

Risk Management Considerations for Safely Reopening Neuropsychology Practice in the Era of COVID-19

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Presented in Collaboration With the InterOrganizational Practice Committee and The Trust



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Margaret Lanca, PhD



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Daniel O. Taube, JD, PhD



Daniel O. Taube, JD, PhD, earned his JD/PhD from Villanova University and Hahnemann University (1985 and 1987, respectively), as a member of the Joint Psychology and Law Graduate Program. He is Professor Emeritus at the California School of Professional Psychology, Alliant International University, San Francisco, is currently a member of The American Insurance Trust's Risk Management team, and regularly consults across the country with a wide range of practitioners and community agencies regarding standards of practice and ethical concerns. His areas of professional focus include ethical and legal issues in professional practice, child protection and addictions.

Disclosures/Conflicts of Interest

- Dr. Margaret Lanca as no conflicts of interest or disclosures.
- Dr. Daniel Taube is affiliated with The Trust Risk Management. He otherwise has no known conflicts of interest that would affect the content of his presentation.

Learning Objectives

1. List three models of providing neuropsychological services;
2. Describe four factors to consider in the process of deciding whether to return to in-person services;
3. Identify three risk management strategies to minimize harm to patients and providers as in-person services resume.

Safely Re-Opening Neuropsychology Practice

Margaret Lanca, PhD

IOPC Committee on Re-Opening Practice

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Shirley Ann Higuchi, JD

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Overview

- Over-arching goal is to keep patients and neuropsychologists safe and provide the highest quality neuropsychological assessment
- Phased re-opening across the country signals move from abstinence (stay-at-home) to harm reduction (safer-at-home) model of living through this era
- Risk/benefit analysis of neuropsychological assessment
- Models for conducting neuropsychological assessment
- Mitigation procedures for in-clinic neuropsychological assessment

Traditional Risk/Benefits of Neuropsychological Assessment

Benefits:

- Assisting in diagnosis
- Informing/impacting treatment, patient and caregiver understanding, and other interventions:
 - *Medical (surgical, medication, rehabilitation)*
 - *Neurodevelopmental; Educational; Vocational*
 - *Psychiatric*
 - *Ecological (housing/independent living)*
 - *Decisional (e.g., capacity, disability, driving)*
 - *Forensic (e.g., civil litigation, criminal litigation)*

Risks:

- Mild anxiety
- Boredom?

New Risks of Neuropsychological Assessment

Neuropsych
Assessment



COVID-19
(health, legal)

Adverse outcomes to delayed care

- A patient with epilepsy surgery delayed because NP information is not available may have worsening status due to on-going recurrent seizures
- A patient with suspected probable dementia may be at risk for living alone, driving, and/or working
- A child with a learning disorder may not receive appropriate instruction and educational progress and potential placements can be impacted
- A child with ASD or other neurodevelopmental disorder does not receive appropriate interventions such as ABA and as a result their behavior worsens

