Using VA Video Connect to Improve Access to Care in Homeless Programs

An Innovative Practice in VHA Homeless Program Operations

White Paper

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Developed by
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INTRODUCTION

The VHA Homeless Program Office identifies and disseminates innovative practices in homeless program operations. The Canandaigua VA Medical Center (VAMC) and the VA Maine Healthcare System (HCS) have been identified as sites with innovative practices in using video telehealth technology.

PRACTICE OVERVIEW

Video telehealth technology is effective in improving access to care for homeless and formerly homeless Veterans with geographic or transportation barriers.

Lack of reliable and affordable transportation has been a consistent barrier faced by homeless and formerly homeless Veterans seeking access to services to address their housing crises and ensure long term financial stability. Health care providers and social service agencies expect, and often require, face-to-face interactions for assessing need for and delivering services. This barrier is exacerbated in rural and remote settings where public transportation and non-VA community-based social services are limited or non-existent. Such was the case for women Veterans living at the Zion House Grant and Per-Diem (GPD) transitional housing program in Avon, NY in 2014. It took approximately 70 minutes, round-trip, for Canandaigua's GPD Liaison to visit these Veterans for bi-weekly group case management. While this case management delivery model was customary for GPD programs at the time, the Veterans at Zion House advocated for more frequent and individualized sessions with the GPD Liaison. The logistics for fulfilling this request using traditional methods were difficult given a variety of factors such as Avon's public transportation only running twice a day or that some Veterans had jobs or attended school. Any solution would need to prioritize flexibility in scheduling. The GPD Liaison decided to explore options in consultation with one of her facility's Telehealth Clinical Technicians (TCT). Together, they decided to pilot a video telehealth solution using Cisco's Jabber software.

Rolling out Jabber in the Fall of 2014 was relatively straightforward as discussions with Zion House staff were immediately fruitful. The location had webcam-enabled laptops and private rooms where the Veterans could have confidential conversations. Both the GPD Liaison and a TCT were on hand to answer Veterans' questions on security, privacy, and ease of use. To

appropriately document patient encounters and capture workload, special GPD telehealth clinics were established. VA considers telehealth encounters to be face-to-face, so new clinics used the 511 GPD Individual stop code in the primary position and a 179 Telehealth code in the secondary position. Within weeks, they had the telehealth solution set up. While Jabber offered many benefits, it also had limitations. Internet bandwidth issues at the time led to degraded call quality or occasional call disconnections.

A new opportunity to upgrade their video telehealth setup came in July 2017, when VA launched a nationwide rollout of VA Video Connect (VVC). Similar to Jabber, VVC connects Veterans with their health care team, from anywhere, using any mobile or web-based devices including Windows or Apple-based PCs and laptops, iOS mobile devices, Android mobile devices, and others. All video sessions are encrypted to ensure secure and private sessions. VVC also benefited from advances in mobile internet bandwidth capacity and optimizations in telehealth software technology, leading to higher video image quality and fewer disconnections. Most importantly, VVC can to be used on-demand, with no advanced scheduling needed. Sessions could be set up instantly. All this led to VVC being easier for Veterans and providers to use. Hoping to take advantage, Canandaigua's GPD Liaison immediately approached the TCT again to set up VVC at six other GPD and Health Care for Homeless Veterans (HCHV) Contract Residential Services (CRS) locations throughout the VAMC's catchment area.

> ***"Technology can be intimidating, and many Veterans and staff simply didn't feel comfortable with it. They didn't think they could make VVC work for them. But we sat down and worked with each Veteran and staff person to show them, patiently and in their own time, how VVC was done. Some who were initially the most apprehensive were now the biggest advocates."***
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> **Angel Wong, LCSW**
> **Veterans Justice Outreach**
> **Canandaigua VAMC**

In addition to securing support from VAMC leadership, the GPD Liaison and TCT also used VA telehealth funds to procure web-enabled video cameras to install at the various GPD and HCHV CRS sites. They planned to roll-out the upgrade through Spring and Summer of 2018. A significant amount of time was spent talking through the process with the program managers, provider and contractor staff, and the Veterans on how to set up computers and laptops for use

with the cameras as well as accessing and initiating VVC. In addition to having private space, each computer or laptop needed to allow Veterans to access secure email messages sent from the VAMC's VVC portal. Each email contained a hyperlink to the web-based, virtual, video teleconferencing room that the Veteran could click on to instantly connect with their providers, no pre-scheduling needed. Each location supported the rollout by deploying their information technology (IT) staff to ensure that all of the necessary equipment was set up, that guest accounts for Veteran access to email were set up, and that all of the processes were tested to work out any glitches or bugs. Additionally, Memoranda of Understanding (MOUs) were developed to clearly outline the roles and responsibilities for VA and partners staff.

Many improvements and upgrades took place in the years that followed. Some Veterans were able to obtain VA iPads to allow them use VVC anywhere in the community. VVC was also rolled out into HUD-VASH, with Veterans either using VA issued iPads or their privately- owned mobile devices. In March 2019, how-to guides and standard work documents were developed to streamline VVC setups and ensure consistency in the users' experiences.

A similar VVC rollout occurred in Maine, during the Summer of 2018. As Maine's GPD Liaison had already implemented telehealth in GPD since 2015, there was good infrastructure in place to simplify the VVC upgrades at the GPD sites, and then later expanded offerings to HUD-VASH and HCHV CRS. VVC was critical to Maine's HUD-VASH operations as many participating Veterans secured housing over an hour and a half away from the main medical center, further reinforcing the need for virtual solutions. While most HUD-VASH participants used their privately-owned smartphones, some received VA telehealth issued iPads.

Many operational benefits were noted by both Canandaigua and Maine. These included improved access to care for Veterans in rural areas, with mobility limits, with transportation barriers, with employment or school obligations, or who have multiple appointments scheduled multiple days in a row. Additionally, it was estimated that HUD-VASH staff at Maine saved anywhere from six to nine hours of travel time each week per case manager**.** The Veterans also identified many benefits. In particular they enjoyed the ability to meet with their homeless program providers from the comfort of their residences. As the years progressed, these Veterans also advocated directly to their primary care and behavioral health providers to expand telehealth capacity into these services as well. Both Canandaigua and Maine stressed the

importance of strong working relationships with their local telehealth program coordinators and staff. Although it was not critical for homeless program staff to have deep knowledge and expertise on health solutions and mobile devices, having basic consumer-level familiarity was helpful. More important was the close collaboration with telehealth in working to integrate the technology into existing workflows and work settings.

CONCLUSION

Once set up, the possibilities for access were vast. Not only could Veterans connect with their homeless program social workers, but they could now also connect with any provider at the VAMC who also had VVC established, including primary care doctors, psychiatrists, psychologists, and others. VVCs on-demand availably and ability to display high-quality video not only fostered deeper connections between providers and Veterans, but also allowed for more meaningful assessments due to the provider being able to physically view a patient's symptomology. This not only increased access to services, but also helped to decrease no-shows and reduce time spent traveling to distant locations. We would like to thank the dedicated staff at the Canandaigua VAMC and the VA Maine HCS for sharing their practices with us. For more information, please contact Angel Wong, LCSW, Veterans Justice Outreach Specialist for the Canandaigua VAMC at Angel.Wong@va.gov or Suzie Whittington, LCSW, GPD Liaison for Maine at Susan.Whittington@va.gov.