



Alaska Section of Epidemiology Practice Guidelines for Video Directly Observed Therapy (VDOT)

Directly Observed Therapy (DOT) is a tool used to improve adherence and assure positive treatment outcomes for clients with active tuberculosis (TB). DOT may also be recommended for clients with latent TB infection (LTBI). Video Directly Observed Therapy (VDOT) can be a more convenient, client-centered approach to medication delivery for some clients. VDOT has been implemented in other states with select clients on a voluntary basis. The Alaska Section of Epidemiology (SOE) supports the use of VDOT and is currently only using FaceTime or Skype.

I. Selection Criteria

The client's SOE or Public Health Nurse (PHN) case manager will consider the individual circumstances of each case to determine if the client is a good candidate for VDOT. SOE, PHN, and the client's treating health care provider will all confer prior to making a decision. Any client who is a candidate for traditional in-person DOT can be considered as a candidate for VDOT and the following are among the factors to be considered when deciding if the client is a good candidate for VDOT:

- Does the client accept the TB/LTBI diagnosis, show motivation, and understand the need for treatment?
- Has the client been on in-person DOT for a minimum of 2 weeks with 100% compliance?
- Is the client experiencing any major side effects or tolerating a stable medication regimen for at least 2 weeks since initiation of therapy?
- Is the client 18 years old or above? Minors can be considered on a case by case basis with parental/guardian permission.
- Could the client accurately identify each medication?
- Is the client able to use and maintain the equipment needed for VDOT?
- Is the client able to demonstrate how to properly hold a call via FaceTime or Skype?
- Is the client able to fully participate in VDOT independently (e.g., vision problems, hearing difficulty, language barrier)?
- Does the client have a reliable internet/cellular connection that can support FaceTime or Skype video calls?
- Does the client have any health conditions that are unfavorable to VDOT (e.g., extensively drug-resistant (XDR) TB, severe co-morbidities)?
- Does the client have any risk for poor adherence (e.g., homeless, substance abuse, prior failed TB treatment, psychiatric illness, memory impairment)? Clients initially excluded from VDOT due to concerns of poor adherence may later be a candidate for VDOT based on ongoing assessment.

II. Reasons to Stop VDOT and Return to In-Person DOT

(Note: The decision to stop VDOT will be made in collaboration with the PHN, SOE, medical provider and the client.)

Reasons to stop VDOT once it is started include:

- Changes to the client's condition or situation that is unfavorable to VDOT.
- Client reports that they would like to return to in-person DOT.
- Client has severe adverse reaction to TB/LTBI medication.
- Client unable to participate in confidential VDOT (e.g., housing or technology issues).
- Client misses VDOT appointments two days in a row and is unresponsive to additional PHN outreach.
- Client misses monthly medical follow-up visits or in-person meetings with PHN or other medical provider.

(Note: VDOT can be restarted if the reasons that caused VDOT to be stopped have been resolved, and it is mutually agreeable between the PHN, SOE, medical provider and the client.)

III. VDOT Process

Initiation of VDOT

All of the following must be completed before initiating VDOT:

- Client completes at least 2 weeks of in-person DOT with PHN or other trained staff.
- SOE, PHN, and provider all agree that the client is a good candidate for VDOT.
- PHN discusses the option of VDOT with the client.
- Client agrees to participate in VDOT and signs a consent form that includes:
 - Adherence requirements/expectations for VDOT.
 - Possible confidentiality concerns.
 - Steps required by client for VDOT.
 - Client responsibilities in case of technical failure.
- Client and PHN agree on a regularly scheduled time for live video VDOT.
- PHN reviews with client the procedure for VDOT.
- PHN reviews with client instructions and training on how to use FaceTime or Skype.
- PHN reviews with client information about who to call with questions or in an emergency.

VDOT Provider Responsibilities

PHNs or other trained staff that provide VDOT are responsible to follow all agency policies and procedures related to TB and VDOT, including:

- Provide regular monthly in-person visits to complete full assessments and to provide medications to the client.
 - When itinerant PHNs provide case management for clients in villages, monthly monitoring can be done by teleconference in conjunction with assessment by the local health aide, DOT Aide, or the patients' providers.
- Document each VDOT encounter following agency policy.
- In case of technical failure while utilizing VDOT, complete DOT in person.

IV. Protocol for Live Video VDOT

1. PHN/trained staff calls the client via Skype or FaceTime at the scheduled time.
2. PHN/trained staff confirms the identity of the client.
3. PHN/trained staff assesses the patient for any adverse medication reactions prior to observing medication ingestion.
4. Client shows the PHN/trained staff the pill bottle or pouch, and then each pill(s) separately, identifying the medication.
5. Client places the pill(s) in their mouth after identification and drinks at least 4 ounces of fluid following pill ingestion.
6. Client opens mouth after ingesting pills to show the PHN/trained staff that the pills were swallowed.
7. PHN/trained staff confirms the time and date for the next VDOT.

Ensuring Client Confidentiality

While the client has consented to the risks inherent with VDOT technology, PHN/trained staff completing VDOT will adhere to HIPAA to protect patient information, regardless of the type of VDOT technology that is used.