PATIENT RISK STRATIFICATION DECISION OUTCOME



WHEN

DELIVERY
MODALITY

STEP LEVEL

PATIENT RISK STRATIFICATION FACTORS

PATIENT URGENCY OF CARE

ELECTIVE



EMERGENCY

PATIENT SYMPTOM ACUITY

MILD



SEVERE

INCREMENTAL VALIDITY

LOW



HIGH

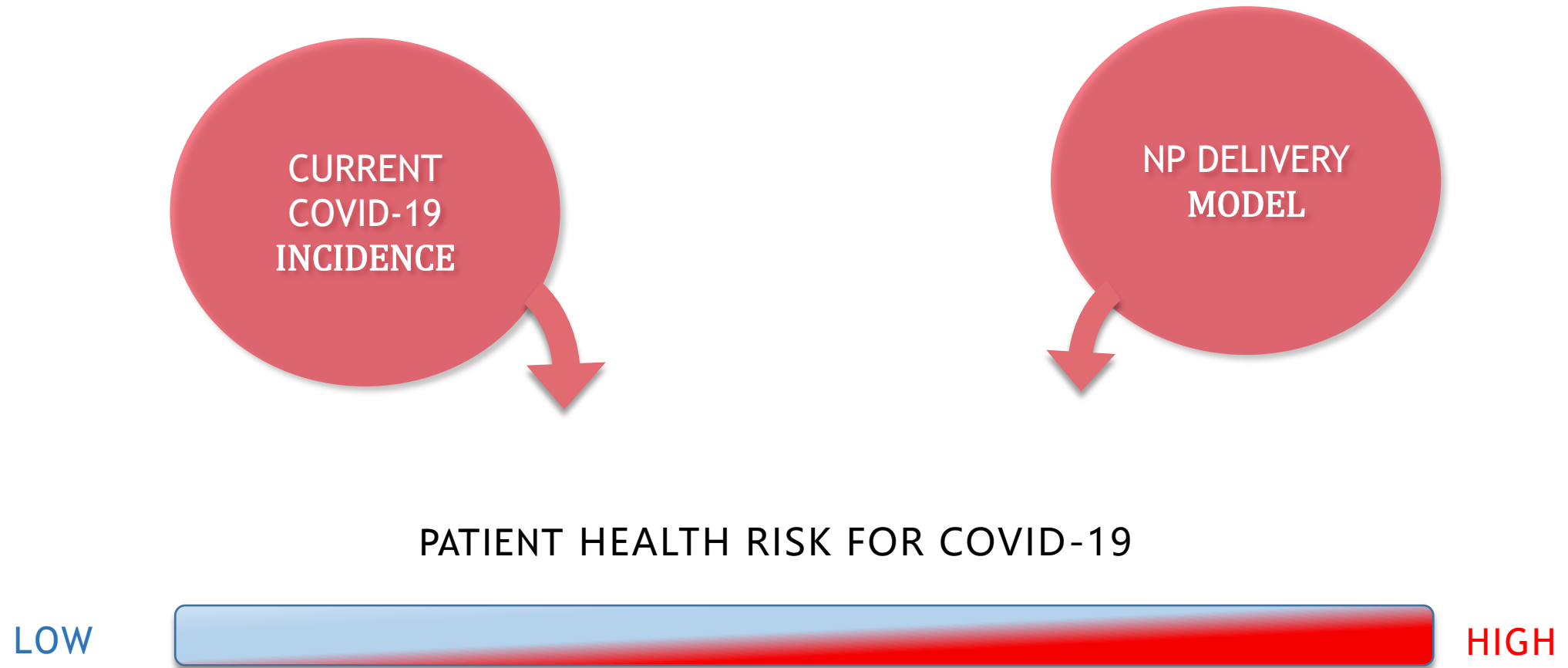
PATIENT HEALTH RISK FOR COVID-19

LOW



HIGH

PATIENT RISK STRATIFICATION



Neuropsychology Stepped Model of Care

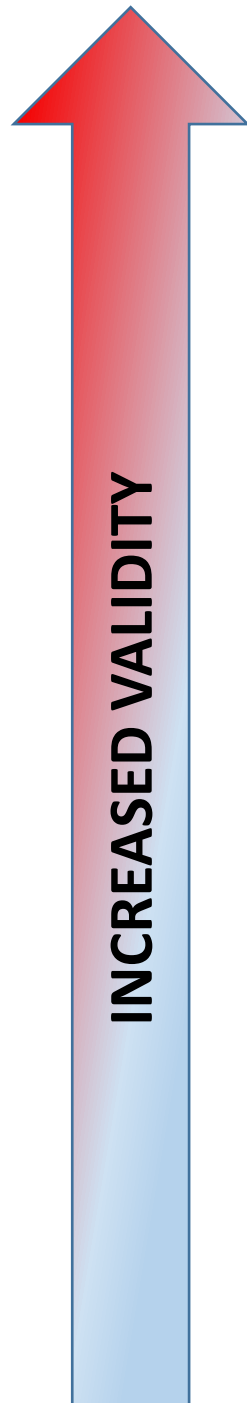
| Step Level | Treatment modalities | Goal (examples) |
|------------|---|--|
| 3 | Comprehensive neuropsychological assessment | Diagnosis/treatment plan |
| 2 | Brief neuropsychological assessment | Monitoring/Updating prior assessment/ short-term treatment planning |
| 1 | Cognitive screen | Monitoring/short-term treatment planning |
| 0 | Neuropsychological assessment without testing | Consultation/update to prior assessment/ cognitive stabilization |

*benefit of lower tiers increases flexibility for modality of treatment and decreases length of neuropsychological assessment (exposure time)

Models of Neuropsychology Practice for COVID Era

1. **In-person standard** (pre-COVID gold standard)
2. **In-person modified**
 - With Personal Protective Equipment (review CDC, OSHA, WHO recommendations)
3. **In clinic tele-neuropsychology** (tele-NP)
4. **Remote tele-NP** (at-home)

