



VIRTUAL CARE IMPLEMENTATION ECHO

June 2023

Virtual Care Implementation ECHO

Welcome and Announcements

- Please sign in by typing your name
- No Continuing Education for session today
- Please submit a case or reach out to use if you would like our expert panel to review your case
- A note on note taking apps ...



Disclosures

There are no relevant financial relationships with ineligible companies for those involved with the ability to control the content of this activity.

Thank you!

- VCI Echo started June 2021
- 24 ECHOs across a range of topics
- Over 300 participants in last year alone
- Thanks to:
 - You all!
 - NPAIHB
 - Cardea
- Panelists and founders: Dr Megan Ballew, Dr Bud Vana, Dr Angad Singh, Dr Justin Iwasaki, Diana Bob, Brenna Torres

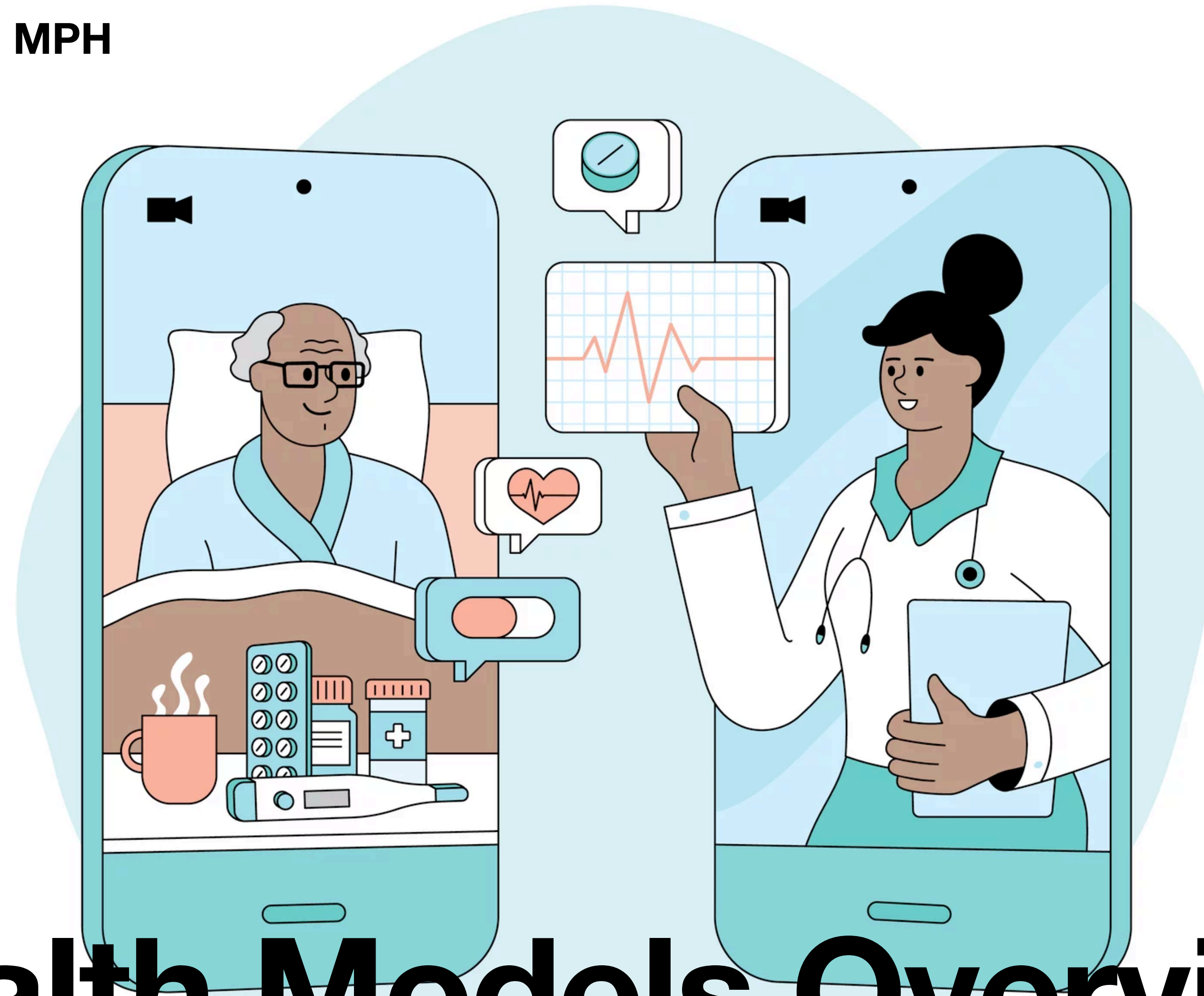
HAPPY
Anniversary!

