beacon
health options

Thank you for joining!

We will begin our webinar shortly.

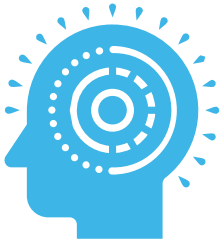
Before we begin please check that the sound levels on your computer or phone are turned up to hear clearly.

June 2021

Caring through COVID-19

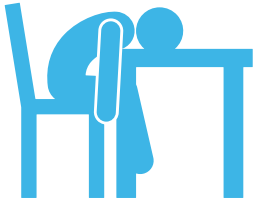
Managing Challenging Clinical Situations via Telehealth

Jessica L. Langenhan, MD, MBA, CHCQM



Anxiety

Depression

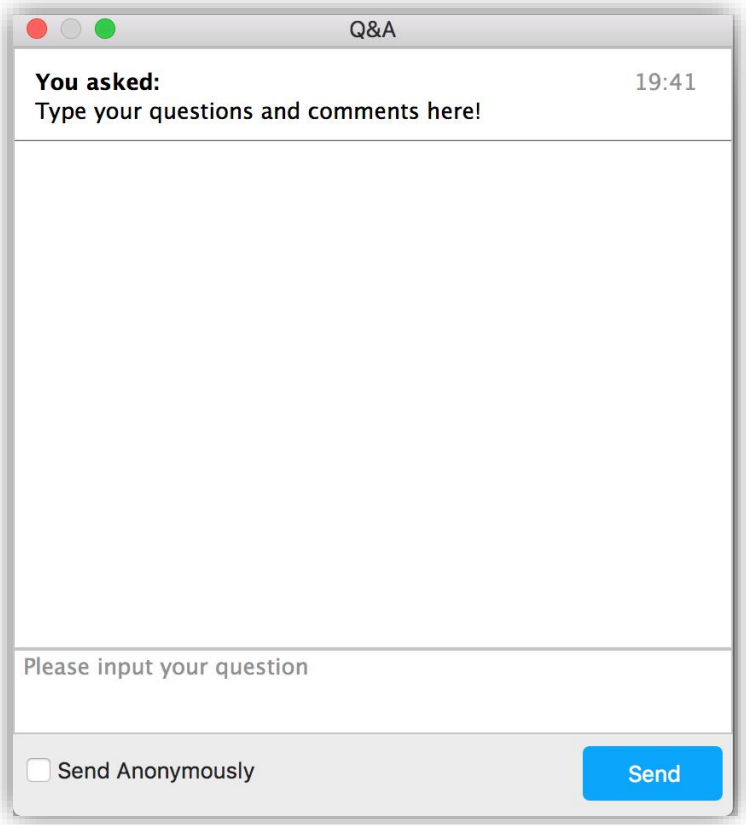


Job loss

Working remotely

beacon

Housekeeping Items



1. Today's webinar is 1 hour including Q&A.
2. All participants will be muted during the webinar.
3. Please use the Q&A function. We will monitor questions throughout and answer as many as possible at the end.
4. This webinar is being recorded and will be posted within 24 hours at www.beaconhealthoptions.com/coronavirus/ so you have continued access to the information and resources.

PLEASE NOTE: This presentation provides some general information that is subject to change and updates. It should not be construed as including all information pertinent to your particular situation or providing legal advice or medical advice, diagnosis or treatment of any kind. For legal advice, we encourage you to consult with your legal counsel regarding the topics raised in this presentation. At all times, please use your own independent medical judgment in the diagnosis and treatment of your patients.

beacon

Today's speaker

Jessica L. Langenhan, MD, MBA, CHCQM
Medical Director, Beacon Health Options

beacon

Jessica Langenhan, MD, MBA, CHCQM is a Medical Director with Beacon Health Options as well as providing patient care through tele-psychiatry, currently through Doctor on Demand. She has worked in various other treatment settings including acute and subacute inpatient psychiatric units, community mental health clinics, and private practice. She has also served as an Associate Medical Director at the Laguna Treatment Hospital, a residential SUD treatment program, and as an Assistant Clinical Professor at the Department of Psychiatry and Neuroscience at the UC Riverside School of Medicine.

