Clinical Engagement in Telemental Health

Sara Smucker Barnwell, PhD

Tuesday, June 2, 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

Environmental factors

Behavioral factors

Engagement

Class structure

Didactic lecture

    Live Q &A at section breaks

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

Agenda: Clinical engagement

Engagement

Environmental factors

   Locations, technology

Behavioral factors

   Provider, client

The balance

Brief review

Deep dives

Your questions answered

On demand prior classes

Definitions and examples

(Abbreviated!)

Operational definitions

Telemental Health (TMH):

The provision of any mental health service using telecommunication technologies

...videoconferencing

Access is at the heart of this mission

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)/ ePHI

- 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

Business Associates Agreement (BAA)
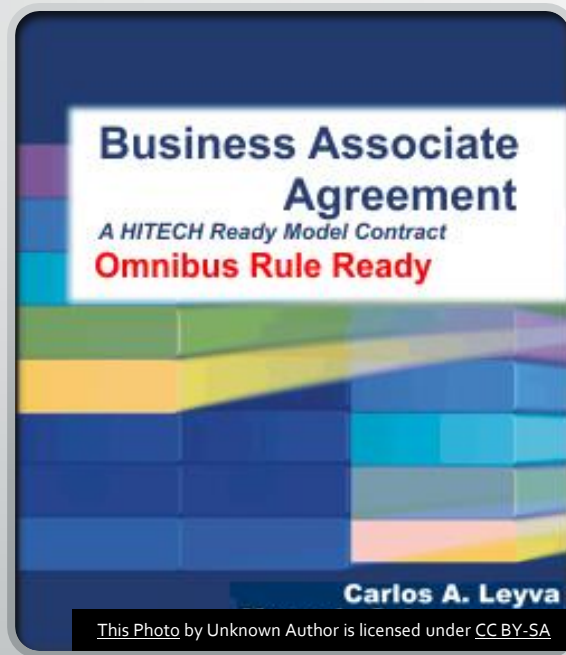
Contract between HIPAA covered entity and HIPAA Business Associate (BA) that is used to protect personal health information (PHI) in accordance with HIPAA guidelines.
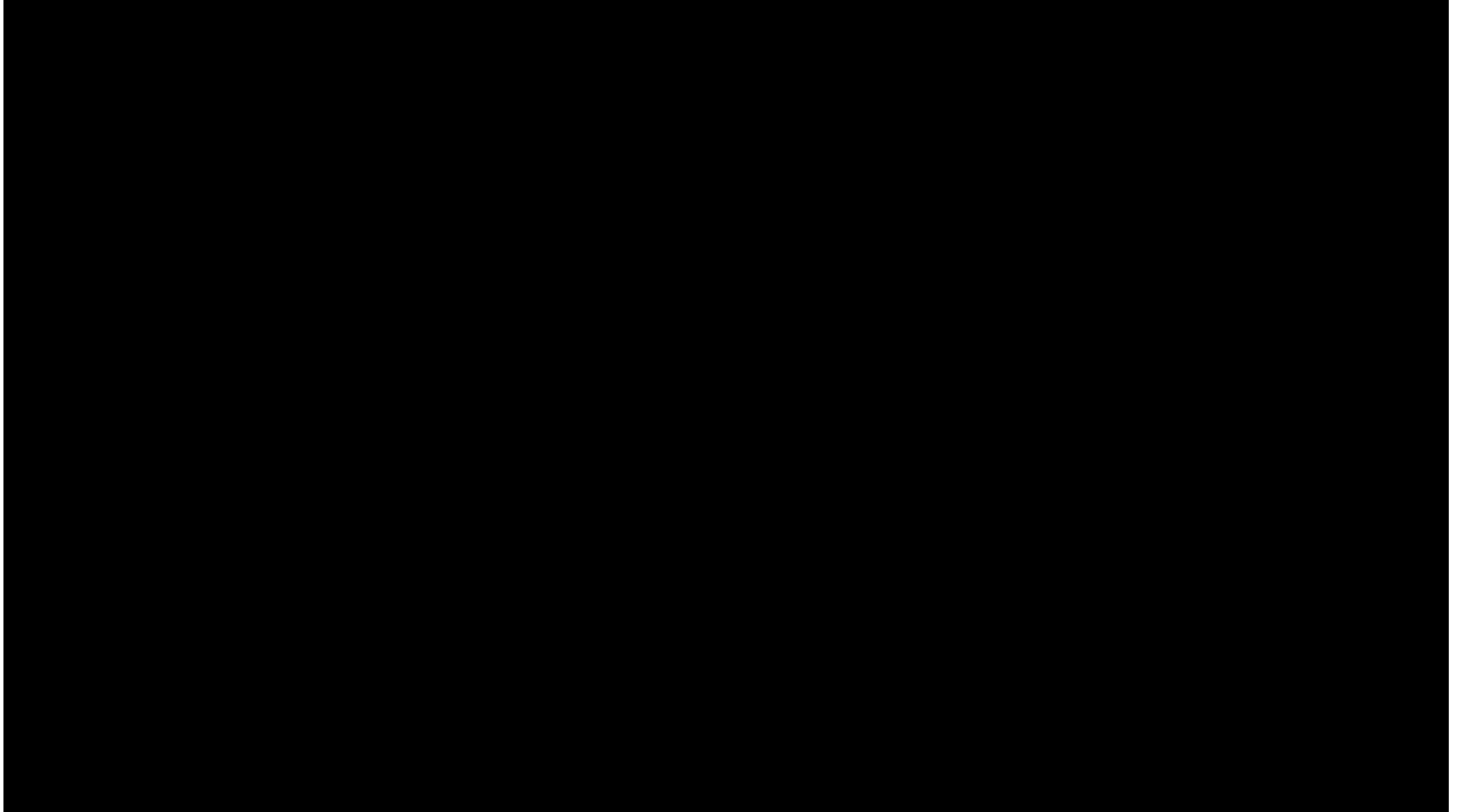
Novel Coronavirus/ COVID-19