Please Take Note!

- We are moving to 2nd Monday of month starting July 2023!!
- 12pm Pacific
 - 9am Hawaii/11am Alaska/1pm Mountain/2pm Central/3pm Eastern

July 10, 2023	Virtual Opioid Use Disorder Treatment	Dr Bradley <u>Buccheit</u>
Aug 14, 2023	Virtual Integrated Care for Children/Adolescents	Dr Greta Spottswood
Sept 11, 2023	Tele-Audiology	Naomi Hixson, <u>Au.D.</u>

Dr Jessie Whitfield, MD MPH



Telehealth Models Overview

Modalities from the Last Two Years of VCI ECHO

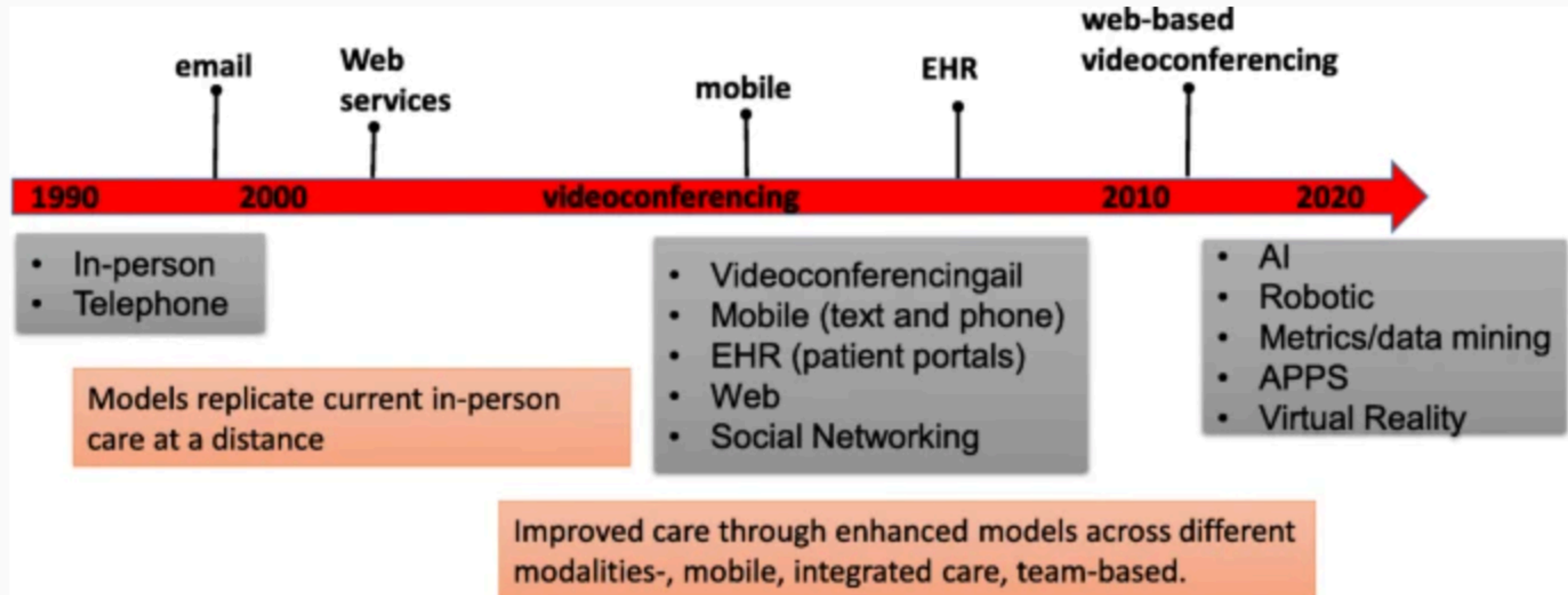
Agenda

- Phone
 - Alaska CHA Program
 - Provider Access Lines
- Audio/Visual Platforms
 - Physical therapy to Parenting
Training to OUD treatment
- Asynchronous
 - Remote Physiological Monitoring
 - Mental Health Digital Apps
- Public Health Monitoring
 - Project CONNECT
- Future Steps: Artificial Intelligence

What is virtual care?

