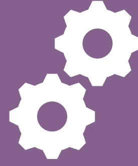

SUPPORTING BEHAVIORAL HEALTH TELEHEALTH OPERATIONS

September 30, 2020

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WELCOME

WASHINGTON COUNCIL
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Housekeeping

- Please keep lines muted when not speaking.
- This session is being recorded.
- Slides and a recording will be available.

Toolbox

- Use the chat box to communicate with the speakers and participants.
- Turn on your webcam.
- Polls and questions:
  - PollEv.com/hstanfield030
  - Text HSTANFIELD030 to 22333

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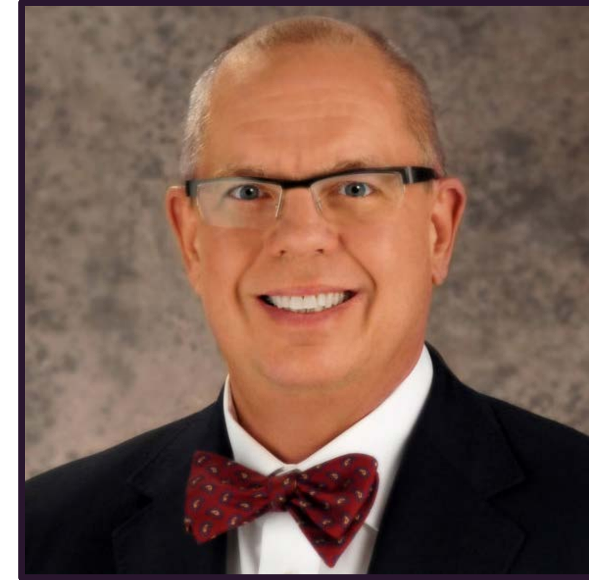
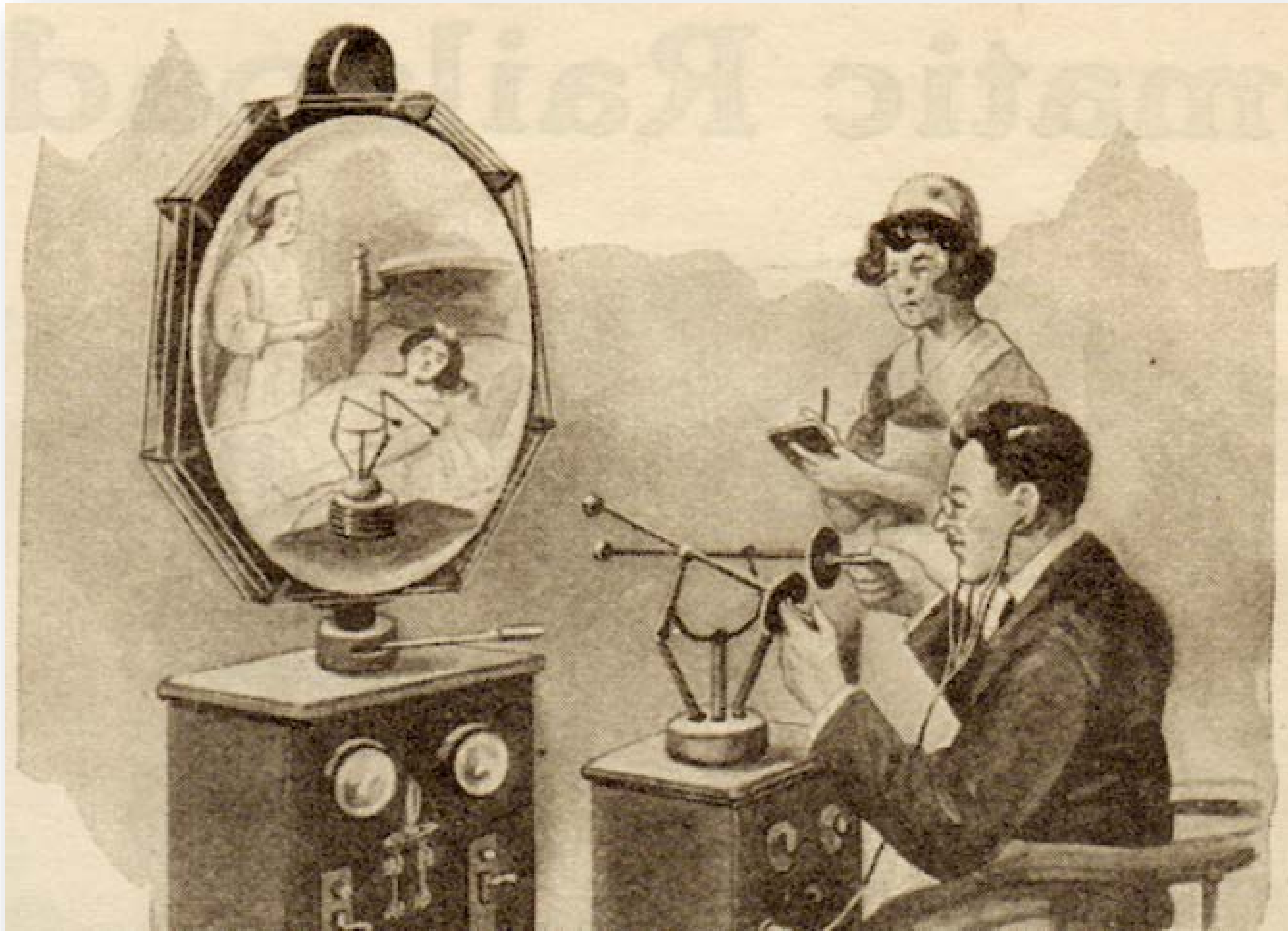
FEATURED PRESENTERS