Current public health crisis

Social distancing and "stay home" orders

Telepractice as a tool to protect public health

Some providers now mandated to telehealth

A brief synopsis

Videoconferencing appointments

USE A PRODUCT DESIGNED FOR HEALTHCARE, BAA

INFORMED CONSENT, EMERGENCY PLAN

DOCUMENT

Videoconferencing appointment

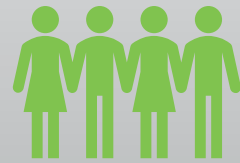ASSESS APPROPRIATENESS

CHECK JURISDICTIONAL RULES

PREPARE YOUR OFFICE

Videoconferencing appointment

Determine what services you provide

What population you serve

Documentation transfer, communication, payment

Clinical engagement

Clinical engagement

Enhancing rapport and therapeutic alliance

Impacts outcomes

Across demographic groups, diagnosis, treatments

Clinical engagement

Predicts symptom improvement session to session

Predicts reduced treatment attrition

Predicts outcomes measure performance

Clinical engagement

Willingness to disclose difficult information

Medication adherence

Treatment adherence

Candor with non-adherence

Clinical engagement

Mixed data on SUD outcomes

Good data on program adherence

Decreased probability of board complaint

Methods to promote engagement

Active listening

Mirror affect

Physical mirroring

Methods to promote engagement

RESPONSIVE

RELIABLE

PROFESSIONAL

CONFIDENTIALITY

Challenges in clinical engagement in Telemental Health

Eye contact

Body posture

Less clarity on emotional expression

Challenges

Technology lags, interruptions

Reliability of technology

Questions about confidentiality

Professionalism

Clinical environment

Your 3 offices

YOUR
ENVIRONMENT

CLIENT
ENVIRONMENT

TECHNOLOGY
ENVIRONMENT

Research

Ample research on therapeutic alliance in telehealth

High client satisfaction

Providers rate it lower

Research

Little research on environmental impacts

    Client

    Provider

Anecdotally

It is as important to accommodate provider needs as client

The clinical relationship varies as function of comfort

Few codified requirements

Recommendations based on research, experience

Your environment

Your office

Home v. professional office

Same standards as professional office when possible

Not just PHI management

Your office

Class #3, refinements

Focus on home office, individual office

Environmental design in clinical settings (Krupinski 2014)

Distractions: Space

Austere v. unprofessional/ cluttered

Consistent with healthcare v. "cold" clinical

Relatable, accessible

Distractions: Disclosure

What is visible in your space

Your disclosures

Income, family, sexuality, politics, preferences

Your appearance

What degree of formality feels right

Your office

Replication of in office "feel"

Challenging in home environments
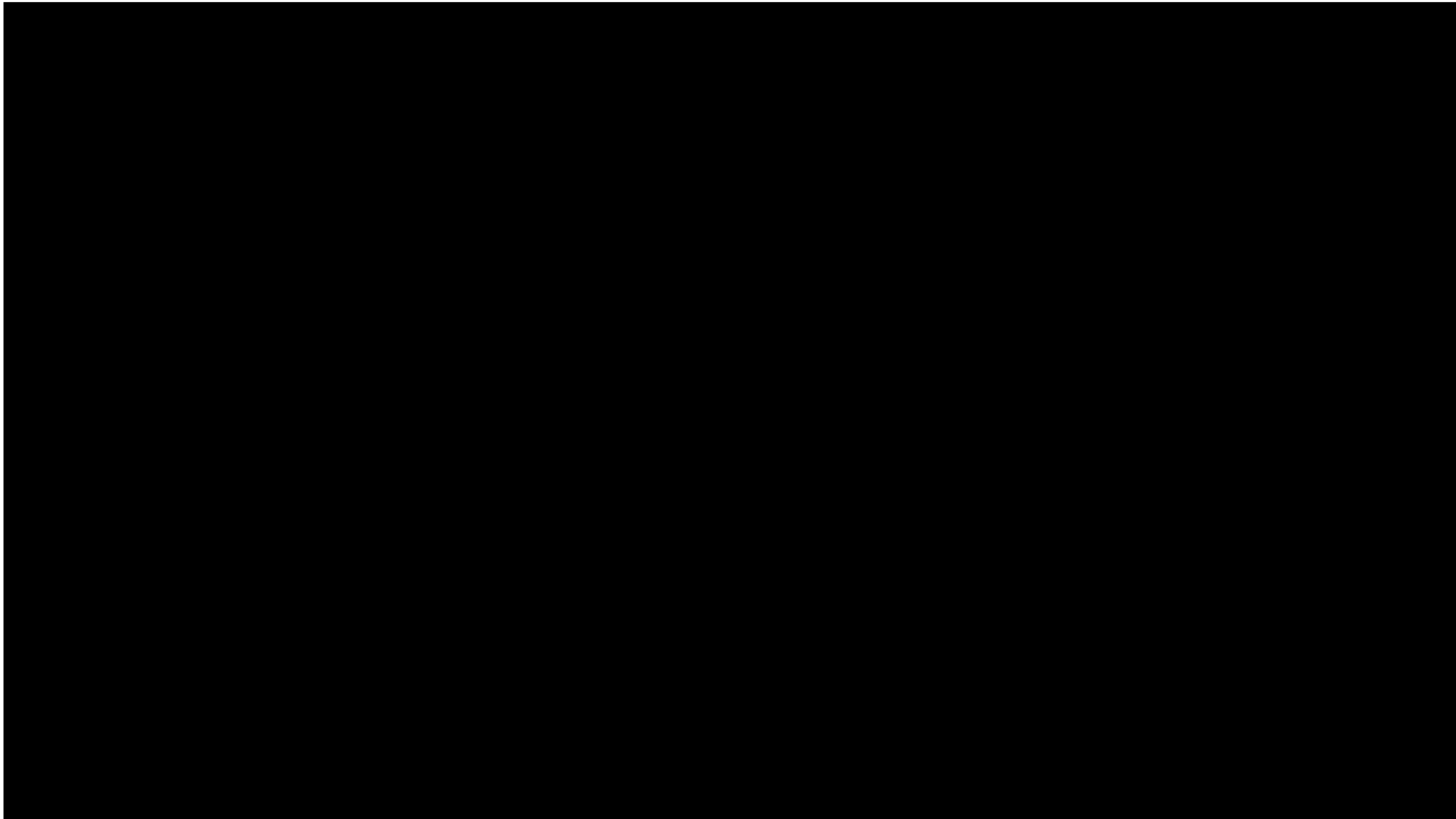
Balance between professional and personable

