

Conducting Telehealth Appointments with your Patients

It is increasingly common for behavioral health providers (BHPs) to be asked to engage patients and conduct visits by videoconferencing or other HIPAA compliant technology. The Office of the National Coordinator for Health Information Technology defines synchronous telehealth visits as “a two-way audiovisual link between a patient and a care provider” (Healthit.gov, 2017). The following are some tips for BHPs to consider when conducting synchronous telehealth visits.

Note: Due to the COVID-19 public health emergency, many payers have loosened billing, technology, and other requirements for conducting telehealth visits. Check first with your payer for updated guidance during this time.

Preparing for the Visit

Technology & Appearance

- If working from a non-clinic location insure you are in a private space that is free from distractions (e.g children, pets)
- Is the video platform HIPAA compliant? (*See HIPAA guidance during COVID-19 response*)
- Is the internet connection stable? Consider using a wired connection if this is an issue.
- Check hardware: Is the computer charged or plugged in? Are the camera and microphone functioning?
- Check video platform by running a test meeting: Are meeting audio and video controls functioning?
 - Troubleshooting: Is the volume turned up? Is the microphone unmuted?
- Ensure that the background and your personal appearance are professional.
 - Optimizing: Is your face visible? Do you fill the frame? Are there distractions in the background?
 - Avoid wearing bright patterns or stripes, as this can become visually confusing on the screen.
- Ensure that lighting is adequate. Consider moving near a natural light source.
 - Optimizing: Are there unsightly shadows or backlighting?

Clinician Preparation

- Practice setting up the visit in the video platform, troubleshooting controls, adjusting lighting and technology.
- Practice speaking directly into the camera if appropriate.
- Block time in your schedule just like you would for a regular appointment.
- Ensure that a **consent procedure** is in place for patients to acknowledge the risks and benefits of a visit using videoconferencing, such as:
 - Risks: technology could become disrupted during your call; others could access the transmission (although unlikely).
 - Benefits: ease of access for some with limited mobility or transportation issues.

Patient Preparation

- Ensure that the patient will have privacy for the visit and ask them to avoid any interruptions.
- Identify a backup communication method should video technology fail (i.e. phone number).
- Send the PHQ-9 or other behavioral health measures to patient in advance (i.e. mail, patient portal). Request the patient complete prior to the visit. Check with your organization about protocols for completing the PHQ-9 or other behavioral health measures at home or via patient portal.
- Be prepared to identify the patient’s location for the visit. This is both to verify jurisdictional matters regarding state licensure as well as provide a destination for emergency aid if patient should decompensate during visit.

During the Visit

Clinician

- Close other screens or programs on your computer to avoid distractions during the call.
- Consider making the call while standing. This improves the dynamics of the call and your tone of voice.
- Whenever possible and as appropriate, look directly into the camera when talking to the patient to simulate eye contact, instead of looking at the screen. To make this easier, move the patient's video to be near the camera.
- Energetically use your active listening skills.

Conducting the Visit

- Introduce yourself and your credentials and have patient verify themselves and anyone else present.
- Check that the meeting time still works and emphasize that this will be just like a regular office visit.
- Ensure that the patient has found a comfortable and private location to conduct the visit.
- Orient the patient to video meeting controls. Ensure they are as comfortable as possible with this modality. Encourage the patient to interrupt at any time if they experience technology issues.
- Review **consent procedure** with the patient.
- At the beginning of each visit, make sure you obtain the following information from the patient:
 - Patient's location during encounter, including address.
 - Telephone number used for the encounter.
 - Emergency contact name and telephone number.
 - Names of others, if present.
 - Briefly discuss plan if technology platform is disconnected (i.e. back up number or emergency contact).
 - Discuss plan in case of emergency or safety concerns (such as the provider or others present with patient contacting 911 to patient's location).
- Follow the same agenda and rhythm as you would in an in-person visit.
 - Set agenda
 - If not completed in advance, consider administering the PHQ-9 or other behavioral health measures
 - Follow up on PHQ-9 or other behavioral health measure score and medications
 - Check progress on treatment plan and conduct behavioral interventions
- At the conclusion of the visit, identify any issues with the visit that could be improved for next time.
- Set a time and make an appointment for the next visit.

References

HealthIT.gov (2017). Telemedicine and Telehealth. Retrieved from <https://www.healthit.gov/topic/health-it-initiatives/telemedicine-and-telehealth>

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American Psychiatric Association (2018). Best Practices in Videoconferencing-Based Telemental Health. Retrieved from <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-and-ata-release-new-telemental-health-guide>

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