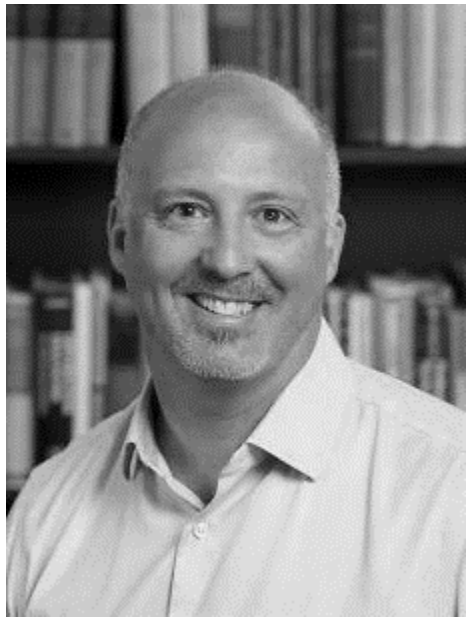
Canadian Consortium for Early Intervention in Psychosis

Maximizing The Virtual Appointment Experience For You And Individuals With Early Phase Psychosis

June 25, 2020

Welcome from the CCEIP



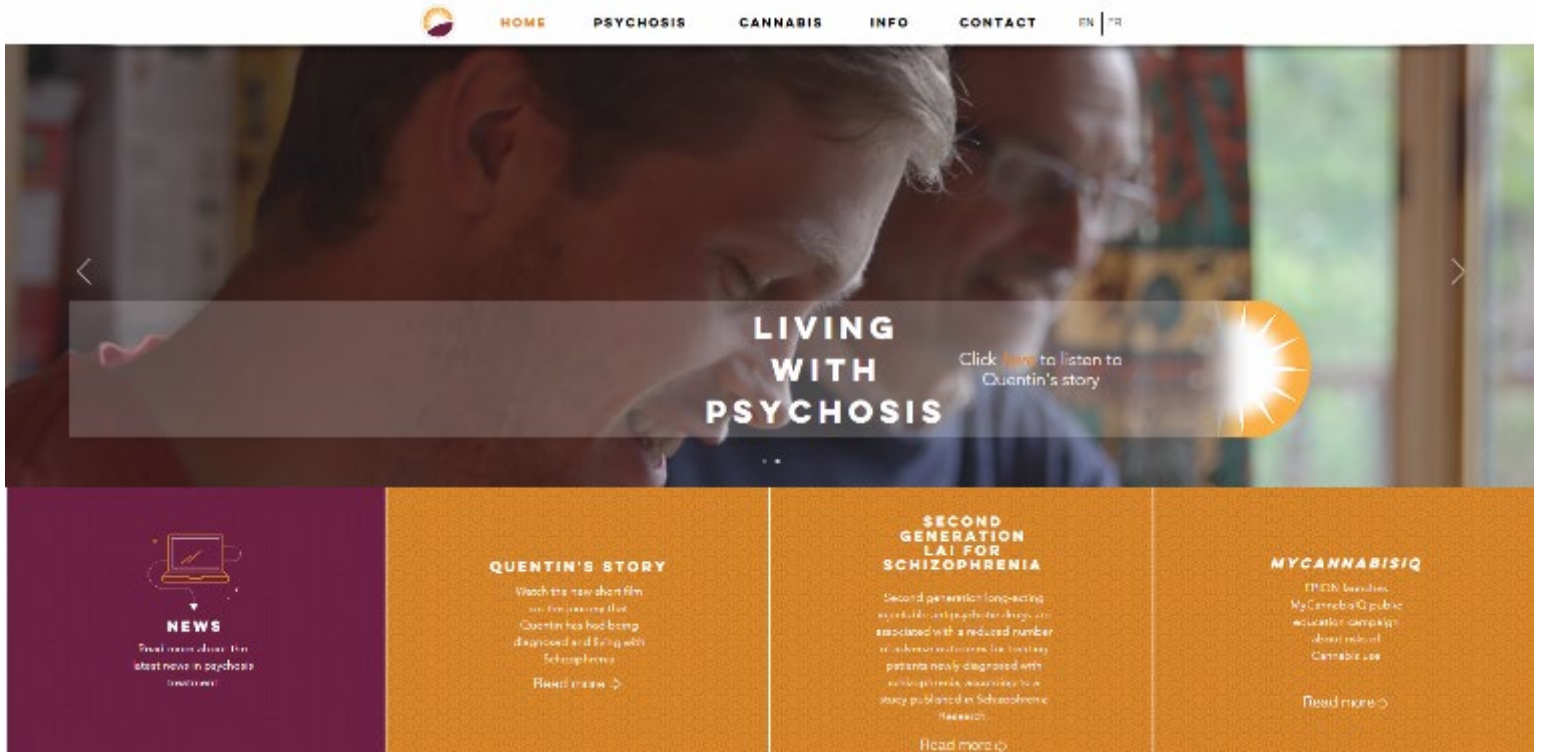
Philip Tibbo, MD, FRCPC
President of the CCEIP
Nova Scotia Early Psychosis Program

