

# Implementation Manual for a Telemental Health Outreach Clinic

Between a Veteran Health Administration Facility and  
An Academic Health Center



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To cite this brief: Turvey C, Blake L, Richards, L. Implementation Manual for a Telemental Health Outreach Clinic between a Veteran Health Administration Facility and an Academic Health Center, Veterans Rural Health Resource Center-Central Region; Iowa City: VHA Office of Rural Health.2014.

## INTRODUCTION

This manual aims to provide concrete guidance about how to implement a telemental health clinic between a VA medical center and a college campus. One of the most significant benefits of serving in the military is the educational reimbursement benefit upon return. College campuses are serving many returning OIF/OEF/OND Veterans, a high priority group within the VA. Returning Veterans are reporting record rates of mental health concerns. As mental health problems are one of the strongest reasons for dropping out of college, the VA has a vested interest in ensuring that returning Veterans have the greatest likelihood of success in pursuing their education.

The content of this manual is based on our experience implementing a telemental health outreach clinic between the Iowa City VA Medical Center and Western Illinois University. Serving over 700 Veterans, Western Illinois University approached our center requesting psychiatric services and this innovative solution is a result of those initial discussions.

In many ways, this collaboration has been idyllic. Our academic partner was eager and provided many resources to ensure the success of this clinic. Our VA Medical Center has matched that commitment and has a strong track record for using innovation to improve access for rural Veterans. However, our greatest barrier is one that challenges the VA nationwide, that of stigma in seeking mental healthcare, particularly among young returning Veterans. We continue to struggle with this final challenge in hopes that the shame of mental health care can be overcome so that the full academic and health potential of our Veterans can be realized.



## CHOOSING GOOD PARTNERS

The first step in developing a telemental health clinic on a college campus is selecting the college campus. Optimal selection should include the following considerations.

- 1) What is the total number of Veterans on campus? In order for Veterans to draw on their education benefits for tuition, each college campus has an administrative person who verifies Veteran status at enrollment. This person varies from campus to campus but most, if not all, campuses have such a person. This is the person who can tell you how many Veterans are on campus. There is no set threshold for the right number of Veterans. However, recall that this total will impact total patient volume, return on investment, and sustainability. For the Western Illinois University clinic, we learned from the person who confirms Veteran status that Western Illinois University has approximately 700 Veterans. Based on the research literature about mental health of OIF/OEF/OND returning Veterans (which comprises most of the student Veterans at WIU), we estimated that approximately 25% of these Veterans would suffer a mental health problem, yielding 175 potential patients. If  $\frac{1}{4}$  to  $\frac{1}{3}$  of these Veterans sought treatment, we may expect 45 to 60 student Veterans using the clinic.
- 25% of WIU Veterans could suffer from a mental health problem and use the telemental health clinic.
- 2) Is the campus “Veteran friendly”? This collaboration requires commitment on the part of the college administration. Therefore, success is more likely if there is already evidence of commitment on the college’s part to serve the needs of Veterans. Indications of a Veteran friendly campus are:
    - An on-campus Veteran resource center that is active
    - Degree programs that are popular with Veterans such as Law Enforcement or Emergency Management
    - Liberal and user-friendly policies regarding education disruption due to deployment during the semester
    - A variety of active Veteran organizations.
  - 3) Is the college willing to match resources provided to start, maintain, and sustain the clinic? The most concrete sign of commitment is the administration’s willingness to match resources for starting the clinic. For example, are they willing to donate space, assistance, and supplies? How cooperative will they be in promoting the clinic?

At the WIU clinic, the administration provided the space for the clinic and assisted in its remodeling so that it was appropriate for providing mental health care. It also allows us to use a campus nurse for triage at check in, meaning she collects vital signs on the Veteran before the clinic visit.

