Interview Guide
Evaluation of V2H Program Implementation

INTRODUCTION

Introduce self and other team members in the room

Hello, my name is [name of interviewer]. I am here with my colleague(s) [name(s) of colleague(s)]. Thank you for agreeing to participate in this interview, we really appreciate your time.

Introduce the project

- As you know, the purpose of this study is to better understand what is involved in providing telemental health from your perspective. We want to take this time to talk to you about your experience, thoughts, and concerns with this modality for seeing Veterans.

Explain the purpose of the interview

The VA has been increasingly emphasizing that telemental health be made more available to Veterans. Your interview will help us to better understand the challenges and successes involved with providing this service.

Describe the digital recording and how we will assure CONFIDENTIALITY and answer any questions

Now, I want to go over a few points with you, so that you understand the issues involved with your participation.

- This interview will be recorded using a digital audio device. This is so we can analyze all the interviews later.
- A digital copy of your interview will be stored and analyzed in a way that ensures confidentiality and anonymity. A research code will be used in place of your name, making your data unidentifiable.
- Please be assured that your transcript will be kept confidential.
  Only members of the research team will have access to your transcript. Leadership at your facility or any other staff will not have access to any of your responses.
- Also, in the interest of confidentiality, we ask that you try not to say names or titles during the interview. However, if you do, we will later edit and remove those segments from your transcript.
- Finally, if, at any time, you feel that the questions are too sensitive, I would be happy to turn off the recorder during that portion of questioning. You may also skip any questions you wish during the interview.

Do you have any questions for me? [Answer any questions]

Are you ready to begin? I'm going to start recording now.

I am going to ask you a series of open-ended questions. I am most interested in your thoughts and what you feel may be important, so please do not hesitate to share whatever you believe might be related to any of the topics.

First, I would like to ask you a few questions to help me understand your role within your facility.

Interviewer Instruction: The questions below represent the general content for the interviews. Additional probes are to be used as appropriate and relevant. Also, wording of items should be tailored based on fit to the content already shared by the participant.

1. Will you please describe YOUR ROLE within your facility?

PROBES

- What is your title?
- What are your main responsibilities?
- How is your time allocated? FTE?

For the next set of questions, we'd like to gain a sense of your **OVERALL IMPRESSION** of video-to-home (V2H) telemental health.

2. Tell me the story about what has been going on with V2H [*or use participants own words*]**? Or: What have you heard about video-to-home telemental health?**

PROBES

- [*If they are not familiar with the term, ask*] This is where Veterans can receive mental health services using videoconferencing from their home computer. What have you heard about these services?
- How did you first hear about telemental health via video-to-home (V2H)? [*If via employee training, ask "what did they say?"*]
- Have you had any opportunity to meet with a Veteran via telemental health? Follow-up: Describe.
    - Was it clinic-based or video-to-home?
- What do you know about colleagues who may have tried to use video-to-home with their Veterans?
    - What was their experience?
- How do you feel about video-to-home being made available to Veterans in your setting?

For the next set of questions, we'd like to understand your perspective on the value of video-to-home telemental health. Typically, telehealth has been used to connect a Veteran in a CBOC with a clinician in one of the medical centers. Most recently, efforts have concentrated on video-to-home telemental health, which allows Veterans to connect with a provider using videoconferencing from their home computers. During this interview, we are specifically interested in your views on video-to-home (V2H) telemental health.

3. First, what kind of information or EVIDENCE are you aware of that shows whether or not telemental health is effective for treating mental disorders?

PROBES

- Information from published literature?
    - Evidence from coworkers? From supervisors? From other sources?
- How do you feel about its effectiveness based on your own clinical experience?
    - To what degree does the evidence influence your opinion of telemental health?

- How effective do you think video-to-home (V2H) will be for Veterans in your specific setting (e.g., VANJ; Outpatient PTSD clinic etc.)?

4. The telemental health modality likely presents a change from in-person, face-to-face mental health encounters. We would like to get YOUR OPINION on a few key issues.