Your office

WHO DO YOU SERVE

YOUR USUAL CLINICAL RAPPORT

HOW BEST TO SUPPORT/ BUILD

Distractions: Noise

External noise (windows, traffic)

Noise in the home (kids, pets)

Noise from errant devices

Noise gates

Vignette: Dr. Pepper

Serves rural population

Offers medication assisted treatment for opiate addiction

Lives in urban environment

Working from home office

Considerations

Commute

Appropriateness of home

Disclosure of perceived differences

Comfort disclosing aspects of personal life

Client environment

Client environment

Analog of your office environment

Relevant to appropriateness assessment

Less capacity to dictate
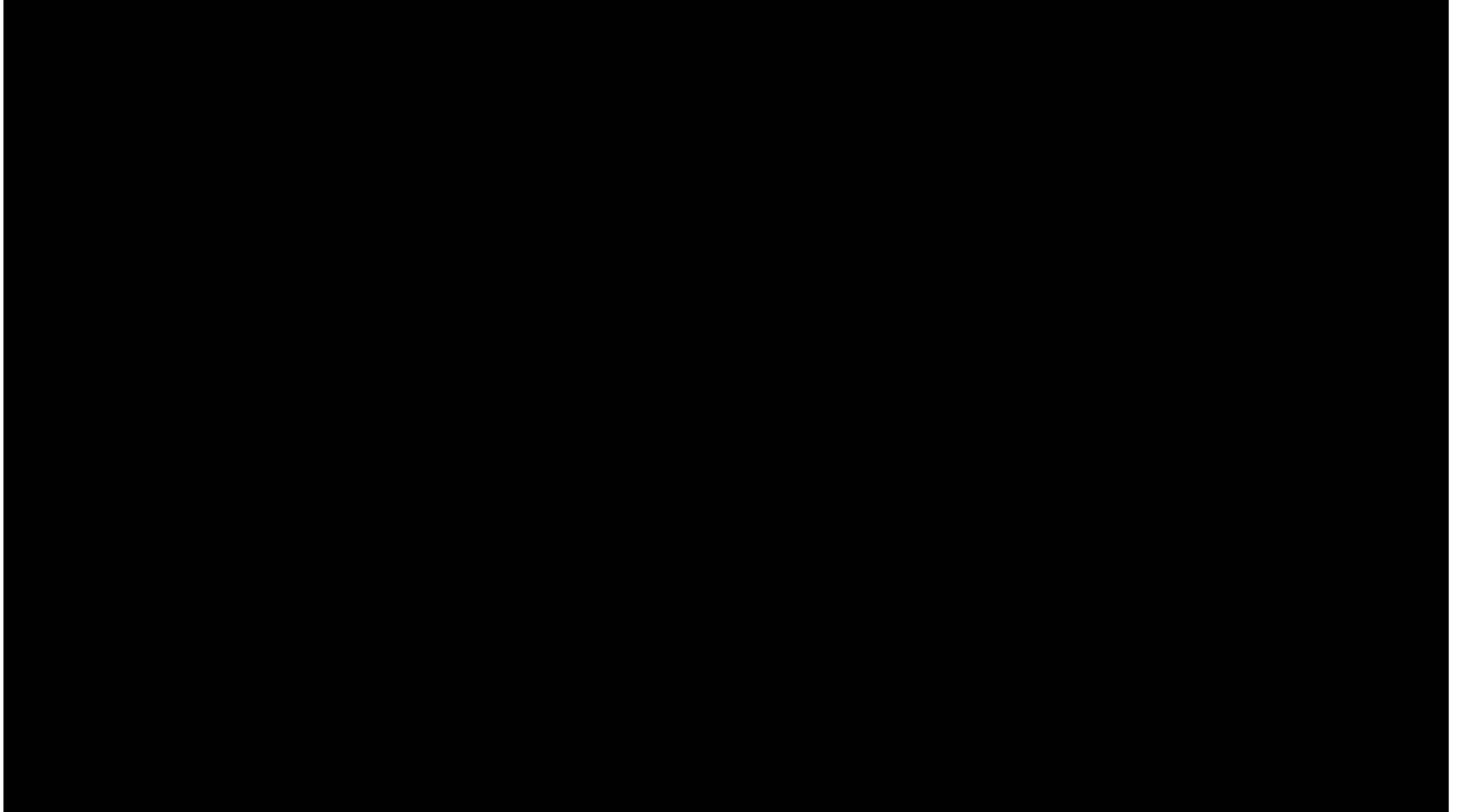
Client environment

