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Final Copy of Case Study

Status:
Laureate

Year:
2013

Organization Name:
LifeWIRE Corp

Organization URL:
www.lifewiregroup.com

Project Name:
Interactive SMS as an Intervention for Supporting Veterans at High Risk Suicidal

Please select the category in which you are submitting your entry:
Mobile Access

Please provide an overview of the nominated project. Describe the problem it was intended to solve, the technology or approach used, how it was innovative and any technical or other challenges that had to be overcome for successful implementation and adoption. (In 300 words or less.)

PROBLEM: The 2011 report commissioned by the Suicide Prevention Resource Center in collaboration with SAMHSA noted that continuity of care is an essential feature of suicide prevention. APPROACH: One underutilized resource in maintaining contact with suicidal individuals has been text-messaging, which has risen exponentially in popularity in the United States since 2001. In 2007 the National Suicide Prevention Lifeline (1-800-273- TALK) sponsored a report entitled the Lifeline Service and Outreach Strategies Suggested by Suicide Attempt Survivors. In this report, it was specifically recommended that crisis centers explore the use of text-messaging as supplemental services. In the summer of 2011, a communication platform utilized in the medical industry to manage chronic conditions through text-messaging became available to the Lovell Federal Health Care Center as an intervention for monitoring and supporting veterans at high risk for suicide. This software had been previously used in another high-risk veteran population with high customer satisfaction and participation. In accord with the innovative spirit of the Cpt. James A. Lovell Federal Health Care Center (Lovell FHCC), the Suicide

Prevention Coordinator (SPC) in collaboration with a Psychology Intern requested and received permission to implement this unique intervention. CHALLENGES: In the use of text messaging, creating communication that was immediate, personal, interactive and responsive to specific responses (thereby iterative to the responses provided), de-identified, did not take up additional clinical/care management time, tied to veterans existing lifestyle (thereby not requiring to change their daily routines) thereby something they would accept and respond to, allow for a range of responses from "1" click to descriptive, work on any phone the veteran would have WITHOUT the need to install any software, maintain full accountability, maintain cloud-based records securely, AND be HIPPA/HITECH compliant regarding security and privacy.

When was this project implemented or last updated? (Please specify month and year.) Has it incorporated new technologies and/or other innovations since its initial deployment? (In 300 words or less.)

Implemented between April 2011 and July 2011. It is now preparing to enter a next stage implementation in the VA. It is continually updated and revised on a quarterly basis taking into account results/insight from its client base.

Is implementation of the project complete? If no, please describe the project's phases and which phase the project is now in. (In 300 words or less.)

Yes, the full research study with the Veterans Administration Lovell Federal Health Care Center commenced in April 2011 and was completed in April 2012. However, based on the results it has since been decided by the Veterans Administration to pursue further research for use as a standard of care, which is now in the planning stages.

Please provide at least one example of how the technology project has benefited a specific individual or organization. Feel free to include personal quotes from individuals who have directly benefited from the work. (In 300 words or less.)

From the results as presented by the Veterans Administration: the reaction by participants was overwhelmingly positive. Everyone felt that the program was helpful in some manner and spoke in different ways about how the program provided them benefit. Concerning the motivational messages, participants commented: "It felt like someone was there encouraging me"; "They came at needed times"; "On days I didn't get (i.e. wasn't scheduled to receive) a motivational message I went back and scrolled down to past messages for support." One veteran said that he relied on the messages for support at specific times in the day and that this helped him improve his coping abilities. Several participants said that receiving the motivational messages helped them in general to feel supported and reduced feelings of loneliness and alienation. Two of the participants expressed appreciation for the medication reminders and one was especially grateful for appointment reminders. As also noted by the VA: this text-messaging intervention enabled effective triage, improved clinical outreach, provided accurate charting, and reduced workload. Notifications about an individual either not responding or responding poorly to check-in questions enabled the SPC to rapidly respond to stressful events before they escalated into a crisis. Prior to the use of this intervention it was not feasible to have daily contact with high-risk veterans nor be able to intervene in real time with the potential of smoothing over a rough patch, divert a crisis

and avoid hospitalization. Also noteworthy is that even though individuals in the program were not responding to scheduled outpatient appointments, telephone calls, health-and-wellness checks, or outreach letters, they did respond to their text messages and check-in questions. This gave the SPC a heightened sense of their mental status and well being not previously available.

Would this project be considered an innovation, a best practice or other notable advancement that could be adopted by or tailored for other organizations and uses? If yes, please describe that here. (In 300 words or less.)

In short, yes. The use of the LifeWIRE messaging platform is an innovation that is being considered as a best practice for a standard of care as noted in the VA results: "In conclusion, making use of (the LifeWIRE) text-messaging as an adjunct to following veterans identified at high risk for suicide should be given serious consideration for further study as a potential standard of care as it adds one more mechanism for following and making contact with this population." As a result, it is a notable advancement that can be adopted by and tailored for other organization in health management with particular emphasis in the area of mental health and substance abuse.

If there are any other details that the judges should know about this project, please note them here. (In 300 words or less.)

As noted, the use of LifeWIRE represented a huge breakthrough through our partners at the VA regarding outreach and response from their high-risk suicide veterans. The key is not just the use of text messaging but in the ease of use of creating specific messages with ease by the case and NOT requiring any program skills. As noted in the results: "Another added advantage to the use of a text messaging program is the ability to tailor and adjust a program for each individual. Designing the message schedule in collaboration with the participants appeared to increase their investment in healing and sense of self-efficacy. They appreciated being able to receive any message at any time which in turn increased their sense of being supported as well as their engagement with positive coping skills." LifeWIRE was developed and evolved to not only be engaging for the user but equally as important, the provider/case manager as unless it works for their needs and improves their work flow processes, results and very importantly, accountability, its not going to be used. As noted in the results: "... the built-in log of this particular software always reflected the efforts placed in attempting to contact veterans, whereas current documentation in CPRS is not always reflective of the efforts made to get in touch with a veteran." Finally, a key element was creating a solution that was ubiquitous to any phone on any provider. "Although some veterans carry smart phones, almost all carry cell phones with text-messaging capability and rarely go anywhere without their phones." As a result, we are in the proposal/planning stage with internal staff at the VA for expanded use of LifeWIRE with 2 groups: 1) veterans of high-risk suicide; and) veterans suffering from PTSD.