



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Doing Intakes via Telepsychology

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Telehealth Training Solutions, LLC

Seattle Psychology, PLLC

Attendees Earn One Continuing Education Credit

The National Register is approved by the American Psychological Association to sponsor continuing education for psychologists.

The National Register maintains responsibility for this program and its content.

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Dr. Smucker Barnwell, PhD is a licensed clinical psychologist who provides evidence based psychotherapy and consultation in the greater Seattle area. Her research interests focus on the ethical intersection of technology and evidence-based therapies. She is a partner at Seattle Psychology, PLLC, and owner of Telehealth Training Solutions, LLC.

Dr. Smucker Barnwell is the former Director of Telehealth Training and Education for VA Puget Sound Health Care System. She served on the Joint APA/ASPPB/APAIT Telepsychology Taskforce and other national committees on telehealth.



Disclosures/Conflicts of Interest

- As owner of Telehealth Training Solutions, LLC, potential conflict of interest in promotion of telehealth
- Unabashed telehealth evangelist

References/Citations

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Learning Objectives

1. Identify three inclusion/exclusion criteria for providing an intake via telepsychology.
2. Demonstrate appropriate selection of technologies when performing intake assessments via telepsychology.
3. Apply three best practices when adapting clinical interviewing to the telepsychology milieu.
4. Utilize accurate billing practices for telepsychological intake assessments.

Why Telepsychology Intake Now

- A safe modality/ novel Coronavirus
 - Mandated adoption v. elective
- Care access (client location, mobility, other demands)
- Client preference
- Provider preference

Intake Preparation

- Your existing practice
 - New clients
- Practice website
 - National Register can assist
- Online referral services
 - National Register's Find-A-Psychologist, Psychology Today, APA, State Association
- Primary care, specialty care, underserved areas partnerships

Intake Preparation

- Who: inclusion/exclusion criteria
- What: what services
- How: which technologies (videoconferencing, telephone)
- When: schedule by phone, secure email, EMR
- Rules: jurisdictional concerns, initial intakes

Intake Preparation

- Fee structure
 - Self-pay v. direct bill insurance
 - Payment for session in which technology disruption occurs
 - Surcharges
 - Collection of fee
- Your space: austere background, adequate lighting, soundproof
- Consider use of headphones
- Home office v. professional office
 - Privacy
 - PHI
 - Smart speakers

Technology Selection

- Internet bandwidth
 - Redundancy
- Videoconferencing platform selection
 - Product designed for healthcare or other systems
 - Simple Practice, Doxy.me, many others
 - Integrated into EMR vs. stand alone
 - Changing rules
- Document transfer
 - Telehealth informed consent
 - Telehealth emergency plan

Intake Appropriateness

- Consider how you will assess client appropriateness
 - Telephone consultation, secure email, EMR
 - Assessment (ASH-25, others)
- Client technical abilities
- Client physical environment
- Client jurisdiction
- Clinical considerations (e.g., stability, contraindications)

Intake Preparation

- Intake documentation
 - Telehealth informed consent, emergency plan, questionnaires, payment, ROI
 - Simple documents; verbal consent
- Secure document exchange
 - Mail, fax, downloads from your website
 - Secure email programs, secure FTP, EMR
- Communicate expectations
 - Video call mechanics/ embed this in reminders
 - Boundaries
 - Interruptions, help
- For clients new to modality, 5 minute “test” check in

Initiating the Intake

- Confirm client can hear/see you
- Confirm location and setting security
- Silence devices, windows, notifications
- Review risks and benefits
- Review emergency plan
- Answer any remaining non-clinical questions

Conducting the Intake

- Review information gathered in advance
- Engage clinical intake with usual clinical skills
- Consider structured clinical interview
- Pace may differ

Assessments

- Review previously collected
- Verbally review
- Screen sharing

Behavioral Observations

- Eye contact, facial expression
 - May not offer same information
- Looking away v. distractions in home environment
- Body posture and movements (gait, psychomotor agitation)
- Voice volume/ vocalizations
- Olfactory data
- Loss and gain

At Conclusion of Intake Session(s)

- Check in with client regarding engagement/ how to meet their needs
- Gauge whether additional intake session is indicated
- Discuss future homework/ information transfer

At Conclusion of Intake Session(s)

- Usual concluding statements
 - If appropriate, propose an engagement (a number of sessions, treatment plan)
 - If accepted, schedule the next appointment/ invite client to schedule online
 - Review options or possible referral out/ where will referrals go
 - Answer patient's questions

Billing Intakes

- Telepsychology possesses unique place of service and modifier codes
 - Usual CPT codes (90791, others)
 - Place of service/location code: 02
 - Modifier 95
- States vary on laws requiring telehealth coverage and parity
- Claim denials
 - Call in advance/ client calls in advance
 - Document contact with insurer
 - Who will be responsible

Q&A



- Dr. Sammons will ask Dr. Smucker Barnwell select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.