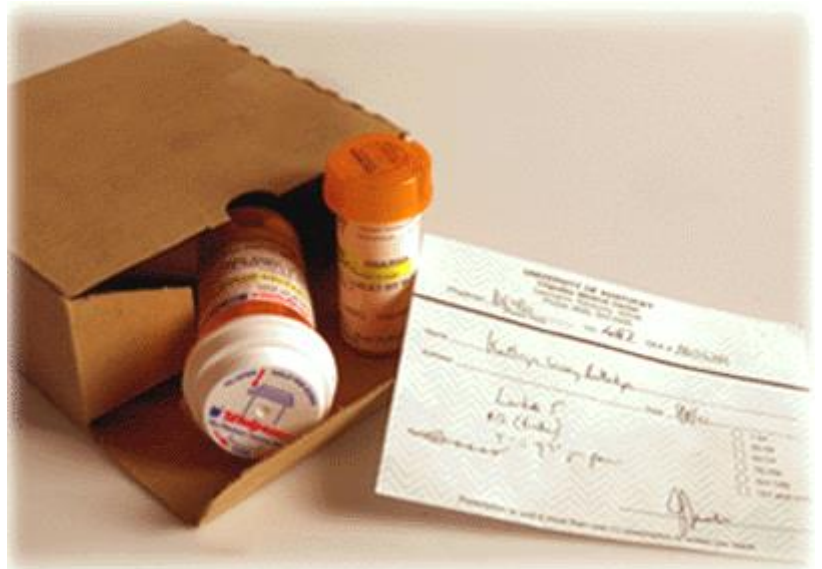
## COMMUNICATION

Once collaboration is agreed upon, it is essential to set up regular meetings with the academic partner, both in person and by phone to discuss the progress of the project. Although the purpose of the clinic is to reduce travel, regular in-person meetings to set up the clinic should occur about once every three months, with phone or email communication occurring between these visits. The strength of these relationships will determine the degree to which the clinic is fully integrated into the college campus. Timing of visits is best when informed by the academic calendar. Keep in mind, decisions for one semester are often made the semester prior (e.g. decisions for the fall semester are most often made during the spring semester, not during the summer). Timing your visits for when major administrative decisions are being made on an academic calendar is important.

## CONTRACTING WITH LOCAL PHARMACY

If the Veterans fill their prescriptions within the VA, the most convenient method for filling prescriptions is to use the VA mail services for the Veterans located in the remote area. However, there may be occasions when either the psychiatrist or the Veteran would prefer to fill the prescription locally. The VA does contract with local pharmacies but does so on a year-to-year basis. Therefore, the contract with a pharmacy in the area of the telemental health clinic will need to be initiated as soon as possible. Once this contract is in place, the contact information to the pharmacy should

be provided to any telepsychiatrist providing care at the clinic and the telepresenter.



## SELECTING THE SPACE FOR THE TELEMENTAL HEALTH CLINIC

Even in rural or remote college campuses, space is often limited. The setting for the telemental health clinic is best if situated in the general student health services building, yet often this is not possible. Other settings on campus's can also be used but must be evaluated in terms of the following considerations:

- 1) How private is the space? Can the Veteran seek care at the clinic in a way that is relatively private? Does the clinic entry lead out into a space where other students often gather, thereby compromising the Veteran's confidentiality? Is the clinic in a noisy area or, conversely, is there any reason to be concerned that noises occurring during consultation could be overheard by others?
- 2) How safe is the clinic in terms of emergency management? Though it is hoped that no emergencies arise in the clinic, it has to be designed to handle emergencies. Therefore, although the clinic should be a private space, it is also important for other people to be around in case of an emergency. The WIU clinic is not in the Student Health Service Building. However, it is housed on the same floor where counseling for substance abuse and health and wellness occur. Therefore, there is appropriately trained staff available that is aware of the potential need for emergency management and emergency procedures are already in place.
- 3) Does the location of the clinic reduce stigma or other barriers to seeking care? One possibility is to integrate the clinic into the student counseling center on campus. In terms of having the right people available for risk management, this is optimal. However, one of the biggest barriers to establishing a telemental health clinic for Veterans is their own reluctance to seek treatment. If the clinic is clearly situated within the student counseling center and a Veteran fears being seen walking into the clinic or being seen by other students in the clinic, this will limit enrollment. Though stigma regarding mental health is a problem for most populations, it is especially high in Veterans and should guide decisions about how to provide health care that maximizes participation.

