



Introduction to Telemental Health

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Tuesday, May 12, 2020

Telehealth Learning Series: Tuesdays, 5-7 PM

May 12: Introduction to Telemental Health

May 19: Preparing your office for Telemental Health

May 26: Client selection, intake, and assessment in Telemental Health

June 2: Clinical engagement in Telemental Health

June 9: Emergencies, disruptions and pitfalls in Telemental Health

June 16: Risk Management in Telemental Health

Register @ NWATTC website

Your presenter

Sara Smucker Barnwell, PhD

Licensed clinical psychologist in WA

VA Telemental Health Team

APA Telepsychology Guidelines

CESATE fellow

Unapologetic telehealth evangelist

Learning objectives

Telemental
Health
fundamentals

Implementation

Risk
management

Class structure

Didactic lecture

Video demonstrations

Submitted questions nwattctelehealth@gmail.com

Live Q & A

Disclaimers

During a technology presentation, technology will fail

Offer best practice recommendations based on clinical work, literature review and regulatory experience

Identifying personal best practices and guidance in developing area



Disclaimers

Always review state regulations

Consult with your own legal counsel

Consult with your risk management coverage

I do not provide legal advice nor clinical advice



Conflicts

Provides telehealth training
Known telehealth evangelist



Definitions and Examples



Operational definitions

Telemental Health (TMH):

The provision of any mental health service using telecommunication technologies

Access is at the heart of this mission

Operational definitions

Telecommunications Technology:

Telecommunications is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010)

Telephone, Mobile Phone, Text

Email, Instant Message

Videoconferencing

Fax



Operational definitions

Augment in-person care or stand-alone service

Not a new clinical specialty

Operational definitions

Videoconferencing:

Real-time, generally two way transmission of digitized video images between multiple locations; uses telecommunications to bring people at physically distinct locations together for meetings. Each individual location in a videoconferencing system requires a room equipped to send and receive video (ATA, 2009)



Operational definitions

Online psychoeducation:

Internet sites that provide static or dynamic psychoeducational content

SAMSHA.gov

WedMD

Mayo Clinic Online

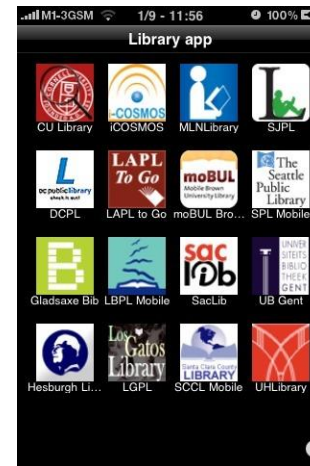


MAYO CLINIC

Operational definitions

Mobile Application:

Application software designed to run on smartphone, tablet or other mobile device. Specific to device platform (iPhone/iPad, Android, Blackberry, etc.)



HIPAA

Health Information Portability and Accountability Act (HIPAA):

Federal law (*Pub.L. 104-191, 100 Stat. 1936, enacted August 21, 1996*) that aims to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs

HIPAA Privacy Rule

HIPAA Security Rule

Protected Health Information (PHI)

- Names
- Full-face photographic images
- Geographical subdivisions smaller than state
- All dates (birth, death, discharge)
- Phone/ fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account Numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device/ serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address
- Biometric identifiers, including finger and voice prints
- Any other unique ID numbers, code, or characteristic

Electronic Medical Record (EMR)

An electronic medical record (EMR) is a digital version of the traditional paper-based medical record for an individual. The EMR represents a medical record within a single facility, such as a doctor's office or a clinic.

Simple Practice

Therapy Appointment

TheraNotes



Business Associates Agreement (BAA)

