TELEHEALTH DEFINED

• CLOSED NETWORK (EMTN)
• SKYPE, FACETIME
• TELEPHONE
• TEXT, EMAIL, FAX
• CHAT ROOMS, BLOGS
• INDEPENDENT NETWORKS (GO-TO MEETING, INPATHY, DOXYME)

“THE USE OF MEDICAL INFORMATION EXCHANGED FROM ONE SITE TO ANOTHER VIA ELECTRONIC COMMUNICATIONS TO IMPROVE A PATIENT’S CLINICAL HEALTH STATUS.”

-AMERICAN TELEMEDICINE ASSOCIATION
HISTORY

- DISTANCE BEHAVIORAL HEALTH BEGAN IN 1959 AT NEBRASKA PSYCHIATRIC INSTITUTE—they used a television link to provide consultation.

- TELEHEALTH HAS BEEN SHOWN TO BE EFFECTIVE WITH SUD, ANXIETY, DEPRESSION, SMOKINGCESSATION, DIABETES MANAGEMENT.

“Your doctor will be here in a minute, I’m a placebo.”
TELEHEALTH

• WORLDWIDE (NEW ZEALAND, AUSTRALIA, GREAT BRITAIN) HAVE USED TELEMEDICINE FOR OVER A DECADE
• CMS APPROVED MEDICAID FOR TELEHEALTH
• HUMANA HAS APPROVED TELEHEALTH FOR MEDICARE ADVANTAGE PLANS
TYPES

- SYNCHRONOUS VS ASYNCHRONOUS
- EMAIL, TEXT, IM, CHAT, BLOGS
- VIDEO CONFERENCE, TELEPHONE
- PROVIDE CONSULTATION OR THERAPY
- SUPERVISION
- GROUP & INDIVIDUAL
- USED TO ASSESS AND DIAGNOSE
FUN (!?!) FACTS

• 90% OF AMERICAN ADULTS HAVE A CELL PHONE
• IT IS ESTIMATED THAT 90% OF AMERICANS OVER THE AGE OF 6 WILL HAVE A CELL PHONE BY 2020.
• 80% OF PHYSICIANS USE MOBILE TECH TO FACILITATE PATIENT CARE
• 96% OF INDIVIDUALS POLLED FELT THAT MOBILE TECH IMPROVED THEIR “QUALITY OF LIFE”
DIGITAL IMMIGRANTS (BEFORE 1964)

• PREFER TO TALK IN-PERSON OR ON THE PHONE
• DON’T TEXT OR ONLY SPARINGLY
• PREFER SYNCHRONOUS COMMUNICATION
• PREFER RECEIVING INFORMATION SLOWLY: LINEARLY, LOGICALLY, & SEQUENTIALLY
• PREFER READING TEXT (I.E., BOOKS) ON PROCESSING PICTURES, SOUNDS & VIDEO
DIGITAL NATIVES

• PREFER TO TALK VIA CHAT, TEXT, OR MESSAGING THRU SOCIAL MEDIA
• PREFER TEXTING OVER PHONE
• PREFER ASYNCHRONOUS COMMUNICATION
• PREFER RECEIVING INFORMATION QUICKLY & SIMULTANEOUSLY FROM MULTIPLE MULTIMEDIA & OTHER SOURCES
• PREFER PROCESSING /INTERACTING WITH PICTURES, GRAPHICS, SOUNDS & VIDEO BEFORE TEXT
CULTURAL CLASH

- 75% of SUD counselors are over age 40
- 70% of individuals treated for SUD were under age 40
- 87% of Americans use the internet
ADVANTAGES

• INCREASES ACCESS TO RURAL AREAS
• IMPROVES ACCESS TO SPECIALTIES
• SAFER (TRAVEL)
• DECREASE COST (TRAVEL, CHILD CARE)
• DECREASE CRISIS/EMERGENCY COSTS
• IMPROVE ACCESS TO DISADVANTAGED INDIVIDUALS
ADVANTAGES

• DECREASE COST OF TIME OFF
• EASIER ACCESS FOR THOSE THAT NEED MORE THAN WEEKLY SESSIONS
• IMPROVED MEDICAL COMPLIANCE
• PRIVACY (INDIVIDUALS MAY NOT FEEL COMFORTABLE GOING TO A COUNSELING CENTER/OFFICE)
• PEOPLE THAT OTHERWISE WOULDN’T SEEK HELP MIGHT BE WILLING TO USE TECHNOLOGY
DISADVANTAGES