## DESIGNING THE TELEMENTAL HEALTH CONSULTATION ROOM

The consultation room should be large enough to contain the telemental health equipment and the patient or patients comfortably. For quality of video, it is recommended to paint the walls a light blue color to provide the best contrast for viewing the patient. There should not be too many wall hangings or distractions behind where the patient sits. Lighting should be from above or the side of the patient but never from behind. To optimize control of lighting, full darkness shades or curtains are recommended. Though consultation rooms for in-person care often include couches or comfortable deep-seated chairs, it is best if the patient is seated in a comfortable but structured office chair well situated vis-à-vis the camera on the computer. This means the chair will hold the seated patient high enough for a clear view of the torso and head in the camera picture frame. Technological design of the consultation room will be discussed in the technology section.

As suggested in the discussion of location, it is best if the entry to the clinic allows for Veteran privacy. A separate check-in room would be ideal and this also provides room for the telepresenter (facilitator) while the consultation is occurring. However, this requires two dedicated rooms, which is not always feasible. For one-room consultation offices, the entry way should be in a relatively private area. The telepresenter will need to find a way to remain in the vicinity of the consultation room in case he or she is called upon during the session.

In case of technical failure of the video equipment, telephone consultation is often recommended. Therefore, there should be a landline in the teleconsultation office. If there are two rooms, a landline in each room is optimal.

## SELECTION OF TELEMENTAL HEALTH EQUIPMENT

Videoconferencing technology changes rapidly so it is difficult to make a long-term recommendation regarding equipment.

We recommend working closely with your VISN level telehealth consultant about the best technology. What you must keep in mind is that this videoconferencing is to a non-VA site. The most important insight we had early on, was to use videoconferencing software that could be initiated through a VA VPN so that all videoconferencing occurred within the VA firewall. For our project, we used videoconferencing software that could be run through the internet using a VA VPN. Discuss comparable solutions with your telehealth consultant.

The telepresenter at the remote site (college campus) can use his or her VPN to log into the VA network and open the videoconferencing software and initiate or receive a request to start the videoconference. Using internet-based videoconferencing software also enhances flexibility at the hub site (VA) because providers can consult from any room that is private, has a computer with the requisite software, and an adequate computer camera.



We recommend purchasing a professional grade desktop camera over most cameras that come embedded in today's desktop or laptop computers. Most college campuses will have adequate network and internet services to support this arrangement without bandwidth issues becoming a major barrier. Nonetheless, during sessions, there may be some fluctuation in the quality of the transmission. If quality issues arise during high volume network use times, it may help to schedule telemental health visits at low volume times.

There are ranges of software-based videoconferencing technologies currently available. Most meet advanced encryption standards with point-to-point encryption to ensure privacy. It is important to obtain approval from your center's Privacy and Security Officers before purchasing the equipment. It is also important to have a printer available. First, the mental health providers may have behavioral health forms supporting the treatment such as symptom logs or educational information



that may be provided to the patient. The mental health providers could email these forms to the telepresenter provided they do not contain any personal health information. The telepresenter could then print them out and give them to the patient. Second, if the printer is aligned with a VA VPN network, the printer could be used to print scripts for the patient to be used at a local pharmacy should the Veteran choose to get his or her medications outside the VA system. As it is within the VA VPN, this is not a violation of privacy. It is also a good system to have available if the psychiatrist wants to prescribe medication for an emerging crisis and he or she does not want to wait until the medication is mailed from the VA.

