COMPANION PODCAST TRANSCRIPT

Emergency Preparedness for VHA Telemental Health Care

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INTRODUCTION

Hello listeners! Thank you for listening to this companion podcast produced by the Department of Veterans Affairs Office of Inspector General. Companion podcasts summarize and increase awareness of VA OIG published reports and regularly feature those OIG employees who conducted the report, inspection, or investigation. Find all VA OIG podcasts online at va.gov/oig.

Laura Tovar:

Hello and thank you for joining us today for this podcast. My name is Laura Tovar and I am an associate director with the Office of Healthcare Inspections. Joining me is Tammy Wood, who is an OIG healthcare inspector. We will be discussing the recently published OIG report, titled *Deficiencies in Emergency Preparedness for Veterans Health Administration Telemental Health Care at VA Clinic Locations Prior to the Pandemic*. Thanks for joining me, Tammy. Can you describe telemental health care within VHA for our audience?

Tammy Wood:

Absolutely. When mental health care, such as psychotherapy and medication management, is delivered by a provider remotely through real-time video conferencing to a veteran, it is called telemental health care. For historical context, telemental health care within the VA dates back to 1961 with the use of real-time closed-circuit television. Today, through the use of computers and personal smart devices, such as cell phones and tablets, telemental health care can be delivered to veterans anywhere internet service is available. Our report focused on veterans receiving telemental health care while physically sitting in a VA clinic. This review does not cover telemental health care to veterans in their homes.

Laura Tovar:

Thank you, Tammy. The report highlights VA's use of telehealth care has steadily risen over the last decade, including during the COVID-19 pandemic. Does this national report include VHA's use of telemental health care during the COVID-19 pandemic?

Tammy Wood:

No, but I appreciate the opportunity to clarify. This report only evaluated the emergency preparedness of 58 VA facilities prior to the pandemic. However, there were other reports recently published that looked directly at telehealth practices during the COVID-19 pandemic like the report, *Review of Veteran Health Administration's COVID-19 Response and Continued Pandemic Readiness* and the report titled, *Review of Veterans Health Administration's Virtual Primary Care Response to the COVID-19 Pandemic*, which can both be found on the VA OIG's website.

Laura Tovar:

Got it. Thanks. So, shifting gears back to the telemental health care report, can you explain how emergency preparedness differs when a provider is physically in-person with the veteran versus at a separate remote location?

Tammy Wood:

Yes. Great question. There are some special considerations for providers who are remotely handling emergencies, especially when veterans have complex mental health needs. Specifically, we reviewed medical and mental health emergencies and technological disruptions that might happen during telemental health visits. For example, consider that during a telemental health video conference call, a veteran has an immediate crisis. This may be a medical crisis or even suicidal intent of ending their life. In a telehealth setting the provider is not there to directly intervene and may be hundreds of miles away.

Laura Tovar:

That's quite a challenge for the provider to overcome.

Tammy Wood:

Exactly, what does the remote provider do in an emergency like this? Consider the following. Does the provider have immediate access to accurate emergency contact information for staff and first responders at that veteran's location? Does the provider know what to do if emergency contacts are unreachable? Does the provider have the information needed to coordinate an emergency response, including the address and room number of the VA clinic where the veteran is sitting? If accurate information is not at the provider's fingertips and has to be researched or is difficult to find, that could create a delay in the emergency response for that veteran.

Laura Tovar:

I can see how distance between the veteran and provider can really create challenges in an emergency situation. That example really drives the point home. So, for this report what specific areas regarding telemental health emergency preparedness did the OIG team focus on?

Tammy Wood:

We evaluated whether VA clinics were prepared to respond to emergencies during telemental health care sessions. The heart of the review focused on three key areas. First, did VA clinics have emergency procedures for remote telehealth care? Second, did VA clinics have two designated staff as emergency contacts and at least two methods to contact them? And third, did VA clinics have a patient safety or incident reporting process that identifies the environment of care or setting as telehealth?

Laura Tovar:

Tammy, can you give us an example regarding the patient safety reporting process? Why is that important?

Tammy Wood:

Yes. When there is an incident that happens, such as a veteran engaging in self-harm during a therapy session, there are several reporting mechanisms in the Veterans Health Administration where the incident would be captured after the fact for further review. How and when an incident or adverse event is reported and tracked is often dependent on facility policies. Consider the following questions. What if the incident in my example occurred during a telemental health session? How does a facility know it occurred during telemental health care if that doesn't get captured in the facilities incident reporting or tracking systems? How would a facility or the larger VA know that there may be telehealth specific issues occurring that need attention or improvement? What if in this scenario, the provider had outdated contact information and it took them 20 minutes to reach someone on the veteran side to assist during the emergency? How would the incident and the slow response due to outdated contact numbers get documented and identified as an issue that needs improvement?

