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Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

MOVING TOWARDS CORE COMPETENCIES IN TELEHEALTH DELIVERY
NOW THAT WE ARE ALL DOING THIS, HOW DO WE DO IT WELL?

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project ECHO

GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

✓ I have no conflicts of interest

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The following series planners have no relevant conflicts of interest to disclose:

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OBJECTIVES

1. What are core competency domains in telehealth?
2. How are telehealth and in-person care different?
3. How do we guide ourselves and others in the provision of telehealth?

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CLINICAL EXAMPLE

- Your clinic had been dabbling in telehealth prior to the pandemic, but a more wide-spread implementation was proceeding slowly. Patients wanted the service, but providers were concerned about risk, uncomfortable with the technology and believed that virtual visits are not as effective as in-person visits.
- In March of 2020, your clinic transformed most in-person visits into virtual visits in a matter of days.
- You have learned a lot since then, but it's been a whirlwind. You now have a new faculty joining the practice. How do you distill the experience gained during this rapid implementation into an organized framework so that this new faculty knows both what to do, and how to do it well?

COMPETENCY DOMAINS AS THEY APPLY TO TELEHEALTH

Clinical evaluation and care

Telepresence and the virtual environment

Technology

Legal and regulatory

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CLINICAL EVALUATION AND CARE

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CLINICAL EVALUATION AND CARE

In person vs. telehealth

What is similar?

Need to establish rapport

Basic history taking

Clinical decision making and plan

Standard of care

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CLINICAL EVALUATION AND CARE

In person vs. telehealth

What are potential differences?

Physical exam

Obtaining assessment materials such as PHQ-9

Responding to emergencies

Boundaries/appropriateness

Technical difficulties

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A PARTICULARLY CHALLENGING CASE

- Patient is a 65-year-old woman with anxiety who is transferred to you after another provider left the clinic. She had been seen in the clinic for a several years, she hadn't been in for over a year. You try to set up an in-person visit to meet with her for the first time. The patient insists on phone visits. You meet with her by phone and she says she is doing well and just needs refills.
- The following week, her PCP contacts you for help in managing her severe anorexia. Anorexia was not well documented in your colleague's notes, likely because the patient has never been forthcoming about it and had always had a normal BMI. In the past, you would have seen this patient in the office and noted her decline in weight. You have felt most comfortable caring for patients with eating disorders when you establish with the patient a regular practice of getting vitals at each visit including weight.

WHAT WOULD YOU DO NEXT?

- Feel free to comment on this case or share your own challenging telehealth clinical situations

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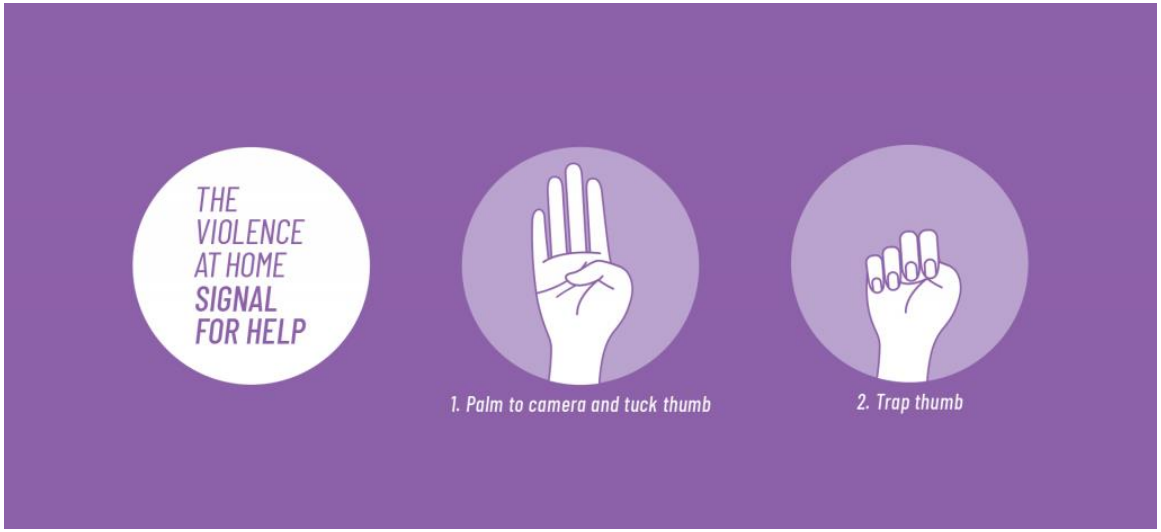

