Q&A from Suddenly Telehealth:

How to Implement EBPs Virtually with Fidelity and Effectiveness

There has been a lot of discussion about how telehealth is a "good enough" second choice. Any advantages to telehealth in the treatment of these diagnoses that we could discuss?

As providers we all trained to do face-to-face treatment and lots of attention was given to the nuances of our presentation in the room with our clients. We have practiced for most of our careers in this way. We may have considered doing telehealth more recently, but for most of us, it was an option rather than a requirement, and we were more comfortable keeping most of our clients face-to-face where they have always been.

Then the pandemic restrictions began and we were, all of a sudden, faced with the need to take care of our people as best we could. We resorted to telehealth and telephone because those were the only options available, but they weren't what we were accustomed to doing. We felt awkward, out of our element, and possibly less connected to the face-to-face cues and nuances that we relied on to communicate and to understand. For many of us, telehealth was a forced choice, and seemed like a second choice, a lesser choice, because we were comfortable the way things were.

Most studies on this issue show that treatment via telehealth is not a second-best option but is as safe and effective as face-to-face care. Telehealth is found to be well accepted by patients who report similar satisfaction with telehealth as with office-based care. From the provider point of view, findings are similar. Though satisfaction ratings for providers are not quite as rosy as those of clients, the reasons for dissatisfaction are most often due to administrative and logistical issues such as needing to follow different procedures or documentation requirements, or with technical issues related to equipment and bandwidth rather than with clinical concerns. Objections on the whole have more to do with personal preferences and habit, rather than with the quality of care.

Beyond the noninferiority trials that establish that telehealth is "as good as" face-to-face care, there are advantages to telehealth that may make it the best choice for some situations.

Advantages for patients:
- The availability of telehealth means no transportation time or cost, and less time off work. Imagine the relief of not having to take several buses and a half day off work!
- For individuals in rural areas or small towns with fewer providers, telehealth allows greater accessibility to care and to specialists that may not be close by.
- The same is true for individuals with mobility issues or medication issues that make traveling to appointments logistically burdensome. These individuals may have a greater feeling of independence as well, as they no longer need to have someone help, or accompany them to the office.
- Those responsible for caring for children or elders can access care without dragging their charges along, or leaving them with a sitter, a costly and potentially less reliable and accessible option.
- Patients need to wait in a waiting room less time and may feel less exposed in terms of privacy, stigma and exposure to illness. Care can be expedited as well, since there are fewer barriers to scheduling.

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Advantages for providers:
- Telehealth expands access to care and allows them to reach more patients.
- Practice overhead is potentially reduced, and there is a lower likelihood of no shows and cancellations since many of the last-minute barriers for patients are eliminated.
- Many telehealth providers take advantage of before and after work hours more easily since they can do so from home, allowing them to work more flexibly around family commitments and other activities.
- Clinically, seeing a patient in their home environment can be informative, and accompanying them virtually allows the therapist to coach a patient through difficult exercises in a way that would not have been possible in the past without a home visit.
- Family meetings are easier to arrange as well, as fewer schedules must be cleared and for shorter blocks of time.

While there are also challenges to implementing telehealth, we believe the advantages are worth the effort. In the best circumstances we could choose for each patient the modality that suits them best, but when we do not have the luxury of those choices it is good to know we are not sacrificing behavioral health to preserve physical health.

Can the presenters say more about the process of collecting measures such as the ISI, etc. before and during treatment? How do you manage utilization of outcome measures via telehealth? Is there a platform that makes it easy to send and receive such documents?

Outcome measures for therapy conducted via telehealth are equally as important as outcome measures in the course of in-person treatment, although the logistics of how to include them certainly differ. How you get self-report assessment data via telehealth depends on the technology available to you and your client and the platform you are using for your sessions.   The options we recommend are as follows:
- Use an app if available .
- Ask the client to download and complete a fillable PDF form that can be shared verbally or on screen.
- Mail or E-mail blank forms ahead of time and request scores at the start of each session.
- Verbally administer the questionnaire via telephone or video conference.

For a tip sheet on administering assessments via telehealth click here for links to fillable PDF forms click here

Is there any influence on the effectiveness of EBP for clients/patients who are not appropriate/ideal candidates for telehealth services?

It goes without saying that an important step when initiating or transitioning treatment for a client to telehealth is to assess and address any barriers or limitations to using that modality. There might be various reasons why telehealth is less than optimal for a patient. If this is the case and face-to-face treatment is available, it seems best to offer that instead. However, currently many providers and patients are faced with the choice of telehealth or nothing. If face-to-face treatment is not possible, sub-optimal telehealth, whether EBP or some other type of treatment, must be weighed against no treatment at all. The right answer then, depends on individual presentation and circumstances.

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It seems likely that clients who are not appropriate for telehealth services may have a less than optimal response to EBP via telehealth. However, if there is a good understanding of the challenges or barriers to telehealth, the provider and patient can brainstorm potential workarounds or methods to reduce negative impact. For example, if an EBP is being delivered telephonically as the only option available and the client reports concern because they have always struggled to communicate over the phone, the provider can use this information and actively check in with the patient on the impact of this challenge to reduce misinterpretation and enhance communication, potentially increasing the effectiveness of the EBP. While we are not aware of actual outcome data on doing EBP, or any other type of treatment via telehealth with clients "inappropriate" for telehealth, taking measures to identify challenges and barriers, and receiving consultation to reduce the impact of those barriers on effectiveness seems reasonable.

I know that it may be beneficial, but is it necessary to be certified in telehealth?

It is not necessary, and may, or may not, be beneficial depending on the certification criteria. Certification is an arbitrary and administrative distinction and can be offered by a random individual, a well-known expert, or panel of experts, a consumer organization, a professional organization, a government body and probably a host of other entities. The meaningfulness of certification will vary accordingly. Certification alone may, or may not, mean the person is skilled and knowledgeable.

On the other hand, all ethics codes require that providers be "competent" to provide the services they offer, so it is ethical to do what is needed to be competent to offer telehealth. I would argue that this requires both knowledge and skills acquisition that would render the learner competent, but does not require certification.

There are a variety of easily accessible resources available to help clinicians learn the technical, logistical and clinical skills that promote ethical and effective telehealth practice. In addition to these, we recommend consultation with an experienced provider familiar with both telehealth and with the specific EBP that will be offered. Consultation can take you beyond the basics and help you address more specific and nuanced questions related to specific clinical issues and clients.

What apps are available to augment conducting EBPs via telehealth?

There are many apps out there that could potentially be useful for telehealth, however we have not vetted all of them. Users should apply the same careful and stringent review to apps that you apply when choosing evidence-based treatment protocols. One highly credible source that we can recommend would be apps co-developed by the US Department of Veterans Affairs and US Department of Defense. These apps have been developed in close collaboration with the EBP treatment developers themselves and can be trusted to follow good evidence-based practices. Click here for a web page of apps developed by VA/DoD and here for a PDF.

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