TELEHEALTH FOUNDATIONS: A Q&A/ DISCUSSION FOR OUR TIMES

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SETTING THE CURRENT TONE FOR TELEHEALTH

Doing the best with what we've got right now:

- "Not perfect, good enough"
- Compassion for our clients, but also ourselves
- Support one another during this personal and professional transition

Balance the above with knowing that the standard of care is the same for in-person & telehealth delivery of services

- You're the expert on your scope of practice
- Now will need to consider your telehealth scope of practice

Not all services are a great fit for telehealth… and that's okay!

- What can you offer clients using telehealth?
- How can you be innovative & creative in offering services?
- Who can you look to in your areas of practice that's already been successful transitioning to telehealth?

LEGAL, ETHICAL, REGULATORY GUIDANCE

Become familiar with state and federal regulations regarding telehealth practice

For example, at present, avoid practicing in areas you are not licensed, such as outside of the state unless policies change (can research PSYPACT, if interested)

Policies are rapidly changing over the last days and week

- Will likely continue to change quickly, so keep informed via CPA, APA, DORA, & other reputable sources

Additional resources provided at end of presentation

- Local, national telehealth organizations
- Telehealth resource centers
- Licensing boards, professional associations
- APA free webinar on telehealth now available

BREAKING NEWS: OFFICE OF CIVIL RIGHTS OF HHS & HIPPA

As of 3/17/20: “OCR will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency.

This exercise of discretion applies to widely available communications apps, such as FaceTime or Skype, when used in good faith for any Telehealth treatment or diagnostic purpose, regardless of whether the Telehealth service is directly related to COVID-19.”

"We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities,”

- Roger Severino, OCR Director

https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html

CLIENT CONSIDERATIONS

Will you offer telehealth services to all clients on your caseload?

- Why, why not?
- New clients?
- Assessment cases?
  - What measures and tools do you have available online?
  - What interviews can you conduct?

Important to make the decision to provide telehealth based primarily on the client's treatment needs and availability of other resources.

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CLIENT CONSIDERATIONS

Any current clients you're concerned are not a good fit for services via telehealth?

- Severity of symptoms and diagnosis?
- Issues of safety and risk?

If yes, what alternative treatment options are open and accessible for your client?

Have you already met this client in person?

Quality of rapport?

Motivation for treatment?

Support systems available?

Would using telehealth services increase the client's distress?

Do you have a confidential location to provide telehealth services that is able to maintain a professional setting?

Does client have access to Zoom via smartphone or a computer with a webcam and WiFi?

EXAMPLE PRE-SESSION DISCUSSION REGARDING TELEHEALTH

- Find a private space to make your calls ideally using your professional or a Google voice number.
- If you have decided that phone or telehealth is appropriate say something along the lines of:
  - “This is _____ from _____. Do you have about 15 minutes to check-in? Are you in a private space? Is there a better time we can talk privately? Respond appropriately.
  - Once on the phone with privacy, spend a minute to reconnect with your client.
  - “I’m calling to let you know that I/the clinic has decided to suspend face-to-face meetings at least through _____ in order to limit the spread of COVID-19. I’d like to offer either phone sessions or video sessions so we can continue our weekly meetings. What do you think about that?”
  - Answer any questions.

USING ”ZOOM” VS PHONE

- Telephone sessions is an option if Zoom/ video telehealth is not feasible
- In collaboration with your client, discuss the potential limitations and/or reservations they may have about the use of videoconferencing software (e.g. internet connection, familiarity with technology, potential frustration with inevitable technical glitches such as poor picture quality or frozen frames).
- There is a breadth of research that indicates that telephone-delivered psychotherapy can be effective and that clients are satisfied with this method of delivery.
- Nonetheless, it is important to invite clients to share their thoughts, feelings, and potential reservations about working with you remotely especially given the unique circumstances of the current situation

ADDITIONAL PREP WITH CLIENT

Ask about their internet and technical capabilities

Do they have a computer, smartphone, internet access?

1. How tech savvy do they consider themselves? Do they have any technical support needs?
2. Provide specific instructions for the platform you are using (ex: Zoom) and the device they plan to use (ex: smartphone, laptop)
3. Suggest a practice connect session prior to an actual appointment
4. Consider with the client their privacy, lighting, & sound needs
5. Create a backup plan if the technology fails (often calling the client instead)

EMERGENCY PROTOCOL FOR TELEHEALTH

Always know your client's physical location in case of an emergency.

