

August 13, 2020

Implementing Telehealth in Jails

Agenda



Introductions



Telehealth Definition and Uses



Considerations for Telehealth in Jails



Examples of Telehealth in Jails



Questions and Discussion



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Goals

- Define telehealth and how it can be used in jails
- Discuss key components of effective telehealth in jails
- Review lessons learned when implementing telehealth in jails

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Questions and Discussion

What Is Telehealth?



- Telemedicine, digital care, virtual care
- Interactive, electronic information exchange for diagnosis, treatment, support and/or care management

Telehealth History

1905

William Einthoven transfers electrocardiograms electronically

1960s

NASA used telehealth to monitor health of astronauts in space

1990s

Telemedicine matures—used in the VA and broader acceptance of teleradiology practices

Now

Telemedicine is seen as a viable means for improving access and decreasing costs; especially in value-based care models

Types of Telehealth



Live Video

Real-time (synchronous) audiovisual communication



Store and Forward

Secure asynchronous transmission of health information (e.g., radiology images) to a provider



Remote Patient Monitoring

Secure transmission of health data from a patient in one location to a provider in another location through devices



Mobile Health (mHealth)

Health care and education supported by devices such as wearables and cell phones



Barriers Telehealth Can Address



Access to Care

Improved patient
compliance



Geographic Isolation

Distance from
population centers
and services

Transportation
Transfers



Workforce Challenges

Provider
recruitment/retention
Workforce shortages
Cost of transfers

Telehealth Overview



Documentation,
Data Storage



Data Analysis



Communication,
Remote
Consultation



Devices



Modeling and
Virtual Reality

Interactive, electronic information sharing and use to support diagnosis, intervention, patient engagement, and/or ongoing care management between a patient and/or health care providers who are not co-located

Patient-to-provider



Virtual visits



Wearables and sensors



Sharing log data



Messaging with apps

Modalities

Live video visits

Remote patient
monitoring

Asynchronous
store-and-forward

mHealth

Provider-to-provider



E-consults



Device information



Second opinion consults



Education and interaction

Top Specialties in Which Telehealth Has Been Used

- Stroke
- Psychiatry and other behavioral health
- Neurology
- Radiology
- Pediatrics
- Dermatology

Source: InTouch, [2018 U.S. Telemedicine Industry Benchmark Survey](#) (2018)



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Benefits of Telehealth in Jails

- Improve access to care
 - Workforce shortages
 - Workforce turnover
- Cost savings
 - Provider travel
 - Medication management
 - Inmate transportation costs
- Increased coordination or maintenance of care
- Improved coordination for release planning
- Proactively address chronic conditions and behavioral health issues to reduce overall service use

Costs for Telehealth in Jails

- Technical costs
 - Software
 - Hardware
 - Technical infrastructure
- Other operational costs
 - Training
 - Staff reassignment
 - Implementation costs to support workflow changes
 - Distant provider costs

Barriers to Telehealth Implementation in Jails

- Technical issues
 - Firewalls for Internet access
 - Unreliable servers and Internet with live video
 - Uneven wireless connections
- Organizational changes
 - Requires organizational support from leadership through the staff
 - May be difficult to change roles and responsibilities
 - Development of relationships with distant providers
 - Workflow changes to support care in a confidential manner

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Questions and Discussion

Michigan Opioid Partnership

Using Virtual Technology in Jails to Ensure Access to Behavioral Health Services

Overview

- Response to COVID-19
- Implementation project used tablets to establish telehealth for behavioral health services within county jails
- Project goal
 - Rapidly expands the jails' current capacity by providing county jails with the hardware, software, connectivity, and recommended practices
- Evaluation
 - This project produced an evaluation of implementation both within and between 17 geographically distinct county jail facilities

Michigan Opioid Partnership

Using Virtual Technology in Jails to Ensure Access to Behavioral Health Services



**STAKEHOLDER
OUTREACH**



**TELEHEALTH, SECURITY,
CAPABILITIES, AND USES**



**MONITORING USE AND
EVALUATION**



**IMPLEMENTATION AND
TECHNICAL ASSISTANCE**

Michigan Opioid Partnership

Using Virtual Technology in Jails to Ensure Access to Behavioral Health Services

- County jail sites (jail capacity) (# of tablets):
 - Antrim
 - Barry (90) (1)
 - Barrien (341) (2)
 - Calhoun (630) (3)
 - Charlevoix (89) (1)
 - Cheboygan
 - Eaton (374) (2)
 - Emmet
 - Genesee (580) (2)
 - Hillsdale (67) (1)
 - Jackson (440) (2)
 - Kalamazoo
 - Livingston
 - Monroe (363) (2)
 - Muskegon (542) (3)
 - St. Joseph (167) (1)
 - Washtenaw (440) (2)



