
Children's Mental Health

Outpatient provider: Telehealth Strategies and Q&A with Dr. Jetmalani and Dr. Franz

6/8/2020

Dr. Ajit Jetmalani, OHA Senior Health Advisor
Dr. Mike Franz, Child and Adolescent Psychiatrist
Chelsea Holcomb, Child and Family Behavioral Health



Introductions

Dr. Ajit Jetmalani, Child and Adolescent Psychiatrist and Senior Health Advisor for Oregon Health Authority's COVID-19 Response

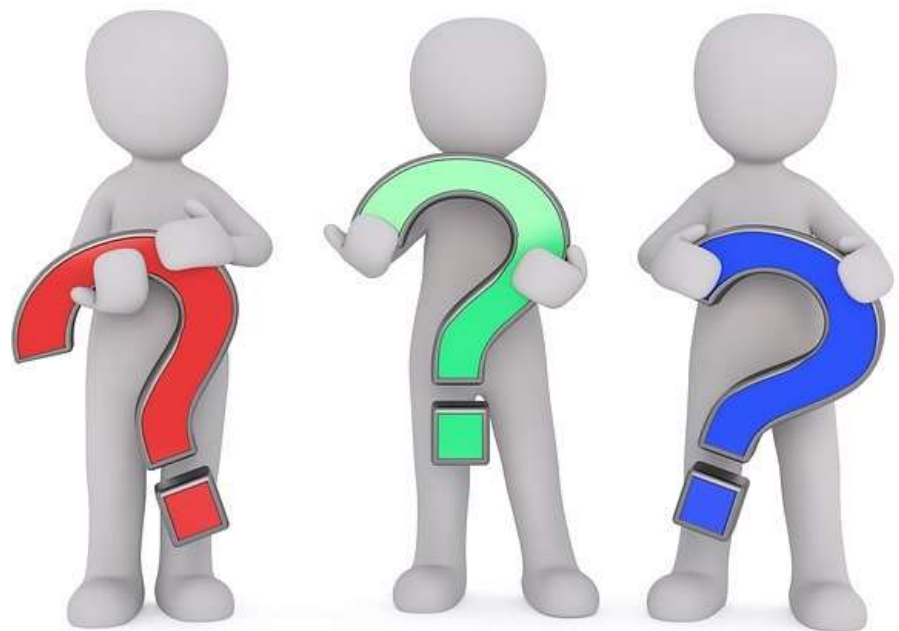
Dr. Mike Franz, Child and Adolescent Psychiatrist

Chelsea Holcomb, LCSW Child and Family Behavioral Health

Overview

- Welcome and Introductions ✓
- COVID-19 Update and Considerations
- Telehealth with Dr. Franz
- Q&A and Sharing

POLLS



Oregon Health Authority COVID-19 Website

Situation in Oregon

COVID-19 data are provisional and subject to change with ongoing data reconciliation.

COVID-19 in Oregon



Overview

 Daily Update (Monday - Friday)

 Weekly Report

Data current as of 6/5/2020, 12:01 a.m. Updated Monday - Friday.*

Total cases	4,570 ¹
Total deaths	161
Positive tests	4,442
Negative tests	138,676
Total tested	143,118

* For daily counts of cases, deaths and negative tests on weekends, please see our weekend press releases available [here](#).

¹Includes cases confirmed by diagnostic testing and presumptive cases. Presumptive cases are those without a positive diagnostic test