Create a contingency plan for emergencies with emergency numbers, websites and information.

Know the phone number(s) that clients can be reached at if audio/internet fails.

Who is their emergency contact? What is their name and phone number?

For clients at risk of suicidality, homicidality, and/or impulsivity, consider whether a safety plan should be developed or reviewed.

- This may need to include an agreement of what to do if a client hangs up during a conversation about risk where you have not been able to fully assess the situation.
- If working with someone who may be in a dangerous situation, including intimate partner violence, can arrange a hand sign to notify the clinician if it is no longer safe to talk.

AVAILABILITY & ACCESS OF EMERGENCY SERVICES

- Is the client aware of what services they can access near their location in case of an emergency?
- Who is their emergency contact?
- Review Emergency Resources (Denver examples below)

  - Colorado Crisis Center 844-493-8255 or dial 911

  - Colorado Crisis Services 24/7 Walk-in Clinic (if Denver County):

    4353 E. Colfax Ave
    Denver, CO 80220
    844-493-8255 (Main)

  - Denver County Police Non-Emergency Welfare Check: 720-913-2000

ADMINISTRATIVE CONSIDERATIONS

Will vary from provider to provider and practice to practice, consider:

- Fiscal management

  remain up to date with changing reimbursement policies with insurers, broadly, & Centers for Medicare & Medicaid, specifically
- Privacy and confidentiality
- Patient rights and education
- Documentation
- Technology management

TALKING TECH

- Keep it as simple as possible for your and your client's needs
- HIPPA-compliant is **ideal & recommended**, but see above discussion of changes to OCR
- Ask colleagues & associations for recommendations on tech platforms and devices used
- Questions to consider:
  - Does a service provide business &/or technical support?
  - Is broadband required?
  - How easy is device or platform to use?
    - Try before you buy!

INFORMED CONSENT FOR TELEHEALTH

- Highly recommend you create/use a telehealth specific informed consent document
  - Have all clients read and sign, ideally, via mail or online fillable form or at least assent to having read and document in notes – sign later when return to in-person services
  - Within informed consent include sections covering:
    - Risk and benefits of telehealth, confidentiality and privacy considerations and limitations, information specific to the equipment you and the client may be using, information specific to the platform(s) you will be using
    - Discuss mandated reporting in the context of telehealth – opportunities to observe behavior necessitating a report may increase due to meeting with clients often in their homes over telehealth

RECORD KEEPING

- Very similar to in person sessions – notes in record for each session, phone contact, etc.
- Want to specify **telehealth session** & include:
  - Confirmation that informed consent for telehealth received and how
  - Location of client and provider during session
  - Whether technology was successful (or not)
  - Any resolution of tech issues (did you call the client, did the connection improve, etc.)

SETTING UP YOUR VIRTUAL OFFICE

Should be in a private, ideally locked, location without interruptions

- can use white noise machine or cell phone with free white noise app at door, as needed

If you have access to an ethernet connection for your computer, that's the best option for keeping connectivity (just be sure to turn off wifi)

- but remember, not perfect – good enough if you only have wifi

Practice with a colleague prior to online sessions to observe what you and your space look like online

- Remove personal belongings, pictures, etc. you don't want client to see, be sure you have a good angle for your screen, ideally don't have a window or door behind you as it is distracting to clients
- Make sure the lighting in your space is from the side or front and not directly behind you so the client can see you.
- Check your audio & video settings.

CONFIDENTIALITY CHECK

Does the client have a confidential location to participate in telehealth services or have any concerns about this? (i.e., anyone else in the room, sound insulation between rooms). Determine how to handle any barriers or issues that come up related to disruptions in confidentiality and privacy during the session.

If teen/child, where will the parent/caretaker physically be? How will they maintain confidentiality at home?

Discuss distractions during session (i.e., others in the home, pets, no cell phones on or around) and how to handle this if this comes up during the session.

Confirm with the client(s) that they are the only one in the room.

Request that the session not be recorded by the client &/or set up your session so that recording is not allowed on the client's end.

THERAPEUTIC ALLIANCE

- There is the potential for disruption or even rupture of the therapeutic alliance, especially with newer clients.
- You may need to make more active efforts to show that you are listening, including making it explicitly known that they have your undivided attention, giving verbal cues that you are listening carefully in place of the usual nonverbal cues such as head nodding and eye contact, and paying attention to client's nonverbal cues such as sighing, tone of voice, and silences.
- Check in about client experience at end of each session – "What was this like for you?"
    - Leave the question open ended to avoid bias.