- Multiple names: telemedicine, telehealth, virtual care
 - 2007 review found 104 terms
- “Telemedicine uses telecommunication systems to deliver health care at a distance ... Examples include the provision of specialist consultations via video-conferencing, remote monitoring of patients with chronic conditions and the provision of clinical information for self-management. Telemedicine applications may also be linked to electronic patient records.”
- Variety of mediums: from in-person, videoconferencing, telephone, email, patient-portals, text-based applications, digital apps, remote monitoring

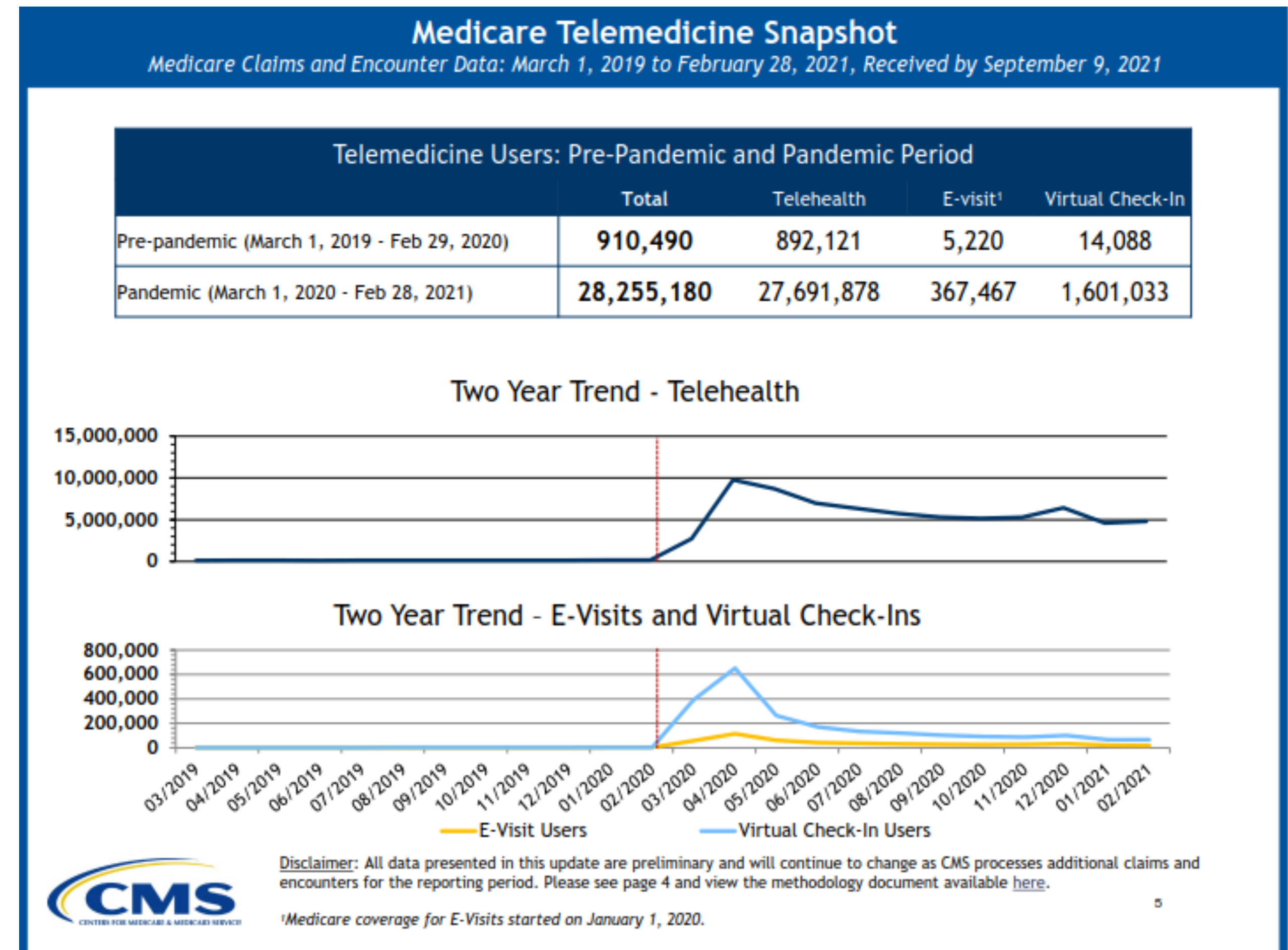
Fig. 1



Evolution of telepsychiatry practice models

Telehealth: Why now?

- Long history of telehealth, but rapid implementation and acceptance of telehealth with the COVID-19 pandemic
- Re-envisioning approaches to health care delivery



Telehealth in tribal communities

- I/T/U clinics long at the forefront of telehealth delivery
- The Alaska Tribal Health System (ATHS) has utilized telehealth programs to deliver care since mid 1990s. (Hays et al 2014)
- Teleophthomology in Arizona in 2000 (Hays et al 2014)



Telehealth in tribal communities

- In I/T/U settings, studies have shown good outcomes and/or feasibility for:
 - Residential SUD treatment (Legha R et al 2020)
 - Tele-behavioral health (Hays et al 2014) and suicide prevention (Pruitt Z et al 2021)
 - Tele-dermatology (Morenz et al 2019)
 - Tele-ENT (Ear, Nose, Throat) (Hays et al 2014)
 - Tele-Cardiology (Hay et al 2014)
 - Tele-opthomology (Hays et al 2014)
 - Rheumatoid Arthritis (Ferrucci ED et al 2020)
 - Cancer pain management (Hazousos E 2012)

