

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

TeleBehavioral Health 301 Training Series

Behavioral Health Telehealth Resource

Website: <https://bhinstitute.uw.edu>

Email: bhinstitute@uw.edu

March 18, 2022

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

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

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

WEBINAR LOGISTICS

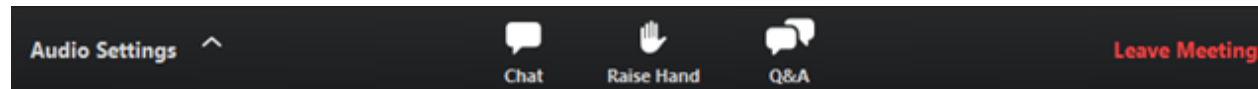
CHAT Box

- 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)

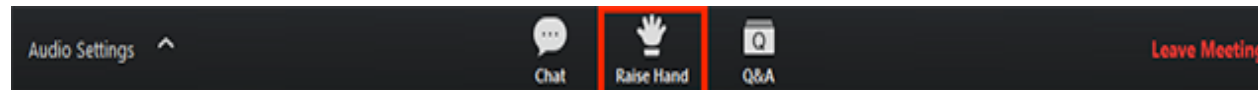
WEBINAR LOGISTICS

Q & A

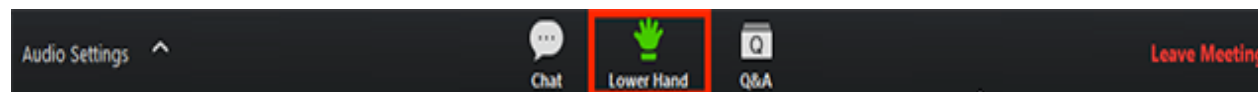
1. Type question into Q&A Window
2. Raise hand (will be called on/unmuted)
 - Click Raise Hand in the Webinar Controls



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



- Click Lower Hand to lower it if needed



Speaker Disclosures

None of the series speakers have any relevant conflicts of interest to disclose.

Planner disclosures

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

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Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Always consult with legal counsel.

We gratefully acknowledge the support from



BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH

TeleBehavioral Health 301

CREATING A PROFESSIONAL ENCOUNTER:

Assessing for Appropriateness, Addressing The Digital Divide, Informed Consent

BRADFORD FELKER MD

VA PUGET SOUND

UW BEHAVIORAL HEALTH INSTITUTE

MARCH 18, 2022

Learning Objectives:

1. Be able to describe factors to consider when deciding if a patient would be appropriate for a video appointment.
2. Be able to define The Digital Divide.
3. Be able to describe core elements of obtaining Informed Consent.

Is the client appropriate for a Clinical Video Teleconferencing appointment?

- First ask yourself a series of questions related to different factors that should be addressed to offer a professional Clinical Video Teleconferencing (CVT) appointment:
 - Non-clinical factors.
 - Clinical factors related to the client.
 - Clinical factors related to the type of services you and your clinic offer.

Is the client appropriate for a Clinical Video Teleconferencing appointment?

Non-clinical factors.

- Are technology issues addressed at your site:
 - Adequate workstation in place, functional, and connected
 - Adequate internet and bandwidth
 - Proper HIPPA Compliant encrypted software
 - Ability to document in all appropriate EMRs
- Are technology issues addressed at the client's site:
 - Adequate equipment for client in place at clinic or home.
 - Adequate internet and bandwidth
- Digital Divide Barriers addressed:
 - Cultural
 - Socioeconomic
- Consider:
 - Test call
 - Digital Navigator

Fletcher et al. Current Psychiatry Reports (2018) 20: 56 <https://doi.org/10.1007/s11920-018-0922-y>

Is the client appropriate for a Clinical Video Teleconferencing appointment?

“Not to be used in clients who are High Risk”?

- What does that even mean these days?
- More your comfort level?

Clinical factors to consider:

- Cognitive capacity.
- Ongoing significant Substance Use Disorder.
- History of violence.
- History of self-injurious behaviors and other impulse control disorders.
- Eating Disorders.
- Delusional Disorders to include significant paranoid delusions and other psychotic disorders.
- Ability to accurately assess for risk.

