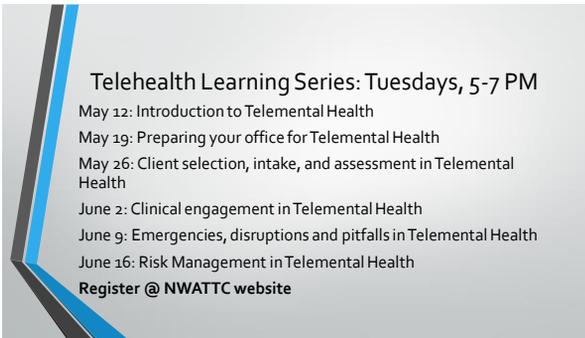
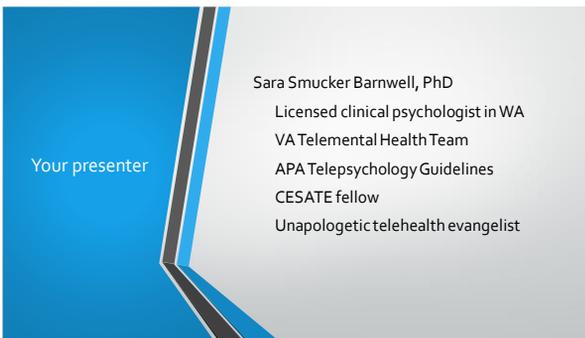


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Learning objectives

- Telemental Health fundamentals
- Implementation
- Risk management

4

Class structure

- Didactic lecture
- Video demonstrations
- Submitted questions nwattctelehealth@gmail.com
- Live Q & A

5

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

6

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

7

Conflicts

Provides telehealth training
Known telehealth evangelist

8

Definitions and Examples

9

Operational definitions

Telemental Health (TMH):
The provision of any mental health service using telecommunication technologies

Access is at the heart of this mission

10

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

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Operational definitions

Augment in-person care or stand-alone service
Not a new clinical specialty

12

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)



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Operational definitions

Online psychoeducation:

Internet sites that provide static or dynamic psychoeducational content

- SAMSHA.gov
- WedMD
- Mayo Clinic Online



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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.)



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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

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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

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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

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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.

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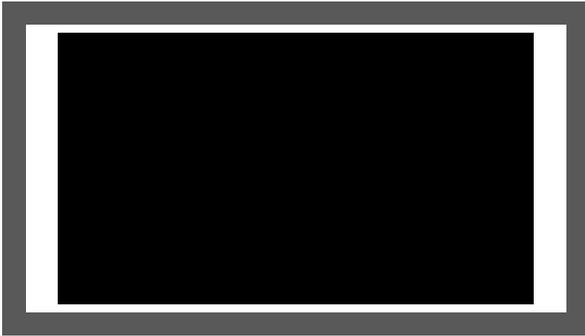
Telecommunications can help



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What It Is Not

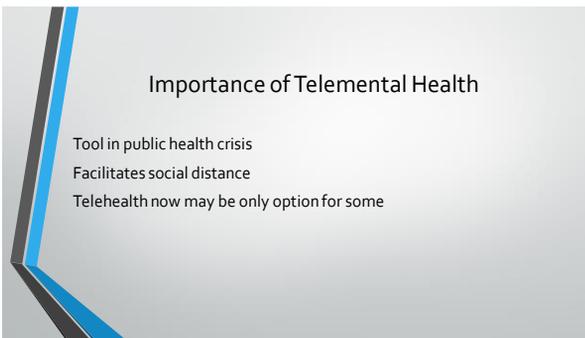
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Clinical Examples

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Clinical examples

- Conduct a telephone session
- Email with a client
- Interactive social media/ web chat



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Clinical examples

- Text, chat or IM with a client
- Provide services over videoconferencing
- Have client complete online testing/assessment

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Clinical examples

- Using interactive mobile applications
- Using interactive online psychoeducation sites



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Telephone and videoconferencing

- Telemental health = videoconferencing to many
- Telephone as important tool
- Billed/reimbursed differently

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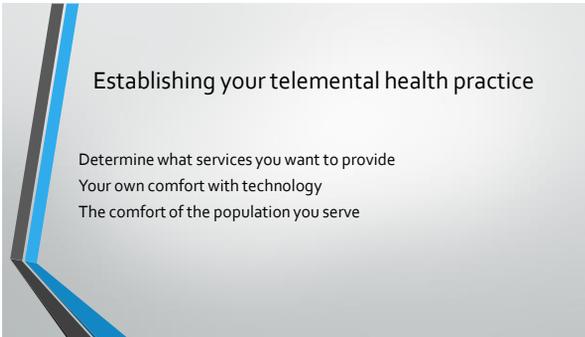
Congratulations

