Considerations for Evaluating the Appropriateness of Video-Based Telehealth

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> <u>1 CE Credit, Instructional Level: Intermediate</u> <u>1 Contact Hour (New York Board of Psychology)</u>

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Jonathan Perle, PhD, ABPP



Jonathan Perle, PhD., ABPP is a clinical child and adolescent psychologist and director of telepsychology at the West Virginia University School of Medicine. Dr. Perle's telehealth-focused work has resulted in peer-reviewed publications, a videoconferencing-focused book, professional presentations, expert interviews for media, consultative services including his participation in the APA's revision for the Professional Practice Guidelines for Telepsychology, and his design of one of the first recognized telehealth courses for clinical psychology students.



Disclosures/Conflicts of Interest

• I receive royalties for a telehealth-focused book I wrote. Some of the information presented in this webinar is from my research for this book.





Learning Objectives

- 1. Explain at least two clinical factors relevant to determining the appropriateness of video for clinical services.
- 2. Identify at least two technical or logistic factors relevant to determining the appropriateness of video for clinical services.
- 3. Discuss at least one equity-related consideration when evaluating why someone may be unable to utilize video for clinical services.



Outline

- (Very brief) Review mental health-focused research outcomes.
- Outline considerations for appropriateness for video-based telehealth.
- Resources.
- Q&A.



Question for Consideration...

• Who practiced telehealth prior to COVID-19?





Question for Consideration...

• How many of your have spoken on a phone to a patient?





Telehealth Goes WAYYYYY Back

THE LANCET,] NOTES, COMMENTS, AND ANSWERS TO CORRESPONDENTS. [Nov. 29, 1879. 819

METEOROLOGICAL READINGS.

(Taken daily at 8 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Nov. 27th, 1879.

Date.	Barometer reduced to Sea Level, and 32° F.	Direc- tion of Wind.	Dry Bulb	Wet Bulb	Solar Radia in Vacuo	Max. Temp Shade	Min. Temp	Rain fall.	Re- marks at 8.30 A.M.
Nov. 21 , 22 , 23 , 24 , 25 , 26 , 27	29.81 29.97 30.02 30.05 30.21 30.20 30.11	N.E. N. WNW E. E. E. N.E.	85 34 29 35 38 35 33	33 33 35 37 33 32	··· ·· ·· ··	36 35 38 40 41 37 40	32 31 25 29 34 32 31	0.28 0.15 0.04 0.10 0.06	Snowing Overcast Foggy Foggy Overcast Overcast

Aotes, Short Comments, and Answers to Correspondents.

PRACTICE BY TELEPHONE.

THE Yankees are rapidly finding out the benefits of the telephone. A newly made grandmamma, we are told, was recently awakened by the bell at midnight, and told by her inexperienced daughter, "Baby has the croup. What shall I do with it?" Grandmamma replied she would call the family doctor, and would be there in a minute. Grandmamma woke the doctor, and told him the terrible news. He in turn asked to be put in telephonic communication with the anxious mamma. "Lift the child to the telephone, and let me hear it cough," he commands. The child is lifted, and it coughs. "That's not the croup," he declares, and declines to leave his house on such small matters. He advises grandmamma also to stay in bed; and, all anxiety quieted, the trio settle down happy for the night.

- Experimenter.—The physiological effect of oxygen has not yet received the attention it deserves from the profession. Dr. Cornelius Fox's work on Ozone will give the most recent observations.
- Mr. J. F. McKechnie. We cannot prescribe. The case is one for a general practitioner to deal with. Seek advice at once. X. has forgotten to enclose his card.



Telehealth Goes WAYYYYY Back

 Nebraska Psychiatric Institute – 1950/1960s



 Memorial University of Newfoundland's Tele-Health and Educational Resource Agency (TETRA) - 1977





Defining Telehealth





Defining Telehealth¹





A (Very Brief) Overview of the Current State of Mental Health-Focused Video-Based Telehealth





Summary²⁻¹⁸

- Grew from technological advancement and clinical need.
- Patients want it!
- It's used and it works! (under certain circumstances)
- Generally high rates of satisfaction for patients/families and clinicians.
- Therapeutic rapport can generally be equal to in-person.
- Creates new practice, ethical, and legal considerations.
- Creates a need for additional education and training.



Summary¹⁹⁻²²

- International, including (but not limited to):
 - United States.
 - Canada.
 - Australia.
 - Brazil.
 - England.
 - Italy.
 - Africa.
 - India.
 - Israel.
 - China.