Marc Avery, MD
Principal Consultant
Health Management Associates

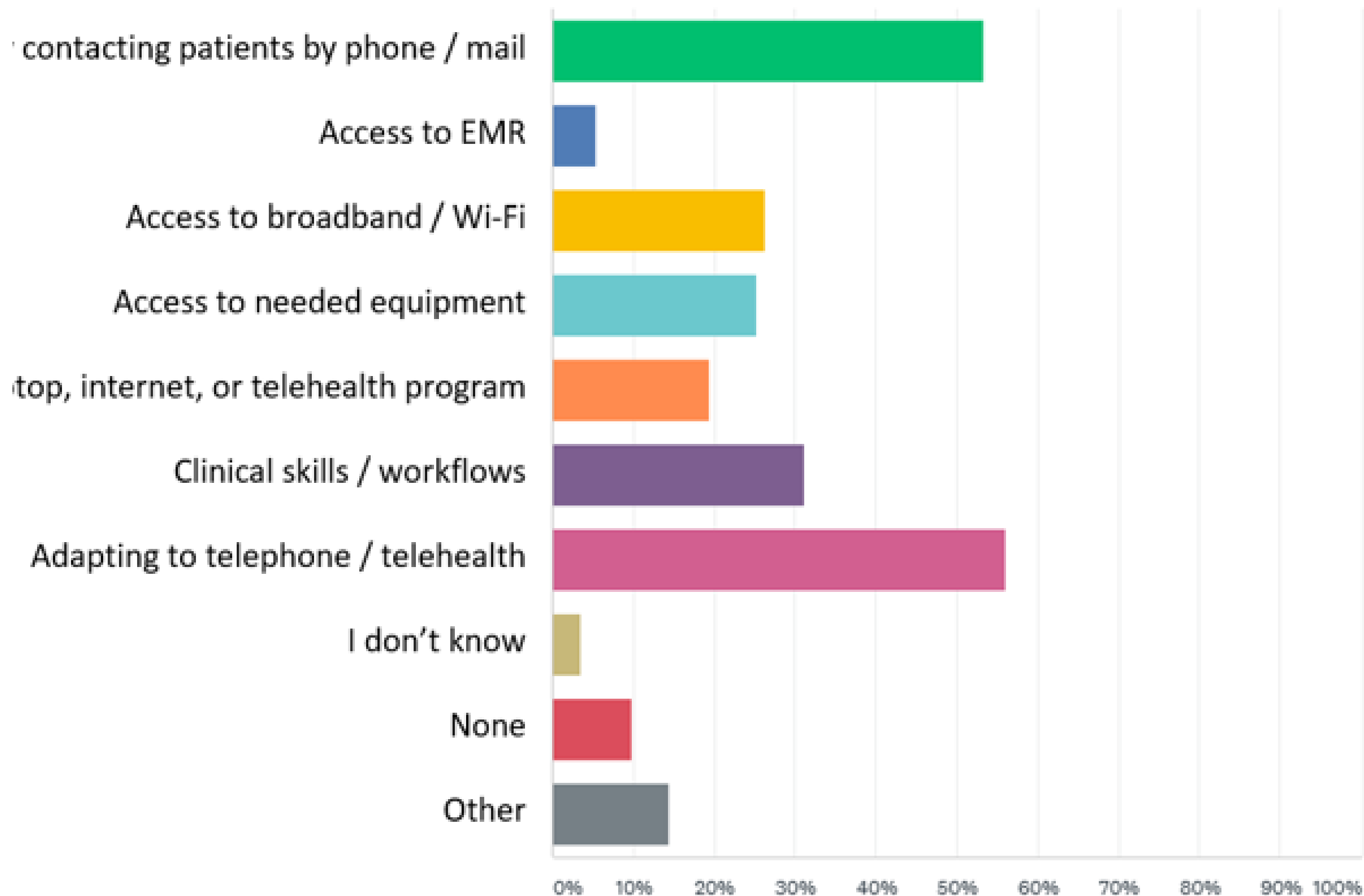


Joe Parks, MD
Medical Director
National Council for Behavioral Health

The New Normal – Telehealth Care in 2020

