

Emergencies, Disruption, & Pitfalls in Telemental Health

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Tuesday, June 9, 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

Emergency
management

Technology
failures

Barriers

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: Emergencies and pitfalls

Managing clinical emergencies remotely

Technology failures

Other pitfalls

Document transfer, payment, insurance

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

Synonymous with videoconferencing

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

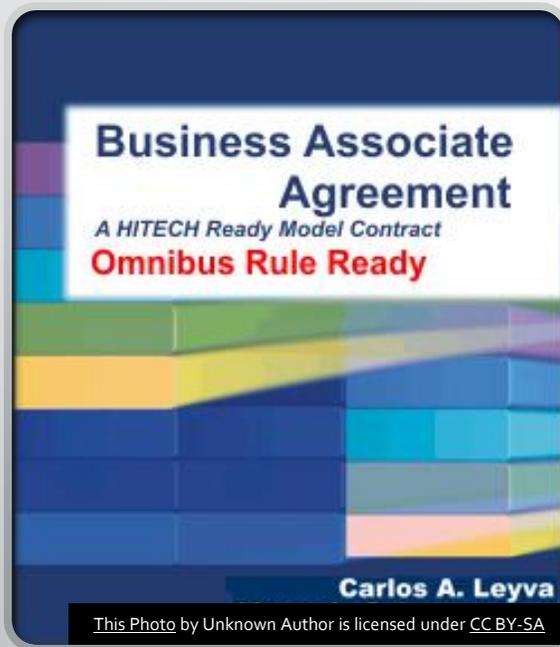
HIPAA Privacy Rule

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.



Emergencies

Psychiatric emergencies

Self harm, violence

Medical emergencies

Reporting

Technology interruptions



A brief synopsis

Once more with feeling!

