NATIONAL TELENURSING CENTER

Transforming The Care Of Sexual Assault Survivors

National TeleNursing Center (NTC) Sustainability

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As previously noted in the Evaluation Report completed by evaluators from the University of Illinois and the University of New Hampshire, the NTC pilot project demonstrated that telehealth technology: was successfully used to support the care of adult and adolescent sexual assault patients with teleSANEs providing a wide range of clinical assistance, was well accepted by patients (86% overall, 97% civilians), was well received and valued for its quality and professionalism by clinicians, increased engagement with rape crisis advocates, and experienced only minor technology issues (Cross, Walsh & Cross 2018).

Challenges

Interstate licensing requirements has been perhaps the biggest challenge in this pilot and has been a challenge for telehealth in general (Chandra, Petry & Paul, 2005). The requirement that NTC teleSANEs be licensed in the state in which patients received telehealth services presents challenges for the widespread expansion of telehealth and makes it harder for telehealth providers to capitalize on economies of scale (Cross, Walsh, & Cross, 2018). A promising direction is licensure compacts. Thirty U.S. states have enacted legislation on the Nurse Licensure Compact (NLC) to allow a nurse to have one multistate license with the ability to practice in the home state and other compact states (NCSBN n.d.). Such legislation is necessary for the expansion of telehealth, and efforts by some MA nursing organizations and the MA Hospital Association (MHA) to include MA in the NLC have been making slow but steady progress in this regard.

Second, different states have different evidence kits and the NTC teleSANEs had to master the components of the Department of Defense (DoD), Arizona and California kits, in addition to some additional protocols (such as toluidine blue dye) that are used as an exam adjunct at some pilot sites. A promising development is the Sexual Assault For Evidence Reporting Act (SAFER

ACT) of 2013 which supports efforts to audit, test, and reduce the backlog of DNA evidence in sexual assault cases and bring perpetrators to justice (NIJ, n.d.). As part of this Act, the SAFER Working Group recommended that a national standardized evidence collection kit be implemented (NIJ, n.d,; OVW, 2013). If that were to happen, it would remove one of the obstacles facing the expansion of telehealth to support the care of adult and adolescent sexual assault patients.

Third, while telehealth offers a viable option for expanding the availability of health care to underserved populations (National Consortium of Telehealth Resource Centers, n.d.), and provides a way to offer the same quality of care to both low and high volume hospitals, a difficult question to answer in the field of telehealth in general is financial sustainability (Davalos, French, Burdick, & Simmons, 2009; Whitten, Holtz, Nguyen, 2010). Sustainability has not yet been proven in telehealth child abuse programs (MacLead et al, 2009), but as telehealth programs expand, one way of streamlining costs could be for hospitals to offer an entire platform of telehealth services that includes telehealth for sexual assault patients in addition to existing telehealth programs.

Building Capacity for Sustainability

As noted above and in the NTC Evaluation Report (Cross, Walsh, & Cross 2018) financial sustainability of telehealth services remains a challenge that will most likely require creativity and a combination of public and private funding. In MA, the SANE Program is operated out of the Department of Public Health (MDPH), and currently 30 of the state's 67 acute care hospitals are MDPH-designated as SANE sites for adult and adolescent sexual assault patients. MDPH trains and certifies SANEs to respond in person to care for adult/adolescent sexual assault patients at these sites, on a 24/7, 365 basis. During the past 2 years, 2 additional hospitals have received SANE support in the form of "teleSANE" through the NTC project.

Historically, all funding to maintain and operate the MA SANE Program has been through a state line appropriation with a small amount of funding from a Violence Against Women Act

(VAWA) STOP grant. While state funding has historically been stable, there is an increasing demand for SANE/teleSANE services that exceeds the program's resources. Although the program has tried to engage with higher volume hospitals, approximately 50% of hospitals do not currently receive MA SANE services, and many of these are in more remote areas. MDPH is using the unique experience of the NTC project to expand access to SANE expertise to underserved hospitals, via teleSANEs, and to explore creative avenues for short and long-term program sustainability. In the short term, MPDH administration has identified state funding to continue teleSANE services at the two MA pilot sites in the NTC project (Saint Anne's Hospital and Metrowest Medical Center), and to expand teleSANE services through June 2019 to 3 additional hospitals. In January 2019, MA Governor Charlie Baker also proposed a supplemental budget for FY'19 that includes $1M to continue the NTC through FY20 (June 30, 2020), and allows further expansion of teleSANE services to 6 more hospitals across the Commonwealth, for a total of 11 MA hospitals receiving teleSANE services.

