Behavioral Health Institute (BHI)
Training, Workforce and Policy Innovation Center
TeleBehavioral Health 401 Training Series

Behavioral Health Telehealth Resource
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August 18, 2023

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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

Speaker Disclosures

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

Planner disclosures

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

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DISCLAIMER

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We gratefully acknowledge the support from

Learning Objectives:

- Discuss the benefits and drawbacks of using telemedicine to provide care to TGD adolescents
- Explore existing research on TGD adolescents perspectives regarding receiving care via telemedicine
- Identify practical strategies for providers caring for TGD adolescents via telemedicine

Background

- Transgender and gender diverse (TGD) youth face multiple barriers to accessing gender-affirming care
- Few providers have received education and training in this area

hrc.org

Background

- Telemedicine shows great promise in overcoming existing barriers to care
- Little research has focused on TGD adolescents perspectives receiving care using this modality

healthline.com

Pre-pandemic

- Cross-sectional study (n=204) found 47% of TGD adolescents ages 12-26 y/o receiving care in an adolescent gender clinic were interested in receiving care via telemedicine
  - Youth with lower perceived parental support were more likely to express interest in using telemedicine (68% vs. 31% with high reported parental support; p = .001)
  - No association was seen between interest in telemedicine and other demographic characteristics, including travel distance to clinic
  - Among those interested in telemedicine, 39% wanted to use it for counseling or therapy
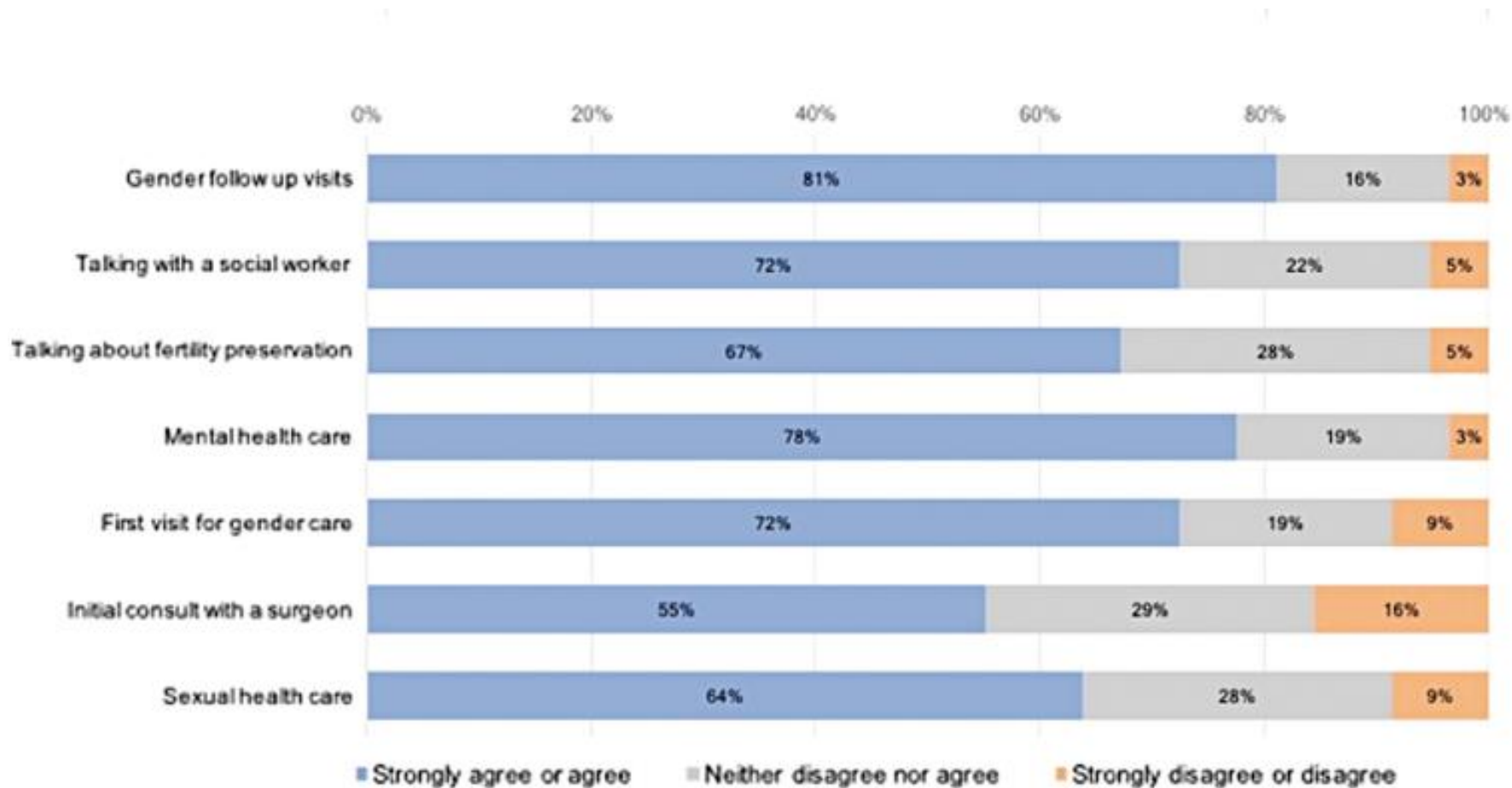
(Sequeira, 2021)