Benefits to telehealth in general

- Improve outcomes
- Decrease travel time and increase communication with providers
- Increase access to care
- Decrease missed appointments
- Decrease wait times



Telehealth caveats

- Barriers:
 - Internet access (Graves JM et al 2021)
 - Patient acceptability
 - “Studies reported Indigenous people tend to be satisfied with telehealth, but are sceptical about its cultural safety” (Fraser S et al 2017)
 - Provider acceptability
 - Adjusting to new technology (Flodgren G et al 2015)
 - Creating new workflows

Modality: Phone

Oldie but a goodie!

- [“Tales from the Radio Room by J Wesley Armstrong, MSN, FNP-C, ACNP-BC”](#)
- Provider Access Lines
- Reminder: Direct care to patients (ex: [Collaborative Care](#))



Phone: *“Tales from the Radio Room by J Wesley Armstrong, MSN, FNP-C, ACNP-BC”*

- Community Health Aides
 - Referred to as CHA/Ps
 - Alaska Natives from their home villages
 - Sequential training sessions in Anchorage
 - Follow algorithms from manual to evaluate patients
 - Send report to Radio Room provider via EHR note, phone call, photos, Zoom
- Capabilities:
 - Can give/dispense oral meds
 - Give IM meds
 - Start IVs and give IV fluids (no IV meds)
 - Blood draws to send out labs
 - EKGs
 - Suturing wounds, procedures
 - Vitals, wound care, splinting, breathing treatments, home visits, codes

Provider Response

- Working from Radio Room attached to the ER at health center
- Mon-Fri 8-5pm
 - 2 providers split all village traffic
- Afterhours the ER provider covers all villages
- May indirectly staff 60+ pts per day (120+) between 2 providers
- Responsibilities include: Decide on higher level of care, transport, referrals, f/u appointments
- If emergency, consider commercial flight or Medevac



Provider Access Lines

- Provider to provider line for rapid consultation
- Available state to state (WA, OR, VT, AZ, NC, DE, LA, etc)



PPCL

PROVIDER TO PROVIDER CONSULTATION LINE
Pediatric and Perinatal Mental Health Support

<https://ldh.la.gov/page/ppcl>

Example: Washington State

Clinical Care & Consultation

[Home](#) > [Clinical Care & Consultation](#) > [Provider Consultation](#)

Provider Consultation

Telehealth Consultation

Our provider-to-provider consultation lines help eligible providers who are seeking clinical advice regarding patients with mental health and/or substance use disorders. All of the consultation lines provide on-demand service and are free for the caller.

Psychiatry Consultation Line (PCL) for Adults



Perinatal Psychiatry Consultation Line (PPCL)



Partnership Access Line (PAL) for Kids



Psychiatry Consultation Line (PCL) for Adults

Our Psychiatry Consultation Line (PCL) helps prescribing providers who are seeking clinical advice regarding adult patients (18+) with mental health and/or substance use disorders. Visit our [PCL website](#) to learn more.

How does PCL work?

Providers call 877-WA-PSYCH (877-927-7924) and after a short intake with a UW health navigator, are connected to a UW psychiatrist. At the conclusion of the conversation, the caller will receive a brief written documentation of the recommendations via encrypted email.

Who is eligible to call? Any prescribing health care provider in Washington state. Patients, family and caregivers are NOT eligible to call.

Why would I call? You have questions about:

- assessment
- diagnosis
- treatment planning, including medication management or other treatments

When are PCL psychiatrists available?

The consultation line (877-927-7924) is staffed 24 hours a day, 7 days a week.

Modality: Audio/Visual Telehealth

- [Virtual Psychological Assessments](#)
- [Virtual Physical Therapy](#)
- [Virtual Parent Training](#)
- [Opiate Use Disorder](#)
- [Community Based Harm Reduction](#)
- [Virtual Implementation Checklist](#)
- [Virtual Care Medical Home: Best Practices for Remote Clinical Teams](#)
- Future topics: Tele-audiology, tele-opthamology and implementation checklist updates



VIRTUAL PSYCHOLOGICAL ASSESSMENT



TRIBAL HEALTH CONNECTIONS

Megan Ballew, PhD
Behavioral Health Specialist
January 18, 2022

- Is virtual assessment right for provider? Patient?
- Benefits: Access to services not otherwise available in area
- Explores CHADIS and available online tools for virtual psychological assessment
- Explores benefits and considerations for moving psychological assessment to virtual realm

