

TELEHEALTH LEARNING AND CONSULTATION (TLC) TUESDAYS

Telehealth Troubleshooting: April 28, 2020

Presenters: Carl Nassar, LPC, CIPTS, Heart-Centered Counseling
JK Costello, MD, MPH, The Steadman Group
Leora Wolf-Prusan, EdD, Pacific Southwest MHTTC

Participant Question & Presenter Response

Q1 *How do you ensure client/patient safety when using tele-therapy?*

- A1** Plan and practice prior to the first session by holding an introductory meeting with your client/patient to prepare for use of technology to deliver your services. During this session address any potential safety concerns. Some suggestions include:
1. Determine a safe word.
 2. Explain how to use the messaging feature in your platform to discuss safety concerns during the session.
 3. Encourage the use of a headset and practice use during introductory technology session.
 4. View the room where the client/patient will be present during the session to determine the level of privacy.
 5. Request that the client/patient inform you if things change during the session.
 6. Pace the session to adjust to any environmental changes.
 7. Tips to prepare for your appointment and to be prepared the day of your appointment are provided [here](#).

Q2 *Do you need to approach your hiring practices differently when using telehealth?*

- A2** No. The most important aspect of therapy is the therapeutic relationship. Research is conclusive that tele-therapy can be as successful as therapy delivered face-to-face in your office.

Q3 *Can you describe some strategies to ensure consent to participate in tele-therapy?*

- A3** Common aspects include:
1. Gathering typical demographic data including location where participation in therapy will occur.
 2. Providing a description of telehealth services including the electronic platform and determining the patient/clients access to technology. Telephone is always an option.
 3. Describing the benefits and risks.
 4. Securing a witness for verbal online consent. You can use electronic signatures, fax and snail mail.

Q4 Can you provide some basic information on electronic platforms to use?

A4 The Pacific Southwest Mental Health Technology Transfer Center has prepared a comprehensive virtual guide to virtual learning. The Virtual Learning Guide can be accessed [here](#).

Telehealth for Children and Adolescents: April 21, 2020

Presenters: Erika Franta, PhD, LP, Mid-America MHTTC
Mindy Chadwell, PhD, BCBA, Mid-America MHTTC
Jennifer Cox, LSW, National Center for School Mental Health
JK Costello, MD, MPH, The Steadman Group

Participant Question & Presenter Response**Q1 How do you engage young children or children with special needs in telehealth services and sustain their attention?**

A1 It is important to work with the caregiver on how to set up the environment for the session to provide some structure and limit distractions. For example, keep interesting toys/items close, but in bags or storage bins that caregivers can control. Have the parent position the camera so that both the parent and child are in view – for example, by moving the camera to the floor if the parent and child are playing on the floor. If the parent has access to Bluetooth/wireless headphones, encourage their use for providing in vivo coaching (e.g., providing live feedback to the caregiver while they are interacting with the child) as needed. Using headphones or speakerphone is also useful if conducting the session over the telephone.

You can also set up brief learning opportunities and shape up the sessions to gradually increase over time as attention is sustained. Visual cues and positive reinforcement can also help with this. Additionally, you can break sessions into smaller time periods, such as twice a week for two short sessions instead of longer weekly sessions. Use show-and-tell time or interactive activities to connect with the child on a topic in which they are especially interested.

Q2 How do I engage parents in telehealth services if I was primarily doing individual work with children and adolescents?

A2 Set the stage for what the parent should expect prior to the session. With younger children, provide tips and strategies to help the session run smoothly, such as having the parent prepare materials that can occupy the child's focus and attention and seeking support from other caregivers if possible to manage other children in the household. Once in-session, introduce the parent to the skill you are working on and provide opportunities for the parent to practice with the child as appropriate. If you are working with older children, set specific parameters for parent involvement and outline expectations up front. Outline parameters of confidentiality with the adolescent and parent together.

Q3 *At what age would you recommend that children are able to start having individual time during telehealth sessions and how do you provide a safe space to do individual work?*

A3 Doing individual work depends on the developmental level and presenting concern of the child or adolescent. It is recommended to engage parents to the greatest degree possible to ensure that they have strategies to support the child with therapeutic goals in the home setting. When presenting concerns become more private events (e.g., difficult thoughts, feelings, memories) having more individual time with the child may be appropriate, but parents should still be included to some degree to develop strategies to support the child at home. To ensure children have a safe space for individual work, as mentioned above, set up expectations for how to do so with parents and adolescents in advance. Invite the parent into the session for the beginning and/or end of the session to check in and debrief, then have the adolescent find privacy during the session. Brainstorm a quiet space where you can conduct the session and encourage the adolescent to use headphones for privacy. How you handle privacy should also take into account how you conducted sessions prior to physical distancing and how much the parents were involved.