Learning Objectives

1. Review measures to increase provider effectiveness and confidence in handling complex cases via telehealth
2. Discuss scenarios that present particular challenges when managed via telehealth:
   - Acute suicidal or homicidal ideation
   - Older adults & patients with limitations in cognitive and/or technological skills
   - Psychosis/paranoia
   - Child & adolescent patients
   - Safety concerns including domestic violence or suspected abuse
3. Discuss assessment, management, and referral process for patients who may not be appropriate for telehealth

Chapter

01

TELEHEALTH STRATEGIES

beacon

Overview

Complex cases create additional **management challenges:**

- Lack of support staff
- Limitations in assessment
- Navigating multiple devices (i.e., telehealth platform and phone)

Barriers in establishing **therapeutic alliance**

- Limitations in ability to ground patient

Decision-making processes for those patients who are not appropriate for telehealth

Proactive strategies as well as workflow processes for specific scenarios can enhance patient care and reduce provider stress

beacon

Proactive Strategies

Start of every call

- **<u>Confirmation of patient's location</u>**
  - Confirmation of patient's call-back number
  - **Note: Master's level therapists must verify & document physical address location at EACH visit, due to state telehealth regulations**

Emergency situations

- **<u>How to contact 911 while remaining on the line/video with patient</u>**
  - Underscores importance of confirming location of patient at the outset of call
  - May need to have 2nd phone available
  - Knowing the legal parameters if someone presents as DTS/DTO/GD and involuntary detainment is needed:
    - 911, local police department, local mobile crisis team

beacon

Proactive Strategies

Educate/remind patients of what they should do in emergent situations

- 911/ER/crisis hotline—just as you would do in a face-to-face setting

Ensure patients know how to contact you for non-acute situations—to prevent non-acute issues from becoming acute

- Office staff or answering-service
- Text-messaging availability

Consider creating a Telehealth Emergency Contact Sheet:

- Family/friend/neighbor's name & contact information
  - Can be contacted to check on patient
  - Consent signed by patient to allow this contact
- Local ER contact information
- Local PD contact information
- Local psychiatric services (ie, mobile crisis team) if present
- PCP contact information

beacon

Chapter

02

COMPLEX TELEHEALTH CASES

beacon

Suicidal or Homicidal Patients

Reference workflow & contacts established as Proactive Strategies for emergent / acute situations

Tarasoff guidelines (duty to warn) must be followed just as they are in face-to-face settings

If not an acute/emergent situation:

- Develop a safety plan during the call
- Ask patient if he/she will consent to have family member/roommate/friend join call to provide support & help with safety plan
  - This person can also confirm re: weapon accessibility
- Try to arrange patient to be seen by in-person provider (ie, PCP) ASAP
- Agree to check in within the next 24 hours

Apps for creating suicide safety plans include:

- **Suicide Safety Plan**
- **Be Safe**
- **Stanley-Brown Safety Plan**
- **Stay Alive**

beacon

Older Adult Patients

- **Do not assume that an older patient is not going to be able or willing to use telehealth**
  - Consider that 7 in 10 older adults own and use a computer, smart phone, or tablet with internet access at home
    - However, it is true that only 11% of this population feels comfortable using telehealth
      - **Skill/ability vs. comfort/familiarity**
- **Barriers to telehealth among older adults include:**
  - Provider assumptions that these patients will not be interested in telehealth
  - Lack of telehealth training/orientation in older adults
  - Telehealth platforms that do not account for/address needs of older adults
    - Hearing and vision limitations

Older Adults & Patients with Cognitive and / or Technological Skill Deficits

Accommodations will have limited effects in these cases, but if there is no timely option for face-to-face treatment or care is needed in the interim:

- Ask patient to consent to have partner/caregiver/child participate in the appointments with them
  - That person may only need to be on the call for the initial portion—i.e., help set up tech, ensure speaker working, provide collateral if appropriate

Ensure ahead of time that patient understands it will be a telehealth call

Older Adults & Patients with Cognitive and/or Technological Skill Deficits

Ensure that tests of technology have been done beforehand—and that instructions are clear

Consider having staff do **orientation/practice run**

Written instructions to refer to before/during call

Adjustments can be made by patient to address vision/hearing challenges:

Visual presentation modifications:

- Raise display
- Screen illumination and brightness adjustments
- Use matte surfaces instead of glossy surfaces

Auditory adjustments:

- Volume settings
- Closed captioning options with larger text size
- Headphone sets—especially those that block background noise

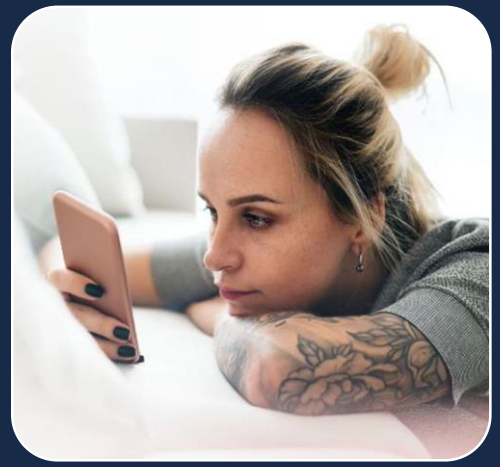
beacon

Older Adults & Patients with Cognitive and / or Technological Skill Deficits

- Reduce background noise (fan, A/C)
- Use a simple background—less busy, easier for person to focus on provider and what is being said
- Face camera directly and make sure mouth is clearly visible to help with communication

beacon

Patients with Psychosis / Paranoia



Patients with psychosis / paranoia (also consider hyper-vigilance related to PTSD) may find telehealth challenging:

- Difficulty engaging / formulating therapeutic alliance
- Distractibility preventing focus on the video (i.e., looking all around, scanning)
- Guarded, suspicious, possibly fearing sessions are being recorded

If symptoms are not severe to the point of interference, telehealth offers a way to treat patients who may not receive care otherwise

- Lack of resources/transportation, fears of leaving home, other functional barriers

Patients with Psychosis / Paranoia

If considering a patient with known psychosis for telehealth, have an initial session (perhaps with a family member for support/collateral) to determine whether telehealth will be an appropriate platform

When you are seeing a patient with psychotic symptoms via telehealth:

- Assess whether any questions/concerns at outset
- Advise that patient can ask to pause/end session if feeling the need to
  - Better approach than patient ending call abruptly if stressed
- Ask to try to limit distractions during the appointment—no phone, no television or radio, no food
- Confirm whether there is anyone else in the room / at home
- Stop frequently to assess comfort level and understanding of what is being said
- Ensure releases of information as appropriate:
  - Coordination of care with other providers
  - Collateral from family members
  - Emergency contacts

Child & Adolescent Patients—and Their Parents

Consent for treatment doesn't change due to service delivery via telehealth

- **Consent** 42 CFR Part 2- consent for ROI with minors

May need to remind parent that he/she needs to be available for every call—even if just for portion of it

- Some parents allow their children to be more independent, and there have been parents who have gone for a walk, gone to the store, gone to work, etc. and left minor at home to field call on his/her own

Document consent for both telemedicine as a treatment modality and for medications (if applicable) for both parent/guardian and patient

Child & Adolescent Patients—and Their Parents

AACAP recommends that at least part of the session should be with child alone. Consider comfort of child, developmental level, communication ability.

- Document rationale/preference if child is not seen on his/her own.
- Need to account for timing if minor and parents are seen separately

Start the call by establishing how things will be coordinated:

- Minor alone 1st, then parents or vice versa
- Everyone remains on the entire call

beacon

Child & Adolescent Patients—and Their Parents

Sometimes parents prefer 1st call to be held without minor present—or minor refuses to join

Need to have process for how to manage these situations:

- My practice is to see parents and obtain history, advise that at next appointment I will need to meet with minor—and need to meet with minor before any prescriptions can be given
  - Document situation and what was agreed to:
    - Ex*: "Patient refused to come onto video call, parent wanted to proceed with appointment, so history obtained wholly from parent today. Advised parent that patient will have to participate in next scheduled appointment."*

beacon

Child & Adolescent Patients—and Their Parents

Try to limit potential distractions

- Ask to put aside phones, iPads, food, etc. during the appointment

If caregiver is doing most of the talking:

- Stop and give the minor time & space to speak as well—& to agree/disagree with what has been said

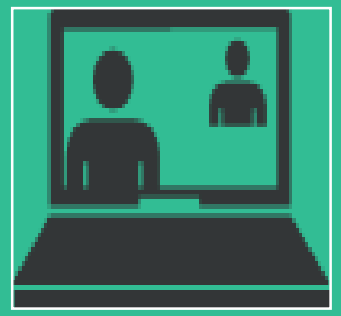
Observing a play session for a younger child:

- Observing caregiver engage in play with patient
- Asking child to draw something while you are speaking to the caregiver and then share the drawing

beacon

Child & Adolescent Patients—and Their Parents

Opting to perform assessment over multiple **shorter sessions** may be more useful, depending on attention level and video tolerance of the patient.



Children with ADHD or autism may especially have difficulty remaining on the screen for the entire session.

- In these cases, may keep the caregiver in the frame and ask him/her to bring patient on for short periods.

