

Applying Telehealth to Measurement-based Care

TeleBehavioral Health 201 series

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Learning Objectives

By the end of this session, participants should be able to:

- **Summarize the role of measurement-based care in effective psychiatric treatment.**
- **Describe how to prepare for a telehealth visit.**
- **List strategies for carrying out briefer tele sessions:**
 - **Recognize the utility of brief sessions**
 - **Review an example outline for a 30-minute patient appointment**
 - **Improve effectiveness of client contact in other settings using the 30-minute session structure**
 - **List strategies for using measurement-based care in tele settings [screeners / trackers]**



Outline

Tele mental health – accelerated of necessity.

Don't want to lose efficacy of Measurement-Based Care.

Working with less bandwidth means more structure, more planning needed.

Strategies: e.g., how to get screeners / trackers done.



Zoom Polls

- **Complete the questions that will come up on the screen**

Polling 1: Polling Questions Edit

1.What is your favorite color?

Red

Green

Blue



How well is telehealth working for you?

- **Awesome!**
- **Pretty good**
- **Could be better**
- **A disaster**



Poll – What kinds of activities are you doing via telehealth (including phone)?

- **Case Management visits**
- **Check-ins – outreach / engagement**
- **Intakes**
- **Psychotherapy**
- **Psychiatric visits**



Poll – How many contacts are presently done by telephone only?

- **100%**
- **75-99%**
- **50-75%**
- **25-50%**
- **0-25%**



Poll – Do you want to keep working from home?

- **Yes, from now on**
- **Yes, but not every day**
- **Not at all**



Measurement-based care review

- Virtually all randomized controlled trials with **frequent and timely feedback** of patient-reported symptoms to the provider during the medication management and psychotherapy encounters significantly improved outcomes.



Telehealth realities / advantages

- Here to stay (how much yet to be determined...)
- Reaching populations based on need rather than the ability to present for care.
- Many models of mental health treatment can be provided this way – you may need some adjustments in the way that you do it.



Remote measurement-based care

- **Reviewed 13 RCT's.**
- Ecological momentary assessment (EMA) research provides evidence that remote assessment may minimize recall bias, memory inaccuracies, demand characteristics, and threats to ecological validity
- Self-report scales were delivered via text messages and mobile phone or web-based applications.
- The majority of participants said they would recommend the RMBC intervention.



Community Mental Health Care Delivery During the COVID-19 Pandemic: Practical Strategies for Improving Care for People with Serious Mental Illness

Offer a spectrum of options for remote and in person care:

- **In-person care in the community**
- **Clinic-based care in a larger room that allows physical distancing;**
- **Clinic-based telehealth, in which the client is accommodated in a private clinic office for a telepsychiatry session with their provider;**
- **Telehealth encounters with clients at home or in the community.**
- **Clinic-delivered care can also be extended by coaching family members, establishing linkages to warm lines, and supplemental forms**



Responding to limited bandwidth

Clients may not have access to the hardware, software, or data plans required for telepsychiatry.

Both staff and service users may require several learning sessions to become proficient enough for independent use.

Providers should aim to increase the frequency (and perhaps reduce the duration) of their client encounters (e.g., transition from one weekly 30-min session to twice weekly 15-min sessions).

Kopelovich et al



Paperwork Challenges

- **How do you move “paperwork” back and forth with clients?**
 - Mail?
 - Email?
 - Client Portal?
 - Sharing photos of handwritten practice assignments via secure messaging, screen-share function. (Hold doc up to camera to allow the provider to take a screenshot.)





Brief Treatment Sessions – see AIMS Center 30-minute session handout

- Broader use of telehealth is showing some practice trends already, including **brief sessions**
- Some kinds of brief-session treatment shown effective, e.g., Problem-Solving Therapy
- **How do you get the most out of a brief session?**

Outline for brief tele sessions

This assumes a 30-minute contact:

1. Greeting and Agenda Setting [5 mins]

2. Review and Provide Treatment [20 mins]

3. Outline Next Steps in Care [5 minutes]

30-Minute Follow-up Appointments

The following outline provides a behavioral health care manager (BHCM) guidance on how to structure a 30-minute follow-up appointment while continuing to cultivate a therapeutic relationship with a patient.