<https://govstatus.egov.com/OR-OHA-COVID-19>

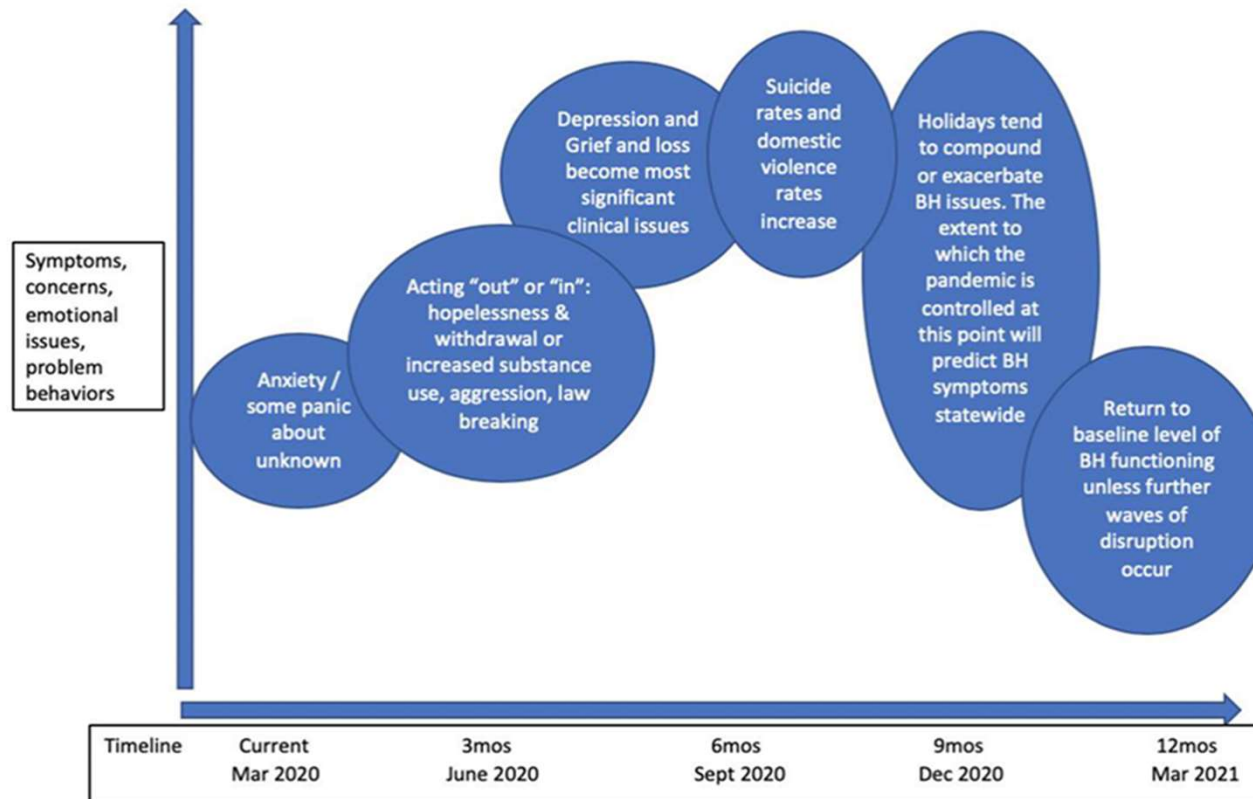
Oregon Health Authority COVID Website: Behavioral Health Tab



Community Resources by Topic

- [Behavioral Health](#) +
- [COVID-19 Testing](#) +
- [Discrimination and Stigma](#) +
- [Education and Early Child Care](#) +
- [Food Safety and Food Service](#) +
- [Housing Services and Homeless Camps](#) +