The Canadian Consortium for Early Intervention in Psychosis (CCEIP) is a national, not-for-profit organization of clinicians and researchers dedicated to improving the quality of care for individuals in early phase psychosis.

MISSION: To enhance optimum care for Canadians in the early phase of psychosis through improved service models and the generation and translation of knowledge.

Social

- Website
  - For doctors and healthcare practitioners: http://epicanada.org/
  - For patients and their family: https://www.earlypsychosisintervention.ca/
- Social Media
  - Twitter: @EPI_Canada



Learning Series

The CCEIP sees an opportunity to bring together the early psychosis clinical community in virtual meetings to present new information and challenge clinical decisions in best interest of patient care. To do this we will be offering a series of 4 learning events over the next 3 months which will focus on clinical considerations aligned to best practices in our new virtual care environment.

- Past topics:
  - Schizophrenia and COVID-19 – PLEASE SEE OUR WEBSITE/RESOURCES
- Subsequent topics:
  - How to manage and monitor pharmacological treatment
  - How to engage patient and family with non-pharmacological supports

Tonight's Objectives

After attending this Webinar, you will be better able to:

- Maximize engagement of patients in their virtual visit
- Consider medical legal implications when using virtual platforms
- Manage mental health during COVID-19

Agenda

- 7:30 – 7:40 Housekeeping, Welcome and Introductions
- 7:40 – 7:55 Virtual Care Best Practices
  Dr. Howard Margolese
- 7:55 – 8:10 Medical Legal Considerations & Monitoring
  Dr. Tom Hastings
- 8:10 – 8:30 Q&A

Tonight's Speakers

Thomas Hastings, MD, FRCP(C)
Vice President Clinical of the CCEIP
Phoenix Program: Early Intervention in Psychosis
Oakville, ON

Howard Margolese, MD, CM, MSC, FRCPC
Director at Large of the CCEIP
PEPP-MUHC
Montreal, QC

Please rate your success in using virtual care platforms to engage patients in ongoing treatment discussions

A. Highly successful
B. Moderately successful
C. To be expected
D. Not very successful
E. Have not used virtual care platforms yet

Virtual care platforms can include telephone, Zoom, WebEx, Microsoft Teams, video conferencing etc.

Over the past 2 months, which platform have you used most frequently?

A. Phone calls
B. Video conferencing

What is Telepsychiatry?

- Also known as tele-mental health or mobile health
- Real-time communication with a healthcare professional
- Should be performed using a secure platform
- Many provinces allow billing for these services the same as in person visits (especially during COVID 19)
  - There are a few differences, for example in Quebec, we must record the start and stop times of the visit

Telepsychiatry

PROs

- Reliable for conducting assessments
- Equivalent in terms of producing treatment outcomes
- Cost effective in comparison to face-to-face meetings.
- Reduces travel time
- Reduces risk of exposure to COVID 19
- With on-screen meetings, you are able to get a snapshot into the patient's home and their surroundings

