

## In Introduction to Telehealth VLOG

### Transcript

- Andy Santanello: Hey everybody. Andy Santanello, Military Behavioral Health Psychologist from the Center for Deployment here with you today, and I've got Dr. Jeff Mann. Jeff, you want to introduce yourself.
- Dr. Jeff Mann: Yeah, so I am currently one of the Military Internship Behavioral Health Psychologists. I work at, or I'm located at Naval Medical Center San Diego. And then as part of this VLOG, one of the things I also do is telehealth and some private practice work. So, one of the things that Andy and I are going to talk a little bit about today.
- Andy Santanello: Excellent segue, yeah. So, we realized that with everything going on with COVID-19, so many providers in this country are sort of being forced to be creative in how they continue their practice and to continue to be connected with the Service members that they're working with in therapy. So, we thought it would be useful to do kind of a brief little video blog to talk about a little bit of our experience, Jeff and I doing telehealth because we've been doing it for a little while, to maybe start to address some of the concerns folks have and provide a little information. And also to kind of give a plug for the webpage that we're developing that's going to have a whole lot, hopefully, more resources to support your telehealth work.
- Dr. Jeff Mann: Yeah, absolutely. And the thing is Andy and I were discussing this idea. We really see this as just, these are kind of the basics of what you need to know hopefully to get started, and we'll hopefully be offering much more detailed information as time goes on so you guys can be as informed as possible about how to do this successfully.
- Andy Santanello: Well, let's get into it. So, Jeff, what are some of the steps that you took to get started with telehealth?
- Dr. Jeff Mann: Yeah. I think one of the biggest things that I did was getting comfortable with whatever the platform was that I was going to use. So, one of the ways I did that is I did actually just a lot of mock sessions with friends and colleagues. So, rather than trying to try anything out for the first time with a patient or a client, I would kind of set up some type of an appointment and we would kind of run through what it might be like, and I asked for lots of feedback on the process. Was it easy for them to set up? Was it hard for them to set up? What could I do differently? And that seemed to make a lot of difference. It made me feel much more comfortable with the process. I particularly chose friends that were not very tech savvy. I figured that if they were capable of doing it that most anybody could. So, you might start with your tech savvy friends, then I would move to your less tech savvy individuals to see what sort of problems might come up.

Andy Santanello: Pretty similarly with me. I did basically the same thing. I looked at some of the different platforms I was considering using and invited folks that I knew professionally and personally to kind of just meet with me for mock sessions. I also did a fair amount of tinkering with how I was going to do things like consent forms and materials and things like that. Did some research on things I'd want to put in my consent forms, stuff like that. And luckily we're going to have a lot of those resources available to you. It's also a good time to be considering telehealth because APA, the National Register, et cetera, they're call coming out with really good free training and guidelines for developing consent forms in communication with clients, which actually we didn't have when we started a couple of years ago.

Dr. Jeff Mann: Yeah, and I'd say that's one of the things I really looked at as well is looking at informed consent around video telehealth, what the best practices are associated with it, and really making sure clients were aware of that information. And especially even on the signature, I looked at e-signature platforms. It's actually pretty inexpensive to be able to have those sorts of things to have your client look through an informed consent and actually be able to sign off on it.

Andy Santanello: Right. And some of the platforms we're going to talk about have actually integrated all these practice tools, like an electronic medical record, e-signature, telehealth, et cetera, so we'll talk about that. And as I kind of mention that, one thing I think it's important for us to put out there is Jeff and I are going to be sharing some of our experiences and we're going to be talking about different platforms and products. It really should be said that our opinions and views are really just ours. They certainly do not necessarily represent views and opinions of the federal government's Department of Defense Uniformed Services University. So, just-

Dr. Jeff Mann: Yeah, and specifically, we're not endorsing any one product but we are going to talk about some things that we have familiarity with and what our experience has been, not so much that we're saying, "This is what you should use, but these are some of the things that are out here." And using them as examples of these are the types of issues, concerns, challenges or benefits that you're going to run into and experience.

Andy Santanello: Yep. So, we'll get to platforms in a minute but there are some clinical concerns that we wanted to just touch on briefly before we get into that. I think we already talked about one of the main ones that comes up and that's informed consent. So, what is your informed consent process?