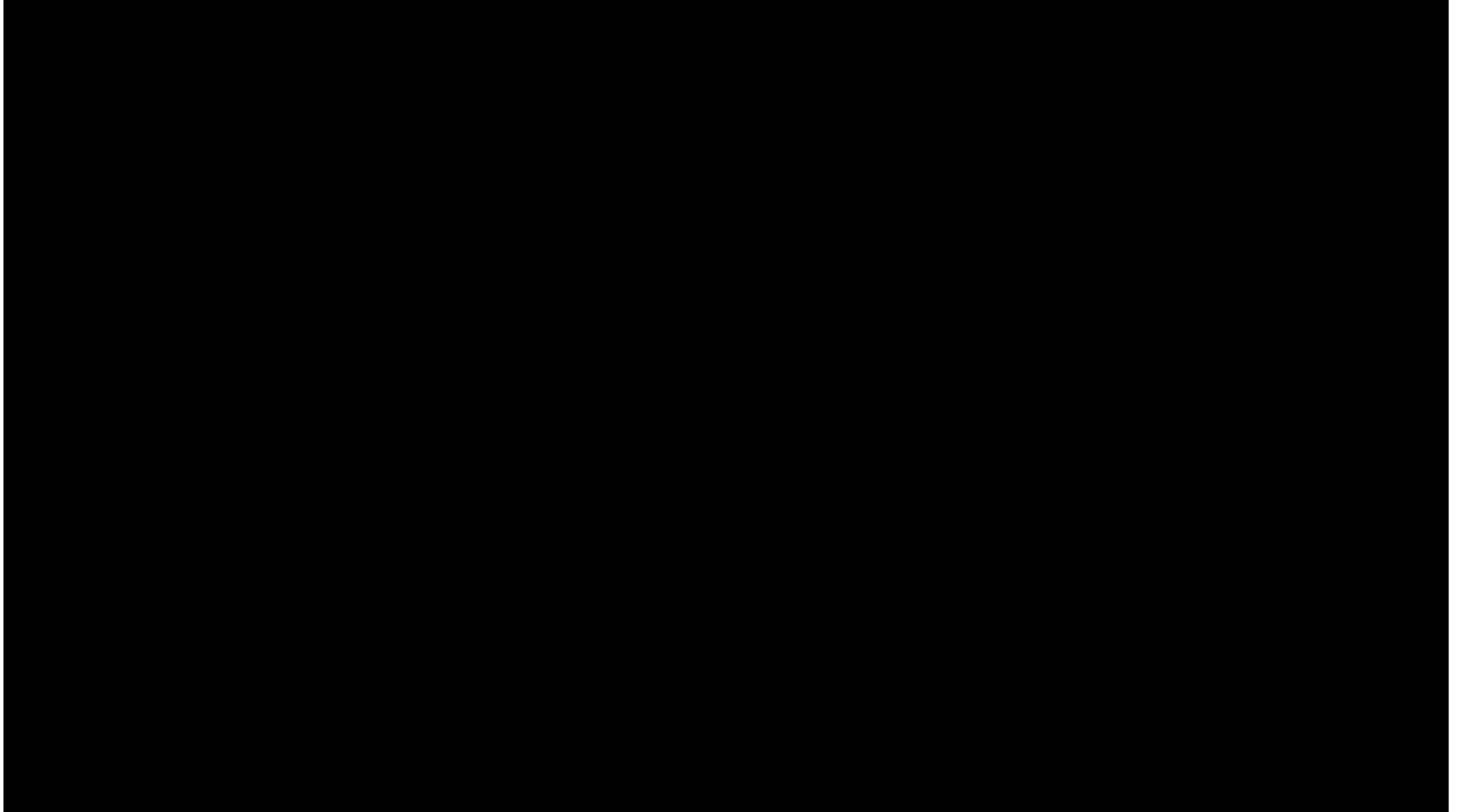
Contact between HIPAA covered entity and HIPAA Business Associate (BA) that is used to protect personal health information (PHI) in accordance with HIPAA guidelines.

