

# Pitfalls of Telebehavioral Health

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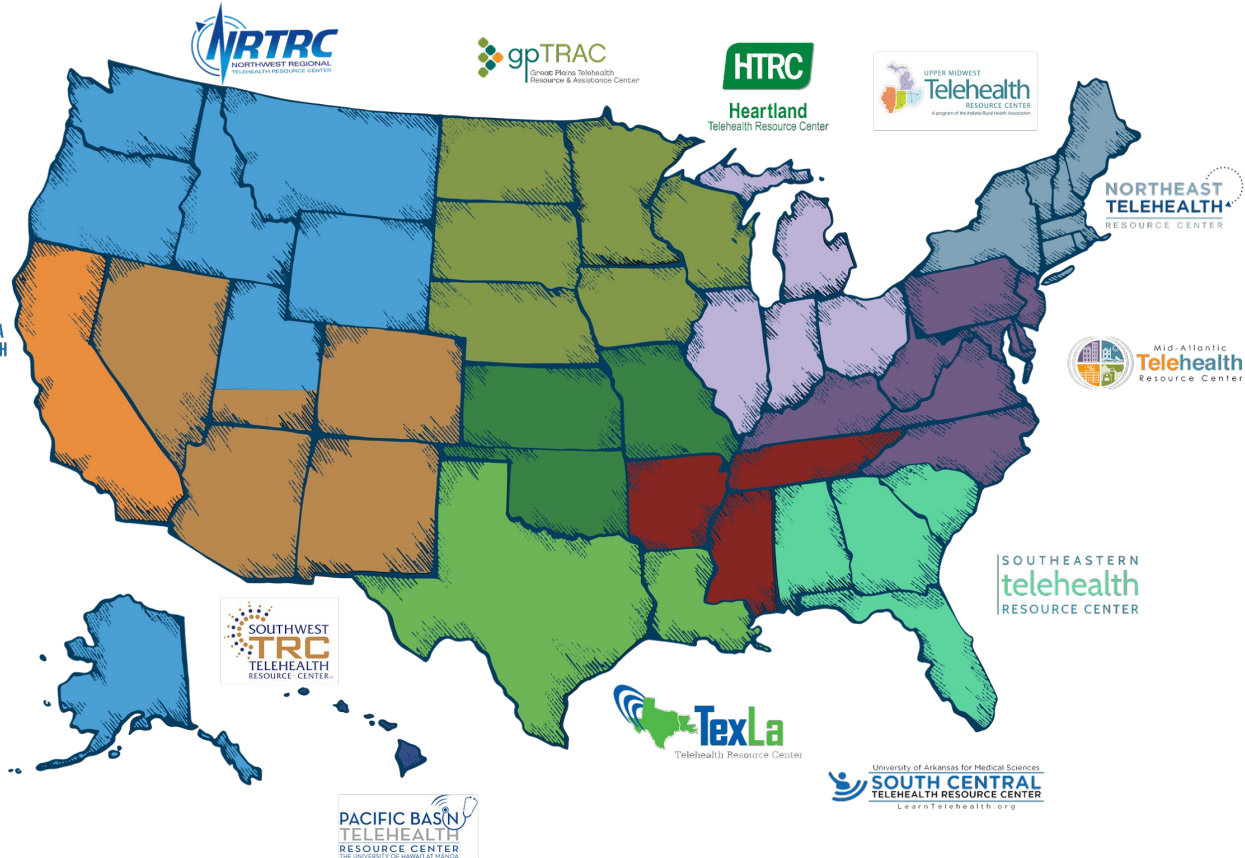
# OUTLINE

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- Introduction
- Background
- General Pitfalls
- Conceptual Pitfalls
- Discussion

# HRSA Funded Telehealth Resource Centers

[www.telehealthresourcecenter.org](http://www.telehealthresourcecenter.org)



