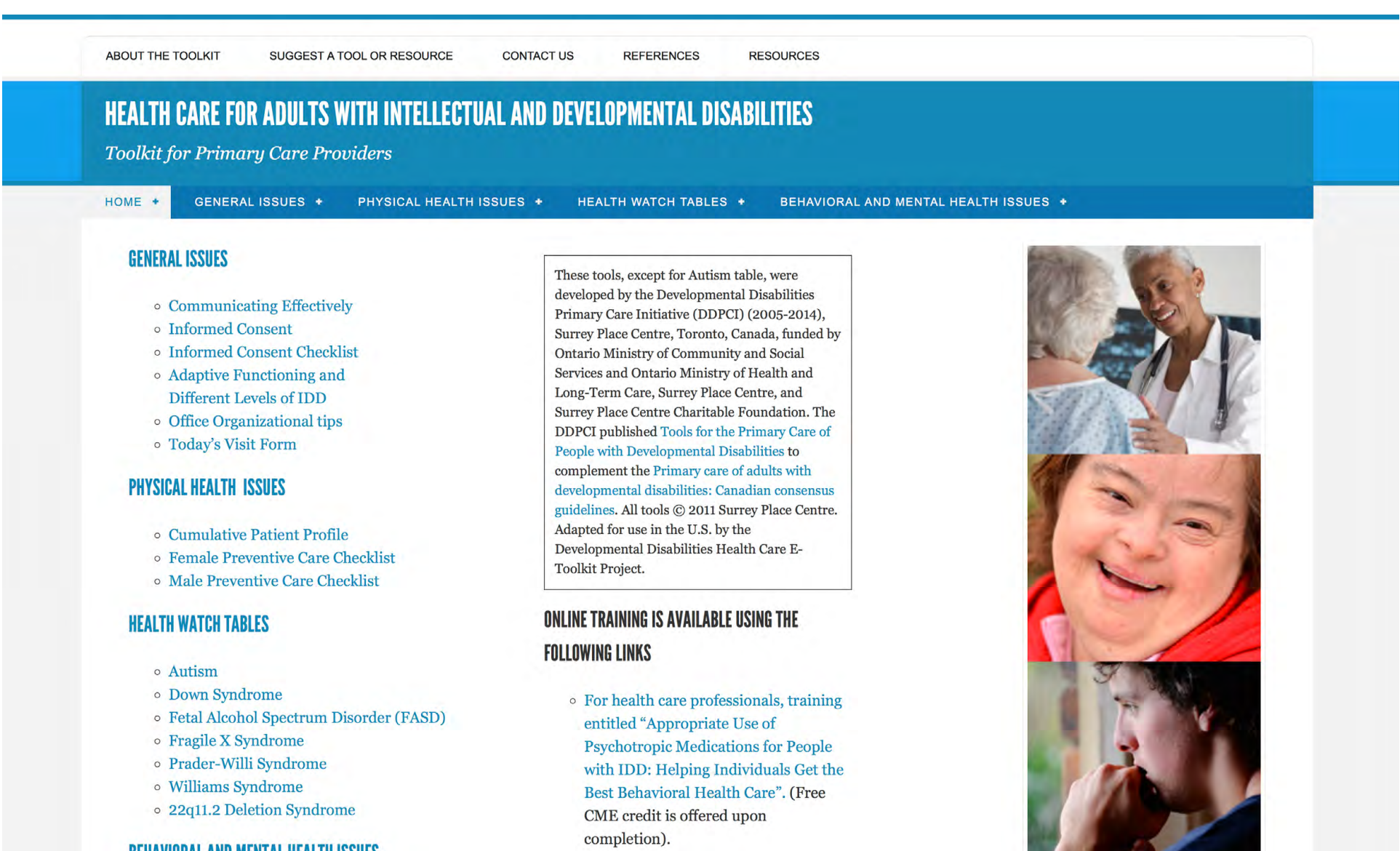


Developing and Implementing Case-Based Telehealth Training for Primary Care Providers of Adults with Intellectual and Developmental Disabilities

¹Elise McMillan, JD; ¹Janet Shouse, BJ; ¹Beth Malow, MD; ¹Paul Dressler, MD; and ²Tom Cheetham, MD

¹Vanderbilt Kennedy Center for Excellence in Developmental Disabilities (VKC UCEDD) in collaboration with the ²Tennessee Department of Intellectual and Developmental Disabilities



Background

Adults with intellectual or other developmental disabilities (IDD) often have:

- Complex or difficult-to-treat medical conditions
- Difficulty accessing health care
- Adult providers who received little or no training in developmental disabilities
- Difficulty communicating symptoms and/or pain
- Received less attention to wellness, preventive care, and health promotion

Summary of the IDD Health Care Toolkit online

- Based on Developmental Disabilities Primary Care Initiative's "Tools for the Primary Care of People with Developmental Disabilities" from Surrey Place Centre in Ontario, Canada (received permission).
 - » Added section on Americans with Disabilities Act, an Autism Health Watch Table, and modified language
- www.iddtoolkit.org developed to provide easy access across devices for providers, individuals with disabilities, families and caregivers.
- According to Google Analytics, from the launch in January 2014 to mid-October 2017, the IDD Toolkit site has been visited 148,603 times, with 398,395 page views, from users in 188 countries.
- Forms from Toolkit, including the Psychiatric Symptoms Checklist and the Female Preventive Care Checklist, have been downloaded more than 323,000 times.



