

Behavioral Health Institute (BHI)
Training, Workforce and Policy Innovation Center
TeleBehavioral Health 101 Training Series

Behavioral Health Telehealth Resource

Visit our [website](#)

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Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

The Behavioral Health Institute (BHI) Is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment. The BHI established initial priority programs which include:

- Improving care for youth and young adults with early psychosis
- Behavioral Health Urgent Care Walk in Clinic
- Expanded Digital and Telehealth Services
- Behavioral Health Training, Workforce and Policy Innovation Center

WEBINAR LOGISTICS

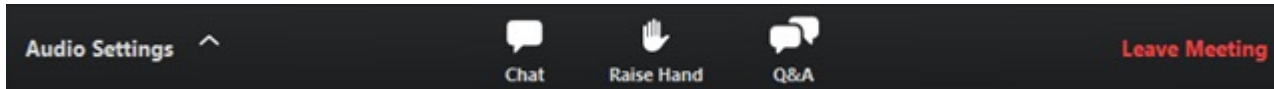
CHAT Box

- We'll share info about logistics
- Let us know if you are having tech issues
- To you: from our training team
- From you: only visible to hosts/panelists
- NOT for content-related questions (see next slide)

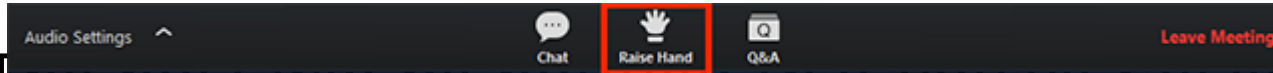
WEBINAR LOGISTICS

Q & A

1. Type question into Q&A Window



2. Raise hand (*will be called on/unmuted in order*)
Click **Raise Hand** in the Webinar Controls.



The host will be notified that you've raised your hand.

Click **Lower Hand** to lower it if needed.



TeleBehavioral Health 101 Series

TeleBehavioral Health 101 is a 6-module online series as follows:

- Session 1: TeleBehavioral Health Overview and Policy*
- Session 2: Getting Started: TeleBehavioral Health Myths, Facts, Security, & Privacy
- Session 3: Getting Started: Do's & Don't's, Workflows, and Safety Planning
- Session 4: Billing & Reimbursement for TeleBehavioral Health
- Session 5: Clinical Engagement over Telehealth
- Session 6: Clinical Supervision in Telehealth

*Please note that Session 1 meets Washington State SB6061 training requirements (effective Jan. 1, 2021) for clinicians providing telehealth services.

DISCLAIMER

- Speaker has no relevant conflicts of interest to disclose.
- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Federal and state policies change frequently.
- Always consult with legal counsel.

DISCLOSURE

Planner Disclosures:

The following series planner have no relevant conflicts of interest to disclose:

- Melody McKee SUDP MS
- Cara Towle MSN RN MA
- Kimbo Smith MA Med
- Bradford Felker MD

Speaker Disclosures:

- No speakers in this series have any reported conflicts to disclose.

We gratefully acknowledge the support from



and



BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH:

TeleBehavioral Health 101

GETTING STARTED: DO'S DON'TS,
WORKFLOW, AND SAFETY PLANNING

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Senior Advisor Behavioral Health
Institute Professor, University of
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SESSION #3 OBJECTIVES

- > Describe one key element related to setting up one's professional office to use when caring for patients virtually.
- > Describe one key element related to preparing the patient to have a professional virtual encounter.
- > Describe one key element related to safety planning when caring for patients virtually.

Overview for today

- > Setting up your office for a virtual session
 - Do's and Don't's to creating a professional virtual session
- > Workflow considerations
 - Logical steps to think through prior to your first session.
- > Setting up the patient for their virtual session
 - Do's and Don't's to creating a professional virtual session
- > Safety planning
 - Delivering care to a clinic
 - Delivering care to the patient's home

Setting up your professional space

Do:

1. Look at space where you will be providing care.
2. Make sure it is quiet and nobody can come into this space during a session.
3. Make sure you remove any potentially unprofessional material that could be seen.
4. Make sure lighting is good and you are not back-lit.
5. Do turn on your camera and look at yourself and your background. Do you approve?
6. Do set up your camera so that you are eye level.
7. Do where plain colored non-suggestive clothes “telehealth blue”.

