COVID-19 Telemedicine Implementation ECHO: Session 6

Delivery of Mental Health Care through Telemedicine

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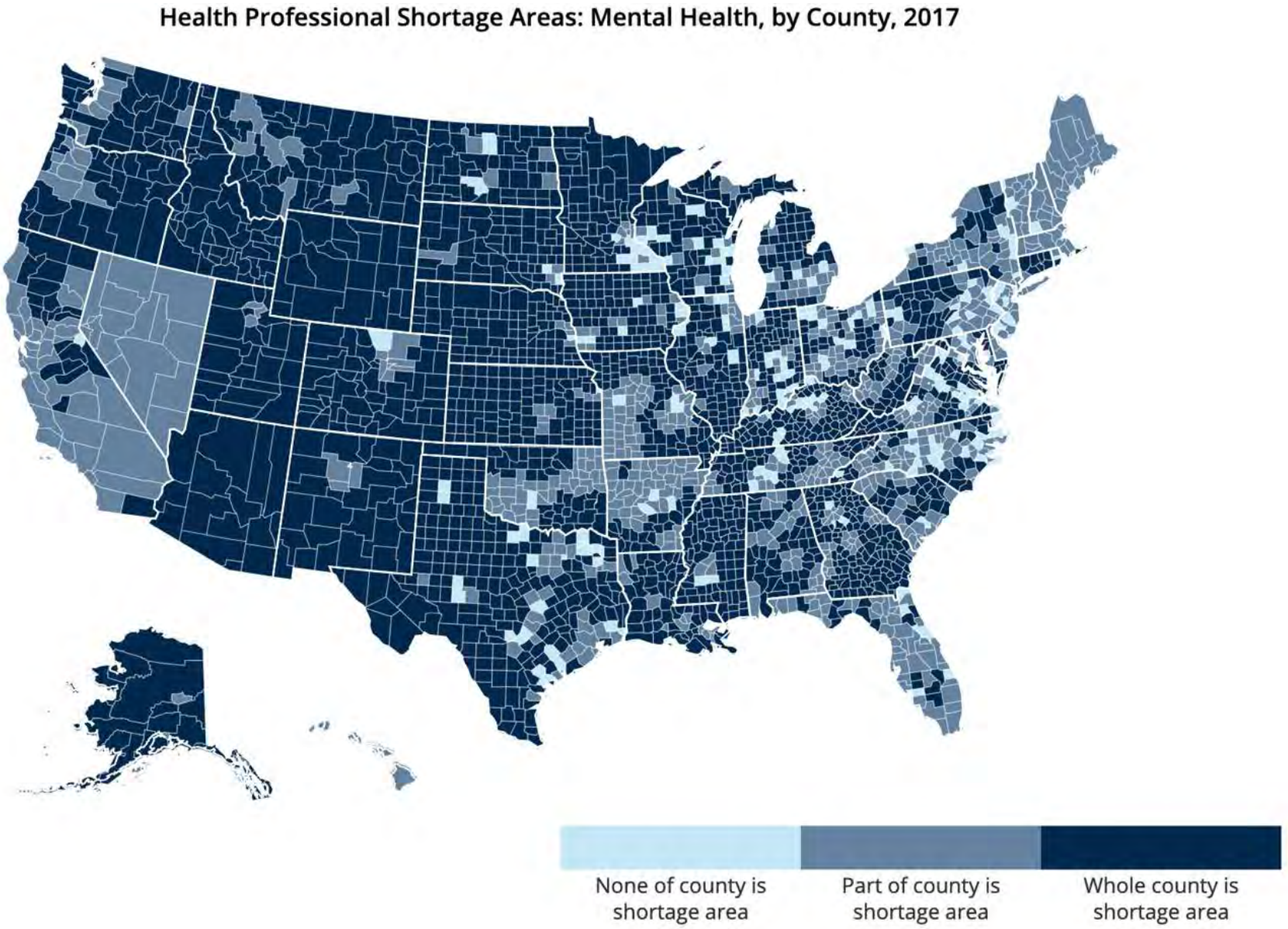
Financial disclosure

I DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Learning objectives

- Discuss the rationale and evidence base for telemental health (TMH).
- Discuss which types of patients are appropriate for telemental health, and potential exclusion criteria.
- Describe how telemental health can be used to engage in MH treatment and suicide risk assessment.

Landscape of the population



- Rural patients are poorer, have higher disease burdens, have worse health outcomes, and are less likely to have alternative health insurance (Gale & Heady, 2013; Wallace et al., 2006).


Telemental Health Expands
Access to Care

- Produces results comparable to in-person (Hilty et al., 2013; Hyler, Gangure, & Batchhelder, 2005; Pruitt et al., 2014)
  - assessment, treatment outcomes, therapeutic relationship, retention, and both patient and provider satisfaction
- Offers unique benefits (Gibson et al., 2011; Pruitt et al., 2014).
  - increased disclosure in session, improved access to services, convenience, flexibility, and potential cost savings
- TMH is an effective, well-accepted, and cost-effective platform to deliver evidence-based treatment to patients that may not otherwise be able to access such treatment (Richardson et al., 2009).

