



IssueBrief

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Tips, tactics and strategies: How to foolproof your virtual encounters and protect your clients

The pandemic has accelerated health care delivery transformation, and CCMs have adapted. “We’ve become more flexible, adjusting our work processes, patterns and protocols to better meet our clients’ needs,” says Vivian Campagna, MSN, RN-BC, CCM, chief industry relations officer, Commission for Case Manager Certification. It hasn’t always been easy: For instance, for many case managers, the shift to telehealth involved a steep learning curve. “We’re all continuing to learn, especially as we recognize that remote visits will continue long after each of us has been vaccinated.”

And there is much to learn.

What could possibly go wrong?

Whether we’ve been using telehealth for a couple of months or several years, certain problems are inevitable. These problems can undermine the encounter with your client—and perhaps tarnish your relationship.

You may not be able to prevent all of them, but you can solve them, says Jay Ostrowski, MA, LPC-S, NCC, ACS, BC-TMH.

Ostrowski, a consultative partner for Telebehavioral Health Center of Excellence at the Mid-Atlantic Telehealth Resource Center and CEO

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CHIEF INDUSTRY RELATIONS
OFFICER, COMMISSION FOR
CASE MANAGER CERTIFICATION

of both Behavioral Health Innovation and Adaptive Telehealth, was a very early adopter of telehealth—especially for behavioral health. He knows what can go wrong and how to make it right.

Problem: Connection issues.

You’ve probably already experienced connection glitches. One or both parties cannot connect, or perhaps you connect but there’s no audio, or someone gets booted off the platform during the encounter. You could lose connection for any number of reasons, from low batteries to

internet connectivity issues. It can be distressing to be cut off in the middle of a conversation, especially if they're talking about their health care.

Solution: Come up with a contingency plan; share it with each client. Will you call your client? Will you simply try to reconnect? For example, you might tell them, “Go back in and use the same link. And if I'm not there in a few minutes, I'm going to call you. If you don't hear from me, I want you to call me after five minutes. Here's the phone number.”

Here are some considerations:

- Always have your client’s current phone number. That needs to be a true landline or cell phone, not Google voice or one that’s connected to the internet server (aka, VOIP), because if the internet goes out, those numbers are useless.
- If you want your client to call you back, be sure to provide your number before the encounter. If possible, make it a direct line so they don’t have to go through a lengthy process to reach you.
- If you can’t hear the client, hold up a sign—that you prepared in advance—asking them to turn on the mic.

Problem: Distortion.

Solution: The first solution is to log back in. If that fails, ask the client to close the webpages they have open—and do the same yourself. Facebook, for example, consumes a lot of resources. Also, ask if someone else in the house is using the internet to watch a movie or play games.

Problem: Confusing invitation.

When you send an email invitation to join a video call, is it clear what the patient needs to do? Too often, it’s confusing. Jay shares an email invitation he received via his phone a while back. (See Figure 1).

He was in a hurry and clicked the second link, which was for international calls. If he made such a mistake, anyone can.