Setting up your professional space

Don't:

1. Provide care in a busy place lacking privacy.
2. Have a busy background with personal or potentially offensive material within sight.
3. Don't wear clothes the blend into the background, avoid being a "Floating head".
4. Don't wear bright patterned cloths.
5. If using a self-screen, drag it to just below the camera.
 1. Impossible not to look at yourself.
 2. Number one complaint is provider did not make eye contact with the patient.
 3. Don't position camera so that you are looking down or up at the patient.

Workflow considerations

Do: consider step-by-step details related to workflow

1. How are referrals made?
2. How are appointments made?
3. How will the patient and provider be notified about the appointment?
4. Where is the patient going to be (home, clinic, other)?
5. Does the patient or clinic have HIPPA compliant software?
6. Does the patient know how to use the software?
7. Would they benefit from a tech call for set-up?

Workflow considerations

Do: consider details related to workflow

1. How do you plan to document in the EHR and will you need to document in multiple EHRs?
2. When the encounter is complete, how to you schedule f/u appts?
3. Do understand details related to your billing system and code appropriately.
4. If consultation is needed, do understand how and where to refer the patient for routine consults.

Workflow considerations

Don't:

1. Assume the patient will be automatically checked into the clinic room. Prior to clinic, check to see who you will be working that day and get their contact information.
2. Assume that all staff at a clinic is familiar with providing support for virtual appointments. As previously noted, check in prior to clinic with who will be supporting you to assure they are prepared and knowledgeable.
3. If providing home-based care, don't assume patient will be familiar with using the equipment. May want to build in extra time at first while the develop expertise.

Setting up your patient for their session.

Do:

- Get Informed Consent either in writing prior, or verbally at first session then clearly document.
- Main components of any Informed Consent include
 - Nature of the recommended intervention (Telehealth)
 - Capacity to make a decision
 - Benefits of intervention
 - Risks of intervention
 - Option to refuse the intervention

Don't:

Assume this is obvious. This is a recommended form of treatment. If you want to set the professional setting correctly, must set the professional tone from the start.

Setting up your patient for their session.

Do:

-Review specifics:

1. Expected benefits (e.g., access, decreased travel).
2. Risks (e.g., transmission over internet, so hacking), this low risk due to encryption, but need to review it esp. if not using HIPPA software.
3. Limits to confidentiality (Usual rules for disclosing medical information such as court order, medical urgency, threats, etc.).
4. Appt. is a professional meeting, so adhere to professional behavior (dress appropriately, no alcohol, MJ, drugs) Assure they have a confidential space prepared.
5. Set boundaries for communications outside of session (emails, phone msgs., etc.).
6. Review option to refuse and what other treatment options would then be available.

Setting up your patient for their session.

At start of each session:

Do obtain following information:

1. Location patient during the planned session.
2. Back-up phone number to be used if CVT session fails.

Don't assume they are in the same place every session esp. if providing home-based care.

Do have a non-emergent back-up plan.

For example:

1. If video fails, close session and prepare for provide to re-connect.
2. If unable to re-connect, provider will call by phone at a previously agreed upon phone number.
3. Can put this information into a header if easier to be cut and pasted into each note.

Setting up your patient for their session.

Don't:

1. Lose control of your boundaries (allow others to wander in and out of session, allow personal email and phone to be used for communication).
2. Allow them to record the session (though they will if they want).
3. Allow a non-professional space with poor lighting (help them get oriented), may want to help them with lighting and room presentation.
4. Don't allow smoking, drinking, or MJ use.
 - Yes, I know it is legal.
 - Yes, I know I already said this, but you will be surprised how often this comes up in session!
5. Don't panic if tech fails, assure patient this can happen and have a plan on what will happen in non-urgent and urgent settings.