Telecommunications can help





What It Is Not





Coronavirus & COVID-19



Importance of Telemental Health

Tool in public health crisis

Facilitates social distance

Telehealth now may be only option for some



Clinical Examples

Clinical examples

Conduct a telephone session

Email with a client

Interactive social media/ web chat





Clinical examples

Text, chat or IM with a client

Provide services over videoconferencing

Have client complete online testing/ assessment

Clinical examples

Using interactive mobile applications

Using interactive online psychoeducation sites





Telephone and videoconferencing

Telemental health = videoconferencing to many

Telephone as important tool

Billed/ reimbursed differently



Congratulations

You are probably already a “telmental health” provider 😊

Telehealth as anachronism



Selecting Technologies



Establishing your telemental health practice

Determine what services you want to provide

Your own comfort with technology

The comfort of the population you serve



Establishing your telemental health practice

Internet availability

Hardware and software availability

Telephone reception



Technology selection

Get specific

- Videoconferencing platform

- Telephone service

Prepare for PHI

- Separate, protected hardware and software

Your physical space



Additional considerations

Reimbursement often higher for videoconferencing than telephone

Good outcomes data for both modalities

Asynchronous modalities (text, messaging) less well studied, rarely reimbursed

Case presentation: Mr. Kirk

Longstanding client with considerable technical capabilities

Hearing loss

Wants to continue therapy to maintain relapse prevention plan

Has reporting requirements for PO

Will shelter at home due to health concerns

Some history of self harm, hospitalization < 5 years ago

Considerations

What technology most appropriate

Hearing loss addressed

Will reporting office collaborate via technology

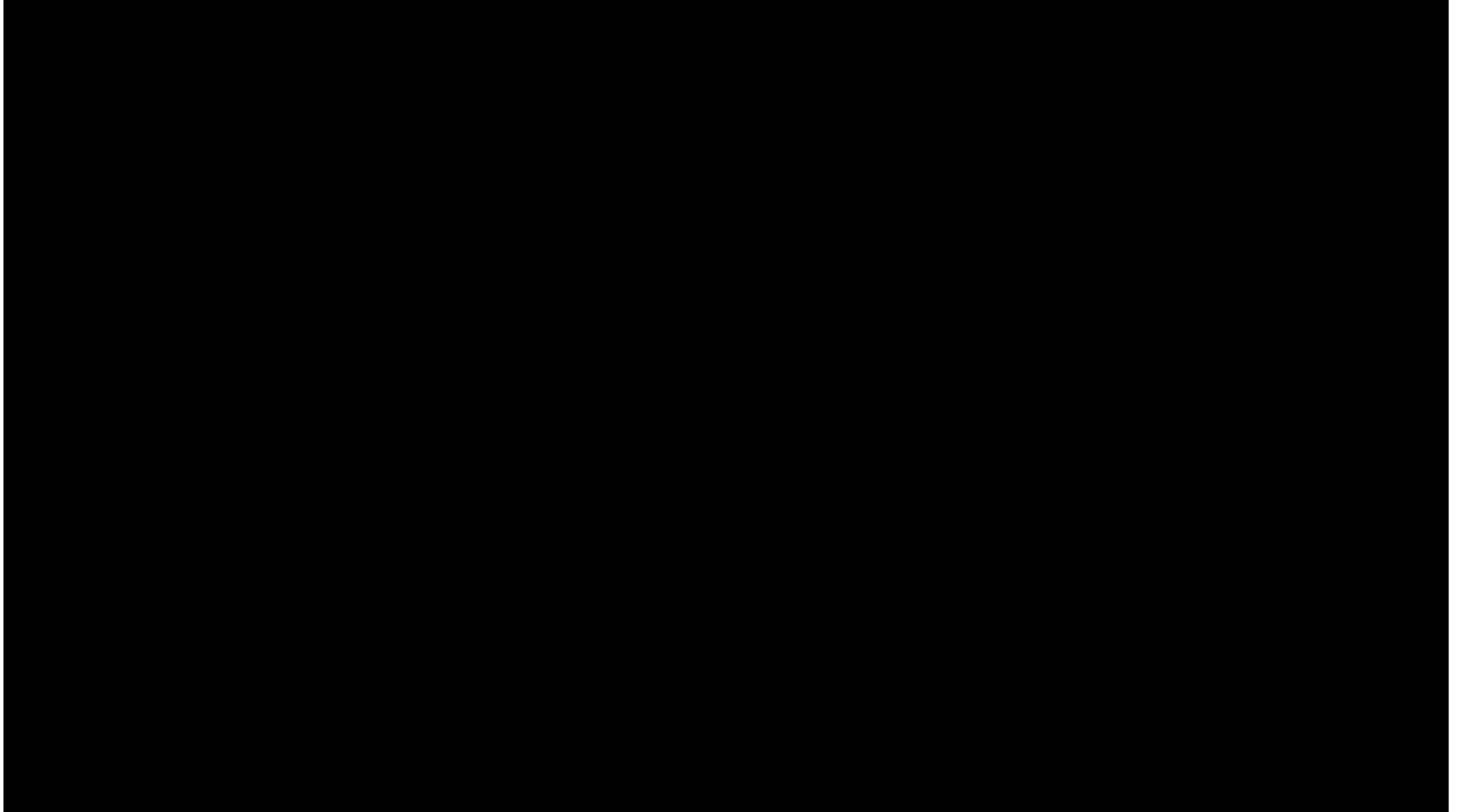
Will PO accept telehealth reports


Availability of testing (UA's, etc.)

