

# 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.

*Disclaimer of Medical and Legal Advice: The following guidelines are provided for information only. The practice guidelines below include eligibility and VDOT processes when considering whether or not to implement VDOT. The information does not represent legal or medical advice that should be relied on.*

## Eligibility Criteria

### Inclusion and Exclusion Criteria

Local Health Department staff must consider the individual circumstances of each case to determine if the client is a good candidate for VDOT. The following criteria are offered as points of consideration 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 18 years old or above.
  - Client can accurately identify each medication.
  - Client is able to demonstrate how to properly use the equipment and/or application.
  - Client has reliable internet connection (for internet-based VDOT) or reliable landline connection (for videophone-based VDOT).
- 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 TB treatment, psychiatric illness, memory impairment).
  - Client speaks a language that VDOT cannot accommodate.

## Reasons to Stop VDOT and Return to In-Person DOT

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 can no longer accommodate use of VDOT in a confidential setting (e.g., housing concerns, technology instability).
- Client consistently misses health department calls and/or ingests less than 90 percent of scheduled VDOT medication doses.
- Client defaults on other aspects of adherence (e.g., missing medical appointments, not returning calls).

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

## VDOT Process

### Initiation of VDOT

At the start of TB treatment, all of the following must be completed before initiating VDOT:

- Complete at least two weeks of in-person DOT with client
- Staff assess for VDOT inclusion and exclusion criteria for eligibility
- Staff discuss the option of VDOT with the client
- Client agrees to participate in VDOT and signs a consent form to participate in VDOT 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) or a regular frequency (for store-and-forward VDOT)
- Staff review the procedure for completion of VDOT (live video or store-and-forward)

### VDOT Staff Responsibilities

VDOT Staff are responsible to follow all agency policies and procedures related to VDOT, including:

- Provide regular (weekly, biweekly or monthly) in-person visits to complete full assessments and to provide medications to the client
- 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 the VDOT application(s)/equipment
- Provide client with information about who to call with questions or in an emergency

## Protocol for Live Video VDOT

1. Staff and client activate the application at the scheduled time.
2. Staff confirms the identity of the client.
3. Staff assesses the patient for any adverse medication reactions prior to observing medication ingestion.
4. Client shows the staff each pill separately and identifies 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. Staff confirms the time and date for the next VDOT.
8. Staff complete required documentation.

## Protocol for Store-and-Forward VDOT

1. Client activates video application at the agreed upon frequency (daily, biweekly).
2. Client identifies themselves and the day's date to the camera and remains in the camera view for the duration of the video recording.
3. Client shows each pill separately and identifies the medication.
4. Client places the pills in their mouth one-by-one after identification and drinks at least 4 ounces of fluid following pill ingestion.
5. Client opens mouth after ingesting pills to show the staff that the pills were swallowed.
6. Client uses the application to send the video to the health department.
7. Staff review the store-and-forward videos and complete required documentation in a timely manner.

## Ensuring Client Confidentiality

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.

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