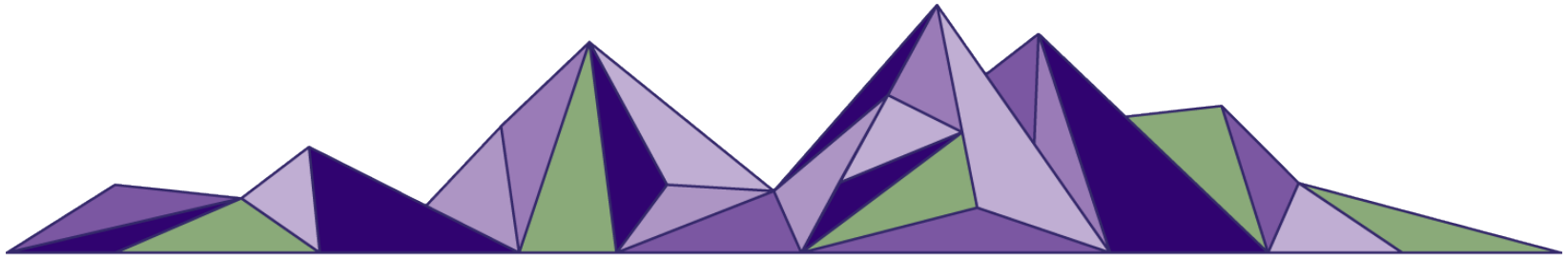

THE TeleBehavioral Health Summit

Welcome!

PREPARING THE CURRENT & FUTURE WORKFORCE FOR TELEBEHAVIOR HEALTH

Donald M. Hilty, MD, MBA
University of California, Davis School of Medicine
Editor, *Journal of Technology in Behavioral Science* Springer Nature

THE TeleBehavioral Health Summit

A few notes……

- ✓ No TeleBH Summit speakers or planners have any relevant conflicts of interest to disclose. Other disclosures have been mitigated.
- ✓ Today's talk is purely for informational purposes; and is not to be regarded as legal advice. Please consult with legal counsel, as well as current legislative and regulatory sources, for accurate and up-to-date information.
- ✓WHOVA Q&A for content questions for speakers.
  - ✓ WHOVA chat for logistics questions.
- ✓ Evaluation → Certificate of Attendance and/or CME credits.

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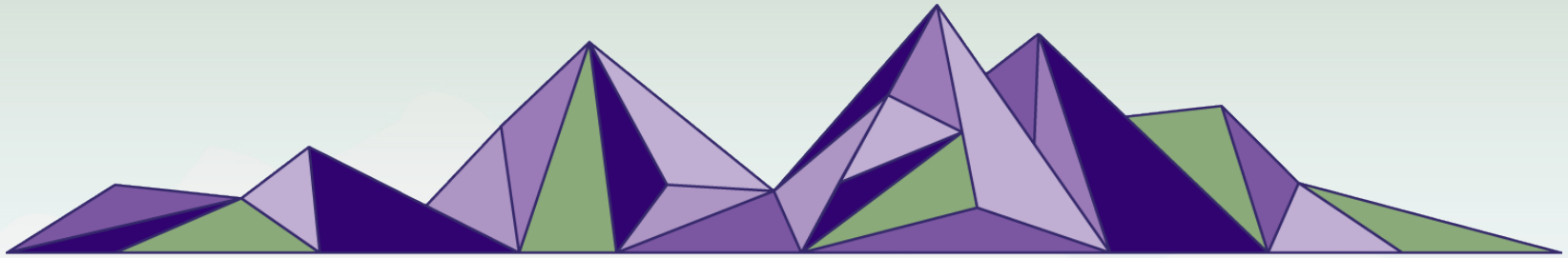
NRTRC NORTHWEST REGIONAL TELEHEALTH RESOURCE CENTER

Washington State Health Care Authority

Northwest TeleHealth

THE TeleBehavioral Health Summit



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UW Medicine
HARBORVIEW MEDICAL CENTER
BEHAVIORAL HEALTH INSTITUTE

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Washington State Health Care Authority

Objectives

- To consider the clinical and administrative landscape for learner skills and attitudes for telebehavioral health
- To use synchronous video and asynchronous technologies as an example of clinician and institutional competencies
- To highlight professional development and technology fatigue issues

