Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

Behavioral Health Telehealth Resource

Telehealth Provider Forum Series, Fridays 11 – 12PM

Visit our website

Email: melmckee@uw.edu

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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**
- **Expanded Digital and Telehealth Services**
- **Behavioral Health Training, Workforce and Policy Innovation Center**

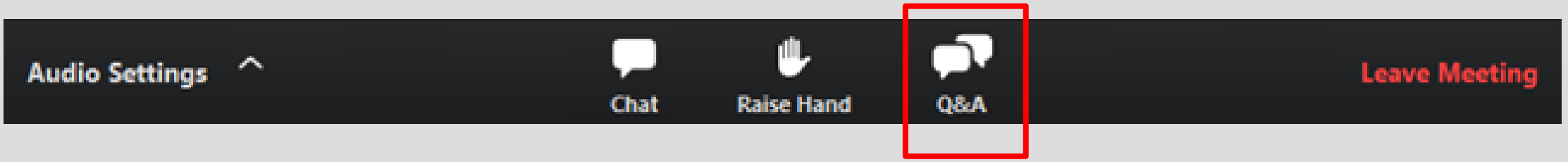
Chat Box

- Shared information about logistics
- Technology issues
- To you: from our training team
- From you: only visible to hosts/panelists
- NOT for content-related questions

Questions –Two options

(participants are muted)

1. Type question into Q&A window



2. Raise hand, called on/unmuted in order

The host will be notified you've raised your hand.
You may lower hand if needed

Post Session

Please complete the evaluation survey

- Shared in chat box at the end of the session
- Emailed post session

Responses help plan for future sessions

There will NOT be certificates or CEUS for this series

Slides and resources will be posted after the session

Today's Panelists

Brad Felker, MD VA Puget Sound Health Care System, University of Washington Department of Psychiatry & Behavioral Sciences

Melody McKee, MS, SUDP Program Director, Behavioral Health Training Workforce and Policy Innovation Center, Behavioral Health Institute

Cara Towle, MSN, RN, MA, Associate Director, Telepsychiatry, University of Washington

Amanda Focht, MD
Clinical Assistant Professor
University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences
Medical Director
University of Washington Medical Center, Outpatient Psychiatry Clinic

TELEHEALTH AND CLINICAL SUPERVISION

WHAT IS TELESUPERVISON?

The provision of clinical supervision when the supervisor and supervisee are not collocated

TELESUPERVISION

- Videoconference
- Teleconference
- Email
- Text
- Chat
- Etc.

TELESUPERVISON

Developed in rural practice settings where in-person meetings are not possible

Has not been rigorously researched

Has generally been “indirect” supervision: the supervisee sees the patient and then discusses the case in a separate meeting with the supervisor

LITERATURE REVIEW

Limited, discusses either telesupervision or trainees' provision of telehealth services, not both combined

A few reports about educating trainees in the provision of telehealth

Trainees report satisfaction with telesupervison, especially if in-person supervision is unavailable

OPPORTUNITIES IN THE AGE OF COVID

- Increased incentive for patient, provider and supervisor to convert to telehealth rapidly
- Shared consensus that avoiding in-person meetings is necessary for safety
- Institutions must invest in HIPAA compliant telehealth resources to be able to provide patient care
- Regulatory agencies relax restrictions around remote care delivery

WHAT MAKES FOR EFFECTIVE TELESUPERVISON?

BRING STRONG SUPERVISORY PRACTICES INTO THE TELESUPERVISION RELM

Formulate goals and objectives

Define a structure for supervision encounters

Consider meeting in person at points along the way, if possible

Define technologies to be used, and when to use them:

Televideo

Phone

Text, etc

Formulate a plan for technical difficulties and emergencies

AVAILABILITY OUTSIDE OF SCHEDULED SUPERVISION

- Evidence points to greater trainee satisfaction with telesupervision when the supervisor is available outside the scheduled supervision meeting.
- Given supervision is occurring with the use of technology anyway, an ancillary benefit may be that check-ins via text, for example, feel more comfortable.
- While the supervisee in a busy continuity clinic may be able to walk down the hall to talk with a supervisor, a quick text message can be a good substitute.
- It is helpful for supervisee and supervisor to discuss when and how these outside contacts occur.
- As in outside contact discussions with DBT patients, it is helpful to be more conservative when defining your availability (evenings ok for questions, weekends not, etc.) than for a supervisee to reach out and feel that their question is unwelcome.

ISSUES OF ONLINE SECURITY AND CONFIDENTIALITY

01

Care must be taken to ensure protection of PHI.

02

Follow your institution's guidelines around the use of personal devices, email and text.

03

If you are in private practice, review the guidelines and suggestions of your professional practice organization and your malpractice carrier.