PRIVACY

INTERRUPTIONS

PROFESSIONALISM

Client environment

Scheduling, interruptions

Breaks

Comfort

Technology environment

Factors that influence

Internet stability

Connection quality

"Dropped" calls

Redundancy, back-up, improvements
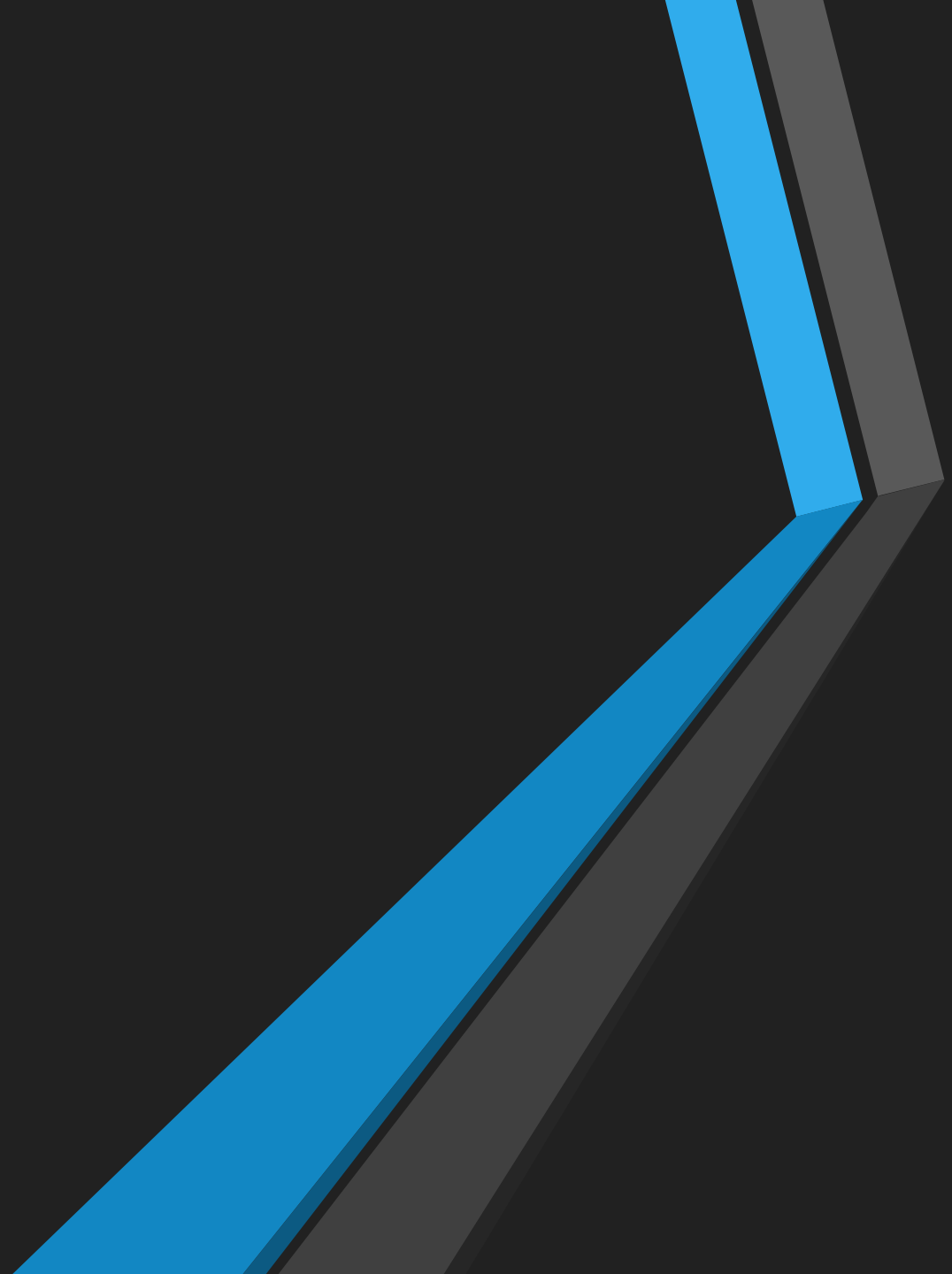
Technology features