As we look toward statewide expansion and long-term sustainability of SANE/teleSANE services we will likewise need to also negotiate with hospitals who have historically received in-person SANE services at no cost. Toward this goal, MDPH is currently engaged with a strategic planning agency, Impact Catalysts, to develop strategies for engagement with hospitals interested in receiving teleSANE services. This includes developing a case statement about the importance of SANE/teleSANE services, and the benefits to patients, hospital staff and hospitals, along with a financial model and timeline. It also includes communications with key stakeholders such as the SANE Advisory Board, the MA Health and Hospital Association (MHA), and the Organization of Nurse Leaders (ONL).

As a tool for beginning engagement, on February 6, 2019, MDPH will post a Request for Information (RFI) on the state's procurement website (COMMBUYS) inviting MA hospitals and other community partners and stakeholders interested in teleSANE and SANE services to engage in

dialogue about this collaborative process including service delivery models and cost-sharing (See Attachment A). This posted RFI will also be shared with hospitals, insurers and community partners statewide through MHA, ONL and other communication venues. We anticipate that responses to the RFI process will provide us important data to inform future decision-making and plans regarding cost-sharing and service delivery models to inform avenues for sustainability.

Building Capacity for Technical Assistance

Another avenue for sustainability of the NTC is further exploration of the potential for the NTC to become a provider of Technical Assistance (TA) for other SANE programs and states looking to implement teleSANE, and to actualize a vision to become a National Center for Excellence for teleSANE practice. The MDPH is currently a sub-recipient on a Health Resource Service Administration (HRSA) grant awarded to East Tennessee State University (ETSU) to train SANE providers for rural health centers. MDPH will provide consultation through all 3 years of this grant cycle as ETSU looks to develop a teleSANE system to support newly trained SANEs. This will be an important opportunity for MDPH to pilot its role as a TA provider, determine what challenges/limitations may be posed trying to do so within a state system, and other options that may be available through a public/private partnership. The NTC continues to receive inquiries from other states and SANE programs about teleSANE, and is developing a Frequently Asked Questions (FAQ) that will be posted to the NTC website https://www.mass.gov/national-telenursing-center.

Building Sustainability through Nursing Scholarship and Leadership

A key component of building sustainability is to establish a program that is grounded in strong clinical practice and theory. The NTC has adapted and integrated Duffy's Quality Caring Model (QCM) into the NTC Professional Practice Model (Duffy, 2009, 2018). The QCM has also been adopted by the International Association of Forensic Nurses (IAFN) as a theoretical

framework for SANE practice (https://www.ovcttac.gov/saneguide/introduction/building-a-theoretical-framework-for-sane-practice/). Duffy's model provides a strong foundation for teleSANE practice as it outlines the essential elements of caring that translate into quality forensic nursing practice. Not only was this framework a natural fit to support care of sexual assault patients via telehealth, it likewise provides a blueprint for the support that the NTC teleSANEs provide to the remote site clinicians (Meunier-Sham et al., 2018 - under review and available upon request). The NTC has highlighted its Professional Practice Model and lessons learned at several professional nursing and forensic conferences including the IAFN Conference in 2015, 2017 and 2018, and the Emergency Nurses Association Conference in 2018. In addition, the NTC recently participated in a webinar hosted by End Violence Against Women International (EVAW) in December 2018 http://www.evawintl.org/WebinarDetail.aspx?webinarid=1071, and a webinar hosted by the IAFN in January 2019 https://www.forensicnurses.org/page/webinars.

The NTC gleaned a great deal of information regarding its impact on the delivery of patient care with the use of telehealth technology, through the evaluation conducted by the NTC project evaluation team (Cross, Walsh, & Cross, 2018). These findings will be shared to help establish standards for the delivery of teleSANE care to sexual assault patients (Walsh, Meunier-Sham & Re, 2019 – under review and available upon request). Lastly, a manuscript has been developed that will summarize published studies that utilize live telehealth support for child sexual abuse examinations, and acute sexual assault examinations for adolescents and adults. It will also outline areas for further exploration and research that should be considered when utilizing telehealth clinical support for sensitive sexual abuse/assault examinations and forensic evidence collection (Walsh & Meunier-Sham, 2019 – under review and available by request).

