

Top Five Tips for Successful Telehealth Implementation

KATHRYN ATCHISON: Hello and welcome to Top Telehealth Tips and Lessons Learned, part of the telehealth learning and discussion series for substance use disorder treatment and recovery support providers. This project is brought to you by the Addiction Technology Transfer Center Network, the Center for Excellence on Protected Health Information, the National Consortium of Telehealth Resource Centers and the Center for the Application of Substance Abuse Technologies at the University of Nevada, Reno in response to the COVID-19 pandemic. I'm your host, Kathryn Atchison.

Today's speaker is Kathy Wibberly, the director of the Mid-Atlantic Telehealth Resource Center located at the University of Virginia, Karen S. Rubin Center for Telehealth. Dr. Wibberly discusses the top five tips for successful telehealth implementation.

KATHY WIBBERLY: OK, so I was asked just to do the top five for successful telehealth implementation, so I'm going to go kind of quickly but try to hit on a number of things.

So the number one thing that I always, always, always tell people is do a needs assessment first. Like, what is the problem you're trying to solve or fix? A lot of times, people just jump in and go, all right, I'm going to do telehealth. I'm going to go buy some technology and do it. And you know, technology is one thing. But what is it that you're trying to do is another thing. You should not use technology to define what you can do. You should define what you want to do, and then look for the technology that will enable you to do it.

So that's kind of my first thing is what exactly do you want to do via telehealth. Why are you doing telehealth? And figure out all the different things that you want to be able to accomplish using telehealth. So that would be my number one, like first step in terms of steps for success.

I think the other thing you really need to think about is your readiness to change. So is my organization ready to make the changes? And do I have a clinical champion? Or am I the clinical champion?

And a clinical champion is basically the person who sees the problem and is motivated and willing to find a solution for it. So for example, you know, I mean, obviously, right now, during the pandemic, my clients can't come in, or they're canceling appointments left and right. And we want to mitigate exposure. Well, if that's your only problem you're trying to solve, and if this is just a short-term, interim, until my clients can come in thing, then great. Just find the video conference platform that you need for that short-term solution, and you're going to go back to business as usual after this pandemic.

But if you're saying, hey, this is actually pretty cool. I can do a lot with telehealth. And I could probably see or better schedule my day, or be more efficient, or be more flexible with my hours if I could do telehealth, you know, so I can put in a block of time in the evening when I'm home, when the kids are asleep, you know, whatever, to see clients, then you might start really thinking

about, OK, who's the champion in my organization that will allow this to happen, who would allow schedule flexibility? How would this benefit my clients? How would it benefit me? That's when you start to engage, like who's the champion here, who wants to see this happen, who really sees the benefit of this, let's get this person involved.

The third is to define your program model. So some of you are talking about doing groups. Doing groups is very different than seeing individuals. Doing family is different than seeing individuals. Working with children is very different than seeing individuals.

So you really need to think about your program model first. There are a lot of program models that are out there. And you can glean and do lessons learned instead of having to reinvent the wheel. And that's probably why most of you are here today is because you want to learn from, you know, those who have come before you.

And so definitely figure out, you know, what it is you want to do. And then do a lot of planning. I know that right now, during the pandemic, a lot of us are doing kind of sloppy telehealth because we have to get our clients seen, and we have to do it quickly. And we have to sustain our business because we don't want to go out of business because we don't have clients. And so that's one thing. I mean, I know you're dealing with that pandemic urgency right now.

But when you have a breather, really think about and do some planning. And what I recommend is inclusive planning. So if you are in an organization where you are not the sole person in your organization, where you might have someone who does your scheduling, someone who does your billing, someone who might do your IT support, be inclusive. Involve every single person in your organization in the planning because if they don't know what their role and responsibility is, you're going to have glitches in your system that are going to happen kind of unknown to you.

You know, you're going to think everything's worked out well. And then when a patient calls, and your receptionist who's answering the phone isn't aware of what's going on and how to schedule a patient for a telehealth visit, they're going to go, oh, well, we don't do that here. And there goes your opportunity. Work out, kind of, that protocol.

So if someone calls to cancel, should you offer them a telehealth visit? Should that be the next word out of the receptionist's mouth? Oh, you're canceling because you can't find transportation or you can't find child care. Well, what if we offered this telehealth visit for you?

And that's kind of the importance of that training and the planning that's inclusive. Make sure that they're all included.

And obviously, if you have someone who does your IT for your organization, they need to be involved in this conversation because you will find so many roadblocks when the clinician says, oh, this is a great technology. I love it. And then you implement it. And your IT person goes, what? You can't do that, and it's not integrated into this, or we're not connected to this. So definitely involve everyone in your team from the front desk on to your biller.

Quality improvement, testing and training, I can't emphasize this more. You're not going to get it right the first time. And a lot of you have experienced this already. The first time you do a telehealth encounter, you go like, oh, this is crap. I can't see the video, or my lighting is really bad. And now I have this halo behind me. And all my patient is seeing or client is seeing is like bright, washed-out images. Or I can't really see my patient or client at all.

So pilot testing is a great way to figure it out. And so I always say, like write down your protocol. Put it in writing. Who does what? Who's responsible for what? What should you do kind of pre-seeing a patient or client? Do you have yourself a little checklist, an etiquette checklist?

We do actually have a sample etiquette checklist on our website as part of our toolkit. You can kind of develop your own as well. Take that and figure out what works for you.

But you also have, like, what do I tell my patient or client before a visit? And there are some etiquette things that you might want to tell your patient too.

And so pilot test the whole protocol. And what I mean by pilot test is like get a couple friends, family members, colleagues, to run through the entire protocol with you three or four times in different settings. So they could be in their home. They could be in their car. And that's where some of your patients or clients will be. So you might want a pilot test what happens on a phone in a car, or what happens if they are sitting in a room that is full of windows, and it's so brightly lit you can't see them at all. You know, what do you do in those circumstances? So pilot test in a variety of ways, in a variety of settings with someone you can trust, who's willing to go through this with you, so that you are prepared when you actually have a live client or patient in front of you.

And then refine your protocol. And one of the things that I like to say is, someone is eventually going to ask you for data. You know, well, how is telehealth helping your practice? Or you might want to apply for a grant someday. And you want to have some data. So think about what you want to collect. What measurements do you want to collect before you even start this whole telehealth thing or before you fully develop a practice that's around telehealth, so that you can say, hey, you know, I'm seeing more patients or less patients, but I'm being more productive. Or my patient outcomes are the same, whether they're in-person or not.

But think about two or three key metrics that you think are going to be important for you. You don't have to collect everything. Two or three things that are important for you to tell your story, and do it. Collect it. Ultimately, just do it. Don't let perfect be the enemy of the good. We're all going to make mistakes.

Think about quality improvement. When you have a mistake, go back to your protocol and make that fix or make the adjustment. Or just go, oops, I forgot to mention this in the checklist. We're going to fix this.

And I think, you know, the best thing is, take some risks. At some point, you'll get it right, and you'll get it to a point where you're happy, your clients are happy. The more you test, the more

likely you'll get to that point sooner. But you're always going to have some issues. And so definitely don't let the perfect be the enemy of the good. All right?

KATHRYN ATCHISON: Thank you so much for joining us today. For a transcript of this podcast, presentation slides and other related resources, please visit our website at www.telehealthlearning.org. This podcast is supported by funding from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration and Health Resources and Services Administration.

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Once again, thank you to our listeners for tuning in today. We hope that you'll join us again.