Michigan Opioid Partnership

Using Virtual Technology in Jails to Ensure Access to Behavioral Health Services

Timeline—Two-Stage Phase Implementation (One year)

- Phase 1—Protocol development

- During the initial two-week engagement period, CBHJ staff and an IT consultant developed suggested guidelines for jail administrators
- Tablets were implemented at three county jails for initial pilot testing to assess for cellular issues, security issues, programming problems, ease of use issues, and facilitate the implementation toolkit

- Phase 2—Implementation

- The implementation phase would immediately commence at the conclusion of Phase 1
- All sites receive their allotment of tablets
- Usage audits and baseline, 3-, 6-, and 12-month follow-up surveys

Michigan Opioid Partnership

Using Virtual Technology in Jails to Ensure Access to Behavioral Health Services

Preliminary Usage Audit

- Step 1:
 - Survey to scan jail sites' telehealth capabilities
 - Coordinate with IT personnel to facilitate hardware/software
- Step 2:
 - Set reporting structure
 - Logistics in reporting
- Step 3:
 - Data sharing
 - Data reporting (see table)

County	Date	Purpose
County A	6/3/2020	MIREP II
	6/3/2020	CMH
	6/5/2020	MIREP II
	6/12/2020	Training on Mail Scanner
	6/15/2020	CMH
	6/15/2020	Turf Management Class
	6/16/2020	CMH
	6/16/2020	Turf Management Class
	6/16/2020	CMH
	6/17/2020	MIREP II
	6/17/2020	CMH
	6/17/2020	MIREP II
	6/18/2020	CMH
	6/18/2020	CMH
	6/19/2020	MIREP II
	6/22/2020	CMH
	6/22/2020	CMH
6/22/2020	CMH	
6/22/2020	CMH	
6/22/2020	CMH	

Michigan Opioid Partnership

Using Virtual Technology in Jails to Ensure Access to Behavioral Health Services

Research Plan: Evaluation of Implementation, Process, and Outcomes

- **Aim 1:** to assess the barriers and facilitators of the implementation of the pilot project, both within and between the jail facilities
- **Aim 2:** to examine usability and sustainability of the pilot project
- **Aim 1:** A brief survey will be distributed to designated personnel at each facility at 3-, 6-, 9-, and 12-month intervals
 - The purpose of this survey is to assess for specific uses of the telehealth technology and to ascertain how these uses may change over time
- **Aim 2:** Telehealth audit data/focus groups are at the 6- and 12-month follow-up periods
 - Focus groups will involve staff members from the jail and community providers discussing the usability and sustainability of this telehealth model beyond the one-year funding period

Michigan Opioid Partnership

Using Virtual Technology in Jails to Ensure Access to Behavioral Health Services

Challenges and Lessons Learned

- Rural sites have low usage numbers, and some are still not “online”
 - Slow to implement
 - CMH phone data
- No “global Internet” in jails and limited space
 - COVID-19 complicated these issues
- Greater CMH involvement in the development of the project
- Some counties have requested more tablets to comprehensively reform workflow
- Telehealth calls from CMH providers offers greater confidentiality = jails cannot record conversations

Michigan Opioid Partnership

Using Virtual Technology in Jails to Ensure Access to Behavioral Health Services

Future Directions—Rapidly Evolving Use of Tablets

- K6 and RODS booking screens
- Naloxone education at discharge
- Greater involvement with legal aid
- Jail staff training regarding clinical decision-making
 - e.g., identifying alcohol withdrawal vs. acute psychosis
 - Implications for placement and treatment in jail
- Broader use of tablets for data collection and sharing
 - e.g., RedCap

