



Partnering with Training Programs for Virtual Care

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Tribal Health Connections



Goals/Agenda

- Overview of training program partnerships
- Case Example: Lummi Tribal Health Center and University of Washington
- Lessons learned
- Take home tips

Overview of Training Programs

- “Training programs” refers to post-graduate clinical training for a range of clinicians
- Examples:
 - Medical school programs (clinical years)
 - Medical residency programs (post medical school training)
 - Post-residency fellowships (child/adolescent psychiatry fellowships)
 - Nurse training programs and nurse practitioner residency programs
 - Physician assistant programs
- Benefits of partnering with training programs:
 - Increasing providers can increase access for patients
 - Allows current providers to expand the volume of patients they are overseeing for less cost
 - Widely accessible across the US



Example Programs and Experiences

Telebehavioral Health Center of Excellence
at Indian Health Services (TBHCE)

<https://www.ihs.gov/telebehavioral/>

Working with residents from UNM

Yale residents and child fellows working
with tribes in South Dakota

Telebehavioral Health Center of Excellence (TBHCE)



The mission of the IHS Telebehavioral Health Center of Excellence (TBHCE) Telebehavioral Health Program is to provide, promote, and support the delivery of high-quality, culturally sensitive telebehavioral health services to American Indian/Alaska Native people.

The Telebehavioral Health Program provides direct, ongoing care via televideo to patients of all ages at IHS/Tribal/Urban Indian operated facilities across the country.

Current clinical services include:

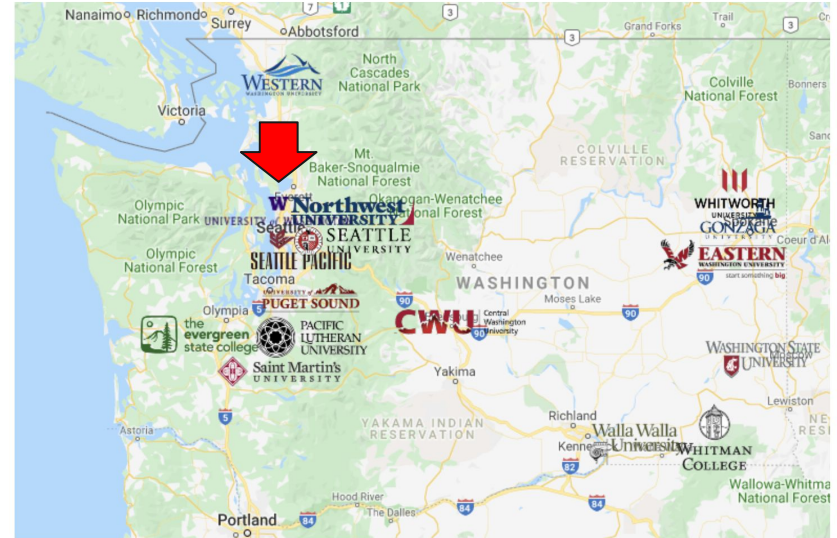
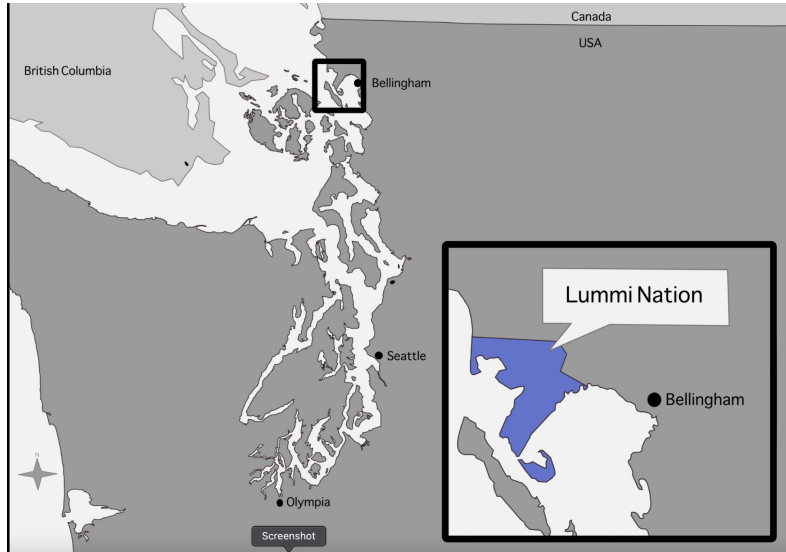
- Adult Psychiatry
- Addictions Psychiatry
- Geriatric Psychiatry
- Child/Adolescent Psychiatry
- Adult Therapy
- Family, Couples, and Group Therapy
- Child/Adolescent Therapy
- Trauma/PTSD Therapy

STAY CONNECTED



Join our [Telebehavioral Health LISTSERV](#) for information on developing telebehavioral health clinical services.