Disclosures

- None financial
- Collaboration in international organizations
  - APA Committee on Telepsychiatry
  - APA-ATA Telepsychiatry Guideline Committee
  - APA IOM Guideline Writing Committee
  - EPA Digital Health Committee
  - WPA Telepsychiatry Committee

Context of Learning Landscape

- Web 1.0 – 5.0
- Pandemic
- Healthcare 2022: Quadruple Aim, patient-centered, team-based, metric-driven and population health?
- Virtual life and work
  - Isolation vs. connectedness
  - Technology feedback on well-being and resilience
- Professional development
  - Passion and purpose versus rote and procedural?
  - Principles, methods and outcomes

Effectiveness of Telepsychiatry

- 2000-
  - Is it good enough and simulate in-person?
  - Satisfaction
  - Feasibility
- 2005-
  - Reliable and valid
  - Outcomes as good as in-person
  - Shift: video *and* e-health models (e.g., text, e-mail, disease management)
- 2010-
  - ATA guidelines
  - Leveraging expertise in systems

Effectiveness of Telepsychiatry II

- 2015-
  - Collaborative care (Fortney et al 2015)
  - Video and web-based (Myers et al 2015)
  - Integrated and stepped care (Hilty et al 2018)
  - Synchronous and asynchronous (Hilty et al 2020)
- 2020-
  - Population level impact and effectiveness
  - Economic impact and cost analysis/impact
  - Translational/implementation science
  - Pandemic era

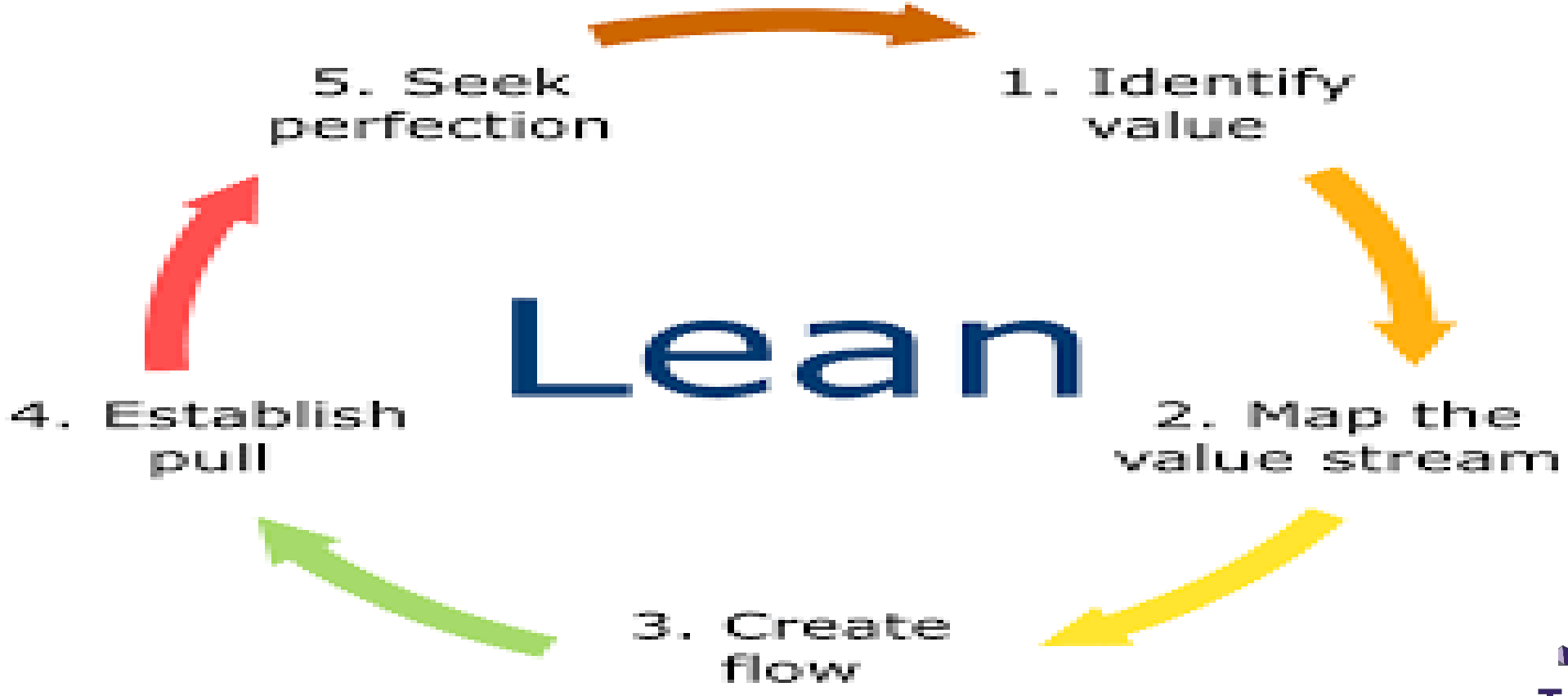
Implementation Science & Effectiveness Research