Evaluating the Appropriateness of Technology





Evaluating Appropriatness¹⁻²

- Considered an ethical imperative to adhere to APA Ethical Code.
- Considered a legal imperative to adhere to licensure standards.
- To determine appropriateness, clinicians should apply:
 - Available research.
 - Guiding organization documentation.
 - Ethical codes.
 - Legal statutes.



APA's 2024 Guidelines for the Practice of Telepsychology

Standard	Торіс	Description
1	Psychologist competence	Telepsychology is a series of competencies and, therefore, psychologists take reasonable steps to ensure awareness of evolving competencies as based upon up-to-date research and literature – content, technical, population, lifelong learning.
2	Ethical, legal, and administrative considerations	Psychologists are knowledgeable of ethics/legal of their practices, and strive to obtain and document informed consent, recognizing the distinct considerations associated with telepsychology provision.
3	Data security, management, and transmission	Psychologists ensure reasonable steps for security to protect from unauthorized access, disclosure, loss, or corruption.
4	Data disposal	Psychologists make reasonable efforts to dispose of PHI and related technologies used to create, store, and transmit such data.
5	Documentation	Psychologists create and maintain clinical records that identify and incorporate the specific administrative and clinical elements of telepsychology in accordance with ethics/legal requirements.
6	Interjurisdictional practice	Psychologists seek to be well-versed and comply with all laws, mandates, and regulations where patients are and across jurisdictional boundaries, both domestic and international.
7	Clinical best practices	Psychologists incorporate best practices to ensure quality that aligns with in-person standards.
8	Testing and assessment	Psychologists consider specific issues that may arise when conducting testing via telepsychology.
9	Emergencies	Psychologists take reasonable steps to ensure safety and establish plans for potential emergencies or dangerous situations at the patient's location.
10	Education, training, and supervision	Psychologists providing supervision of telepsychology usage, or using technology for general supervision ensure competency in services they supervise, technology used, and interactions.
11	Emerging technologies	Psychologists apply same ethical, legal, and empirical considerations/rigor to any new technology used.

NATIONAL REGISTER OF HEALTH SERVICE PSYCHOLOGISTS

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Evaluating Appropriatness^{1-2,41}

- Commonly cited considerations:*
 - Logistic.
 - Clinical.
 - Technical.
 - Past experiences.
 - Health literacy.



*Not all may apply to all situations.

- *Topics are not mutually exclusive.
- *Each consideration can apply to both the patient and clinician.
- *Some may be obvious, while others less obvious.
- *Each item could be a reason to or against video, varying by situation.



Important Logistic Considerations^{1-2,41}

- Patient/clinician has room appropriate for video.
- Location of patient/clinician (e.g., transportation, road conditions)?
- Disability?
- Safety net?
- Live in a location of clinician's license or interjurisdictional compact.



Important Clinical Considerations^{1-2,41}

- Treatment requires in-person strategies?
- Cognitive or sensory deficits?
- Safety concerns (SI, HI, firearms)?
- Substance use/abuse?
- High risk diagnosis?
- High risk for illness (e.g., immunocompromised)?
- Is it clinically-recommended or even helpful (e.g., agoraphobia, social anxiety, ADHD, OCD)?



Important Technical Considerations^{1-2,41}

- Have reasonable technology?
- Have reasonable/consistent internet?
- Comfort using and problem-solving technology?
- Possibility of fatigue or physical discomfort from technology?



Important Past Experiences Considerations^{1-2,41}

- Feelings on healthcare in general?
- Is dedicated to their treatment?
- History of good attendance for in-person services?
- Has attempted telehealth before?
- If received online services, how did they like?
- Established patient-clinician relationship?



Important Health Literacy Considerations^{1-2,41}

- Understands the importance of healthcare?
- Understands basics of psychological healthcare?



Helpful Tools

• Peter Shore's ASH-25²³⁻²⁴

SECTION 8: SUPPORTING DOCUMENTS

ASH-25 A Structured Guide for the Assessment of Suitability for Home Based Telemental Health

EXAMINER:

There are several variables that comprise a goodness of fit between patient, provider and this pilot program. Please fill out spaces according to your direct knowledge, either by way of medical records review, interview with patient, their previous and/or current and/or former providers.