Prior to the Follow-Up Appointment

- At the initial assessment discuss the importance of setting an agenda for follow-up sessions. Set a standard appointment agenda with the patient to guide future appointments.
- When possible, have the patient complete the behavioral health measure, i.e. PHQ-9, at home the same day as the appointment, or in the waiting room before the appointment begins.
- If the follow-up appointment is in-clinic, greet the patient on the walk back to or as the patient settles into the office. This is an opportunity to ask a focused question about treatment. An example of this might be, "How did it go trying to get out of the house more this week?"

Follow-Up Appointment Outline

1. Greeting and Agenda Setting (5 minutes)
 - Review standard appointment agenda together
 - Review treatment goals and concerns
 - Ask about continuing with current treatment goals
 - Ask if there are new treatment goals to add to the agenda
 - Ask if there are any new or pressing concerns to add to the agenda
 - Reach agreement on the agenda
2. Review and Provide Treatment (20 minutes)
 - Review behavioral health measure scores and discuss any changes
 - BHCM to consider: is provisional diagnosis still on track?
 - Address urgent patient concerns, if any
 - Check in on new or current medications (if applicable)
 - How's it working? How often are they missing doses? Any side effects?
 - Address any concerns about medications or barriers to taking them consistently
 - Deliver behavioral health interventions and psychotherapy, review and update treatment plan
 - Review assignments from previous session
 - Discuss progress on and practice behavioral health strategies
 - Relate these to patient goals, reinforce small gains, problem solve challenges, adjust behavioral health treatment strategies and goals (if applicable)
 - Review with the patient: do we need to intensify treatment?
 - Introduce new behavioral health interventions (if applicable)
 - Check on referrals and problem solve any referral barriers (if applicable)
3. Outline Next Steps in Care (5 minutes)
 - Confirm assignments for next session
 - Who responsible for any follow-up/tasks?
 - For example, does patient have a behavioral activation goal to walk 3 times/week? Did BHCM agree to check-in with a referral source or psychiatric consultant on medications?
 - Set next appointment, and assist with other clinic appointments or appointment reminders, as needed
 - Provide patient with care plan and follow-up paperwork



Preparation for 30-Minute Appointments with Clients

1. Orient and consent clients to 30-minute session (see resources and handouts)
2. Start with focused questions like **“how has your mood been the last week?”** or **“how did it go getting out of the house more?”** to center the appt on treatment and treatment plan, rather than offering an open-ended invitation to dialogue about new issues
3. **Create space for rapport building:** Invite the client to partner in setting an agenda together to **“make the best use of our time together”**



1. Greeting and Agenda Setting

[5 mins]

- **Review standard appointment agenda together**
- **Review treatment goals and concerns**
 - Continuing with current treatment goals
 - New treatment goals?
 - Other new or pressing concerns?
- **REACH AGREEMENT ON AGENDA**



Using measurement tools

Example: PHQ-9 - Useful for all the usual reasons: measurement-based care makes a difference

- **Place squarely in the beginning of the call agenda.**
- **Send paper or PDF ahead of time**
- **Let client know this is coming – they can do pre-work**
- **Patient Portals**
- **OR: approach conversationally**
 - **If they talk a lot- get some detail and return to the screener by not asking as many questions- you can come back to any item later if needed.**



2. Review and Provide Treatment

[20 mins]

- **Review behavioral health measure scores, if any**
- **Address urgent client concerns, if any**
- **Check in on new or current meds [if applicable]**
Barriers to taking consistently?
- **Deliver behavioral health interventions, review and update treatment plan**
 - **Review assignments from previous session**
 - **Discuss progress on and practice behavioral health strategies**
- **Check on referrals and problem solve any referral barriers [if applicable]**



3. Outline Next Steps in Care [5 minutes]

- **Confirm assignments for next session**
 - **Who is responsible for any follow-up/tasks?**
- **Set next appointment**
- **Provide client with care plan and follow-up paperwork**



Will Brevity Impact Therapeutic Alliance?

