



Kentucky Department for Public Health
Guidelines for
Video Directly Observed Therapy
(KY V-DOT)
for Treatment of Active Tuberculosis



KY V-DOT Video Directly Observed Therapy

Directly observed therapy (DOT) for tuberculosis increases patient adherence. This increased adherence both reduces the risk of disease recurrence and also prevents the development of resistant *Mycobacterium tuberculosis* strains.

Once the patient has completed eight (8) weeks of medication by DOT (initial phase), video DOT is an option. Video DOT is an option in place of at home/office DOT that Local Health Departments can offer to patients.

During Video DOT, a ___ week supply of pre-packaged medication doses will be given to the patient at each clinic visit. The Local Health Department personnel will arrange a set time for the remote video call with the patient. Video DOT times are from 8:00 am-10:00 am and 3:30-4:30 pm. During the video call, the patient will be expected to display the medications onscreen. The health worker will then witness the patient swallowing the medication.

Exclusion Criteria for Video DOT

- Patient in isolation to rule out infectiousness.
- Patient with side effects requiring graduated doses.
- Illegal activities occurring in the home.
- Video DOT must be accomplished within 15 minutes.
- Lack of stable environment or lack of telephone at patient location.
- Less than 90% compliance with therapy during the initial eight (8) weeks of standard DOT.
- Patient has received one (1) or more Health Orders due to noncompliance.
- Less than 90% compliance with the treatment regimen or scheduled Video DOT appointments.
- Inability to maintain effective communication via the videophone either due to patient disability or language barriers.
- Inability of the patient to demonstrate effective use of the equipment.
- MDR TB

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Consent Form for Video-Directly Observed Therapy (V- DOT)

Name

County

I am aware that I have been diagnosed with active tuberculosis (TB). I will need a long course of medication to treat my tuberculosis. It is the current standard of care in Kentucky for all doses of TB medications to be taken with directly observed therapy (DOT) to insure patient compliance with therapy. Observation of taking medication doses is normally done in the patient’s home or at the Local Health Department (LHD). A patient must complete eight (8) weeks of DOT without any compliance concerns before V-DOT can be considered.

During my treatment, I agree to work with the Local Health Department (LHD) to have video observation of my doses to be performed using my Smartphone or camera connected to my computer.

Type of V-Dot _____

I understand that I will be using my Smartphone or a camera connected to my computer in:

my home or pre-assigned location _____ at _____(Time).

on _____ (List days of week)

I agree to allow the Local Health Department worker to watch me take my medicines over the _____ (type of V-DOT) at the prearranged time either daily, twice, or three times per week.

I understand that I may switch back to standard in-home DOT at any time during the treatment. The use of V-DOT technology may have certain benefits to me. It is hoped that V- DOT will be less intrusive and allow greater flexibility in time of therapy. The use of V-DOT technology is not believed to carry any risk for the patient.

Signature of Patient

Printed Name of Patient

Date

Signature of (LHD) Official

Printed Name of (LHD) Official

Date

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Procedure for Directly Observed Therapy Using Video

Name _____ Phone# _____

Type of V-DOT _____

1. Set time for video call. You may call your Local Health Care Provider if you have not received your phone call at 5 minutes past the designated time.
2. A light must be shining into your face so Local Health Care Provider can compare with your photo ID on file.
3. Display face and confirm with Local Health Care Provider your identity.
4. You will be identified by the Local Health Care Provider with your specific pass code identifier and you will respond back using a specific pass code to ensure you are the correct patient and to maintain strict confidentiality.
5. Display each pill between your thumb and forefinger, state the pass code of the medication and then place in your mouth.
6. You will have a clear glass with a clear liquid available to help swallow medications. Swallow each medication, one at a time, and open your mouth after each pill has been swallowed to assure medication has been swallowed.

Signature of Patient

Date

Signature of Witness

Date



TIPS TO A SUCCESSFUL KY V-DOT

Patient Selection

1. Consider the following when selecting clients for V-DOT:
 - a. Do they have a stable residence?
 - b. Can you communicate in a common language/have an interpreter available/do well in non-verbal communication?
 - c. Do they have a positive attitude towards their TB/HIV treatment?
 - d. Have they had side effects/complications better served by home visits?
2. Client shall have **completed Initial phase/ standard DOT**, which allows us to create a relationship with the client and family. Side effects are often minimal by this time, and the staff can assess the client for the above criteria.
3. This technology can be used with high-risk clients in treatment for LTBI.

Video Set-up

1. There must be a light source that shines into the patient's face from above or in front. Back-lighting will not allow you to see your client.
2. Set up the video in an area of clinic that allows for privacy.
3. Document type of V-DOT used.
4. Consent forms should be signed at this time.
5. Give the patient one week's supply of medications.
6. Demonstrate with the client how to display the medication for best visualization. Patient should be instructed to hold up each pill between the forefinger and thumb before placing it in the mouth. Medication placed in mouth one at a time.

Scheduling video times

1. V-DOT is flexible for both staff and client.
2. Use an alarm clock to keep on schedule.
3. If you have sufficient personnel, the patient could initiate the call.

Video Connection

1. Occasionally a connection isn't made. Instruct the patient to hang up the phone after a specified number of seconds (on our phones it's 20 seconds) to try again.
2. Show the client how to adjust the focus, lighting and tilt of the camera during initial set up.
3. Slow movements are better as cameras do not show at real time speed.
4. Occasionally, the camera will freeze if movements are too quick, but will unfreeze after 4-5 seconds.
5. Occasionally, there is a picture, but no sound. Instruct to hang up and reconnect.