Background

2

3

If stigma a concern for Veteran, please indicate:

Please circle the response that best represents your interpretation and objective i substance abuse/dependence, active suicide ideation with intent and untreated th

MOTIVATION FOR MENTAL HEALTH TREATMENT (CURRENT)

Ambivalent. Pre-contemplative. Contemplative (provider recommended treatment and home based program). Action (Veteran requested treatment). Maintenance (transfer from current MH provider).

PREVIOUS MENTAL HEALTH TREATMENT COMPLIANCE

Multiple cancellations / no-shows. Variable no-shows / cancellations (difficult to determine pattern). Relatively compliant (pattern consistent with good compliance, but occasional). Compliant.

5. PREVIOUS MENTAL HEALTH TREATMENT SUCCESS / FAILURE

- Multiple drop outs of time limited treatments.
- 1 Majority of failures/incomplete treatments.
- 2 Variable successes/failures to complete.
- 3 Majority of successes/completion of treatments.

• Perle's Checklists¹

Comprehensive Provider Checklist 185

Component	Description	Done?
 Reviewed legal guidelines 	Knowledgeable of state and national (or country) laws relevant to general clinical services.	
	Knowledgeable of state and national (or country) laws relevant to technology use in clinical services.	
	Knowledgeable of laws related to involuntary hospitalization in all locations of practice.	
	Licensed in all jurisdictions of practice, or entered into interjurisdictional compact for all states of service provision	
 Evaluated patient appropriateness 	Evaluated patient's general feelings towards mental health services.	
	Evaluated patient's general feelings and comfort towards technology.	
	Evaluated if patient has attempted psychological services in past, and outcomes (e.g., positive experience, helpful, would do again).	
	Evaluated if patient has attempted telepsychology-based services in the past, and outcomes (e.g., positive experience, helpful, would do again).	
	Evaluated patient's feelings about specifically receiving videoconferencing.	
	Evaluated if patient has any cognitive or sensory issues that may create challenges for videoconferencing.	
	Evaluated if patient has a high-risk mental health diagnosis.	
	Evaluated if patient has suicidal ideation, plan, or intent.	
	Evaluated if patient has homicidal ideation, plan, or intent.	
	Evaluated if patient has access to firearms or other weapons (e.g., knives, machinery).	
	Evaluated if patient is actively using alcohol or other legal substances.	



Considerations of Equity





- "If video is available to nearly everyone, isn't it the patient's fault for not receiving services?"
- "Everyone has access to telehealth at this point, so it's the patient's fault for not getting care."





- "Evidence is scarce regarding disparities in telehealth utilization in the United States." (Zhang et al., 2021).
- Most research is data from COVID-19.
- May not be 100% equitable across races/ethnicities.

• Appropriateness extends beyond factors and also should include finances and accessibility of the available options.



Use Video/Telehealth More:	Less Likely to Use Video/Telehealth:
• Younger (~18-44)	• Older
• White	Hispanic, Asian, Black
Female	• Male
English-speaking	Culturally and linguistically diverse
Married or living with a partner	• Single
Higher education	Lower education
Higher income	Lower income
Urban area	Rural area
Broadband coverage	Limited coverage and data plans.
Full home	Mobile home or trailer
Non-disabled	Disabled
Health literate	Lower health literacy
Private health insurance	Commercial insurance or uninsured



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Why Accessibility Disparities?

- Those most benefitting from telehealth have the most access issues.
- Benefits are contingent on one's *ability to access* the available resources.





Take Aways

- An assessment is warranted to ensure patient can benefit to a degree comparable to in-person care.
- Don't assume everyone is equally able to benefit from a video-based service.
- Don't assume everyone who has access to video has equal ability to utilize it.
- As things change, ensure ongoing continuing education.
- Patients should have input, but not be the driving force.



Clinical Resources

- Helpful Articles:
 - McCord, C., Bernhard, P., Walsh, M., Rosner, C., & Console, K. (2020). A consolidated model for telepsychology practice. *Journal of Clinical Psychology*, 76(6), 1060-1082. <u>https://doi.org/10.1002/jclp.22954</u>
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 - Maheu, M. M., Drude, K. P., Hertlein, K. M., Lipschutz, R., Wall, K., & Hilty. D. M. (2018). Correction to: An interprofessional framework for telebehavioral health competencies. *Journal of Technology in Behavioral Science*, 3(2), 108-140. <u>https://doi.org/10.1007/s41347-018-0046-6</u>



Clinical Resources

• Helpful Books:





Q&A With Dr. Perle



- We will now discuss 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.



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