Improving Access for Veterans Experiencing Homelessness through VA Video Telehealth

EIT Webinar Series:

VA National Center on Homelessness Among Veterans and

VHA Innovation Ecosystem

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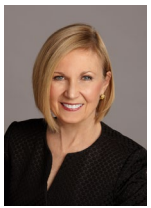



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Learning Objectives

1. Detail how Veterans experiencing homelessness are using video telehealth for their mental health, primary care and some specialty care, supporting patient-provider communication while reducing appointment no-shows.

2. Describe the barriers and facilitators to technology adoption faced by Veterans, and how VA phone and tablet distribution, plus digital training for Veterans, can help overcome barriers.

Access is an overarching priority for VA

Yet many Veterans experience access barriers…

- Rural location (~1/3 Veterans)
- Transportation difficulties
- Socioeconomic stressors (especially during pandemic)
- Competing demands: Work, education, caregiving

VA's Video Telehealth Tablet Initiative

Supported by VA's Office of Rural Health and Office of Connected Care, providers refer VA Video Connect (VVC-enabled) tablets and phones via Digital Divide consult.

Eligibility Criteria:

- Clinical Need
- Technology/Connectivity Need
- Access Barriers- distance/geography, transportation, homebound

Growth in Program

- 5,000 tablets distributed during pilot (2016-2017)
- >97,000 tablets distributed from (10/2019 – 06/2021)

Clinician in clinic or other setting (e.g., home)
VA desktop/laptop/tablet

Veteran at home/work
VA issued tablet

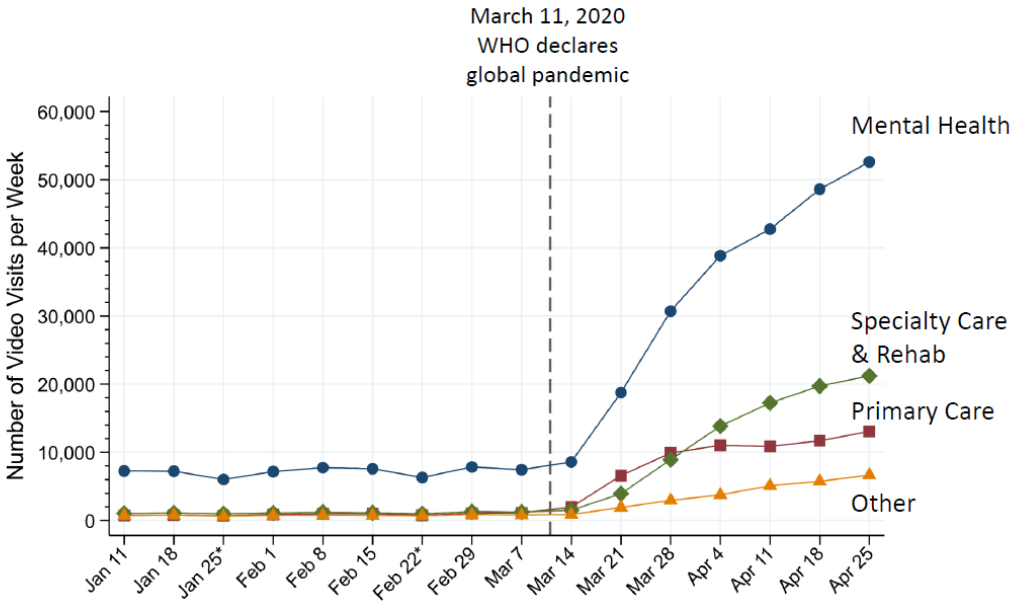
Source: DM Zulman, Expanding Access for Veterans though VA-Issued Video Telehealth Tablets; VA/Stanford Tech Research and Programs

VA Video Visits During COVID-19

Video visits ↑:
- Low income
- Disability
- Homelessness
- Multiple chronic conditions
- Mental health conditions

Video visits ↓:
- Older adults
- Rural Veterans

No Difference:
- Race/ethnicity



1. Heyworth L, Kirsh S, Zulman DM, Ferguson J, Kizer K. *NEJM Catalyst* 7/1/20

Study Background and Objectives - Quantitative

- 37,000 Veterans experience homelessness and 1.4 million Veterans considered “at risk.”[2,3]
- Recipients in VA’s video telehealth tablet program[4] included Veterans experiencing homelessness (hereafter VEHs) who could benefit from clinical services.[5]
- The objective of our FY21 National Center on Homelessness among Veterans (NCHAV) quantitative project was to examine how housing instability influences video telehealth tablet adoption and use.

2. L Garvin, J Hu, C Slightam, et al, 2021
3. J Tsai, L Trevisan, M Huang, and R Pietrzak, 2018
4. D Zulman, E Wong, C Slightam et al, 2019
5. DK Mcinnes and S Cutrona, 2018

Methods – Quantitative

- 12,148 VA patients had received a tablet between October 2017 and March 2019.
- Analyzed health record and tablet utilization data to compare characteristics of homeless (N = 1,470) vs. housed (N = 10,678) recipients, and to describe factors associated with video tablet use.