• NOTHING REPLACES FACE-TO-FACE
• CONFIDENTIALITY RISK
• MAY BE DIFFICULT FOR CERTAIN CULTURES, THE ELDERLY
• TECHNOLOGY FAILS (WHAAAAAAA)
PROCEDURES

• CONFIDENTIALITY AGREEMENT AND NOTICE OF POTENTIAL BREACH
• CONTRACT
• NOTICE OF PRIVACY PRACTICES
• BILLING PRACTICES
• GIVE CLIENT RISKS & BENEFITS SO THEY CAN MAKE AN INFORMED CHOICE
PROCEDURES

• MUST FOLLOW THE RULES OF BOTH LOCATIONS…TX IS CONSIDERED TO TAKE PLACE AT THE LOCATION OF THE CLIENT, NOT THE COUNSELOR
• INITIAL CLIENT PAPERWORK (IS THIS DONE VIA EMAIL? FAX?)
• CONSENT & LIMITATIONS OF TREATMENT
• WHAT IS THE METHOD FOR FEEDBACK?
ASSESS FOR APPROPRIATENESS

• IS THE PATIENT APPROPRIATE?
  • RISK OF SELF-HARM?
  • COGNITIVE SKILLS FOR TELEHEALTH?
  • TECHNOLOGY? IS IT AVAILABLE?
  • CAN THE PATIENT UTILIZE TECHNOLOGY?
SINCE RURAL AREAS ARE MOST LIKELY TO USE…..

- RURAL AREAS AND SOCIAL NETWORK SITES ARE CHARACTERIZED BY:
  - PERVERSIVE INCIDENTAL CONTACT
  - INEVITABLE SELF-DISCLOSURE
  - UNAVOIDABLE MULTIPLE RELATIONSHIPS
    - LANNIN & SCOTT, 2013

- RURAL DILEMMAS WITH MULTIPLE ROLES:
  - OVERLAPPING SOCIAL RELATIONSHIPS
  - OVERLAPPING BUSINESS/PROFESSIONAL
  - OVERLAPPING RELATIONSHIPS WITH FAMILY ROLES
  - OVERLAPPING RELATIONSHIPS BETWEEN CLIENTS
CONSIDERATIONS

• WHAT ABOUT TASK WORK?
  • SCAN, FAX, MAIL
  • ICLOUD, DROPBOX
  • IS THE TECH SECURE??
• WHAT IF THE TECHNOLOGY FAILS?
  • WHAT IS THE BACK-UP PLAN?
CONSIDERATIONS

• TEXTS CAN BE SAVED, FORWARDED, COPIED—TEXT MESSAGES DO NOT MEET CONFIDENTIALITY REQUIREMENTS

• DO YOU PUT TEXTS/EMAILS IN THE CHART?

• CAN BE USED TO REMIND AND SCHEDULE APPOINTMENTS
TIPS TO TELL YOUR CLIENTS

• KEEP YOUR ELECTRONIC DEVICE SECURE.

• PREVENT OTHERS FROM REVIEWING YOUR CALL LOGS AND TEXTS BY KEEPING YOUR PHONE PASS-CODE PROTECTED

• TEXT AND PHONE SHOULD NOT BE USED IN EMERGENCY SITUATIONS; IF YOU ARE CONCERNED FOR THE HEALTH AND SAFETY OF YOURSELF OR SOMEONE ELSE, CALL 911.

• WHO ELSE IS IN THE ROOM WHEN YOU ARE TALKING?
RIMROCK NOTIFICATION

• TO ENSURE THE IDENTITY OF THE CLIENT IS KEPT CONFIDENTIAL, THE CLINICIAN WILL NOT INITIATE A PHONE CALL OR TEXT MESSAGE.

• THE CLINICIAN MAY NOT RESPOND TO AN ELECTRONIC COMMUNICATION IMMEDIATELY
  • ELECTRONIC COMMUNICATION SHOULD NOT BE USED IN URGENT SITUATIONS

• THE CLINICIAN WILL ENSURE THAT THE SPACE AROUND IS CLEAR OF OTHER INDIVIDUALS THAT MAY OVERHEAR CONFIDENTIAL INFORMATION

• RIMROCK COMPUTER STORAGE AND COMMUNICATION SYSTEMS FOLLOW PROPER CONFIDENTIALITY COMMUNICATION RULES AND LAWS.
  • BE AWARE THAT SERVERS NOT UNDER RIMROCK CONTROL MAY NOT ADHERE TO HIPAA AND OTHER CONFIDENTIALITY REQUIREMENTS.
REDUCE RISK