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



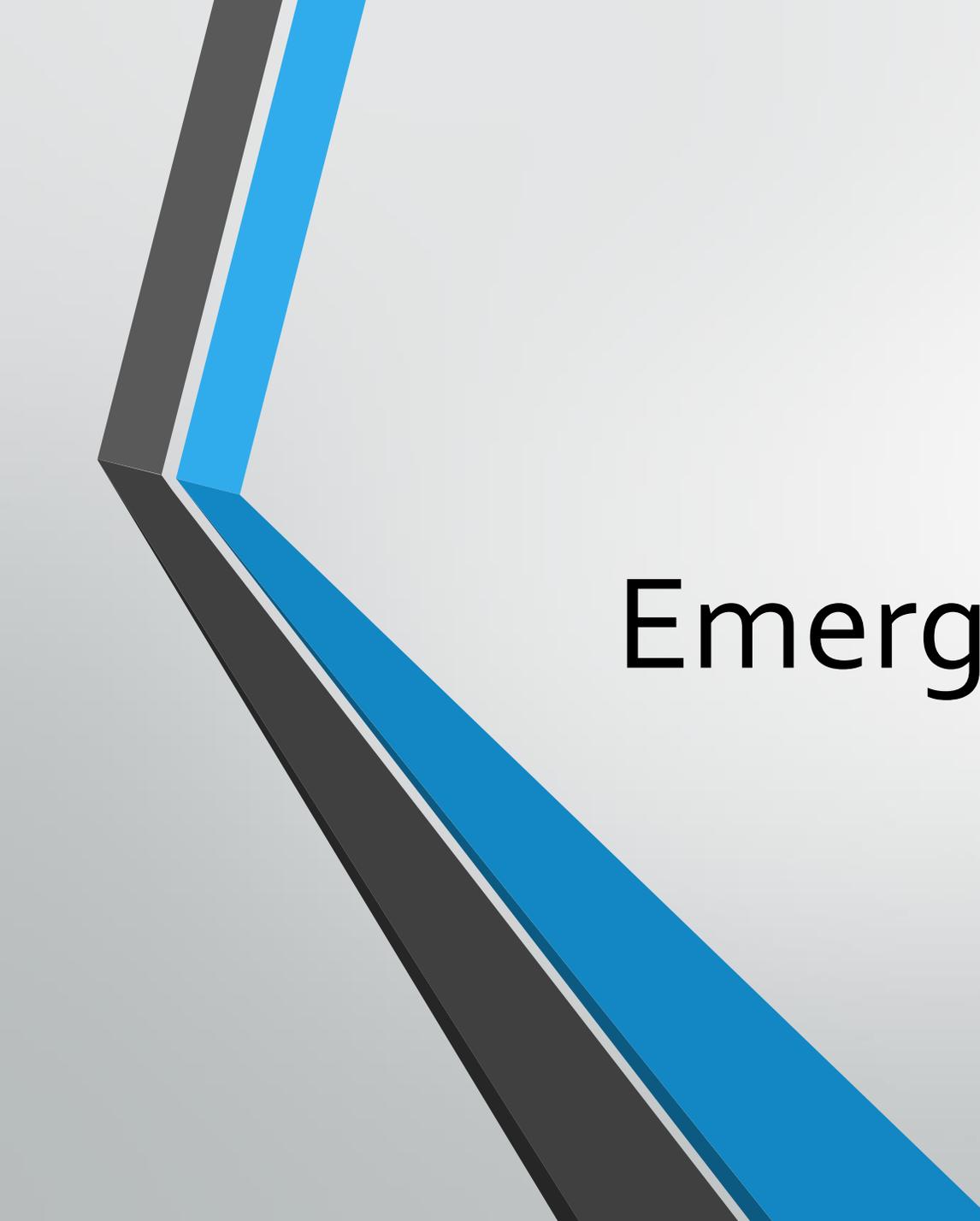
Determine what services
you provide



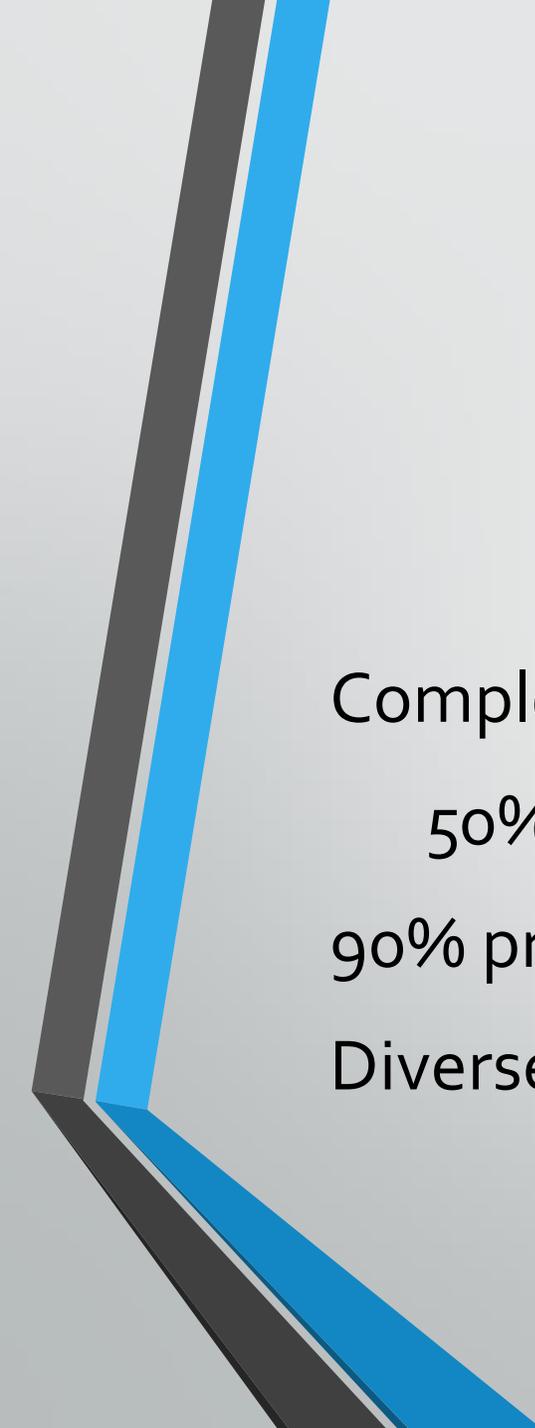
What population you
serve



Documentation transfer,
communication, payment



Emergency management



Emergency management

Completed suicide 10th leading cause of death in US

50% involve firearms

90% present to healthcare within weeks/ months

Diverse literature



Emergency management

Violence risks reported in therapy

Abuse reports

Past and prior

Your jurisdictional reporting rules



Emergency management

Clinical assessment

Environmental assessment

Care assessment



Emergency management

Standardized screening measures

Thorough intake

Past behaviors, hospitalization

Informed consent

Symptoms assessment, monitoring

Challenges in emergency management in Telemental Health



ASSESSMENT



RESPONSE TIME



ABILITY TO
INTERVENE

Challenges



BEHAVIORAL
OBSERVATION



RAPPORT



COMMUNICATION
QUALITY

Challenges



ENVIRONMENTAL
CONTROL



KNOWLEDGE OF LOCAL
RULES, RESOURCES



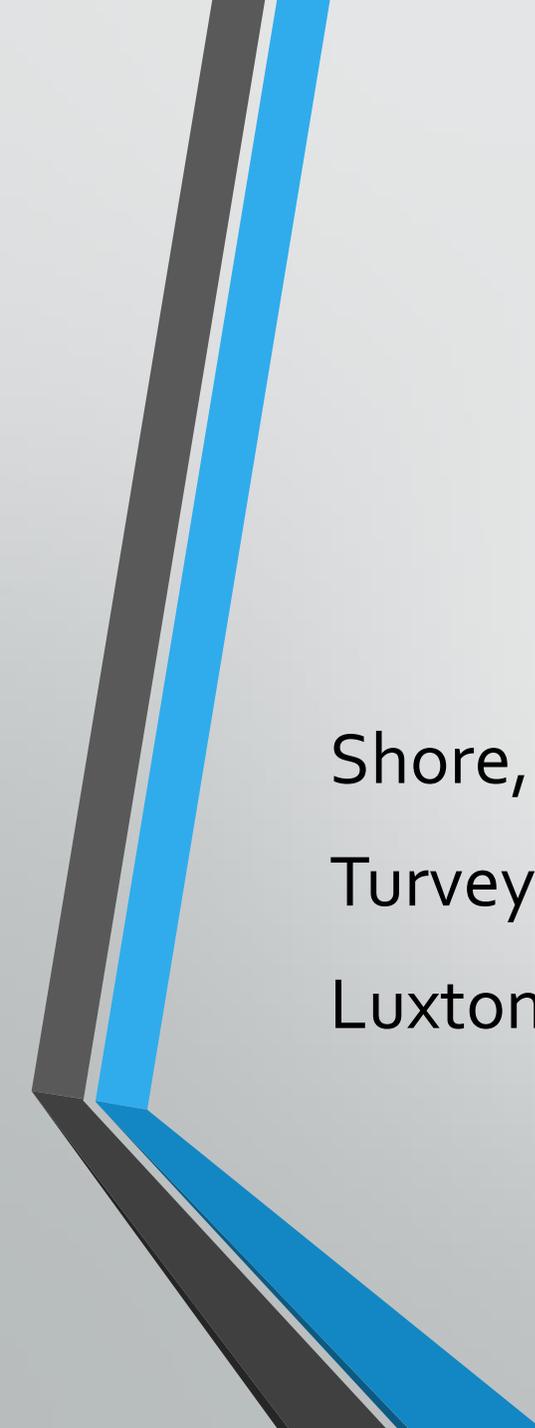
TREATMENT PLANNING



Remote emergency management



Advance planning



Publications on TMH emergencies

Shore, Hilty, & Yellowlees (2007)

Turvey et al (2013)

Luxton et al (2012)