- Core components
  - Acceptability
  - Adoption
  - Appropriateness
  - Feasibility
  - Fidelity
  - Cost
  - Penetration
  - Sustainability

References: Proctor et al 2010; Curran et al 2012; Gargon et al 2019; Kidholm et al 2018

Build LEAN Culture of Improvement

- Approach: transformational framework to look at new ways to organize human activities and CONTINUALLY IMPROVE and to deliver more VALUE to with LESS WASTE



Team-based Care

- Hallmarks
  - Coordination, communication and teamwork
  - Theory: a shared mental model of expectation, roles, and outcomes
  - Purposes: shared planning, supporting one another and dealing with crises
    - Strategies
      - Formal (e.g., meeting, 60 min)
      - Informal, yet explicit (e.g., huddles, 5-10 min, 2X/day)
- Tele collaborative care, stepped & integrated care

Ross & Allen, 2012; Hilty, Rabinowitz et al 2018; AHRQ TeamSTEPPs, 2019

Student & Resident Interest in Telepsychiatry (Cruz et al 2020; Orchard et al 2020)

- Residents “waiting” for experience and faculty who have skills (Glover et al 2013; Levy et al 2013)
- Need for curricula for adult (Sunderji et al 2016) and child/adolescent (Khan et al 2019)
- Professionalism a high priority (DeJong 2018)
- Survey of 270 residents/fellows, training directors and faculty
  - About 50% get no experience
  - 1-5 hrs experience helpful and 6-20 hrs builds skills
  - Experience also allays concerns & increases interest
  - Sharing resources across institutions helpful

Technology Competencies

- Video: Hilty et al 2015, 2018
- Video: Maheu & CTIBS, 2018
  - Interprofessional across behavioral health fields
  - Legal/regulatory, telepresence & telepractice
- Social media: Zalpuri et al 2018
- Video & culture: Hilty et al 2019
- mHealth: Hilty et al 2019 X 2, 2020
- Asynchronous technologies: Hilty et al 2020
- Sensors and wearables: Hilty et al 2021
- mHealth & culture: Hilty et al 2021

Comparison of Competency Frameworks

CanMEDS (Canada)	AAMC (U.S.)	ACGME (U.S.)	CTiBs
• Creation of Virtual Care Core Competencies, 2020 • Cultural Core Competencies (developed by Canadian Psychiatric Association, 2019) • CanMEDS Video Competencies (Royal College, 2015)VI	Proposed telehealth competencies in each of ACGME's domains (September, 2020): 1. Patient safety and appropriateness for use of telehealth 2. Data collection and assessment via telehealth 3. Communication via telehealth 4. Ethical practices and legal requirements for telehealth 5. Technology for telehealth 6. Access and equity in telehealth	Telepsychiatric competencies (Hilty et al 2015) 1. Patient care 2. Knowledge 3. Systems-based practice 4. Practice-based learning 5. Communication 6. Professionalism Prescribing skills added to telepsychiatric competencies (initially identified by Hilty et al 2018)	Developed telebehavioral health framework domains (Maheu, Hilty et al 2018): 1. Clinical evaluation and care 2. Cultural competencies and diversity 3. Administrative procedures 4. Virtual telepresence 5. Legal/regulatory issues 6. Evidence-based practice standards 7. Social media 8. Mobile health and applications 9. Telepractice development

Competency Frameworks

U.S. ACGME

- Patient care
- Knowledge
- Systems-based practice
- Practice-based learning
- Communication
- Professionalism

CanMEDS

- Medical expert
- Communicator
- Collaborator
- Leader
- Health advocate
- Scholar
- Professional