PROBES

- What are the major CONCERNS you have about conducting visits via video-to-home telemental health? OR [*If concerns were already mentioned*], "What ***other*** concerns do you have about conducting V2H?"
    - How do you feel that therapeutic alliance would develop using this modality?
    - Have you or your colleagues had any unexpected issues arise during telemental health?

5. What TRAINING did you receive for conducting sessions via video-to-home telemental health?

- [*If trained*] How well did the training prepare you with the information necessary to get set up and to be able to provide services via video-to-home?
- What was good about the training? What was missing?
- [***If no experience***]: If you were to decide to meet with one of your Veterans via video-to-home telemental health, how confident would you feel using this modality as you do conducting a face-to-face?
- [*If some experience*]: How do you believe you would feel about using video-to-home again in the future?
- How confident do you think your colleagues feel about using this modality with their Veterans?

Next, I'd like to ask what you've noticed about your colleagues' impression of V2H.

6. Within your facility, HOW RECEPTIVE are your colleagues to utilizing V2H telemental health with their Veterans? Why?

PROBES

- What need do you see for services to be delivered via video-to-home telemental health?
    - Why or why not?
    - How important do they believe it to be?

The next set of questions focus on your experiences and impressions of how veterans may feel about video-to-home.

7. With the momentum to make telemental health more available, what is your impression of whether Veterans have an INTEREST in or NEED for receiving services via video-to-home?

PROBES

- What reasons may cause Veterans to have an interest in or need for these services?
- How do other staff view Veterans' interest in or need for receiving these services?
- How well do you think video-to-home will meet the needs of the Veterans served by your facility?
    - In what ways will the program meet their needs?

- Are there Veterans with specific needs for whom video-to-home would be a good fit? [describe/examples]

8. Will you please describe the process you have used or attempted to attract Veterans to enroll in or receive video-to-home telemental health?

PROBES

- Have you ever discussed V2H with Veterans? Describe.
- How can Veterans go about receiving this service?
- What is the typical outcome?
- What is the most consistent problem you encounter with enrollment?

9. We are wondering what the FEEDBACK has been FROM VETERANS. Have you or your colleagues received any feedback from Veterans regarding their experiences with video-to-home telemental health?

PROBES

- What did Veterans think of the telemental health program? What are their perceptions of the program?

10. An important goal of Video-to-home telemental health is to make regular mental health care accessible to Veterans who might otherwise be restricted by geographical or transportation barriers. How do you believe the telemental health option COMPARES to other potential solutions for increasing Veteran access to and engagement with mental health care?

PROBES

- Is there another program that people would rather implement? Describe.

The next set of questions pertains to the process used to support the expansion of video-to-home telemental health or to disseminate key information. Also, programs or initiatives sometimes have key personnel that help oversee, promote, or coordinate that process. We are interested in knowing more about these supports at your facility.

11. Can you describe the PLANNING process for making V2H services more available?
OR, *if limited or no experience*,
Are you aware of any planning process for making V2H services more available?
If No, skip to #12.

PROBES [Ask only if relevant]

- How do you think the efforts for making video-to-home (V2H) more available are going?
- Were the appropriate people involved in the planning process? How engaged in the planning process were they?
- How did you track what tasks needed to be done? Progress? Status?
- What kinds of dissemination activities were done?
- Was there an evaluation component built in? How will you know if video-to-home is successful or not?

12. What kinds of <u>INFORMATION</u> have been <u>COMMUNICATED</u> to you or others about making video-to-home more available?

[If "None", ask: not even a personal or email communication, or a mention at a staff meeting? If still "No", then skip to #13].

PROBES

- What kinds of information and materials have been made available to you?
- How has this information been communicated typically?
    - Personally?
    - Email?
    - Staff meeting?

- Was the information helpful? What was your reaction to it? How regularly has information about expanding the availability of V2H been communicated?
- Can you describe a recent example?