Q4 *How do you manage groups with adolescents via telehealth?*

A4 As you would in person, establish group rules and safety plans at the start of the group session. Revisit these rules at the start of each group session and whenever needed in sessions. Ensure that you have emergency contacts for each student in advance and that you have established a safety plan with the contact person. It can also help to have a co-lead who can chat with students privately, perhaps in a Zoom breakout room or a separate session, if needed.

Telehealth Tools: April 14, 2020

Presenters: Shane Hudson, MS, LCP, LCAC
Dulcinea Rakestraw, MPH, BSW
JK Costello, MD, MPH, The Steadman Group

Participant Question & Presenter Response

Q1 *What kinds of precautions are taken to ensure only group participants join the Zoom treatment session?*

A1 Zoom is a HIPAA compliant software. The best functionality for this is to require a password when scheduling the Zoom meeting and to set up a waiting room so that participants have to be approved by the host before jumping on the meeting. The Zoom invite link will have the password embedded (so there is a meeting ID to join plus a password required). Individuals can go to the Zoom site to join the meeting, and they would have to enter the

meeting ID and password. This keeps someone from potentially typing in random numbers as a meeting ID and accidentally joining a treatment session (which is still not likely to occur even without the password). The waiting room function (when they sign in it says they are in the waiting room and have to wait to be approved by the host) also keeps individuals from forwarding their Zoom invite to a random person. This will ensure only scheduled participants are in the group session. If someone is causing issues during group and will not redirect, they can also be moved back to the waiting room indefinitely. Zoom sessions are not automatically recorded and we are not recording the sessions.

Q2 *How are your outpatient Zoom treatment sessions structured?*

A2 Our Zoom group sessions are structured similar to our in-person groups. The counselor has each patient complete a check-in which results in feedback, processing, and discussion among the group members. The problem solving group format is utilized to address areas of difficulty that patients are having (i.e. patient describes the problem, all other patients get an opportunity to ask clarifying questions without offering solutions, at the end the patient with the problem talks about what they heard that they can incorporate into their decision making process and why). The counselor will then review and homework/assignments with patients from the last session. The group curriculum readings, videos, worksheets are shared on the screen for all participants. Participants take turns reading sections out loud and feedback is solicited from the group. Activities and worksheets are done together as a group. Homework is assigned for the next session.

Q3 *Could you share some tips for keeping patients engaged in a virtual group session?*

A3 There are so many visual aides at your fingertips when you are facilitating via your computer. Use the platform to your advantage by sharing current articles and videos on the screen. It is good to sidestep the usual curriculum and process at times. Ensure that all patients are paying attention by reviewing who is signed in and asking each patient for their thoughts. This will illicit further discussion among the group. As you would do during in-person sessions, continue to check-in with everyone intermittently throughout the session.

Q4 *How is 42 CFR Part 2 (Confidentiality of Substance Use Disorder Patient Records) different from HIPAA's privacy rule?*

A4 HIPAA's privacy rule is similar to 42 CFR, but there are differences. For example: HIPAA regulations apply to all health insurance plans and providers who fall into the "covered entity" definition in the rule, whereas 42 CFR is limited to entities providing substance use disorder (SUD) services only. As a result, many SUD providers must follow both sets of regulations. HIPAA's standards are more relaxed when it comes to affording law enforcement access to treatment records. 42 CFR, Part 2 requires a special court order that depends on the satisfaction of higher standards before disclosure can be made to law enforcement.

Telehealth Billing, April 10, 2020

Presenters: Holly Roberts, PhD, Mid-America MHTTC
William Higgins, PhD, Munroe-Meyer Institute, Omaha, NE
JK Costello, MD, MPH, The Steadman Group

Participant Question & Presenter Response

Q1 *Where can I find up-to-date information on regulations and billing related to telehealth services?*

A1 With changes being made to policies at a rapid pace to keep up with ever-evolving recommendations related to COVID-19, it is important to stay-up-to date on new regulations. Regulations also differ state to state and plan by plan. Here are two resources that can provide up-to-date information on current and changing policies.

1. [50-State Survey: Temporary Medical Licensure Measures in Response to COVID-19 – Association of American Medical Colleges \(AAMC\)](#)
2. [State Telehealth Laws & Reimbursement Policies – Center for Connected Health Policy \(CCHP\)](#)

Q2 *Where can I find information on the portability of licenses across states and providing telehealth services?*

A2 Although some states have always allowed for the portability of licenses across state lines, during this time, more states are allowing this practice to increase access to services. In some cases, the allowance is only for a certain number of days. To find out more about practicing across state lines, check the following resource.