Morland, et al. *International Review of Psychiatry*, 27(6), 504-512. <https://doi.org/10.3109/09540261.2015.1082986>

Clinical factors related to the type of services you and your clinic offer

Digital Modalities are just a tool. Use the right tool for the right job.

- Consider type of infra-structure questions:
 - What type of services are being provided.
 - What type of staff are in place.
 - What training and support is needed.

Remember:

- CVT has been shown to be effective in routine outpatient, ER, Inpat, C/L.
- None of the literature, professional guidelines, and laws pertaining to the provision of mental health services via CVT suggest that high-risk patients should be excluded from this modality.
- Best practices for assessment and management of suicide risk can be feasibly performed by mental health professionals via CVT.
- Mental health professionals delivering services via CVT to high-risk patients would benefit from a multidisciplinary network of CVT providers for referral and consultation.
- McGinn et al. [Psychiatr Clin North Am.](#) 2019 Dec;42(4):587-595. doi: 10.1016/j.psc.2019.08.009

What is this thing called the Digital Divide?

Useful Digital Divide Definitions

National Digital Inclusion Alliance (www.digitalinclusion.org)

- Digital Divide
 - The digital divide is the gap between those who have affordable access, skills, and support to effectively engage online and those who do not. As technology constantly evolves, the digital divide prevents equal participation and opportunity in all parts of life, disproportionately affecting people of color, Indigenous peoples, households with low incomes, people with disabilities, people in rural areas, and older adults.
- Digital Inclusion (helping all individuals including most disadvantaged)
 - Affordable robust broadband internet, internet-enabled devices, access to digital literacy training, technical support, obtaining appropriate applications.
 - All strategies are aimed to reduce and eliminate historical, institutional, and historical barriers.
- Digital Equity
 - A condition in which all individual and communities have information technology capacity needed for full participation in society, democracy, and economy.
 - Necessary for civic and cultural participation, employment, lifelong learning, and access to essential services.

What is this thing called the Digital Divide?

- Basically, it is a growing disparity between those who have access to digital modalities to include digital health and those who do not have this ability:
 - In the US, the Federal Communications Commission estimates that more than 21 million people lack an internet.
 - More than 40% of schools lack a broadband connection.
 - More that 60% of health care facilities outside metropolitan areas lack a broadband connection.
 - Pew Charitable Trust Magazine July 2019
- One Harvard Business Review report that estimates to address could exceed \$240 Billion.
(Chakravorti Harvard Business Review July 2019)
- This is a world-wide problem.
- Should be considered a barrier to care.
- Should try to understand local causes and attempt to address them.
- However, this is complicated for many reasons. The definitions and causes keep changing!

Reported causes of the Digital Divide (Usual suspects)

- **Socioeconomic disparities (Those below \$30,000/yr.):**
 - Don't own a smart phone (24%).
 - Don't have broadband (43%).
 - Don't own a desktop or laptop computer (41%).
 - For those earning over \$100,000/yr. likely to have all these technologies.

(Pew Research Center June 2021 Vogels)
- **Rural vs. Urban:**
 - Lack of infrastructure in both rural as well as distressed urban areas.
- **Racial differences:**
 - African American, Hispanic, NA ethnicities consistently come up as lacking access to internet.
 - Less likely to use technology for health-related purposes.
 - Less likely to make ore receive phone calls, search internet for health information .

(Mitchel et al. Gerontologist, 2019, Vol. 59, No. 1, 6–14 doi:10.1093/geront/gny138)
- **Elderly:**
 - Initially identified as a high-risk group.

Causes of The Digital Divide: It gets more complicated and nuanced!

- Handicapped:
 - Less likely to have access and use the internet.
 - However, those with Hearing Loss were more likely to use the internet.
 - Once on the internet, those with disabilities used the internet equally.