Videoconferencing platform

   Ease of use, customer support (test call)

   Self view, configuration of view

   Focus on the content of discourse, not the tech

   Gotta hit them angles

Live Q & A

Behavioral factors

Clinician physical presence
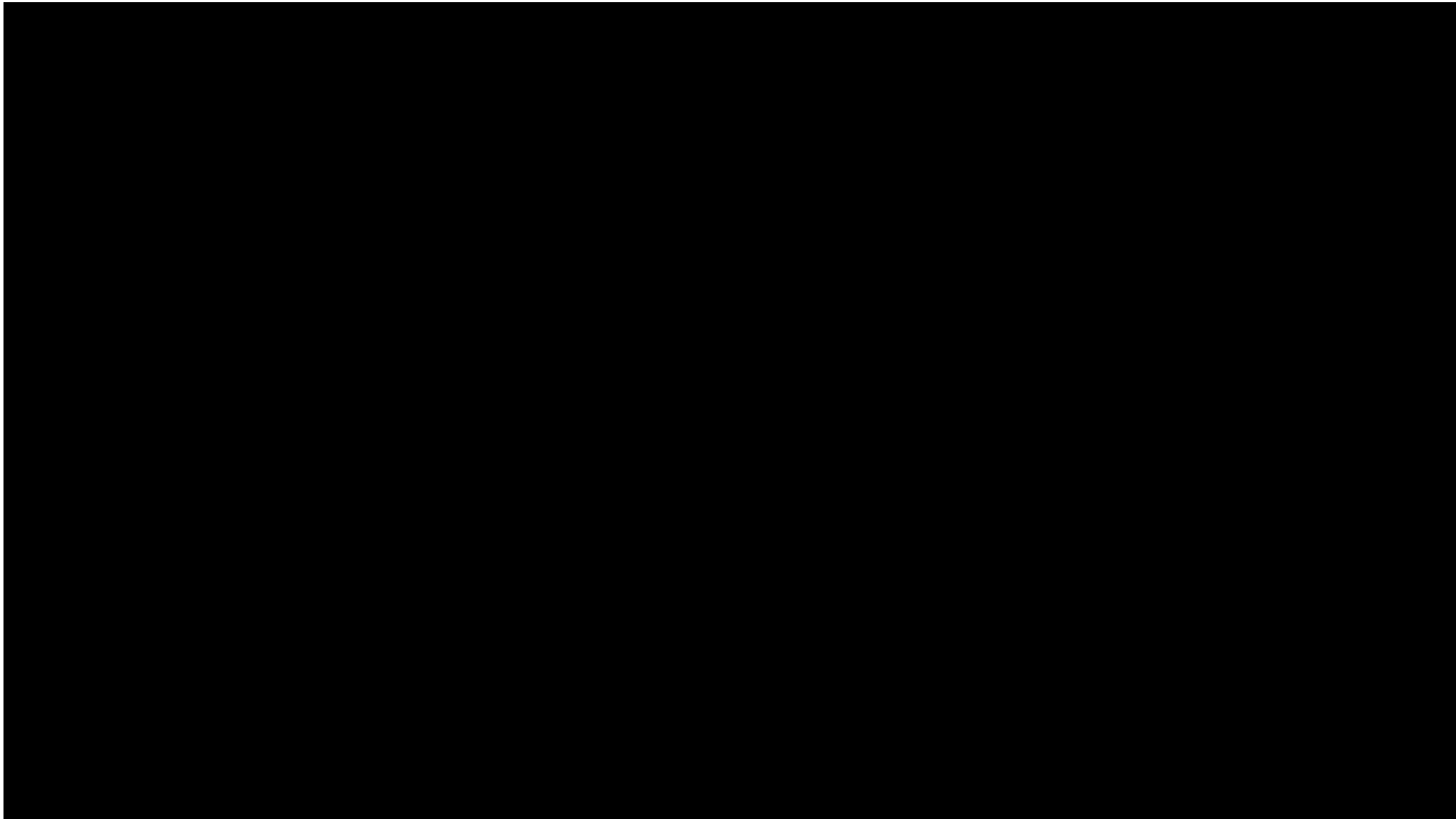