The MA SANE Program has been honored to partner with OVC throughout the pilot of the National TeleNursing Center project. We are proud of improvements in care that we have accomplished for sexual assault patients and the clinical support and guidance that we have provided for their clinicians. Our goal of expanding the practice of teleSANE practice across the Commonwealth will provide opportunities for long term sustainability of the NTC model and expertise. It will also provide important opportunities for our continued contributions to the exciting and evolving fields of telehealth and forensic nursing practice.

References:

Chandra, A., Petry, C., & Paul, P. (2005). Telehealth from a macro marketing viewpoint: A critical evaluation with proposed licensing strategies. *Journal of Nonprofit & Public Sector Marketing, 13*(1-2), 111-135.

Cross, T., Walsh, W., & Cross, E (2018) National TeleNursing Center Pilot Project Evaluation Final Report Prepared for the U.S. Department of Justice, Office for Victims of Crime. Urbana, IL: University of Illinois at Urbana Champaign.

Davalos, M., French, M., Burdick, A., & Simmons, S. (2009). Economic evaluation of telehealth: Review of the literature and research guidelines for benefit-cost analysis. *Telehealth and e-Health 15*(10), 933-948.

Duffy, J.R. (2009). *Quality Caring in nursing: Applying theory to clinical practice, education and leadership*. New York, NY: Springer Publishing.

Duffy, J.R. (2018). *Quality Caring in nursing and health systems: Implications for clinicians, educators and leaders (3rd ed.)* New York, NY: Springer Publishing.

MacLead, K.J., Marcin, J. P., Boyle, C., Miyamoto, S., Dimond, R., Rogers, K. K. (2009). Using telehealth to improve the care delivered to sexually abused children in rural, underserved hospitals. *Pediatrics 123*(1), 223-228.

Meunier-Sham, J., Preiss, R., Petricone, R., Re, C., and Gillen, L., (2018) Laying the Foundation for the National TeleNursing Center: Integration of the Quality-Caring© Model into TeleSANE Practice – under review

National Consortium of Telehealth Resource Centers (n.d.). Evidence for Telehealth. Retrieved from https://www.telehealthresourcecenter.org/evidence/

National Council of State Boards of Nursing (n.d.). Licensure Compacts. Retrieved from https://www.ncsbn.org/compacts.htm

National Institute of Justice. (n.d.). *National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach* (Report No. NCJ 250384). Retrieved from https://www.ncjrs.gov/pdffiles1/nij/250384.pdf

Office on Violence Against Women. (2013). A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents (Report No. NCJ 228119). Retrieved from https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf

Walsh, W., & Meunier-Sham, J. (2019). Using Telehealth for Child Abuse and Sexual Assault Forensic Medical Examinations: A Systematic Review – under review

Walsh, W., Meunier-Sham, J., Re, C., (2019) Using Telehealth for Sexual Assault Forensic Examinations: A Process Evaluation of a National Pilot Project – under review

Whitten, P., Holtz, B. & Nguyen, L. (2010). Keys to a successful and sustainable telehealth program. *International Journal of Technology Assessment in Health Care 26*(2), 211-216.

Attachment A - DRAFT

MA Department of Public Health Sexual Assault Nurse Examiner (SANE) Program
Request for Information (RFI)

The Department of Public Health (DPH) seeks input from a broad range of community partners and stakeholders regarding the structure of and investment in the Sexual Assault Nurse Examiner (SANE) program, including avenues to improve hospital/health care systems of response for sexual assault patients. This RFI does not pertain to the Children's Advocacy Center -based Pediatric SANE program.

DPH envisions a Commonwealth in which every sexual assault patient has access to exceptional, trauma-informed services when they present to any hospital in the Commonwealth, and that patients are provided with wrap-around aftercare services to support their healing. Untreated trauma from sexual assault can have both short-term and long-term physical and behavioral health effects. In addition to harming patients, these effects can significantly impact health care costs and quality outcomes as well as societal costs.[1] Expert SANE services, in combination with a community Rape Crisis Center advocate, help to ensure that the comprehensive needs of patients are addressed, and promote positive short-and long-term outcomes for not only for patients and their loved ones, but also for providers and the health care system.

To achieve the goals of patient access and highest quality care and to ensure system sustainability, DPH seeks input on potential innovative structural and/or cost-sharing models among the Department and hospitals/hospital systems. This RFI seeks novel ideas on partnership and service delivery models, including suggestions for advancing and supporting best practices for on-site SANE services along with access through telehealth.