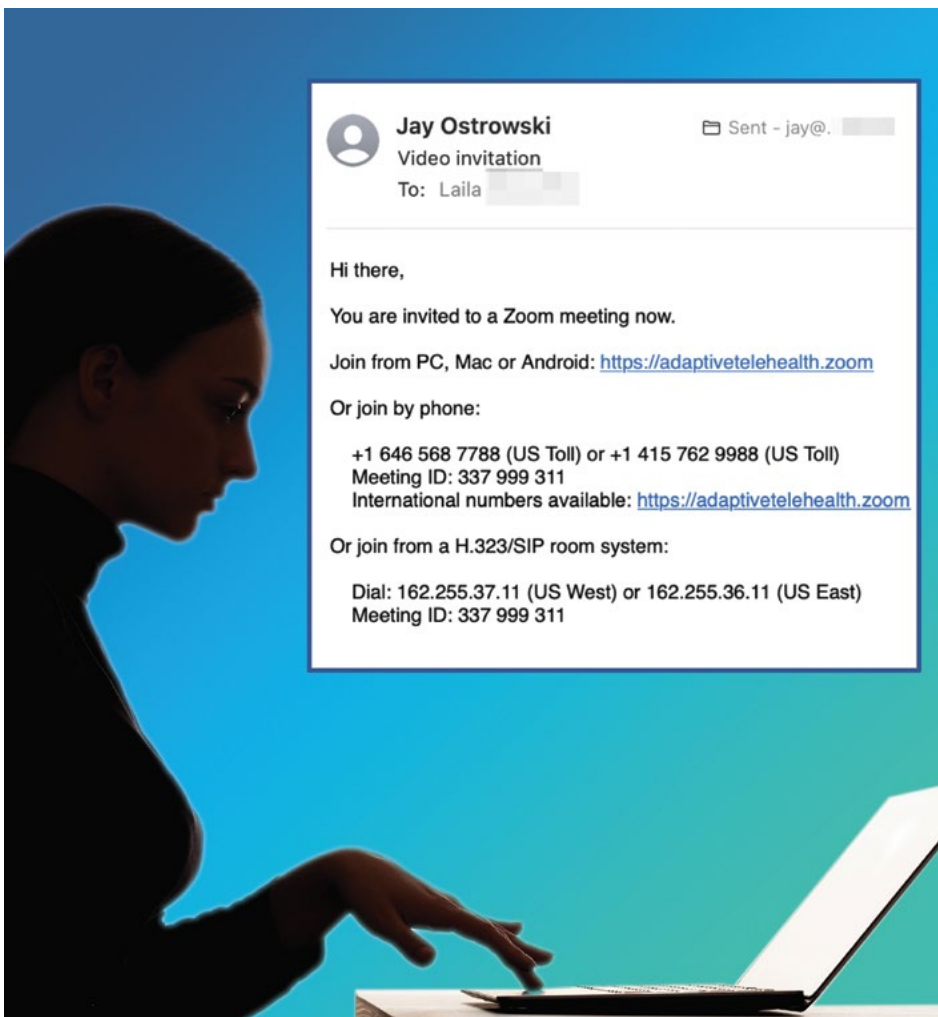


Figure 1. Emailing: Texting Links.

Solution: Don't include multiple links in the email. If the system you use requires it, consider highlighting or otherwise showing which link you want the client to use.

Problem: Interruptions and lack of privacy. Dogs. Children. Partners. Parents. They can all disrupt the time that you had set aside for your meeting. And sometimes, having other people nearby can inhibit your client from speaking freely.

Solution: You'll never eliminate household interruptions but *do* ask clients to make sure the dogs are put away, the children are occupied and others in the house respect their privacy.

Sometimes, however, the presence of other people isn't merely an annoyance. The client needs to be in a space that's psychologically safe. Ask: "Are you in an area where you feel safe and comfortable to speak and talk about your health care?" Agree in advance to let each other know if someone else is in the room.

Problem: Unexpected video visitors. If you use the same link for multiple visits, that link could get shared or exposed publicly. "People find it funny to jump in a call and do something inappropriate," Ostrowski says.

It might be more benign: That unexpected visitor *could* be another client showing up early or at the wrong time, he adds.

Solution: Use a unique link for each client and each visit. Even

better, he says, use a dedicated patient portal.

Problem: Inadequate equipment

Solution: Encourage tech checks—and do them yourself. Most platforms allow participants to check their audio and video. Add this to the list of things to do pre-call.

Other considerations:

- **Assess the patient's technology in advance.** Do they have what they need? "I remember one specific call where we had three different people (trouble-shooting with a client). I was asked to help get this person's video

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CONSULTATIVE PARTNER,
TBHCOE.MATRC.ORG
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camera to work. After we went through a couple of diagnostic questions, I discovered the client didn't *have* a video camera."

- **Encourage clients to get assistance:** When you're dealing with people who are uncomfortable with technology, ask if they have somebody nearby who can help them. "It's sometimes helpful to have a local person there to help them get online the first one or two times," he says. "We want them to be confident about getting on, especially seniors who may struggle with anxiety before their visit."

Problem: Client emergency or decompensation. If your client has a physical or mental health emergency during the session, what will you do?

Solution: Collect the information you need in advance.

- **Client's physical location** at the time of the encounter
- **Emergency services local to client:** If you are in a different county, city or state than your client, calling 911 on their behalf won't be much help. You may want to identify the emergency service number for your client's location, Ostrowski says. "I usually copy and paste that into my file to have that on hand."
- **Local emergency contact:** Often the emergency contact listed is out of state. Especially if your client is vulnerable, ask, "Is there someone physically

nearby who could come and be with you?" Sometimes it's not possible, he says, "but we really want to have that if we can because it could take a while for the police or ambulance to arrive. In the meantime, we want a neighbor or somebody like that to go check on them."