Gaze

Body position
Face vs. body

Hands

Self view

Who are you on camera

   What best suits your clinical style

Record yourself

Watch self view

Somatic therapies

Unique challenges

Consider establishing 2 clinician areas
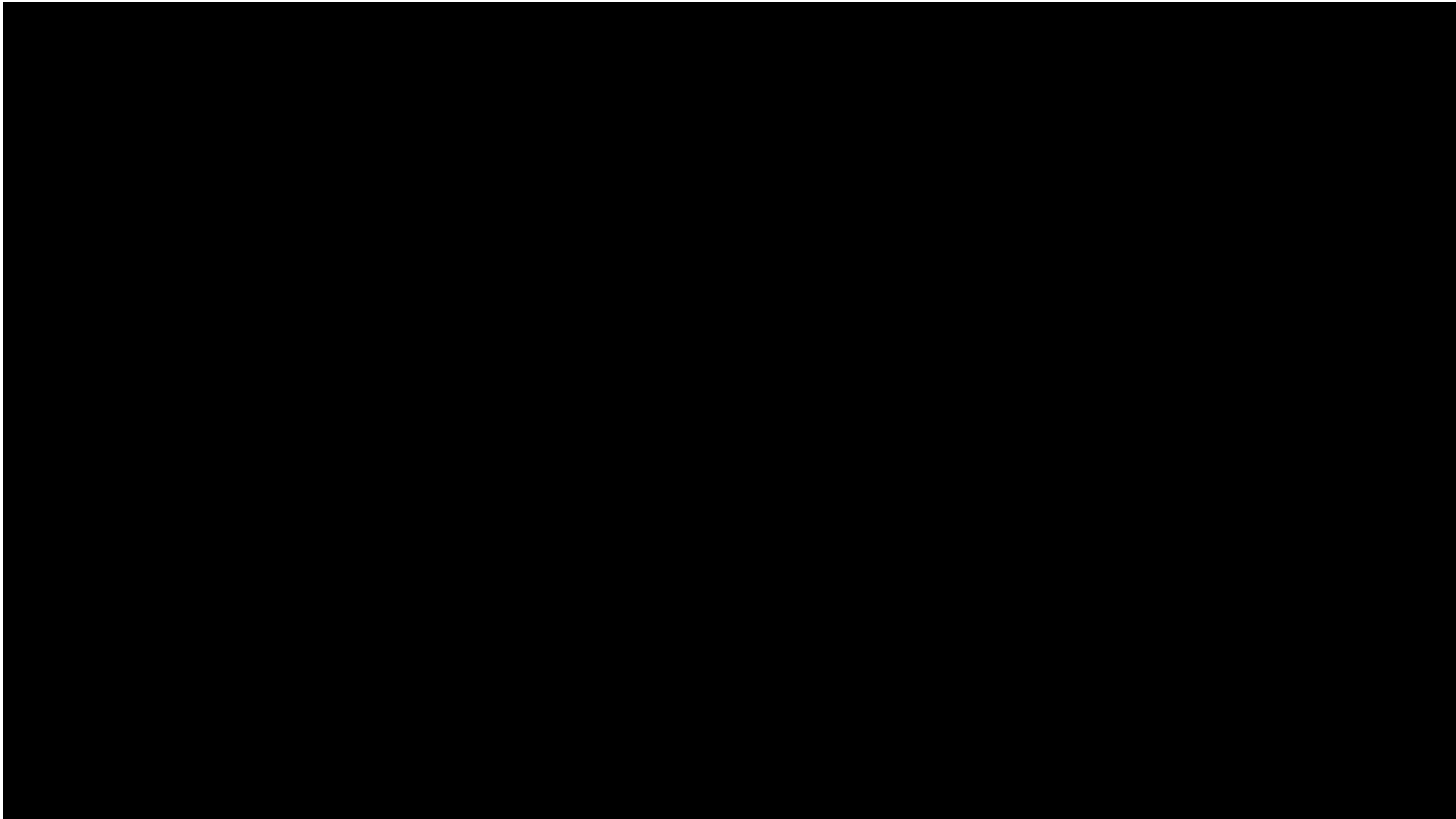
Allow for transitions