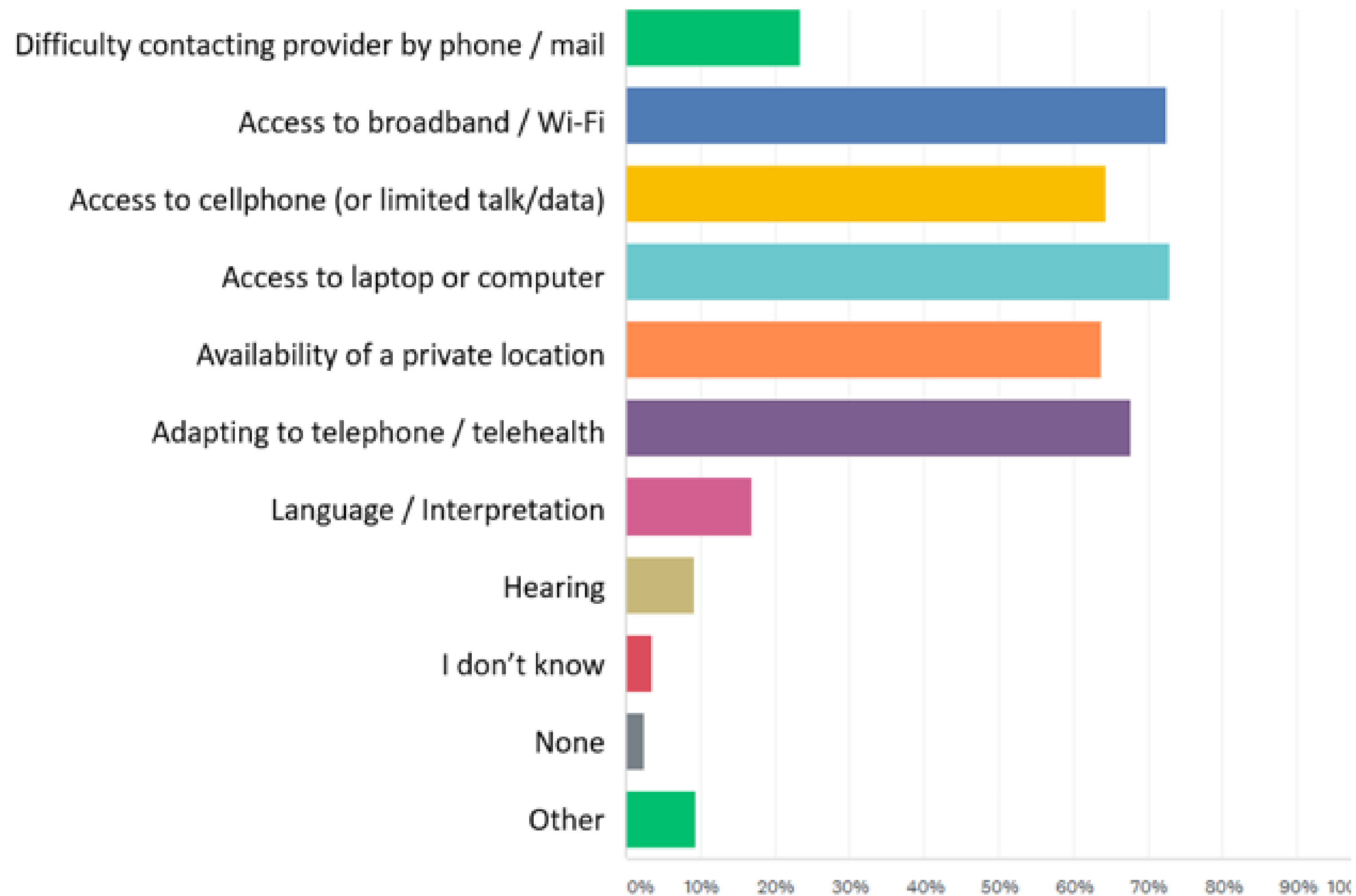


Gernsback, 1925, Science and Invention Magazine



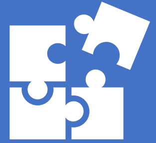
UW BHI BH Provider TH Needs Survey – May 2020