Your emergency plan

For self harm

For sobriety





Determining services offered



Clinical services offered

What services do you most often offer

Individual therapy

Group therapy

Consultation



Clinical services offered

Compatibility of your practice with telehealth

Assessment

Forensic



Population served

Ages

Pediatric providers' additional challenges

Technological sophistication

Necessity of additional monitoring

UA, breathalyzer



Considerations

Start with your preferred service modality

Consider diversifying practice, if necessary

Adaptation of assessment batteries where possible

Permissions, norms



Your client selection criteria

Few data-driven reasons to exclude clients

Consider access barriers

Consider auditory/ visual capabilities



Your client selection criteria

Willingness to navigate emergencies

Relapse

Reporting



Your selection criteria

Availability of appropriate technology

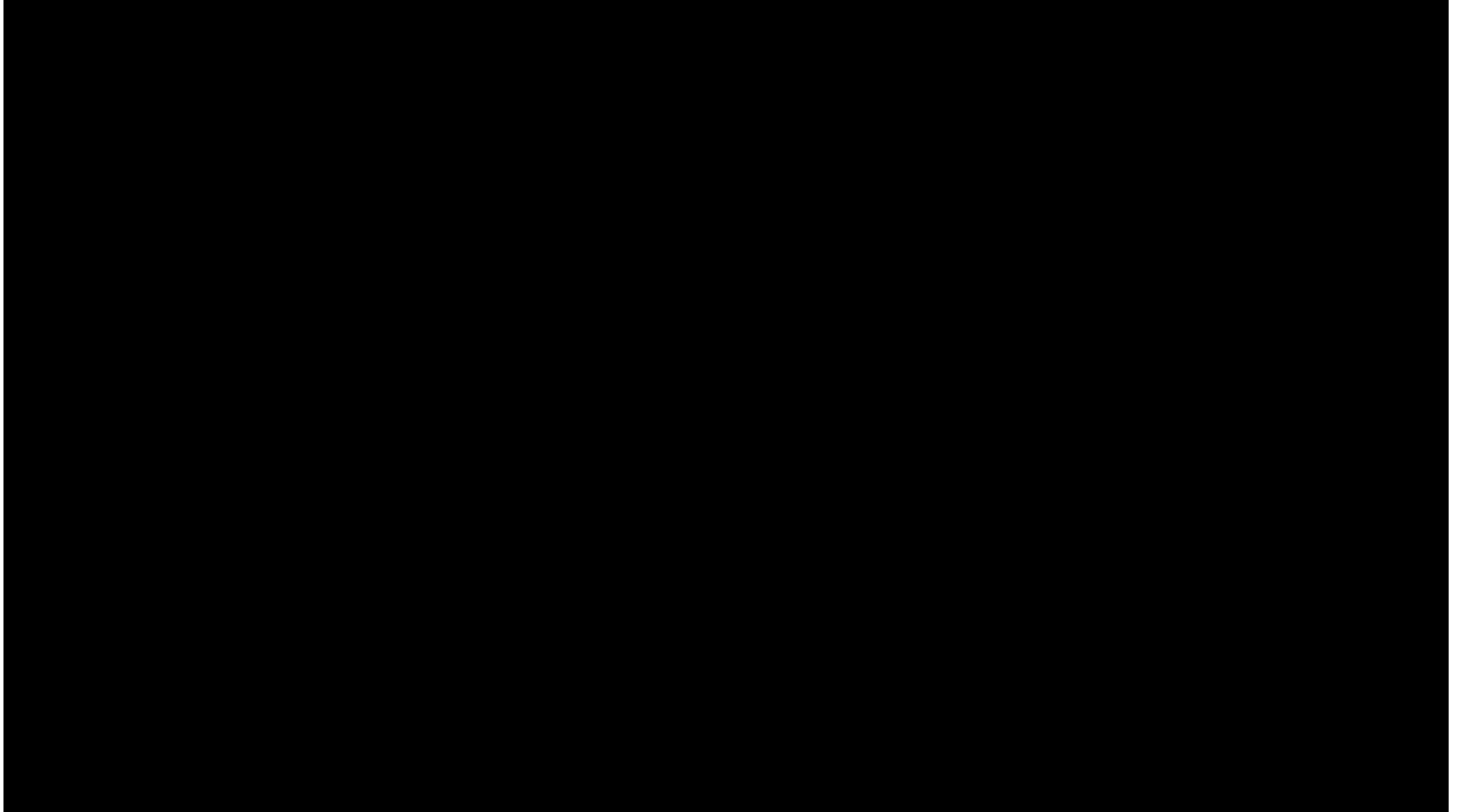
Availability of appropriate space

Client comfort



Test calls

Consider offering “test call” in advance of new telehealth client



Case Presentation: Mr. Spock

27 year old Veteran

Diagnosed with SUD (Alcohol Use Disorder, Moderate, In early remission)