(Johansson et al., Universal Access in the Information Society (2021) 20:105–120 <https://doi.org/10.1007/s10209-020-00714-x>)
- Motivation and insecurity:
 - Often underlying factors in the elderly.
- **Digital Literacy and skills** (National Digital Inclusion Alliance (www.digitalinclusion.org):
 - Possesses the variety of skills – technical and cognitive – required to find, understand, evaluate, create, and communicate digital information.
 - Is able to use diverse technologies appropriately and effectively to retrieve information, interpret results, and judge the quality of that information.
 - Understands the relationship between technology, life-long learning, personal privacy, and stewardship of information.
 - Uses these skills and the appropriate technology to communicate and collaborate with peers, colleagues, family, and on occasion, the general public.
 - Uses these skills to actively participate in civic society and contribute to a vibrant, informed, and engaged community.

Addressing The Digital Divide:

In case you don't have \$240 Billion laying around...

- Review these causes and look at your clinic.
- Infrastructure need updating.
- Equipment need updating.
- Access to local kiosks and libraries.
- Addressing Handicap challenges and implementing accommodations.
- Digital Literacy training:
 - To include insecurities and motivation.

Role of Digital Navigators:

Could be worth it for your clinic

National Digital Inclusion Alliance (www.digitalinclusion.org)

- Digital Navigators:
 - Individuals who address the digital inclusion process.
 - Include home connectivity.
 - Device acquisition.
 - Affordable access to internet.
 - Digital literacy and skills training.
 - Application support that can lead to independence.
 - Provide ongoing support of both staff and clients.
 - Can be volunteers or cross-trained staff.

Why it is important to get Informed Consent

- Likely it is required:
 - Many professional organizations require Informed Consent be completed and documented either in writing or verbally.
 - Rules often vary by state.
 - While Medicare does not require that an informed consent be obtained for a “telehealth” encounter, a majority of states either require it within their Medicaid program or in their statute or rules regulating healthcare professionals.

Why it is important to get Informed Consent

- Setting up professional expectations:
 - Introduces professionalism.
 - Introduces structure.
 - Introduces expectations.
 - Helps prevent drift into more informal encounters.
 - Protects the provider.

Core elements of Informed Consent

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.
- Get Informed Consent either in writing prior, or verbally at first session then clearly document.
 - This is a recommended form of treatment.
 - If you want to set the professional setting correctly, must set the professional tone from the start.

Core elements of Telebehavioral Health Informed Consent

Review core elements of Informed Consent as they relate to Telebehavioral Health:

- Nature: Describe the Telebehavioral Health recommended intervention (CVT).
- Capacity: State that the client has capacity to understand the telehealth intervention (Has capacity).
- Benefits: Review the expected benefits (e.g. access, decreased travel).
- Risks: Carefully review and typically include:
 - This is a transmission over internet, so hacking is possible, this low risk (need to review it esp. if not using HIPPA software).
 - Limits to confidentiality (Usual rules for disclosing medical information such as court order, medical urgency, threats, etc.).
- Option to refuse: Client can refuse this recommended treatment option and alternative treatment options will be discussed.

Recommended additional elements to include when getting Informed Consent to provide Telebehavioral Health

Ideal time to review these expectations and document:

- Appt. is a professional meeting, so adhere to professional behavior (dress appropriately, no alcohol, MJ, drugs).
- Assure they have a confidential space prepared.
- Set boundaries for communications outside of session (emails, phone msgs., etc.).

Links to recommended examples and templates and useful information on Telebehavioral Health Informed Consent

- [https://www.camft.org/Portals/0/PDFs/Sample Telehealth Consent Form.pdf?ver=2020-04-29-121645-790](https://www.camft.org/Portals/0/PDFs/Sample_Telehealth_Consent_Form.pdf?ver=2020-04-29-121645-790)
 - Sample from California Association of Marriage and Family Therapists.
- <https://www.apa.org/practice/programs/dmhi/research-information/informed-consent-checklist>
 - American Psychological Association
- <https://www.ahrq.gov/health-literacy/improve/informed-consent/index.html>
 - Agency for Healthcare Research and Quality
- <https://www.cchpca.org/washington/?category=professional-requirements&topic=consent-requirements-professional-requirements>
 - Washington State Medical Commission
- <https://nrtrc.org/>
 - Northwest Regional Telehealth Resource Center

Setting up your professional space

Prepare:

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

Setting up your patient for their HB-CVT session

- At start of a session be prepared to address connectivity and safety issues.
- 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.
- Do have an emergent Safety Plan and template to use (Templates available).
- Know how to use e-911 and keep number ready.
- Do know what local resources are available if needed.
- Have a great session!