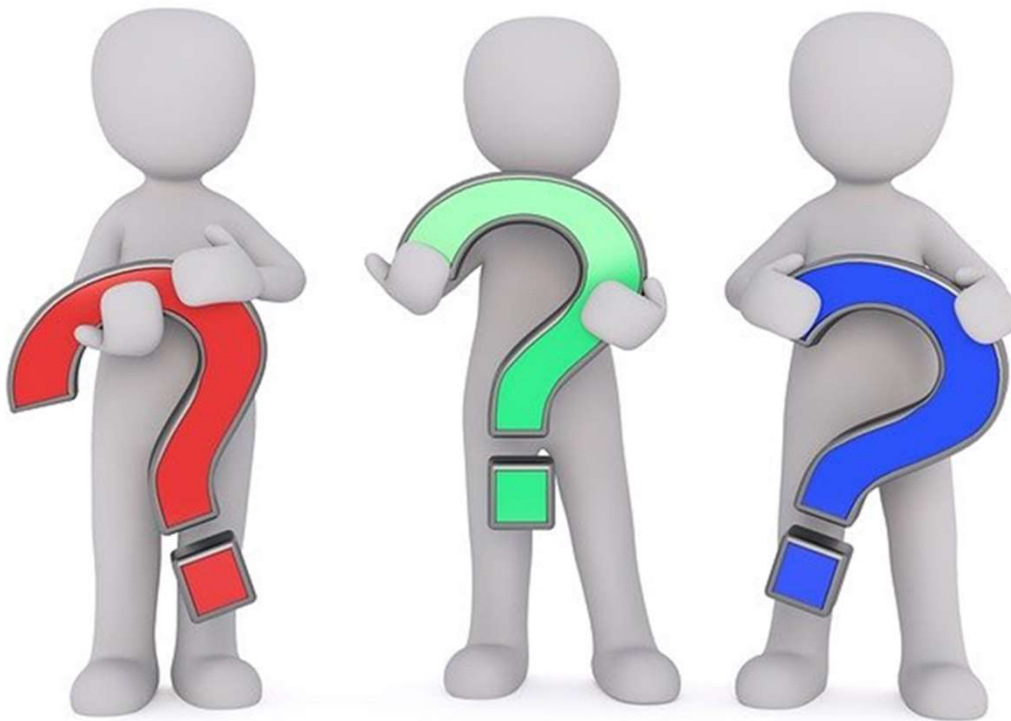
Washington State Division of Public Health: accessed 6/1/20



NOTE: Where people start on this chart is strongly predicted by their baseline level of functioning BEFORE the outbreak / pandemic, and the degree to which they have SOCIAL SUPPORT and use ACTIVE COPING SKILLS. If the situation comes to a resolvable level after 12 months, the VAST majority of people will return to their baseline level of functioning. If the situation cascades, then the emotional and behavioral responses become compounded over time.

Questions for Dr. Jetmalani





POLL



TeleHealth: Basics, Lessons Learned and Practical Tips

Mike Franz MD, Child & Adolescent Psychiatrist

**OHA Presentation
June 8, 2020**

**Some slides adapted from 2017 OHA presentation with Robert Duehmig and Dan Reece*

DISCLOSURES

- Medical Director of Behavioral Health at PacificSource
- Co-owner and Consultant at Cartesian Solutions, LLC
- Psychiatric Consultant to Deschutes County BH, Mosaic Peds, Central Oregon Pediatric Associates, Symmetry Care CMHP
- Today's presentation will be primarily with my "provider hat" on

OBJECTIVES

- Understand basics of how telehealth works
- Understand how telehealth is being used in Oregon
 - pre-COVID, during COVID, post?
- Understand keys to effective implementation



"You can't list your iPhone as your primary-care physician."

TELEHEALTH WITH DR. FRANZ

- 7 minute video by Dr. Franz geared mostly to patients/clients
 - <https://blog.pacificsource.com/2020/05/29/the-reasons-and-how-tos-for-virtual-doctor-visits/>
 - Please share with anyone who might find it helpful

DEFINITIONS

- **TeleHealth:** A collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies.
- **Telemedicine:** The remote delivery of health care services and clinical information using telecommunications technology.
- **Telemental health** is the provision of mental health care from a distance.
- **Originating Site:** Where the patient is.
- **Distant Site:** Where the provider is.
- **Synchronous v. Asynchronous:** Real time v. store and forward

TELEMEDICINE SERVICES SUPPORTING INTEGRATED BEHAVIORAL HEALTH CARE

- Psychiatric services – direct and consultative
 - In specialty BH settings
 - In integrated medical settings
- Mental health and substance use disorder treatment
- Patient information, self-management,
- Peer and recovery support services
- Clinical training and case reviews
- Clinical supervision
- Primary physical health care in behavioral health settings

