



# 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**

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

Client  
selection

Intakes,  
assessment

Building your  
practice

# Class structure

Didactic lecture

Live Q &A at section breaks

Video demonstrations

Submitted questions [nwattctelehealth@gmail.com](mailto: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

# 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

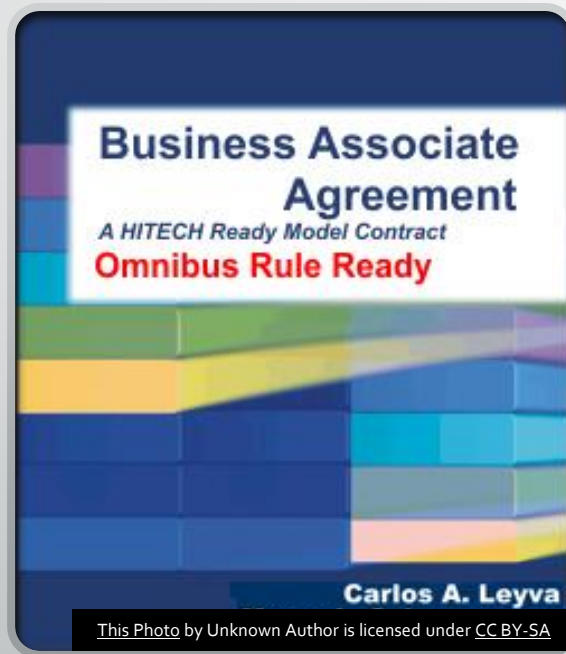
HIPAA Privacy Rule

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



# 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

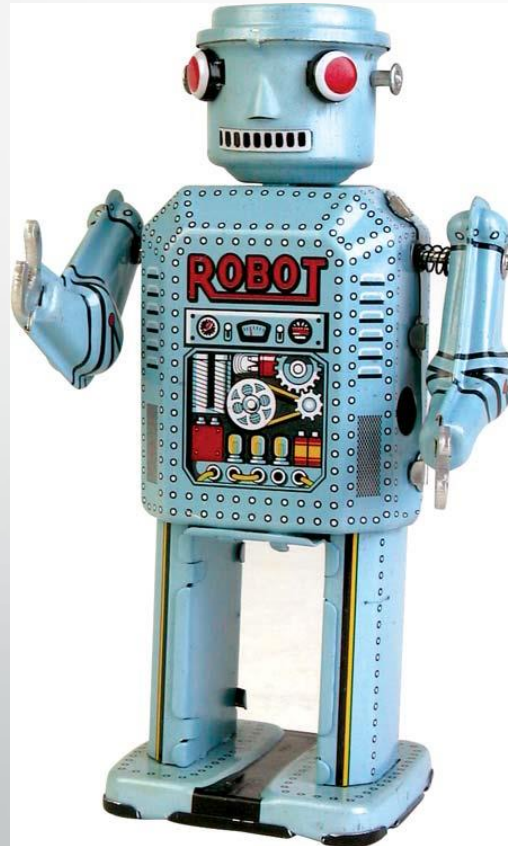
Computer/ mobile device access

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



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"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-crises. 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/ they 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)?