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

**12 REGIONAL RESOURCE CENTERS**

**2 NATIONAL RESOURCE CENTERS**

 **TTAC**  
 TelehealthTechnology.org

 **Center for Connected Health Policy**  
 The National Telehealth Policy Resource Center



# Headline from Advisory Board

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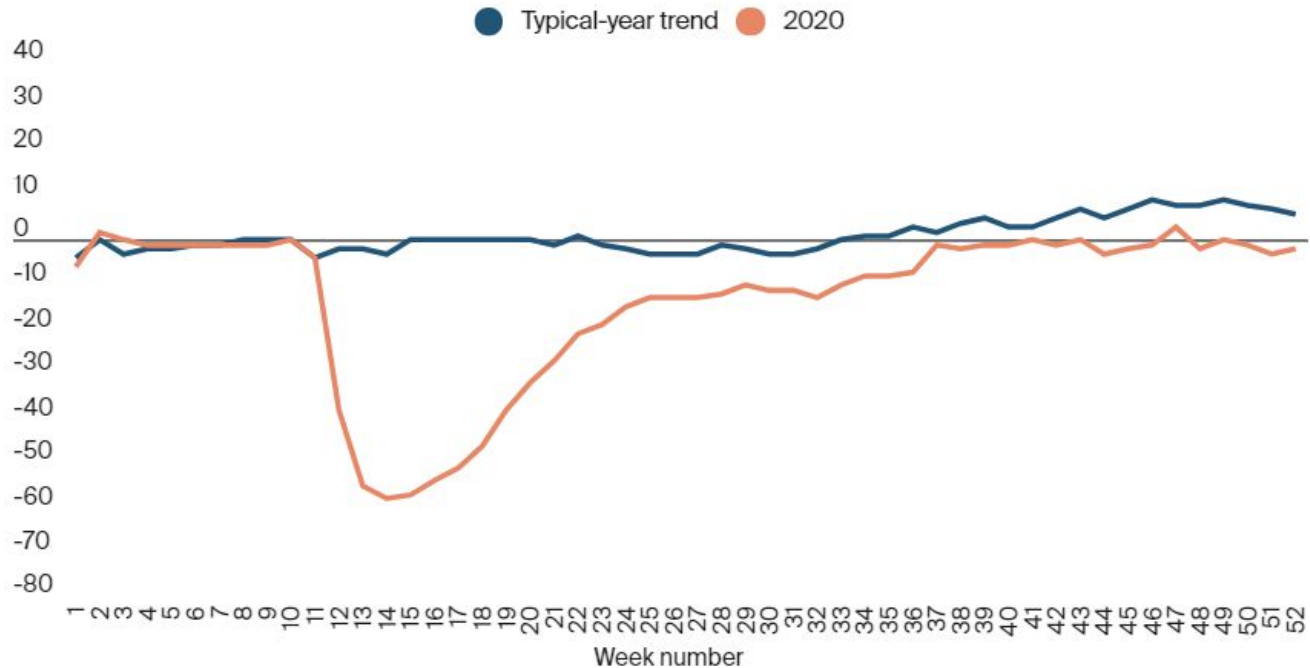
How Covid-19 will impact  
telehealth

**The sudden pivot from “nice-to-have” to baseline  
expectation**

June 4, 2020

# Major Impact of COVID-19

Percent change in visits from baseline



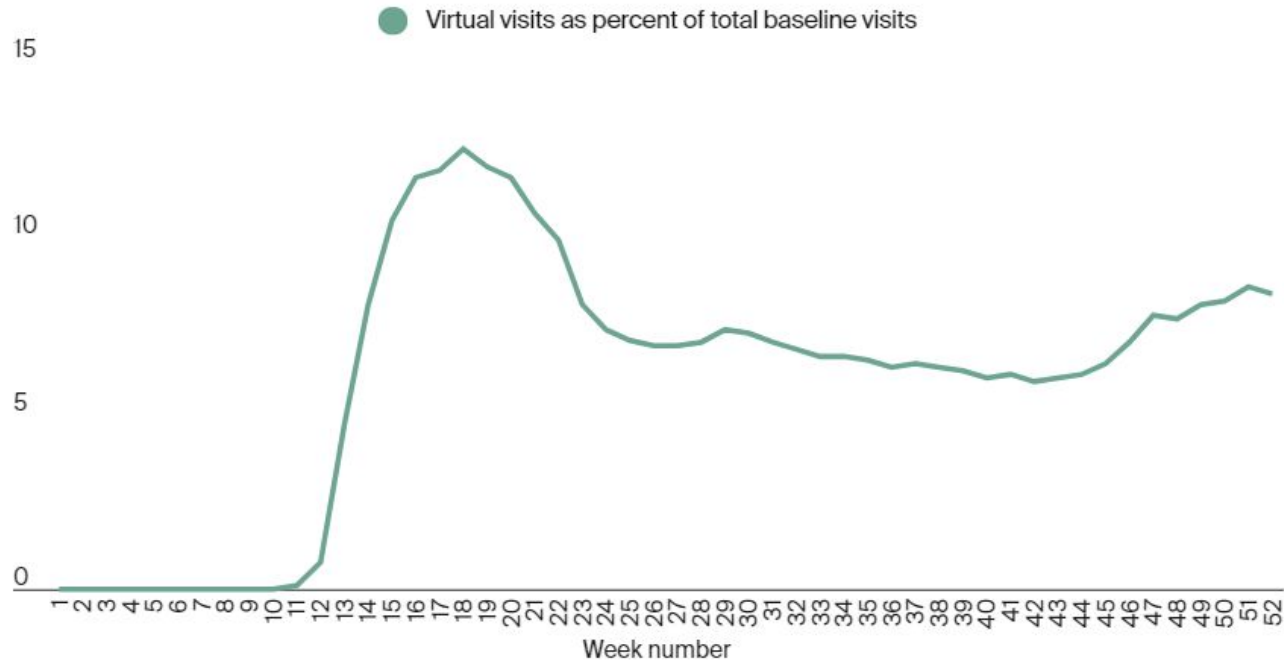
**Note:** Data are presented as a percentage change in the number of visits in a given week from the baseline week (Week 10, or March 1–7, 2020). “Typical year” data from 2016 to 2019 were also calculated as a percentage change from the baseline week – week 10 – in those years. Data are equally weighted across the four years.