Telehealth Physical Therapy

Ben Larger, DPT OCS, COMT



- Overview of telehealth PT
- PT Compact
- Optimal telehealth set up
- Telehealth benefits and challenges
- Overview of telehealth PT evaluation/assessment/treatment.
- Importance of increasing activity level
- Program established at Lummi Tribal Health Center

- Providers multiple clinical services (Hepatitis and STI testing, primary care, mental health and SUD treatment, more)
- Weekly meetings over Zoom to educate about harm reduction (HCV elimination, OD recognition and response, safe injection) - over 100 trainings in 2.5 years

**VIRTUAL
COMMUNITY BASED
HARM REDUCTION
PROGRAM AT THE
LUMMI TRIBAL
HEALTH CENTER**

By Emma Elsner & Czarina Igama

Modality: Asynchronous

Next Steps

- Remote Physiologic Monitoring
- Mental Health Apps
- Future topics: EHR and Texting



Remote Monitoring

“RPM involves the collection and analysis of patient physiological data that are used to develop and manage

a treatment plan...”

American Association of
Medical Colleges

**Remote physiologic
monitoring for
improved diabetes
care**

Alyssa Fine, RN, MSN, CDCES, CNL

**LCDR, US Public Health Service
Cowlitz Tribal Health Clinic**

The CIT Health Clinic

- Tribally-run outpatient clinic
- Staffed by:
 - 2 full-time nurse practitioners
 - 1 part-time MD
 - 2 RNs
 - 3 MAs
- Wellness & Diabetes Program:
 - 1 CDCES
 - 1 Health Education Assistant
 - 3 Garden Staff
- About 120 active patients with diabetes, mostly type 2

Clinic Processes

Patient identification

Initial set up (virtual or in-person)

Regular check-ins (virtual or in-person)

Monthly reports

Termination

Mental Health Apps

- [*Monitoring Digital App-Based Behavioral Health Therapies by Dr George “Bud” Vana*](#)
- [*Mental Health Apps by Dr George “Bud” Vana*](#)

The New York Times

How to Find a Mental Health App That Works for You

There are thousands of apps that claim to promote mental well-being, but not all of them are safe or effective.

 Give this article    29



Sophi Miyoko Gullbrants



By [Christina Caron](#)

April 13, 2022

Mental Health Apps

- Terminology
 - Mental Health App - application on smartphone
 - Digital Therapeutics/Therapy – intervention designed to be delivered online over mobile or computer based devices (such as online cognitive behavioral therapy modules, etc)
- Serve many different functions!
 - Tracking, assisting in practicing behavioral health therapies, providing therapies such as mindfulness, etc
- Can be useful but some may have privacy concerns, not tested for efficacy as other medical interventions are

https://mindapps.org/



Explore relevant apps and reviews

🔍 Search by name, company, feature or platform



All Platforms



Search

Not sure? Try the interactive wizard!

Search by Features

+ Track Mood

+ Track Medication

+ Track Sleep

+ Track Symptoms

+ Productivity

+ Physical Health

+ Psychoeducation

+ Journaling

+ Mindfulness

+ Deep Breathing

+ Picture Gallery/Hope Board

+ iCBT or Sleep Therapy

+ CBT

+ ACT

+ DBT

+ Peer Support

+ Coach/Therapist Connection

+ Biodata

+ Goal Setting/Habits

+ Physical Health Exercises

+ Bbot Interaction

+ Bio Feedback with Sense Data

[See all 88 Search Filters](#)

Interested in rating an app?

Our database is sourced by app reviews from trained app raters. Rating an app is an interactive process. Raters will be prompted through 105 different questions about an app and its features, privacy settings, clinical foundations and more.

Mindapps.org qualitative rating of Covid Coach

Last Updated: [Thu Feb 17th 2022 9:58 AM](#)

Qualitative Review

This review represents the view of the app rater and is not an endorsement by MIND.

