

Ethics in Telehealth

Keeping your client in mind

Consider the volume of Telehealth and relative lack of consumer experience...

- ▶ In 2018, prior to Covid, it was estimated....”The number of telemedicine consultations will reach estimations around 160 million cases by 2020, a 700 percent increase from 2015 and 77 percent of consumers say they’d be more likely to choose a doctor who offers telehealth than to choose one who isn’t using the technology. “
- ▶ However, despite this interest, just 18 percent of consumers have used this type of service and telehealth has yet to become the go-to place for care.
 - ▶ - Huron Healthcare Consulting 2018

Statistics in Kaiser Permanente (Closed System of HealthCare)

- ▶ 58 percent of all Kaiser Permanente member encounters with the system took place virtually. Since 95 percent of their patients are covered on a capitated basis, the lower cost of virtual care drives down costs for Kaiser and helps patients stay well.
- ▶ Kaiser Study prior to Covid

What we will Cover today

- ▶ High Level Overview of Louisiana State Board of Social Work Examiners and LPC requirement comparison for Competency in Telehealth
 - ▶ Covid Update
 - ▶ Tulane 10 hour trainings in Telehealth Proficiency ...in 2nd year of the series
 - ▶ High level discussion of practice operations and considerations for Clients and client selection...The Impact of new CDC guidelines
 - ▶ Important check lists for you and your client prior to the first meeting and during the first meeting
 - ▶ Discussion of three case studies from last year

JBE 2020-32 (March 19, 2020)

-- waived some education requirements in the law;
further suspends certain provisions of the Public Bid Law; authorizes the use of telehealth; and suspends some laboratory requirements to speed process of coronavirus testing, among other things.

Proclamation 79 JBE 2021 May13th

- ▶ Regarding Face Coverings:
- ▶ CDC Guidance Update
- ▶ Fully vaccinated people no longer need to wear a mask or physically distance
- ▶ Except in limited situations: Mass Transit, Healthcare Facilities and Correctional Institutions
- ▶ Vaccinations in LA
- ▶ 1,556,241 initiated
- ▶ 1,370,923 completed
- ▶ Population: 4.56 Million

Louisiana Update

- ▶ Louisiana's vaccination rate has lagged the nation in recent weeks, with 32% of its population having initiated the vaccine series compared to a countrywide average of 42%.
- ▶ The Good News....Louisiana is doing better than most states in controlling the spread of the virus, ranking in the bottom third of all states for new cases, hospitalizations and the percentage of its tests coming back positive.
- ▶ We also are in the top states who have vaccinated underserved populations at rates close to representative percentage of population

- ▶ **Louisiana State Board of Social Work Examiners.....**
- ▶ Electronic Social Work Practice
- ▶ The Louisiana State Board of Social Work Examiners (LABSWE) recognizes that face-to-face contact for the purposes of providing services is optimal, but that it is not always possible. The Louisiana Social Work Practice Act and the Rules, Standards and Procedures do not include requirements specific to tele-mental health. The same statutes and rules that apply to in-person services applies to services being provided through electronic means. It is the responsibility of the social worker to practice within their scope and to assess whether tele-mental health is an appropriate service for a particular client.
- ▶ If a client is in another state, it is recommended that you contact that state's licensing board to determine if licensing is required in that state to provide services to the client.
- ▶ The following is a resource that you are encouraged to review: <https://www.aswb.org/news/technology-standards-in-social-work-practice>

State Board Responses

ASWB Fall 2020

- ▶ Provisions were found in one or more areas of regulation including statutes, administrative rules, policy statements and practice standards, as follows:
- ▶ 9 states include provisions in regulations
- ▶ 8 states and two provinces have exclusively adopted formal policy statements
- ▶ 6 states have provisions in both statute and regulation
- ▶ 5 provinces have provisions in practice standards
- ▶ 4 states have provisions in statutes
- ▶ 2 states have provisions in both regulation and practice standards
- ▶ 1 state has provisions in both regulation and policy

State responses continued.....

- ▶ 5 states have not adopted separate provisions pertaining to social work electronic services. Similar to the approach suggested in the Model Law, it is clarified that electronic services constitute practice and is therefore subject to regulation under scope of practice statutes. This includes Kansas, Minnesota, Nevada, Oklahoma and Wyoming.
- ▶ 26 jurisdictions regulatory provisions are solely related to social work practice,
- ▶ 2 apply to all behavioral health provisions six to all health care professions.
- ▶ 5 jurisdictions have dual provisions governing electronic social work services that encompass the social work profession and all behavioral health professions or all regulated health care professions.