Lal S, Abdel-Baki A, Sujanani S, Bourbeau F, Sahed I, Whitehead J. Perspectives of Young Adults on Receiving Telepsychiatry Services in an Urban Early Intervention Program for First-Episode Psychosis: A Cross-Sectional, Descriptive Survey Study. Frontiers in Psychiatry. 2020;11. doi:10.3389/fpsyt.2020.00117
Shah SB, Cheong JA, Boland R. Developing the Capability for Virtual Consultation in the Age of COVID-19 Psychiatric Times, April 9 2020

Telepsychiatry

CONs

More limited physical exam assessments

Not appropriate for agitated patients

Challenging for patients with language barriers

Phlebotomy not possible (clozapine, lithium, and metabolic monitoring)

Some treatments are not possible (LAI, TMS, ECT)

Some patients prefer in patient evaluations

For socially isolated patients lack of in person evaluation is a loss

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When do we use telepsychiatry?

TABLE 5 | Situations in which telepsychiatry could be used (n = 51).

Situations in which telepsychiatry could be used	Total*	%
In the case of unexpected events or in an emergency	38	75%
As a last resort when in-person meetings are impossible	38	75%
To avoid travelling to the hospital	31	61%
To replace in-person meetings	19	37%
Other	4	8%

**Multiple responses possible.*

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Can telepsychiatry help with overcoming obstacles?

TABLE 3 | Obstacles to attending clinic appointments (n = 51).

Obstacles to attending clinic appointments	Total*	%
Symptoms (e.g., anxiety)	22	43%
Scheduling (e.g., in relation to work, school)	21	41%
No difficulties reported	11	22%
Finances for transportation	10	20%
Access to public transportation	10	20%
Physical limitations	5	10%
Not knowing how to get to the hospital	4	8%
Neutral/I do not wish to answer the question	0	0%

**Multiple responses possible.*

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Do individuals with FEP have access to technology?

TABLE 2 | Access to technology among young adults with first-episode psychosis treated in an urban early intervention service (n = 51).

Technology device	Total*	%
Smartphone	43	84%
Public computer	31	61%
Personal laptop computer	28	55%
Laptop or desktop computer belonging to a friend, family member, etc.	19	37%
Personal desktop computer	17	33%
iPad/tablet	14	27%
Cell phone with no Internet connection	7	14%

**Multiple responses possible.*

Majority had access to a home internet plan (76%) and 55% had access to a cellular data plan. Other internet sources reported:
Public (69%)
School (27%)
Work (14%)