Early pandemic telemedicine use among TGD youth

- Cross-sectional, mixed-methods survey (n=57) with TGD adolescents ages 12-17 following a telemedicine visit in one adolescent gender clinic between March and July 2020
  - 85% reported being satisfied with telemedicine
  - 88% indicated a desire to use it in the future
  - Three themes emerged:
    (1) benefits of telemedicine including saving time and feeling safe
    (2) usability of telemedicine such as privacy concerns and technological difficulties
    (3) telemedicine acceptability, which included comfort, impact on anxiety, camera use, and patient preference
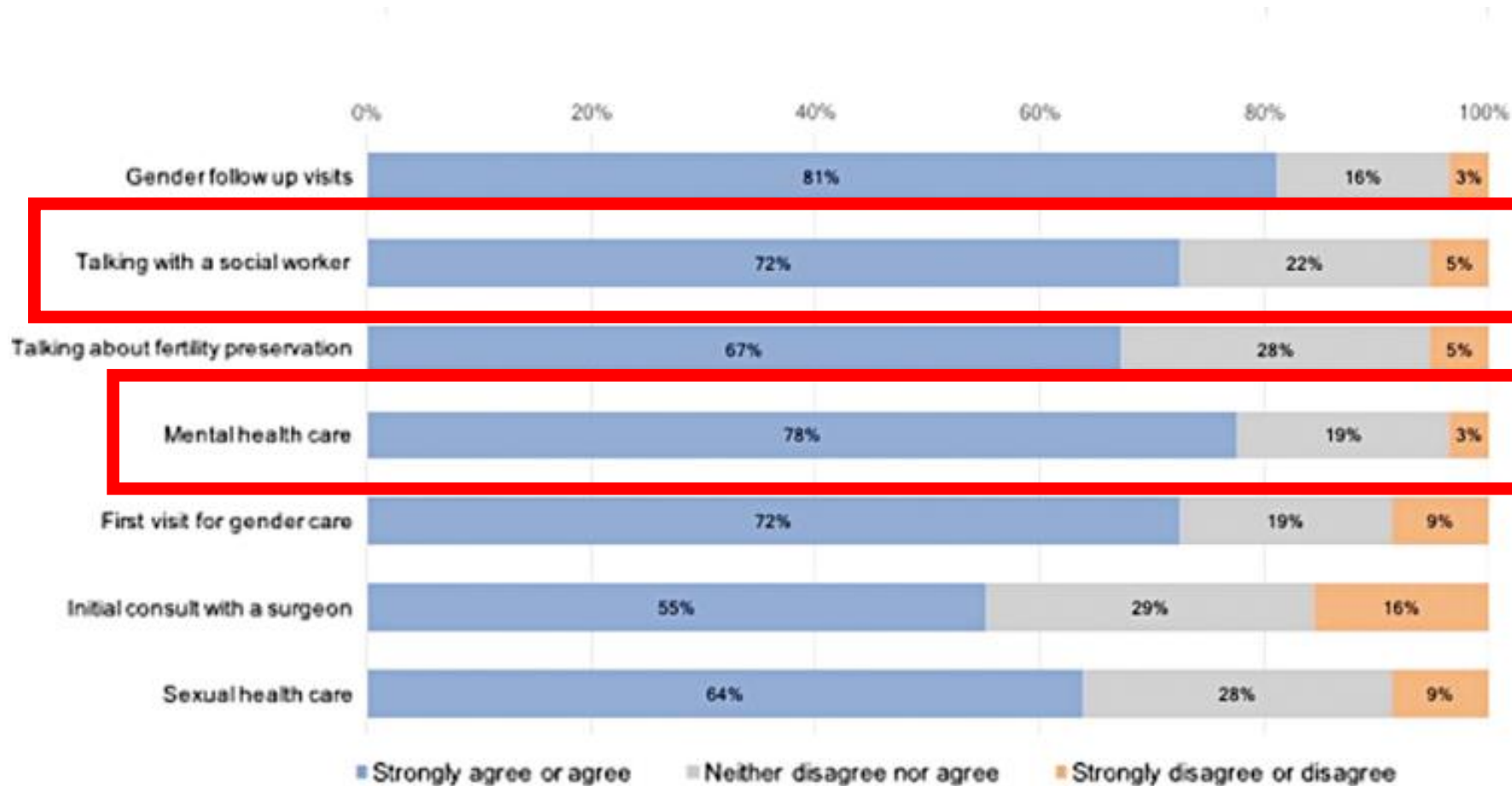
(Sequeira, 2022)