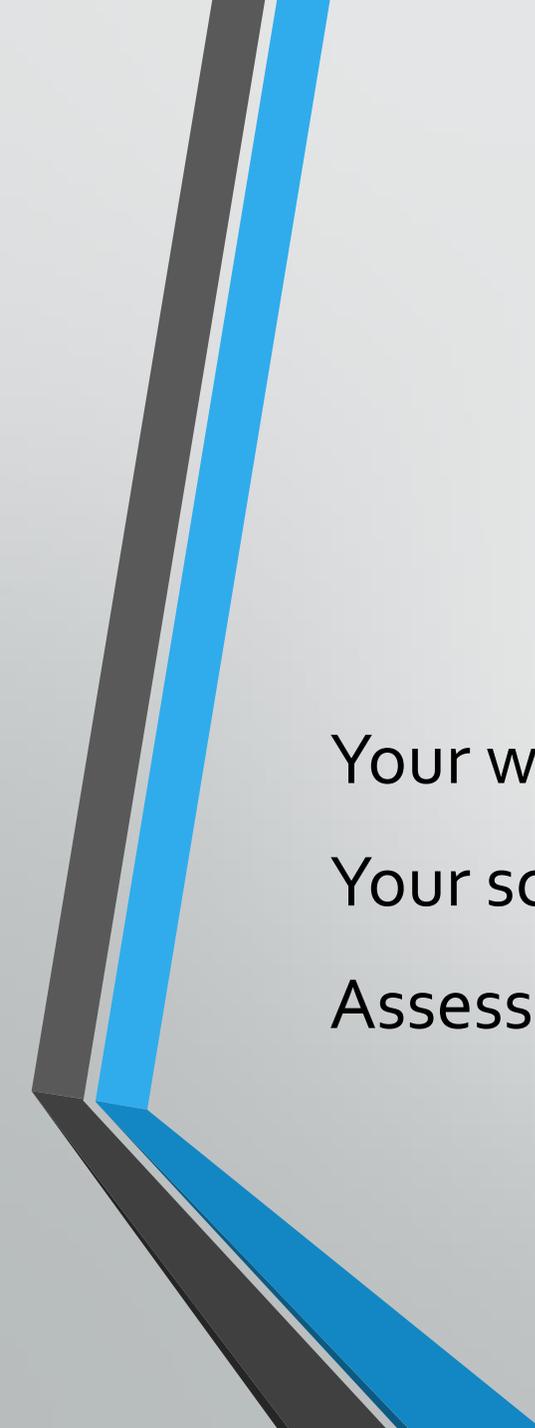
Research

Research on between session safety management

TMH manages emergencies safely

Research on home environments, clinic

TMH often the standard of care between sessions



Appropriateness assessment

Your willingness to manage remote emergencies

Your scope of practice

Assessment in your practice



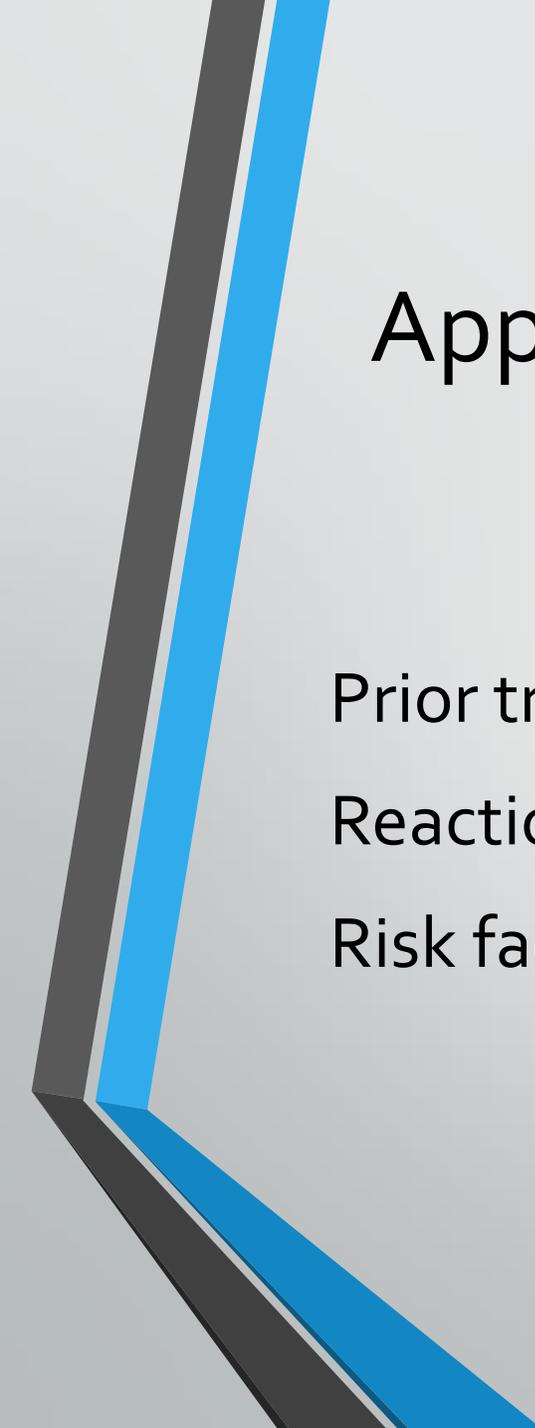
Appropriateness assessment

General TMH appropriateness themes, baseline/ ongoing

Access to care, barriers

Diagnosis, interest in modality

Clinical stability, history of emergencies



Appropriateness assessment: clinical stability

Prior treatment history

Reaction to modality

Risk factors for self harm



Appropriateness assessment

Appropriateness of environment

Availability of private space/ technology

Safety of space

DV, exposure to violence, others

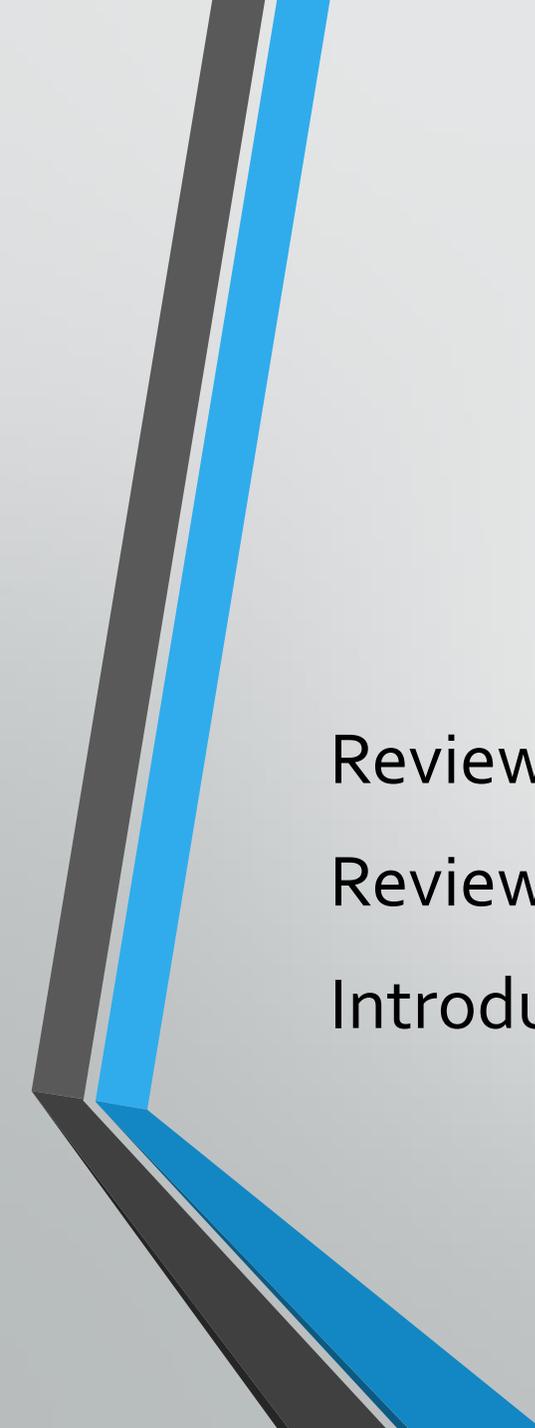


Informed consent

Discuss benefits and risks of modality, including:

Potential for diminished emergency response

Jurisdictional reporting rules



Informed consent

Review specifics of mandated reporting

Review specifics of reaction to suicidal/ violent ideation

Introduce your assessment practices

Emergency plan



DOCUMENT PLAN
IN ADVANCE



DISCUSS WITH
CLIENT



BENCHMARK
EXPECTATIONS



DISCUSS
QUESTIONS

Emergency Plan Template

Client Name: _____

Address: _____

Telephone Number: _____

Alternate Number: _____

A support person is someone who is aware that you are in therapy. This person is accessible to you (nearby, willing to help) during your videoconferencing therapy session. You are not required to identify a support person, but this individual could help in case of emergency. You will need to sign a release of information to allow me to contact this person.

Support Person Name: _____

Support Person Telephone Number: _____

I give my consent for my provider to contact my support person. I understand that this means that my provider may disclose private and confidential information in doing so. _____ (Initial)

Usual Emergency Plan:

In case of behavioral/medical emergency, the provider will contact local emergency dispatch. This may mean that the paramedics, mental health professionals or local police would come to the client's home to ensure that the client is well. If appropriate, the provider will also contact your support person.

In case of videoconferencing failure, the provider will contact the client using the telephone. In case of telephone failure (and without safety concern), the provider would use email.

Client Signature

Date

Printed Name

Office Only:

Local Emergency Dispatch:

ROI signed for Support Person:

Patient apprised of plan:

Date:

Emergency Plan

Support person



Availability of supportive person



ROI



Potential to help



Pros v. cons



Firearms

Access to firearms increases lethality of risks

Determine how you wish to address

ATA Practice Guidelines for Videoconferencing-Based TMH

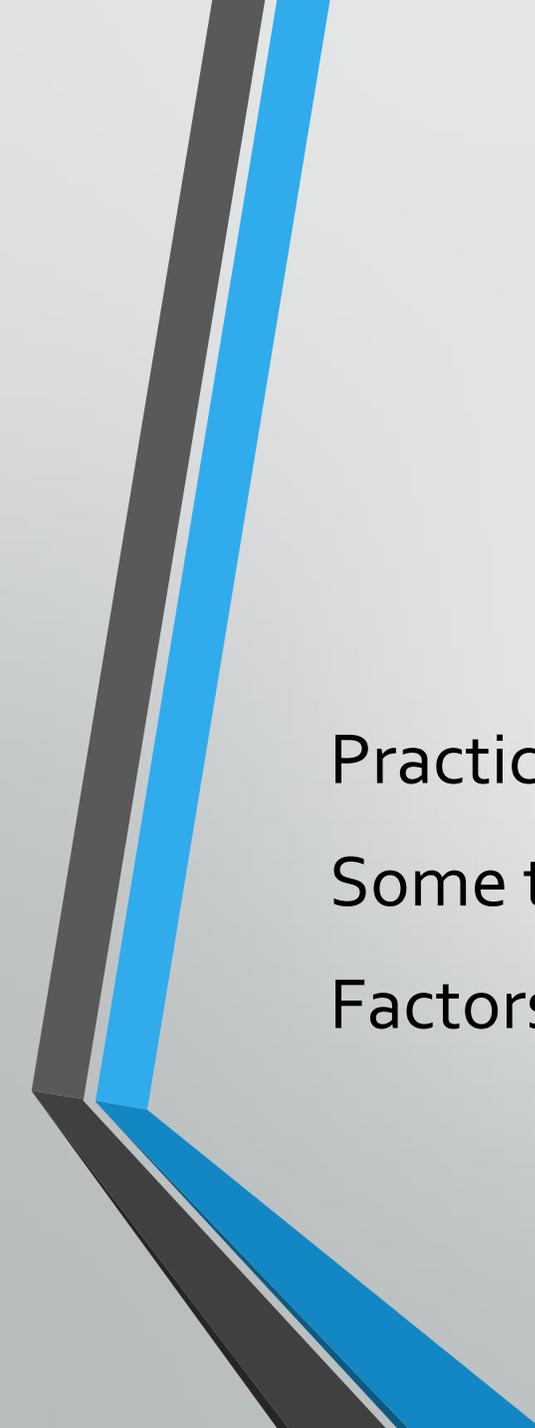


Clinician safety

Telehealth increases clinician safety

May increase willingness to manage emergencies

Carefully consider impacts on rapport



Vignette: Dr. Red

Practice focuses on life transition, anxiety and stress

Some training in suicide assessment and response

Factors in quarantine

Considerations



EXPERIENCE IN
TMH



BANDWIDTH



WILLINGNESS TO
MANAGE CRISIS



Legal and ethical issues

Know your jurisdiction



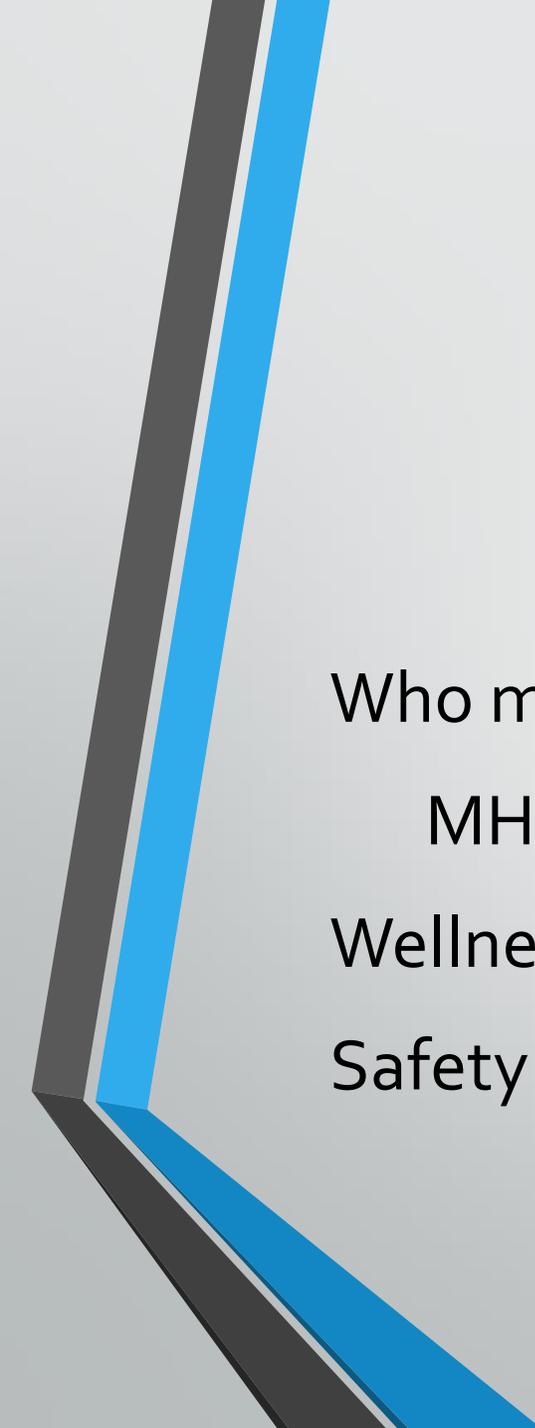
Civil commitment



Confidentiality



Duty to warn



Local resources

Who manages psychiatric emergencies

MHP, police, others

Wellness checks

Safety

Treatment planning



YOUR SCOPE OF
PRACTICE



APPROPRIATENESS
OF CARE



YOUR AWARENESS
OF RESOURCES
NEAR CLIENT



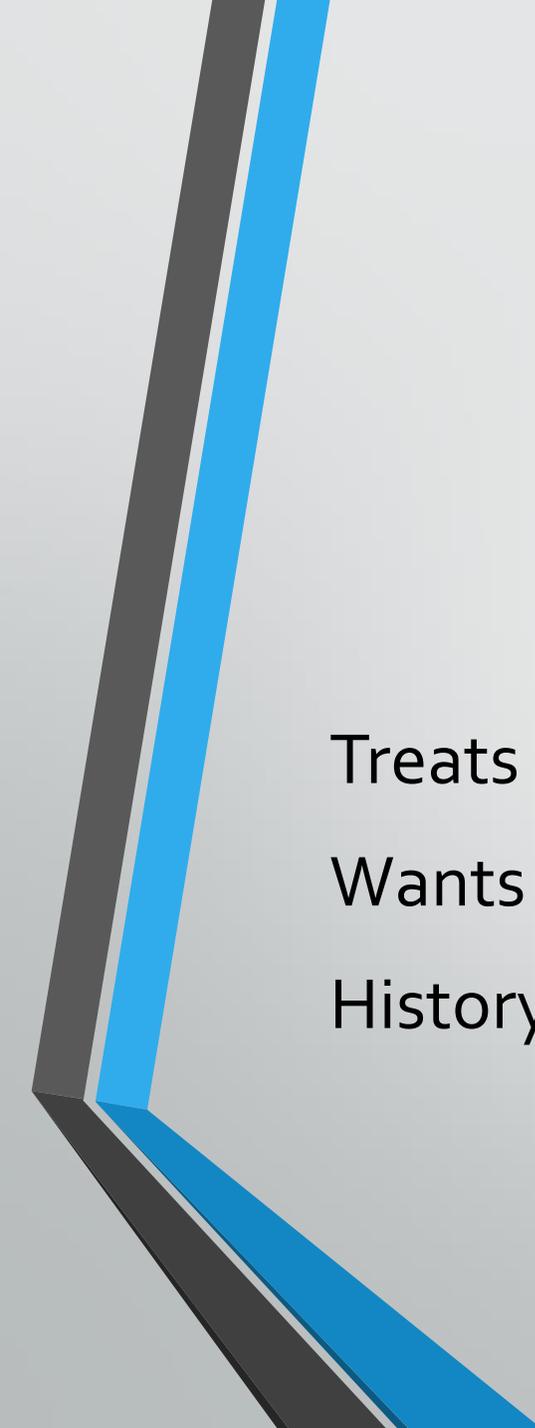
Treatment planning

Ethical abandonment

When there is no good referral

Investment in advance

Broad v. focused outreach

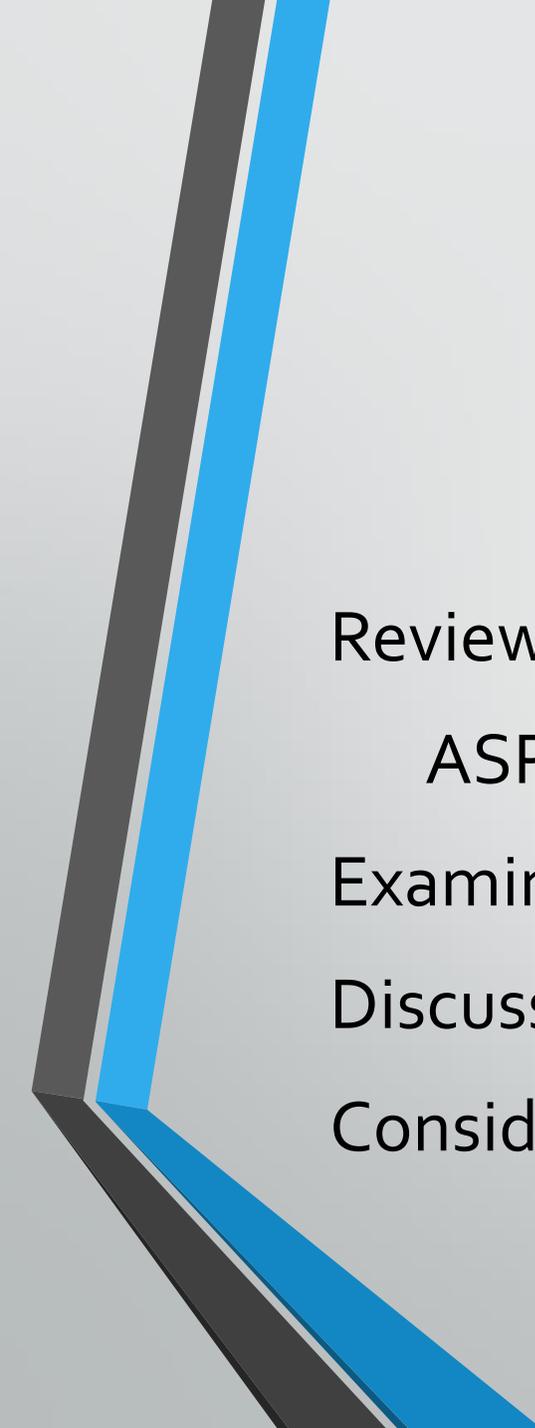


Vignette: Dr. Blue

Treats clients with dual diagnosis

Wants to serve client who has traveled across state borders

History of violent ideation



Considerations

Review current state temporary practice guidance

ASPPB website

Examine differences in reporting requirements

Discuss with client

Consider formal assessment



Administrative issues



Emergency planning

“Tipping point,” your algorithm

Consider use of evidence-based assessment measures

SAMSHA resources

Emergency planning



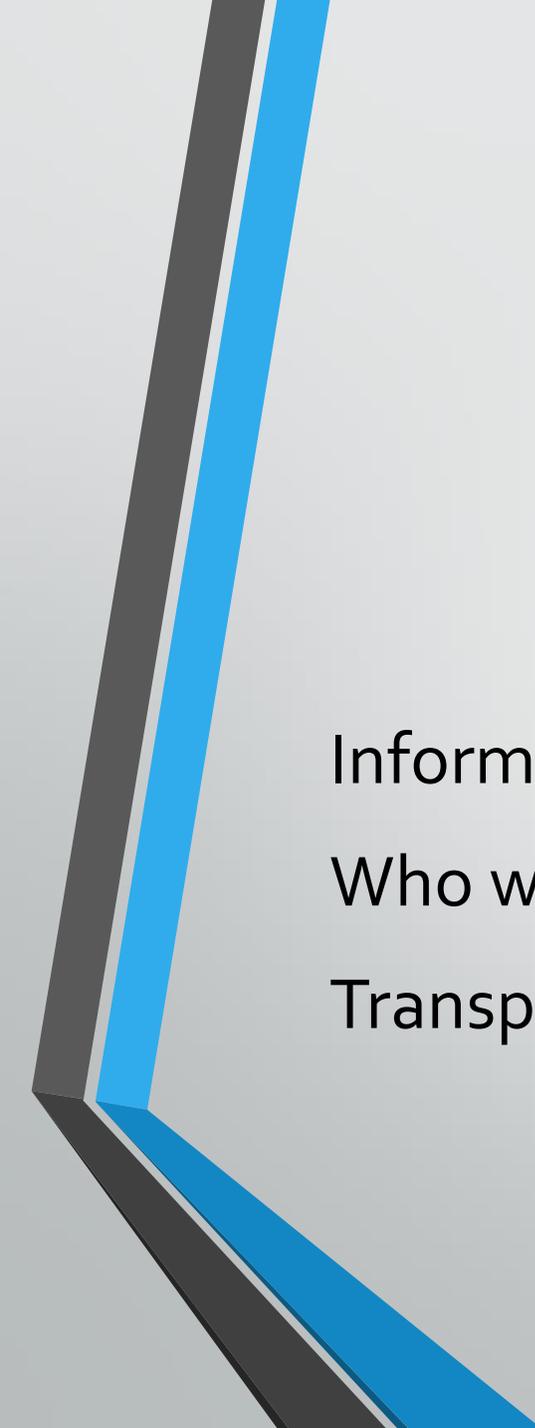
Clear roles and responsibilities



Protocols for in session



Between hours



Emergency planning

Inform clients of what will happen

Who will be involved

Transparency on decision tree



General clinical issues

Clinical factors



CLINICAL ENGAGEMENT



OBSERVATIONAL DATA



AWARENESS OF STRONG
AFFECTIVE STATES



Clinical factors

Impacts on clinical relationship

Reporting difficult information

Your awareness of the local process

What will happen



Verification

Beginning of each sessions

Contact information

Alternate contact information

Location

Information



WHO IS IN THE
HOME



WHAT RESOURCES
ARE LOCAL



WIDER
COMMUNITY

Your experience



Prior training in risk management
and response



Willingness



Risk v. benefit



Assessment

Consider formal training/ measures

Suicide risk assessment

Violence risk assessment

Exposure to violence/ family violence

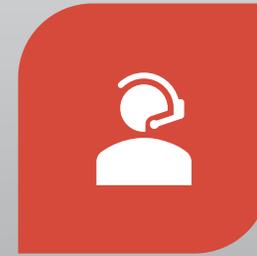
In real time



ASSESS SAFETY
(FOR CLIENT,
OTHERS)