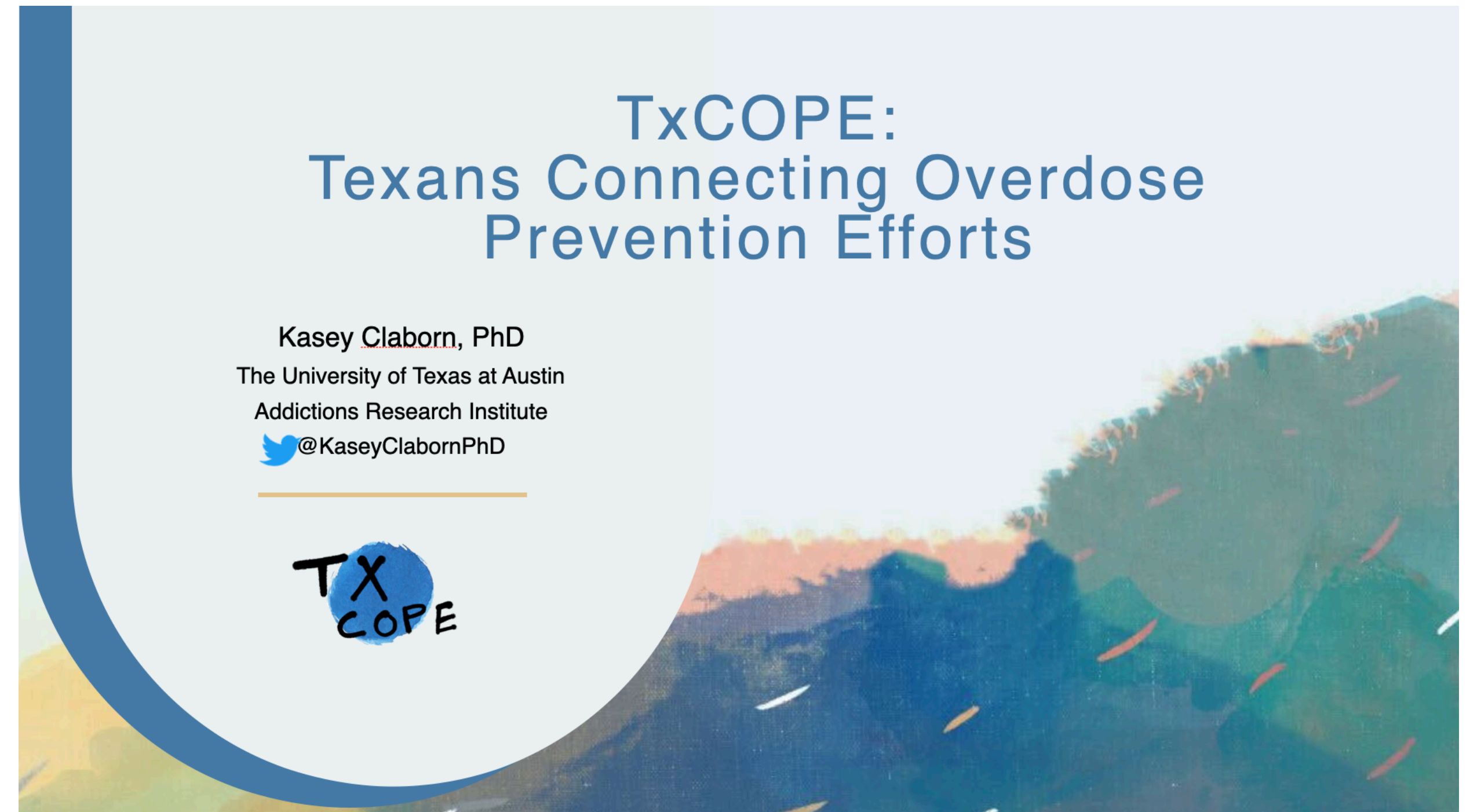
Not available

Qualitative Ratings

Cost:	Free to Download	Totally Free							
Privacy:	Has Privacy Policy	Data Stored on Device	Can Delete Data	App Declares Data Use and Purpose	Is Anonymized/Aggregate Data Shared	Can Opt Out of Data Collection	App Reports Security Measures In Place		
Clinical Foundation:	Well Written Relevant Content	Does What it Claims	Patient Facing	Use Warning	Supporting Studies				
Features:	Track Mood	Track Symptoms	Psychoeducation	Mindfulness	Deep Breathing	Goal Setting/Habits	Picture Gallery/Hope Board	ICBT or Sleep Therapy	Coach/Therapist Connection
Conditions Supported:	Mood Disorders	Stress & Anxiety	PTSD						
Engagements:	User Generated Data	Assessments/Screenings	Audio/Music/Scripts						
Inputs:	Surveys	Contact List	Camera	Microphone					
Outputs:	Notifications	References/Information	Reminders	Graphs of Data	Summary of Data	Social Network	Link to Formal Care/Coaching		
Uses:	Self Help	Hybrid	Reference						
Developer Types:	Government								
Access:	Offline	Accessibility	Own Your Own Data	Email or Export Your Data	Spanish				

