We Are Re-tooling
Video Teleconferencing (VTC)
Reach & Benefits of Telehealth

- Increased client satisfaction
- Decreased travel time
- Decreased travel, child & elder-care costs
- Increased access to underserved populations
- Improved accessibility to specialists
- Reduced emergency care costs
- Faster decision-making time
- Increased productivity / decreased lost wages
- Improved operational efficiency
- Efficacy is on par with in-person care for many groups
- Decreased hospital utilization
Recent Supporting Research

Backhaus and colleagues (May, 2012) reported in their abstract of a meta-analysis that:

• **821 potential articles were identified, and 65 were selected for inclusion.**

• *The results indicate that VCP is feasible, has been used in a variety of therapeutic formats and with diverse populations, is generally associated with good user satisfaction, and is found to have similar clinical outcomes to traditional face-to-face psychotherapy.*

  - Videoconferencing psychotherapy: A systematic review. Backhaus, Autumn; Agha, Zia; Maglione, Melissa L.; Repp, Andrea; Ross, Bridgett; Zuest, Danielle; Rice-Thorp, Natalie M.; Lohr, James; Thorp, Steven R. Psychological Services, Vol 9(2), May 2012, 111-131. doi: 10.1037/a0027924
The Is Video Teleconferencing (VTC) Effective?

• Yes
  – Medicare & Medicaid required to pay
    • Outcomes are relatively comparable, especially for follow-up care (intakes are still a matter of state law)
    • Literature for specialty groups is sparser, but positive (pediatrics)
  – Also effective for supervision
  – Can improve some ways service is rendered
  – See www.telehealth.ORG/bibliography

• BUT, traditional VTC isn’t the same as Skype
Skype

- No audit trails
- Poor Reliability
- Video platform or social media platform?
- Hacked 11/14/2012
Existing Guidelines -- Many Cover Far More than Telehealth

- 1998 American Psychiatric Association  
  - Telepsychiatry via Teleconferencing  
  - Ethical Standards for Internet On-Line Counseling  
- 2000 American Mental Health Counselors Association  
  - Code of Ethics of AMHCA, Principle 14, Internet On-Line Counseling  
- 2000 American Medical Association  
  - Guidelines for Patient-Physician Electronic Mail  
- 2001 National Board of Certified Counselors (NBCC)  
  - Center for Credentialing and Education The Practice of Internet Counseling  
- 2001 Canadian Psychiatric Association (CPA)  
  - Telepsychiatry Guidelines and Procedures for Clinical Activities  
- 2004 (2010) Australian Psychological Society  
  - Guidelines for providing psychological services and products on the internet  
- 2006 National Association of Social Workers & Association of Social Work Boards  
  - Standards for Technology and Social Work Practice  
- 2008 (2010) Ohio Psychological Association  
  - Telepsychology Guidelines  
- 2009 Canadian Psychological Association  
  - Ethical Guidelines for Psychologists Providing Psychological Services Via Electronic Media  
- 2009 American Telemedicine Association  
  - Evidence-based Practice for Telemental Health  
  - Practice Guidelines for Videoconferencing Based Telemental Health
4 Key Aspects of Risk Management

• Know the Applicable Standard of Care for Your Patient Population and within Your Discipline
• Legal Code
• Ethical Code
• Malpractice insurance
Risk Management

• Save all proof of training or consultation to prove you’ve “sought the advice of your peers”

• Record Keeping:
  – Document, document, document
    • Protocols Followed
    • Time in, time out
    • Dropped connections
    • Intrusions
    • Lighting
    • Adaptive Equipment
    • Assess progress
OCPM Step 6: Direct Clinical Care

♦ Explain & sign informed consent document

♦ Conduct a formal intake – no shortcuts
  ♦ Meet in-person or video, take full history, medications, illnesses, abuse, stressors, support system, use of other technology, drug/alcohol use, suicide/homicide intent, mental status
  ♦ Decide if, then *which* technology is appropriate
  ♦ Obtain names of all other key providers, get all appropriate releases
Boundaries of Competence
Racial, Linguistic, Gender, Religious & Cultural Diversity
Risk Management: 
Research-based Protocols & 
HIPAA-compliant Platforms 

1000+ Reference Bibliography 
http://telehealth.org/bibliography 

50+ Video Platforms 
http://telehealth.org/video
Australian Psychological Society

(2011 revision of Internet Guidelines)

• Research-based protocols
  – 1.6 “Psychologists using the internet to provide a psychological service should be aware of the extent to which therapeutic interventions via the internet are supported by research or may be contra-indicated ...."
Inter-jurisdictional Issues (practicing over state lines or national borders)

Practitioner must be licensed:
• In a state
• In the local state of patient
• Both
Duty to Report / Duty to Warn

California State Law

• (v) Failing to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.