TRANSPARENCY IN
MAKING REPORT



SUPPORT PERSON

In real time



Contact appropriate resources

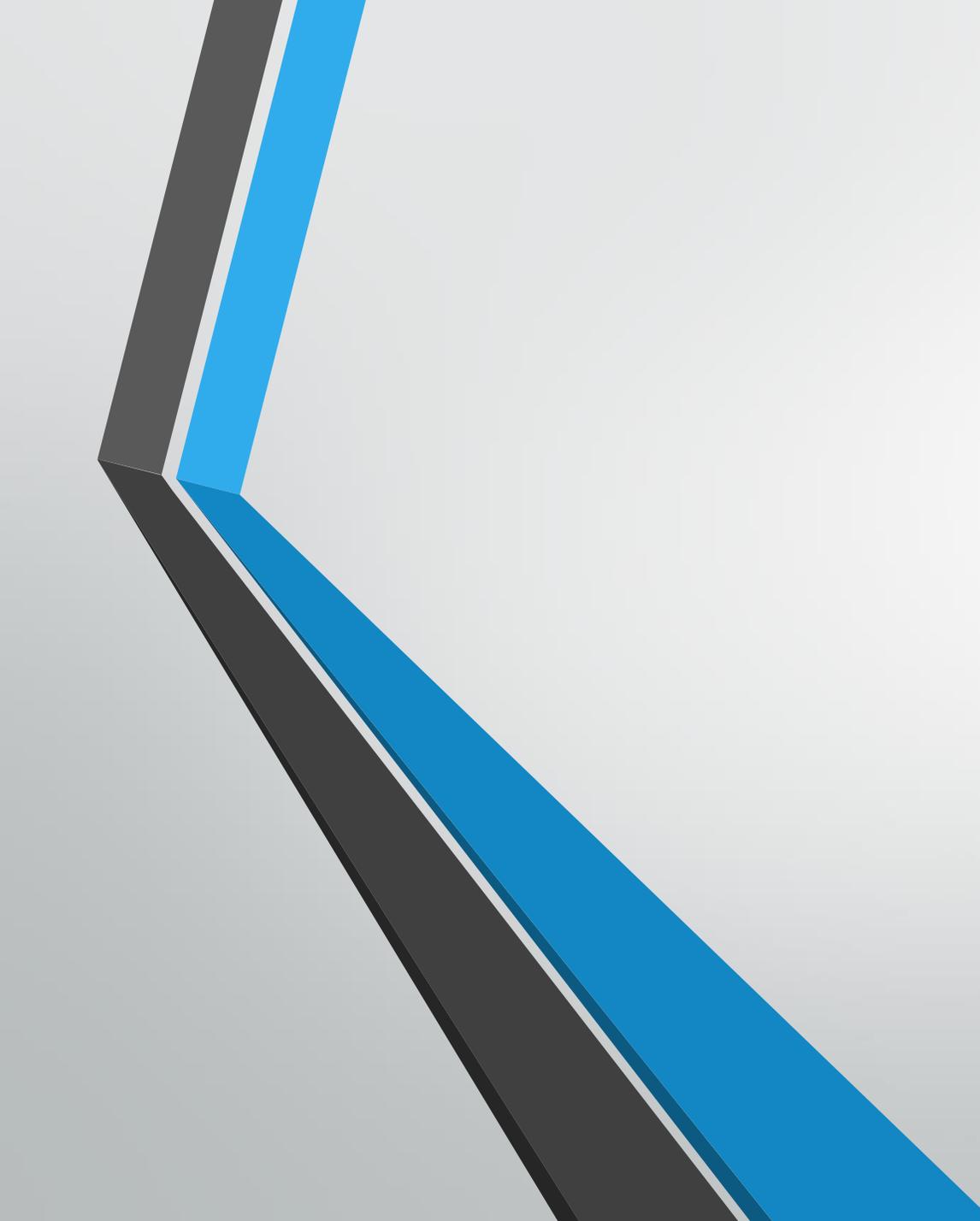


Remain on the line



Follow up





Reporting



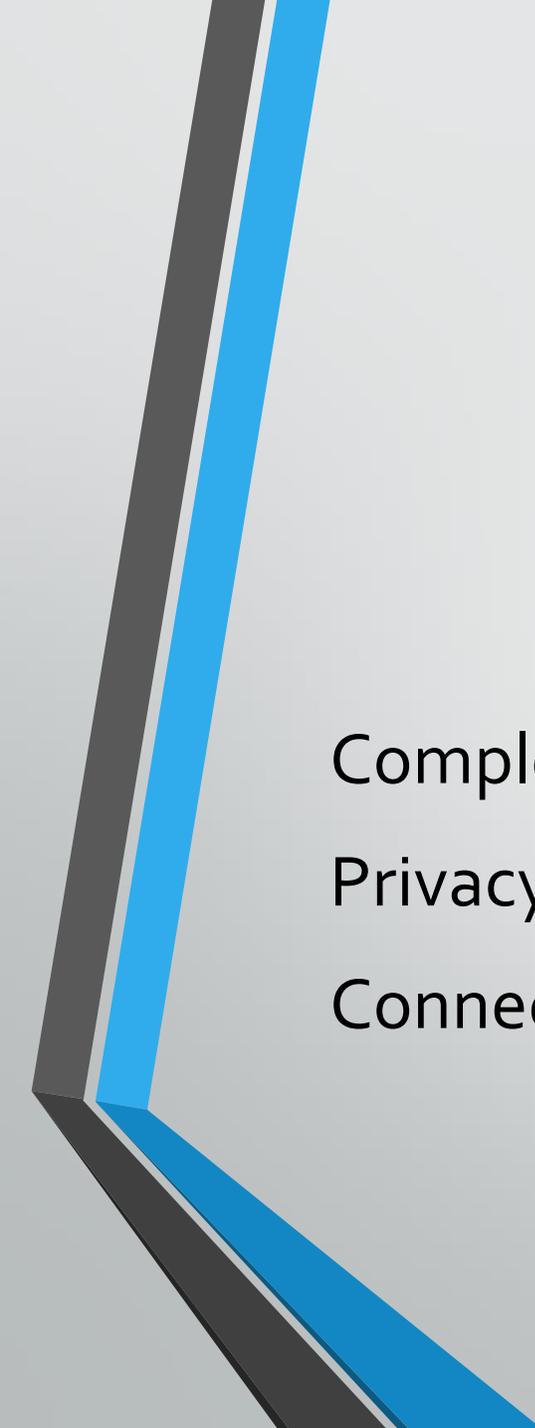
Domestic Violence and telehealth

Part of appropriateness assessment

Safety of environment

History

Jurisdictional rules



Domestic Violence and telehealth

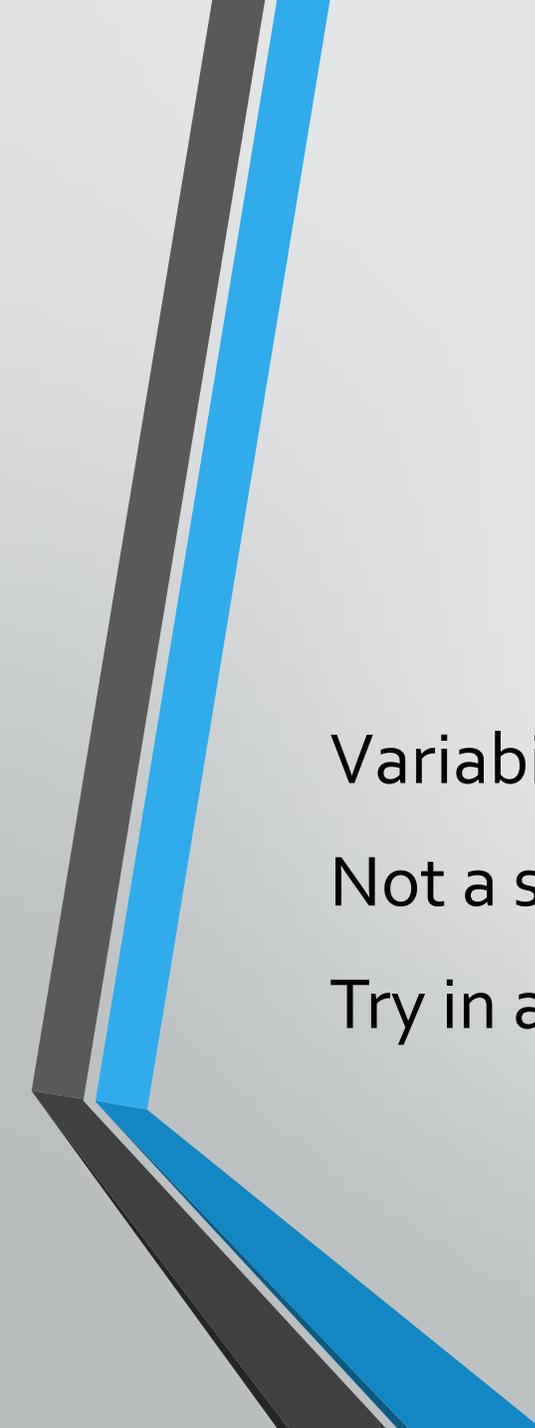
Complex option

Privacy, confidentiality

Connection to combat isolation



Technologies that support



Technologies to support

Variability in reliability, quality

Not a substitute for intervention

Try in advance



Telehealth support

National Suicide Prevention Hotline

Crisis Connections

Veterans Crisis Line

Trevor Support Center



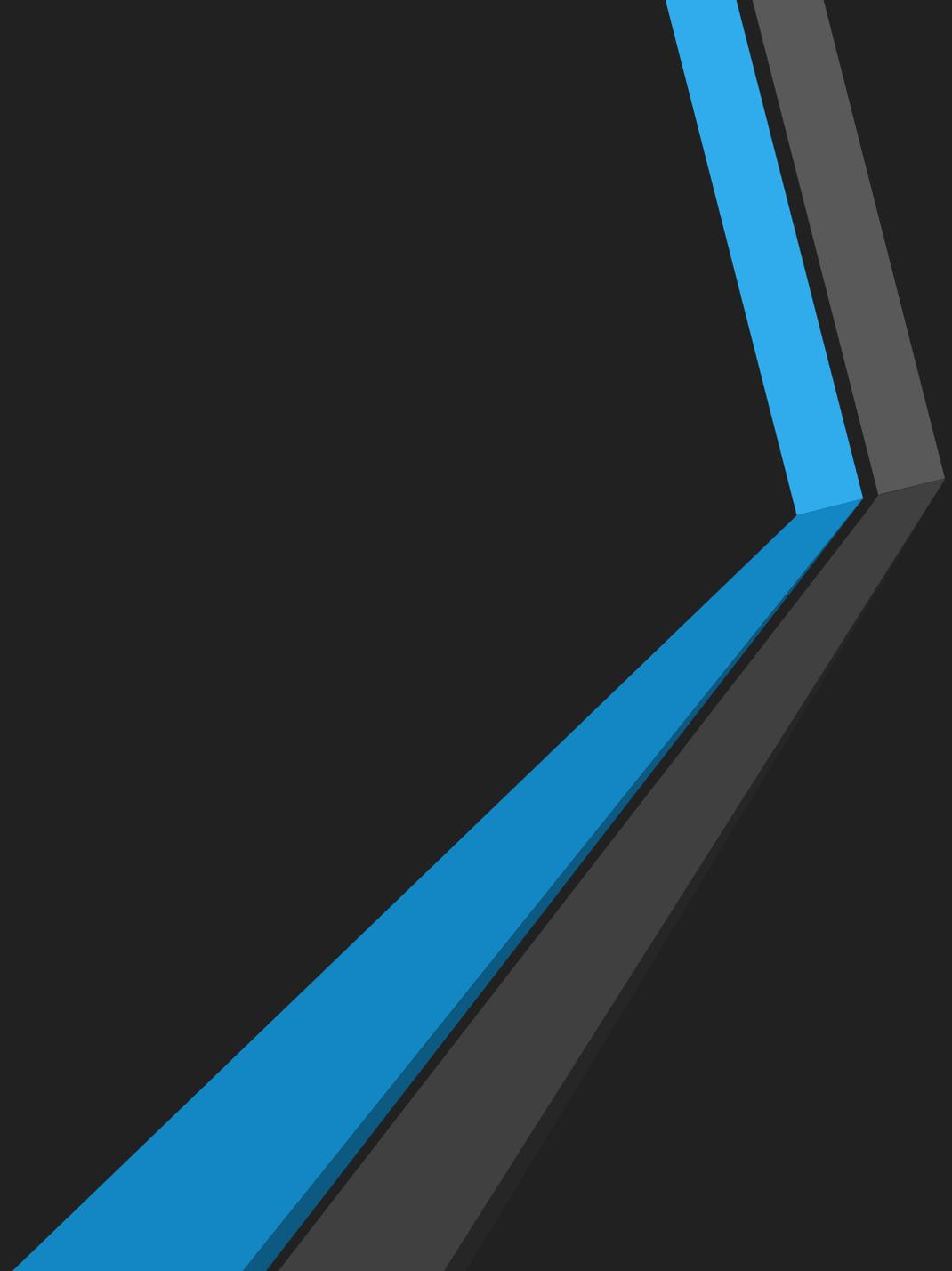
Apps to support in crisis

My3

Suicide Safety Plan

Virtual Hope Box

Live Q & A





Technology disruptions during care

When the tech fails