Modality: Public Health Virtual Care at the Next Level

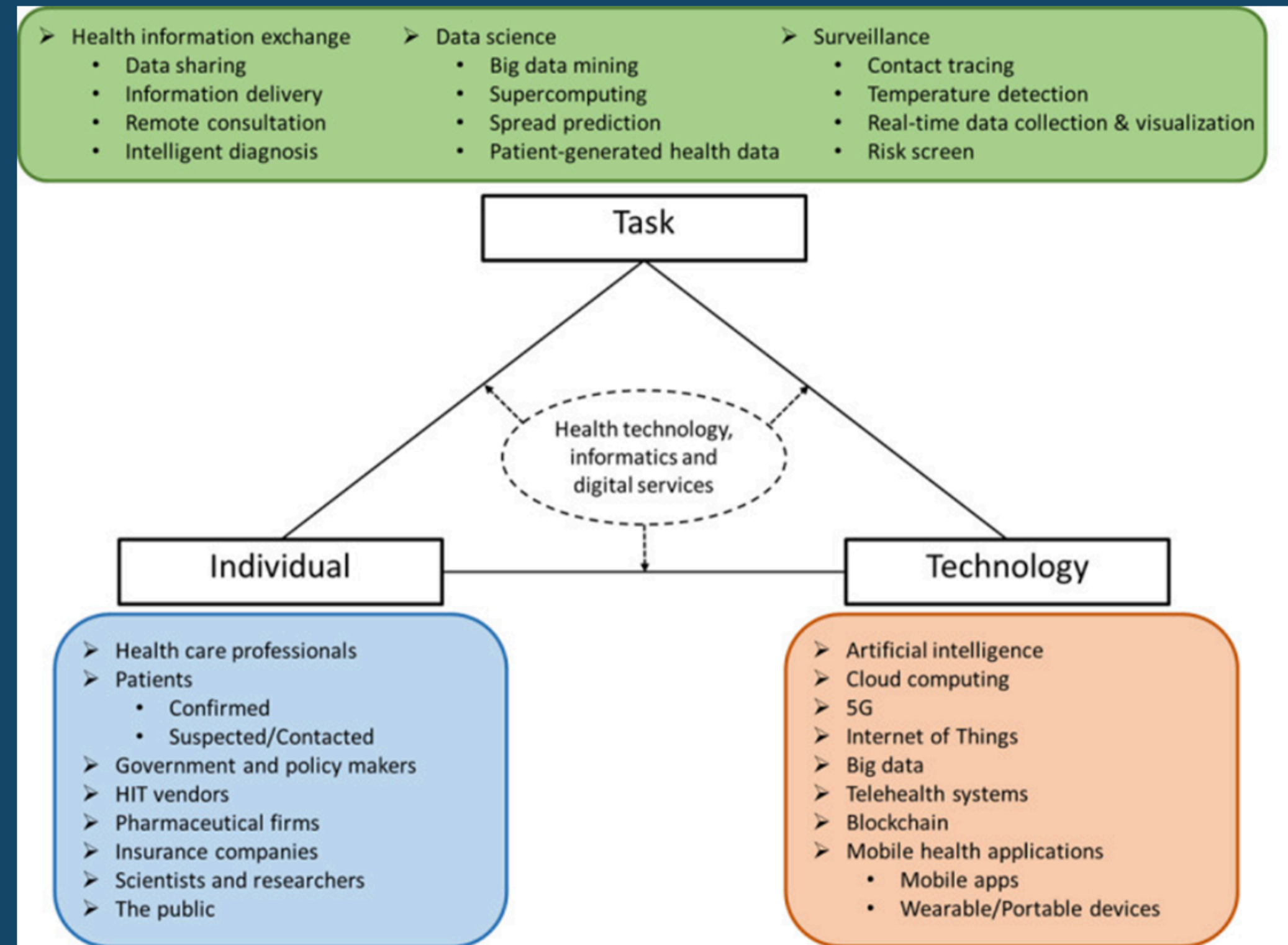
- [Project CONNECT by Dr Kasey Claborn, PhD](#)