Other considerations if patient has **ASD/neurodevelopmental** disorder:

- Suggest 2 caregivers present on call if possible—one can provide history and other can attend to patient as needed
- If the patient uses an assistive device to communicate, confirm with caregiver that it will be set up/accessible prior to the appointment

Other Safety Concerns

- **Suspicion of abuse or neglect, need to follow rules of mandated reporters**
  - **Mandated reporting requirements don't change with telehealth**
  - Confirm address and location of parents/guardian/caregiver
  - Speak to child on his/her own without the guardian present
  - Establish whether acute situation
    - 911 or local police department if so
  - CPS or APS reporting & appropriate documentation that report was made
- **Children / Elders: mandated to report (to CPS or APS, respectively) in the following situations:**
  - Suspected or known abuse or neglect
  - Knowledge / observation of conditions that could be harmful
  - Suspicion of financial exploitation of elders
- **DV situations: can refer to National Network to End Domestic Violence:**
  - https://www.thehotline.org/

*Mandated reporting rules specific to states and practice outside scope of this presentation

Safety Concern Suggestions

During the call, ensure that the patient is in a safe place:

Privacy—no one else in room or able to walk by without warning (Use of Headphones)

May consider using text messaging as back-up if privacy is invaded during the call

Be more open to where patient is located during the call (Car, backyard, closet)

Establish a safe word that patient can use if needs to disconnect for safety / privacy reasons

*Not a comprehensive list of all safety guidelines. Clinicians should use their clinical judgement assessing needs and interventions for individual clients.

beacon

Chapter

03

WHEN TELEHEALTH IS NOT APPROPRIATE

Patients Who May Not Be Appropriate for Telehealth

Despite the approaches and techniques we've reviewed, some patients are not appropriate for telehealth

Consider face-to-face referral if:

- Severe mood symptoms / emotional reactivity or severe personality disorder
- Frequent dissociative episodes or other episodes that make situation potentially unsafe
  - Ex: Patient cannot easily ground without someone else physically present
- Significant substance use issues
- Frequent and active suicidal or homicidal ideation
- Multiple crisis interventions or ER visits
- Repeat challenges with technology/WiFi access
- Persistent distrust of technology (possibly due to general paranoia, history of trauma / abuse)
- Repeat issues with compliance (missed visits, medication non-adherence)
- Therapeutic alliance is suffering or has failed to develop
- Privacy/space/safety issues at home acting as barriers to telehealth set-up

Patients Who May Not Be Appropriate for Telehealth

- **Don’t make decision about appropriateness for telehealth based on diagnosis alone**
  - Consider each case individually and take into account factors such as an individual’s level of function, skills, current symptoms, support network, & history of treatment adherence
- **If uncertain whether someone is appropriate for telehealth**
  - Suggest doing an agreed-upon number of trial sessions (i.e., 3) before making longer-term decision and commitment

Patients Who May Not Be Appropriate for Telehealth

If you do need to non-emergently refer the patient to a face-to-face provider, you can consider whether it is appropriate to offer to see him/her in the interim

- Referrals often do not occur immediately, and patients may still need medication refills or support while they wait
  - Make it clear to the patient and in the documentation that this is interim treatment only

Referral and discharge process should be done as in face-to-face situations:

- Document discharge & rationale
- Letter to advise patient of the discharge
- Refer back to insurance
  - Also: *Psychology Today* provider search portal
- Advise re: process for interim care as patient looks for new provider
- Any other applicable requirements

beacon

Chapter

04

TELEHEALTH DATA & BILLING

beacon

Beacon aims to better understand the efficacy and outcomes for telehealth

- Beacon aims to ensure the **highest clinical value** of services provided in the community
- Evaluating the **efficacy and impact of telehealth** interventions to better understand its impact on the health status of the members we serve
- By evaluating this intervention we will be positioned to better understand the **best way to serve our members** post-pandemic
- **Differentiating between telehealth video or telephonic** will help inform the right approaches to deliver the best outcomes