# Assessment



# 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

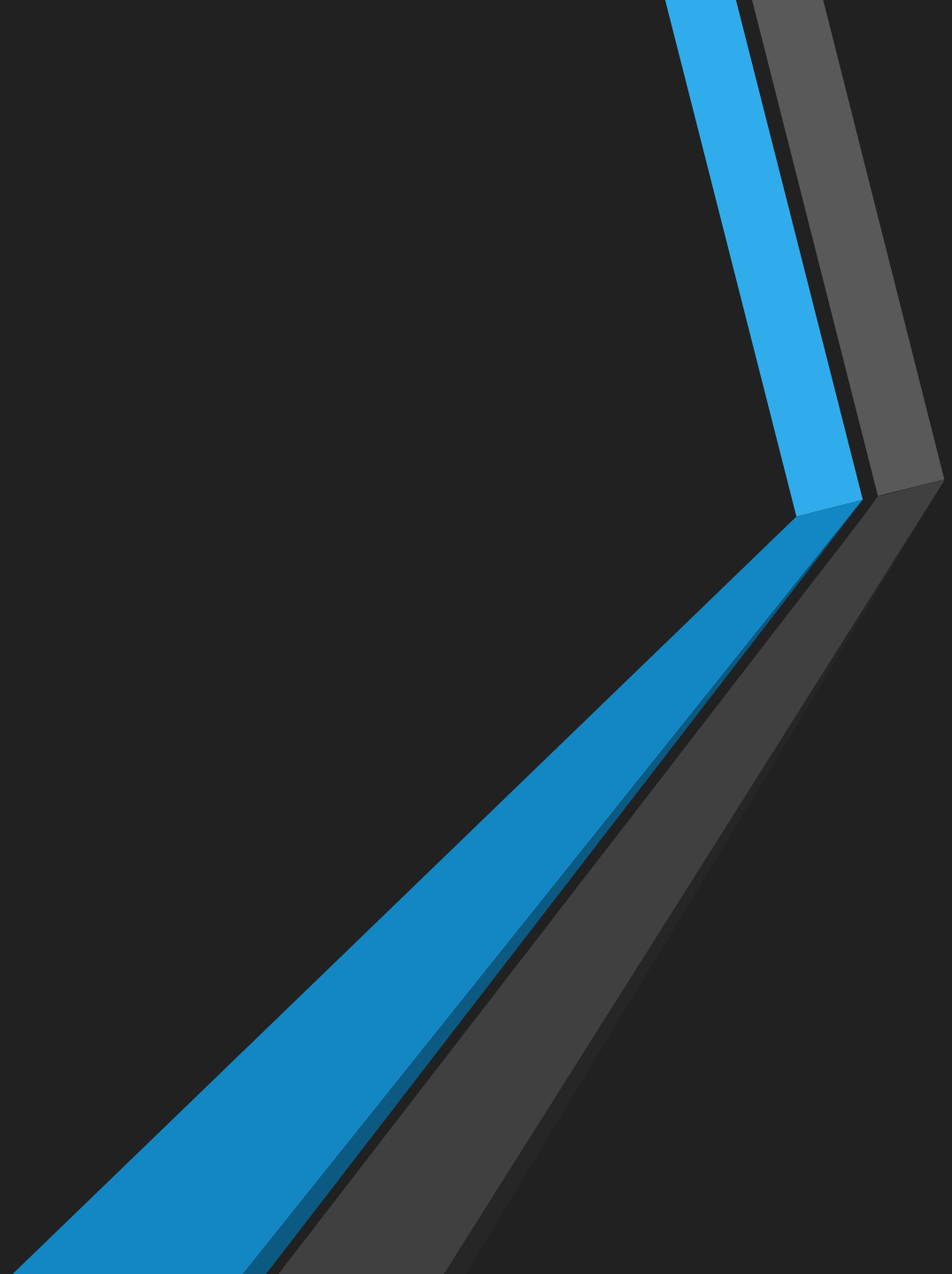
Client health, willingness for in person care, referral availability