Informed consent



Advance planning



Who offers technical support



Environmental factors

Interruptions to privacy, confidentiality

Lighting

Noise

Angles

Call drops

Check Internet

Availability, speed test

Reestablish through primary platform

Make alternative platform available

Reduce bandwidth

SD, not HD; austere background

Call quality
poor



Pixelation



Delay



Audio quality

Call quality poor

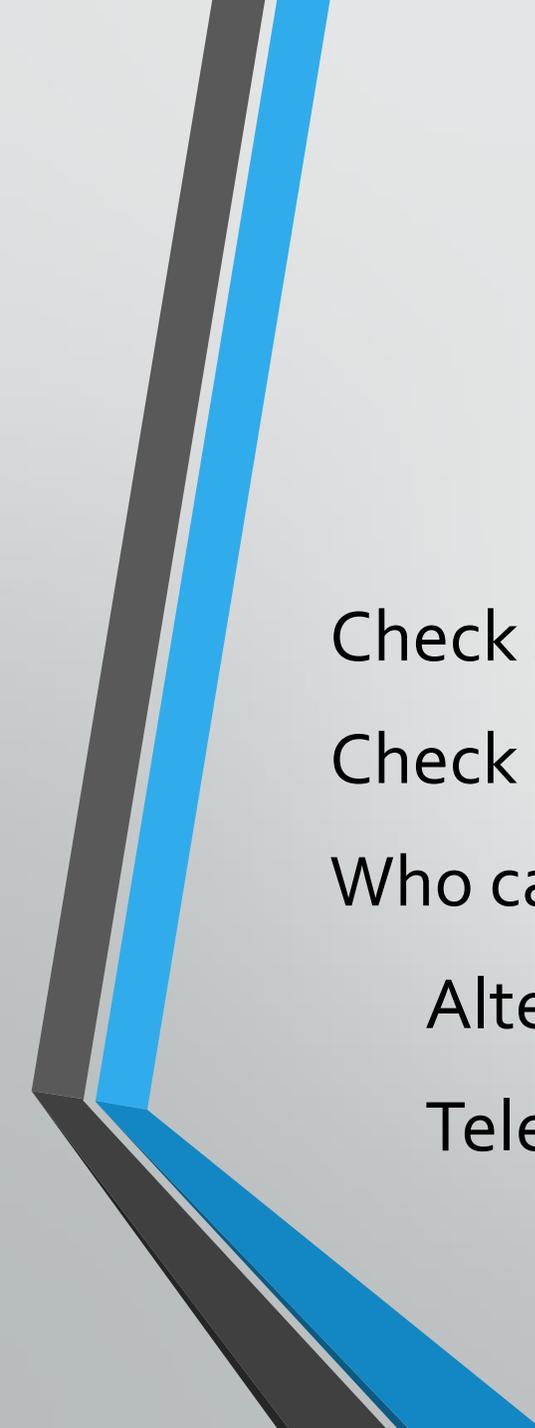
Reduce bandwidth

SD, not HD

Consider swapping audio to telephone

Change platforms

Alternate video, telephone



Sound muted

Check system level volumes

Check application level volumes

Who can hear who

Alternative platform

Telephone



Vignette: Dr. Pink

Providing therapy to client for relapse prevention

Clients becomes upset

Hangs up



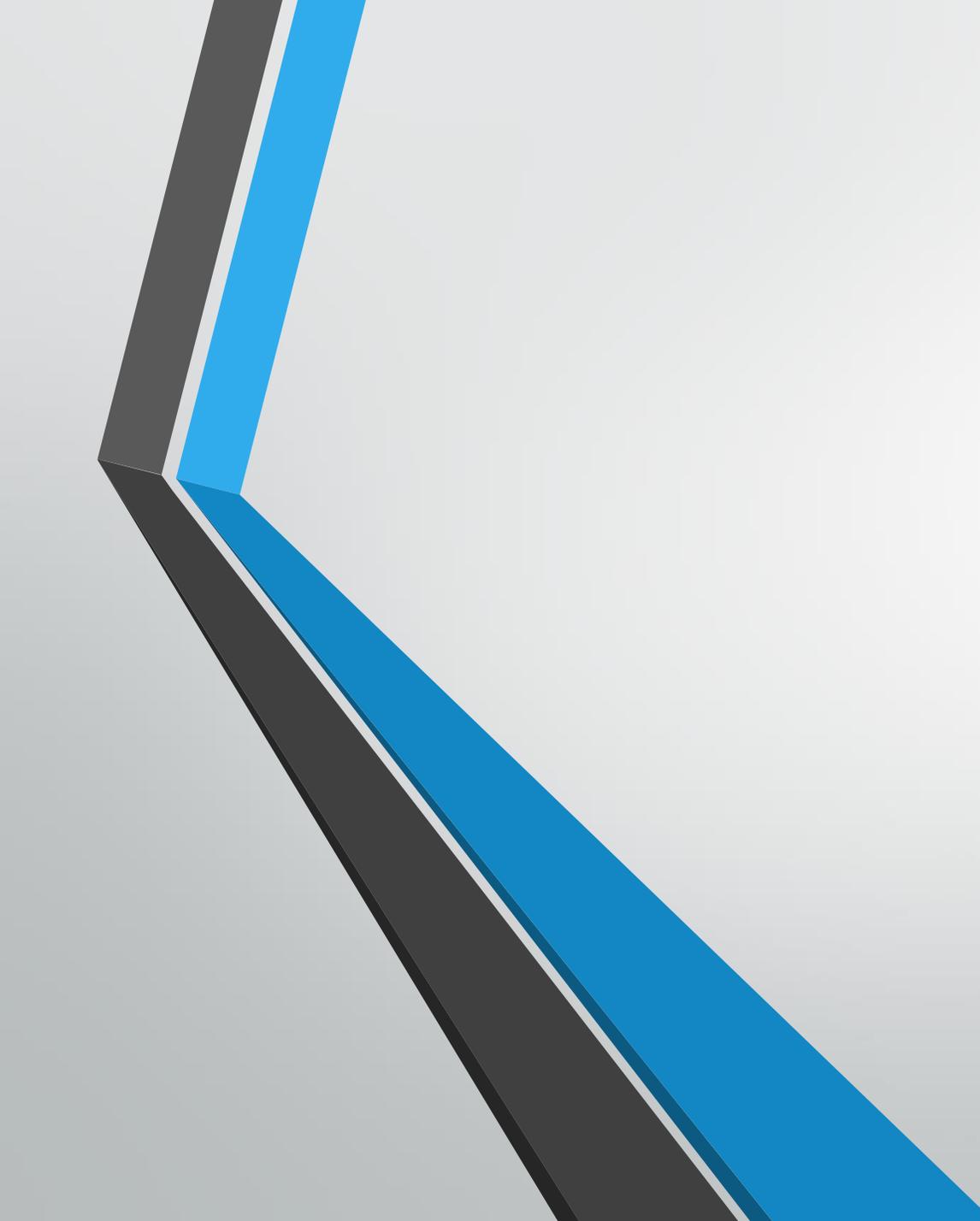
Considerations

Client history

Agreed upon plan

Support person

Context



Other Tech Fails



The little things...