**Source:** Ateev Mehrotra et al., *The Impact of COVID-19 on Outpatient Visits in 2020: Visits Remained Stable, Despite a Late Surge in Cases* (Commonwealth Fund, Feb. 2021).

<https://doi.org/10.26099/bvvhf-e411>

# The Rise of Virtual Visits (video and telephone)

Percent change in visits from baseline



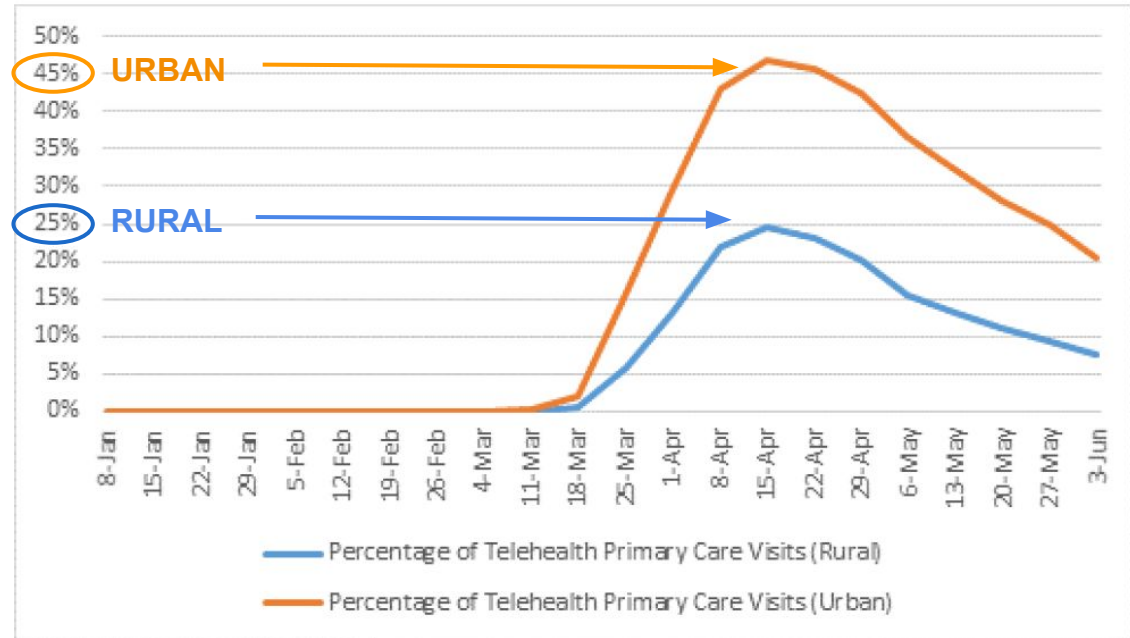
**Note:** Data are presented as a percentage: the number of telemedicine visits in a given week is the numerator, while the number of visits in the baseline week (March 1–7) is the denominator. Telemedicine includes both telephone and video visits.

