Ensuring Success in Telehealth: What Staff Need to Know

ELIZABETH MORRISON, LCSW, MAC
ERIC HARAM, LADC
APRIL 29, 2020
10:00AM-11:30AM PST
About Our Presenters
With very little time to plan, how will you ensure that you are successful?

Under different circumstances we would have more time to:

Assess & Define
- Organization readiness
- Staff and patient readiness
- Business model – Service expectations, number of units, how will this improve

Develop and Plan
- Write up a policy
- Identify workflows and outline procedures
- Train staff
- Engage patients

Implement and Monitor
- Identify the data we use to make decisions to support the decision
Telehealth/Telemedicine and Informed Consent?

- HHS will **NOT** impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.

- **Telephonic** – intake, assessment, treatment planning, medication services/MAT, crisis intervention, individual counseling, case management, collateral services, recovery support services

- **Telehealth** includes all the previous and group counseling, & patient education. Mode of delivery and consent agreement, must be indicated in progress note or miscellaneous note. **Must include audio and video!**
Informed Consent

- Progress note should identify, telephone or video based service.
- If pt. does not have video capacity, services rendered by phone.
- Further, that good faith effort was employed to inform of the technology used, for what purposes, and the privacy protections employed.
- Signatures are not required until normal operations are resumed.
Since we are doing therapy on the phone/over video, the same confidentiality rules apply as in-person [explain this if necessary, re: first visit]. But, because we are over the phone/video, I also need to make you aware that: You can verbally withdraw consent to do this type of therapy at any time. That while we are using a HIPPA (or compliant/approved mode of protected communication, it is possible for a breach because of technological complications...
I understand that if I am in need of emergency mental health services, the protocol for [organization X] is still the same (explain if necessary)

Do you consent to continue our session?"
What has to be? Stick with the basics!

- Develop and distribute **policy and procedure for providing telehealth services**
  - COVID 19 response
  - Framework for sustainability
- Ensure Hardware and software needs are met
- Establish schedule
- Patient education and expectations
- Staff training and expectations
- Data to measure success (capacity and patient outcomes)
Change Management-Performance Improvement on Access and Show Rates:

What will access and service delivery look like?

How do we increase access and show rates?

• Establish a baseline measure and apply Plan, Do, Check, Act strategies towards your goal.

Focusing on low demand characteristics, compassion, and normalizing new provision of care options.

• Calls for help answered by a person, same day or next day access, availability of medications for OUD, AUD

Treatment must be easy to access. Scheduling must be defined, re-occurring and staff dedicated to assisting pts. navigation.

Relative to your defined scope of service, principles of harm reduction improve engagement and retention.
Telephonic/Telehealth – Intake Process

Check-in with your patient!

1. Are you healthy? Is your family healthy?

2. Do you have all the resources you need to get through this crisis? Can we help get you resources?
Interface with Patients and Privacy During Covid-19 National State of Emergency

HIPPA-Compliant: Skype for Business, Microsoft Teams, Updox, Vsee, Zoom for Healthcare, Doxy.me, Webex, GoTo Meeting.

Temporarily Allowable Platforms: Non-public facing popular video chat applications such as Face Time, Facebook Messenger, Google Hangouts, Skype, Zoom (non-healthcare).

Non-Allowable Platforms: Facebook Live, Twitch, TikTok and similar applications that are public facing.
“Remote” Office Boundaries

- Work Boundaries define your attendance to your pt.
- Conveys professionalism, empathy, safety and regard.

- Home Boundaries
  - Dedicated space
  - Office Hours
  - Assists with avoiding Multi-Tasking
  - Establishes when you are available
Common Reactions Experienced When Transitioning to Telephone and Telehealth - Staff

- Change through Disruptive Innovation is destabilizing.
- New technology, mediums and modalities of care.
  - Do you have staff w/ affinity, enthusiasm for the changes?
  - ID and support Super users to assist peers.
- Establishing remote work sites increases isolation.
  - Daily huddles of 30 min. for supervision, communication and connection provide new structure and stabilizing influence.
Common Reactions Experienced When Transitioning to Telephone and Telehealth - Staff

- Concerns about privacy must be discussed.
  - Staff confidence improves with knowledge.
  - Scripting with and for staff, assists in responding to pt. concerns to most rapidly establish safety for the problem focus.

- Staff are finding pts. are more acute upon video connection than had been assessed previously on phone.

- Comfort with video based products increases rapidly with practice.
Emotional Preparation for Telehealth Visits: Challenges and Learnings
Pandemic-related management

RECOVERY

Longer term goals
Health Equity Lens
Ritual

noun
noun: ritual; plural noun: rituals

1. a ceremonial act or action
Starving the eyes & holding the phone....
The draw of the mirror
Managing Alerts
Increased attention to process

Leaning in to the clients’ home environment
"Be not angry that you cannot make others as you wish them to be, since you cannot make yourself as you wish to be."

- Thomas Kempis

"I prefer to think of my patients and myself as fellow travelers, a term that abolishes distinctions between 'them' (the afflicted) and 'us' (the healers).... We are all in this together..."

– Irving Yalom
Information

1. News about CIBHS

2. What to expect after the webinar

3. The next webinar in our series:  
   *Empathic Communication and Engagement*
   
   Elizabeth Morrison, EM Consulting
   Bryan Knowles from Kansas University, School of Social Welfare
   Wed, May 6, 10:00am-11:30am
Emails and Websites of our Presenters

Elizabeth Morrison, LCSW, MAC
elizabeth@emorrisonconsulting.com
www.rsourced.com

Eric Haram, LADH
eharam@gmail.com