

# American Indian Veteran Telemental Health Clinics

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# Outline

- ▶ Background
- ▶ Telemental Health for rural Native Veterans



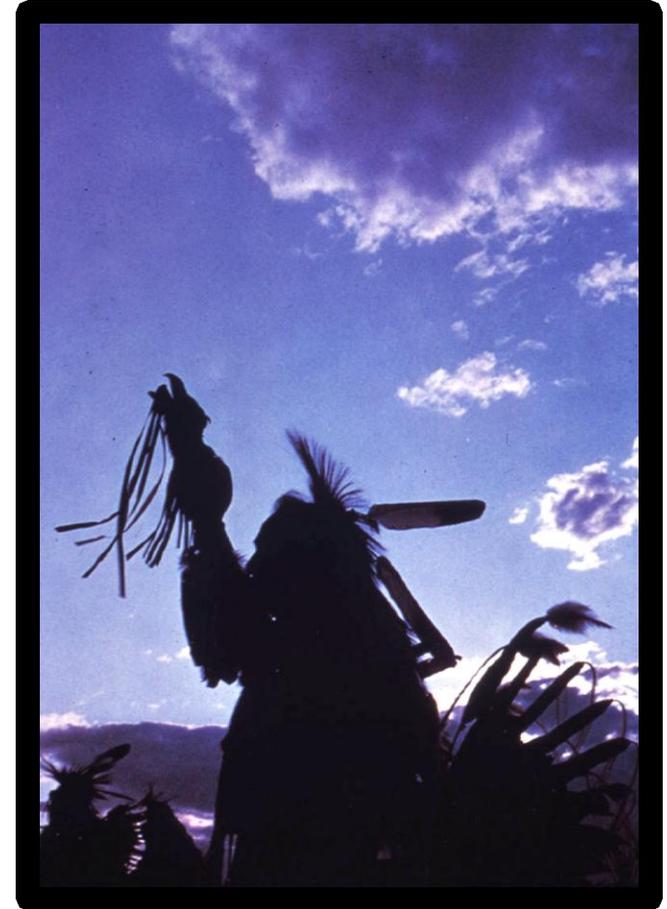
# AIVVP Key Findings

- ▶ The AIVVP documented rates of PTSD (31% current, 59% lifetime) and alcohol abuse and dependence (72% current, 84% lifetime) at rates significantly higher than other ethnic groups.
- ▶ This study along with subsequent research has demonstrated substantial unmet need for PTSD and other mental health treatments for American Indian Veterans along with additional barriers to care involving resources, culture, and geography.



# American Indian Vietnam Veterans Project (AIVVP)

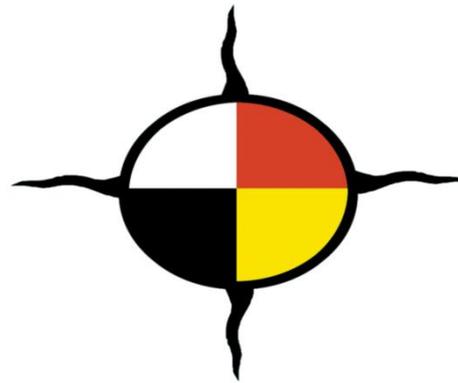
- ▶ Seminal study conducted in 1990s examining prevalence of PTSD among approximately 600 Vietnam Veterans on reservations in the Northern Plains and Southwestern United States.
- ▶ Largest and most comprehensive community-based epidemiology ever conducted on this population.
- ▶ The AIVVP was a component of the larger congressionally mandated Matsunaga Vietnam Veterans Project, funded by Veterans Administration (VA).



# Environmental Issues for Rural Native Veterans

## Strengths

- ▶ Family
- ▶ Community
- ▶ Tradition
- ▶ Veteran status



## Challenges

- ▶ Grief
- ▶ Stressors
- ▶ Resources
- ▶ Obligations and roles



# *PTSD Telemental Health Clinics for Northern Plains American Indian Veterans*

# Technology for Rural Veterans : The Bridge



- ▶ One of the biggest telemedicine/telemental health systems in the world
  - Videoconferencing
  - In-home monitoring and treatment (care coordination)
  - Growing web resources
  - Involved in developing technologies