Options for configurations

Space available to client

Number of device

Individuals, groups

Privilege

Boundaries

Establishing expectations

Initial phone call

Informed consent

Test call

First session, each session

Expectations

Privacy, confidentiality of space

Appropriate space

Honesty

Medical appointment

A word about kids and pets

Challenges in home school, parenting

Cats are video stars

Vignette: Dr. Bronner

Client treated for polysubstance use disorder and depression

History of complex trauma

Struggles to find private space in home

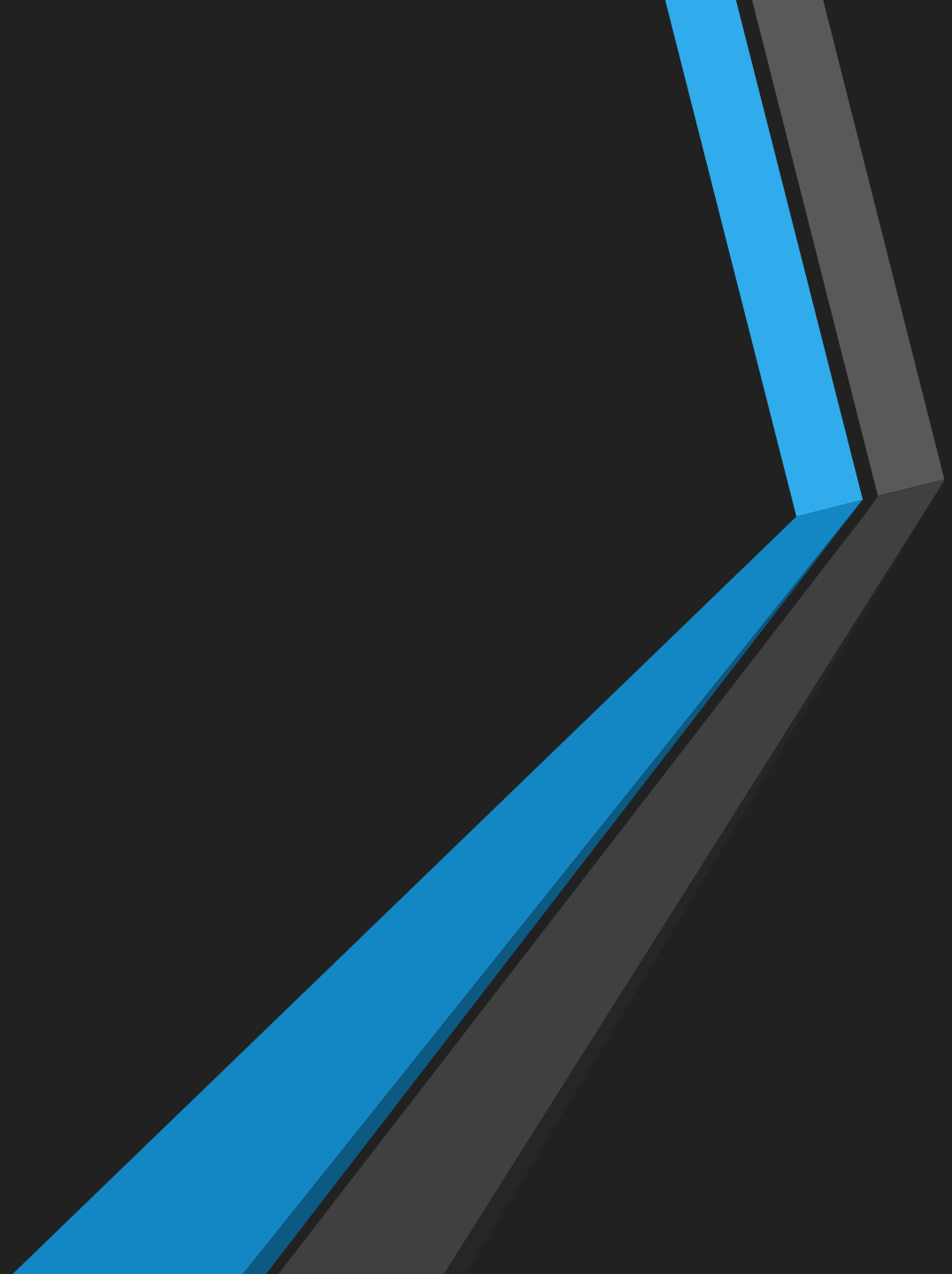Wants to use non-HIPAA compliant platform

Considerations

Jurisdictional reviews

Safety

HIPAA compliance

Why? Clinical relevance

Live Q & A

When things go right/ wrong

When things go wrong

Internet redundancy

   Telephone's role in video calls

Alternative platform

Alternative method (phone, video)

When things go wrong

Informed consent   Keep calm, carry on   Candor, levity

Client frustration/ termination

Joining

Disclosure

Iterate, experiment

When things go right

View of home

Collateral reporters

Avoidance

Caring Letters/ Caring Messages

Staying In Touch

Using *Caring Contacts* to Sustain Connection with
Your Clients

*A new online training from the
Northwest ATTC*
http://attcnetwork.org/northwest

NWATTC Caring Letters

Opportunity to learn about Caring Letters program

Post-crisis suicide prevention program

Research supported

Caring Messages and Telemental Health

Connecting with clients at a distance

Engagement, alliance, good intention

The impact of human caring transcends physical presence

Now Matters Now: www.nowmattersnow.org
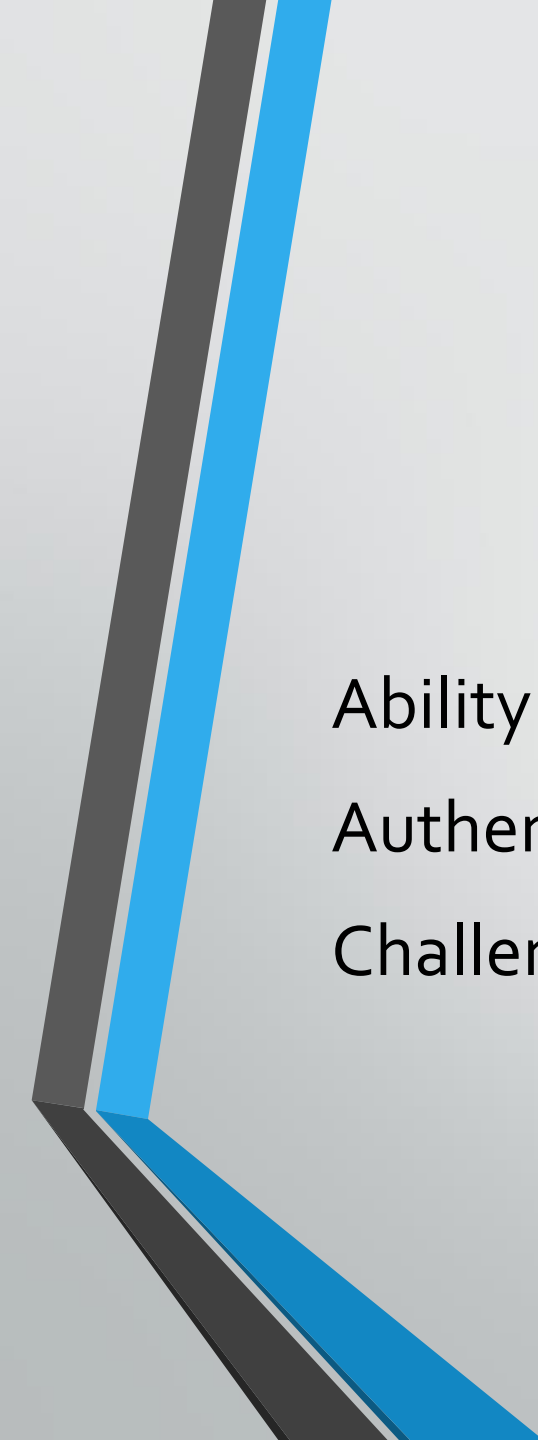
Coronavirus considerations