13. How <u>ACCESSIBLE</u> are the staff who act as coordinators or team leads for telemental health? Have these people been formally appointed?

If you had to skip both #11 & 12, then reword #13 to ask: **"Are you aware of the staff who act as coordinators or team leads for telemental health, and if so, how accessible are they?**

[*If the interviewee is the leader/coordinator, then ask instead*: "**How accessible have other staff been in terms of coordinating effort or disseminating information about V2H?**"

PROBES

- Is there a contact person that you or other staff can go to for support with video-to-home telemental health?
    - What about technical support?

14. Can you describe the availability of individuals who helped <u>GENERATE EXCITEMENT</u> or have been known to make a case for video-to-home telemental health?

PROBES

- If yes, describe.

15. What level of <u>INVOLVEMENT</u> do leaders at your facility have with telemental health?

PROBES

- What kind of support do they give you? Specific examples.
- Do they provide any feedback? What kind of feedback?
- Do you feel they are too involved or not involved enough? Why?

For the next questions, we would like to get a sense of what is involved with the set up and provision of video-to-home as well as the support that is available in your facility. This can include technical support, scheduling, or new clinic set-up for V2H. First, we would like to talk about the COMPLEXITY of getting set up to provide services using video-to-home telemental health (*not the implementation, but the intervention itself*).

[If no experience at all, skip #16. Go to #17 and ask for perception of complexity]

16. In terms of time, webcam/software installation, and intricacy and number of steps involved, what is it like to get set up and provide video-to-home?

PROBES
- What were your initial attempts or experiences like?
- What were your colleagues' experiences like?
- Do you believe that its complexity impacts the clinical process or outcome?

OR:

17. If you wanted to provide video-to-home, what do you believe you would do?

PROBES
- What would be involved?
- Do you know what your colleagues' experiences were like?
- What impact if any would this have on the clinical process or outcome?

18. What kinds of PHYSICAL RESOURCES necessary for providing video-to-home telemental health have been made available?

PROBES
- Do you or other staff have webcams available on your computers?
- Do you or other staff have the software necessary for conducting V2H sessions on your computers?
- Scheduling package?

19. What kind of SUPPORT is available for video-to-home set up or for troubleshooting connection or software issues?

PROBES
- [*if not set up*] What resources are you aware of that may be available for assistance?
- From your facility?
- From IT or other technical support staff?
- What were the most common technical issues you encountered?
  - How were they resolved?
- How important were issues of audio and video quality to the success of a session?

20. What was your experience in ACCESSING the SUPPORTING MATERIALS for the V2H program? This would include software set up guides, clinical guidelines, and informed consent forms for services to be received via video-to-home.

As mentioned, we are conducting this study to better understand what is involved in making video-to-home telemental health more available to Veterans. We are particularly interested in what has been helpful and what "realities" make providing this service a challenge. The next set of questions will give us a sense of your overall recommendations and perceptions of V2H.

21. Based on your early experiences/what you've heard/what we've discussed with V2H, would you RECOMMEND continuing to make this modality available to Veterans AT YOUR FACILITY? Why or why not?

PROBES

- What specific suggestions do you have for providing V2H at your site and making it more available?
- What would you do if you were in charge of implementation at a brand new site?
- How would you do it?

22. Given everything we have discussed today, on a scale of 0-10 (where 0 is "an utter failure" and 10 is 'couldn't get any better", HOW SUCCESSFUL do you think piloting the V2H program at your site has been? Why did you choose that number?

24. Those are all the questions I (we?) have for you. Is there anything I've missed or anything you'd like to add? Anything I didn't ask you or touch on that's important to telemental health?

25. REFERRALS

Do you have any suggestions as per other staff members you might recommend as candidates for our study? Anyone who has had some awareness of V2H or the effort to make it available, regardless of whether they have used it or not?