*consider hybrid/staged models

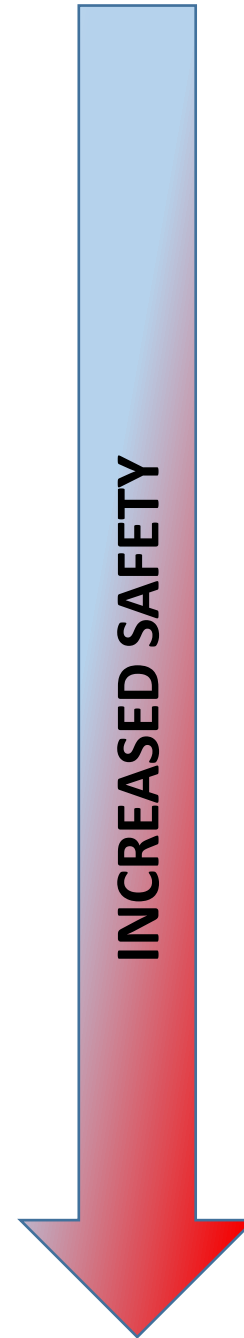


Regular practice

Mitigated
face to face

In-Clinic TeleNP

Home TeleNP





Patient Risk Stratification Examples

Additional Considerations for Modality of Care

- In-home tele-NP can contribute to **health disparities**
 - Reduced **patient technology access** (due to economic disparities)
 - 15% of Hispanic & 12% of Black Americans (vs. 4% of Whites) rely on smartphones and do not have internet (Pew, 2015)
 - Disabled Americans less likely to have computers, smartphones, or any internet access at all (Pew, 2017)
- Tele-NP in general is infeasible for **technology illiterate patients**
 - 16% of persons in US (16-65) not digitally literate (US Dept of Education, 2012)
 - Adults who are not digitally literate are, on average, less educated, older, and more likely to be Black, Hispanic, or foreign born, compared to digitally literate adults.
 - In-clinic tele-NP can mitigate this situation somewhat with presence of an on-site assistant if needed

Risk Analysis of In-Person Modified Model

- **Consider Clinician Variables**
 - *Clinician health status*
 - *Clinician anxiety*
- **Neuropsychology trainee** risk/benefit analysis may be different

Mitigation Procedures for In-Clinic Neuropsychological Assessment

Continuum of precaution levels (mild to extreme) beyond standard are situation-dependent

- *Patient population; Clinical setting; State guidelines; Hospital/clinic guidelines*

Outline of needs prior to re-opening

- Develop a plan which takes into account the risk stratification (devise Plan B)
- Update policies and procedures for COVID era (e.g., hand-washing etc)
- Make arrangements for appropriate level of PPE/ensure clean rooms
- Create appropriate signage for hallways and treatment rooms
- Pre-appointment screening for COVID-19, and repeat on day of contact
 - *Refer to IOPC website for more information*

Timeline of Mitigation Procedures for Neuropsychology In-Person Evaluations

- **Activities Prior to Patient Arrival**
 - Stagger check-in times, not re-using rooms until the next day, separate waiting rooms for family
 - **Initial Entry and Forms**
 - Consider shortened forms to be sent electronically to minimize exposure time
 - Updated consent forms (see APA model)
 - **Interview**
 - **Testing Activities Examples**
 - Laminating stimuli that will be touched so it can be wiped down
 - Having a place for patients to put their written work so they can be put aside for 24 hours
 - Cleaning all stimuli and not reusing for 24 hours
 - Repeated use of hand sanitizer
- *Refer to IOPC website for more information at each stage!*

The image is a horizontal composite of two photographs. The top photograph shows a person's hands in a white shirt gesturing over a desk with a computer keyboard and mouse. The bottom photograph shows a hand pointing at a large document or map on a desk. A dark horizontal band across the center contains the text 'Execution Plan' in white.

Execution Plan

Risk Management Considerations

Daniel O. Taube, JD, PhD

Risk Management in Resuming In-Person Neuropsychological Evaluations

- Risks of returning under the shadow of COVID-19:
 - Obvious health risks to:
 - Patients
 - Their families
 - Staff members
 - Neuropsychologists
 - The community
 - Some degree of added legal risk:
 - Licensing board complaints
 - Malpractice actions
 - Other governmental regulatory and investigatory processes

Risk Management (cont.)

- That does not mean it resuming in-person services is prohibited
- It does suggest that added caution and a deliberative process be used when determining the timing and manner of resuming such NP care
- Some practices and some patients will be more, or less, suited to earlier resumption of in-person care. For example,
 - As Maggie noted, greater urgency of the clinical issue (e.g., evaluation of a professional who continues to practice but may be experiencing significant cognitive decline)
 - Feasibility of engaging in remote vs. in-person assessment (consider the various IOPC's teleneuropsychology (TNP) and in-person models)
 - Logistical difficulties in providing TNP—which can be significant

Risk Management (cont.)

Seven Steps to minimizing risks:

1. Consultation with knowledgeable colleagues;
2. A thoughtful ethical and risk analysis process;
3. An articulation of the NP's reasoning for proceeding in-person with a particular patient;
4. The development and distribution to patients of office safety protocols and practices (based on CDC and local guidelines) for patients/clients, staff, and NPs.