Reported Clinician Barriers



UW BHI BH Provider TH Needs Survey – May 2020

Reported Patient Barriers



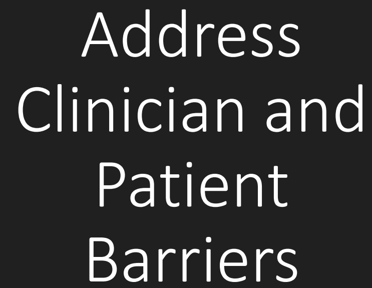
Update your telehealth workflow policies

- TH Certification
- Patient Consent (verbal in WA state)
- “Webside manners”
- Prepare for Crises large and small..
  - Know your crisis response policy
  - Technology failure backup plan.
  - Get patient location, cell # of family member, etc
  - Discuss boundaries of telehealth
  - E911
- Workflow supports – patient and clinician job aids
- Review/Update your email, texting, and social media policies

PHI Privacy and Security (aka HIPAA)

DURING CARES ACT

- Security
  - OCR has waived intention to enforce HIPAA security
  - BAA not required
  - No ‘public facing’ platforms (e.g. facebook)
- Privacy
  - Challenges during CV19
  - SUD consent for ROI still required under 42CFR part 2



Address Clinician and Patient Barriers

Top Clinician Barriers

- Adaptation
- Clinical Skills
- Supervision

Top Patient Barriers

- Access to necessary internet and equipment
- Privacy
- Adaptation

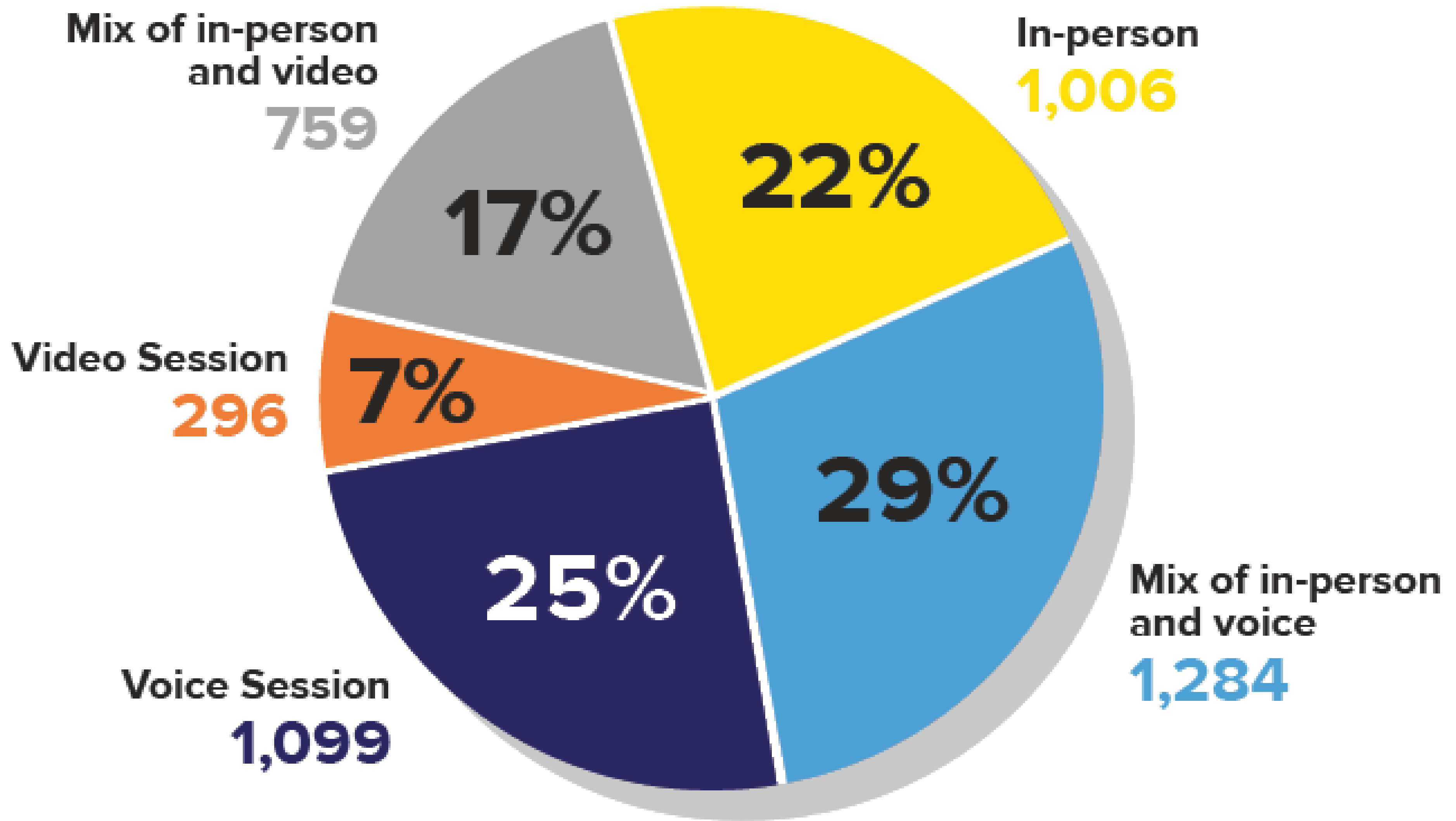


Figure 1. Preferred method of service delivery among Horizon Health clients, 5/19/2-6/8/20

Ensuring Sustained Access to Telehealth in the Post-Pandemic Period. New York State Council for Community Behavioral Healthcare and the Community Health Care Association of New York State. 2020.

Tele-Health Usage by Phase of Re-Opening

- **Phase 1 -telehealth used whenever possible.** Provide face-to-face service only when
  - telehealth is completely unacceptable to the patient and they will not engage with or adhere to treatment sufficient to obtain any benefit
  - the risk of severe outcomes due to their BH condition is greater than the risk of severe outcomes due to COVID infection.
- **Phase 2 - telehealth encouraged over face-to-face services.** Provide face-to-face service when the patient:
  - has a firm preference for it
  - the patient's engagement, adherence and subsequent effectiveness is greater with face-to-face service to a degree that is clinically significant or personally meaningful to the patient
  - the risk of a adverse outcome due to their behavioral health condition is greater than the risk of adverse outcome related to covert infection.
- **Phase 3 – telehealth provided as preferred**. Telehealth is continued instead of face-to-face service when:
  - the patient has a firm preference for it, and
  - it is effective in obtaining patient engagement, treatment adherence, and subsequent effectiveness as face-to-face services.

Populations that do well with telehealth/telephonic mental health services

- Patients who have a hard time making in office appointments due to poor executive functioning (ie they forget their appointments or show up late chronically)
- Patients who were previously too far from services
- Patients without transportation
- Patients with caretaker responsibilities at home
- Mental health patients in an IOP setting (satisfaction and excitement from both the provider and the client)
- Patients who have an established relationship with the provider
- Patients who work with providers who have provided services via telehealth in the past
- Patients with acute questions about their current medication regimen (very easy to work them in when doing phone or home video visits)

Populations that were neutral

- Established patients who have access to technology
- Crisis Evaluation patients who might have not followed up otherwise (at least they got seen and safety was established)
- “General” patients (i.e. patients who had a regular schedule)

Populations that did poorly with telehealth/telephonic mental health services

- Patients with prominent negative symptoms and sparse responses
- Patients actively psychotic with prominent auditory hallucinations
- IDD patients on the phone unless you also have their caretaker on the phone
- Patients without access to technology or connectivity
- Patients who benefit from the social interaction and milieu of going up to the clinic
- Patients who rely on peer support or in-person groups for community and support
- Populations where there is a cultural taboo to being on video
- People who are actively practicing an addiction
- Addictions patients in an IOP setting (reported from both providers and clients)
- New Evaluation clients are not able to be fully evaluated on the phone in areas such as a full mental status exam and evaluation of movement issues
- Not getting vital signs limits the provider's ability to monitor blood pressure, pulse and weight which are all commonly affected by many psychiatric medications

Thank you!

Please complete our short evaluation.

Hannah Stanfield
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