# Rural Promising Practice Issue Brief: Telemental Health Clinics for Rural Native American Veterans

## Executive Summary

American Indian cultures have deep-rooted traditions of paying tribute to warriors. To this day, many American Indian and Alaskan Native Veterans receive a new name from their tribal communities after returning from the military, honoring their transformation into a service member.

These values explain, in part, why American Indian and Alaska Native Veterans serve in the military at the highest percentage rate of any ethnic group. They are also the most rural of Veterans and suffer from service-related injuries at disproportionately high rates. But American Indian and Alaskan Native Veterans face significant challenges in accessing health care after military service, due to geographic and social barriers.

Since 2001, the U.S. Department of Veterans Affairs (VA) Veterans Health Administration (VHA) collaborated with an array of tribal and external groups to design, implement and administer a unique program of Telemental Health Clinics for American Indian Veterans with post-traumatic stress disorder (PTSD). PTSD is a mental health condition that develops after a traumatic event like combat or disaster. Symptoms include anxiety and flashbacks, and may make it difficult for some Veterans to transition back to civilian life.

Beginning in the Northern Plains, this program has increased patients' access and quality of care through the combination of clinical telehealth and cultural outreach. The lessons learned represent a Promising Practice that can assist others working to enhance care for rural American Indian and Alaskan Native Veterans. It also serves as a model for the use of telemental health services increase access to care for rural Veteran and non-Veteran populations.

### Who Can Use This Promising Practice?

Mental health care providers or administrators who serve members of tribal communities can implement this Promising Practice. These clinicians or administrators from centralized hubs then partner with local tribal communities to build community-based VA services. Clinic engagement can be scaled to support services for just a few Veterans or integrated into larger collaborative care efforts (for example, VA-Indian Health Service sharing agreements) to provide more comprehensive care. Implementation of this model within the VA health network is facilitated by its established system of Community Based Outpatient Clinics (CBOCs) and its telehealth capabilities, although community facilities outside the VA network may also learn from and implement it.

### Need Addressed

There are more than 346,000 American Indian and Alaska Native Veterans living in the United States, according to the 2010 Census. More than 38 percent of them live in rural areas, many on Federal Indian Reservations.

In fiscal year 2014, 49,339 American Indian and Alaska Native Veterans were enrolled in VA health care, nearly 49 percent of whom lived in rural areas.

Evidence suggests American Indian and Alaska Native Veterans have the highest rate of PTSD and deployment-induced mental health issues of any ethnic group. Studies also show that American Indian Veterans suffer higher rates of alcohol and substance abuse and other comorbid, or simultaneous, conditions.[1]

This vulnerable population faces geographic and social barriers to care. Many live on reservations in rural and isolated areas, far from most VA Medical Centers. In addition, American Indian and Alaska Native Veterans also face significant confusion surrounding their benefits, due to the dual services offered by VA and the Indian Health Service.

This Promising Practice connects American Indian and Alaska Native Veterans with culturally knowledgeable support services and mental health care providers. This collaboration strengthens health care delivery in areas where access is difficult, and builds trust between clinicians and American Indian and Alaska Native Veterans.

### Subject Matter Expert

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# Implementation

Beginning in 2001, VA and the University of Colorado Centers for American Indian and Alaska Native Health designed, implemented and administered a unique program of telemental health clinics for American Indian Veterans with PTSD. The organizations worked together to build a model of care that addressed unmet health care needs of rural American Indian Veterans, namely the provision of ongoing mental health care, including medication management, case management and individual, group and family therapy.

> ***"American Indian Veterans serve at remarkably high rates. We owe it to our Veterans to deliver the benefits they've earned in a culturally sensitive way."***
>
> -Dr. James Shore, Office of Rural Health Promising Practice Lead

To encourage Veterans to pursue mental health care, on-site tribal outreach workers engage with local communities to raise awareness in general about VA services and specifically these clinics to work on patient recruitment and VA enrollment. These outreach workers are often American Indian and Alaskan Native Veterans themselves, as well as members of the tribes they serve. Their shared background enables them to foster trust and rapport with American Indian and Alaskan Native Veterans and reduce cultural barriers to care. Their duties involve assisting American Indian and Alaskan Native Veterans to determine their benefits eligibility, enrollment, scheduling, instruction on use of the videoconferencing equipment, troubleshooting the technology and overall coordination of care. They are also uniquely suited to incorporate important community resources into care, including local traditional healers and/or the Indian Health Service (IHS).

Once engaged in care, technology allows for easier access to the services Veterans have earned. Mental health professionals at a VA Medical Center (VAMC), use live telehealth video conferencing to conduct secure visits with rural American Indian and Alaskan Native Veterans. The rural American Indian and Alaskan Native Veterans themselves participate from a partner facility, often a VA CBOC, IHS facility or tribal clinic, nearer to their rural reservations or communities.

The tribal outreach workers provide guidance on cultural and community issues that may be relevant to a patient's treatment. They work with and receive training from the Tribal Veterans Representative program, another VA initiative that enables American Indian and Alaskan Native Veterans to access and navigate the full range of services and benefits.

Additionally, the clinics facilitate connections between interested patients and traditional community services often with support from the tribal outreach workers.

# Promising Results

This Promising Practice is not a new clinical intervention, but it coordinates existing models of care in a new and culturally sensitive way. Based on established criteria, the use of telehealth technology and tribal outreach workers to provide mental health support for American Indian Veterans qualifies as a Promising Practice.

