TELEMENTAL HEALTH WITH AMERICAN INDIAN & ALASKA NATIVE COMMUNITIES: LESSONS FROM 20 YEARS IN THE FIELD

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University of Colorado Anschutz Medical Campus
As we gather, we honor and acknowledge that the University of Colorado’s four campuses are on the traditional territories and ancestral homelands of the Cheyenne, Arapaho, Ute, Apache, Comanche, Kiowa, Lakota, Pueblo and Shoshone Nations. Further, we acknowledge the 48 contemporary tribal nations historically tied to the lands that comprise what is now called Colorado.

Acknowledging that we live in the homelands of Indigenous peoples recognizes the original stewards of these lands and their legacies. With this land acknowledgment, we celebrate the many contributions of Native peoples to the fields of medicine, mathematics, government and military service, arts, literature, engineering and more. We also recognize the sophisticated and intricate knowledge systems Indigenous peoples have developed in relationship to their lands.

We recognize and affirm the ties these nations have to their traditional homelands and the many Indigenous people who thrive in this place, alive and strong. We also acknowledge the painful history of ill treatment and forced removal that has had a profoundly negative impact on Native nations.

We respect the many diverse Indigenous peoples still connected to this land. We honor them and thank the indigenous ancestors of this place. The University of Colorado pledges to provide educational opportunities for Native students, faculty and staff and advance our mission to understand the history and contemporary lives of Native peoples.
Disclosures of Potential Conflicts

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Outline

- Contemporary Contexts
- Twenty Years of Telepsychiatry
- Lessons Learned
Policy & Epidemiological Contexts
Policy/Funding

- Indian Health Service (IHS; established 1955)
- Indian Self-Determination and Educational Assistance Act (Public Law 93-638; 1975)
- Substantial declines in what was already inadequate funding
Per Capita Funding for Healthcare

FY 2018 Per Capita Expenditures

- Medicare: $13,257
- VA: $9,574
- Medicaid: $8,093
- IHS: $3,507

Seeking Additional Funding

- Medicaid/Medicare
- 3rd Party Insurance
- Grants and Contracts (SAMHSA)
Comorbidity of Alcohol Use Disorder and Posttraumatic Stress Disorder – Community Sample

Comorbidity Trauma and Posttraumatic Stress Disorder – Clinical Sample

Twenty Years of Telepsychiatry
Veterans
Geriatric Integrated Care
Adult Residential Alcohol
Child Inpatient Psychiatric

2021
2020
2019
2018
2017
2016
2015
2014
2013
2012
2011
2010
2009
2008
2007
2006
2005
2004
2003
2002
Lessons Learned

- Programmatic Development
- Program Design
- Service Delivery
- Resources/Administrative Issues
Program Development

Stage 1
- Needs Identification
  - Role and potential benefit of telepsychiatry

Stage 2
- Infrastructure Survey
  - Programmatic and technical infrastructure; local resources

Stage 3
- Partnership Organization
  - Roles and responsibilities for in-person and virtual teams

Stage 4
- Structure Configuration
  - Protocols - workflow

Stage 5
- Pilot Implementation
  - Staff and patient feedback

Stage 6
- Solidification
  - Long-term sustainability

<table>
<thead>
<tr>
<th>Clinic Models</th>
<th>Veterans</th>
<th>Geriatric Integrated Care</th>
<th>Adult Residential Alcohol</th>
<th>Child Psychiatric</th>
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<tbody>
<tr>
<td>• Direct Care</td>
<td>• Direct Care</td>
<td>• Direct Care</td>
<td>• Consultative</td>
<td></td>
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<tr>
<td>• Tribal Outreach Workers</td>
<td>• Team based approach</td>
<td>• Other psychiatrists, psychologists, APNs</td>
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<tr>
<td>• Multi-Organizations Partnerships (VA, UCD, Tribe, IHS, Veterans)</td>
<td>• Psycho-pharm within cultural models of care</td>
<td>• Case learning</td>
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<tr>
<td>• System Coordination</td>
<td>• Staff supervision and consultation</td>
<td></td>
<td></td>
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<tr>
<td>• Collaboration with Traditional Healers</td>
<td>• Case consultation</td>
<td>• Case consultation</td>
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<tr>
<td></td>
<td>• Trainees</td>
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<td>• ECHO/Rounds Style format</td>
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</table>
VA Clinics Design

- **Engagement**
  - TOWS, TVRs, Community Education, & Outreach

- **Patient Education**
  - Symptom-Based Education, Illness, System Navigation, Resources

- **Family Education**
  - Impact of Illness on Patient, on Family, Patient & Family Support

- **Skills Building & Symptom Management**
  - Evidence-Based Treatments (CBT for PTSD), Coping Skills, Communication, Safety, Psychopharmacology

