Client selection, intake, and assessment in Telemental Health

Sara Smucker Barnwell, PhD
Tuesday, May 26, 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
Sara Smucker Barnwell, PhD
Licensed clinical psychologist in WA
VA Telemental Health Team
APA Telepsychology Guidelines
CESATE fellow
Unapologetic telehealth evangelist
Learning objectives

- Client selection
- Intakes, assessment
- Building your practice
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: Preparing your office

Client selection
- Inclusion, exclusion
- Intakes, assessments, termination
  - Special populations (neuropsychology, forensic, youth)
Building your TMH practice
- Advertising, staff
- The role of physical space
The balance

Brief review
Deep dives
Your questions answered
On demand prior classes
You look familiar...

Is this your first class?

Please respond in chat window
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
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
Client selection
Client selection criteria

Research suggests equivalence of in-person and many remote treatments and high satisfaction

Observe usual standards of care/ APA ethics code

Technology is not a clinical specialty though it requires competence
Cultivating clients

Assess why remote service v. in-person

This assessment is evolving

Little empirical/ few legal reasons to exclude specific clients; question of risk management

Assessing service appropriateness is ongoing
Your practice

What population do you serve
What services do you offer
What practice do you want
Client characteristics

Client vision and hearing
Preference for modality
Practical adaptability
Client characteristics

Health status/ status of loved ones
Jurisdictional requirements/ rules
Care access (e.g., distance, medical, financial)
Client clinical characteristics

Diagnosis
  Avoidance, Delusions regarding technology, others
Treatment history
Stability
Client SUD history

SUD considerations (UAs, reporting)
Transportation concerns
Medication assisted treatment for opioids
  DHHS/ OCR announcements also apply
  Special considerations for controlled substances
Client characteristics

Client care environment (e.g., office, home)
Insurance/ reimbursement
Privacy/ stigma
Client technical capabilities

Technical ability
Teaching
Age, gender, education, experience < good explanation
Client technical capabilities

Does the client possess technical resources

Computer/ mobile device access
Adequate internet speed
Hardware/software
Mobile device, phone
Not the perfect client
Emergency probability

Clients receiving interactive remote care have emergency plan

Consider what you will do in case of medical or psychiatric emergency (e.g., local hospital, wellness check, others).
Emergency probability

Problems that do not meet mandated reporting threshold but cause concern

Availability of support person

Where will patient discharge if no longer appropriate
Remember your clinical considerations

“I don’t care what your chat group says. I say you’re becoming overly dependent on technological gadgetry.”
Telehealth Appropriateness Assessment

Delivering psychological services through remote technology provides the opportunity to reach clients who might not otherwise receive care. However, not every client will be appropriate for telehealth services. The questions below provide guidance regarding clinical and technical factors that you may wish to consider before committing to deliver telehealth care.

**Clinical Assessment**

1. What is the patient’s age?
   a. If a minor, how will you gather the parent’s consent?
2. Is the client currently in crisis?
3. In the past 12 weeks, have they had thoughts, intention or plans to hurt themselves?
   a. About hurting someone else?
4. Have they ever been hospitalized for emotional health reasons?
   a. When?
   b. What happened?
5. Explain that telehealth services typically serve in non-crisis. Explain manner in which telehealth providers support patients who later develop crises, but may need to supplement care with in-person meetings or transfer care.
6. Is this issue related to an accident or legal action that is pending?
   a. Are they seeking an assessment related to legal action?
7. Are they hoping to use insurance to pay for your visit?
   a. Who is their insurance carrier?
   b. Are you familiar with your mental health benefits?
   c. With the insurance carrier’s policy regarding telehealth?
   d. Will you or the client contact insurance to discuss the telehealth policy?
8. Why are they seeking telehealth care vs. in-person care?
   a. Is in-person care available in their community?
9. Are they available to meet in person with the provider now or in the future?
10. How do you plan to verify the client’s identity?
11. In what state does the client intend to receive care?
   a. Does the client intend to travel often while receiving remote care?