## DECIDING UPON WHICH SERVICES TO OFFER

There is a growing evidence base demonstrating the equivalence of videoconferencing telemental health to same-room care for psychiatric diagnosis, psychiatric follow-up, psychotherapy, psychological assessment, and neuropsychological assessment. Therefore, the clinic can choose from a range of possible services to offer. Psychiatric consultation is the most often sought consultation, presumably due to the greater shortage on college campuses of prescribing mental health practitioners relative to those who can do counseling or case management. Moreover, most college campuses have counseling centers with multiple therapists, but very few employ an on-campus psychiatrist and even fewer employ multiple psychiatrists.

When deciding about what services to offer, you should consider unmet needs on campus, collaboration with available services, and specific strengths of both VA and campus providers. At WIU, there was clearly a gap in psychiatric services whereas there was a fully staffed counseling center. It was decided to start by providing psychiatric services to meet this gap but also to avoid providing competing services for counseling. Over time, it is becoming clear that the VA excels in evidence-based therapies for specific problems such as PTSD or substance abuse and the two disorders often overlap. At WIU, it was agreed that if a Veteran presented for counseling with problems for which the VA has a specific expertise, he or she could be referred to the telemental health clinic. The best way to promote such cooperation and lack of “turf wars” is to develop trust early and to be careful to respect the mental health services that are already being provided on campus.

Once the decision is made about types of services, one must decide about the target population. College campuses are part of a larger community that may also include non-student Veterans in need of mental health services. If the university permits, as was the case with WIU, it would be a great service to open the clinic to community Veterans also. This increases patient volume and increases access to all Veterans where access may prevent them from seeking adequate care.

## MEDICAL RECORDS, RELEASE OF INFORMATION and PRIVACY

As the VA is providing the telemental health service, the mental health provider documents the visits in a medical records system called VISTA/CPRS. Using the VA VPN, the telepresenter can check-in the patient. The mental health provider at the remote site enters the note as for any other visit, but selects the template and work -load code to indicate that it is a telemental health visit and that the visit occurred in the college campus clinic. A specific workload code and template needs to be designed and approved prior to the first telemental health clinic visit.

It is likely that the Veterans will also receive primary care from campus health care providers or local non-VA physicians. Regular communication with these providers is also essential. In particular, if the clinic is providing psychiatric services, while the campus counseling center is providing therapy, ongoing care coordination is recommended.

Completing the release of information form and having a standing communication for care coordination agreement that falls within VA privacy rules will facilitate comprehensive care for the Veterans. It is better to be proactive and arrange these agreements at the start of each treatment so that one is not scrambling should an emergent situation arise requiring communication between providers.

## SCHEDULING

As with most telemedicine, scheduling entails a lot of coordination and is most successful when done in “real-time”. Every visit has to be coordinated with the hub site, the mental health provider and the remote site. If the telemedicine equipment is located in a room used for other purposes, the room also has to be scheduled. At CMATH, Veterans are asked to call the primary scheduler at the Iowa City VA mental health service line who maintains the master schedule for the clinic as well as the site personnel.

## STRUCTURE OF THE CLINICAL VISIT

- 1) Visit preparation: Optimally, the telepresenter and the mental health provider will have already initiated the videoconference call before the time scheduled for the patient to arrive. This provides time for troubleshooting should any technical difficulties arise. This is strongly recommended for the first series of visits as both the hub and remote site could be working out any kinks in the technology functioning.
- 2) Check-in: There are several ways check-in can be conducted. The telepresenter could be trained on how to do check-in on VISTA-CPRS system. However, at WIU, the telepresenter confirmed the patient's arrival with the master scheduler at the Iowa City VA mental health service line. Once the patient was checked in, the patient is seated in front of the videoconference screen. The mental health provider may have some instructions for the telepresenter such as providing forms or obtaining information from the patient. Once that is complete, the telepresenter will leave and do other activities to ensure the privacy of the session, such as starting white noise machines. The telepresenter should remain nearby in case any technical issues arise or the mental health provider/patient needs assistance. This will also ensure the therapy room is secure during the patient's visit.
- 3) Mental health provider and telepresenter communication: There needs to be some way the provider and the telepresenter can communicate during the session should either have any unforeseen need for assistance. Both provider and telepresenter should have a direct phone number for each other.
- 4) Protocol in case of technology failure: In advance, a protocol must be in place in the case of technology failure. The most common protocol is to complete the session as best as possible by phone. For this reason, there should be a landline in the telemental health consultation room. This protocol needs to be discussed with the patient in the first visit.
- 5) Vital signs and lab work: With psychiatric consultation, establishing vital signs and the need for lab work can arise. It may be possible to obtain these services locally and set up a procedure where the information is quickly transmitted to the consulting psychiatrist. At WIU, the University provided a check-in nurse who obtained vital signs prior to the patient's visit that was then provided to the psychiatrist. In addition, the mental health provider could order labs through the University Health Clinic.