• ENSURE IDENTITY OF CALLER
• LOCATION OF CALLER
• STATE-SPECIFIC DUTY TO WARN AND REPORT
• ACCESS AND LOCATION OF EMERGENCY WORKERS IN THAT AREA
• INSURANCE & BILLINGS PRACTICES
• DOCUMENTATION
• MAKE SURE YOUR LIABILITY INSURANCE COVERS TELE
REDUCE RISK

- NAADAC, APA, ACA, NASW POLICIES AND ETHICAL CODES FOR TELEHEALTH
- DOES YOUR MALPRACTICE INSURANCE COVER E-THERAPY?
- IF USING WEBCAMS….WHAT ELSE CAN BE SEEN IN THE ROOM (YOURS AND THEIRS?)
- ANY DISTRACTIONS (KIDS, PETS?)
INTERRUPTION PREVENTION

• PETS
• CHILDREN
• SPOUSES.....
REDUCE RISK

- PASSCODE YOUR DEVICE
- VIRUS PROTECTION
- KEEP CONTROL OF YOUR DEVICE
  - BE ABLE TO DEACTIVATE IT IF IT IS LOST
- WI-FI AND UNSECURED NETWORKS
- IS YOUR CLOUD SAFE?
REDUCE RISK

• NOT ALL DIAGNOSES ARE APPROPRIATE FOR E-THERAPY
• DO CLIENTS HAVE GOOD F-2-F SUPPORTS?
• TECHNOLOGY AND CULTURE...IS IT A GOOD FIT?
• FB AND TWITTER ARE NOT CONSIDERED GOOD VENUES FOR THERAPEUTIC RELATIONSHIPS....
EMAIL

• ‘EMAIL IS NOT LIKE MAILING A SEALED LETTER OR PACKAGE. IT’S MORE LIKE SENDING A POSTCARD – PEOPLE ARE NOT SUPPOSED TO READ IT WHILE IN TRANSIT, BUT IT PASSES THROUGH MANY HANDS, & ONE CAN NEVER BE SURE THAT SOMEONE IS NOT READING IT ILLEGALLY.’

MS. WENDY WOODS  NATIONAL FRONTIER & RURAL, RENO, NV ADDICTION TECHNOLOGY TRANSFER CENTER (AMA, 2010-13)
EMAIL

• TIME OF RESPONSES
• NOT FOR CRISIS
• CONFIDENTIALITY: WHERE ARE THE SERVERS THAT KEEP THE EMAIL?
• ENCRYPTION
• IT BECOMES PART OF THE LEGAL RECORD
• DO YOU PLAN TO BILL FOR EMAIL?
EMAIL SECURITY

• EMAILS ARE STORED AT MULTIPLE LOCATIONS:
  • THE SENDER’S COMPUTER
  • YOUR COMPUTER
  • YOUR INTERNET SERVICE PROVIDER’S (ISP) SERVER

• DELETING AN EMAIL FROM YOUR INBOX DOESN’T MEAN THERE AREN’T MULTIPLE OTHER COPIES STILL OUT THERE
TELEPHONE

• USE INITIALS RATHER THAN THE NAME ON YOUR “CONTACTS”

• SAFER TO HAVE THEM IN “CONTACTS” SO YOU DON’T MISDIAL
EMAIL SECURITY

• EMAILS ARE ALSO VASTLY EASIER FOR EMPLOYERS AND LAW ENFORCEMENT TO ACCESS THAN PHONE RECORDS.

• BECAUSE THEY ARE DIGITAL THEY CAN BE STORED FOR VERY LONG PERIODS OF TIME
TECHNOLOGY IS NOT NECESSARILY OUR FRIEND.....
SESSION FORMAT:

- ENSURE IDENTITY OF PARTICIPANTS
- TIMEFRAME FOR SESSION
- WHAT HAPPENS IF THE CALL IS DROPPED?
- EXPECTATIONS BETWEEN SESSIONS
TIPS

• NEVER DISCUSS PHI OVER NON-SECURE SYSTEMS
• BE AWARE OF TONE & MEANING IF CANNOT DIRECTLY VIEW INDIVIDUAL
• SYSTEMATIC CHECK-INS
• ENGAGEMENT IS KEY
• NOT ALL FORMS OF E-THERAPY ARE RIGHT FOR EVERY CLIENT (TEENS LIKE TEXTING....)
OTHER E-CONSIDERATIONS

• GOOGLE, FB
  • RISK DUAL RELATIONSHIPS AND BOUNDARY VIOLATIONS
  • IS IT ETHICAL TO GOOGLE A CLIENT?
• IS THERE AN ADDITIONAL FEE FOR THE USE OF E- THERAPY?
• KNOW WHAT IS OUT THERE ABOUT YOU
• SEEK ONGOING SUPERVISION
• WHAT IS VISIBLE IN YOUR OFFICE?
SHOULD I CHECK E-MAIL?