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



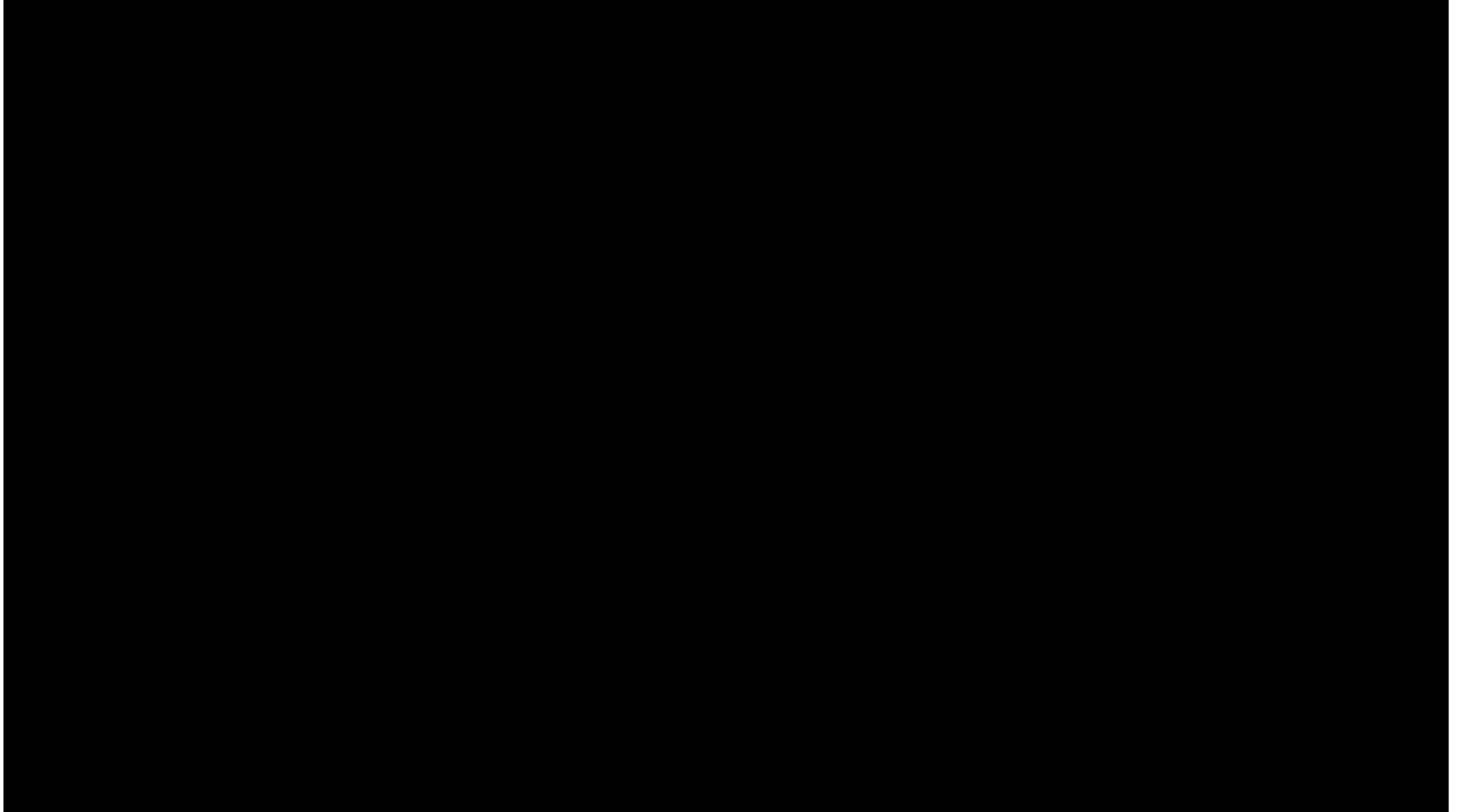
VOICE VOLUME/  
VOCALIZATIONS



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



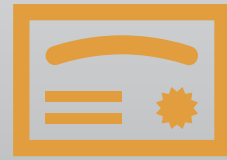


# Assessment

# 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

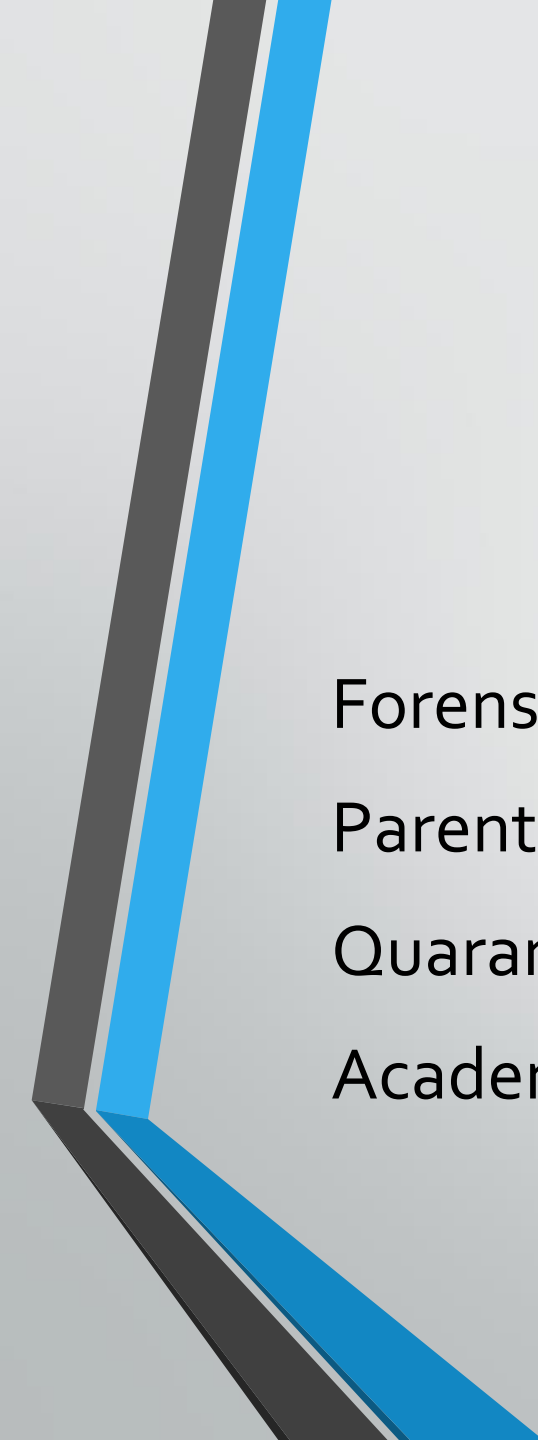
Permissions, licensing

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

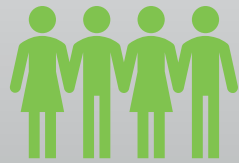
Current school configuration

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