TELEHEALTH AND DOMESTIC VIOLENCE

Increase in DV during the pandemic

Difficult to ensure patient privacy in telehealth visits

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CLINICAL EVALUATION AND CARE--KEY POINTS

- Verify address and emergency contact information in the EHR.
- Have names and contact info for other members of the care team--and consents to speak with them--in place.
- Increase coordination with other care providers and develop a plan together. Document that plan.
- Obtain consent to speak with a family member or involved others as a matter of routine practice in complex cases.
- Ask at each visit where your patient is.
- Make asking about and documenting DV history a routine part of care.
- Have a ready list of crisis resources available in flexible formats (easy to cut and paste into Chat or text, easy to add to the EHR)
- Seek case consultation. Consider establishing a regular case consultation meeting.
- Have a low threshold for consultation with your legal and risk resources.

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TELEPRESENCE AND VIRTUAL ENVIRONMENT

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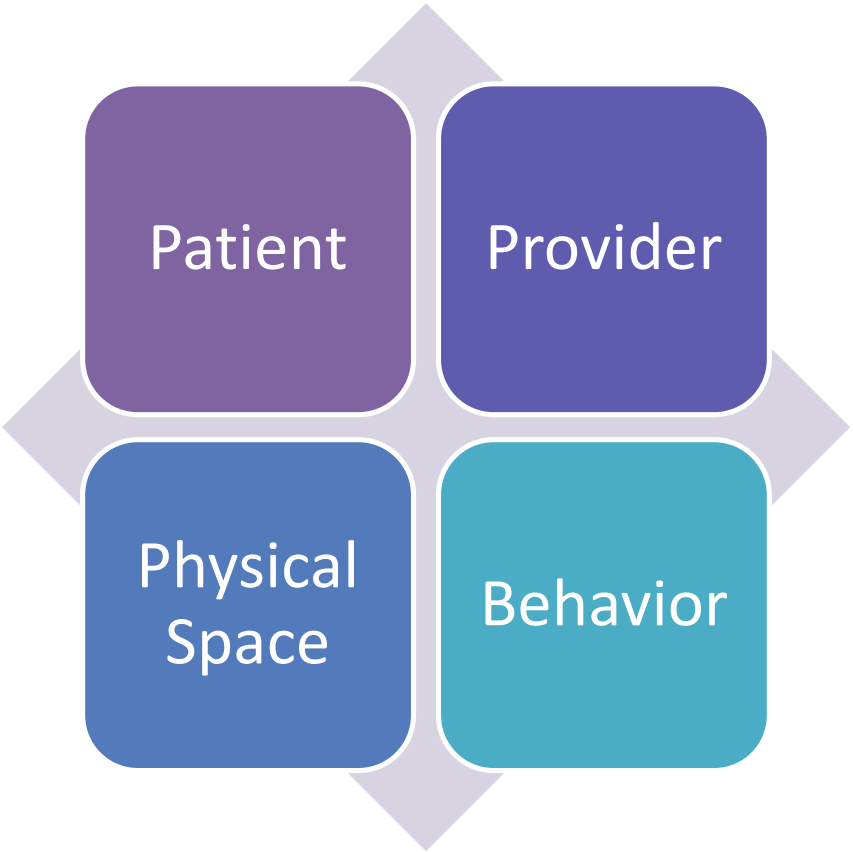
TELEPRESENCE AND THE VIRTUAL ENVIRONMENT



"Now inhale deeply, Mrs. Saunders."