Types of services TGD youth felt providers should offer via telemedicine

(Sequeira, 2022)

Types of services TGD youth felt providers should offer via telemedicine


(Sequeira, 2022)

Telemedicine utilization

Aim
- To explore differences in demographic characteristics and visit completion rates before and after telemedicine implementation and among telemedicine users and non-users

Methods
- Pulled EHR data from SCGC patients seen between April 2019-February 2021
  - Demographics: age, race, ethnicity, pronouns, gender identity*, sex assigned at birth, rurality, language for care, distance to clinic, insurance type
- Assessed differences in demographic characteristics and care utilization:
  - Pre-telemedicine (April 2019-February 2020)
  - Post-telemedicine (April 2020-February 2021)

(Lucas, 2023)

Telemedicine introduced, dashed line indicates washout period for March 2020
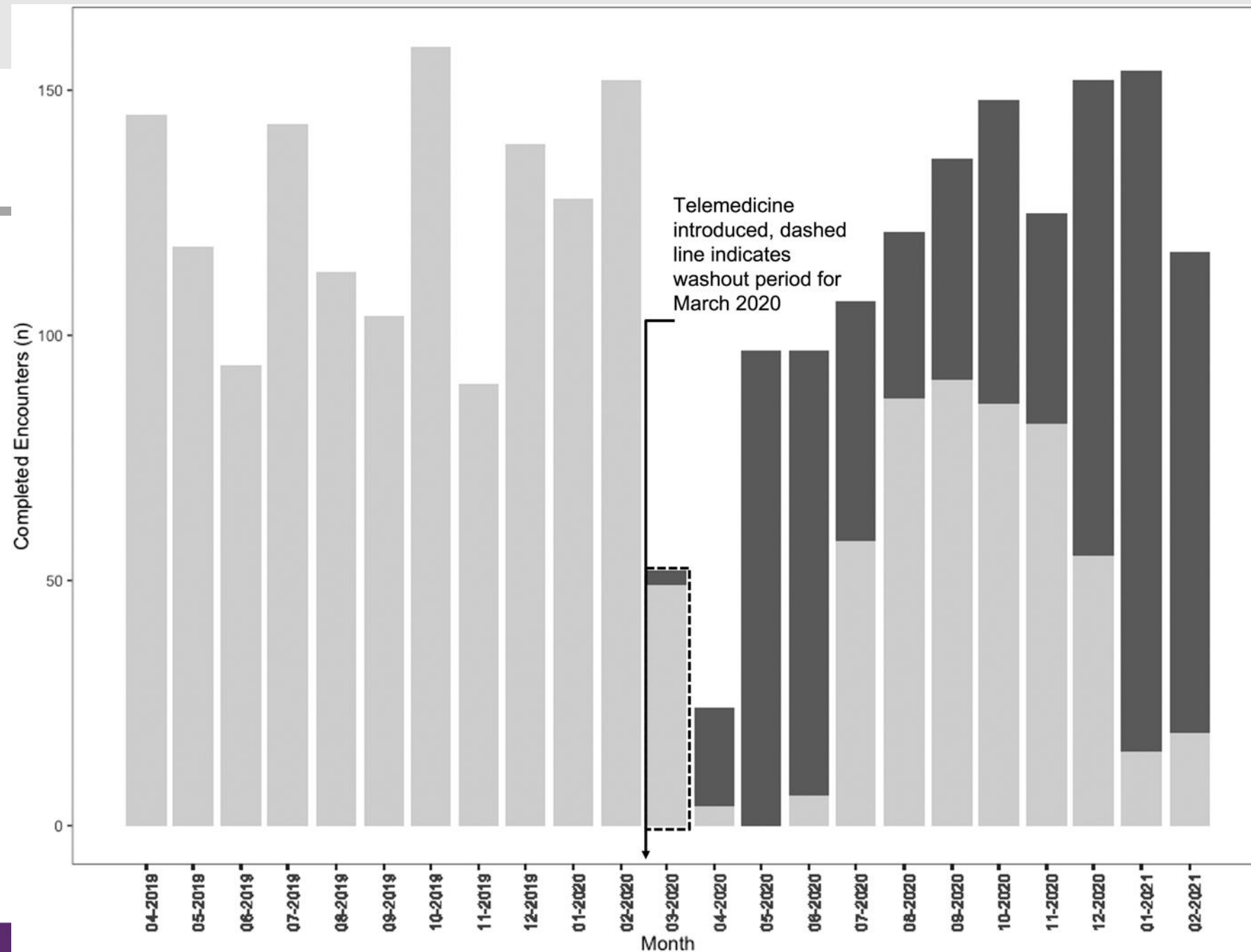
(Lucas, 2023)

