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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What Is Telehealth?

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1905</td>
<td>William Einthoven transfers electrocardiograms electronically</td>
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<tr>
<td>1960s</td>
<td>NASA used telehealth to monitor health of astronauts in space</td>
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<tr>
<td>1990s</td>
<td>Telemedicine matures—used in the VA and broader acceptance of teleradiology practices</td>
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<tr>
<td>Now</td>
<td>Telemedicine is seen as a viable means for improving access and decreasing costs; especially in value-based care models</td>
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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
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

**Provider-to-provider**
- E-consults
- Device information
- Second opinion consults
- Education and interaction

**Modalities**
- **Live video visits**
- **Remote patient monitoring**
- **Asynchronous store-and-forward**
- **mHealth**

**Telehealth Overview**

- Documentation, Data Storage
- Data Analysis
- Communication, Remote Consultation
- Devices
- Modeling and Virtual Reality

- **mHealth**
  - Messaging with apps
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
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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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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
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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
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*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)
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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
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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)

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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
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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
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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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https://cossapresources.org/Program/TTA