Telehealth Guidelines & Managing Challenges

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Familiarize yourself with the evidence so you can communicate that **telehealth = quality care**.

- Cognitive behavioral interventions delivered by telehealth are comparable to face-to-face sessions in terms of treatment outcomes & treatment adherence;
- Therapeutic alliance (rapport) is generally high (clinician & patient rated) & comparable to alliance in face-to-face care;
- High patient satisfaction ratings are found for telehealth;
- Provider satisfaction ratings are generally lower than patient satisfaction ratings.

Preparing for your first session

- **Telephone**: Figure out how to call from a phone number other than your personal mobile number. There are a number of services which can assist with this.
- **Video**: Practice videoconferencing & using the Zoom features (e.g., screen sharing, turning camera/audio on/off).
- View yourself on video to make sure that your face is easily seen, the lighting is good, & the background professional (e.g., free from distractions or glare).
- Figure out how you will access the electronic medical record during the session.
- Have the patient's home address & phone number handy if needed for an emergency.
- Plan what you will do if you lose contact with the patient or have an emergency.

During initial phone or videoconference session

- Introduce self: show ID badge (if video) & introduce anyone else in the room.
- Confirm patient's name, address <u>during session</u>, DOB, & phone number.
- Discuss how you will reconnect if disconnected, including the number from which you will be calling.
- Confirm that the patient is alone & in a private space (unless otherwise arranged).
- Review confidentiality, nature of telehealth service, risks, & benefits of telehealth.
- Tell patient that telehealth visits are treated as if they were in person in clinic, meaning that they are scheduled in advance, start/stop on time, focused solely on the session, & conducted in private. Clinic cancellation policy also applies to telehealth.
- Inform patient that the technology is only used for scheduled sessions (not prn) & not a phone number or meeting link that works outside of sessions.
- Discuss potential challenges & how you will manage them together: see Table 1.

Subsequent sessions
- Confirm who is in session (including off camera) & privacy.
- Confirm patient's location & phone number for each session.
- Discuss how you will reconnect if disconnected (see above)

Strategies for Facilitating Treatment Engagement via Telephone or Videoconferencing
- Be natural: Look at the camera, make eye contact, lean forward, & act as if in person.
- Any time you do something off camera or avert your eyes, explain. Examples:
  - *"I am going to look at another screen to see in the record when you are scheduled for your next appointment with me."*
  - *"During our session, I will sometimes look away to take notes."*
- Strategies for using worksheets or other "written" documents during session:
  - Use the Zoom screen sharing feature.
  - Type into a blank word document or fillable worksheet (e.g., a thought record) while displayed using screen sharing.
  - Provide supporting worksheets & materials ahead of time via mail or eCare
  - Use the Zoom chat function to write notes or share content in session. These can then be pasted into an After Visit Summary or eCare message.
  - Use Zoom's whiteboard feature to draw & write in session (on UW's Zoom desktop application, not web-based version).
- Strategies for using relaxation exercises or mindfulness meditations in session:
  - Provide an overview of what to expect before starting.
  - Discuss beforehand how you will awaken them should they fall asleep.
  - Supplement sessions with audio recordings of relaxation or mindfulness exercises that they can use outside sessions. You can suggest free or low-cost recordings available on the internet (including one's you can post to Soundcloud) or via apps.
- Use eCare or After Visit Summaries to reinforce ideas, summarize sessions, & share resources (e.g., worksheets, URLs, educational content).

Managing Disruptions & Other Challenges
- Anticipate interruptions. They occur more commonly in telehealth, possibly due to the less formal context.
- Discuss how interruptions may occur & how you may problem solve & manage them together.
- See Table 1 for common challenges, as well as potential solutions, that we have experienced while conducting telehealth.

Table 1: Potential Challenges and Solutions During Telehealth Sessions

Potential Challenges	Strategies
Difficulties hearing Pt or provider.	Use a headset or headphones (noise cancelling preferred). Minimize background noise. Try dialing in (using phone # provided in meeting invite) or joining by computer audio. Avoid typing on a noisy keyboard in session (or mute when typing).
You frequently interrupt one another while speaking.	Explain that this is normal during telephone or video sessions, & you will both likely interrupt on occasion. Pause & allow extra time to communicate.
Provider's or Pt's face is shadowed or difficult to see.	Increase lighting in space; sit so that the main light source is in front of you, lighting your face. Ask Pt to adjust their lighting if possible.
Interruptions at your site (e.g., someone walks in unexpectedly, dog barks, pager goes off).	Explain interruption & fix if feasible (e.g., turn off cell phone). If someone else enters the room, pause session, introduce them, & explain why they are there. "*My colleague Dr. ABC just came in to get some test materials from this room.*"
Sessions are frequently interrupted by notifications, calls, emails.	Role model turning your notifications off & silencing other devices; ask Pt to do the same & explain why.
Pt repeatedly interrupted by others in their household.	Encourage them to put a "do not disturb" sign on their door. Coach them in setting limits with others as needed.
Technical difficulties, such as losing video, video freezing, poor connection, or dropped call/video.	In each session discuss a plan for reconnecting, e.g., *"Occasionally we may have technical difficulties. If that happens, I will call you at [phone #] to resume our session."* If unable to connect with video, proceed with a phone session.
Pt is late, misses appointments, cuts them short, treats them like a casual social phone call.	Remind Pt that sessions are conducted as if in person (see points above). Problem-solve with the Pt what is getting in the way of their full participation.
Pt is driving during a session.	Tell Pt that you want them to be safe & thus are going to pause or stop the session until they can get somewhere safe. Consider rescheduling or resuming once they are home or in a safe place. If they insist that they are safe, reiterate that you want them to be safe & able to engage fully in the session & therefore are going to stop the session but will call them at [later] time to reschedule. Do NOT continue session, regardless of their explanation.
Pt is riding in a vehicle or public transportation during a session.	Tell them that to get the most out of the session & to protect their privacy, they need to be in a private, quiet space. Reschedule session.
Smoking or drinking alcohol during session.	Ask Pt to refrain from substance use during the session & explain why (e.g., interferes with therapy, not allowed by clinic). If they persist, reschedule the session.

Pt = patient

*discuss in first visit during consent process