- Many clinical TMH trials exclude patients with suicidal ideation or prior suicidal behavior (Hilty et al., 2013)
- Providers have also expressed concerns about suicide risk management via TMH (Gilmore & Ward, 2019; Ciesielski, 2017)
- Case examples demonstrate management of suicide risk is feasible (Gros et al., 2010; Luxton et al., 2015)
- TMH adds a visual component to telephone-based risk assessment that may allow for more comprehensive assessment of risk (Godleski et al, 2008)

American Psychiatric Association (APA) & American Telemedicine Association (ATA) Best Practice Guidelines (2018)

“There are no absolute contraindications to patients being assessed or treated using telemental health. The use of telemental health with any individual patient is at the discretion of the provider. “

Special populations may prefer TMH

- Sexual trauma survivors who do not feel comfortable in settings with others/male-identified individuals.
- Veterans who experienced hate crimes and/or discrimination in the military and expect a similar response in a VA setting.
- Individuals in small towns who know local providers personally.
- Patients who have physical limitations and experience difficulty leaving home.
- Patients who are caregivers.

General guidelines

- Factors to consider in preparation for TMH
- Patient appropriateness for TMH
- Orienting patients to TMH
- Safety Planning and Documentation
- Assessment via TMH
- Sharing materials in session
- Logistics related to paperwork

Prepare for TMH Appointment

Consider	HIPAA-compliant options for meeting via video-based teleconferencing systems, sending and receiving materials (e.g., secure messaging, postal mail, patient holding completed measure up to the screen).
Consider	Any regulations related to telemental health. For example, if the patient is located out of state, familiarize yourself with the laws of that state, such as for involuntary commitment, duty to notify, and abuse reporting.
Consider	Local resources, hospitals, support staff for the patient's location, emergency contacts.

Potential TMH inclusion criteria

PATIENTS WITH BARRIERS TO COMING IN PERSON (DISTANCE, PHYSICAL LIMITATIONS, CHILDCARE, TRANSPORTATION)

PATIENTS WHO STATE A PREFERENCE FOR TELEHEALTH (THOUGH CONSIDER PROS AND CONS OF REINFORCING AVOIDANCE)

PATIENTS WITH SOME FAMILIARITY/COMFORT WITH TECHNOLOGY

Potential TMH exclusion criteria

- Patients needing a higher level of care than what can be offered (e.g., inpatient or residential needs, intensive outpatient needs)
- Patients with active hallucinations or delusions related to technology
- Patients with symptoms difficult to observe over telehealth that should be monitored (e.g., eating disorders, self-harm, IPV, alcohol/substance use)
- Patients with sensory limitations

Appropriateness of TMH for high-risk patients

- Clinical appropriateness and expectations should be discussed at the onset and throughout treatment.
- Primary concern is patient willingness, at a minimum:
  - Willingness to be open about risk
  - Willingness to engage in means restriction
  - Willingness to engage in safety planning
  - Willingness to ensure private location for appointments and to share exact location with provider
- Use clinical judgment to determine whether patient can abstain from therapy interfering behaviors such as substance use, self-harm behaviors, etc.
- Continue to evaluate willingness throughout treatment.

Orienting patients to TMH

- Informed consent around confidentiality and limitations
- Verify location and contact information
- Establish a plan for clinical emergencies and technical failures
- Establish a protocol for contact between sessions
- Discuss conditions under which services may be terminated and a referral made to in-person care
- Notify patient of right to decline TMH services and eligibility for other options.

Safety planning

- Plan to have a plan
  - Address
  - Phone Number
  - Location considerations
  - Consider: emergency contact or support person

Documentation (sample)

As this was Vet's first CVT appointment, reviewed the following:

1. the nature of telemental health and its benefits and risks
2. confidentiality and its limits
3. the emergency plan, confirmed Vet's location for this appt
4. time-limited, therapy options available via TMH
5. the importance of consistent therapy attendance
6. the importance of having a confidential location for the service
7. the appt should be treated like a doctor's apt (no smoking during session, showing up fully dressed, no driving during session)

Veteran was notified of right to decline TMH services and eligibility for other options. Veteran consented to be seen via TMH.

EMERGENCY PLAN. In the event of an emergency, provider may:

-As available and appropriate, attempt to alert on-site staff to the situation so that they can initiate the existing on-site emergency protocol.

-Call 911 and ask to be connected to emergency services for the location of the emergency.

Patient's location and contact information for this appointment (verified with Patient):

SETTING [e.g., community clinic, home, shelter, work, vehicle]

123 Busy St. W

Busytown, WA 98123

(206) 123-4567

Provider's location and contact information for this appointment (verified with Patient):

SETTING [e.g., Roosevelt Clinic, Alternative Work Station]

(206) 123-4567

Plan for clinical emergency

1. Follow agreed upon emergency plan, which was established during first session.
2. Stay connected by video. If technical failure & connection is lost, reconnect by phone.
3. Involve others in patient's home, such as an agreed upon safety contact.
4. Utilize support from other staff in your institution by phone, pager, internal messaging.
5. Coordinate involvement of emergency services by telephone (911)

Engaging in comprehensive risk assessments via TMH

- Comprehensive assessment should be performed at intake.
- Along with additional assessment throughout treatment
- Assessment should be multidimensional:
  - Routinely administered screening measures (e.g., C-SSRS; PHQ-9; PCL; etc.)
  - Visual cues (e.g., grooming, surroundings)
  - Collateral reports from living partners
  - Patient's verbal report

Sharing Materials in Session

- Make use of screen sharing features to share assessments, worksheets, videos, etc.
- Can default to white boards/notebooks when connection is poor.
- Nice to mail workbooks/paperwork so patients can follow along with hardcopy.

Logistics related to paperwork

HBTMH:

- Mobile Apps
- HIPAA-compliant messaging service (e.g., Secure Messaging)
- “Snail mail”

CBOC-based TMH:

- Mobile Apps
- HIPAA-compliant messaging service (e.g., Secure Messaging)
- Work with on-site staff to scan and email paperwork.
- “Snail mail”

Questions, comments or other ideas?

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