**Technical Assessment**

1. Do they have access to a private space in their home?
2. Is it relatively soundproof? How easily can conversation be overheard?
   a. Explain to the client the critical importance of keeping this space secure and confidential during appointments
3. Do they have access to a computer or mobile device?
   a. What kind (e.g., desktop, laptop, tablet)?
   b. How old is it (<7 years old)?
Take away

Convenience is neither a solely determining nor deterring factor
Not every client is appropriate
No codified exclusion criteria
Take away

Know your jurisdictional rules regarding COVID-19

Decisions made using research and risk management

As with in-person practice, you are not obligated to provide service, but once begun you are obligated to refer for continued care
Vignette: Dr. Evil

Client seeks services for alcohol use disorder
Active use, comorbid Panic Disorder
Avoidance of social circumstances
Moderate suicidal ideation without active plan or intent
History of self harm
Considerations

Accessibility of other treatment options

Client health, willingness for in person care, referral availability

Role of exposure

Client willingness to pursue safe exposure

Your comfort with remote emergency management
Live Q & A
Intakes, assessments, termination
Intakes
Intake preparation

Who: inclusion/exclusion criteria
What: what services
How: which technologies (videoconferencing, telephone)
When: schedule by phone, secure email, EMR
Rules: jurisdictional concerns, initial intakes
Intake preparation

Fee structure

Self-pay v. direct bill insurance
Payment for session in which technology disruption occurs
Surcharges
Collection of fee
Intake preparation

Your space: austere background, adequate lighting, soundproof
Consider use of headphones
Home office v. professional office
  Privacy
  PHI
  Smart speakers
Intake preparation

Intake documentation

Telehealth informed consent, emergency plan, questionnaires, payment, ROI

Simple documents; verbal consent
Intake preparation

Secure document exchange
   Mail, fax, downloads from your website
   Secure email programs, secure FTP, EMR
Intake preparation

Communicate expectations
  Video call mechanics/ embed this in reminders
  Boundaries
  Interruptions, help

For clients new to modality, 5 minute “test” check in
Initiating the intake

Confirm client can hear/see you
Confirm location and setting security
Silence devices, windows, notifications
Initiating the intake

- REVIEW RISKS AND BENEFITS
- REVIEW EMERGENCY PLAN
- ANSWER ANY REMAINING NON-CLINICAL QUESTIONS
Conducting the intake

- Advance information
- Engage with usual skills
- Ask questions
Conducting the intake

Consider structured clinical interview
SCID V

Pace may differ
Assessment measures

- Collect in advance
- Verbally review
- Screen sharing
Behavioral observations

- Eye contact, facial expression
  - May not offer same information
- Looking away v. distractions in home environment
- Body posture and movements (gait, psychomotor agitation)
Behavioral observations

VOICE VOLUME/VOCALIZATIONS

OLFACTORY DATA

LOSS AND GAIN
Intake conclusion

Engagement/ how to meet their needs
Additional intake session is indicated
Discuss future homework/ information transfer
Intake conclusion

Usual concluding statements

If appropriate, propose an engagement (a number of sessions, treatment plan)
If accepted, schedule the next appointment/ invite client to schedule online
Review options or possible referral out/ where will referrals go
Answer patient's questions
Assessment
Remote assessment

- Norm availability
- Licensing, permissions
- Consultation
Remote assessment

- Observed administration
- Impacts of remote assessment on self report
- Potential secondary gain issues
Online psychometric assessment

Many more tests now online

Remote MMPI administration

Batteries constructed for remote administration

Observations/ psychometricians
Consider

- Is referring question still the same?
- Can the test be adapted?
- Are norms available?
Consider

LICENSING

ABBREVIATE

CAN IT WAIT
Special populations
Forensics

COURT AVAILABILITY IN YOUR JURISDICTION
WILL ADAPTATION WITHSTAND EXAMINATION
SECONDARY GAIN
GOING INTO JAIL
Youth

Zoom fatigue
Relevance of referring questions for IEP
Consider abbreviated sessions
Consider increased parental involvement where appropriate
Neuropsychological

Permissions, licensing
Necessity of physical exam
Feedback sessions
Watch the marketplace
Interorganizational practice committee
Vignette: Dr. Impossible

Forensic assessment case
Parental fitness
Quarantine configuration
Academic impacts
Considerations