By WENDY MACNAUGHTON

HAVE YOU CHECKED IN THE PAST 3 MINUTES?

- YES
  - DID SOMEONE TELL YOU THAT THEY SENT YOU A REALLY IMPORTANT EMAIL?
    - YES
      - WAS IT YOUR BOSS?
        - YES
          - CHECK
        - NO
          - YES
            - WAS IT FAMILY?
              - YES
                - CHECK
              - NO
                - NO
                  - DON'T CHECK
    - NO
      - ARE YOU WITH YOUR FAMILY?
        - YES
          - DO YOU WANT TO KEEP YOUR FAMILY?
            - YES
              - DO NOT CHECK
            - NO
              - BY ALL MEANS, CHECK!
        - NO
          - ARE YOU AT WORK
            - YES
              - ARE YOU PROcrastinating
                - YES
                  - ARE YOU EXPECTING A JOB OFFER, LOTTERY NOTIFICATION, OR MAGIC E-BEANS?
                    - YES
                      - CHECK
                    - NO
                      - NO
                        - DON'T CHECK
                - NO
                  - DO YOU WANT TO CONTINUE THIS CYCLE OF INCOMPUTATIONALITY AND BE LOCKED IN CORPORATE BUREAUCRACY FOREVER?
                    - YES
                      - CHECK
                    - NO
                      - DON'T CHECK
            - NO
              - ARE YOU LYING TO YOURSELF?
                - YES, I AM
                  - DON'T CHECK
                - NO
                  - NO, I'M NOT
                    - DON'T CHECK
          - CHECK
            - YES
              - FOOL, DON'T CHECK
            - NO
              - DON'T CHECK
    - NO
      - CHECK

THIS PUBLIC SERVICE ANNOUNCEMENT WAS BROUGHT TO YOU BY DELL.
FACEBOOK

• IT MAY “TAG” LOCATION
  • DO YOU WANT YOUR CLIENTS TO KNOW WHERE YOU ARE?
  • DO YOU WANT TO KNOW WHERE YOUR CLIENTS ARE?

• PERSONAL INFORMATION ABOUT YOU MAY BE AVAILABLE TO YOUR CLIENTS WITHOUT YOUR KNOWLEDGE

• DOES THIS MEAN CLIENTS THINK THEY CAN ACCESS YOU 24/7?

• BLURRED BOUNDARIES
SOCIAL MEDIA AND THERAPISTS

• COUNSELORS SHOULD NOT POST
  • CLIENT INFORMATION
  • DISPARAGING COMMENTS ABOUT COLLEAGUES OR CLIENT GROUPS
  • UNPROFESSIONAL MEDIA (E.G., PHOTOGRAPHS AND/OR VIDEOS THAT UNDERCUT THE REPUTATION OF PSYCHOLOGICAL PRACTICE)
  • COMMENTS ABOUT LITIGATION IN WHICH ONE IS INVOLVED
    • (GABBARD ET AL., 2011)
SOCIAL MEDIA AND THERAPISTS

• QUESTIONS TO ASK YOURSELF BEFORE POSTING
  • WHAT ARE THE COSTS AND BENEFITS OF POSTING THE INFORMATION?
  • IS THERE A HIGH PROBABILITY THAT CLIENTS WILL BE SIGNIFICANTLY AND NEGATIVELY AFFECTED?
  • HOW WILL THE DISCLOSURE AFFECT MY RELATIONSHIP WITH MY CLIENTS?
  • DOES THE DISCLOSURE THREATEN MY CREDIBILITY OR UNDERMINE THE PUBLIC’S TRUST IN THE FIELD OF COUNSELING?
    • (GABBARDET AL., 2011)
THANK YOU!

CONTACT INFORMATION
1231 N 29TH
248-3175 EXT 430
MHORN@RIMROCK.ORG
RESOURCES


• NAADAC WEBINAR, MITA M JOHNSON, ED.D, LAC, MAC, SAP

• SAMHSA (2009). CONSIDERATIONS FOR THE PROVISION OF E-THERAPY

• TELEBEHAVIORAL HEALTH INSTITUTE, HTTP://TELEHEALTH.ORG/


• WOODS, W., NATIONAL FRONTIER & RURAL, RENO, NV ADDICTION TECHNOLOGY TRANSFER CENTER (AMA, 2010-13)