Methods - Quantitative

- Chi-square tests for differences in demographic, social and clinical characteristics between Veteran groups, and for comparison between groups in their video tablet use.

- Multivariable logistic regression was used to examine the characteristics associated with tablet use.

Results – Factors Predicting Tablet Use

- Nearly half (46%) of homeless tablet recipients had a video visit within 6 months of receipt, compared to 57% of housed recipients.

- Visits more common:
  - Younger (36% vs. 24%)
  - Rural (34% vs. 21%)
  - Post-traumatic Stress Disorder (PTSD) (58% vs. 44%)

- Visits less common:
  - Black Veterans (26% vs. 46%)
  - Substance use disorder (SUD) (48% vs. 58%)
  - Persistent housing insecurity of 6+ months (56% vs. 66%)

Results –Tablet Use by Urban + Rural Veterans

- Characteristics associated with tablet use differed across urban (65%) and rural Veterans (35%).

- Urban tablet users more likely:
  - Married
  - White or Hispanic Veterans
  - Priority Group 1 (service-connected disability)
- Rural tablet users more likely:
  - Younger
  - Fewer chronic conditions
  - PTSD and/or SUD diagnosis
  - <6 months homeless after tablet receipt

Results –Tablet Use by Type of Care

- Housed Veteran tablet users had a marginally higher mean number of video visits (4.7 vs 4.3).
- Homeless Veteran tablet users had:
  - higher proportion of video visits for mental health (88% vs 72%)
  - lower proportion of visits for primary care (5% vs 9%*) and specialty or other care (12% vs 24%).
- Homeless rural Veteran users were more likely to hold mental health visits (95% vs 84%) while urban counterparts were more likely to hold primary care visits (7% vs 2%).

Study Objectives and Methods - Qualitative

- In our NCHAV FY21 qualitative project (tablets) and related HUD-VASH project (smartphones), we interviewed Veterans experiencing homelessness about their use (or non-use) of VA Video Connect-enabled devices.
- We conducted 48 one-hour phone interviews (28 interviews for NCHAV) and (20 interviews for HUD-VASH).

HPO and OCC Programs to onboard Veterans

- Office of Connected Care and Homeless Program Office have been working over the past 18 months to support Veterans and staff in incorporating the virtual care modalities.
- The Connected Device Support Program provides Veterans with a “White Glove” setup service. VA contractor, IronBow, attempts up to 3 calls to the Veteran after his/her tablet receipt to ask if the Veteran has successfully set up VVC.
- OCC Help Desk: 866-651-3180

Veteran Quotes

SET-UP

Of the 48 NCHAV and HUD-VASH interviews, one-quarter of Veterans received training to get started on VVC via the tablet or smartphone. Veterans experiencing homelessness often have complex medical and mental health conditions, further complicated by housing and other issues. Thus, as a result, many are difficult to reach by phone.

Training was from a White Glove caller, social worker or VA clinician.

- “Yes, I got an instruction booklet with the phone, and they tried to call me with training.”
- “I set myself up. I had to use FaceTime to link in.”

Veteran Quotes

FACILITATORS AND BARRIERS

Veterans appreciate the convenience of VVC-enabled tablets and phones. The devices help to address the isolation that many Veterans experience. Barriers to VVC use remain lack of training and poor broadband coverage.

- “I get my medical records through the iPhone.”
- “The iPhone is great because I was non-compliant, but it let me keep my bi-weekly visits with my therapist.” [Suicide survivor]
- “I don’t like to go outside. I don’t feel comfortable – and no visitors. So, the phone really helps.”
- “It’s a lifeline.”

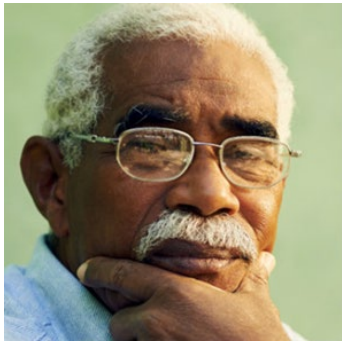
Veteran Quotes

RELATIONSHIP WITH PROVIDERS

- Of 48 NCHAV and HUD-VASH interviews, only 3 Veterans said they missed their face-to-face visits.
- No Veterans said that transferring from in-person to telehealth had hurt their provider relationship.

IMPROVEMENTS THAT VETERANS SUGGEST

- “A class on the phone at the VA would be helpful.”
- “I’d like to volunteer. Could the iPhone show me lists of volunteer opportunities? I do it for others, but really, it’s helping me, too.”
- “Please let the tablet connect with sites that would let me continue to learn and get a little entertainment.”



Conclusions and Next Steps

- Video telehealth tablets may offer access to Veterans experiencing homelessness, but barriers remain for subpopulations.
  - For example, targeted interventions for Veterans experiencing homelessness and SUD are needed. Despite difficulty keeping and remaining on video visits,[6] many Veterans with SUD prefer video visits to in-person visits.[7]
  - Our FY22 NCHAV project will design and pilot a peer-led intervention for Veterans experiencing homelessness and SUD.

6. Gaudiano B, Moitra E., 2015
7. Slightam C, Gregory AJ, Hu J, et al, 2020

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Thank you

Questions?

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