Power source

Internet online

Support person

When in doubt, restart



Document transfer

Use of inappropriate method

Not received

Real time reporting, screen share

Investment in easy method of document transfer



Payment

Payment method

HIPAA permits

Integration

Nonpayment

Cards on file, associated fees

Insurance

Many executive orders requiring coverage

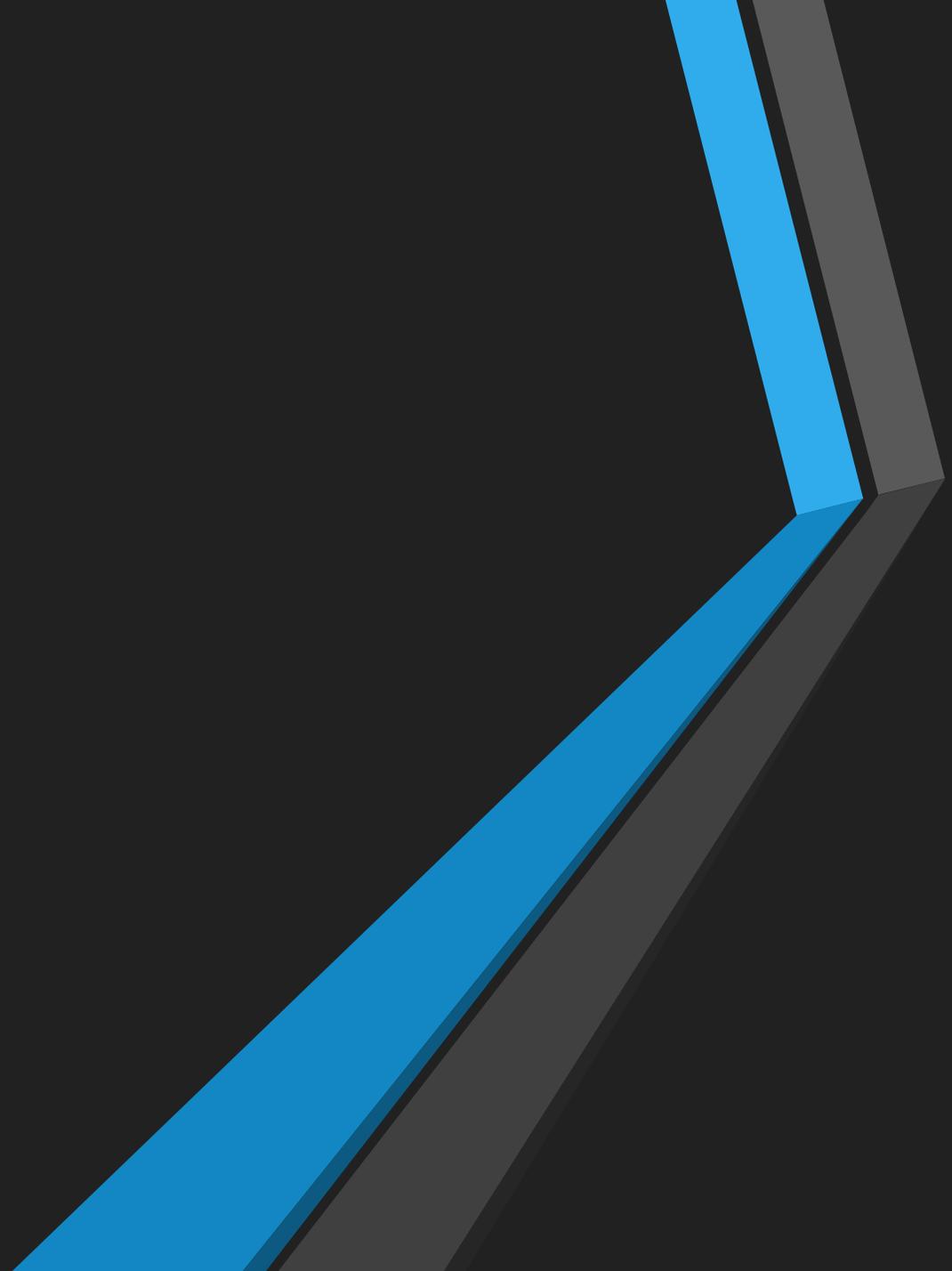
Parity

They will expire

Consider what this will mean

Video v. telephone

Live Q & A



Staying In Touch

Using *Caring Contacts* to Sustain
Connection with
Your Clients

*A new online training from the
Northwest ATTC*

<http://attcnetwork.org/northwest>



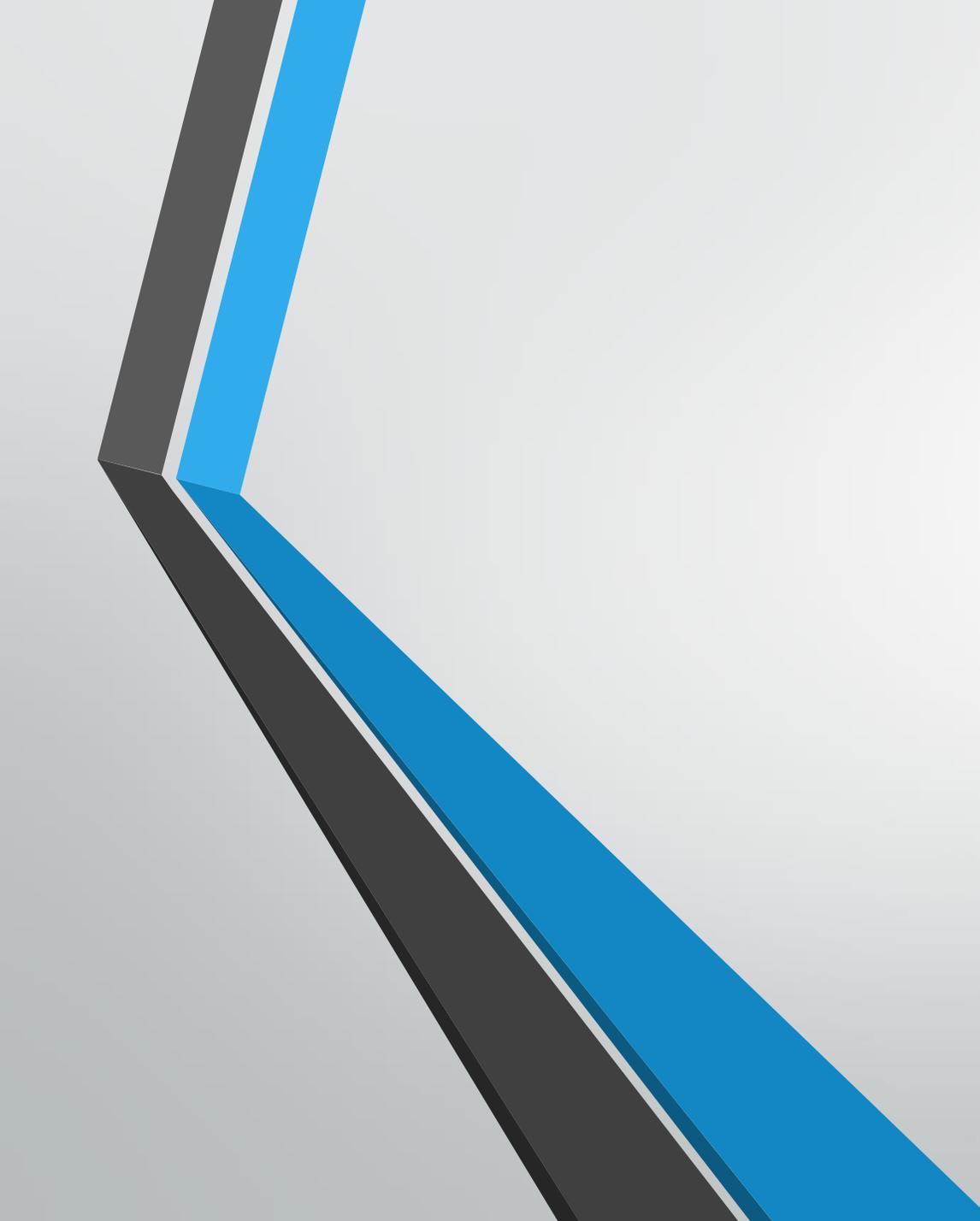


NWATTC Caring Letters

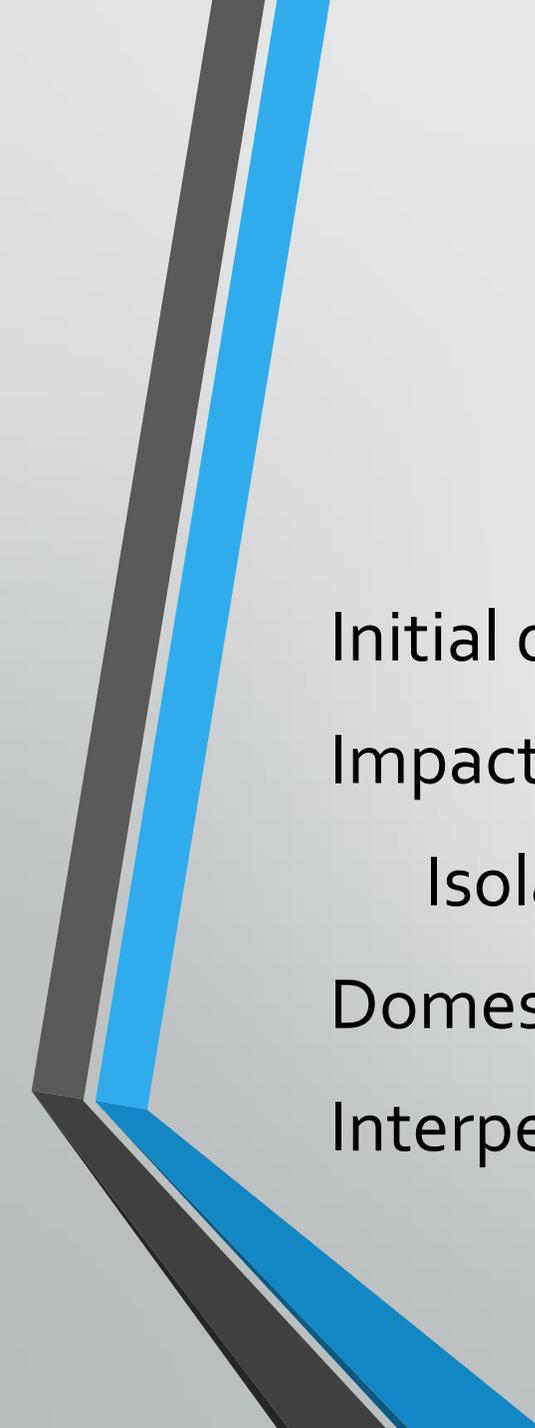
Opportunity to learn about Caring Letters program

