

Consumer Council News

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Telehealth and VHA

My HealtheVet
My HealtheVet is a secure Internet-based resource by which patients may view and update portions of their medical record such as blood pressure or blood glucose levels. In VA, computerized medical records and clinical reminders decrease fragmentation and improve patient care coordination. Greater access to information in the clinical setting also helps empower patients to participate in treatment decision-making. New technologies are enhancing care coordination.

Newsletter sponsored by VA Mental Health Consumer Council
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Telehealth which is referred to as Telemedicine involves the use of electronic and telecommunication technology to provide and support health care when distance separates the participants. Telehealth can be used whenever physical barriers or geographical distance make it difficult for patient to travel for their medical cares. It gives patients in rural areas access to specialists.

The VA has long been a leader in telehealth. Last year over 400,000 teleconsultations were performed in 31 medical specialties throughout the nation. Interactive television is used to provide specialty care such as mental health, cardiology, orthopedics, dermatology, pulmonary and wound care. Patients are able to avoid long uncomfortable



drives by "seeing" their health care provider through videoconferencing at their community clinics or local area hospitals. VHA Telehealth particularly tries to serve veterans in remote areas and otherwise

isolated groups of veterans rural and urban, as well as veterans with special needs, disadvantaged veterans, and veterans in minority groups. The use of Telehealth technology to provide mental health services is now routine after over 40 years of limited use. Today over 25% of all telehealth services are for mental health.

Services offered include patient evaluations, medical management, therapy, education and biofeedback.

A Vision for the Mental Health System

In April 2003, The American Psychiatric Association presented "A Vision for the Mental Health System". This report emphasizes the right to quality psychiatric care. The report states "Every American with significant psychiatric symptoms should have access to an expert evaluation leading to accurate and comprehensive diagnosis which results in an individualized treatment plan that is delivered at the right time and place, in the right amount, and with appropriate supports such as adequate housing, rehabilitation, and case management when needed. Care should be based on continuous healing relationships and engagement with the whole person rather than a narrow symptom-focused perspective. Timely access to care and continuity of care remain today corner-

stones for quality even as a continuum of services is built that encourages maximum independence and quality of life for psychiatric patients. The report points out that the fragmentation and disintegration of care are the real challenges in developing a genuine mental health system. There needs to be funding for care that should be commensurate with the level of disability caused by a psychiatric illness. It emphasizes the Federal Government must lead the way but the State government is the ultimate locus of accountability as it is responsible for those patients who fall through the cracks of the system.

Online Newsletter
www.mentalhealth.med.va.gov/cc

What is Vet to Vet

Vet to Vet is a self-help program where veterans help other veterans overcome mental illness and substance abuse. The program provides a place for mutual self-help support meetings, and suggestions for other mental health programs. Vet to Vet was established in Spring 2002 at the Errera Community Care Center in West Haven, CT, as part of the Veterans Affairs (VA) mental health care system. The Vet to Vet peer support educational program is an outgrowth of the self-help groups. The program is sponsored by Vinfen and led by Moe Armstrong, Vinfen's Director of Consumer and Family Affairs and himself a decorated combat veteran with mental illness.

The Vet to Vet facilitators play a key role in making sense of mental health and rehabilitation services provided by the community and the VA. They are willing to navigate the mental health system, perform outreach, access other communities and encourage people to attend support meetings.

At meetings, veterans help one another and learn to become support –group facilitators. A variety of issues are covered at the support and educational group meetings which include:

- * Recovery, using *The Recovery Workbook: Practical Coping and Empowerment Strategies for People with Psychiatric Disability*
- * Disability Awareness/Disability Pride
- * Writers Meeting, where the group generates material from ideas exchanged at meetings, some of which are used in the Disability Awareness/Disability Pride course.
- * Mental Illness Anonymous (MIA), based on Alcoholics Anonymous' 12-step program, and published by MIA Press.
- * Wellness Meeting, where material generated from Eli Lilly's education wellness program is discussed. Current research is also discussed along with other articles and personal stories, etc.

Needing collaboration to achieve Treatment Adherence

Antipsychotic medications significantly reduce the symptoms of schizophrenia and are an essential part of the treatment. Unfortunately, many patients with schizophrenia are poorly adherent with antipsychotic medication. Medication adherence comparing Psychiatric & Nonpsychiatric diagnoses show:

- * Physical Disorder 76% mean adherence
- * Antipsychotic Meds 58% mean adherence
- * Antidepressants 65% mean adherence

One study *Pharmacy Data Identify Poorly Adherent Patients with Schizophrenia at Increased Risk for Admission* Medical Care, Volume 40 pp.630-639 showed that pharmacy data can identify poorly adherent patients with schizophrenia.

Sixty-seven thousand seventy-nine veterans who received a diagnosis of schizophrenia were studied to

find out if the medication possession ration is associated with outcome and the varying degree of adherence and admission to the hospital. A pharmacy based measure of possessing the prescribed medication in sufficient quantity resulted in the lowest admission rate. But having smaller percentage than required or excess medication caused increased risk of hospitalization.

This points to the need to adopt specific strategies to improve adherence such as frequent nonjudgmental inquiries about medication use, alert clinicians to be cognizant of adherence difficulties and promoting family involvement. Fully 40% of patients in this sample remained poorly adherent with their antipsychotic medication. Regularly monitoring pharmacy data have an opportunity to identify at risk patients.

Information and Resources

June 4-7
NMHA Annual Conference
Washington, DC
www.nmha

June 28-July 1, 2003
NAMI Annual Conference
Minneapolis, MN
www.nami.org

August 15-17, 2003
Depression Bipolar Support Alliance (DBSA) Annual Conference
Long Beach, CA
www.dbsalliance.org