Setting up your patient for their session.

Don't forget to document!

1. Document information relayed.
2. Documented expected behaviors.
3. Document risks esp. if not using HIPAA compliant software.
4. Document Informed Consent completed.

Safety Planning When providing care to a clinic

Do:

1. Have an initial and follow-up Safety Plan.
2. Document, recommend using a standard header that can be pasted into each note and updated as appropriate for each session.
3. If providing care to a clinic, be sure to confirm the following:
 - a. Location of the clinic
 - b. Identified individual at clinic (Jane Smith IT) who can be contacted in case of tech failure, their number, and what do to if CVT drop (attempt to re-connect, call via phone at XXX-XXX-XXXX). Do routinely try these numbers to be sure they work. Will document each appt.
 - c. Identified individual at clinic (John Smith RN) who can be contacted in case of clinical emergency, their number (XXX-XXX-XXXX). Do routinely try these numbers to be sure they work. Will Document each appt.
 - d. Document use of e911 at 267-908-6605 and ask to be connected to emergency services for the location of the emergency.**
 - e. Document your location and number.
 - f. Do review with clinic staff protocol to be used if someone needs to be admitted.

Safety Planning when providing care to home

Do:

1. Have an initial and follow-up Safety Plan.
2. Document, recommend using a standard header that can be pasted into each note and updated as appropriate for each session.
3. If providing care to home or another site, be sure to confirm the following:
 - a. Location of the patient at time of session (address in case e911 is needed)
 - b. If possible, identify and document an individual (John Smith family/friend) who would be willing to be contacted in case of clinical emergency and their number (XXX-XXX-XXXX).
- 3. Document use of e911 at 267-908-6605 and ask to be connected to emergency services for the location of the emergency.**
4. Document your location and number.

Don't:

1. Forget to have an idea of general clinic, ER, other services in the area where care is being provided.

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BEHAVIORAL HEALTH TELEHEALTH RESOURCE

For more information including upcoming training
& additional resources:

Visit us online:

<https://bhi-telehealthresource.uwmedicine.org/>

Email us:

melmckee@uw.edu

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Visit our [website](#)

Email: melmckee@uw.edu

Slides & resources will be posted after the session

<https://bhi-telehealthresource.uwmedicine.org/>

April 8

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After today's session:

- Required Registration at [Pre-Registration \(iths.org\)](https://iths.org)
- Post-webinar email:
 - Evaluation - required for each session to obtain a Certificate of Completion.
 - CME information – nominal cost.
 - Certificate of Completion - no cost.
 - May be able to use Certificate of Completion to meet CE requirements.

April 8

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TELEBEHAVIORAL HEALTH 101

- **6-module Online Self-Study***

Or...

- **6-session Interactive Webinar**

<https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series>

Register at: https://uw-phi.zoom.us/webinar/register/WN_64sfo7hrT-6TOibLXQUxIQ

- Introduction to TeleBehavioral Health and Policy Overview* (webinar 11am-12pm on 1/8/21)
- Getting started: Facts & Myths, and Security & Privacy (webinar 11am-12pm on 1/22/21)
- Digital Health Do's & Don't's, Workflows, and Safety planning (webinar 11am-12pm on 1/29/21)
- Billing and Reimbursement for TeleBehavioral Health (webinar 11am-12pm on 2/5/21)
- Clinical Engagement over Telehealth (webinar 11am-12pm on 2/12/21)
- Clinical Supervision in Telehealth (webinar 11am-12pm on 2/26/21)

***Session 1 will meet the requirements for telehealth training as established by Washington SB6061, effective January 2021. A certificate will be issued for each module completed.**

Please see next slide for CME information....

TELEBEHAVIORAL HEALTH 101

CME Information

▪ 6-module Online Self-Study*

<https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series>

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this enduring material for a maximum 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learners have the opportunity to complete up to 6 modules, with each module accredited for 1 *AMA PRA Category 1 Credit™*.

