AAP Adolescent Telehealth Care ECHO

Leveraging Telehealth to Effectively Care for Adolescents During and After the COVID-19 Pandemic
ACKNOWLEDGEMENTS

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Housekeeping

- The lecture will be recorded for educational and quality improvement purposes.
- Please do not provide any protected health information (PHI) during any ECHO session.
- IT trouble? Chat to the AAP Admin.

Please turn on your video!
Please enter your name and organization in the chat box.

Please mute your microphone when not speaking.

5 min: Introduction
25 min: Lecture
5 min: QI Review
20 min: Case/Discussion
5 min: Close

Introduce Yourself

Microphones

Agenda
LECTURE

Keys to Successful Telehealth Visits with Adolescents

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LEARNING OBJECTIVES

By the end of this lecture, participants will be able to:

– Create an authentic visit environment during telehealth visits with adolescents
– Prepare patients and families for “what to expect” during a telehealth visit
– Develop a strategy to prepare for and address technical difficulties during a telehealth visit with adolescents
PARADIGMS OF AN AUTHENTIC TELEHEALTH VISIT

- Lights
- Privacy
- Webside manners
- Room set up
- Camera
TIPS FOR PROVIDERS: LIGHTING

- A camera needs more light than human eyes to produce clear image.
- Avoid backlight such as windows in the background or insufficient light in the room.
- Indirect lighting bouncing off walls or face is preferred with full-spectrum or warm, white light.
- Use shades or shut windows to restrict distracting lights.
TIPS FOR PROVIDERS: CAMERA

• Provider eye contact is significantly related to patients’ perceptions of a provider’s connectedness.

• Place external camera on monitor or position the inbuilt camera on laptop at the eye level.

• Sit 2 – 4 feet away and adjust the chair height or camera to be at eye level. STAY IN THE FRAME!

• Encourage patient/caregiver to adjust the camera on their end to be in the frame.

• For each additional participant/family member, ask them to move another 2 feet away from the camera to be visible in the frame.

Eyes are 1/3 from top of screen

The 1/3 Rule

Position yourself and/or adjust the camera so your eyes appear to be about 1/3 down from the top of the screen. This will create the natural framing you see when watching television newscasters.

With permission: David Roth, MD Mind-Body Works, Hawaii
**Tips for Providers**

**Room set-up**

- Background – clear, distraction free with soft neutral colors; matte instead of glossy paint.
- No white boards or papers with protected health information (PHI) in the background!
- Consider using plain white or light blue cloth if removing objects not possible.
- Use plain, solid-colored and minimally printed/striped clothes to avoid distraction of images on camera.
  - May be helpful to wear similar clothing to what is normally worn for appointments, conveying a sense of normalcy.

**Noise**

- Minimize common interfering sounds, including printers, air conditioners, fans, next door conversations and outside traffic.
- Be mindful of foot/pen tapping, paper rustling, and/or keyboard clicking that may interfere with conversation.
- Speak directly into the microphone to avoid variations in sound.

CONSIDERATIONS FOR PRIVACY

For Providers

• Only use a HIPAA-compliant, encrypted platform for clinical encounters (exception during current public health emergency).

• In all settings – ensure audio privacy. Close doors and windows; consider headphones.

• Use audio-cancelling or white noise devices outside the rooms if in the non-clinical setting.

For Adolescents and Families

• Assure that family/caregiver and adolescent are aware that you will need 1-1 time (time alone) with the patient.

• Establish who else is present with the patient at the time of the visit.

• Ask the adolescent to use ear buds or headphones if possible, for added privacy.
WEBSIDE MANNERS

• Identify everyone in the room and on video for both the provider and the patient/family.
• Language interpreters can and should be used, as with in-person visits.
• Involve other team members as appropriate (nurses, social workers, etc.).
• Integrate nonverbal communication like waves and/or fist bumps to mimic in-person interactions.
• Limit and adjust hand gestures to stay within the camera frame.
• Have an open and erect posture - leaning forward conveys attention.
• There may be a transmission delay, so speak slowly and clearly.
• Avoid verbal encouragers like ‘tell me more’, ‘go on’ to avoid talking over the patient; use facial expressions such as nodding your head and smiling.
SETTING EXPECTATIONS & PREPARING THE PATIENT/FAMILY

• *It’s a new venue with same standard of care!*
• ‘Sacred time, sacred place’ for the visit (not during driving if possible, etc.).
• Same expectations as in-person office visits for no-show, conduct, engagement for family and provider.
• Ensure space for private conversation between adolescent and provider if needed.
• Review appropriate visit mechanics with caregiver/family and adolescent.
• Communicate that there will be time for the adolescent to ask questions of the provider.