Questions? Comments? Good jokes?

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After today's session:

Slides & resources will be posted after the session

<https://bhinstitute.uw.edu/tbh>

Please complete the evaluation survey:

- LINK will be shared in the chat box & also emailed
- Helps the presenters plan future sessions
- Required for Certificate of Completion and CEUs

After today's session:

- Complete evaluation
- Certificate of Completion - no cost.
 - May be able to use Certificate of Completion to meet CE requirements.
- CME credit – nominal cost.
- NASW CEU – no cost

Continuing Medical Education Accreditation

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

Credit Designation: The University of Washington School of Medicine designates this Other Activity for a maximum of 36 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each 1 hour webinar is 1.0 credits).

*Note: accreditation includes additional webinar and online series offerings.

4026 NE 55th St., Suite E-245, Seattle, WA 98105
206.706.7084 » nasw-wa.org



This workshop has been approved for 1 CEU by the Washington Chapter, National Association of Social Workers (NASW) for Licensed Social Workers, Licensed Marriage & Family Therapists & Licensed Mental Health Counselors.

Our Provider number is #1975-433.



TELEBEHAVIORAL HEALTH 101

Online Self-Study

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

- Introduction to TeleBehavioral Health and Policy Overview
 - *Meets telehealth training requirement as established by Washington SB6061.
- Getting started: Facts & Myths, and Security & Privacy
- Digital Health Do's & Don't's, Workflows, and Safety planning
- Billing and Reimbursement for TeleBehavioral Health
- Clinical Engagement over Telehealth
- Clinical Supervision in Telehealth

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

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

TELEBEHAVIORAL HEALTH 201

- Telehealth Policy – the changing federal and state landscape
- Preparing Patients & Technology for Telehealth
- Doing Groups over Telehealth
- Mobile Health (mHealth) for Serious Mental Illness
- Provider Self-Care & Wellness in the Era of Telehealth and Covid
- Behavioral Health Apps
- Children & TeleBehavioral Health
- Applying Telehealth SUD Treatment in Community-based Settings
- Cultural Competence & Humility in TeleBehavioral Health
- Applying Telehealth to Measurement-based Care
- Suicide Risk Assessment over Telehealth
- Couples & Family Therapy over Telehealth

Online Self-Study
coming soon!

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TELEBEHAVIORAL HEALTH 301

Jan 21, 2022:	Bree Collaborative Telehealth Guide & Hybrid Models
Feb 18, 2022:	Crisis Management & Risk Assessment
Mar 18, 2022:	Creating a Professional Encounter: Assessing for Appropriateness, Addressing The Digital Divide, Informed Consent
Apr 15, 2022:	Substance Use Disorder Treatment over Telehealth
May 20, 2022:	Whole Health & Telehealth
Jun 17, 2022:	TeleSupervision
Jul 15, 2022:	TeleBehavioral Health & Groups: lessons from Dialectical Behavioral Therapy
Aug 19, 2022:	Children & Adolescents
Sep 16, 2022:	Trauma-Informed Care
Oct 21, 2022:	Remote Teams & Tele-Teaming
Nov 18, 2022:	TeleMental Health and Professional Liability
Dec 16, 2022:	Reimagining practice: integration of AI, digital therapeutics and automation in behavioral health

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Additional Free Resources for Washington State Behavioral Health Providers

EDUCATIONAL SERIES:

- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO
- UW TelePain series

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline
- Psychiatry Consultation Line
- Partnership Access Line (pediatric psychiatry)
- PAL for Moms (perinatal psychiatry)