*Increased Access:* Weekly outreach by tribal outreach workers create a responsive relationship that is sensitive to the immediate needs of Veterans and facilitates appointment scheduling.[2,3]

*Evidence of Clinical Impact:* The project shows evidence of positive clinical impact with qualitative data at the individual Veteran level,[5,6] as well of quantitative data showing symptom reduction[7] and increased VA service utilizations by patients.[8] Telehealth patients' use of any health services (both general medical and mental health services) significantly increased, as did the proportion receiving psychotropic medication for mental health conditions.

*Customer Satisfaction:* A randomized study showed satisfaction measures showed a high level of satisfaction from Veterans who received care through this clinic model. A general study on telemental health assessments with American Indian and Alaskan Native Veterans found they were well received and comparable to in-person services in level of patient comfort, satisfaction and cultural acceptance.[10] Beyond the immediate scope, care givers and dependents of rural Veterans also benefits from family counseling.

*Return on Investment:* In addition to clinical impacts, one early study suggested cost savings in travel using videoconferencing for the patient population.[9] The clinics' costs were shown to be sustainable under the VA Veterans Equitable Resource Allocation funding system. Future exploration could focus on per capita costs and individual cost outcomes.

*Operational Feasibility:* The clinics have been successfully implemented with a variety of configuration and partnerships on the Northern Plains.[2-4] Drawing on lessons learned from these experiences, the Veterans Rural Health Resource Center-Salt Lake City, Utah developed a program called Rural Native Veteran Telehealth Collaborative Education and Consultation. This program identifies VA facilities interested in developing telemental health clinics for American Indian and Alaskan Native Veterans based on the pilot model established in VISN 19, and guides them through a specific mentorship and consultation process with the goal of developing fully sustainable services within two to three years. This mentored implementation entails collaborations with VA and tribal partners for clinics in Alaska, Michigan, Montana, Oklahoma, South Dakota and Wyoming. Nine clinics currently use telemedicine to connect to specialists based in four VAMCs. Their efforts serve 15 tribes.

## Office of Rural Health Rural Promising Practice Criteria

*Increased Access:* Measurable improvements in access to care and/or services. Examples include reduction in distance traveled to care, reduction in wait times, improved care coordination, and reduction in missed appointments.

*Evidence of Clinical Impact:* Positive results on outcomes of importance to rural Veterans based on evaluations conducted during the implementation of the program and at the end of the pilot period.

*Customer Satisfaction:* Increased patient, provider, partner, and/or caregiver satisfaction.

*Return on Investment:* Improvement in health system performance by 1) reducing the per capita costs of health care, and 2) improving or at least maintaining health outcomes, and/ or 3) positively impact the health care delivery system.

*Operational Feasibility:* Implementation is feasible and known barriers and facilitators of success could easily be shared across implementation sites.

*Strong Partnerships and/or Working Relationships:* Inclusion of VA and/or non-VA partners to maximize the efficacy of the intervention.

*Strong Partnerships and Working Relationships:* Each clinic involves collaborations between multiple internal and external VA organizations, including VAMCs, Veteran Integrated Service Network (VISN) leadership, tribal governments and organizations, IHS, medical universities, and other state and federal agencies. These interactions build sustainable, long-term partnerships between many of the organizations that tribal Veterans rely on for care. For example the initial clinic in 2001 involved five different key partner organizations: two VA facilities, one university, IHS and Tribal Veterans Center.[3,4] The University of Colorado Centers for American Indian and Alaska Native Health actively worked with VA for nearly two decades, sharing knowledge, resources and staff. They also host several VA-dedicated spaces, which helps improve comfort and reduce the security concerns of patients. But the knowledge and program development that occurred with the University of Colorado informs the dissemination of the program at new sites nationwide.

# Adoption Considerations

Several administrative considerations should be recognized prior to adoption of this Promising Practice.

- Multi-organization collaborations are essential
- The right configuration of organizational partners requires clear delineation of roles, responsibilities and processes of communication.
- Overall administrative structure needs to be consistent, but with enough flexibility to meet the needs of individual patient sites.
- Having a local tribal outreach worker between the tribal-based organizations and federal is critical.

Clinical considerations must also be taken into account.

- Formal and informal care coordination within and between medical systems of care is essential.
- Electronic medical records serve as important communication tools for care coordination.
- Attention must be paid to cultural impacts on clinical process and traditional healers should be incorporated.
- One-to-two primary treatment relationships, which will evolve between the Veteran and his or her clinician and tribal outreach worker, should be emphasized to build long-term treatment rapport, engagement and trust.

# Conclusion and Next Steps

These clinics represent an important model to increase access and quality of VA mental health services for rural American Indian and Alaskan Native Veterans. Pilot efforts demonstrate both the feasibility and process of the dissemination of this model nationally. Future work should focus on lessons learned during national dissemination, and adoption as well as more detailed data on return on investment and wider impacts of these clinics on the Veterans families and communities.

> ***"Tribal outreach workers know the other Veterans in the community who need help and they're able to find these Vets when we wouldn't be able to do so otherwise."***
>
> -Gary Hogan, VA clinician

# Available Resources

The creators of this Promising Practice created additional resources to aid in implementing this model of care at other facilities.

- Library of topical medical articles
- American Indian Telemental Health video (19:58)

Access them at http://www.ruralhealth.va.gov/providers/promisingpractices.

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# To Learn More

The Promising Practices initiative is overseen by the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) as part of its targeted, solution-driven approach to increasing access to care for 3 million Veterans living in rural communities who rely on VA for health care. As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to study, innovate and spread enterprise-wide solutions through local and national partnerships.. To discuss implementing a Promising Practice at your facility or to learn more, visit **www.ruralhealth.va.gov** or email **rural.health.inquiry@va.gov.**

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