Post-crisis suicide prevention program

Research supported



Coronavirus considerations



Emergency response and COVID-19

Initial data to suggest increase in suicidal ideation

Impact on risk factors

- Isolation, treatment availability

Domestic violence

Interpersonal violence

Emergency response and COVID-19

Willingness to
seek emergency
care

Safety of
emergency
services

Care as usual



That's a good question

Previously submitted questions



When
clients
prefer
phone

Be aware of reimbursement

Distractions

Boundaries

Engagement

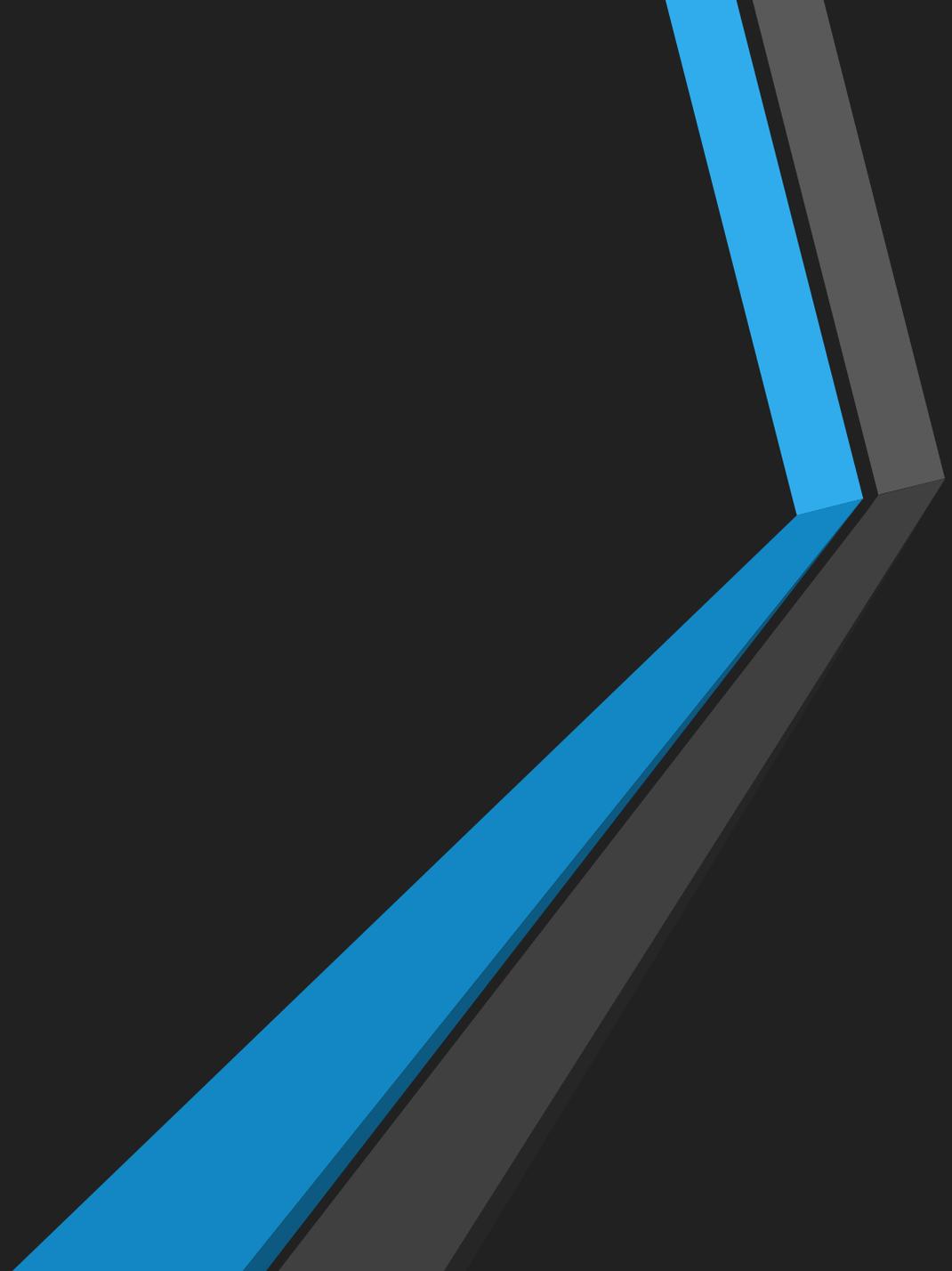
Caller ID

Blocked numbers

Phone line

VoIP, apps

Live Q & A





Questions for future learning series sessions

Please contact nwattctelehealth@gmail.com

Thank you!

Sara Smucker Barnwell

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