Case Example: Lummi Tribal Health Center and UW



Lummi Tribal Health Center

- Located in Bellingham, Washington
- Serves Lummi tribes and federally enrolled tribal members and Alaskan Natives in Northwest Washington
- Adult and Pediatric Medical services
- School based health clinic
- Physical therapy
- Dental services
- Public Health
- Lab
- Pharmacy
- Psychiatry



University of Washington Adult Psychiatry Residency

- 4-year general adult residency
- One of largest psychiatry residencies in the country (~80 residents across 4 years)
- Tracks in Seattle, Montana, Idaho
- Electives start in Year 4

Psychiatry Residency Training Program

Department of Psychiatry & Behavioral Sciences

Home

About Us

Resident Life

Virtual Recruitment

Regional Programs

Career Development

Fellowships

Seattle Area

Application

Research





Background and Development

- Idea and funding initially via donor
 - Rotation to provide psychiatry services to tribal communities, familiarize residents with tribal communities/health care, build cultural humility, broaden understanding of historical contexts
- Planning started in Fall 2019, for July 2020 launch



Lummi Tribal Health Center Rotation Plan

- 6-12 month rotation for 4th year Psychiatry Resident (final year of training)
- 1 full day a week
 - Initial 1 week orientation at clinic at start of rotation
 - Half day seminar/reading, half day telepsychiatry to clinic (resident in Seattle)
- Telepsychiatry supervised on-site by Dr Bud Vana (LTHC); seminar supervision by Dr Bud Vana and Dr Jessie Whitfield (Seattle)



Building Rotation Foundation

- Lummi Tribal Health Center leadership, LTHC faculty and UW faculty worked with psychiatry residency front office to develop:
 - a Practice Learning Agreement (vs Memorandum of Understanding)
 - Goals and objectives
 - Rotation expectations
 - FTE for faculty
 - FTE for residents



Developing Virtual Care Component

- Setting up telepsychiatry was initially a hurdle
- After COVID 19 in March 2020, virtual care rapidly scaled up throughout LTHC to maintain services



Tribal Concerns

- Data protections for tribal patients
 - Sovereignty over data
 - Ensuring that no data is disaggregated which would affect perception of tribe
- Access to internet
 - Not consistent high speed internet around reservation
- Interest
 - Suggestion before pandemic that patients would not be interested in this service
- Agreements
 - Knowing how services fit with current services
 - Balancing trainee education and supervision time with time spent providing services benefitting tribal community



Training Program Concerns

- Funding
 - Oftentimes trainees' time requires payment
 - Can be funded either via donation or direct purchase of trainee time
- Supervision
 - Trainees often require varying levels of supervision (on-site vs off-site, direct vs indirect)
- Work directly with training program to understand supervision and financial questions



Curriculum Development

- Built foundation from:
 - Literature reviews
 - Other curricula we found
 - Online resources (Telebehavioral Health Center of Excellence, IHS resources)
 - Collaborated with local and regional experts and tribal members'
- Over past two years have also collaborated with trainees



Progress so far

- 7 trainees have enrolled in rotation (4 psychiatry residents, 1 medical student and 2 child/adolescent psychiatry fellows)
- Expanded this past year to child/adolescent psychiatry fellows and local medical student
- Feedback from community
- Feedback from residents



Resident/trainee experience

- Convenience for patient - “It really didn’t interrupt patient’s life during the day”
- Training in an outpatient psychiatry rotation
- Flexibility in implementing and providing access
- More intimate experience compared to being at a large healthcare organization
- Ability to address Social Determinants of Health, deliver whole person care
- Discussion around working over telemedicine while having cold-like symptoms, balancing work-life balance in new world of telemedicine
- Balance between education and access



Lessons Learned and Take Home Tips

- Relationships matter for foundation
 - Heavy involvement from medical director and community members
- Start learning about process for onboarding of residents early
 - Technical and IT issues
- VERY important to have site visits early on in rotation if trainee/supervisors are off-site
- Funding and service agreements are critical first steps