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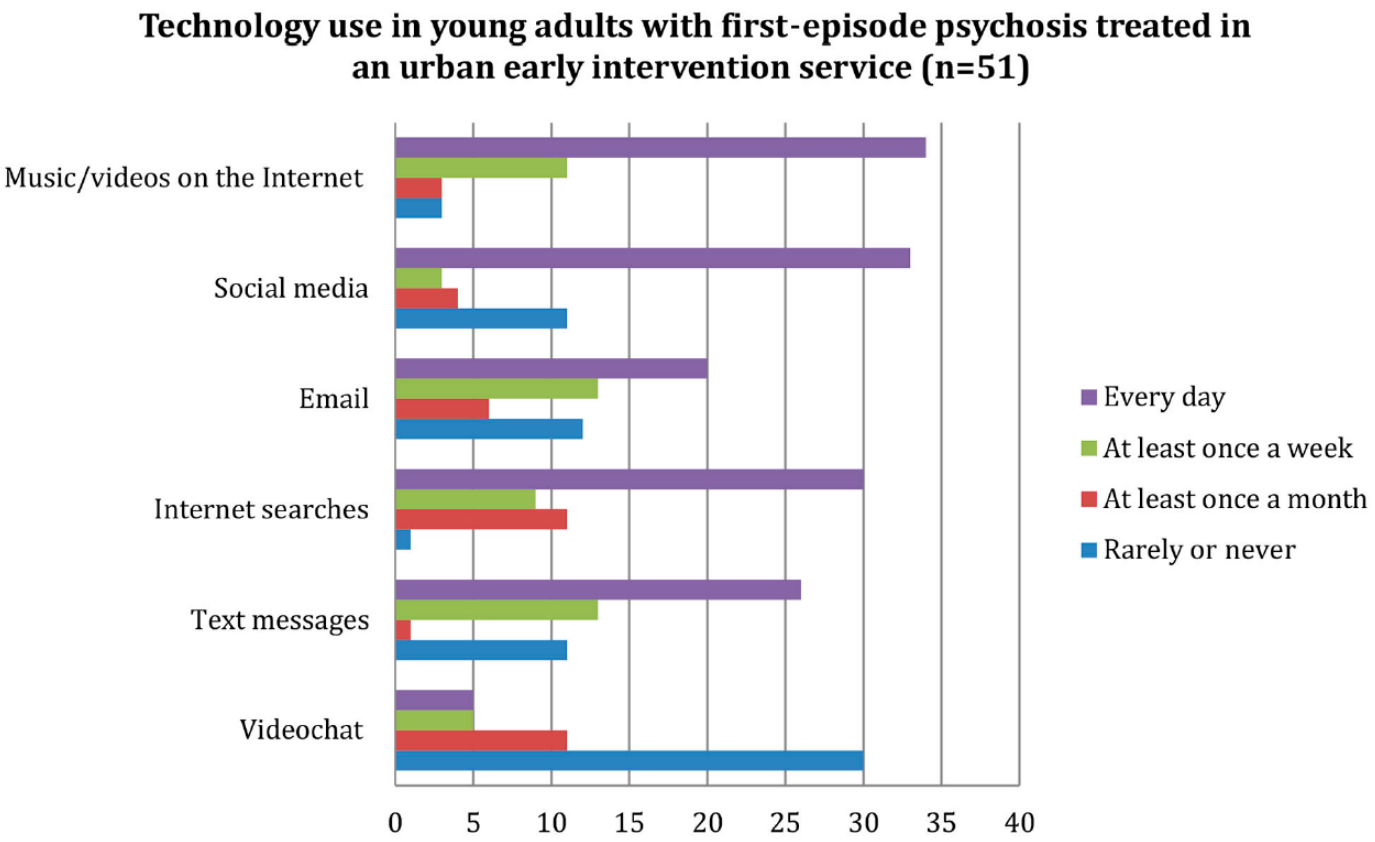
What platforms are being used in general



43% of surveyed patients feel very competent with video chatting

Lal S, Abdel-Baki A, Sujanani S, Bourbeau F, Sahed I, Whitehead J. Perspectives of Young Adults on Receiving Telepsychiatry Services in an Urban Early Intervention Program for First-Episode Psychosis: A Cross-Sectional, Descriptive Survey Study. Frontiers in Psychiatry. 2020;11. doi:10.3389/fpsyt.2020.00117

Use of technology with treatment team

- With respect to communicating with their treatment team most reported never using text messaging (94%) or email (69%).
- Those that did used text messaging or email said once/week (4%, 10%) and once/year (2%,10%)
- No one uses video chat or social media to communicate with their treatment team

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Will individuals participate in telepsychiatry?

TABLE 4 | Receptivity towards the idea of receiving telepsychiatry services (n = 51).

Receptivity towards the idea of receiving telepsychiatry services	Total	%
Very favorable	25	49%
Somewhat favorable	13	25%
Somewhat unfavorable	7	14%
Very unfavorable	3	6%
I don't know	2	4%
I do not wish to answer the question	1	2%

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FEP vs SPMI patients and choice of medium

My personal observations:

- For most EPP patients, their paranoia in general does not make them hesitant to use video
- For multiple episode patients (SPMI) most prefer the phone and not video
  - Might have to do with access to a computer or phone with video
- Comfort with technology in general is a factor in this choice

Groups using telepsychiatry

- Video conferencing is ideal platform
- Phone meetings are more limited in utility
- Creativity in engaging participants needs to be mastered before the session
- Groups work best for
  - Psychoeducation
  - Supportive psychotherapy
  - Peer support

What do you need to be aware of as a physician?

- The way you dress
- Your space
- Distractions
- Access to your notes
- Pay attention to how you look on the screen
- Be on time
- Ensure that there is no recording
- Ensure that you are aware of who is present on the patient's side (family members, significant others)

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What do patients need to be reminded about?