Technology must support the ethical requirements of the structure of your practice

- ▶ Structure of Practice
- ▶ Types of professionals you work with
- ▶ Activities of your practice

- ▶ Changes in Operations? New Assessments and Forms? New Protocols?
- ▶ Hybrid Model?

Digital Trust and Safety ...Think about:

Treatment Environments

Community Emergency Management and Collaboration


Technology

Client Suitability and Suicide Ideation

Safety of Client, Clinician and all related to the treatment environment

Assessments and Client Form Completion

- ▶ Must be more than “flat paperwork”

- 
- ▶ Assessment Now Begins Before First Visit.....For remote visits
 - ▶ Technological Fit
 - ▶ Clinical Fit
 - ▶ Environmental Fit
 - ▶ Developmental Fit

Consider.....

- ▶ People ages 65 and older (More than 41% of Medicare patients lack access to a desktop or laptop computer with a high-speed internet connection at home, (Roberts, Mehrotra, 2020).
- ▶ People living with a moderate to severe mental health disorders
- ▶ People living with a developmental disability
- ▶ People who are considered low-income or living in poverty based on the federal poverty level (Medicaid eligible patients)
- ▶ People who live in urban or rural settings
- ▶ People experiencing homelessness
- ▶ People who are uninsured or undocumented

Consider.....

- ▶ Absence of technology and a lack of reliable internet service (less than 60% of low-income households have access to broadband internet or a computer device (Velasquez, Mehrotra, 2020).
- ▶ Lack of digital literacy (unable to comprehend how to use a computer and other digital devices properly).
- ▶ Physical and or psychological impairments may bring difficulties in navigating technological devices (e.g. even with the support of hearing aide, the patient's hearing impairment may prevent them from hearing the provider clearly).
- ▶ Language barriers (access to language interpretation services may be limited).
- ▶ Clinicians may not be able to provide or be reimbursed for some virtual visits. The effectiveness of telehealth care delivery may be impaired.
- ▶ Inability for the patient to measure the providers qualification or level of attention during the visit. When building provider trust, some people like to “see” and “touch” the provider.

National Center for Telehealth & Technology (Luxton et al, 2010) on Safety

- ▶ SAFETY: “the reduction and prevention of adverse reactions or events that might be experienced by patients who partake in care services. This definition extends to the protection of care providers
- ▶ and collateral persons (e.g., family members and treatment staff) during the course of care.”

Steps for Safe Telemental Health (Luxton, 2010)



Know the regulations of practice State (Luxton, 2010, 2015)

- ▶ Familiarity with civil commitment requirements as well as duty to warn/protect (both
- ▶ statutory and case law requirements are also important for TMH safety planning. The criteria and
- ▶ procedures for involuntary hospitalization as well as requirements for duty to warn/protect vary by state.
- ▶ some states do not have statutes or guidelines for exercising duty to
- ▶ Protect
- ▶ Among the states that do have statutes, there is considerable variability in language
- ▶ ...and expectations for clinicians.

Clinical Considerations (Luxton, 2010,2015)

- ▶ include appropriate screening processes for:

Each client:

- ▶ risk (e.g., suicidality), monitoring of patients during the course of treatment,
 - ▶ establishment of safety protocols to ensure that the best methods for resolving adverse events are followed when they do occur.
- ▶ And part of standard operating procedures (SOPs) or as specific protocols for handling emergency

(Luxton ,2010)

- ▶ Determine Appropriateness of Home-
- ▶ Appropriateness of particular treatment
- ▶ • Safety concerns
- ▶ Privacy concerns

One size does not fit all

- ▶ Who is your client
 - ▶ Assess client history
 - ▶ Discuss treatment goals and
 - ▶ Pros and cons for telehealth
 - ▶ Consent form

Where does the client live and with Whom

- ▶ How do we keep the client and those who live with client safe
- ▶ Ask about fire arms in the house...

Access to firearms is potential safety issue when delivering home-base TMH.