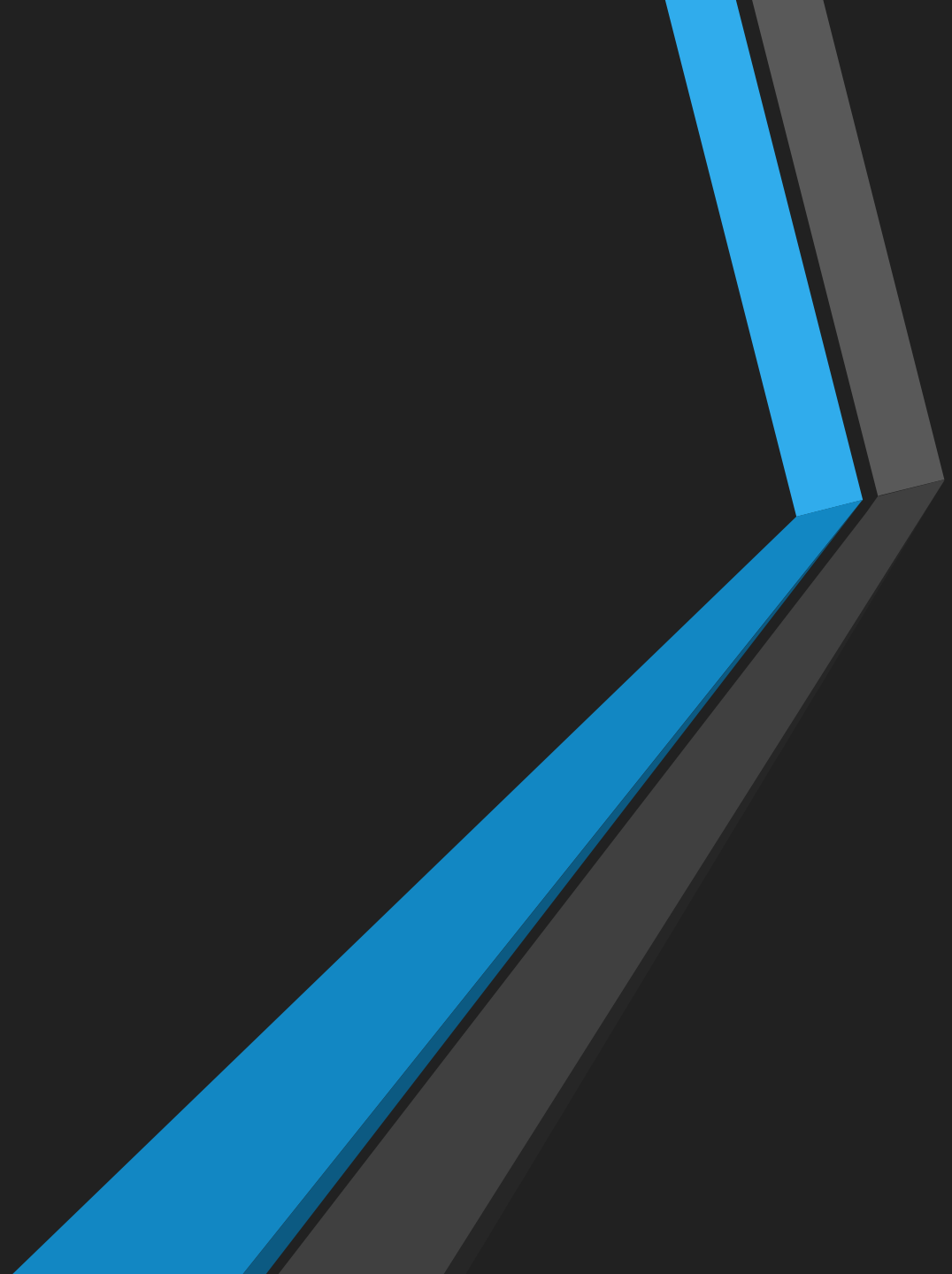
Willingness/ availability of referral

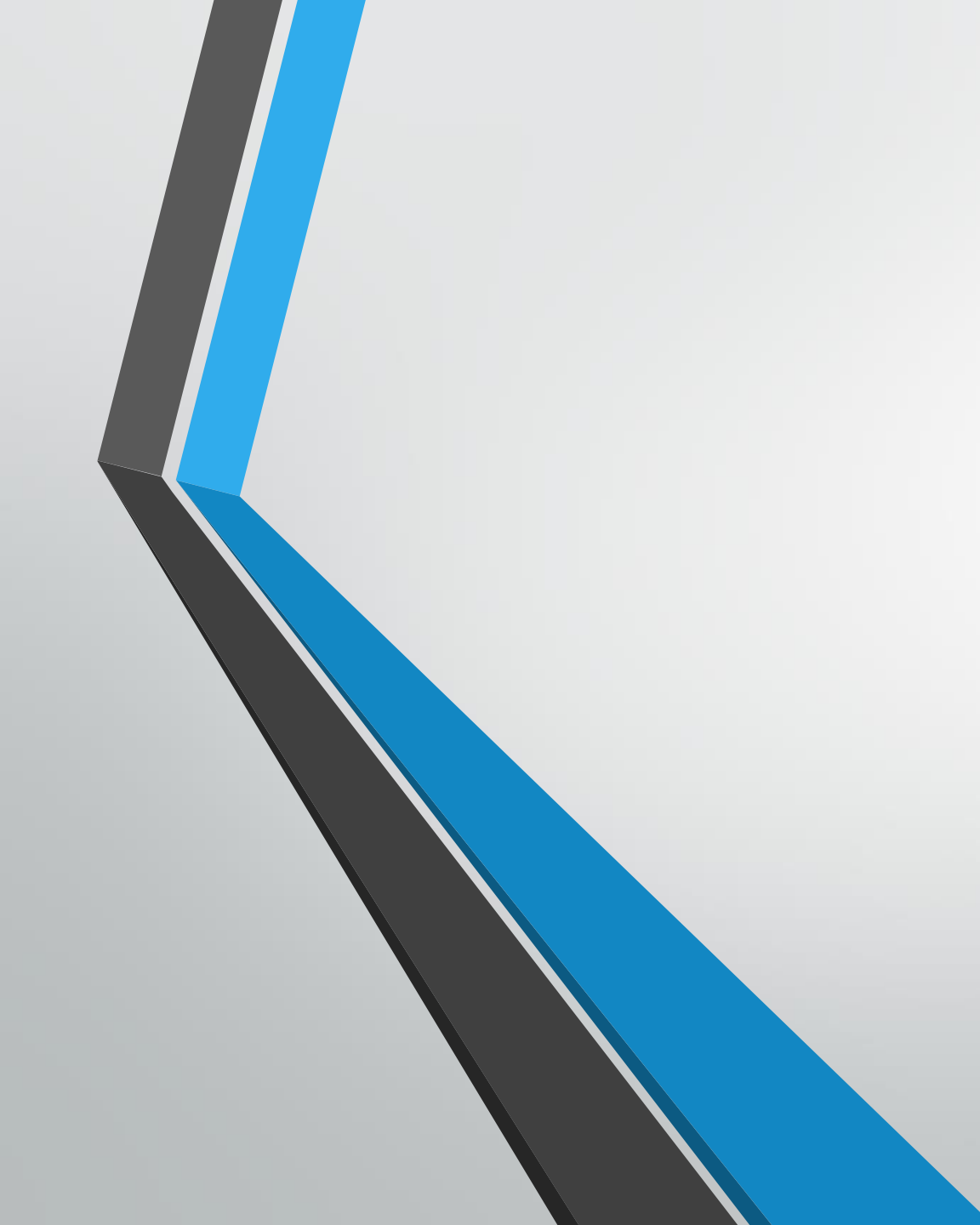
Medical safety

Legal involvement

Your clinical judgement

Live Q & A





# Building your TMH practice



# Building a TMH practice

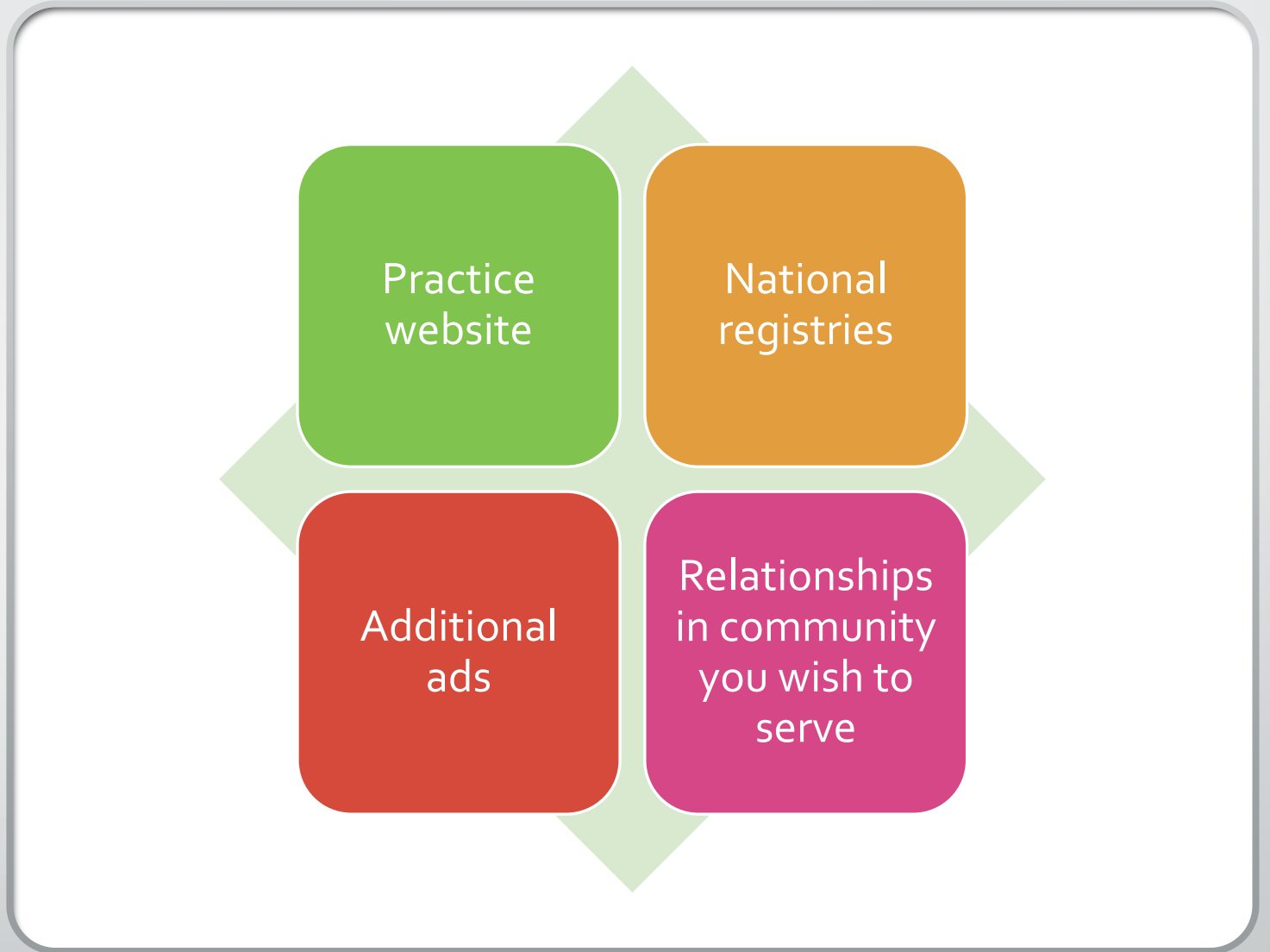
Role of physical space

Referrals

Documentation

Training and consultation

# Advertising





# 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



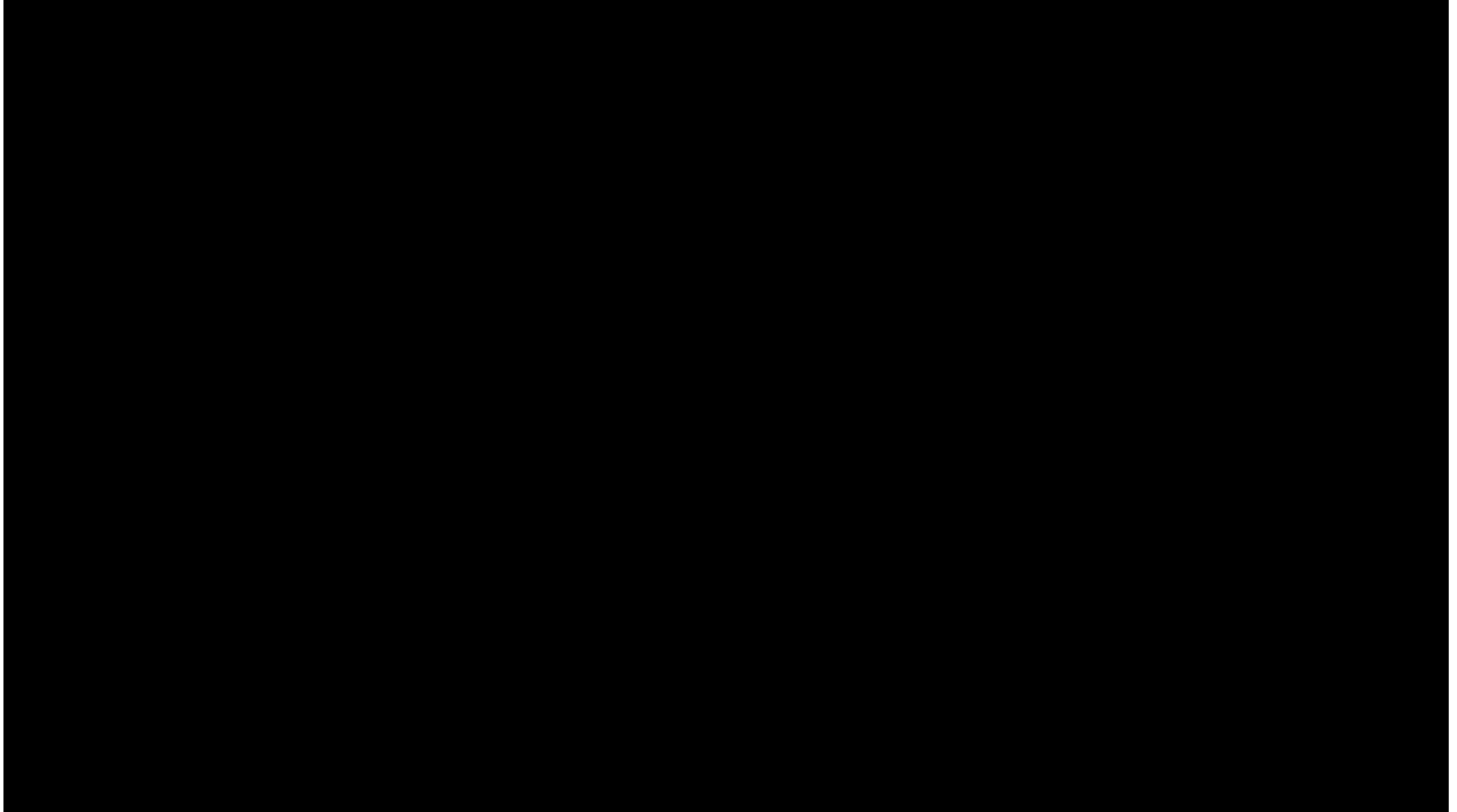
Measure collection



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

Previously submitted questions

# Templates

Telepsychology templates

Return to in person care informed consent

<https://www.apaservices.org/practice/clinic/covid-19-informed-consent>

<https://parma.trustinsurance.com/Resource-Center/COVID-19-Resources>

1-page  
handout

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



#### 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.



#### 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 location for your video session has a strong internet connection. Ask your clinician or their office staff if you need to install any apps on your device in advance. Ask how you will receive a link to the visit and if they can do a test with you to ensure it works.



#### Organize Billing Details

Check with the office staff about billing in advance of your appointment. Have your insurance information ready and ask about any co-pays.



#### 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

#### 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.



#### 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 rating scales. Have the phone number for your clinician's office in case you need technical support.



### Start Your Appointment



#### Sign in and get started

About 3 minutes 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 asking your name, address where you are currently located, and other basic details. The video session should last the same amount of time as an office visit. Make sure you ask any questions you have before you sign off.

