

## 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 during session, 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
<b>Difficulties hearing Pt or provider.</b>	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).
<b>You frequently interrupt one another while speaking.</b>	Explain that this is normal during telephone or video sessions, & you will both likely interrupt on occasion. Pause & allow extra time to communicate.
<b>Provider’s or Pt’s face is shadowed or difficult to see.</b>	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.
<b>Interruptions at your site (e.g., someone walks in unexpectedly, dog barks, pager goes off).</b>	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. <i>“My colleague Dr. ABC just came in to get some test materials from this room.”</i>
<b>Sessions are frequently interrupted by notifications, calls, emails.</b>	Role model turning your notifications off & silencing other devices; ask Pt to do the same & explain why.
<b>Pt repeatedly interrupted by others in their household.</b>	Encourage them to put a “do not disturb” sign on their door. Coach them in setting limits with others as needed.
<b>Technical difficulties, such as losing video, video freezing, poor connection, or dropped call/video.</b>	In each session discuss a plan for reconnecting, e.g., <i>“Occasionally we may have technical difficulties. If that happens, I will call you at [phone #] to resume our session.”</i> If unable to connect with video, proceed with a phone session.
<b>Pt is late, misses appointments, cuts them short, treats them like a casual social phone call.</b>	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.
<b>Pt is driving during a session.</b>	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.
<b>Pt is riding in a vehicle or public transportation during a session.</b>	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.
<b>Smoking or drinking alcohol during session.</b>	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