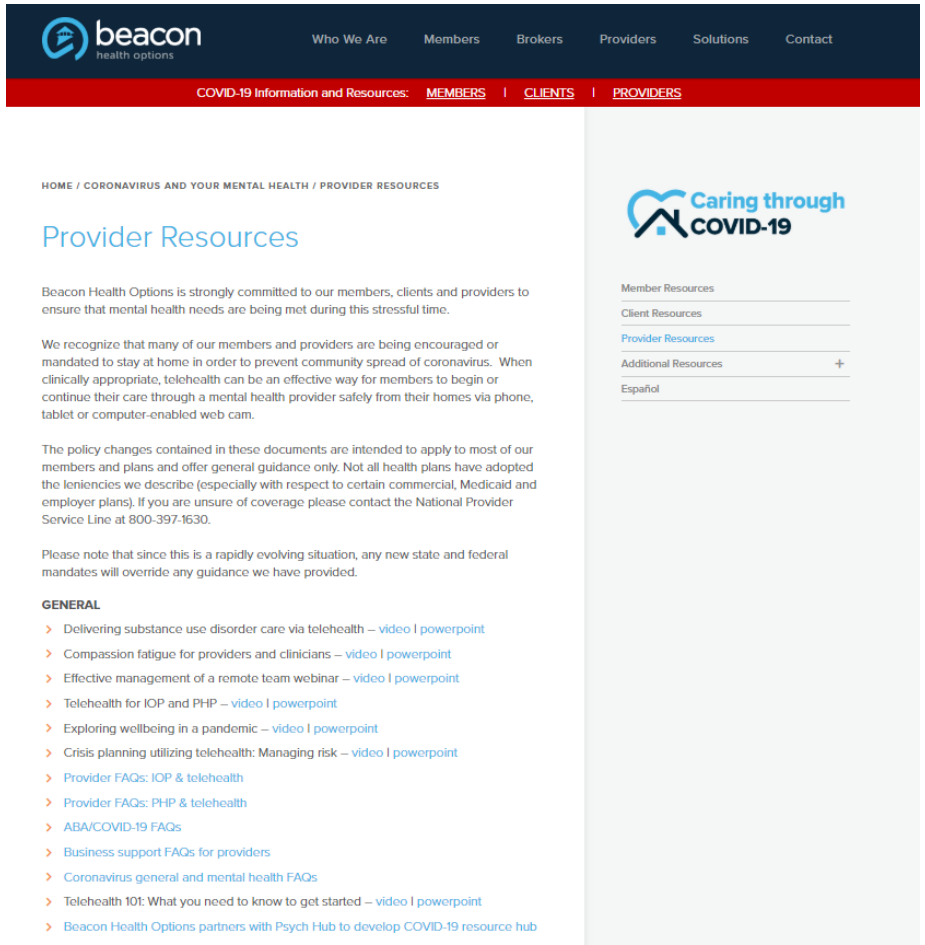
QUESTIONS & ANSWERS

beacon

References

1) Pacific Southwest Mental Health Technology Transfer Center Telehealth Clinical and Technical Considerations for Mental Health Providers. Heliana Ramirez, PhD, LISW, Amy Springmeyer, MPPA, Kim Weis, MA, Rachelle Espiritu, PhD, Leora Wolf-Prusan, Kari DeCelle, Thomasine Heitkamp, LCSW, and Brandy L. Clarke, PhD, LP. Accessed via: https://mhttcnetwork.org/centers/pacific-southwest-mhttc/product/telehealth-clinical-and-technical-considerations-mental
2) AACAP Telepsychiatry Guidelines and Policies. Accessed via: https://www.aacap.org/AACAP/Clinical_Practice_Center/Business_of_Practice/Telepsychiatry/Telepsychiatry_Guide_and_Pol.aspx
3) APA Toolkit for Telepsychiatry for Children/Adolescents. Accessed via: https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/child-adolescent/introduction
4) Practice Parameter for Telepsychiatry With Children and Adolescents (AACAP Official Action). *J. Am. Acad. Child Adolesc. Psychiatry*, 2008;47:(12):1468-1483.
5) COVID-19 Tips: Building Rapport with Youth Via Telehealth. Compiled by Ilana Seager van Dyk, Juliet Kroll, Ruben Martinez, Natacha Emerson & Brenda Bursch. UCLA Pediatric Psychology Consultation Liaison Service Accessed via: https://www.researchgate.net/publication/340066049_COVID19_Tips_Building_Rapport_with_Youth_via_Telehealth
6) An Expert Panel Discussion on the Current and Future State of Telepsychiatry for Children and Adolescents. Moderator: Paul Mitrani, MD, PhD. Participants: Sharon Cain, MD, Shabana Khan, MD, Kathleen Myers, MD, MPH, Ujjwal Ramtekkar, MD, MBA, MPE, and David Roth, MD, FAAP, FAPA6. *Journal of Child and Adolescent Psychopharmacology* Vol 31, No 2: 137-143. Accessed via: DOI: 10.1089/cap.2021.29195.pm
7) Telemental Health and the Management of Psychosis. Donahue, A.L., Rodriguez, J. & Shore, J.H. *Curr Psychiatry Rep* 23**,** 27 (2021). Accessed via: https://doi.org/10.1007/s11920-021-01242-y
8) How to provide telehealth to older adults. American Psychological Association Committee on Aging: August 13, 2020. Accessed via: https://www.apaservices.org/practice/clinic/telehealth-older-adults
9) Doctor On Demand Provider Manual for Behavioral Health Clinicians

Refer to Beacon's COVID-19 webpage for the most up-to-date information



[Beacon COVID-19 provider resources & webinars LINK]

Thank You

Thank you.

beacon
health options