▪ 6-session Interactive Webinar

Register at: https://uw-phi.zoom.us/webinar/register/WN_64sfo7hrT-6TOibLXQUxIQ

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of 6 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.0 credits)

*******Learners may obtain CME credits from the online self-study module OR the webinar series, but not both.*******

TELEBEHAVIORAL HEALTH 201 SERIES

Monthly series: 3rd Friday of each month, 11am-12pm PST:

- **10/23/20 – TELEHEALTH POLICY – THE CHANGING FEDERAL AND STATE LANDSCAPE**
- **11/20/20 – PREPARING PATIENTS & TECHNOLOGY for TELEHEALTH**
- **12/18/20 – DOING GROUPS over TELEHEALTH**
- **01/15/21 – MOBILE HEALTH (mHEALTH) FOR SERIOUS MENTAL ILLNESS**
- **02/19/21 – PROVIDER SELF-CARE & WELLNESS in the ERA of TELEHEALTH and COVID**
- **03/19/21 – BEHAVIORAL HEALTH APPS**
- **04/16/21 – CHILDREN and TELEBEHAVIORAL HEALTH**
- **05/21/21 – APPLYING TELEHEALTH to SUD TREATMENT in COMMUNITY-BASED SETTINGS**
- **06/18/21 – (tentative) CULTURAL COMPETENCE & HUMILITY in TELEBEHAVIORAL HEALTH**
- **07/16/21 – APPLYING TELEHEALTH to MEASUREMENT-BASED CARE**
- **08/20/21 – SUICIDE RISK ASSESSMENT over TELEHEALTH**
- **09/17/21 – COUPLES & FAMILY THERAPY over TELEHEALTH**

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH SESSION ATTENDED

CME Accreditation

Register at: https://uw-phi.zoom.us/webinar/register/WN_6GBzJWGXRE6yNM9N_fRIjA

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of **12 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.0 credits)

TELEBEHAVIORAL HEALTH 101 and 201 SERIES

Continuing Education for Social Workers

This series has been approved for CEUs by the Washington Chapter, National Association of Social Workers (NASW) for Licensed Social Workers, Licensed Marriage & Family Therapists and Licensed Mental Health Counselors. Our Provider number is #1975-433. (Each session is 1 credit)

CME-accredited Case Conference Series for Washington State Healthcare Providers

Psychiatry & Addictions Case Conferences (UW PACC-ECHO)

Didactic presentations and case consultations

12:00-1:30 pm, Thursdays

uwpacc@uw.edu ictp.uw.edu/programs/uw-pacc

UW TelePain series

Didactic presentations and case consultations

12:00-1:30 pm, Wednesdays

telepain@uw.edu

<https://depts.Washington.edu/anesth/care/pain/telepain>

CME Accreditation

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of **72 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.5 credits)

Telephone Consultation Services for Washington State Healthcare Providers

Psychiatry Consultation Line (PCL)

for prescribing providers with adult psychiatry and/or addictions questions

Staffed 24/7

877-WA-PSYCH (877-927-7924) | pclwa@uw.edu | <https://pcl.psychiatry.uw.edu/>

Partnership Access Line (PAL)

for primary care prescribers with child and adolescent psychiatry questions

8am - 5pm, Monday - Friday (excluding holidays)

866-599-7257 | paladmin@seattlechildrens.org

| www.seattlechildrens.org/PAL

PAL for Moms

for providers with behavioral health questions related to pregnancy and postpartum

9am - 5pm, Monday - Friday (excluding holidays)

877-PAL4MOM (877-725-4666) | ppcl@uw.edu | www.mcmh.uw.edu/ppcl

UW TelePain Hotline

for providers caring for patients with complex pain medication regimens, particularly high dose opioids

8.30am – 4.30pm, Monday - Friday (excluding holidays)

1-844-520-PAIN (7246) | Staffed by UW Division of Pain Medicine pharmacists and physicians