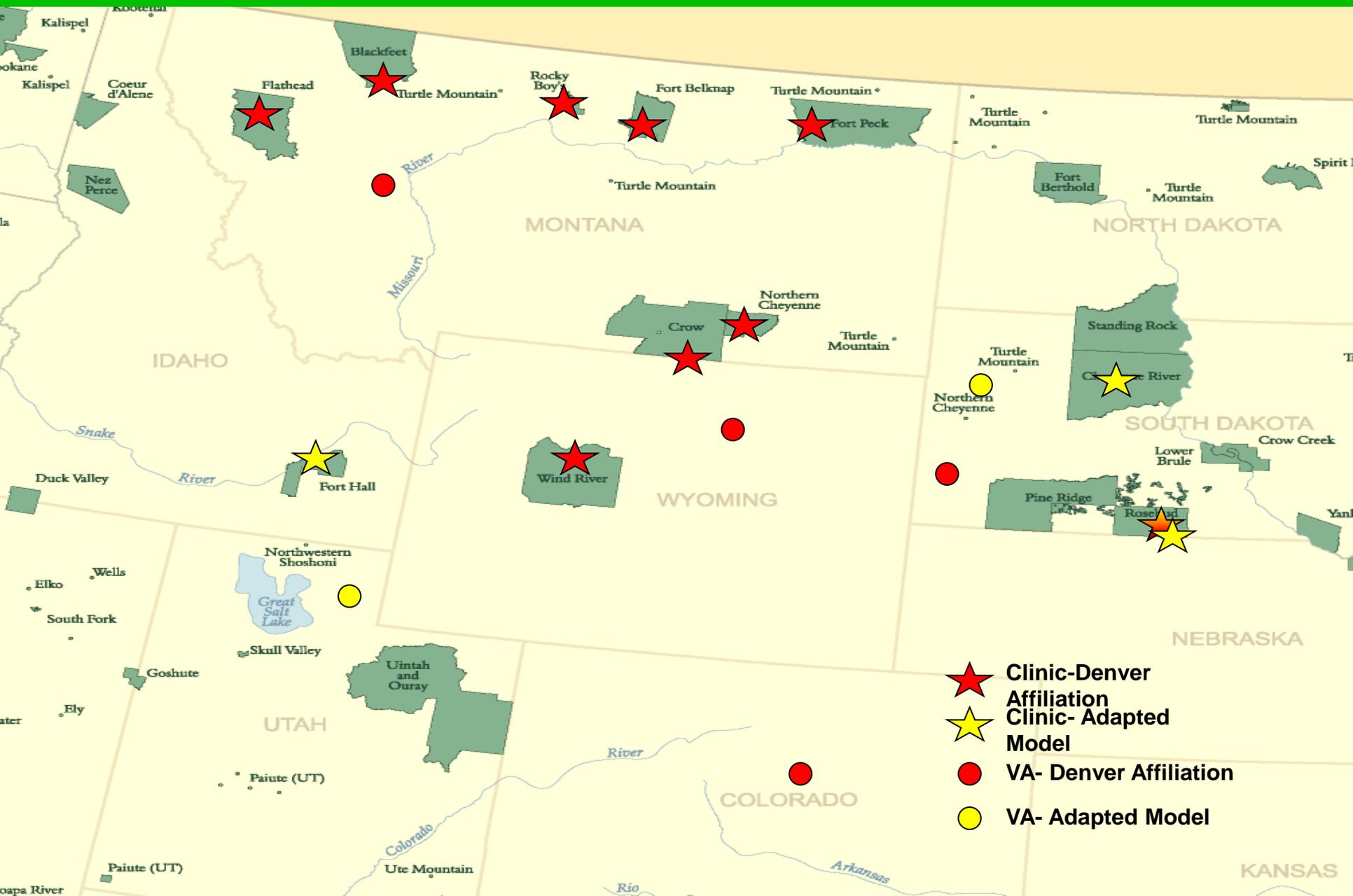
# Telemental Health Clinics for Rural Native Veterans

- ▶ Began in 2001 to address challenges for rural Native Veterans mental health issues
- ▶ Grew out of previous collaborations and data demonstrating need
- ▶ Multi-organization collaboration between VA with University of Colorado's Centers for American Indian and Alaska Native Health and IHS, tribal and community partners
- ▶ Currently 8 clinics serving 14 tribes, (+ additional sites and expansions)