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PROVIDER
PHYSICAL SPACE, DOS AND DON'TS

Camera:

Adjust so view is not jarring, distracting

Lighting:

Avoid back lighting

Preview setting prior to engaging

Ask others for feedback

Sound:

Test prior

Decide on headset vs. microphone

Have flexibility if needed

Distractions:

Multiple open computer windows

Computer alerts, email pop-ups

Telephone/knocks on the door/cell phone

Ambient noise—if environment is not completely quiet, explain where noise is coming from

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PROVIDER BEHAVIOR

PROVIDER BEHAVIOR, DOs AND DON'Ts

- Do conduct a test visit with a colleague. Make this a part of on-boarding.
- Don't wear stripes, don't blend into background, make sure glasses do not obscure eyes due to glare, dress no more casually than you would in the office.
- Do look at camera, not patient. Arrange screen so you can do both at the same time.
- Do amplify expressions and gestures a little so they come across.
- Do speak clearly and annunciate.
- Do pause to allow for delayss
- Don't read email, texts, answer phone calls.

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PATIENT PHYSICAL SPACE

Privacy

"Do you have privacy for our visit today?"

Try to make presence of others a deliberate choice, rather than them coming in and out of the visit

"Is anyone else going to join us today for your visit?"

Camera on if possible

"Oh no, I can't see you, is your camera on? Could you turn it on for our visit, it really helps me to be able to see you"

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PATIENT BEHAVIOR

Awake, out of bed, appropriate dress

"Let me give you a few more minutes to get ready. Let's both mute and turn off our cameras and meet back here in 5 minutes"

No substance use

"I see you have been using, let's check in briefly and then make a plan to reschedule when you are sober"

Appropriate camera angle

"I would like to be able to see your face better, can you tilt your camera?"

Distraction free

"I've turned off my email alerts so we can talk, they can get so distracting. Could you do the same? I want us both to be able to focus on your needs today."

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CASE EXAMPLE

- You are scheduled to meet with a 25-year-old man for the second time. He has a significant history of opioid use disorder and is newly on suboxone. This is early in the transition to telehealth, and you still had him on your schedule for an in-person visit, but he doesn't show up.
- He was doing well when you met with him the first time, but now you are concerned that given the stress of the pandemic he is vulnerable to relapse.
- When you realize he is not showing up to the appointment, you call him and he is enthusiastic about meeting with you virtually. You send him a meeting link right then and begin your telehealth visit. He looks like he has just woken up and is wearing pajamas. He is embarrassed about over-sleeping and missing his appointment with you, and thanks you for being willing to still meet with him. He beings to quickly change out of pajamas and into his usual outfit of a tee-shirt and jeans. You are able to disable his camera to give him privacy and reassure him he can take a couple of minutes to dress. You turn off your camera as well until he messages you shortly thereafter that he is ready to resume the visit.

LET'S DISCUSS—EXAMPLES ANYONE?

- How are you getting BPs?
- Are you sharing your screen with patients?
- Have you needed to send EMS to anyone's location?
- Have you had a patient who is not fully clothed/in bed?
- How are you dealing with technical issues?

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REFERENCES

TELEBEHAVIORAL HEALTH COMPENTENCIES

- https://link.springer.com/article/10.1007/s41347-018-0046-6

Washington State Coalition Against Domestic Violence

- https://wscadv.org

Domestic violence hand signal:

- https://canadianwomen.org/signal-for-help/

American Psychiatric Association Telehealth Toolkit

- https://www.psychiatry.org/psychiatrists/practice/telepsychiatry

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UW PACC REGISTRATION

Please be sure that you have completed the full UW PACC series registration.

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