Dr. Jeff Mann: My informed consent process actually, I start everything over the phone. Whenever I get contacted by somebody, the first thing we do is we just talk over the phone about the process and find out whether or not that's something that they're comfortable with. Using the telehealth, asking if they have any concerns, and then usually I find that ... And then the platforms I use offer secure

communication. So then I'll send them the informed consent form via like a sort of secure chat or messaging feature.

Andy Santanello: Pretty similarly, and I would say the content of informed consent looks pretty similar to in person services. I guess the main differences are I want to make sure I do have informed consent around technology, getting a sense of how comfortable people are using technology. Do they have the proper equipment? Do they have a decent wi-fi connection, internet connection? Doing some problem solving and a little bit of maybe light tech support ahead of time just to make sure that folks are feeling comfortable-

Dr. Jeff Mann: And I think their own privacy is a really important one. Making sure that they have a space where they feel like they can really be honest and forthright and feel safe and comfortable and those sorts of things.

Andy Santanello: Yep.

Dr. Jeff Mann: That's a big thing that I walk through with people.

Andy Santanello: And along the same lines, if you're going to be working with somebody who shares a home with somebody else, and this is much more likely now that everybody is being asked to stay at home and do social distancing, having a conversation around, even if you do have your space, what conversations do you need to have with the people you share your house with? Setting aside that time and making sure that you're in a place where you're not going to be interrupted for that hour I think is important.

Dr. Jeff Mann: Yeah. And I really deferred to their level of judgment and comfort and oftentimes, I'll express any kind of concerns I have and I'll kind of do a little bit of what-if planning. What if somebody comes in? What if you get interrupted? What if you get a phone call? Those sorts of things. Do you feel comfortable managing that in this process? So, kind of preparing for it rather than hoping it doesn't happen.

Andy Santanello: Right. In terms of privacy also one of the things it's important to talk about with your clients is, because you're doing things over the internet and you're using a teleconferencing platform, you want to have a discussion about what that means. So, some of the platforms that are available are HIPAA compliant and they actually do include secure video chat, which is encrypted. There are other platforms that are not encrypted. So, you want to be aware of the differences between those, and we'll talk about that in a minute. But that's another important thing to chat with about your client. It's very actually similar to the discussion you probably already have if you'd email with your clients. So, you'd probably talk to them about how things that are transmitted over the internet are not guaranteed to be 100% confidential. And you just want to make sure you get consent for that too so your client understands the ins and outs and potential risks and benefits of that.

Dr. Jeff Mann: Yeah. And I think the big thing is you don't want to necessarily act as if this is a huge risk or anything along those lines. It's just making sure that we're aware that there are reasonable concerns to be considered but we don't need to blow it out of proportion.

Andy Santanello: Right. Yeah, it's generally not going to be any riskier than doing video chat in some of the other areas of life that folks are doing. So, I think that's important to address it, acknowledge it and at the same time, not make people scared about it because they've probably done plenty of video chatting in other ways like FaceTime, et cetera, before.

Dr. Jeff Mann: Now, I will say one of the things I always recommend, and some of my clients follow it and some of them don't, is as you can see, Andy and I are both using headsets with microphones.

Andy Santanello: Right.

Dr. Jeff Mann: It adds a level of privacy on both their end and your end. I always use them, no matter what because that way, even if there is somebody walking by the room that I'm in, just like you would be in a psychotherapy office, they're not going to hear my client's voice and vice versa. So, there's an added layer of privacy but I think it also improves the overall audio transmission.

Andy Santanello: Yep, absolutely. Great suggestion. So, let's more on to talk a little bit about safety. I know this is a big concern that a lot of clinicians have, especially if you're working with someone who you might be concerned could be at potential risk for self harm or other harm, how to handle it. So, let me ask you, I have some thoughts about this but I'm curious, how do you address safety concerns?