• (w) Failing to comply with the elder and adult dependent abuse reporting requirements of Section 15630 of the Welfare and Institutions Code. CA Business and Professions Code Sections 4989.54 (cont.)
Risk Management

• Communicate often in writing to your local, state and national professional associations

• Have written emergency plans
American Telemedicine Association

• A patient site assessment shall be undertaken, including obtaining information on local regulations & emergency resources, and identification of potential local collaborators to help with emergencies
American Telemedicine Association


• Determine outside emergency coverage
• Establish guidelines for determining at what point other staff and resources should be recruited to help manage emergencies
• Be familiar with local civil commitment regulations and have arrangements where possible to work with local staff to initiate/assist with civil commitments
• Emergency protocols shall be created with clear explanation of roles & responsibilities in emergencies
CLINICAL TELEHEALTH MODELS FOR SUCCESS SUPPORTED BY THE EVIDENCE BASE

Coming next...

Which models should we follow?

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Migration Model

• Start with your current clients
• Select those who are reliable, have good support systems and with whom you have a good working relationship
• Consider their diagnosis
• Take the time to prepare them
• Plan in-person sessions at regular intervals
• Do not work through their secretaries or others
• Nursing Homes
Schools
Rural Hospitals
Correctional Facilities
Military & Veteran’s Administration
Home Health
Online Norm vs. Standard of Care

• Mostly Email & Chat vs. Video
• Anonymity / No Patient Records
• Avoid Responsibility w/ Website Disclaimers
• No Clear Channels for Mandated Reporting
Online Norm vs. Standard of Care

- No Contact with Other Treating Clinicians
- No Authentication of Consumer / Professional
- No Emergency Backup Procedures
  - Misunderstanding of Clinical Processes (suicide)
  - Operating w/o Needed Research for Unsupervised Settings
mHealth (mobile health)

- 55% of Americans owned a smartphone in March 6, 2013 (comScore)
  - Up from 36% in 2/2011; Up 29% from 10/2010
  - Reimbursement will soon make geography a non-issue
Today’s teens use media an average of:

• 10 hours and 45 minutes
• every day
• 7 days per week*
• Americans are already looking to their smartphones for health care
Health & Behavioral Care in 20 Years

• Mobile devices and peripherals will deliver most health and mental health care
  – Sensor-based information gathering
    • Mirrors, scales, vests, chairs, mattresses, steering wheels, exercise equipment, etc.
  – Self-report
Health & Behavioral Care in 20 Years

• Mobile devices will be networked into central database that will correlate all real-time data with your genetic profile:
  – as reported by you, family members, friends and neighbors who share your environment; and
  – demographics of people who share your habits, lifestyle, and personal preferences for food, drink, exercise;
  – medical conditions and medication;
  – combined with latest empirical evidence about each source
Health & Behavioral Care in 20 Years

• Data will be complied into recommendations that will deliver medications, foods other ingestible substances and behavioral prescriptions in ways that will help remedy diseases and problems before they can even be noticed now.
Wearable Computers (Glasses)
Weight Loss

The BodyMedia Core 2 Armband (the Biggest Loser / 24-hr Fitness / Jenny Craig) but now has "jewelry-like" customization

- Sensors: skin temperature, heat flux, galvanic skin response, and a 3-axis accelerometer (pedometer)
- Optional add-on: a continuous heart-rate monitor using dry electrodes
- Bluetooth Smart connectivity allows BodyMedia data to be uploaded to BodyMedia’s smartphone apps
- Waterproof, can be worn for swimming / Size of iPod Nano
- To release in August for $119 - $149
Muse to Control Emotions

- **InterAxon Muse**
- monitors your brainwaves and transmits the readings to your smartphone
- “brain training” software designed to help people gain more control over their thoughts and emotions
- The device will sell for $199 when it launches in 2013
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