- **Insight-Oriented Psychotherapies**
  - Awareness of Impact of Trauma on Symptoms, Behaviors, and Choices

- **Dynamic & Process-Oriented Therapies**
  - CPT Groups, Expressive Therapies as Appropriate

Telepsychiatry Service

Veteran & Family

TOWS
TVRs
Psychiatrist
Community Outreach
Linkage with Healer

VA, IHS, & Tribal Services

Child Telepsychiatry Clinics Design

Telepsychiatry Service

Consulting Psychiatrist

Child & Family

IHS Psychiatrist
Psychologist
Nurse Practitioner

Schools
Traditional Healers

Consultee-Centered Consultation

• Case Review
• Systems Collaboration

Patient-Centered Consultation

• Assessment
• Treatment Recommendations
• Family Education

Telepsychiatry in an Alaska Native Residential SubSTANCE Abuse Treatment Program

- Since 2007, the University of Colorado Centers for American Indian and Alaska Native Health (CAIANH) has operated a telepsychiatry clinic run by two psychiatrists.
- Serves the Ernie Turner Center (ETC) which is operated by the Cook Inlet Tribal Council
  - Residential substance abuse treatment program in Anchorage.
  - Therapeutic Community, Milieu therapy and group psychotherapy.
  - Participative, group-based approach to substance abuse and other mental illness
  - Integrates traditional Alaska Native culture (such as beading, a sweat, music, and hunting/fishing) into treatment services, resulting in a clinical program that they describe as a “Village of Care.”
Outcomes for residential service

- Matched case-control design, 103 cases telepsychiatry vs. 103 controls (2007-2012).
- Both groups high rates of mental and medical illness, socioeconomic challenges, and substance abuse.
- Telepsychiatry group
  - Significantly higher rate of PTSD, history of violence, ongoing legal issues, and children in outside custody.

Outcomes for residential service

- Telepsychiatry group
  - Remained engaged in treatment longer, had fewer discharges AMA, and more likely to complete treatment.

Table 3. Predictors of an Increased Length of Stay Among Patients Receiving Behavioral Health Services

<table>
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<th>CHARACTERISTIC</th>
<th>ESTIMATE</th>
<th>SE</th>
<th>P</th>
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<tr>
<td>Received telepsychiatry</td>
<td>43.82</td>
<td>10.11</td>
<td>&lt;0.0001</td>
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<tr>
<td>Age</td>
<td>1.16</td>
<td>0.4517</td>
<td>0.0108</td>
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Results are from a linear regression. Saturated model included: received telepsychiatry, cocaine abuse, opiate abuse, stimulant abuse, age, gender, legal problems, employment, homeless, lost custody of children, depression, PTSD, bipolar, other behavioral health condition, chronic medical condition, and sequelae.

SE, standard error.

Table 4. Predictors of Treatment Completion Among Patients Receiving Behavioral Health Services

<table>
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<tr>
<th>CHARACTERISTIC</th>
<th>OR</th>
<th>95% CI</th>
<th>P</th>
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<tbody>
<tr>
<td>Received telepsychiatry</td>
<td>1.993</td>
<td>1.116-3.559</td>
<td>0.0198</td>
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<tr>
<td>Age</td>
<td>1.052</td>
<td>1.024-1.082</td>
<td>0.0002</td>
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Results are from a logistic regression. Saturated model included: received telepsychiatry, cocaine abuse, opiate abuse, stimulant abuse, age, gender, legal problems, employment, homeless, lost custody of children, depression, PTSD, bipolar, other behavioral health condition, chronic medical condition, and sequelae.

CI, confidence interval; OR, odds ratio.

Benefits vs challenges to telepsychiatry for addiction treatment

**Benefits**
- Access
- Treatment in “real world” setting with just in time contact
- Privacy
- Convenient
- Team-based approaches

**Challenges**
- Labs/testing in-person needs
- Prescriptions
- Collateral
- Managing hybrid teams
- Rural Environments
  - Resources
  - Boundaries
Hybrid Care Clinical Pearls for Addiction Patients

**Patient Space**
- Understand patient's environmental stressors
- Role play environmental cues and contingency response plans
- Use local collaterals and resources to monitor sobriety
- Work with patient to maximize in-person and virtual sobriety supports

**Provider Space**
- Build rapport to leverage rapport for behavioral change
- Move between direct and indirect narratives
- Coordinate between patient and virtual team
- Coordinate patient’s care between larger treatment system and patient systems (patient located)
Administrative Lessons

- Team communication
  - Ground rules for communication (mediums, timing and setting)
  - In-person visits/team bonding
  - Importance of over communication > under communication especially in beginning of services
  - Definitions of roles and specifically at interface on patient communication/contact

- Team Building
  - Recognition that Team building and communication is responsibility of all team members
  - Seeking clarifications across team
  - Shared cultural and processes
  - Tolerance of difference in perspectives and backgrounds