- ▶ The ATA Practice Guidelines for Videoconferencing-Based Tele mental Health provides
specific guidance that describes firearm ownership for telehealth delivered to rural populations

Technology considerations

- ▶ Do you and client have reliable technology that can detect change in tone and affect
- ▶ What is the plan if technology fails

With Technology Remember to Think about:

- ▶ Adequacy of Infrastructure and Technology
 - Adequacy of bandwidth
 - Environmental (lighting, sound proofing, etc.)
 - Adequacy of equipment (i.e., quality of computer, cameras, microphones, etc.)
 - Back-up contact plans (e.g., telephone)
 - Tech support procedures
 - Equipment/Network Problem Procedures
- ▶ Discuss technical troubleshooting (provide guide, checklist, etc.) with patient

What resources exist in the community

- ▶ Client emergency contact list documented
- ▶ You have Googled all relevant health care and emergency services close to client
- ▶ You and client determine procedure of who is making what calls when

Emergency Management Planning:

- ▶ Site Assessments and Procedures
 - Obtain patient address and local 911/EMS
 - Provider Contact Information
 - Obtain alternate patient contact phone numbers
 - Identify local collaborators if appropriate and consider their safety
- ▶ Plan and Discuss Roles and Responsibilities
 - Discuss safety issues/expectations with patient

On going follow up and monitoring

- ▶ What is follow up between meetings...if any
- ▶ Is it written into your policies

Documentation and support for yourself

- ▶ What do you think is important to document in general? For each client?

From Luxton (2010)

- ▶ Monitoring Risk During and Post Treatment
 - Monitor Symptom levels
 - Monitor Self-harm ideation
 - Monitor expressed intent to harm other(s)
 - Monitor changes in setting/patient situation

Client Safety Plan - Simple Practice

- ▶ Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing
- ▶ Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity)
- ▶ Step 3: People and social settings that provide distraction
 - ▶ Names, phone numbers, places
- ▶ Step 3: People and social settings that provide distraction
- ▶ Step 5: Professionals or agencies I can contact during a crisis
 - ▶ 1. Clinician Name / Phone / Emergency Phone
 - ▶ 2. Local Urgent Care Services / Address / Phone
 - ▶ 3. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Client Safety plan Simple Practice

- ▶ Step 6: Making the environment safe
- ▶ The one thing that is most important to me and worth living for is

Review emergency Plan Simple Practice

- ▶ In Case of an Emergency
- ▶ If you have a mental health emergency, I encourage you not to wait for communication back from me, but do one or more of the following:
- ▶ - Call _____
- ▶ - Call _____
- ▶ - Call _____
- ▶ - Call Lifeline at (800) 273-8255 (National Crisis Line)
- ▶ - Call 911
- ▶ - Go to the emergency room of your choice

Emergency Plan Simple Practice continued

- ▶ Emergency procedures specific to Telehealth services
- ▶ There are additional procedures that we need to have in place specific to Telehealth services. These are for your safety in case of an emergency and are as follows:
- ▶ You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, I may determine that you need a higher level of care and Telehealth services are not appropriate. I require an Emergency Contact Person (ECP) who I may contact on your behalf in a life-threatening emergency only. Please enter this person's name and contact information below.
- ▶ Either you or I will verify that your ECP is willing and able to go to your location in the event of an emergency. Additionally, if either you, your ECP, or I determine necessary, the ECP agrees take you to a hospital. Your signature at the end of this document indicates that you understand I will only contact this individual in the extreme circumstances stated above.

...continued

- ▶ Please list your ECP here:
- ▶ Name:
- ▶ Phone:
- ▶ You agree to inform me of the address where you are at the beginning of every session. You agree to inform me of the nearest mental health hospital to your primary location that you prefer to go to in the event of a mental health emergency.
- ▶ Please list this hospital and contact number here:
- ▶ Hospital:
- ▶ Phone:
- ▶ You agree to inform me of the nearest police department to your primary location that you prefer to go to in the event of an emergency.
- ▶ Please list this police department and contact number here:
- ▶ Police Department:
- ▶ Phone:

And remember.....Review with client:

- ▶ Have client sign Telehealth Consent Form
- ▶ Review the back-up plan in case the connection fails.
- ▶ Confirm the phone number on file.
- ▶ Inform the client of the potential risks and limitations of receiving treatment via Telehealth.
- ▶ Remind client that there are alternative, non-video therapy options.

Case Studies from our Community

- ▶ Case 1: Client referred post suicide ideation for outpatient therapy. Client is very isolated
- ▶ Case 2: School Social Worker case regarding “ADHD” diagnosed youth
- ▶ Case 3: Couples Therapyexiting and reappearing clients, multiple locations, escalation management