Patient characteristics

- Of the 1,051 unique patients seen at SCGC during this time period:
    - 62% identified as transmasculine or male
    - 68% were non-Hispanic White
    - 76% resided within 50 miles of SCGC
- Statistically significant differences insurance type when comparing the pre- and post-telemedicine periods (p<0.01)
- No significant differences in demographic characteristics between telemedicine users and non-users

(Lucas, 2023)

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Encounter level characteristics

- In the post-telemedicine period, we compared telemedicine encounters to in person encounters and found they were significantly:
    - More likely to be completed (72% vs 50%, $p < 0.01$)
    - Less likely to be canceled (21% vs 46%, $p < 0.01$)
    - More likely to result in a 'no show' (7.5% vs 3.7%, $p < 0.01$)

(Lucas, 2023)

Key findings

- Telemedicine allowed for ongoing access to care for TGD youth during the pandemic
- Did not identify disparities in access to telemedicine services among SCGC patients, however also did not see improvement in existing disparities
- Higher 'no show' rates for telemedicine visits suggests need to adapt reminder systems for telemedicine

(Lucas, 2023)

Understanding TGD youths' perspectives on telemedicine

- Qualitative study (n=15) with TGD adolescents 14-17 y/o who completed a telemedicine visit to discuss gender-affirming care at the SCGC
- Conducted hour-long, semi-structured interviews
  - Advantages:
    - convenience
    - comfort with having visits in their own environment
  - Disadvantages:
    - technical issues
    - discomfort with the impersonal nature
    - lack of familiarity with the platform
    - privacy concerns

(Kahn, 2023)

Advantages of telemedicine

Convenience (n=13, 87%)

Travel time
- *"I do like that it's more convenient. Like you just don't have to, like, drive out or get your parents to drive you out to a specific location."*
- *"I especially appreciated that for very short check-in visits. That was, like, super easy to do via telemedicine. That would have taken up a big portion of my day if we'd had to drive down."*

Efficiency
- *"There is also no wait time. I had some long waiting in the office times with the gender clinic. But with telemedicine, it's just like, you log on and they're right there. So, it's very, very efficient."*
- *"I think for like just checkups and stuff and general symptoms it's good for telehealth because you can just call and make it happen instead of having to drive over."*

User-friendly
- *"It's very like easy to use the telemedicine videos like you can, like it's very like easy to learn like it's not really complicated like you can just, press on the Zoom link and then go on and then, if you have to put your password or your name you just click enter and then and it's super reliable too, so I like it."*
- *"Telemedicine is easy, you can do it at your house, in your bed, you don't really have to do much, you just tap a few buttons."*

(Kahn, 2023)

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Comfort (n=10, 67%)

Own environment
- *"Well, I mean it's nice to do visits from my house. It's like being in my home is a little bit more comforting because you know, when I go to [CLINIC NAME] I'm in a hospital."*
- *"Um, for me, it's mostly the environment around me because when I'm actually in clinic it doesn't really have that same feeling that at home it does, cuz that's home…it's home. But the clinic, it feels like there's a bunch of doctors and nurses and it just doesn't have that same comfort that it would be at home."*

Social anxiety
- *"It might be scary you're going to in person, because they've never had to, cause gender is, like a really touchy subject and, like it can be a little bit uncomfortable sometimes, so I think having the screen in between can sometimes make it a little bit less scary."*
- *"For me, especially back then, before I started hormones, I was a very socially anxious person. So, it's always a little daunting going in and sitting face to face with somebody for an hour and you're just looking at a doctor and I feel like through telemedicine it kind of broke that weird barrier there. Like I wasn't as anxious going into it and it was a really good introduction into my care there."*