PREPARING FOR AND ADDRESSING TECHNICAL DIFFICULTIES DURING A TELEHEALTH

- Providers and patients can conduct a pre-visit test run for technology readiness.
- Providers can obtain phone numbers as part of pre-registration if video is not feasible, or connection fails during the visit.
- Providers should have a safety plan for emergencies including local emergency contacts (eg, 911, EMS, local ER).
- If a parent will not be with the adolescent patient physically, providers should document where they will be, and how to best reach them.
PREPARING FOR AND ADDRESSING TECHNICAL DIFFICULTIES DURING A TELEHEALTH VISIT, CONTINUED

- Virtual appointments on a smartphone can drain a battery; encourage the patient/family to start with a full battery or have a charger close by.
- If a patient/family is struggling to connect/join, moving closer to a router or being sure that they are connected to Wi-Fi is important.
- If patient/family is calling from a (parked) car, it can be helpful to be in a hotel or chain store parking lot for access to internet.
- Let the patient/family know at the beginning of the call if you are having trouble seeing/hearing them - help troubleshoot!

ADOLESCENT AND YOUNG ADULT PERSPECTIVES ON TELEHEALTH

Pros
• Convenient for certain services
• Easier to schedule – less time-consuming, saves from driving several hours
• More time for discussion
• Generally positive experiences
• Cultivating a sense of “independence” when seeing provider alone

Cons
• Physical assessments can be more challenging
• Privacy concerns
• More authentic interactions in person
• Technical difficulties can eat away at time during the appointment

Source: Focus group comprised of young adults, conducted in October 2020 as part of the AAP Supporting Providers and Families to Access Telehealth and Distant Care Services Project.
What is important for providers to know?

- Telehealth enhances the opportunity for adolescents to be directly involved in their healthcare.
- Inform patients prior to the meeting about what they should expect.
- Be transparent with the patient/family about why certain questions are asked (e.g., location of patient, phone number for patient, etc.).
- Encourage patients to take an active role in protecting their confidentiality.
- Establish a plan for technical difficulties.

Source: Focus group comprised of young adults, conducted in October 2020 as part of the AAP Supporting Providers and Families to Access Telehealth and Distant Care Services Project.
Keep in Mind a Health Equity Approach to Care

• “Potential disparities in access to telehealth for at-risk and underserved populations should be evaluated and addressed. Adequate functionality of telehealth services depends on access to appropriate communication infrastructure, especially high-speed internet. Pediatricians should be aware of service limitations in many areas and should advocate for enhanced access to services by the extension of this infrastructure to all. Additional needs, such as interpreters and requirements for confidentiality, should also be considered.”

AAP Guidance on Necessary Use of Telehealth During COVID-19, updated 11/3/2020
SUMMARY

• There are tips that providers can use to cultivate a more authentic telehealth visit experience for their adolescent patients.
• Providers should set expectations and prepare patients/families for the telehealth visit.
• Providers can plan for certain technical difficulties that may occur during telehealth visits.
CODING AND BILLING RESOURCES

• Regulations/requirements vary by state
  – Federation of State Medical Boards – Telehealth Licensing Requirements

• Several CPT codes for adolescent health are allowed as a telemedicine service (during non PHE times)

• AAP has several freely available coding fact sheets on:
  – Adolescent Health, Transition Care for Adolescents
  – Mental Health (ADHD, Anxiety, Depression, PTSD, etc.)
  – Telemedicine
  – And more!
ADDITIONAL RESOURCES

- AAP Interim Clinical Guidance on the Necessary Use of Telehealth during the COVID-19 Pandemic
- AAP Interim Clinical Guidance on Providing Pediatric Well-Care during COVID-19
- AAP Telehealth Support Compendium
- American Telemedicine Association – Operating Procedures for Pediatric Telehealth
- Adolescent Health Initiative at the University of Michigan
  - Many helpful resources, including:
    - Starter Guide: Providing Adolescent-Centered Virtual Care
- Bright Futures National Center
- Building Rapport with Youth via Telehealth

- Coding Fact Sheets (AAP)
  - Coding Fact Sheet (AAP) – Adolescent Health
  - Coding Fact Sheet (AAP) – Telemedicine Services
- Leadership Education in Adolescent Health (LEAH) Programs
- National Consortium of Telehealth Resource Centers
- US States and Territories Modifying Requirements for Telehealth in Response to COVID-19
- Telehealth 101 – HealthyChildren.org Article
- AAP Telehealth Technical Assistance Email Address: DistantCare@aap.org