TIP: Have a plan in place in case the emergency is on your end.

Ensure that first encounter goes well.

1. For the first encounter, be sure to provide a handout as discussed earlier. Of course, some clients will never read it, but many will. It will help set expectations and alleviate uncertainty.
2. Start early. Join the session early and encourage your client to do so as well. That way, you can identify and resolve any connection problems.
3. Build rapport. You know to warmly greet your client, but after that ask about their experience logging in, he counsels. "When I'm doing in-person sessions, I usually ask, 'Hey, how was traffic? Is everything okay?'" You want to give them a chance to catch their breath. The same applies in the virtual setting. "It's a good rapport-building exercise to ask, 'How did you get on this venue? Is everything okay? Was it easy for you?'" Then let them know it's fine to ask you to adjust something if it's not going well."
4. Check in at the end. This is especially important for clients who were reluctant to do a video visit. Ask, "How did this go? Did it meet your needs? Was it okay? Would you like to do this again?" Ask what you could do better to better manage things in the future. It works, he says: "In my experience over 15 years doing this, I've only had

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Computer hygiene and etiquette

Reboot and restart: Reboot your computer weekly, he counsels. Do the same for your router: Unplug it and let it sit for about 30-60 seconds, then plug it back in. That will make your internet a little faster each time.

Look at yourself on camera: That's how you look to a client. You want good lighting. The best of all will be a natural lighting illuminating your face via a window, he says. Short of that, try to get overhead, incandescent lighting. Fluorescent lighting is usually unflattering.

Keep your gaze up. Don't slouch. You often can move the icon of the other person's face right up under their camera. If you move their face under the camera, you're looking at their face and the camera looks like you're making eye contact. (See Figure 2.)

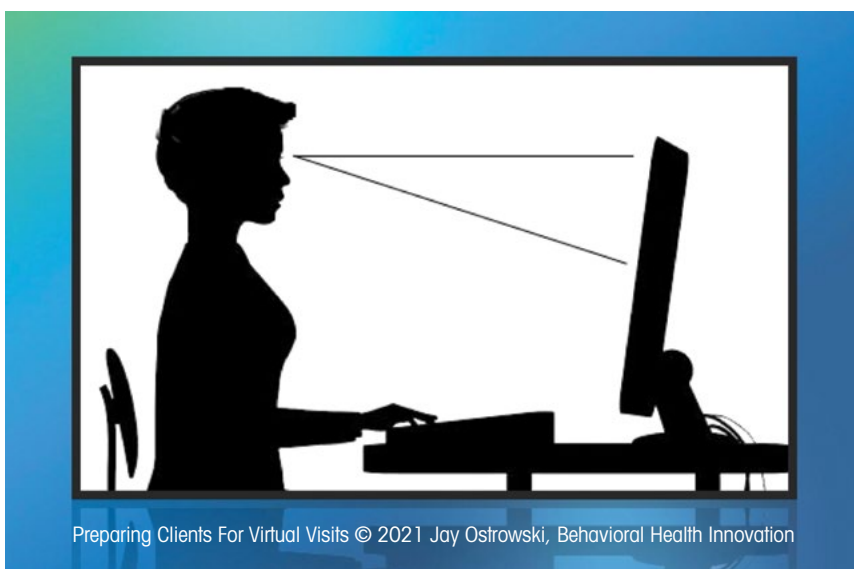


Figure 2. Services: Video Etiquette.

Keep quiet: Your microphone might be projecting sounds that you're not hearing, but the other people are hearing quite loudly. If you don't have a quiet keyboard, consider taking notes by hand.

It's a hot mic: Always assume the camera and mic are on. "You don't want to be one of those clips that goes viral on the internet," he says. Don't get caught saying something that might be embarrassing to you or the client.

Try a slower pace: Especially if the system seems to be lagging, consider communicating in shorter bits of information and waiting for a response. These pauses help avoid talking over each other.

Privacy, security and software

If your encounter is covered by HIPAA—and even if it's not—you need to think about security. As technology has gotten more sophisticated, it's easier and easier to find clients on the internet, without their actual username or name at all, he warns. "We can take your IP address, Google it and find exactly where you live because your IP address usually shows your physical address. And that itself is protected health information."