Courts open/ closed
Stability of living situation
Withstand attorney’s review
Current school configuration
Is delay appropriate
Termination
Termination and referral

Termination occurs for diverse reasons

Referral resources

Know your telehealth community
Termination and referral

Termination due to modality
What is clinically advisable
Role of avoidance v. preference
Your recommendations
Vignette: Dr. Venture

Client treated for comorbid benzodiazepine use and anxiety disorder

Does not like modality

Frustrated
Considerations

- Willingness/ availability of referral
- Medical safety
- Legal involvement
- Your clinical judgement
Live Q & A
Building your TMH practice
Building a TMH practice

Role of physical space
Referrals
Documentation
Training and consultation
Advertising

- Practice website
- National registries
- Additional ads
- Relationships in community you wish to serve
Outreach

Primary care
Specialty clinics
SUD, medication assisted opioid care
Community organizations
Consider offering free psychoeducation to membership
Physical space

Office space

Emergency management, assessment

Jurisdictional requirements
Technology investment

Products designed for healthcare
Videoconferencing, telephone
Document transfer (email, fax, secure message)
EMR
Administrative staff

Integrating administrative staff into use of TMH
Coordinate 1 treatment “room” for patient
Administrative login to EMR/ videoconferencing product
Administrative staff

What do we want them to accomplish
Measure collection
Confirm privacy, visibility
Review risks/benefits
Coronavirus considerations
Long-term TMH

Transition from short-to long-term Telemental Health

Existing clients, new clients

Investment in long-term
Long-term TMH

Temporary v. a practice you will continue to offer

Balance

Self care
In summary
Client selection

Determine and document your inclusion/exclusion criteria
Determine what services you want to offer who
Assessment is ongoing
Intakes

Collect information beforehand
Slow the pace
Ask question, structured interviewing
Focus on rapport
Assessment, special populations

Use appropriate online assessment when possible

Practical considerations

Abbreviated batteries

Some assessments will be delayed
Termination

Know your referrals
Contemplate avoidance
Offer your opinion
Building your practice

Advertise, reach out
Invest in sustainable technology
Role of physical space
Know your jurisdiction
Train staff
That’s a good question
Templates

- Telepsychology templates
- Return to in person care informed consent
SAMSHA handout

EMR (Simple Practice) may have templates
How to Prepare for a Video Appointment with Your Mental Health Clinician

Many mental health clinicians now offer appointments via video.

A video session allows you to access care even if you cannot visit your provider in person.

Before the Day of Your Appointment

1. Identify a private location for your appointment.
   This should be a place where you can be alone and not interrupted for the duration of your video session.
   Ideally, find a place with good lighting so your clinician can see you. This might be a room in your home or could even be in your car.

2. Check your technology.
   Consider what technology you will use for the video session. This might be your computer, an iPad, or your mobile phone. Be sure you know how to work the camera and the volume. Check to ensure that the Internet connection is working well and that your device is charged.

3. Organize Billing Details.
   Check with the office staff about billing in advance of your appointment. Have your insurance information ready and talk about any co-pays.

4. Prepare your thoughts.
   Think about what you want to discuss with your provider. Make notes if that helps you.

On the Day of Your Appointment

1. Get ready for your video session.
   On the morning of your appointment, make sure that your device is charged. Check that you have the login link you need to access your video session. About 15 minutes in advance, have your technology ready and make sure your space is quiet and without distractions.

2. Do not forget...
   Make sure you have any notes about what you want to discuss during the appointment. Also have a pen and paper in case you need to take notes. Bring reading glasses if you need them to see things on the screen, such as reading colors. Have the phone number for your clinician's office at hand in case you need technical support.

Start Your Appointment

1. Sign in and get started.
   About 1 minute before your appointment, sign into the video session. Make sure the camera is at about eye level. Your clinician will join and usually start by introducing himself, asking for your name, and asking about your current mood.

Have other questions about telehealth?
Visit SMIadviser.org/answers
Live Q & A
Questions for future learning series sessions

Please contact nwattctelehealth@gmail.com
Thank you!

Sara Smucker Barnwell

nwattctelehealth@gmail.com