- You are probably already a "telmental health" provider ☺
- Telehealth as anachronism

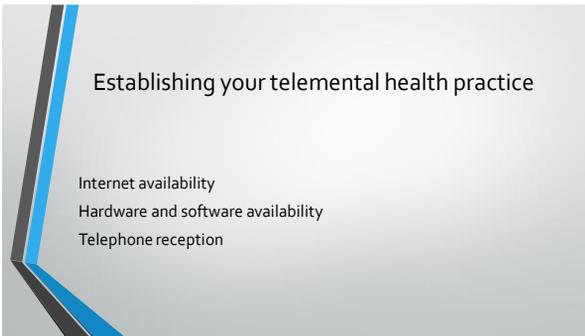
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Technology selection

- Get specific
 - Videoconferencing platform
 - Telephone service
- Prepare for PHI
 - Separate, protected hardware and software
- Your physical space

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Additional considerations

- Reimbursement often higher for videoconferencing than telephone
- Good outcomes data for both modalities
- Asynchronous modalities (text, messaging) less well studied, rarely reimbursed

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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

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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

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Determining services offered

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Clinical services offered

What services do you most often offer

- Individual therapy
- Group therapy
- Consultation

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Clinical services offered

Compatibility of your practice with telehealth

- Assessment
- Forensic

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Population served

- Ages
 - Pediatric providers' additional challenges
- Technological sophistication
- Necessity of additional monitoring
 - UA, breathalyzer

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Considerations

- Start with your preferred service modality
- Consider diversifying practice, if necessary
- Adaptation of assessment batteries where possible

Permissions, norms

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Your client selection criteria

- Few data-driven reasons to exclude clients
- Consider access barriers
- Consider auditory/ visual capabilities

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Your client selection criteria

- Willingness to navigate emergencies
- Relapse
- Reporting

45

Your selection criteria

- Availability of appropriate technology
- Availability of appropriate space
- Client comfort

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Test calls

Consider offering "test call" in advance of new telehealth client

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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

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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)

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Risk management

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Risk management best practices

- Products designed for healthcare
- Informed consent
- Emergency plan

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Risk management best practices

- Stay within jurisdiction
- Set boundaries
- Check with your malpractice carrier

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Risk management best practices

- Liability considerations for staff, clients
- Before and after jurisdiction specific stay home orders

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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

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Mr. McCoy

- 32 year old man with active opiate use
- Receives OST
- History of overdose, self harm
- Travels outside of jurisdiction

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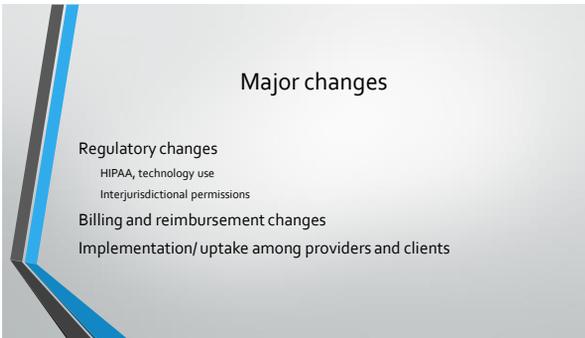
Considerations

- 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

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New considerations

- Ethics of in person care
- Provider timelines for return to in person care

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TMH fundamentals

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In summary

- Determine what technologies you will use
- Determine which services you will offer
- Establish your space

63

In summary

- Select clients
- Document informed consent, emergency planning
- Stay within jurisdiction

64

In summary

- Model and set boundaries
- Clinical engagement
- Consider where/ when to send referrals out

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In summary

- Changes will continue related to COVID 19
- Relaxed regulatory environment
- Always check your jurisdiction

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The nitty gritty

Detailed elaboration of themes throughout series
Live Q&A

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That's a good question

Questions from prior meetings

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What videoconferencing platform

Product for healthcare
Offers BAA
Simple Practice, Vsee, Doxy.me
Zoom, FaceTime, Skype now permitted

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Videoconferencing platforms

- Features for security, self view multicaller
- Ease of use, tech support
- Costs

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Groups in telehealth

- Strong literature
- Complexity increases with # sites involved
- Jurisdictional considerations increase
- Privacy and confidentiality concerns increase
- The ESPN effect

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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

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Client ambivalence (continued)

- Document your concerns and communication
- Less frequent meetings
- Stop, asking questions, focus on engagement
- Motivational interviewing skills

73

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

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Live Q&A

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Questions for future learning series sessions

Please contact nwattctelehealth@gmail.com

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Thank you!

Sara Smucker Barnwell
nwattctelehealth@gmail.com



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