# Clinic Timeline

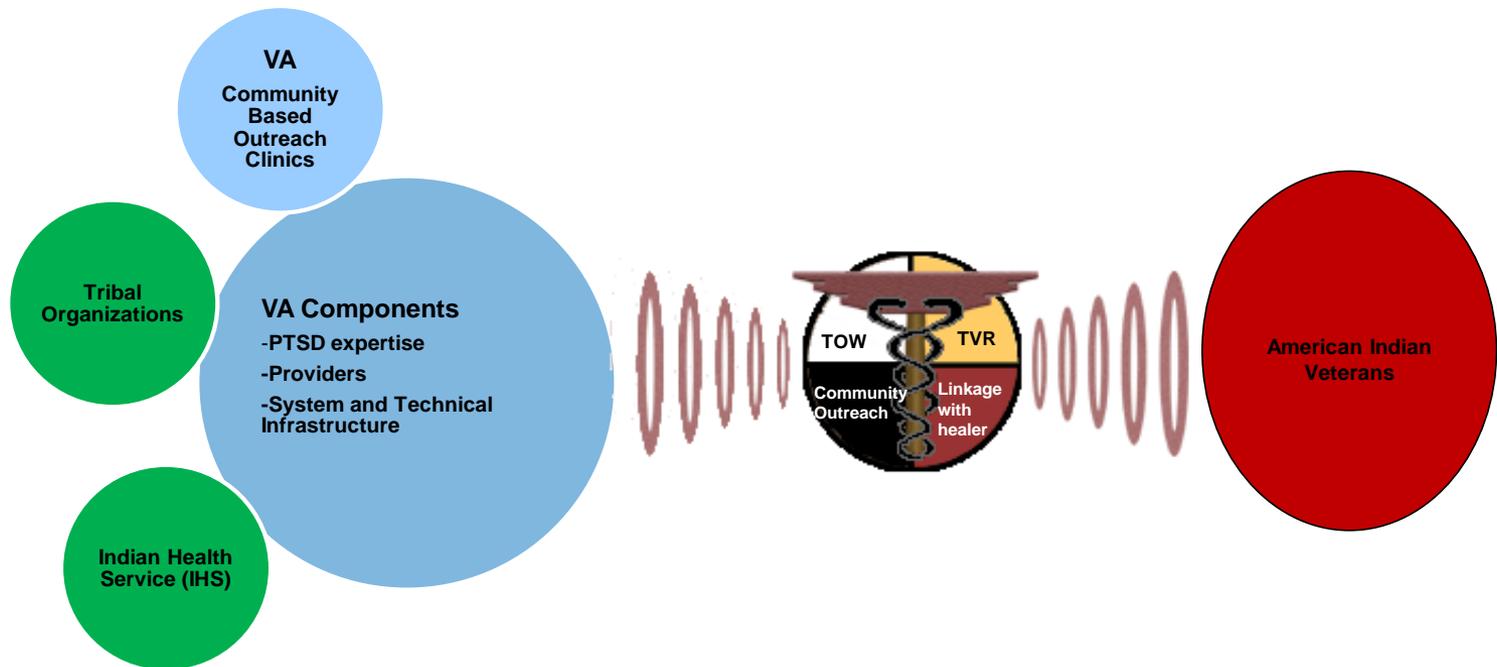
- 1990s** American Indian Vietnam Veterans Project (AIVVP)
- 2002** Rosebud Pilot
- 2004** Wind River
- 2005** Crow/Northern Cheyenne
- 2009** Fort Belknap, Fort Peck, Rocky Boy
- 2010** Blackfeet/Flathead

# Northern Plains Telemental Health Clinic Sites



# Clinic Models and Structure

Figure 2: Model of American Indian Veteran Telemental Health Clinics



# Telemental Health Clinics Shared Model

- ▶ Weekly clinics offering medication management, individual and group psychotherapy with PTSD focus
- ▶ VA Electronic Medical Record
- ▶ Providers at Central Location
- ▶ **Telehealth/Tribal Outreach Worker (TOW)**
  - Patient recruitment, operation of videoconferencing equipment, liaison for patient needs
- ▶ Collaboration with Tribal Veterans (TVR) Representative Program

# Clinic Models

## Patient Site Models

- ▶ VA Outreach Clinic
- ▶ Tribal Veterans Center
- ▶ Indian Health Service
- ▶ Tribal Program