Project CONNECT

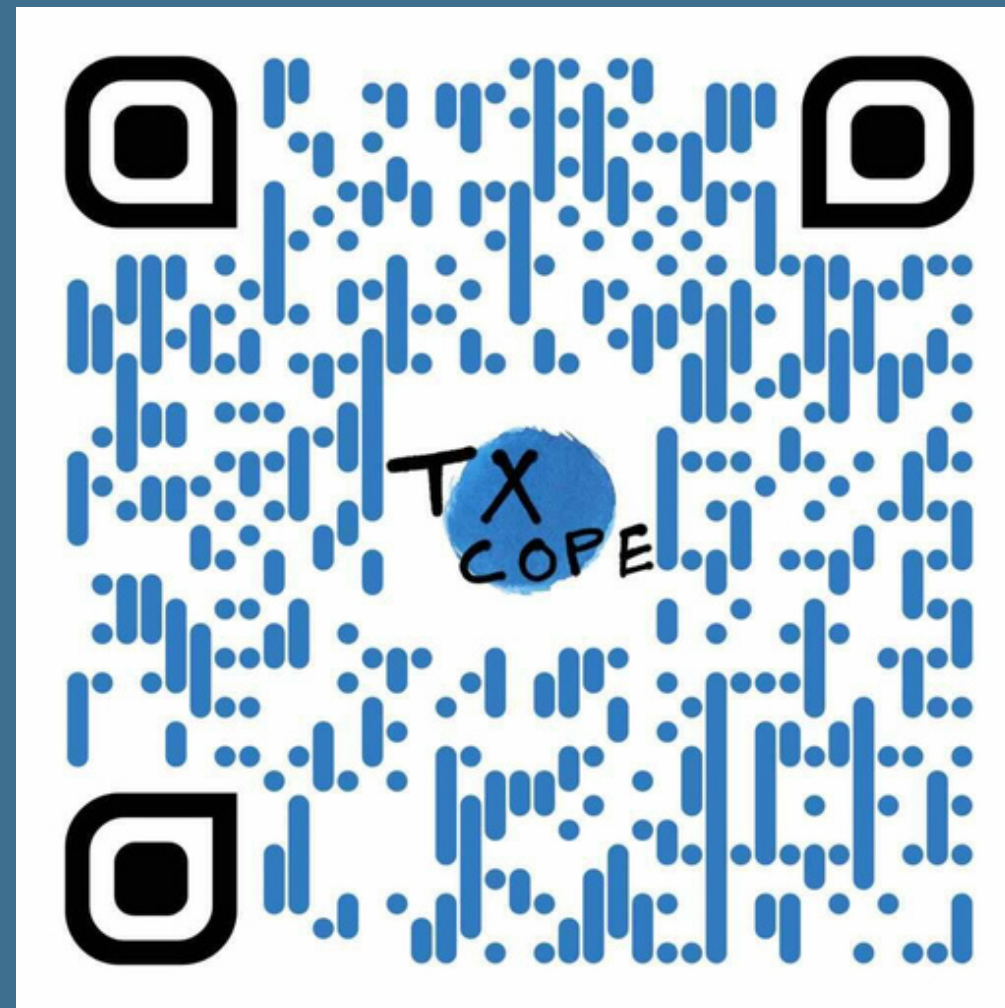
- Addresses gaps in opiate overdose reporting systems (stigma, fear of criminality)
- TxCOPE - Texans Connecting Overdose Prevention Efforts
 - “Digital tool designed to improve community overdose response efforts”
- Worked with community partners to design

Health IT Response to COVID-19





REPORT



www.txcope.org/harmreduction

FOLLOW



[@Tx_COPE](https://www.instagram.com/Tx_COPE)

CONTACT US




info@txcope.org

Modality: AI

- Many applications of AI: advice chatbots, algorithms, image detection
- Currently also many concerns: bias, not yet accurate or reliable enough
- [NPR episode of Short Wave; ACLU Article; CNN: Eating Disorders Chatbot](#)

National Eating Disorders Association takes its AI chatbot offline after complaints of 'harmful' advice

 By [Catherine Thorbecke, CNN](#)
Updated 1:08 PM EDT, Thu June 1, 2023



SHORT WAVE

LISTEN & FOLLOW



Will artificial intelligence help — or hurt — medicine?

May 2, 2023 · 12:10 AM ET

By [Geoff Brumfiel](#), [Emily Kwong](#), [Berly McCoy](#), [Rebecca Ramirez](#)



12-Minute Listen

+ PLAYLIST



ACLU

About ▾



NEWS & COMMENTARY

Algorithms Are Making Decisions About Health Care, Which May Only Worsen Medical Racism

Unclear regulation and a lack of transparency increase the risk that AI and algorithmic tools that exacerbate racial biases will be used in medical settings.

June 15, 2023

Accuracy of a Generative Artificial Intelligence Model in a Complex Diagnostic Challenge

Zahir Kanjee, MD, MPH¹; Byron Crowe, MD¹; Adam Rodman, MD, MPH¹

» Author Affiliations

JAMA. Published online June 15, 2023. doi:10.1001/jama.2023.8288

- Assessed the accuracy of an AI generative model capable of accurate and detailed text-based responses to written prompts (Generative Pre-trained Transformer 4 [GPT-4]) in a series of diagnostically difficult cases
- Primary outcome: the model's top diagnosis matched the final case diagnosis.
- Trained on NEJM clinical cases
- Results:
 - The AI model's top diagnosis agreed with the final diagnosis in 39% (27/70) of cases.
 - In 64% of cases (45/70), the model included the final diagnosis in its differential.
 - In line with a 2022 study evaluating the performance of 2 GPT models with similar NEJM cases found that AI identified the correct diagnosis in 58% to 68% of cases

Questions?