Learning Levels

(Dreyfuss & Dreyfuss, 1980)

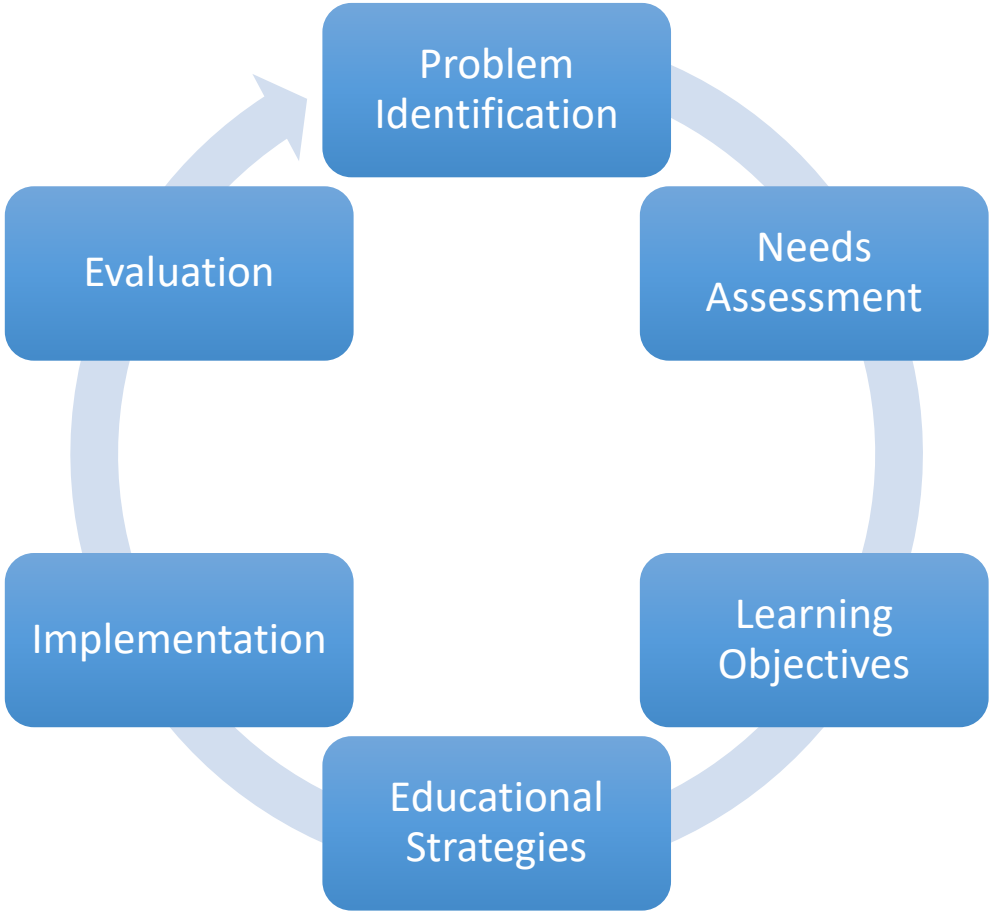
- Levels
  - Pre-competency (e.g., medical student, early resident): novice or advanced beginner
  - Core competency (e.g., late resident, novice faculty)
  - Advanced competency
- Parallels the AAMC framework on pre-entrustable and entrustable professional activities (EPA)

Patient Care Video Example

AREA/TOPIC	NOVICE/ADVANCED BEGINNER	COMPETENT/PROFICIENT
History-taking	Standard history	Adjust to technology by anticipating issues Employs RNs & others
Engagement and interpersonal skills	Therapeutic alliance with trust and rapport	Adjust interview: replace handshake with greeting Prevent distractions and interruptions
Assessment and physical examination	Thorough Stratify risk and protective factors Learn tools (e.g., MMSE)	Assess danger risk and adjust follow-up Use MSE alternative or make adjustments; get help with PE
Management and treatment planning	Outline treatment plan Follow-up with others (e.g., primary care provider; PCP)	Contextualize treatment to patient and setting Decide on consultation with role of vs. management plan Arrange follow-up

Curriculum Development

(Kern et al 2009)



