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). 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) is piloting the use of VDOT in selected settings to assess the benefits and best practices before future larger-scale implementation state-wide. Currently SOE is only using FaceTime or Skype; however, in the future, other applications might be possible.

I. Eligibility Criteria: Inclusion and Exclusion Criteria
The Alaska Section of Epidemiology (SOE) will consider the individual circumstances of each case to determine if the client is a good candidate for VDOT. SOE will consult with the local Public Health Nurse (PHN) and the client’s treating health care provider prior to making a decision. The following criteria are among the factors to be considered when deciding if a client is a good candidate for VDOT.

**Inclusion:**
- Client accepts the TB diagnosis, is motivated, and understands the need for TB treatment.
- Client has been on in-person DOT for a minimum of 2 weeks with 100% compliance.
- Client is experiencing no major side effects and has tolerated a stable medication regimen for at least 2 weeks after review by PHN staff and the Section of Epidemiology.
- Client is 18 years old or above.
- Client can accurately identify each medication.
- Client is able to demonstrate how to properly hold a call via FaceTime or Skype.
- Client has a reliable internet/cellular connection that can support FaceTime or Skype video chatting.

**Exclusion:**
- Client has multi drug-resistant (MDR) TB or extensively drug-resistant (XDR) TB.
- Client is considered at 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 the PHN assessment.
- Client speaks a language that VDOT cannot accommodate. Translation services may be used as long as client confidentiality is ensured.
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 and medical provider)

Reasons to stop VDOT once it is started include:
- Changes to the client’s inclusion or exclusion criteria status.
- Client reports that they would like to return to in-person DOT.
- Client has an adverse reaction to TB medication.
- Client unable to participate in confidential VDOT (e.g., housing or technology issues).
- Client repeatedly misses PHN calls.
- Client ingests <90% of scheduled VDOT medication doses over a 2 week period.
- Client defaults on other aspects of adherence (e.g., misses medical appointments).

(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
At the start of TB treatment, all of the following must be completed before initiating VDOT:
- Complete at least 2 weeks of in-person DOT with client.
- SOE, PHN and provider assess for VDOT inclusion and exclusion criteria for eligibility.
- PHN discuss 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 staff agree on a regularly scheduled time for live video VDOT
  - Staff review the procedure for completion of VDOT via live video

VDOT Staff Responsibilities
PHNs/ Public Health Staff 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 patients in villages, monthly monitoring can be done by teleconference in conjunction with the CHAP or DOT Aide, phone, or may be done by the patients’ provider
- Document each encounter following agency policy.
- In case of technical failure while utilizing VDOT, complete DOT in person.
- Provide client with instructions and training on how to use FaceTime or Skype.
- Provide client with information about who to call with questions or in an emergency.
IV. Protocol for Live Video VDOT

1. PHN/ Public Health Staff and client activate the application at the scheduled time.
2. PHN/ Public Health Staff confirms the identity of the client.
3. PHN/ Public Health Staff assesses the patient for any adverse medication reactions prior to observing medication ingestion.
4. Client shows the staff the pill bottle or pouch, and then each pill separately, identifying the medication.
5. Client places the pills 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 staff that the pills were swallowed.
7. PHN/Public Health Staff confirms the time and date for the next VDOT.
8. PHN/ Public Health Staff complete documentation as required in the Alaska TB Manual for DOT and by agency policy for encounters.

Ensuring Client Confidentiality

While the client has consented to the risks inherent with VDOT technology, PHNs and Public Health Staff completing VDOT must conform to all applicable legal provisions regarding the protection of patient information, regardless of the type of VDOT technology that is used.