**Source:** Ateev Mehrotra et al., *The Impact of COVID-19 on Outpatient Visits in 2020: Visits Remained Stable, Despite a Late Surge in Cases* (Commonwealth Fund, Feb. 2021). <https://doi.org/10.26099/bvfh-e411>

# Telehealth Adoption Greater in URBAN Areas

- Percentage of visits via TH followed the same time pattern
- Urban TH was twice as common as rural (by percentage)

Figure 4. Telehealth Weekly Visits as a Percentage of Total FFS Medicare Primary Care Visits in Urban and Rural Counties



Source: Medicare claims data up to June 3<sup>rd</sup>, available as of June 16.

# Research - Main Findings

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- When telehealth meets patient access needs, patients love it (high satisfaction)
- Treatment outcomes are indistinguishable from in-person care (note: providers make sure treatments succeed and “unreasonable” studies aren’t done)
- Telehealth can be used to save time, travel, and money

## Consensus Findings:

- Telehealth is more appropriate in some situations than others (though no specific patient or treatment group has been definitively “ruled out”)
- Professional and ethical standards still apply, but with some new implications





# Common Pitfalls

# Definition: Behavioral Health vs Mental Health

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“Behavioral Health” is a term that encompasses services for both:

- Mental health
- Substance use

We use the term “Behavioral Health” to refer to the entire domain of mental health and substance use care/services.

# Environmental Variables

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- Regulatory environment/reimbursement (what is allowed and reimbursed)
- Technical infrastructure (broadband and device access)

**These are pretty “hard” limits. Generally your only choice is to be aware of them and work within them.**

# Technical Capacity and Skill Sets

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- Provider skills
  - Routine setup
  - Troubleshooting
- Patient skills and access (devices and broadband/minutes)

**Support teams are generally needed for each of these groups (can be the same team).**

# Professional Image/Presentation Skills

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- A/V physical/visual setting and performance
- Professional appearance and behavior

**Professional standards and training can help improve these. There are no “universal” standards. Organizations set and train their own people on their own standards.**

# Workflows

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- How much are in-person workflows mirrored?
- Who provides various service components (registration, “rooming”)?
- How are consents and signatures handled?
- Are scripts used? Who develops them?
- How are patients “handed off”?
- What capabilities of the software system are used?

**Differences between good and great are driven by these factors.**

# Conceptual/Clinical Pitfalls

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- Minimizing the transition to TBH care - it's a big deal
- Focusing only on MY experience - "I don't like it/can't work this way"
  - LOTS of counter-transference possible - "My patients don't like it"
- Relying too much on the setting - our private hour of sanctuary
- Believing telehealth is binary - "all or nothing" - rather than a useful tool to be used when appropriate



# Service Delivery - Clinical Skills



First rule of live video:

# HIGH QUALITY BANDWIDTH!

Minimum bandwidth: **Consistent 1-3 Mbps**  
(same as for a good Netflix experience).

For some rural areas, this is still a significant problem.

Shared circuits clog up during busy times.



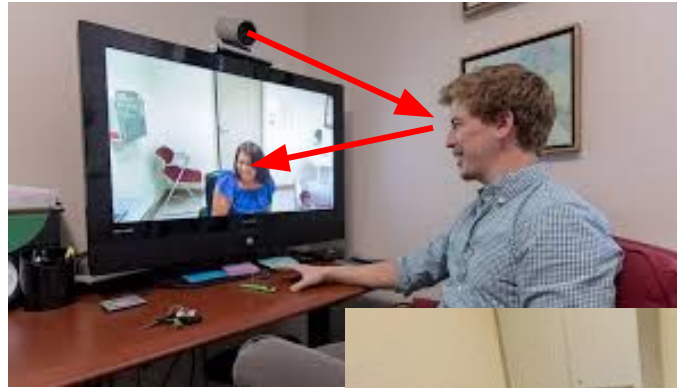
# Camera Location and Framing for “Eye Contact”

- Producing the illusion of “eye contact”
  - a. Camera directly over face
  - b. Video image directly under the camera
  - c. Minimize the separation

**“Lower the camera;  
raise the image”**



# Camera Location and Framing for “Eye Contact”



# “Presence” on Camera

- Fill the frame to the top
- Include your hands
- Use a muted background
- Avoid distractions in the frame
- Avoid backlighting



# Contact



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