Clinical engagement and COVID-19

Emerging data to suggest significant uptick in mental health need

Significant decrease in availability of in person services

Shared cultural moment of crisis

Clinical engagement and COVID-19

Ability to bring accessible services

Authentic connection and rapport

Challenges in diagnosis

Role of therapy in Coronavirus

Care as usual

Crisis management

Social isolation in quarantine

In summary

3 environments

Your space

Client space

Technology

Support rapport

Minimize distraction (noise, clutter, technology challenges)

Increase accessibility (environment, visibility)

Establish expectations, boundaries

The struggle is real

Zoom fatigue

Client frustration

Awkward moments

Candor, levity, informed consent, slow it down

That's a good question

Previously submitted questions

Billing

Specific billing codes

Telehealth location code: 02
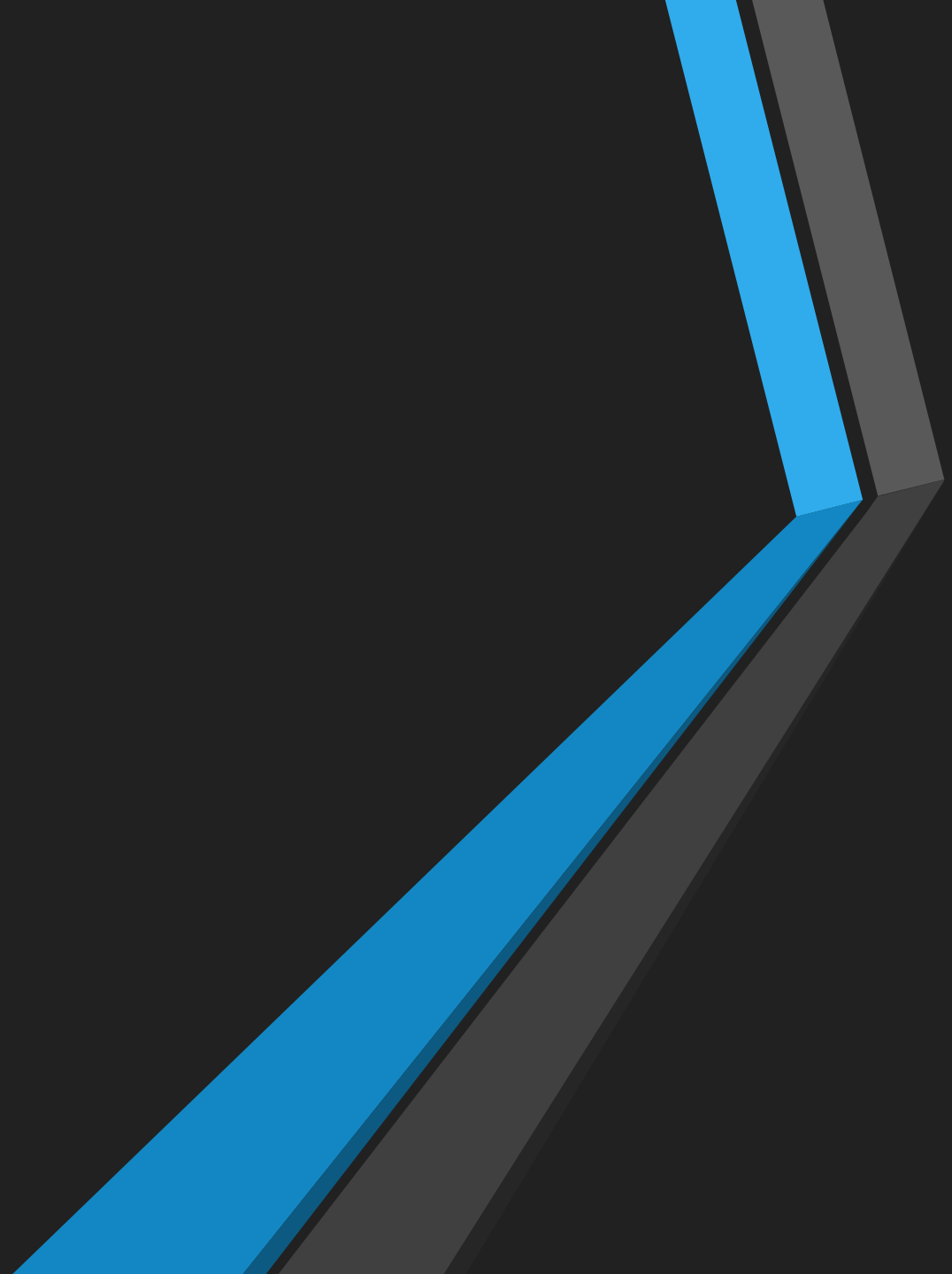
Telehealth modifier code: 95

Usual CPT codes

Fees

Usual fees

Additional telehealth fee assessed

Live Q & A

Questions for future learning series sessions

Please contact **nwattctelehealth@gmail.com**

Thank you!

Sara Smucker Barnwell

nwattctelehealth@gmail.com