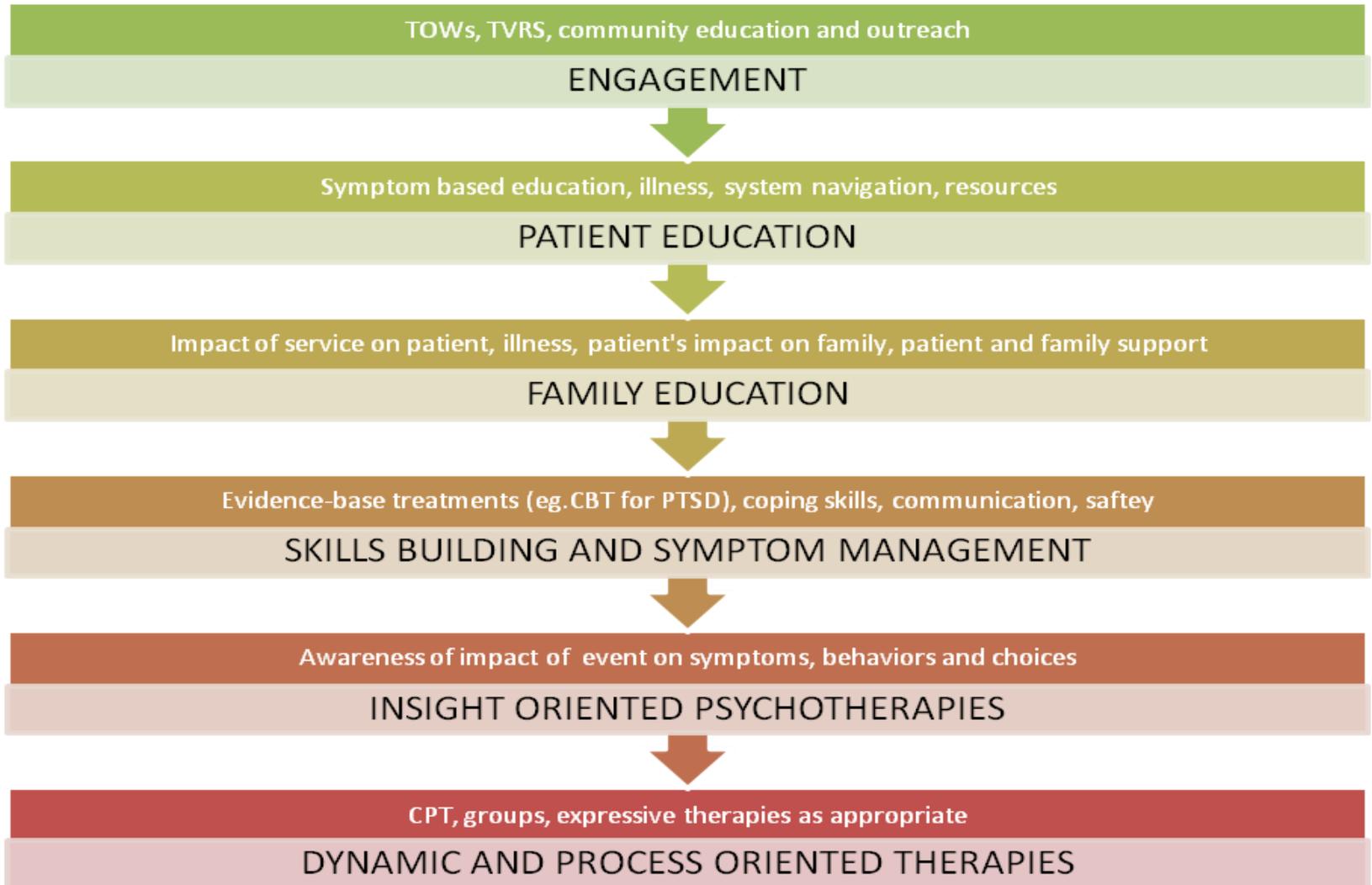
## Linked Programs/Services

- ▶ Traditional Healing
- ▶ Veteran Center Support
- ▶ TVR
- ▶ Medical Services

# Clinical Treatment Offered

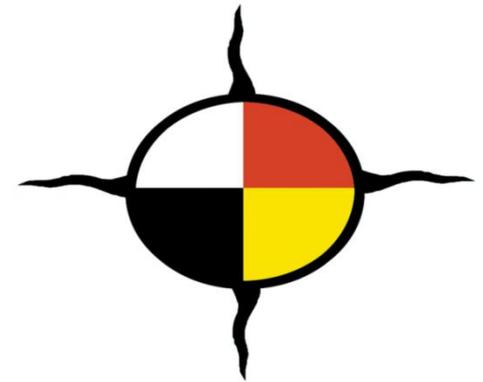
- ▶ Medications
  - Mail order pharmacy
  - Medication monitoring (lab coordination)
- ▶ Individual Psychotherapies
  - Evidence based, supportive and dynamic
- ▶ Family Therapy
  - Education, marriage counseling, evidence-based
- ▶ Case Management
  - Resource and benefit linkage
- ▶ Group Therapy
  - Educational, supportive and dynamic
  - Content = community events, grief, environmental challenges

# Progressive Psychotherapy PTSD Treatment Model



# Results

- ▶ Since inception in April 2002 thru February 2011:
  - There have been 970 clinic days held in the Denver based sites.
  - 185 individual American Indian Veterans have received an initial psychiatric assessment.
  - 3220 individual follow-ups
  - 440 group sessions (ranging from one to six Veterans with an average attendance of two to four per group)
  - 3845 total sessions
  - 4,610 patient contacts
  - 5-10% family visits



# Lessons Learned

**Table 1: American Indian Veteran Telemental Health Clinics Lessons Learned**

- **ADMINISTRATIVE**

- Multi-organization collaborations are essential, possible and desirable.
- The right configuration of organizational partners is critical with clear roles, responsibilities and processes of communication.
- Overall administration structures needs to be consistent but with enough flexibility to meet the needs of individual patient sites.
- Importance of having local facilitator (eg. TOW) between the tribal based organizations and federal and university systems

- **CLINICAL**