- Psychotherapy outcome is all about therapeutic alliance
- Essentially **no data exists relating session length to strength of therapeutic alliance**
- Client EXPECTATION of the conduct of sessions IS important, and speaks to orienting the client to the call agenda

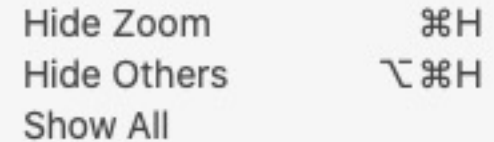
Client Preparation



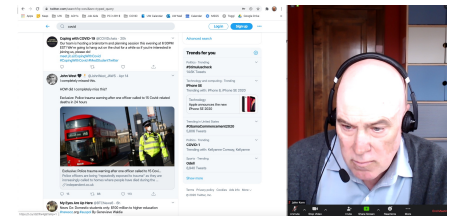
- **Try to ensure privacy**
 - Headphones an easy upgrade
 - Ask who is in the room
- **Plan to have phone numbers in case video not working**
- **Check on client location in case of emergency**
- **Send paperwork ahead of time, e.g., PHQ, worksheets, treatment plans, consents if able**

Self-discipline for tele-clinicians

- Close other screens (except maybe EMR)
- “Energetically use your active listening skills”
 - Remember you are often on a little tiny screen right next to Twitter
- Keep an eye out for YOUR wavering attention at about 20 minutes. Don’t click away!



Hide Zoom ⌘H
Hide Others ⌘⇧H
Show All





Using the Telephone – A Way to Increase Contact and Engagement

- **Less bandwidth a challenge**
- **But often the only tool acceptable to older adults**





Telephone Considerations

- **Privacy more challenging when you can't see the client's room**
- **Engagement needs more attention – this is a real appointment!**
- **Be more organized ahead of time, set an agenda, send screener ahead of time.**
- **Be prepared to cover less than you would with another modality**
- **More actively structure calls, avoid chit-chat**



Structure for Telephone Contacts

- **Ask them if this is still a good time – set another time if not**
- **Have no distractions yourself and ask them not to have them either**
- **Set agenda for the call – check on PHQ-9, medications and behavioral activation or have a PST session**
- **Do PHQ-9 early in call – this helps to plan for the rest of the call**
- **End with plan for next appointment or call**



Tips for doing Screeners: e.g., PHQ9/GAD7

- **Send one to patient if possible, share it on screen if video contact**
- **Discuss with patient the structure and importance of the screener**
- **Ask each item- probably need to repeat the choices each time until they use the words themselves in the answers.**
- **If they talk a lot- get some detail and return to the screener by not asking as many questions- you can come back to any item later if needed.**

Telehealth Tips from AIMS Center

Conducting Telehealth Appointments with your Patients

It is increasingly common for behavioral health providers (BHPs) to be asked to engage patients and conduct visits by videoconferencing or other HIPAA compliant technology. The Office of the National Coordinator for Health Information Technology defines synchronous telehealth visits as “a two-way audiovisual link between a patient and a care provider” (Healthit.gov, 2017). The following are some tips for BHPs to consider when conducting synchronous telehealth visits.

Note: Due to the COVID-19 public health emergency, many payers have loosened billing, technology, and other requirements for conducting telehealth visits. Check first with your payer for updated guidance during this time.