Avoiding COVID-19
- *"Personally, I like it just because like especially right now, because, like COVID and, like the delta variant and all that stuff going on, I don't feel super comfortable going in, even though I am vaccinated like fully but I do like in this current time, the distance because of the health precautions and stuff."*
- *"especially with COVID it- it's it it's a lot safer"*

(Kahn, 2023)

Disadvantages of telemedicine

Technical issues (n=9, 60%)

Bad connection
- *"Occasionally it's annoying if like, connections are bad and it's hard to understand people, technology issues, that sort of thing. But that's about it. That's pretty much the only issues I've had."*
- *"It's not really the telemedicine, like visit. It's more like the, like if you live somewhere like, where the Internet is weird like, sometimes the connection is like, unstable."*

Difficulty using platforms
- *"I think, I think it's a bit difficult sometimes because of planning around it and about environment. Because it can be stressful to figure out how to set up something like Zoom or Teams if you haven't before."*
- *"I don't personally have any concerns but I know that some people might struggle with a public video call software via the platform that we use. It might be more comfortable for some people to be able to do theirs through something that can be assured as limited access and very secure. Like a [HOSPITAL NAME] run portal type thing."*

(Kahn, 2023)

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Discomfort (n=8, 53%)

Impersonal
- *"There is kind of more of a personal aspect to sitting with somebody. You kind of get to be with them and it's more of a close connection you have with them."*
- *"I just think sitting in a room with someone and seeing them right there kind of helps you get more of a feeling of 'this is a real person.' Because sometimes, looking at a screen, it's just 'this is my computer.' There's just this barrier in between you and the other person."*

Unfamiliar
- *"It's just a different environment and it changes how you feel about a certain area."*
- *"I think at first it was very unfamiliar to me and kind of hard to adjust with talking to someone on a screen instead of in person. Especially about kind of personal things, but that wasn't an issue much as I got more used to doing that."*

Privacy (n=7, 47%)

- *"Some of the things that I don't really like is because everybody's at home, I feel like people will overhear me because the walls aren't that thick and, or like they'll come up to me and say like, 'hey I heard you say this over your interview' or like, 'during your visit.'"*
- *"Like the contrast between being in person and being like, through Zoom - when you're in person you're in an office or you're in a room somewhere and it's just the two of you, and you know that it's private. But then when you're not, on their end it's private but also like, on your end, you can be anywhere."*

(Kahn, 2023)

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Table 3. Reasons for in person versus telemedicine care.

Themes	Visit description and quotations	
	In-person	Telemedicine

Visit type	• First visit
	  • "I personally would prefer the first appointment to be in person, just so it's easier to connect."
	  • "I think maybe go in person, just for like a big initial visit, and then after that I would have just been comfortable with telemedicine."
		• Return visit
		  • "I think follow ups it really makes sense to do them virtually because you're gonna have so many of them."
		  • "I honestly think that telemedicine makes a lot more sense than in person, especially for follow ups"

Complexity	• More complex visit
	  • "If we were going to talk about doing something new or making a big change to the stuff I'm already doing, I think that's something that would be better done face-to-face."
	  • "If they need to, you know, run tests, draw blood or whatever like that, then I would rather come in then, be in person, because I feel like that's harder to do virtually."
		• Less complex visit
		  • "It kind of depends what the subject of the visit would be, but for the normal check-ins I do, I think telemedicine is preferable."
		  • "I think it depends on what needs to be done at my visit, because for just an average 'how are you doing on your hormones' kind of talking thing, I would prefer telemedicine."

Distance	• Closer proximity to clinic
	  • "I don't think, there's no challenges or obstacles because like, we live like, really close to her like, well, to the hospital."
	  • "I guess if you're closer to [CITY] and, and would, you would be, different reasons."
		• Further distance from clinic
		  • "Personally, I thought it was a lot easier because I live a few hours away."
		  • "I think time is a big part of it…Like, for me, I prefer telemedicine because it's a long time to drive."

(Kahn, 2023)

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Practical considerations

System-level
- Provide telemedicine as an option for future care, especially for initial and/or more complex encounters
- Develop infrastructure to allow patients to switch modalities if appropriate/needed
- Improve the logistics of accessing telemedicine visits, including adapting reminder systems

Provider-level
- Consider privacy
  - Asking patients if they feel they are in a private area
  - Using headphones or the chat feature
  - Room scans
- Give the option to turn off self view or video all together

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Additional <u>Free Resources</u> 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)
- Perinatal Psychiatry Consultation Line

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