Comorbid Generalized Anxiety Disorder

Repeat DUI, loss of license

No history of self harm, hospitalization



Considerations

Use patterns, prior treatment

Avoidance in anxiety

Barriers to care due to license


Health status

Emergency needs

Public health and safety (COVID, DUI's)



Risk management

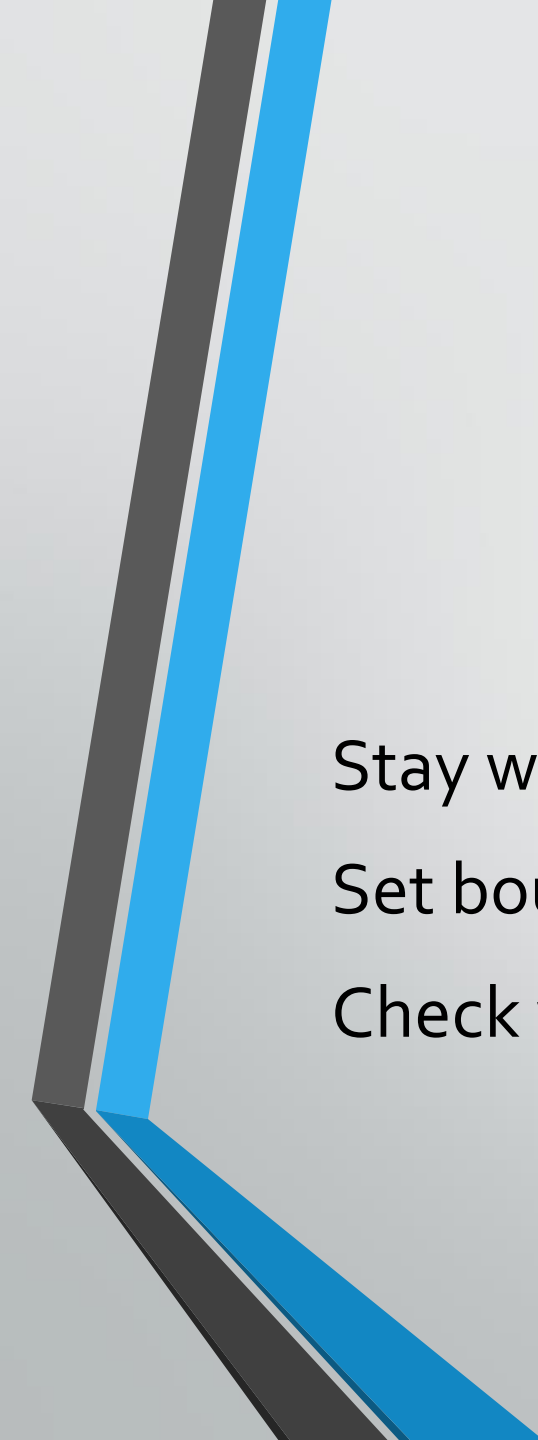


Risk management best practices

Products designed for healthcare

Informed consent

Emergency plan




Risk management best practices

Stay within jurisdiction

Set boundaries

Check with your malpractice carrier



Risk management best practices

Liability considerations for staff, clients

Before and after jurisdiction specific stay home orders



Case selection

Select cases compatible with telehealth (services we can offer)

Start with services we are most comfortable delivering

Document (informed consent, emergency plan, decisions)

Consult

Mr. McCoy

32 year old man with active opiate use

Receives OST

History of overdose, self harm

Travels outside of jurisdiction

Considerations

Your comfort managing emergencies

- Documented emergency plan

- Consider availability of support person/ ROI

Availability of OST remotely, collaboration (Ryan Haight Online Pharmacy)