[50-State Survey: Temporary Medical Licensure Measures in Response to COVID-19 – Association of American Medical Colleges \(AAMC\)](#)

Q3 *Can I provide services via telephone without video and bill for these services?*

A3 Telephone services are being reimbursed more than before, but this still is not universal across all insurance plans. Check your local state Medicaid *and* Medicare regulations for up-to-date information. Private insurance plans will vary in coverage. We still encourage you to look into HIPAA-compliant video options that you can sustain long-term. When video is not an option, telephone services may be necessary to maintain continuity of care.

Q4 *For clinicians providing therapy to address substance use disorders, how can you get a release of information on file while not violating 42 CFR part 2?*

A4 You can utilize e-signature or verbal consent to get a signed release. Best practice would be to have a backup “witness” for verbal consent, but this may not always be possible at this time. The 42 CFR part 2 also has emergency exemptions.

Q5 *How do I make decisions about what services to provide at a time when regulations are changing so rapidly?*

A5 Choosing a HIPAA-compliant platform is preferred and offers long-term solutions, but if not available, it is possible to use a non-HIPAA-compliant tool in the short term during physical distancing. When making decisions about what care to offer, it is important to assess clients’ needs and resources and think flexibly about how to support them. Privacy is a primary concern and phone services do offer privacy.

Q6 *What are the most common modifiers for telehealth CPT codes?*

A6 GT is the predominant modifier for almost all locations and payers. For some payers, GT has been changed to POS 02. They both indicate synchronous telehealth service. The 95 modifier is similar but somewhat archaic.

Telehealth Basics, March 31, 2020

Presenters: Holly Roberts, PhD, Mid-America MHTTC
William Higgins, PhD, Munroe-Meyer Institute, Omaha, NE
JK Costello, MD, MPH, The Steadman Group

Participant Question & Presenter Response

Q1 *What are commonly used telehealth platforms? Which ones are HIPAA compliant?*

A1 The Zoom business platform is commonly used and is designed to be HIPAA compliant. Another common HIPAA compliant platform is Google Meets. Additional platforms that offer compliant plans include: VSee, Skype for Business, GoToMeeting, Vidyo, and Adobe Connect. To address needs related to physical distancing requirements for COVID-19, HIPAA compliance regulations have been suspended in most areas allowing for the use of almost any modality. It is still recommended to use a HIPAA compliant platform; however, there may be a need to utilize other platforms in some instances.

Resource regarding HIPAA compliance: <https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html>

Q2 *How do I obtain informed consent for telehealth? How do I ensure my appointments are secure and confidential?*

A2

Informed consent may be obtained verbally or via online signature, secure email, snail mail or fax. Although verbal consent is not preferred, it can be obtained and documented in treatment notes. Guidelines of confidentiality should be discussed upfront so that clients are well-informed to consent to the service. For example, it is important to let clients know that sessions are not recorded. If you decide to record, you can manually make this selection, but must make clients aware and of course provide a rationale for recording the session for your patient/client. Sending individual links for sessions and/or “locking” the room can also prevent others from joining. When conducting groups, using a “webinar” versus “meeting” can allow people to participate while also protecting identities, if needed.

Q3***When is telehealth appropriate and when is it not?*****A3**

Telehealth has scores of benefits, including increased access to quality health care, cost efficiencies and research-supported outcomes and satisfaction. The medium also has many applications beyond the scope of helping patients, such as teaching/education, webinars, clinical supervision, consultation with professionals, fidelity monitoring and visitation. During a public health crisis, telehealth enables providers to connect with clients (or other professionals/colleagues) who are physical distancing, allows staff to work from home, and enables rapid access to behavioral health for those with significant life changes, such as the stress of unemployment. Additionally, homes where interpersonal violence is occurring add another layer of safety concern in conducting telehealth in homes. However, use of telehealth should be considered on a case-by-case basis. People experiencing homicidal/suicidal ideation, thought disorders, or internet addictions might not be appropriate for telehealth, but it may be a temporary solution when needed.

Q4***Where can I look for funding to support the use of telehealth?*****A4**

During this time, funding may be available to help support the use of telehealth in your clinics, schools, and communities. First, look to your philanthropic foundations for grant support. Another resource for information on funding may be state agencies, such as the Department of Health and Human Services, as that agency regularly receive updates on federal funding opportunities.

Disclaimer

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