TELEMENTAL HEALTH EVIDENCE AND STANDARDS

- ATA Evidence-Based Practice for Telemental health
 - Most studies specific to telepsychiatry services
 - Generally positive findings related to patient relationships, diagnosing and treatment
 - Provider experience with TMH and technical quality are variables.
 - A broad range of therapies have been studied.
- ATA Practice Guidelines for Video-Based Online Mental Health Services
- ATA Lexicon of Assessment and Outcome Measures for Telemental health



MAC



ANDROID



DESKTOP

Aa



TEXT

VOICE



LIVE VIDEO



MEDIA

Meaningful therapy from every device

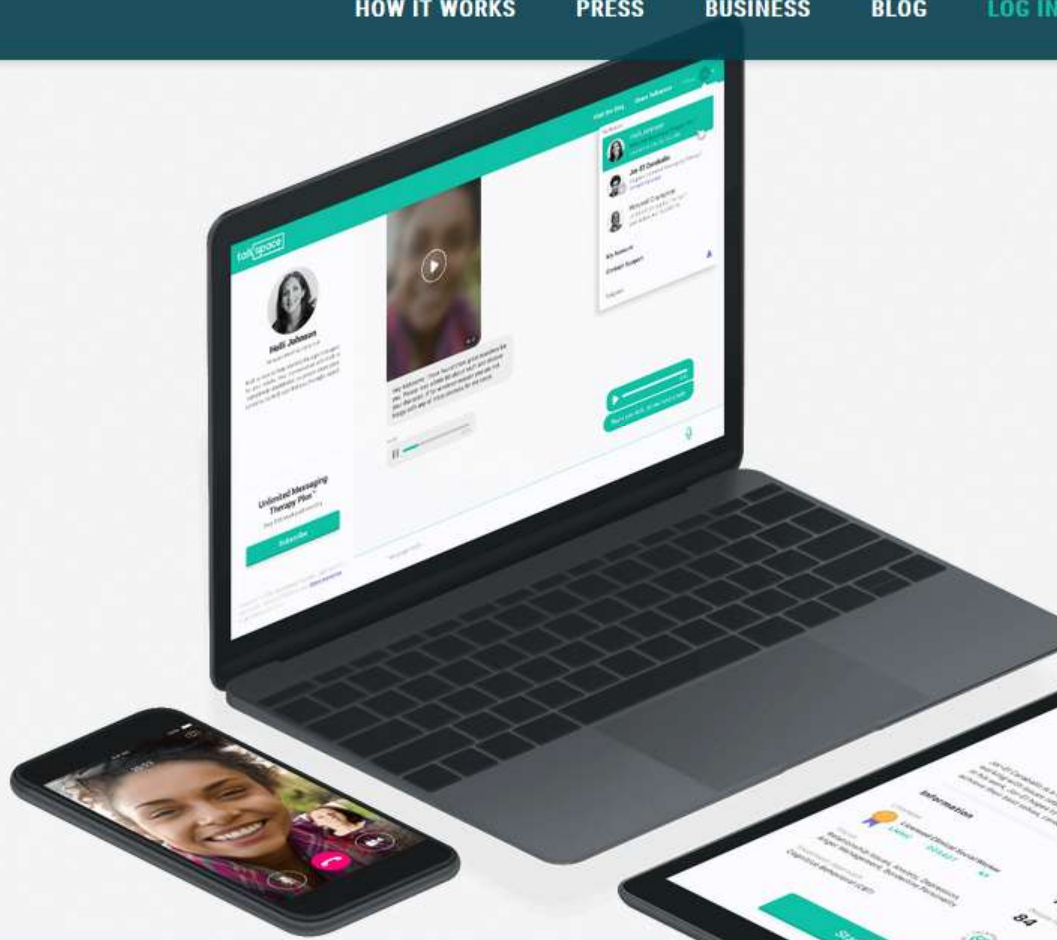
It can be difficult to wait days or weeks until your next appointment. With Talkspace, you can send your therapist a message whenever you're near a laptop, tablet, or smartphone. Your conversation carries over seamlessly across devices and uses banking-grade encryption to keep it safe and confidential.