Dr. Jeff Mann: Yeah. One of the first things I do is, especially when meeting with a patient, and like anything else there should be a good safety assessment for self harm or harm to others, and so that really doesn't change. I think the only thing that really changes is making that decision about whether this is somebody who is appropriate or not for telehealth services. My general guideline that I have implemented, and this is more for ongoing rather than emergency services, is that I don't do telehealth with anybody who's been hospitalized within the last two years, particularly for suicidality or any psychotic features, and I don't treat somebody who is acutely suicidal strictly by telehealth. So, I think those are the two lines that I've drawn as far as what I think is and is not appropriate as far as individuals who are using telehealth. Where are you on that, Andy?

Andy Santanello: I agree wholeheartedly with that. It's important to ... So, what I've gotten in the habit of doing is even ... so before I start to meet with somebody, if it's a new client in telehealth, I will do a phone pre-screening and ask some of those questions about safety to do a little bit of a pre-assessment to see if somebody is going to be appropriate for telehealth. Now if you have an ongoing

therapeutic relation and you're switching somebody from in person therapy to telehealth, likely you've already done some safety assessments and some safety planning. I think it's just important to review that with your client if you are going to be transitioning to telehealth and making sure that some of the plans that you've made still are going to work for somebody in telehealth.

Andy Santanello: Some additional things to consider are if somebody misses a telehealth appointment, making sure you have at least one backup number to get in touch with them. Make sure you have permission to maybe contact family members or folks that are support for the client in the event that you're unable to get in touch with them. I will say 99% of the time, and this is not based on data but in my personal experience, when somebody's not able to make it to a session, that's not because they are in acute crisis, it's because they're having technical difficulties. So, building into your safety plan what to do about technical difficulties. So, for example, if I'm working with somebody that I'm concerned about in terms of their risk level, I will say to them, "If I can't get in touch with you within an hour either by phone or by video chat ..." And this is somebody I know is high risk ... "Here's what my next plan is going to be." So we'll map out the safety plan would be something like I'll call their emergency contact information. If I can't get in touch with them or I don't have confirmation that you're safe within 15 minutes after that, I'm going to have to call 911, et cetera.

Andy Santanello: So, I'm not saying that should be policy used for everybody. What I'm suggesting is, there's just another layer of planning that I think you want to go through.

Dr. Jeff Mann: I think one of the biggest things to highlight in the current situation that we're in with COVID-19 is that, I would make the argument that you're likely better having a telehealth session with somebody than no session at all. And providing them care in the context of just saying, "Hey, we can't meet under this context because I don't feel comfortable." I think being able to provide that service and add just some additional safety layers is better patient care than just saying, "Sorry, we can't meet right now."

Andy Santanello: Right. Let's move on to talk a little bit about tech problems. We've touched on this a little bit. My rule of thumb is always expect that there is going to be some sort of tech problem.

Dr. Jeff Mann: Yep.

Andy Santanello: At least in the first couple of sessions as you and your client are getting used to using this whatever platform you're going to be using. So make sure you plan for it. I mentioned already, you want a good backup phone number and essentially your go-to as if you're having issues with audio or video, just make sure you can get in touch with that client via phone and then walk them through it. I think that's critically important.

Dr. Jeff Mann: Yeah, that's the exact same procedure that I use. And I've had times where, it seems like for whatever reason, it's always the last five minutes of a session where I'm going to have a tech problem. And so, then I'll call the patient, wrap up, usually just set her appointment for next time. And I think again, I like what you said, Andy, just expect it. It's not a big deal. It's really not that much of a problem. We just say, "Yep, if there's a problem, I'm just going to call you on the phone. What's a good number for you?"

Andy Santanello: Right. What I will say is that generally speaking, when I've encountered tech problems, they've mostly been the result of the client having a poor internet connection or using a device that maybe isn't optimized for telehealth, or just not being familiar with it. So, just after like the first session or two and talking about some of the things that are coming up, usually things go pretty smoothly. And even when there have been issues with the technology, I've been able to with the combination of calling the client and working with them to get back and up and running, and then maybe potentially rescheduling for the next day or later on that day has always pretty much worked.

Dr. Jeff Mann: And I think one recommendation to make, too, is as you can see, Andy and I are both sitting at stationery computers with fairly plain backgrounds. I've had clients who've been in a room with their iPhone, they're walking around and talking to me and what happens over with the encrypted video chat with all that video motion, that tends to take up a lot of bandwidth. So, I've seen that degrade the video a little bit before so one of the tips is sometimes just ask people, "Hey, just kind of stay stationery. Use a laptop if you can over the phone." That's one of the things that can effect video quality.