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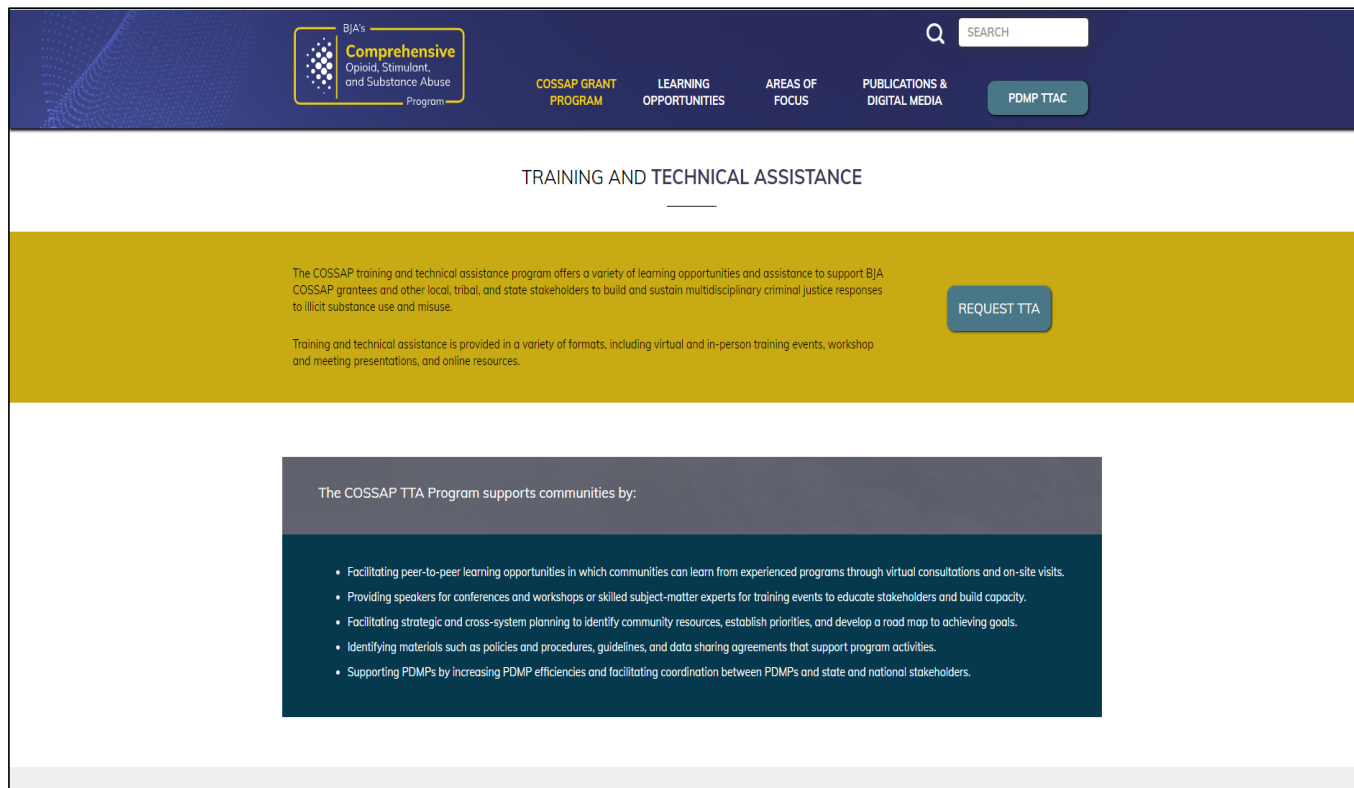
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<https://cossapresources.org/Program/TTA>



The screenshot shows the website for the COSSAP TTA Program. The header is dark blue with the BJA's Comprehensive Opioid, Stimulant, and Substance Abuse Program logo on the left. Navigation links include COSSAP GRANT PROGRAM, LEARNING OPPORTUNITIES, AREAS OF FOCUS, PUBLICATIONS & DIGITAL MEDIA, and PDMP TTAC. A search bar is located in the top right. The main content area is white with a yellow background for the introductory text. The text describes the COSSAP training and technical assistance program, which offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse. A 'REQUEST TTA' button is visible. Below this, a dark blue box lists the communities supported by the COSSAP TTA Program.

BJA's **Comprehensive**
Opioid, Stimulant,
and Substance Abuse
Program

COSSAP GRANT PROGRAM LEARNING OPPORTUNITIES AREAS OF FOCUS PUBLICATIONS & DIGITAL MEDIA PDMP TTAC

SEARCH

TRAINING AND TECHNICAL ASSISTANCE

The COSSAP training and technical assistance program offers a variety of learning opportunities and assistance to support BJA COSSAP grantees and other local, tribal, and state stakeholders to build and sustain multidisciplinary criminal justice responses to illicit substance use and misuse.

REQUEST TTA

Training and technical assistance is provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources.

The COSSAP TTA Program supports communities by:

- Facilitating peer-to-peer learning opportunities in which communities can learn from experienced programs through virtual consultations and on-site visits.
- Providing speakers for conferences and workshops or skilled subject-matter experts for training events to educate stakeholders and build capacity.
- Facilitating strategic and cross-system planning to identify community resources, establish priorities, and develop a road map to achieving goals.
- Identifying materials such as policies and procedures, guidelines, and data sharing agreements that support program activities.
- Supporting PDMPs by increasing PDMP efficiencies and facilitating coordination between PDMPs and state and national stakeholders.

BJA's



Comprehensive
Opioid, Stimulant,
and Substance Abuse

Program