Issues in Curricular Implementation

- Learning levels (Dreyfuss & Dreyfuss, 1980)
- Learning styles (Honey, 1982)
- Experiential learning (Kolb, 1984)
- Teaching perspectives (Pratt & Collins, 1998)
- Stakeholder input (Gargon et al 2013)
- Consensus methodology (i.e., Delphi)

Melding the Skills into Practice

- Prepare
- Focus on basic skills
- Consider clinical, technical and administrative factors
- Create a culture and space to share
- Self-reflect and improve
- Build/learn new skills
- Teach/train others

Do's

- Assess "where" a skill or technology fits in the practice
- Clarify individual and team needs
- Practice and trial runs = experience & skill
- Look at errors
- Have help by others in time, if needed
- Collect information along the way, if possible
- Have a back-up plan or three

Do's at a System Level

- Create an authentic, interactive environment
- Facilitate reflection and share what works/doesn't
- Prepare the work setting and consider reduced workload or flow (e.g., 80%)
- Learn from mistakes
- Role model for trainees
- Guide and help with best practices and policies
- Learn with patients and trainees and role model

Shift: Institutional Competencies (Synchronous Video and Asynchronous Technologies)

- Assess readiness
- Create/hardwire the culture
- Write policies and procedures
- Establish the curriculum and competencies
- Train learners and faculty
- Evaluate/manage change

Hilty, Unutzer et al 2019; Hilty, Torous et al 2020

Add: Approaches to Evaluation: Health

- Health care
  - Dartmouth Hitchcock Medical Centers Value Compass
  - Institute for Healthcare Improvement's Model for Improvement Measure
  - National Quality Forum (e.g., G-PRO)
  - Agency for Healthcare Research and Quality
- Regulatory
  - Joint Commission
  - The National Committee for Quality Assurance (NCQA)
  - Center for Medicare and Medicaid Services (CMS)
- Economic
  - Value-based care (VBC): Value = (Outcomes + Patient Experience)/Costs. Rollouts: quality (2013), patient experience (2014), safety (2015), efficiency (2016) and mortality (2017)

Add: A Professional Development Program

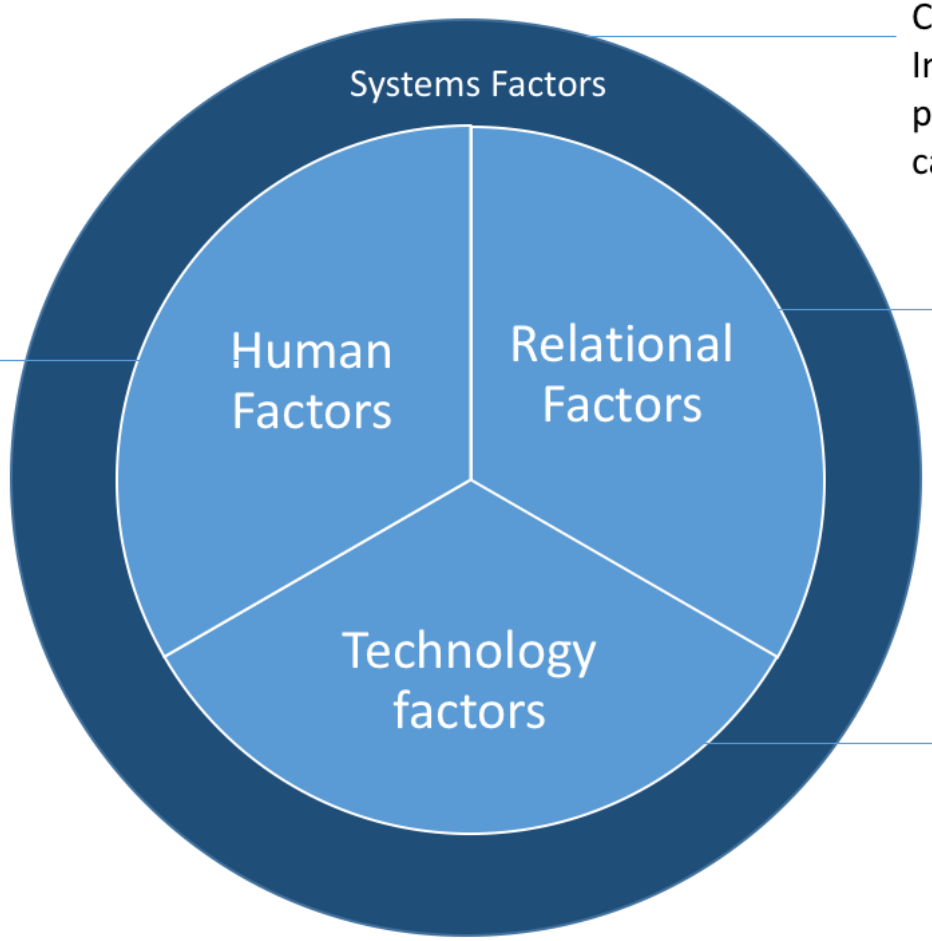
- Needs assessment
- Select plan
  - Traditional: requires time away from workplace, difficult to access (time, distance, coverage) and may not be directly relevant or applicable to participant's work environment
  - Workplace-based: learning within workplace, with peers, relevant and forms a community of learning and practice
    - Topics
    - Peer support
    - Group projects
- Supervision, peer mentoring, coaching & mentoring