Summary of the Online Training Series in partnership with TennCare and DIDD for providers, individuals with disabilities and their families and direct support professionals

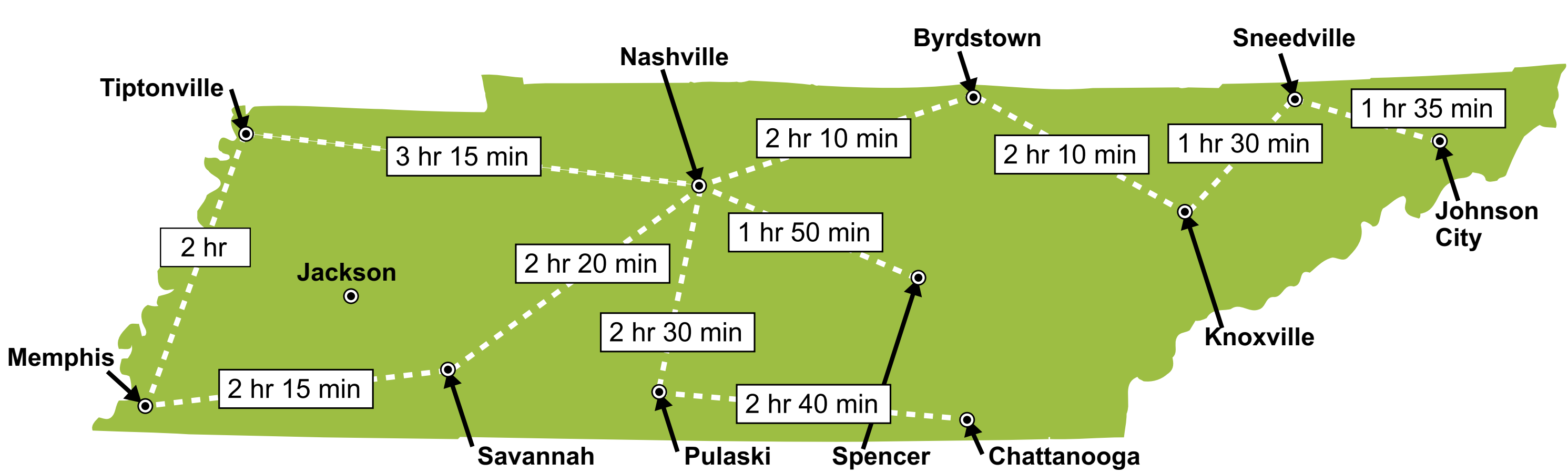
- "The Appropriate Use of Psychotropic Medications for People with IDD: Helping Individuals Get the Best Behavioral Health Care" training series
 - » Contract with TennCare and DIDD in response to Exit Plan for a lawsuit seeking closure of the state's developmental centers that included a requirement to offer training for medical providers and individuals with disabilities, families and caregivers about the IDD Toolkit and the use of psychotropic medications
 - » Medical provider training: Eight 10-15 minute modules, pre- and post-test, CME credit offered
 - » Individual, family and caregiver trainings: Eight 8-15 minute modules, pre- and post-test
 - » Video vignettes with adults with IDD playing roles of patients
- More than 780 physicians, advanced practice nurses, physician's assistants, psychologists and social workers have completed the medical professionals' training from October 2015 to October 2017.
- Among those receiving APA credit, 92.4% said this online program enhanced their professional expertise.
- For the individuals and family training, 161 participants have completed at least one module, and each module has had at least 100 viewers.
- Of those who completed an evaluation for the family training, all agreed or strongly agreed they had an increase in knowledge.

Case-Based Telehealth Project

- Videoconferencing with health care providers (community physicians, advanced practice nurses and physician's assistants) to build capacity across Tennessee for clinicians to better serve adults with IDD
- Advisory Council provided guidance for our telehealth project and included people with disabilities, family members, staff, and faculty.
- Recruited 20 health care providers to participate in 10 monthly live videoconferencing "grand-rounds" type sessions.
- Participants were able to earn 1 CME credit per session attended.
- Session format:
 - » Didactic building on information from IDD Toolkit.
 - » Case presentations from community providers to "expert panel" from internal and family medicine, psychiatry, neurology, psychology/behavioral health, occupational therapy and nursing to obtain practical advice on managing health concerns in people with IDD.
- Outcomes measured via pre- and post- intervention surveys. Also plan to examine claims data on patients' emergency department usage, medical hospitalizations, and psychiatric hospitalizations.



Telehealth training can decrease travel time Distances to Metropolitan Areas (without traffic)



Lessons Learned

- Recruiting community providers for monthly midday sessions is difficult:
 - » Recruited until final month to reach goal of 20 participants
 - » Inconsistent participation with core group of 9 regularly joining sessions
- Goal to create a "Tennessee community of practice" to have continued communication and consultation amongst participants after project ended.
 - » Took ~7 sessions for group to "gel"
 - » Initial hesitancy of participants to present a case but increased by final session
 - » Some participants are now involved in current standalone sessions
- Positive feedback: participants enjoyed brainstorming with other specialties and disciplines.
- CME might not be motivating: only 6 of 20 participants sought CME credit
- Barriers to evaluating the benefits of the telehealth training on emergency department usage, hospitalizations or psychotropic medication
 - » Not able to identify patients with IDD in charts due to spotty medical coding for IDD
 - » Related to only being able to code for two diagnoses in some electronic medical records, unless provider pays extra fees to this service
 - » Medical codes are often two that are most acute or immediate concerns to provider's specialty

Next Steps

- Offering three standalone live videoconferencing sessions with participants from across the U.S. and Canada for medical professionals.
- Continue to build community of practice for Tennessee providers on health care for adults with disabilities.
- Develop a similar series of live videoconferences for other related disciplines including social workers, counselors and disability organization staff, based on the IDD Toolkit.
- In collaboration with TennCare and DIDD, consideration of a new online training series in 2018.
- Develop a Tip Sheet on outcomes-based data that shows impact of these programs.

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- University of Tennessee Boling Center on Developmental Disabilities
- IDD Toolkit Advisory Council



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