Background: The Massachusetts Department of Public Health (DPH) Sexual Assault Nurse Examiner (SANE) Program (funded through the state line item 4510-0810 and any contributions to the SANE trust) trains, certifies, and coordinates deployment of nurses to provide compassionate, trauma-informed, nursing care to sexual assault patients. The structure of the acute emergency response consists of 2 components:

1. The Adult/Adolescent SANE Program provides an in-person acute emergency department response for patients 12 years and older in 30 DPH-designated hospitals and for children 11 years and younger in 4 hospitals across the Commonwealth (see Attachment A). DPH-trained SANEs respond at any and all times to care for sexual assault patients. SANEs are highly trained nurses who provide patients with:
    a. A compassionate, patient-centered experience and post-assault services that empower patients and support them in their healing.
    b. Options for their post-assault care including a head-to-toe physical assessment, documentation of exam findings and the option for forensic evidence collection.
    c. Education regarding the risk of assault-related pregnancy and Sexually Transmitted Infections including HIV, and options for medications to reduce these risks.
    d. Trauma-informed emotional support to the patient so that the patient does not feel blamed or re-victimized during the process of seeking emergency care/treatment.
    e. Linkages to rape crisis services and other critical aftercare services that promote healing and mitigate long-term consequences.

[1] Peterson, C., et.al. (2017) "Lifetime Economic Burden of Rape Among U.S. Adults," *American Journal of Preventative Medicine*, 52;6, 691-701.

f. A well-trained and prepared provider who is able to provide court testimony about the care that they provided to the patient.

2. The DPH teleSANE program provides "real time" expert SANE support to patients and clinicians via secure, encrypted and HIPPA compliant video conferencing equipment from a central location at Newton Wellesley Hospital. TeleSANEs are available at any and all times and work with clinicians to provide clinical guidance in the delivery of trauma-informed post-assault care including the wide array of options outlined above. TeleSANEs have supported clinicians through complex situations that require critical thinking and consideration of forensic issues.

   The teleSANE program was piloted from 2016 to 2018 with federal funding, previously serving 4 hospitals nationwide and currently serving 2 hospitals in the Commonwealth. As DPH expands teleSANE services, our focus will be on maximizing capacity within the Commonwealth. The pilot of teleSANE has shown that:
   a. Acceptance of teleSANE services has been high with 97% of patients accepting the offer of teleSANE support.
   b. The majority of on-site clinicians using teleSANE services gave the highest rating possible for the quality of teleSANE consultation, and reported an extremely positive impact on their ability to provide an effective exam, feeling supported and giving best care (Cross, Walsh and Cross, 2018).
   c. On-site clinicians reported decreased feelings of anxiety when caring for sexual assault patients. As one ED clinician in a MA hospital shared, "I am telling all the other nurses, you never need to be afraid of taking care of these patients again, the TeleSANE Center is everything they promised."

Request: The SANE program is looking for input from hospitals, health systems, rape crisis centers, health insurance providers, clinical and community partners, and other stakeholders to inform our planning in the areas of: community need for SANE and teleSANE services, models for cost-sharing structures for SANE and/or teleSANE services, and what would be required to establish a public/private cost-sharing model.

We welcome information from any interested organization that would like to provide input. Please contact XXXX, by XXXX 2019 at 5pm. You may answer as many or as few questions as you would like that are relevant to your organization.

1. What is your name, and if you represent an organization, what organization do you represent and what is your title?
2. If you represent a community that is currently receiving on-site SANE or teleSANE services:
   a. How would you characterize the benefits and/or value provided by the SANE or teleSANE service?
   b. What needs remain with regard to sexual assault exams and services?
3. If you represent a community that is not currently receiving an in-person MA SANE or teleSANE response:
   a. What systems are in place to care for sexual assault patients?
   b. What are the current gaps and challenges in service delivery for these patients (including staffing and other barriers)?
4. Considering the current structure of the MA SANE Program, are there other models of service delivery that DPH should consider? Please describe.
5. The Commonwealth's goal of ensuring access to SANE services for every sexual assault patient will most likely require shared financial responsibility among the Department/hospitals/hospital

systems/insurers. How would you recommend that DPH structure a cost-sharing model for SANE and/or teleSANE services?

6. Does your organization utilize any other telemedicine services (not SANE)? If so, how is that service financed? If yes, please describe.
7. What else should DPH consider related to the goal of providing expert SANE services across the Commonwealth?
8. Would you/your organization be willing to participate in follow-up discussions regarding this process? If yes, please provide a contact name, email and phone #.

Thank you!