Laura Tovar:

Thanks for clarifying. Sounds like the issue OIG reviewed is not whether incidents or adverse events get reported, but whether there are processes to identify and include telehealth as the location of the incident. Going back to the three areas this review focused on, each one sounds important to the emergency preparedness of VA clinics offering telemental health care. Can you describe what you discovered?

Tammy Wood:

I sure can. The OIG found that VA needs to improve in all key areas such as emergency procedures, emergency contact information, and patient safety reporting methods for telehealth. Regarding emergency procedures, VA facilities did not consistently have emergency procedures in place. VHA requires that telehealth emergency procedures are location and telehealth specific, but we found that many facilities were not meeting this expectation. For facilities that provided emergency procedures, most provided procedures that were not up to date and were general to the processes for an entire facility, rather than specific to the services of telehealth or specific to the location where the veteran is sitting. For example, during a telemental health session when a veteran voices that they intend to harm themselves, providers must quickly shift gears to determine what resources and procedures are in place for that veteran at that location to initiate an emergency response. And, procedures for this situation during telehealth care might be different than procedures for a provider who is sitting in the same room with the veteran. As already stated, the remote nature of telemental health care requires some special considerations for emergency planning. Along the same lines, telehealth sessions depend on the use of technology equipment and clinic and telehealth specific procedures are necessary for troubleshooting equipment challenges. A backup plan for continuing the telehealth session is needed in the event that a virtual session gets disconnected. It is critical for procedures to be relevant to telehealth care and also to be accurate and updated.

Laura Tovar:

What did you find in reference to emergency contacts?

Tammy Wood:

In regard to emergency contacts, facilities generally did not have a minimum of two contact persons with two ways to reach them during an emergency, as required by VA. This is critical information remote providers need to have to reliably reach someone at the veteran location in the event of an emergency or technological disruption.

Laura Tovar:

And what of patient safety reporting methods. What did the review team find?

Tammy Wood:

We found that facilities typically did not document whether incidents occurred in a telehealth session, and even the few that did, did not have a mechanism to roll up concerns to the national level. I know we already discussed this a little earlier, but I want to re-emphasize that without a process to document that an incident or adverse event occurred during a telehealth session, the facility and the national VA

telehealth office cannot know that a safety issue occurred and cannot address safety issues or make improvements to telehealth care.

Laura Tovar:

I appreciate your overview on the findings. Were there any challenges with conducting this review?

Tammy Wood:

Yes, we found that there was inconsistency across VA facilities on where to find emergency related information. This meant we spent a great deal of time looking for telehealth emergency procedures and emergency contact information. We wondered if we had such a difficult time finding all the emergency procedures for each facility, how does a remote provider serving many locations do so when facing an emergency or crisis situation?

Laura Tovar:

Yes, that certainly is concerning. What are some of the recommendations OIG made in this review?

Tammy Wood:

We recommended that VHA use location-specific emergency procedures tailored to the needs and resources of telehealth services. Also, to ensure emergency processes and contacts are readily available to all staff, including remote providers. Additionally, we recommended VA develop a process to report any safety issues or concerns that occur during telehealth care, which should improve the tracking of telehealth services.

Laura Tovar:

What is VA's plan for improving processes based on this review?

Tammy Wood:

The VA plans to develop national standards in four areas. The first is procedures for handling telehealth emergencies. The second is staff responsibilities during telehealth emergencies. The third is staff training on emergency procedures. And the fourth is the implementation of a new online platform. The platform will be accessible by all staff and be used by all VA clinics as the central location to store and update telehealth emergency procedures and emergency contact information. In addition to developing national standards, VA also plans to revise it's tools for reporting patient safety events to capture when incidents or events occur within telehealth care in addition to where the care was delivered. This

approach will give telehealth offices the ability to better monitor telehealth and make needed changes to improve patient safety.

Laura Tovar:

It sounds like the online platform might also help with the challenge of locating important emergency related documents. Tammy, thank you for speaking with me today. I look forward to seeing the impact of this review on improving emergency preparedness within VA Telemental health programs.

Tammy Wood:

I do too. Thank you for the opportunity to share.

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