Preparing for the Visit

Technology & Appearance

- If working from a non-clinic location insure you are in a private space that is free from distractions (e.g children, pets)
- Is the video platform HIPAA compliant? *(See HIPAA guidance during COVID-19 response)*
- Is the internet connection stable? Consider using a wired connection if this is an issue.
- Check hardware: Is the computer charged or plugged in? Are the camera and microphone functioning?
- Check video platform by running a test meeting: Are meeting audio and video controls functioning?
 - Troubleshooting: Is the volume turned up? Is the microphone unmuted?
- Ensure that the background and your personal appearance are professional.
 - Optimizing: Is your face visible? Do you fill the frame? Are there distractions in the background?
 - Avoid wearing bright patterns or stripes, as this can become visually confusing on the screen.
- Ensure that lighting is adequate. Consider moving near a natural light source.
 - Optimizing: Are there unsightly shadows or backlighting?

Clinician Preparation

- Practice setting up the visit in the video platform, troubleshooting controls, adjusting lighting and technology.
- Practice speaking directly into the camera if appropriate.
- Block time in your schedule just like you would for a regular appointment.
- Ensure that a **consent procedure** is in place for patients to acknowledge risk and benefits of a visit using a videoconferencing, such as:
 - Risks: technology could become disrupted during your call; others could access the transmission (although unlikely).
 - Benefits: ease of access for some with limited mobility or transportation issues.

Patient Preparation

- Ensure that the patient will have privacy for the visit and ask them to avoid any interruptions.
- Identify a backup communication method should video technology fail (i.e. phone number).
- Send the PHQ-9 or other behavioral health measures to patient in advance (i.e. mail, patient portal). Request the patient complete prior to the visit. Check with your organization about protocols for completing the PHQ-9 or other behavioral health measures at home or via patient portal.
- Be prepared to identify the patient’s location for the visit. This is both to verify jurisdictional matters regarding state licensure as well as provide a destination for emergency aid if patient should decompensate during visit.

Provider and Patient materials about brief tele sessions from AIMS Center

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Introduction:

Your clinician will be interacting with you largely by phone or video for some time to come. We have discovered that these contacts tend to be brief, and that to organize them helps us use our time with you in the most helpful way.

Prior to the Appointment

- Think ahead of time about:
 - what you and your clinician talked about last time,
 - whether you have any homework, and
 - any new concerns that you might have about your progress in treatment.

Plan for an effective 30-minute brief call or video session:

1. **Greeting and Agenda Setting (5 minutes)**
 - Review treatment goals and concerns.
 - How is it going with current treatment goals?
 - Might there be new treatment goals to add to the agenda?
 - Do you have any new or pressing concerns to add to the agenda?
 - Reach agreement on the agenda.
2. **Review and Provide Treatment (20 minutes)**
 - Review behavioral health measure scores and discuss any changes.
 - Address any new patient concerns you may have.
 - Check in on new or current medications (if applicable):
 - How's it working?
 - Any side effects?
 - Any barriers to taking them consistently?
 - Engage with behavioral health interventions and psychotherapy, review and update treatment plan:
 - Review progress on assignments from previous session.
 - Do we need to intensify treatment?
 - Learn new behavioral health interventions (if applicable.)
 - Check on referrals and problem solve any referral barriers (if applicable.)
3. **Outline Next Steps in Care (5 minutes)**
 - Confirm assignments for next session
 - Who is responsible for any follow-up/tasks? For example:
 - Do you have a behavioral activation goal, like to walk 3 times/week?
 - Did clinician agree to check-in with a referral source or psychiatric consultant on medications?
 - Set next appointment
 - Making sure you get care plan and follow-up paperwork

Concurrent Documentation to Support Brief Sessions – An Example

- Improved timeliness of billing and supporting clinical documentation
- Improved quality and usefulness of clinical documentation
- Reduction in time spent in documentation
- Improvements in the quality of work life of clinicians
 - Less time spent documenting
 - Feeling caught-up all day
 - Being finished with work at the end of the client day





Questions