- Importance of formal and informal care coordination within and between medical systems of care for patients.
- Electronic Medical Record serves as important communication tool for care coordination.
- Attention to cultural impact on clinical process and cultural adaptation of patient site (eg. TOWs, traditional healers)

# Growing Body of Evidence from these Clinics

- ▶ Since the beginning of these services the clinics have provided context and material for a number of published articles directly addressing the clinics or their larger implications for rural Telehealth and underserved populations
- ▶ Controlled trial has demonstrated:
  - Diagnostic reliability
  - Acceptability of this modality with Native Veterans
  - Cost benefit of TMH for assessment
- ▶ The manuscripts are descriptive and analytical and draw on qualitative and quantitative (controlled and uncontrolled) data. Their main foci can be broadly categorized as addressing administrative/logistical, clinical or cultural/process issues.



Shore J, Kaufmann L J, Brooks E, Bair B, Dailey N, Richardson B, Floyd J, Lowe J, Nagamoto N, Phares R, Manson S, Review of American Indian veteran telemental health. *Telemedicine and e-Health*. 18 (2), 2012, 87-94.

# Discussion and Conclusions

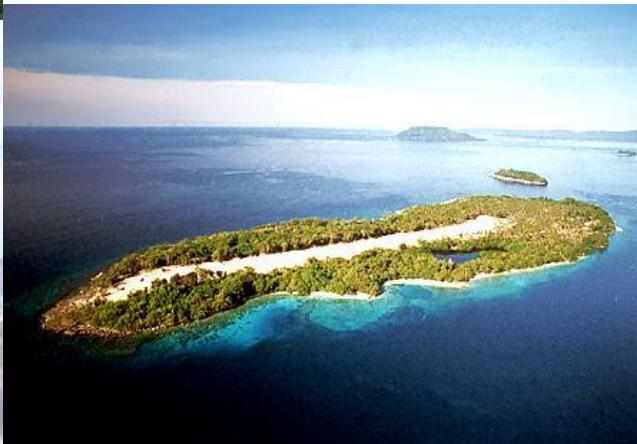
- ▶ The accumulating evidence around Telemental Health Clinics for rural American Indian Veterans is consistent with the definition of a “best practice.”
- ▶ More interesting and important is understanding the strengths, weaknesses, and adaptations needed in clinical telemental health with attention to cultural issues for this and other populations.



# Our Veterans are as Diverse as their Environments



~Rural~



# Contact Information

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