- They need to be alone, or only together with the invited significant others, family members, etc.
- They need to be in a secure location
- They need a good internet connection for video consultations
- Let your patient know who they can contact to cancel or change the appointment
- Let your patient know what will happen if during the call you have tech problems. (E.g. if on a video call that you will phone them)

Telemedicine Set up

Dual Screen
- video
- EMR

Camera/speaker

Medico-legal Considerations

- Licensure
- Malpractice insurance
- Privacy requirements
- Consent
- Standard of Care
  - Scope of Practice
  - Documentation
  - Emergency management

Medico-legal Considerations: Licensure

- Licensure
  - Check local requirements
    - The Colleges in British Columbia, Alberta, Manitoba, Saskatchewan, Ontario, Quebec, New Brunswick, Nova Scotia, and Newfoundland and Labrador have published telemedicine bylaws or policies.
    - Some physicians practicing telemedicine might need to be licensed in both the jurisdiction in which they are located and the jurisdiction where the patient is located.
    - Some Canadian jurisdiction may also require special registration, or they may place conditions (e.g. billing conditions) on the provision of telemedicine.
  - Care where both patient & MD are in the same province where the physician is licenced to practice are generally OK

https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2013/telemedicine-challenges-and-obligations

Medico-legal Considerations: Malpractice Insurance

- Malpractice insurance
  - e.g. CMPA, others – be sure telemedicine is covered

- CMPA assistance:
  - The CMPA deems the location where care is provided to be the patient's location at the time of the telemedicine encounter.
  - If the patient is located in Canada, CMPA members will generally be eligible for assistance
  - Members will generally not be eligible for CMPA assistance with medico-legal problems that result from care provided to patients located outside of Canada

https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2013/telemedicine-challenges-and-obligations

Medico-legal Considerations: Privacy Requirements

- Technology used must meet legal privacy requirements
  - e.g. Ontario Telemedicine Network (OTN)

- Physicians should confirm, to the extent possible, that both the patient and the physician are in physical settings that are appropriate for the encounter and permit the patient to share personal information in a reasonably private manner.

https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2013/telemedicine-challenges-and-obligations

Medico-legal Considerations: Standard of Care & Scope of Practice

- The College of Physicians & Surgeons of Ontario has a 2014 Telemedicine Policy
  - "Physicians who practice telemedicine must continue to meet the existing legal and professional obligations that apply to care that is provided in person."
  - "For every patient and in each instance its use is contemplated for patient care, physicians must use their professional judgment to determine whether telemedicine is appropriate and will enable them to meet all relevant and applicable legal obligations, professional obligations, and the standard of care."
- When it comes to virtual visits: a physician must not compromise the standard of care. That means that if a patient seen virtually provides a history that dictates a physical examination maneuver that cannot be done remotely, the physician must redirect the patient to an in-person assessment
- Early Psychosis: care considerations
  - EPS monitoring & the Tool for Monitoring Antipsychotic Medication (motor)

Canadian Medical Association: Virtual Care Playbook for Canadian Physicians, March 2020

Tool for Monitoring Antipsychotic Side Effects (TMAS)

Person's Name:

WHY MONITOR? Schizophrenia[8, 34] and use of antipsychotics[13, 19, 28, 32, 33, 36] are independently associated with increased motor and metabolic abnormalities, which can contribute to non-adherence to medication, and increased morbidity and mortality[6, 15, 18, 22, 27, 28, 39, 41, 42].
MINIMUM MONITORING FREQUENCY: For newly initiated medication: baseline, 1 (motor side effects only), 3 and 12 months. For persons on the same medication ≥ 1 year: q 12 months.