04

Some video conferencing technologies such as Zoom allow for easy recording. It may be of educational benefit to record clinical material; carefully consider proper consent and secure maintenance of recordings.

LEVELS OF SUPERVISION

Indirect: supervise and patient meet, case then discussed with supervisor in a separate meeting

Indirect with direct immediately available: supervisee and patient meet, supervisor joins the clinical encounter as needed

Direct: supervisee and supervisor are both present during the clinical encounter

TELEHEALTH AND TELESUPERVISION

New opportunity for direct supervision

DIRECT SUPERVISION CASE EXAMPLE

Bob lives alone with his elderly wife and is her primary caregiver. She has severe dementia and has been tearful and agitated throughout the day. She had been attending a day program, but it has closed due to the pandemic. Her routine is very disrupted, and she is not adapting well. Bob is overwhelmed trying to care for her 24 hours per day. She becomes very distressed traveling to and participating in medical appointments. Your clinic is now able to offer a virtual appointment, which Bob readily accepts.

You are supervising a resident seeing new evaluations. You set the patient and her husband up with a telemedicine appointment via Zoom, which is now integrated into your EMR.

The resident begins the visit, speaks briefly with the patient then gathers history from Bob, while the patient paces in the background, a soothing behavior for her.

After she has gotten most of the story, she texts you to join the Zoom visit. You log in and the resident introduces you. The resident then presents that case with you with Bob present, and you ask clarifying questions.

You put Bob back into the Zoom waiting room so you and the resident can discuss and formulate the case. You invite him back in to communicate the plan.

After saying goodbye to Bob and the patient, you and the resident stay connected via Zoom to further discuss the case.

The resident writes the note, you attest to it and bill a professional fee for the service.

WHAT DID WE LEARN?

ADVANTAGES

- More convenient for the patient and caregiver.
- Potentially more effective because patient was in a familiar environment.
- Provision of direct supervision was very efficient; you were able to join from you desk when texted and attend to other work while waiting.

CHALLENGES

- Technologic difficulties could have delayed care.
- Safety concerns potentially more difficult to address.
- Seeing someone for the first time over video can be challenging.
- High risk situations could be more complicated to manage.

INDIRECT SUPERVISION-CASE EXAMPLE

- Anna, a resident whom you are supervising, has had to transition her weekly psychotherapy patient over to telehealth due to the pandemic. She had been traveling to your office for supervision once per week, but you must now meet over Zoom. She had previously brought video recordings of sessions that were created and stored using institutional hardware in the consultation rooms at the clinic; she is now unable to record because Zoom recording of patient encounters is not permitted.
- Her patient, a young man in his early 20's, is adept at using technology, but Anna feels the sessions have become way too casual. He is using his phone to meet and is holding it in his hand thus providing variable views of himself and his surroundings. Usually, he has not yet gotten out of bed for the appointment. He will at times respond to activity in his environment and leave the session for periods of time.
- Anna had been working to help him understand his feelings that no one respects him, or pays much attention to him, especially his family and two high performing older siblings. She was developing an effective therapeutic alliance by providing warm, consistent and non-judgmental support. He missed several sessions after she took a vacation, and she was able to help him see that he had missed the structure and support provided by their weekly sessions but was afraid to acknowledge this.
- Anna feels unconnected with the patient during the telehealth encounters and is asking you for guidance.

WHAT DO YOU SAY?

ACKNOWLEDGE THE CHALLENGES

- You are struggling yourself in adapting to this new clinical practice, and don't have a ready set of responses to some of the patient's behavior.
- Acknowledge the loss of the in-person encounter: for the patient, for Anna and for you.
- You are not able to view video of their encounters because Anna's institution will not allow for the recording of sessions. You help Anna learn how to keep process notes, but these are not as helpful as video, especially because you can't observe Anna at work and thus offer her nuanced guidance.

FIND THE POSITIVES

- This new format gives Anna a window, literally, into aspects of the patient's life that would not have been accessible to her in the office.
- Anna can now see how others in the patient's life have difficulty connecting and acknowledging him, given his distracted, informal interaction style.
- You help Anna help the patient to better structure their sessions and to best explore what his experience has been with this transition and loss.
- You help Anna to utilize her alliance with the patient to formulate interpretations about his informal style that can help him achieve his goals.

GOING FORWARD

Develop standardized telehealth and telesupervision curricula

Better understand which patients do well with telehealth, and which patients should be prioritized for in-person visits.

Same with trainees: some may do better with intermittent in-person contact.

Develop a system to quickly and easily survey your trainees before you work together and at points along the way.

Encourage an open dialogue with patients and trainees about the virtual experience.

SOURCES

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