You've probably heard that the Department of Health and Human Services *temporarily* waived federal enforcement of HIPAA in telehealth. "But it's not like HIPAA went away; they simply said that the HIPAA police are going to stay in at the station for now," he explains.

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But beyond HIPAA are other regulations and requirements—and perhaps most important, our ethical obligations to clients. "It's imperative we protect the privacy of these people because it could have serious consequences on someone's life and their occupation."

HIPAA covers protected health information (PHI). PHI, including electronic protected health information (ePHI), refers to information that could reveal the identity of an individual, their medical history or their payment history. There are 18 PHI identifiers, and some of them are surprising. See the list in Figure 3 below.

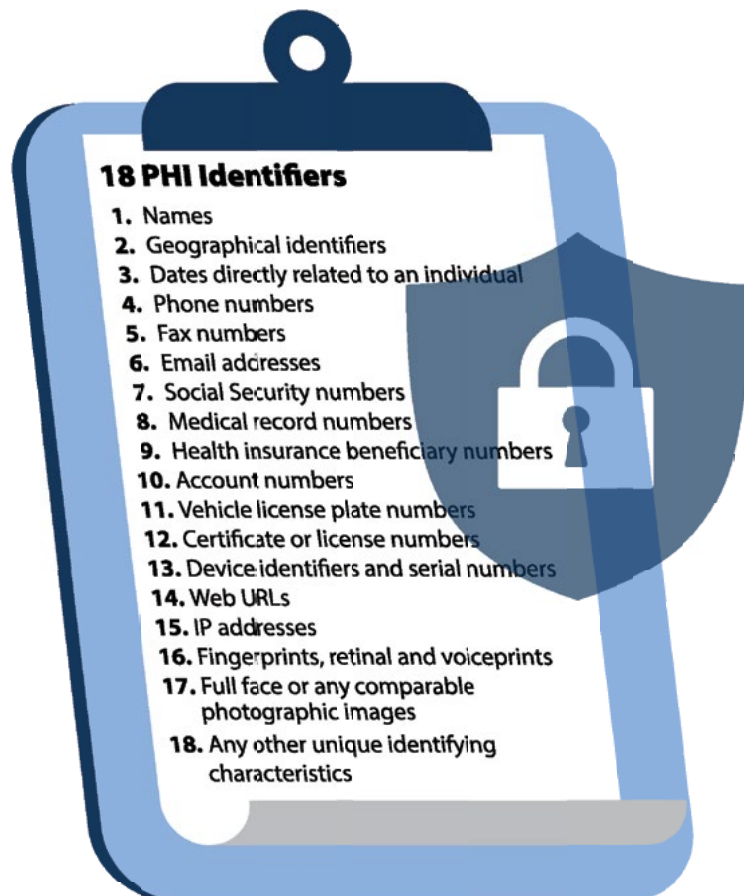


Figure 3. Protected Health Information Identifiers.

"It's important to take a hard look at what's free. If you are not paying for the product, you are the product. They're going to take your data, take information on how you're using this and who you are, and sell that to some other company. That's not appropriate for health care purposes."

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Regardless of whether you are bound by HIPAA, you want to keep PHI secure. Selecting the right tools can help you do that.

"It's important to take a hard look at what's free. If you are not paying for the product, you are the product," he says. "They're going to take your data, take information on how you're using this and who you are, and sell that to some other company. That's not appropriate for health care purposes."

For the long-term, you need HIPAA-secure communications. As you look at different vendors, you'll see different HIPAA logos. See Figure 4 below.

Do you recognize which one is the authentic HIPAA compliance logo? All these logos came from software vendors.

The answer? None. The federal government does *not* have a

certification for HIPAA compliance. No product is "HIPAA compliant." Part of your due diligence is to find the telehealth tools that allow your *organization* to be compliant. It's an involved process; he created a roadmap to give you a sense of what's involved. (See Figure 5, next page.)

When you're looking for a telehealth platform, ask each vendor how many PHI identifiers they protect, he advises. "If they don't know there are 18, then they're probably not protecting 18." He also recommends asking what specific security is in place to protect the patient's data. It should be a long list, he says.