Will you see him when he travels

- WA residency

- Other location, provisional permissions during Coronavirus



COVID 19 and telehealth



Major changes

Regulatory changes

HIPAA, technology use

Interjurisdictional permissions

Billing and reimbursement changes

Implementation/ uptake among providers and clients



New considerations

Managing client ambivalence

Managing provider boundaries

Inclusion/ exclusion



New considerations

Ethics of in person care

Provider timelines for return to in person care



TMH fundamentals



In summary

Determine what technologies you will use

Determine which services you will offer

Establish your space



In summary

Select clients

Document informed consent, emergency planning

Stay within jurisdiction



In summary

Model and set boundaries

Clinical engagement

Consider where/ when to send referrals out



In summary

Changes will continue related to COVID 19

Relaxed regulatory environment

Always check your jurisdiction



The nitty gritty

Detailed elaboration of themes throughout series

Live Q&A



That's a good question

Questions from prior meetings

What videoconferencing platform

Product for healthcare

Offers BAA

Simple Practice, Vsee, Doxy.me

Zoom, FaceTime, Skype now permitted



Videoconferencing platforms

Features for security, self view multicaller

Ease of use, tech support

Costs

Groups in telehealth

Strong literature

Complexity increases with # sites involved

Jurisdictional considerations increase

Privacy and confidentiality concerns increase

The ESPN effect

Client ambivalence

Clients who want to wait until COVID-19 is over

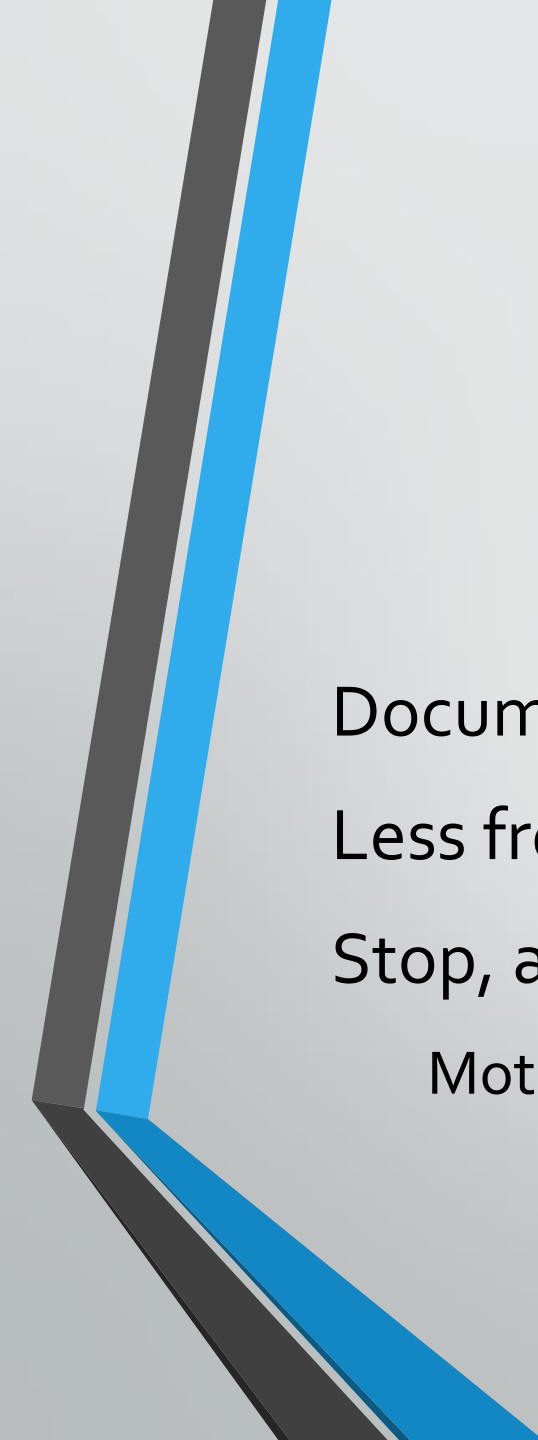
Consider referral, if you will not return to office

In the interim, what is your assessment?

- Clinical symptoms

- Sober time

- Safety considerations



Client ambivalence (continued)

Document your concerns and communication

Less frequent meetings

Stop, asking questions, focus on engagement

Motivational interviewing skills

Written v. verbal informed consent

Written is highest standard; do your best

Informed consent reviews risks, benefits of modality


Includes emergency plan, including technology disruption

Outlines payment/ cancellation procedures

Review together with client



Live Q&A



Questions for future learning series sessions

Please contact nwattctelehealth@gmail.com

Thank you!

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