## SAFETY MANAGEMENT

A protocol needs to be in place in case a concern about patient or community safety arises. As previously mentioned, if the consulting mental health provider becomes concerned about the patient harming his or herself or others, the provider should contact the telepresenter to initiate the safety plan. The telepresenter needs to decide whether the patient will cooperate in taking steps to maintain safety, such as going to a local emergency room for evaluation. If so, the telepresenter can work with the patient to take these steps and also contact the local emergency department. Most likely, the telepresenter will also have to call the remote emergency department.

Prior to starting treatment, the telepresenter and the clinic administration need to have the local emergency contact information readily available. Moreover, the extent of psychiatric resources in the local emergency room should also be known. In many rural areas, transfers from one emergency department to another occur due to lack of a locked inpatient unit. Given the uniqueness of telemental health and even involuntary commitment, it is recommended that clinic administration and the telepresenter meet the local first responders in person to discuss any emergency protocols prior to opening the clinic.

As emergencies are rare, it is important to review these procedures on a regular basis, like once a semester, and to touch base with the local first responders to remind them of the emergency plan.



## ADVERTISING AND OUTREACH

It is important to make a systematic effort to advertise the existence of this clinic both on and off campus. There are two key partners in raising awareness 1) local healthcare providers including staff at the campus counseling center and 2) local Veterans organizations. At WIU, we met with the local healthcare providers once a semester. During these meetings, we explored how the clinic may meet the needs of these providers in making referrals as well as how the clinic was perceived. Similarly, Veteran's organizations can spread the word about the availability of the clinic. Informal Veteran networks are also likely to be aware of a Veteran in need and facilitate his or her presenting to the clinic should the Veteran be hesitant.

However, these strategies are most effective with Veterans who publically identify themselves as Veterans. Several healthcare providers in the community shared with us that Veterans do not always share that they served when seeking care. For whatever reason, many do not want to be identified as Veterans. How then, can we reach them?

As mentioned earlier, each college campus has the one person responsible for verifying Veteran status so that the Veteran can receive the education benefits. This person often has a listserv of all student Veterans and may be willing to share this listserv for the purpose of informing Veterans about the clinic.

It is also important to participate in community events which target the entire community, not just Veterans. Community festivals and local community boards are good ways to get the word out to Veterans who do not chose to circulate in the local Veteran community.

Some of this outreach will attract Veterans who have not registered with the VA. Veterans will need to be registered with the VA to engage in services. For these Veterans, it is important to have a quick efficient process for assisting them in entering into the VA system. For OIF/OEF/OND Veterans, this process has already been streamlined, but nonetheless, any assistance provided will increase patient volume in the clinic.

## CONCLUSION

The purpose of this manual is to provide a comprehensive overview of what is needed to develop a telemental health outreach clinic within an academic learning center. With Veterans returning home and nice enhancements in the GI Bill, Universities will be experiencing an increase in Veterans on their campuses. Proactively developing an inclusive plan to accommodate Veterans mental health and wellbeing will ensure both Veterans' success and their retention at the university.