Download on the
App Store



GET IT ON
Google play



TECHNOLOGY: CONNECTIVITY / NETWORK

- Networks must comply with HIPAA standards, i.e. secure and encrypted (except during COVID emergency)
- Meet minimum bandwidth and visual resolution standards
 - Minimum of 1.5 MBPS but 10x that is ideal
 - 4G LTE Cellular may work reasonably well if internet not available
- Optimally, tech support should be readily available to address connectivity problems.

TELEHEALTH PROCESSES

- Detailed work flows aimed at maintaining or improving provider productivity
- Telehealth process should be similar to onsite encounters whenever possible.
- Patient orientation to telehealth prior to and at the time of the visit.
- Reliable and redundant process for provider communication with clinic staff.
- Telehealth provider documentation readily available to onsite providers.
- Process for evaluating patient and provider experience.

TELEHEALTH AND WORKFORCE

- Only method for most BH providers during Stage 1 COVID
- Shortage of providers – across the professions and geographic areas
- Team based care – important to the success of future health care delivery system
- Delivering care where it is needed – underserved areas
- Telehealth is not THE solution to address workforce shortages
(but is sure can help!)
- COVID is massively accelerating the adoption of telehealth
 - Likely will never go back to how BH/Medicine was previously practiced

TELEPSYCHIATRY MODELS

- Patient assessment, diagnoses, treatment planning and prescribing
- Provider consultations
- Telephone consultations: OPAL-K
- Collaborative Care Model (CoCM) from AIMS Center
- Clinical case review and education, e.g. Project ECHO
 - Adult psychiatry
 - Child and adolescent psychiatry
- Psychiatric Training, e.g. Aptius

MY TELEHEALTH CONSULTS TO SYMMETRY CARE - CMHP

- Burns in Harney County – Frontier designation in Eastern Oregon
- 2-3 Friday afternoons per month can serve entire county
- Integrated as part of the CMHP team
- QMHPs/QMHAs at originating site with family on camera or remote attending remotely on split screen
- EMR is accessed concurrently
- Meds prescribed electronically except Schedule II – mailed
- Labs ordered by fax/mail/verbal order to RN on staff

TECHNOLOGY AND LOGISTICS CONTINUED

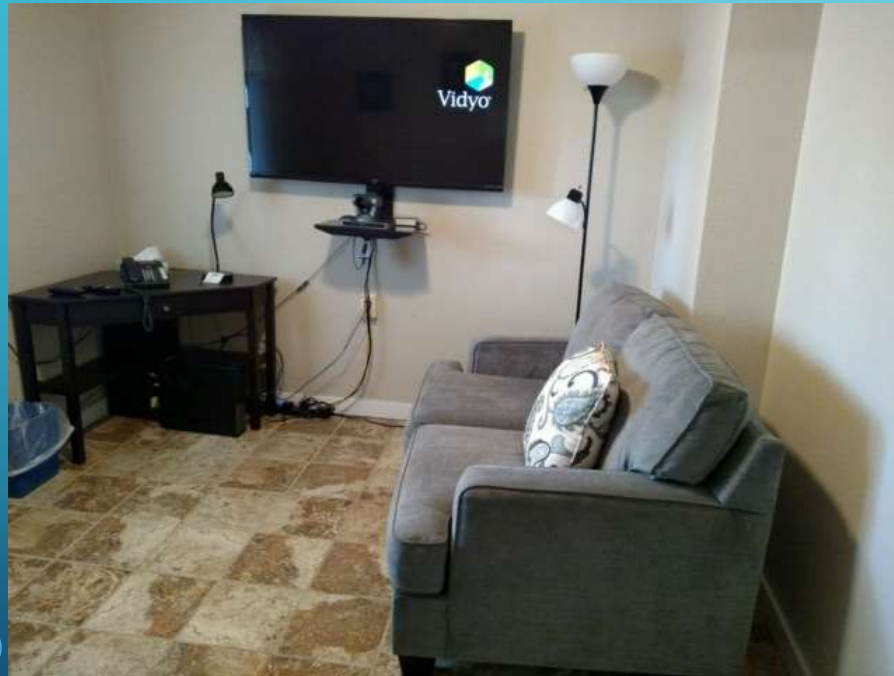
- Hardware:

- Dr. Franz: MacBook and peripheral video monitor with external speakers
 - Built in HD camera in MacBook
- Symmetry Care: Big screen flat monitor mounted on wall
 - HD camera with remote controlled directional movement and zooming (controlled by Dr. Franz)
 - Microphones on table between seats opposite monitor

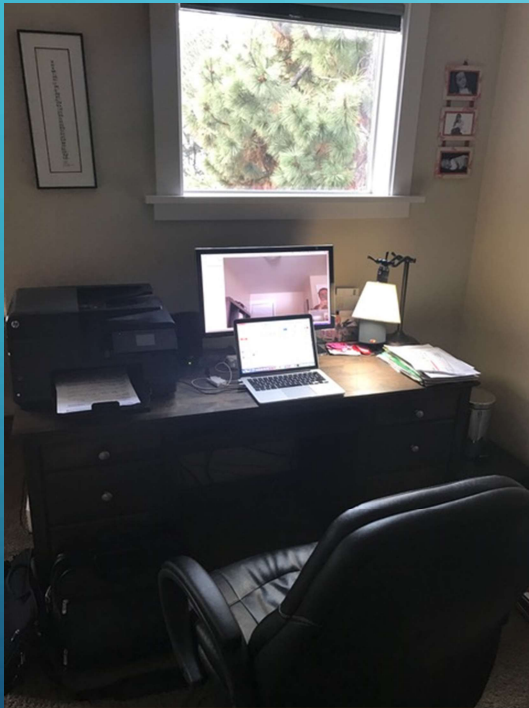
- Software: Google Meets - synchronous video/audio software,

- HIPAA compliant
- Previously used Vidyo, Vsee and hard-wired T1 line prior to my tenure

TECHNOLOGY AND LOGISTICS: THE ORIGINATING SITE



TECHNOLOGY AND LOGISTICS: THE DISTANT SITE



LESSONS LEARNED -- CHALLENGES

- Technology does not always work or work as well as we would like
 - Sometimes “pixelization” of video image, lack of focus, poor sound quality
 - Occasionally need to resort to telephone only
- Very important to have regular site visits for face-to-face interaction
 - With patients/families
 - With staff and to attend interdisciplinary consultation meetings
 - Builds trust and better understanding of community culture
- Some things are lost without face-to-face interaction
 - Nuanced mental status exam
 - Ability to see the whole room and interpersonal dynamics
- Risk of being seen as “other” and not part of the community

LESSONS LEARNED – THE GOOD STUFF

- Deep sense of satisfaction providing needed services to a remote, rural population that might otherwise struggle to get psychiatric care
- Appreciation for getting to know another community and culture
- Enjoy the convenience of providing clinical services from home
- Knowing that this can work even in local communities as has been proven with COVID

TELEHEALTH PRACTICAL TIPS

- You **MUST** have a quiet, private place where you won't be interrupted
 - Office or Home
- No distractions in background (some platforms let you blur it)
- Camera should be at eye level
- Look directly at camera – at least occasionally
- Do not use any backlighting, keep light in front of you
- Keep your camera stationary -- even if it is a phone
- Use headphone with microphone if at all possible
- Have a back-up phone connection
- Get consent before or at start of telehealth appointment

TELEHEALTH PRACTICAL TIPS CONTINUED

- Make sure your internet connection is working
 - Plug into Ethernet jack instead of Wireless if possible
 - Don't share Wi-Fi with someone streaming videos!
- Orient the patient to the session
 - Let them know what to expect
 - Ask them how sound and audio are working
 - Ask them to interrupt at any time if having technical difficulties
- Make sure patient's microphone is close to them
- Have a crisis plan for each session if patient needs help

