the National Center for PTSD Dissemination and Training Division to inform the development and refinement of the revised PE Coach app. The iOS version of PE Coach 2.0 with an improved provider and patient experience was recently released.

The Mobile Cardiac Rehab project is piloting the use of the VA FitHeart mobile application, developed in partnership with the VA Office of Connected Care, to assist in the delivery of Home-Based Cardiac Rehabilitation (HBCR) to rural Veterans. This project identified barriers and facilitators to the use of mobile technology for HBCR, determined the usability of VA FitHeart, and developed tools for implementing VA FitHeart into clinical care. The mobile app was revised based on Veteran feedback, which significantly improved perceived usability. The revised mobile application is expected to be released nationally in 2019.

The Telemedicine Intensive Care Unit (Tele-ICU) project is funded by the Office of Rural Health, and is designated as one of their Critical Rural Access Solutions. VSC QUERI is evaluating the implementation strategies currently being used to roll out Tele-ICU to intensive care units in small VA medical centers. Over 80 staff have been trained in Tele-ICU and over 40,000 Veterans received care at an intensive care unit supported by Tele-ICU. Tele-ICU has resulted in a decline in transfer rates.

The Telemental Health (TMH) Hub Program was established by VA's Office of Rural Health, and VA's Office of Mental Health and Suicide Prevention partnered to support the establishment of TMH Hubs in 11 Veterans Integrated Service Networks. Evaluation results indicated that from June 1, 2016, to September 30, 2018, there were 226,328 telemental health encounters reaching 44,945 unique Veterans at 11 TMH hub sites funded by the Office of Rural Health. TMH encounters per fiscal year-quarter at hub sites doubled from 16,719 encounters in 2016Q4 to 34,759 encounters in 2018Q4. The TMH hubs especially improved engagement in care for rural and women Veterans.

The Telemental Health Versus In-Person Treatment Engagement project is a local QI initiative that is investigating the process by which Veterans are referred and engaged in telemental health care and comparing referrals and engagement to in-person mental health care. A previously conducted QI project that focused on referrals for in-person care uncovered substantial problems with the referral process which lead to strategic programmatic changes, and we anticipate similar outcomes for this telemental health referral QI project.

Operations Partner(s)

The Office of Rural Health, the Office of Connected Care, and the Office of Mental Health and Suicide Prevention.