A. MOTOR SIDE EFFECTS

Medical History	☐ No relevant motor/neurological history		☐ Motor/neurological disorders			
Details:						
Family History in First Degree Relative	☐ No relevant motor/neurological history		☐ Motor/neurological disorders			
Details:						
Assessment Date (dd/mm/yy)						
Assessment Completed By:						
Current Medication(s)						
SUBJECTIVE EXPERIENCE (≤ 1 week)	SCORE: 0 – NONE	1 – QUESTIONABLE	2 – MILD	3 – MODERATE	4 – SEVERE	
	Score	Score	Score	Score	Score	Score
Parkinsonism						
Dyskinesia						
Akathisia						
Dystonia						
PARKINSONISM Score right/left sides as indicated	SCORE: 0 = NONE	1 = QUESTIONABLE	2 = MILD	3 = MODERATE	4 = SEVERE	
	Score	Score	Score	Score	Score	Score
Facial expression – reduced						
Hands – tremor (resting)	R	R	R	R	R	R
	L	L	L	L	L	L
Hands – tremor (with arms extended, fingers apart)	R	R	R	R	R	R
	L	L	L	L	L	L
Hands – bradykinesia	R	R	R	R	R	R
	L	L	L	L	L	L
Elbow – rigidity	R	R	R	R	R	R
	L	L	L	L	L	L
Gait – abnormality						
DYSKINESIA Score right/left sides as indicated	SCORE: 0 NONE	1 QUESTIONABLE	2 MILD	3 MODERATE	4 SEVERE	
	Score	Score	Score	Score	Score	Score
Face and mouth – with activation						
Tongue – with activation						
Upper extremities – arms, hands	R	R	R	R	R	R
	L	L	L	L	L	L
Trunk – neck, shoulders, hips						
Lower extremities – ankles/toes	R	R	R	R	R	R
	L	L	L	L	L	L
AKATHISIA	SCORE: 0 = NONE	1 = QUESTIONABLE	2 = MILD	3 = MODERATE	4 = SEVERE	
	Score	Score	Score	Score	Score	Score
Observed motor restlessness						
DYSTONIA	SCORE: 0 – NONE	1 – QUESTIONABLE	2 – MILD	3 – MODERATE	4 – SEVERE	
	Score	Score	Score	Score	Score	Score
Observed dystonia						
Details – name affected body part (e.g. head, extremities, trunk):						

All EPS assessed

B. ISSUE/ACTION/OUTCOME

DATE	ISSUE	ACTION	OUTCOME

Medico-legal Considerations: Documentation

- Documentation standards are generally the same for virtual care & in person care, with the importance of considering the following

- Sample template for subsequent encounter note in patient chart
  - "Authenticated the patient identity visually"
  - "Patient confirmed that they are in a private location and using their own communication device"
  - Reaffirmed consent to virtual care *(be sure a more comprehensive consent is documented for initial encounter)*
  - Identify all individuals present at patient & physician site (i.e. off screen)

Canadian Medical Association: Virtual Care Playbook for Canadian Physicians, March 2020

Medico-legal Considerations: Consent

- Follow local/site specific requirements
- The Canadian Medical Protective Association (CMPA) provides a comprehensive disclosure and consent form that covers video, audio and messaging communication. https://www.cmpa-acpm.ca/static-assets/pdf/advice-and-publications/risk-managementtoolbox/com_16_consent_to_use_electronic_communication_form-e.pdf
- Ontario Medical Association (OMA)
- Canadian Medical Association: Virtual Care Playbook: March 2020
  - "Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. The risks related to unauthorized disclosure or interception of personal health information have been explained to the patient and they have been informed about steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in-person visit for some disorders or urgent problems, and the patient understands the need to seek urgent care in an emergency department as necessary."

Medico-legal Considerations: Emergency Management

- Adhere to good psychiatric emergency management principles, always
- "Certification"
  - Prior to providing virtual care, be sure you are clear on the legal permissibility of "certification" based on telephone or video assessments in your practice setting
  - In Ontario, the MHA requires that an "examination" be performed prior to completion of certain MHA Forms (e.g. Form 1,3 etc)
  - The Ontario Court of Appeal has held that the definition of "examination" needs to be broad enough to encompass the diverse circumstances physicians face when making the decision to commit involuntary patients to a psychiatric facility
- Intoxication
  - Treat this the same as in-person encounters (discuss use/impact & ? Rebook)
  - Psychiatrists should have a low threshold for inquiring about consumption
- Emergency preparedness
  - Be aware of patient location/address & contact information
  - Be aware of local emergency supports at patient location

Shore, JH. Telepsychiatry: Videoconferencing in the Delivery of Psychiatric Care. Am J Psychiatry 2013; 170:256-262.

Question & Answer