Andy Santanello: Yep. That's a great suggestion, even going through with them ways of propping up their iPad or their phone on some books or something just so they can be in one place. Another thing that's come up is sometimes, client, if they're holding their phone will inadvertently cover up their mic or their speakers. And so, when they'll say, "I can't hear you." Or I can't hear them, just the way they hold the phone. So, again, a lot of these things you will kind of figure out as you go through and adjust. But usually after a first session or two, things tend to get a little bit smoother.

Dr. Jeff Mann: Yep, yep. The first thing I do at every session is I just check in, "Hey, can you hear me and see me okay?" And that's usually where things go. I would say another common one that I'll see is for whatever reason, the audio doesn't seem to be working. Usually, and for most platforms, how we fix it is we log off, close the application out and start again. Like most things in the computer world, restarting it seems to fix a lot of problems.

Andy Santanello: Yep, absolutely. The next thing we want to talk about are materials. There's, I know, folks are, if you're doing EVP, like [inaudible 00:17:31] processing therapy or PE for PTSD or depression, CBT for depression, there's a lot of homework materials, things like that. So, how do you generally handle handouts and worksheets and things like that?

Dr. Jeff Mann: I've really used a lot of ... one, I have a lot of PDFs. The platform that I use does have a secure document messaging service. So I'll send the documents back and forth. Then as much as I can, I'll incorporate the use of apps. And I think I've had ... the reality is I've had clients essentially feel no different in person versus on telehealth, whether they prefer apps or worksheets. I don't think apps necessarily lend themselves better towards telehealth versus worksheets. I find some actually prefer the worksheets. So, I have those basically scanned into PDFs, and the capacity to be able to, one, share them with the client in session. That's actually a pretty easy thing to do in most platforms and we go through the process, and sometimes I'll even type on it a little bit. And then I'll send them that version. And then I'll also send them some [inaudible 00:18:47] copies of it through a secure chat version.

Andy Santanello: Pretty similar to my practice. I guess the major differences are I'm going to try to be as flexible as I can with the client in terms of what technology they're most comfortable with. So, often what I will do is I will email PDFs, et cetera, to clients after making sure we have a discussion on the phone about the risks and benefits of email communication. In that discussion, and once they've read and signed my consent form, we'll have a discussion about what types of information is appropriate to put in email. So, if we're communicating about, for example, appointment times, that's okay. If we're sending blank worksheets back and forth, that's okay. But I usually say if it's therapy stuff, stuff we would get into in the session, we don't really necessarily want to talk about that over email. If you need to talk to me, you can write in the email, "I'd like to schedule a session. There's something I need to chat with you about." And then let's actually get into the content over a phone call or video chat.

Dr. Jeff Mann: Yeah, I think just in general, having a conversation about where does therapeutic content go? And yeah, I really say, "Listen, anything other than appointment times or some brief questions about the homework that's kind of a clarification, those sorts of things, let's either talk over the phone or just schedule a quick session to deal with it." I generally find that trying to do that over an asynchronous back and forth process, I haven't found it very effective.

Andy Santanello: I just wanted to kind of note that a couple of themes keep emerging. One is really good informed consent on the front end and good screening on the front end, and making sure you're doing that most of the time through telephone content. Two, making sure that you're preparing for tech issues as they come up, and part of that is preparing your client on the front end to use the technology but also having a backup plan for if and when technology doesn't work. And three, making sure that you're open and honest with your client about some of the risks and benefits and making sure that you're normalizing the fact that this might be a little bit bumpy and having sort of a can-do attitude about dealing with some of these tech issues as you go through is I think important.

Dr. Jeff Mann: Yep. And I think being really, as we talk about this, I really want to emphasize the clients that I've done this with generally have said to me, "There's no way

I'm ever going back to doing regular therapy again. This is just so much more convenient to my life." And I think the biggest benefit that I've found is I'm able to have much greater consistency of therapy. It's much easier for them to meet on a weekly basis, especially if we're going through a protocol or something along those lines. And the fact that they're able to engage in therapy more consistently has been the biggest thing that I've seen in everybody that I've worked with.