Risk Management (cont.)

5. A thorough informed consent process with patients/clients, with a focus on the risks and benefits of in-person vs. remote care in the context of COVID-19 (see: The Trust's Consent for Returning to In-Person Psychological Services at <https://parma.trustinsurance.com/Resource-Center/COVID-19-Resources>, and APA's Consent document <https://www.apaservices.org/practice/clinic/covid-19-informed-consent>);
6. Ongoing monitoring of information/guidance provided by professional and governmental organizations
7. Careful documentation of ALL of the above

Risk Management (cont.)

Factors to consider in the above-mentioned analyses:

1. A individualized determination by the psychologist that in-person services are actually the best way to provide psychological care to the patient.
2. Each patient's/client's and immediate family members' health risk categories (this does not require a medical assessment, but rather, reasonable knowledge of the Center for Disease Control's [CDC], and the World Health Organization's [WHO], identified risk factors).
3. The health risk categories of psychologists and their staff.

Risk Management (cont.)

Factors to consider in the above-mentioned analyses:

4. The COVID-19 infection and fatality rates in the psychologist's community, if available.
5. The practical capacity of the psychologist to protect patients/clients and staff, as well as themselves, according to CDC, WHO, as well as state and local guidelines.
6. Whether local and/or state emergency and shelter-in-place orders are currently in effect (Some states may still only allow in-person care in emergency situations in the initial phase-in period).

Risk Management (cont.)

Factors to consider in the above-mentioned analyses:

7. Whether psychologists are deemed essential or critical workers in their jurisdictions and, even if they are, if there are other issues, like those outlined here, that make face-to-face contact inadvisable.
8. Whether, in the psychologist's jurisdiction, legal immunities have been put in place, or there has been an official relaxation of professional liability standards (in some jurisdictions, psychologists are considered front-line health providers and may have these kinds of protections).

Resources for General Mitigation Procedures

- **Center for Disease Control**
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#minimize>
- **World Health Organization**
 - World Health Organization: Getting Your Workplace Ready
https://www.who.int/docs/default-source/coronaviruse/advice-for-workplace-clean-19-03-2020.pdf?download=true&sfvrsn=bd671114_6
- **OSHA**
 - OSHA Guidance On Preparing The Workplace For COVID-19
<https://www.osha.gov/Publications/OSHA3990.pdf>
- **American Medical Association**
- Follow minimum guidelines at the very least; dependent on incidence level in your community/city/state, patient population, other joint usage of other mitigation strategies

General Mitigation Procedures

CDC guidelines recommends that you:

- Minimize Chance for Exposures
- Adhere to Standard and Transmission-Based Precautions
- Implement Engineering Controls of Physical Space
- Monitor and Manage Healthcare Personnel
- Implement Environmental Infection Control

IMPLEMENTATION VARIES MARKEDLY ACROSS SETTINGS AND LOCAL INCIDENCE DURING THIS ERA

FACTORS: setting, size of testing room, patient population (adult, pediatric, geriatric)

What Might a Set of Policies and Procedures for Returning Include?

- Some examples of what one might include in an in-person return policy (for a more comprehensive set of steps, see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatorycare-settings.html>)
- These are
 - Washing hands or providing hand sanitizer
 - Wearing masks
 - No hand-shaking
 - If possible, increasing ventilation in your office
- Reporting exposures to patients (without compromising confidentiality)
- Cancelling if ill (patient or provider)
- Re-arranging office seating
- Using touchless payment methods, if possible
- Scheduling changes
- Cleaning routines

Distribute your policies to patients and staff

Conclusion

- Returning to in-person NP is a difficult decision to make, in part because of fluid, rapidly evolving nature of the impact and understanding of COVID-19
- Being familiar with helpful resources, consulting, and documenting your rationale, are always good risk management strategies--and now is no different!
- Please feel free to call The Trust Advocate 800 line at (800) 477-1200 to obtain consultation about questions, concerns or challenging situations you encounter, whether related to COVID-19 or otherwise.

Additional Resources

- *CDC Preparing your Clinic :*
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html>
- *American Medical Association – Re-Opening Guide*
 - AMA (see page 4) <https://www.ama-assn.org/system/files/2020-05/physican-guide-reopening-practices-covid-19.pdf>
- IOPC Website: <https://iopc.online/>
- **IOPC reps:** APA Division 40: Maggie Lanca, PhD
ABPN: Randi Most, PhD ABN
AACN: Mark Barisa, PhD, ABPP
NAN: Jonathan Woodhouse, PhD, ABPP
- The Trust COVID-19 resources for Practitioners
 - <https://parma.trustinsurance.com/Resource-Center/COVID-19-Resources>

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Q&A



- Drs. Sammons and Martin will read 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.