ANTICIPATE CHALLENGES

Challenge - Lack of control over the environment:

- Emphasize the importance of privacy, affirm your efforts to conduct sessions from a private space on your end, engage in conversation about how they can ensure privacy on their end, and set boundaries that require ongoing commitment to privacy.

Challenge - Privacy/Confidentiality:

- Review limits of confidentiality related to teletherapy, including the unlikely but not impossible scenario where information is transmitted/received by a third party.
- While many clients may accept this as a normal part of modern life, others will be anxious, frustrated, or even paranoid about this potentiality, and it's important to discuss these feelings/concerns at the start of teletherapy, and on an ongoing basis as needed.

TELEHEALTH ETIQUETTE

- Helpful to turn off notifications for incoming email/texts on your device to avoid distract yourself or your client
- Create an agreement if client is using smartphone that if a call or text comes through during session, they will agree to decline them for the time
- If possible, remove glasses so reflection of your screen cannot be seen by client
- Provide opportunity to process and reflect at end of session: “How was using this technology for our session today?, etc.”
- Remain timely to appointments, be mindful of professional dress & demeanor
- But also recognize that telehealth provides flexibility in scheduling sessions – frequency, length
- Notify client if you’ll be taking notes as they cannot see off screen
- Be mindful of any unexpected noise on your or your client’s end and clarify
- Make a rule that the therapist will never hang up on the client –

the client always leaves session first (disconnects) so that the client knows that if a disconnection occurs it is due to a tech failure

CONTINUE TO FOLLOW THE STANDARDS YOU WOULD FOR ANY IN-PERSON SESSION

Practice by the same code of ethics, comply with security guidelines of HIPPA, & provide proper documentation of the client's care.

Treat this like an in-person session in terms of preparation and professional attire.

Ask clients to treat these sessions similarly to an in person office session
(i.e., they should attend in similar state as they would an in person appointment).

Expect that there will might be some awkwardness in getting started and discuss this with your client.

You may have to engage in more planning and organization in setting up the appointment. For example, if you intend to use handouts, or like to use a whiteboard for psychoeducation, consider mailing handouts prior to one of your sessions.

Setting an agenda and discussing them with the client at the start of a telehealth (video or phone) session may help with easing some anxiety about conducting therapy via an unfamiliar modality.

Review APA Guidelines on Telepsychology

CONCLUSIONS

This transition to telehealth likely feels like a lot on top of all of the other personal and professional changes you are having to make.

Take a deep breath and regroup when this feels stressful.

Consider journaling about this experience.

Rome wasn't built in a day, neither should your telehealth practice be.

We're truly all in this together, so reach out and lean in (but only virtually).

You've got support from your GSPP friends and family.

Take care

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SUGGESTIONS AND RESOURCES ON HOW TO SUPPORT CLIENTS

Psychological Impact of Quarantine from the Lancet

SAMHSA Resource on managing stress during infectious disease outbreak

- "name it" (acknowledge the impact)
- "tame it" (conduct activities that help people cope)
- "frame it" (identify the best way forward to enable learning, psychosocial wellness and physical health).

-Senior Policy Advisor to the U.S. Department of Education Karen Gross

https://www.forbes.com/sites/avivalegatt/2020/03/12/covid-19s-psychological-toll-what-college-campuses-are-missing/#4583c8454e46

More Resources

American telemedicine association:

- www.americantelemed.org

Center for Connected Health Policy

- www.cchpca.org

Center for telehealth and e-law

- www.ctel.org

National Consortium of Telehealth Resource Centers

- www.telehealthresourcecenter.org

Psychotherapeutic Intervention by Telephone:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2546483/pdf/cia-0302-391.pdf

The Practice of Tele-Mental Health: Ethical, Legal, and Clinical Issues for Practitioners:

https://sci-hub.se/https://doi.org/10.1037/pri0000014

Critical Concerns When Incorporating Telepractice in Outpatient Settings and Private Practice:

https://sci-hub.se/10.1089/cap.2015.0013

Avoiding a disconnect with telemental health:

https://www.apa.org/monitor/2016/05/ce-corner

Safety of Telemental Healthcare Delivered to Clinically Unsupervised Settings: A Systematic Review:

https://sci-hub.se/10.1089/tmj.2009.0179

The American Psychological Association Tips and Tools

THANK YOU & BE WELL

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