TELEHEALTH PRACTICAL TIPS CONTINUED

- Use the multiple screen option/split screen if you have other team members who can join appointment remotely
- Use two screens – one for EMR and one for Video
- Get links ready/teed up for each appointment you have that day
- Turn off your camera between appointments!
- Continue best clinical practices
 - If adolescent, start only with them on the video/audio link and bring in parent/guardian later
 - Do your mental status exam
 - Get vital signs as necessary
- Give fidgety children a fidget toy / have parents entertain young children

TELEHEALTH PRACTICAL TIPS CONTINUED

- Adjust your demeanor and method of interaction based on developmental stage, comfort level of patient
 - Ok to be silly to “break the ice” and get engagement with younger kids
 - Use Theory of Mind: “Must be strange to just see this big head on the screen!”
 - Acknowledge up front how different this can be than face to face appointments
- Use the camera panning function or have patient do this as needed
- May need adult to hold camera for younger children to track them
- Be inquisitive about patient’s surroundings IF it helps engage
- Self disclose appropriately about your surroundings to engage

WHERE CAN I FIND MORE INFORMATION?

Telehealth Alliance of Oregon

<http://www.ortelehealth.org>

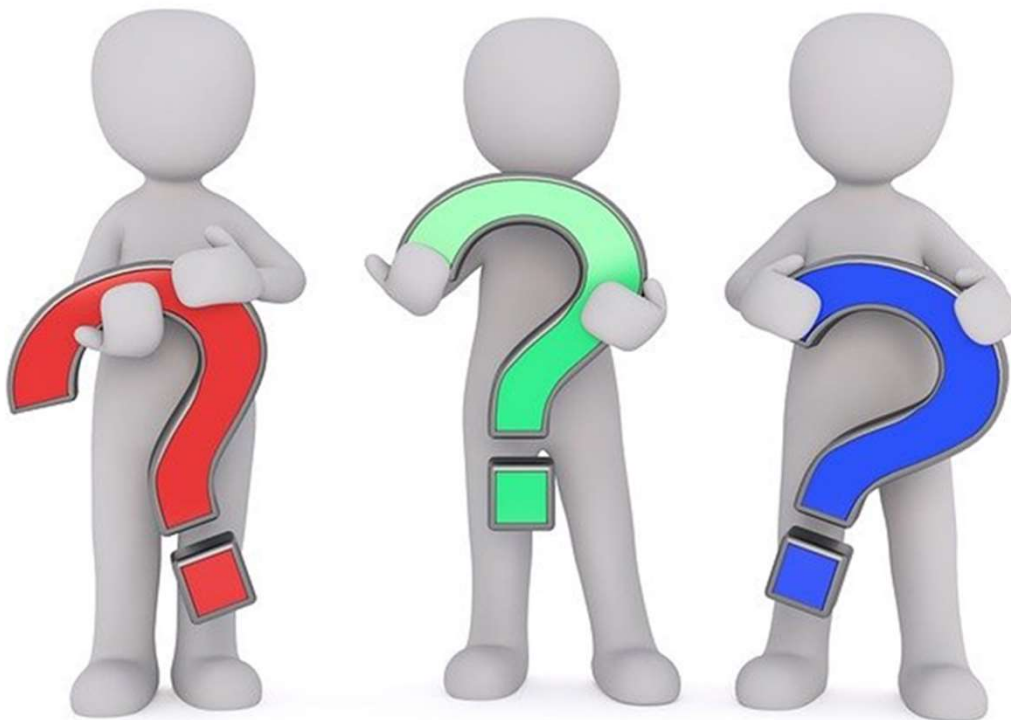
American Telehealth Association

<http://www.americantelemed.org/home>

Telehealth Resource Centers

<http://www.telehealthresourcecenter.org>





POLL

Child and Family BH Unit: Gratitude Video

