

Virginia Department of Health
Tuberculosis Program

Recommendations for Video Enhanced Therapy

Directly observed therapy (DOT) is the standard of care in Virginia to ensure client adherence to treatment of tuberculosis disease. DOT is defined as a healthcare personnel, or trained, non-family designee, watching a client face-to-face ingest and swallow every dose of prescribed medication, making note of any adverse reactions, taking appropriate action if necessary, and documenting the DOT encounter.

Video enhanced therapy (VET) is an alternative to DOT for selected clients in Virginia to ensure client adherence to treatment of tuberculosis disease. VET is also an alternative for clients receiving the 3-month isoniazid/rifapentine regimen (3HP) for treatment of latent TB infection (LTBI). VET is defined as a healthcare personnel, or appropriate trained designee, using a live video camera to watch the client ingest and swallow every dose of prescribed medication, making note of any adverse reactions, taking appropriate action if necessary, and appropriately documenting the VET encounter. Asynchronous VET is not an option in Virginia at this time.

This document provides recommendations for using VET for carefully selected clients under care for tuberculosis disease. Reporting the total number of DOT doses now includes those doses observed by traditional DOT plus those doses observed using a live video camera. The TB Program has prepared the following recommendations to assist local health districts and case managers with using VET for carefully selected clients.

Clients may be considered for VET if:

1. Care has been established with the client.
2. DOT has been conducted with the client for at least one week of treatment.
3. Client has kept all scheduled appointments to date.
4. Client is responsive when contacted via phone.
5. No severe significant adverse reactions were experienced during DOT doses to date.
6. A healthcare personnel that speaks the same language as the client or an interpreter is available (can be telephonic).
7. Client has their own internet access, a computer, smart phone, or tablet available for use. The phone may be supplied to the client through the Alternative Housing Incentive Program (AHIP), if criteria for participation is met.
 - a. Client understands data charges may occur if the client is not in wireless mode.

VET should not be considered for the following:

1. Clients who miss scheduled appointments.
2. Clients who have experienced adverse reactions to TB medications and modification to the regimen has not resolved intolerance.
3. Clients with evidence of alcohol or substance use which impairs the ability to complete VET successfully.
4. Clients with exceptional needs such as serious mental health issues which impair the ability to complete VET successfully.

Further Recommendations:

1. The treating clinician must be notified and approve VET for each client.
2. Medications should be supplied in individual, one-time daily use packets, if possible, and kept in a childproof container.
3. Clients must be questioned regarding adverse reactions by the healthcare personnel performing VET at every encounter.
4. Client must sign a VET agreement and remain 90% compliant during treatment.
5. All VET encounters with the client are to be documented on the standard DOT log, with a column that indicates VET use.
6. A private or remote location, headphones, or ear buds must be available to the healthcare personnel, as well as the client, to conduct VET in order to ensure confidentiality.
7. Client must be able to keep all medications and drinks to take the medications within view of the camera for the entirety of the VET encounter.

VET will be discontinued for any of the following reasons:

1. Client falls below 90% compliance at any time during treatment.
2. Client's clinical status worsens.
3. Client reports a severe adverse event that requires a clinician evaluation; but may resume after resolution and with clinician approval.
4. Client's video equipment, smart phone, internet, or computer malfunction more than once.

Confidentiality:

Doxy.me and Zoom for Healthcare are HIPAA compliant applications that can be used for conducting VET encounters. The use of other applications such as Skype or FaceTime are not HIPAA compliant and shall not be used in Virginia for VET.

The use of VET carries with it unique issues that must be addressed by the healthcare personnel with the client. These issues include, but are not limited to:

- the sound of the client's voice being heard over a speaker connected to the video equipment;
- the client being heard in the vicinity where they take the call;
- images of the client being visible on a screen being used by the healthcare personnel; or
- the client being seen at the location where they take the call.

It is recommended that districts have a working smartphone, tablet or other device for performing VET and **NOT** rely on the personal phones of staff due to confidentiality and safety concerns. If a personal device is used, it **must** be password protected.

The healthcare personnel must ensure that every measure is taken to prevent any observation of the client by anyone other than the healthcare personnel during the VET encounter. The encounter should be conducted in a private office or a remote location accessible only by the healthcare personnel, and must have no other client records in view. The healthcare personnel must also educate the client about the issues related to using

VET and instruct the client to conduct the encounter in a private or remote location accessible only by the client. If these conditions to protect the privacy of the client cannot be met, VET should not be performed.

VET may be considered in certain cases that do not meet the criteria above if there is no other recourse for providing observed therapy. Consult the TB Program in these circumstances.

VET Protocol

Preparation for use of VET for TB medication adherence.

1. Assure that the healthcare personnel assigned to monitoring clients using the approved VET application has access to a suitable electronic device that has an internet browser, microphone and camera.
2. Each healthcare personnel should have a paid (paid for by VDH and/or the TB Program) account with Doxy.me or Zoom for Healthcare to provide VET. Contact the TB Program to request an account for VET via email at: tuberculosis@vdh.virginia.gov.
3. Ensure that the healthcare personnel understands how to use the VET platform and is trained in the VET protocol.
4. Ensure the client can use their device (phone, tablet or computer) to:
 - Open an internet browser
 - Navigate to the appropriate VET platform
 - Enable their camera
 - Enable their microphone
5. Ensure that the client understands how to use the VET platform and successfully completes a practice VET encounter in person prior to conducting a VET encounter remotely.
6. Assure that the client is aware of VET protocol and understands their responsibilities and expectations during VET.

Prior to each VET encounter, the healthcare personnel will:

1. Review the client's chart, notes, and medications noting any changes.
2. Ensure that the call will be performed in a private or remote location that will protect client confidentiality.

During the VET encounter, the healthcare personnel will:

1. Confirm the client's identity and that medication is scheduled for the current date/time.
2. Confirm the privacy or remote location of the client and instruct the client to relocate if necessary.
3. Proceed with the VET encounter in a confidential manner after privacy is confirmed.
4. Address concerns, signs, symptoms, and questions from the client. If the client verbalizes side effects or symptoms of toxicity, follow local DOT procedures for handling such situations.
5. Ask the client to open the daily administration packet and/or pill bottles and:
 - Display all pills for the current dose on a solid well lit surface
 - Display the supplement (e.g., water, juice, etc.) that will be used to aid with pill ingestion
 - Verify the medications with a verbal and visual pill count in the visual field of the camera
6. Ask the client to display each tablet or capsule one at a time.

7. Ensure the client, as well as the medication, remains in the visual field of the camera during the entire VET encounter.
8. Maintain a pill/capsule count during the process to ensure that all medications are ingested.
9. Confirm that all medications have been ingested by having the client open their mouth in close proximity to the camera for a visual inspection of their mouth.
10. Ask the client to verbalize that they have taken all medications and continue to talk with the client for several minutes after ingestion to monitor for side effects and assure that the client has swallowed the medication. Have the client talk as much as possible to help to discourage the client from “cheeking” or “tonguing” the medication.
11. Confirm the next VET date and time.
12. Inform the client to call their local health department or report to their local emergency room for evaluation if they experience any side effects after the call is complete.
13. Complete the VET call and document the results of the encounter.

The VET encounter will be documented as a failure if during the VET encounter:

- The client moves out of the visual field for any reason
- Any pills are dropped
- The electronic equipment malfunctions
- The client coughs into a tissue or hand
- The client vomits during the encounter
- The healthcare personnel is suspicious that there was an issue with adherence during the encounter

If adherence falls below 90%, VET should be discontinued and DOT resumed for the remainder of treatment.