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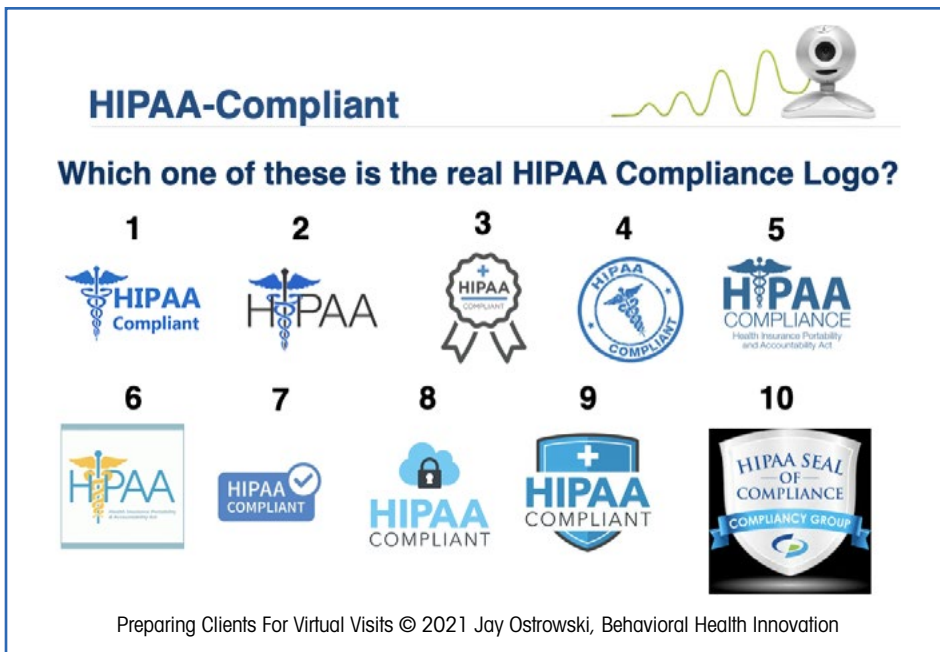


Figure 4.

"There's no way you can really be vetting everyone to the nth degree. But I think if you are looking and you're finding different vendors with very long lists of controls and security measures, you're probably in good shape."

Ostrowski shares a couple of resources to help with that process:

HIPAA-HITECH COMPLIANCE ROADMAP

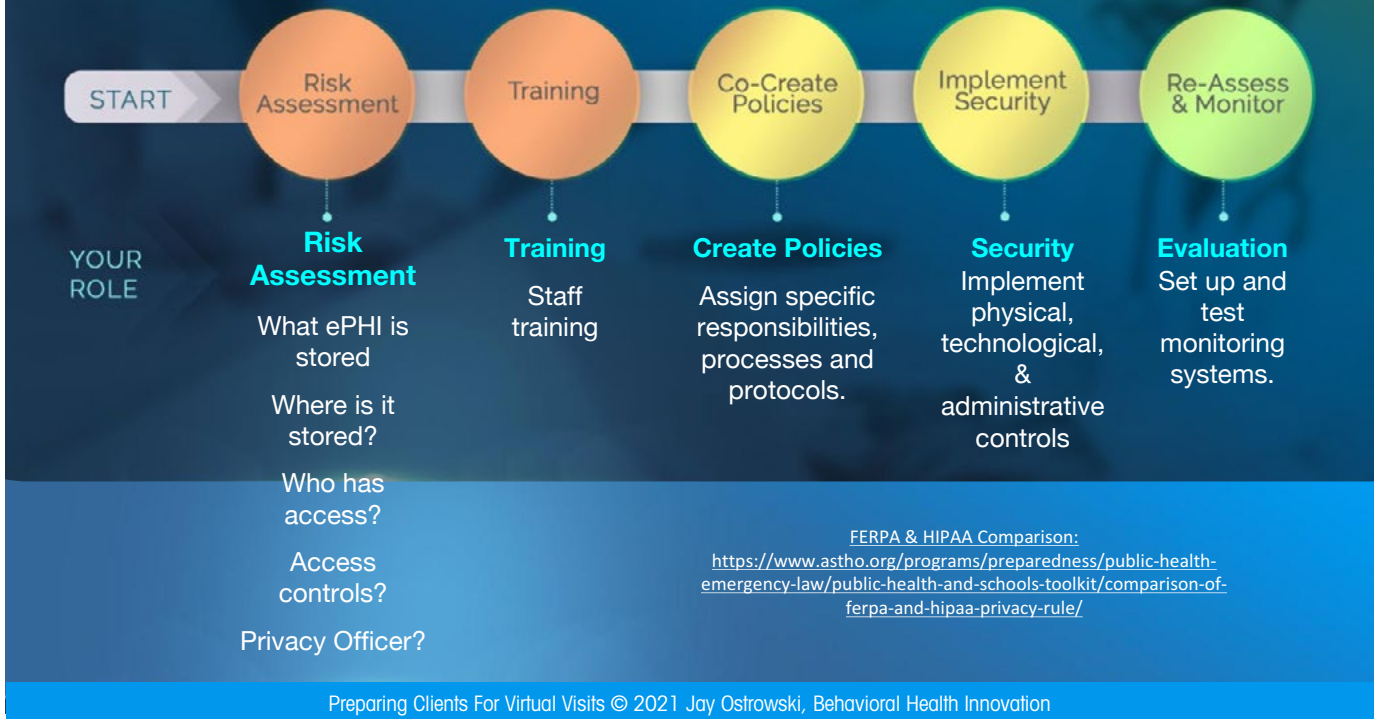


Figure 5.

- [Telementalhealthcomparisons.com](http://telementalhealthcomparisons.com): This independent behavioral health telehealth technology comparison site was created to help mental health providers quickly identify the best technology for their online therapy practice or network. It allows you to plug in your criteria and drill down to what you need.
- www.matrc.org/: The federally funded Mid-Atlantic Telehealth Resource Center provides an array of telehealth resources and offers free technical assistance.

Getting it right

If telehealth is only an interim measure to get us through the

pandemic, what Ostrowski describes sounds like a tremendous amount of work. But it's not an interim measure.

"If you've been thinking about telehealth as something temporary, it's time to shift your mindset,"

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Campagna warns: "Remote client visits will, I believe, continue indefinitely. This is good news. Those in rural areas can get access to services, providers and case manager services via telehealth software. Clients in urban areas can connect with their case managers from the comfort of home."

But to make this work, we need to get it right. "From detailed checklists to stronger privacy protections, we must take virtual encounters seriously. They are every bit as important as face-to-face encounters. The venue may change; our responsibility to our clients never does." ■

About the Experts



Jay Ostrowski, MA, LPC-S, NCC, ACS, BC-TMH
Consultative Partner, TBHCOE.MATRC.org
CEO, Behavioral Health Innovation
CEO, Adaptive Telehealth

Jay Ostrowski helps mental health programs of all sizes develop regional and national online telemental health services, create online therapy clinical workflows, create award-winning niche applications and train clinicians in the safe and legal use of technology for online therapy. He's a Licensed Professional Counselor. As a clinician, he specializes in telebehavioral and telemental health. He is the CEO of Behavioral Health Innovation and Adaptive Telehealth and founded and directs the Telebehavioral Health Center of Excellence where he tracks industry trends. Thus far, Jay has led the development of 12 HIPAA-secure telemedicine software platforms, created 9 peer-reviewed telemental health training courses for national certification and created many innovative niche treatment programs.



Vivian Campagna, MSN, RN-BC, CCM
Chief Industry Relations Officer,
Commission for Case Manager Certification

Vivian Campagna works with individuals and organizations interested in certification (CCM®/CDMS®), related products and services through the Commission's broader marketing and promotions efforts. She fosters strategic partnerships and alliances and provides insight and guidance related to industry trends and developments. Campagna has been involved in case management for more than twenty-five years. She has held staff and administrative positions on both the independent and acute care side of the industry. She has published articles on case management topics and is a frequent presenter and educator. She was a founding member of the Long Island chapter of CMSA and served on the board and the conference committee of the NYC chapter of CMSA. Campagna was a member of the inaugural class of certified case managers and worked with CCMC as a volunteer for more than 10 years. She is a former Commissioner and past chair for the Commission. Campagna earned her nursing diploma from St. Clare's Hospital and Health Center School of Nursing, her bachelor's degree from CW Post Center of Long Island University and her master's degree in nursing from Seton Hall University. She is certified in case management by both the Commission for Case Manager Certification and the American Nurses Credentialing Corporation.



Commission for Case Manager Certification

1120 Route 73, Suite 200 • Mount Laurel, NJ 08054
(856) 380-6836 • ccmchq@ccmcertification.org
www.ccmcertification.org

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