Andy Santanello: Really important points. I think there might be the assumption that doing therapy over telehealth may be not as good as in person therapy. Certainly there's definitely some research coming out in terms of non-inferiority studies showing that in terms of specific interventions, like CPT for example, that CPT done over telehealth versus in person are roughly equivalent in terms of outcomes. But I think also in terms of therapeutic alliance and the ability to have consistency between therapy, this is a great way to connect with your clients. And now that it's going to be very difficult to meet with clients in person and perhaps be irresponsible to meet with clients in person, this is going to be hopefully a way that a lot of folks can stay connected.

Dr. Jeff Mann: Yeah. And I'll be honest and full disclosure, I really see telehealth as something that is very much a kind of a trend in the future and that even if that's not a way that you want to go as a practitioner full-time, being able to offer that as a service, again, even if it's just to maintain continuity of care, to help people be able to come to an appointment when they might not otherwise have been able to to keep going with therapy, and because we know for a lot of the evidence-based practices that they're generally validated on weekly treatment or more frequent. That is an important factor that we need to consider in this technology of being able to do that when they might not have been able to otherwise.

Andy Santanello: Absolutely. Well, we wanted to finish up here with just talking a bit about specific platforms. I think before we get into that though it should be noted that most state licensing boards and mental health professional organizations are beginning to look at the relaxing of HIPAA regulations to use platforms that maybe wouldn't be considered appropriate for telehealth. So, did you want to talk about that really briefly?

Dr. Jeff Mann: Yeah. So, I think and hopefully we'll provide a link for this, but the Office of, I'm blanking on the name now, but Health Human Services put out some guidance on HIPAA, and I'll read this to you. It's on the website but they had indicated that they will not impose penalties for noncompliance with HIPAA rules in connection with good faith provision of telehealth using non-public facing audio or video communication products. And I'll talk in just a second about what that means. So, they're saying you can use, right now, during this crisis, you can use any non-public facing remote communication product. So, what they refer to as a public facing communication product are things such as Facebook Live, Twitch, Tik Tok, those sorts of things. There needs to be that private one-to-one connection is the critical aspect of what they're identifying.



Dr. Jeff Mann: That's essentially what the Department of Health and Human Services is come out, and they're using their discretionary policy related to any sort of HIPAA violations. The key is that good faith provision. That you're trying to provide quality care for your patient.

Andy Santanello: Right. So, the good news is that there are already many options for HIPAA compliance telehealth platforms available to you. For example, WeCounsel is one; VSee; SimplePractice; Doxy.Me; Zoom, which is the platform we're meeting on right now and doing this video on right now; and Google Meet all are HIPAA compliant. So, if you are going to be doing this work for a while, it might be worthwhile to look into those first.

Dr. Jeff Mann: Yeah, and the one other thing that you'll see out there as far as terminology is what's referred to as a BAA, or a business associate agreement. This is basically the platform provider saying, "Hey, we're on the hook for liability associated with HIPAA violations. We're collaborating. We are now business associates." That means that they are conforming to standards, that they're recognizing that they are now party to this healthcare interaction.

Andy Santanello: Absolutely. So, there's lots more we could get into. I'm kind of noticing we've talking for a while.

Dr. Jeff Mann: Yeah, we have.

Andy Santanello: And so, if folks are interested in getting into the weeds a little bit with more of these topics, certainly let us know and Jeff and I, and maybe we can wrangle some of other SMEs in here to talk about this stuff too, we'd be happy to do it. Please check back on to our resources page. Our intention is to offer as many resources internally and externally as we can for you folks as you're starting out ramp up your telehealth practice in the service of continuing to provide the awesome care that you already provide to Service members.

Andy Santanello: We hope that this has been helpful. Jeff, I appreciate you taking some time to chat with me today.

Dr. Jeff Mann: Absolutely, thanks Andy. And I think, I just really want to emphasize the idea that this is a great way to extend and improve continuity of care for the folks that we're working with in this difficult time right now.

Andy Santanello: All right, well thanks again everybody for the great work you do, and please drop us a line. Let us know how else we can be of help to you.