### Have other questions about telehealth?

Visit [SMLadviser.org/answers](https://www.smladviser.org/answers)

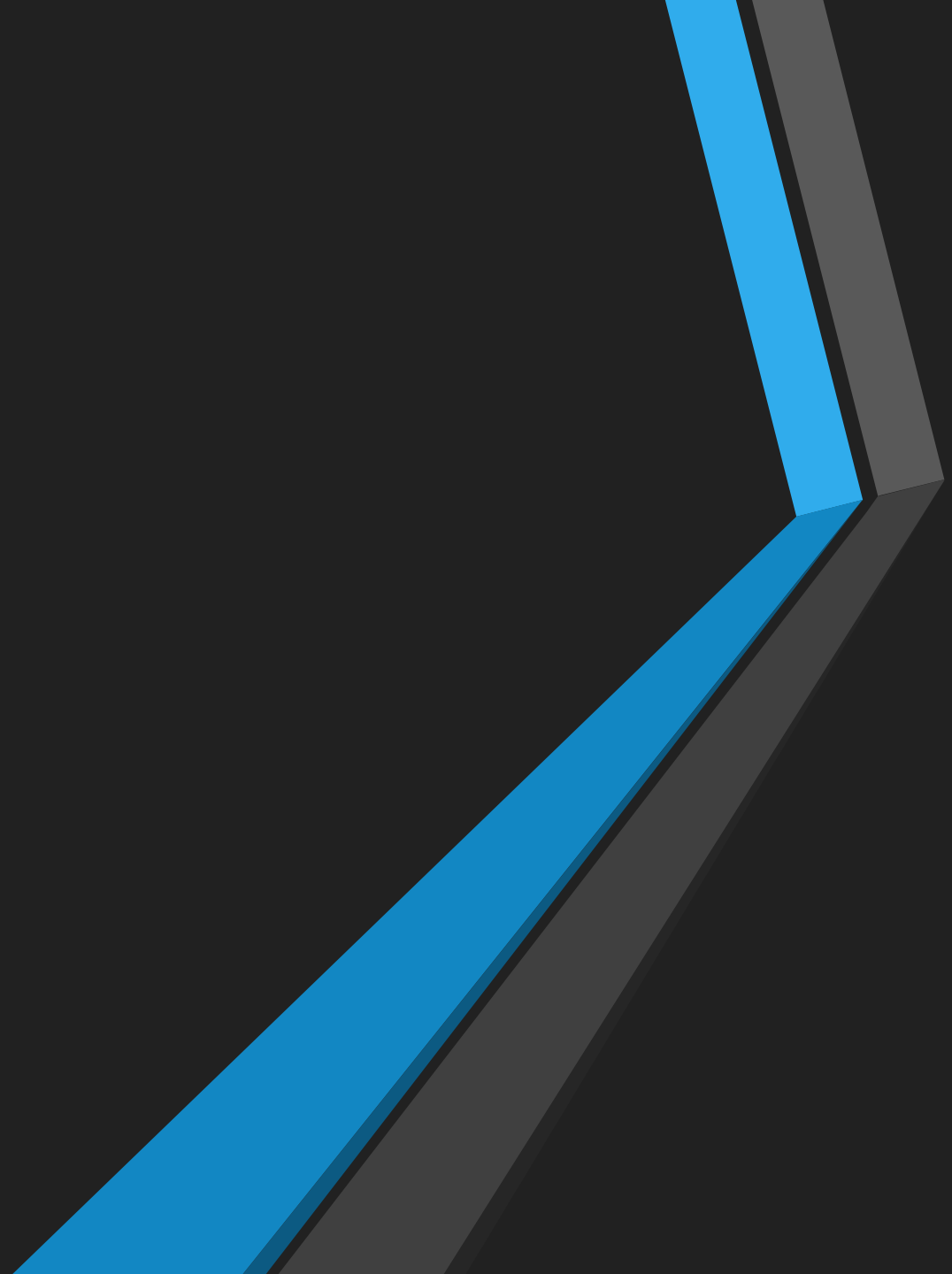


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Live Q & A





# Questions for future learning series sessions

Please contact [nwattctelehealth@gmail.com](mailto:nwattctelehealth@gmail.com)

Thank you!

Sara Smucker Barnwell

[nwattctelehealth@gmail.com](mailto:nwattctelehealth@gmail.com)