O'Sullivan & Irby, 2011; Steinert, 2016 & 2017

Study: Clinician Technology Fatigue: What is it & How Does it Affect Well-being?

- Team
  - DM Hilty, C Armstrong, S Smout, A Crawford, K Drude, M Maheu, S Chan, P Yellowlees, E Krupinski
- Approach: Scoping Review
  - The literature key word search was conducted from 1/ 2000-9/20 (2007 iPhone start vs. 2011 Zoom start vs. 2012 heavy promotion vs. 2015 round off to 5 years)
- Question
  - Overarching question: “What is technology-based fatigue and what are its consequences for clinicians and patients?”
- Dissemination: *JMIR* 2022:24(5):e34451 & *LCSW* 2023 *In Press*

Dimensions of Digital Fatigue?



Remuneration
Administrative support
Compassionate organizations
Involvement of providers and patients in designing systems of care

Acuity of patient population
Therapeutic alliance
Compassion fatigue
Training/ learning relationships
– power?
Interprofessional/ team

Fatigue
Age / health
Physical discomfort/ pain
Distraction
Personality
Burnout
Stress
Training
Digital literacy

Environment
Ergonomics
Connection/ internet speed
Synchronous vs asynchronous

	HEALTH & RESILIENCE	*RISK TO DIGITAL FATIGUE*	*MANIFESTATIONS OF BURNOUT*
CLINICAL CARE	○ Aligned with goals ○ Care is 'therapeutic' ○ Compassionate ○ Rewarding	○ Peripheral to goals ○ Care is 'good enough' ○ Distracted/impatient ○ Not very enjoyable	○ Not aligned to goals ○ Care is rote/'gets done' ○ Impatient/inflexible/angry ○ Unrewarding
TECHNO-LOGY/ SITE	○ Two screens with accessories (vision) ○ Reasonable EHR ○ Staff workflow help ○ User design input ○ Work/home match	○ One screen or software/WiFi issues ○ EHR limited/un-integrated ○ Technology support/call line ○ Training but no monitoring ○ Some changes in settings	○ Ad hoc or 'wing it' ○ Add-ons to workflow without fit/customization ○ No support/cancellations ○ Make it work/others are ○ Varying settings/formats
ROUTINE/ FITNESS	○ Flexibility/control ○ Breaks/exercise ○ Mindful/purposeful ○ Skill matches work ○ Workload reasonable	○ Interruptions/multi-tasking ○ Few/short breaks ○ Effortful/'long' days ○ Skills limited/inflexible ○ Workload demanding	○ Schedule changes/delays ○ Frequent sick days ○ Errors/missed details ○ Few skills/unable to use ○ Workload unsustainable
SOCIAL/ PROFESS-IONAL	○ Fatigued some ○ Engaged/optimistic ○ Connected/'part of' ○ Effective/successful ○ Family/home stable	○ Fatigue, neck/eye strain ○ Concern/worry/skeptical ○ Less involved than in past ○ Effective part of the time ○ Work wears on home	○ Fatigued even in AM ○ Critical/cynical/depressed ○ Isolative/withdrawn ○ Inadequate/ineffective ○ Work/home out of sort

Conclusions

- Learning context: education, health services and workplace
- A lot more to doing telebehavioral health than showing up and the same for developing skills than doing a web-based module
- Culture of learning and improving: Lean, implementation science, training and research
- Clinician competencies and professional development require institutional approaches