1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

Valence Rating Method

The following valence rating scale was applied to indicate whether the implementation impact was: strongly negative (-2); negative (-1); neutral or mixed (0); positive (+1), strongly positive (+2), or not ratable due to insufficient information (M). The valence rating process began with first rating the degree to which a particular CFIR construct impacted V2H implementation for each particular interviewee. Next, valence ratings were structured to summarize implementation impact according to: 1) three groups of participants with varying levels of V2H experience; 2) and the three facilities.

To examine the first aim (i.e., barriers and facilitators associated with individuals' experience), we organized all participants into three groups according to their level of experience with V2H telemental health (no experience, limited experience, experienced). Individual valence ratings for the constructs were then evaluated, within each group, to generate an aggregate rating for each of three V2H experience groups. Distinguishing CFIR constructs were identified if valence scores showed a pattern across the three groups. For example, Supplementary Table 1 below shows that the valence ratings for the CFIR construct, *Compatibility*, were lowest in the no experience group (-1 for no experience, 0 for limited experience, and 0 experienced).

To examine the second aim (i.e., describe CFIR factors encountered among three VHA facilities), analyses were structured by facility. Valence ratings for each participant were used to generate an aggregate valence rating for each construct within each facility (i.e., facility-level valence rating). Findings were translated into descriptions through the use of summary memos. Specifically, a summary memo was generated for each experience group and each facility, describing findings for each CFIR construct. Memo summaries were arrived at by consensus with two raters. The supplementary tables that follow summarize CFIR constructs that differed among the experience groups and the sites.

Supplementary Table 1. CFIR constructs distinguishing groups with different levels of V2H experience

CFIR Construct	No V2H experience (n = 13)	Limited V2H experience (n = 7)	V2H- most experienced (n = 13)
Intervention Characteristics			
Adaptability	0	1	1
Complexity	M	-2	-1
Functionality Problems	M	0	-2
Outer Setting			
Patient Needs & Resources (PNR)			
PNR - Barriers to receiving V2H	M	-2	-1
PNR - Need for V2H	1	2	2
PNR - Patient Perspectives	M	-1	2
Inner Setting			
Compatibility	-1	0	0
Available Resources (AR)			
AR - Equipment	0	1	2
AR - Technical Support	M	0	-2
AR - Dedicated Time	M	M	2
AR - Champion	1	0	0
Access to Knowledge & Information	0	-1	M
Characteristics of Individuals			
Self-Efficacy	-1	M	0
Process			
Engaging Staff/Providers	0	1	1
Engaging Patients	0	1	2

Note. Valence ratings are only reported for CFIR constructs that distinguished one of the groups. Valence ratings represent the rating assigned at the experience group-level. Valence codes are as follows: -2 strong negative impact; -1 negative impact; 0 no impact or mixed influence; 1 positive impact; 2 strong positive impact; M missing.

Supplementary Table 2. CFIR constructs among facilities with varying levels of V2H visit productivity and growth

CFIR Construct	Facility 1 (High visit)	Facility 2 (High visit growth)	Facility 3 (low visit/low growth)
Intervention Characteristics			
Intervention Source	M	M	-1
Adaptability	0	1	0
Complexity	-1	0	-2
Functionality Problems	-1	M	-2
Outer Setting			
Patient Needs & Resources (PNR)			
PNR - Need for V2H	2	2	1
PNR - Patient Perspectives	1	1	0
External Policy & Incentives	M	M	2
Inner Setting			
Compatibility	0	0	-1
Leadership Engagement	0	1	0
Available Resources (AR)			
AR - Equipment	2	0	1
AR - Training	0	1	-1
AR - Technical Support	0	M	-2
AR - Dedicated Time	2	-1	0
AR - Implementation Staff Support	1	2	0
AR - Champion	0	2	M
Process			
Engaging Staff/Providers	1	2	1
Engaging Patients	2	1	0

Note. Valence ratings are only reported for CFIR constructs that distinguished at least one facility. Valence ratings represent the rating assigned at the facility-level. Valence codes are as follows: -2 strong negative impact; -1 negative impact; 0 no impact or mixed influence; 1 positive impact; 2 strong positive impact; M missing.