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Videoconferencing in the EA Field

A Survey of Current Practices

“Videoconferencing is best understood in the context of the larger ‘telehealth’ movement, which includes electronic exchange of information, remote monitoring of vital signs, patient portals, and more.”

| By Thomas A. Farris, PhD and Stanford W. Granberry, PhD

Strategic planning for the purchase and implementation of information and communication technology is becoming a primary focus in the EA field. This article examines one aspect: *videoconferencing*, as it is anticipated that the profession will see a rapid expansion of this technology among EAP affiliates, vendors, purchasers and suppliers.

To determine the current status of videoconferencing, the authors conducted a survey of EA professionals. Nearly half (46%) of the respondents reported that their organization had used videoconferencing in some capacity. Moreover, 79% of respondents rated the experience positively and 75% viewed it as important or very important to their organization.

For the Non-User group, 57% expected to be using this technology within three years. Although the survey indicated that continued adoption of this technology is highly likely, both Users and Non-Users expressed concerns with legal, ethical, technical, and clinical issues.

Background

Videoconferencing is best understood in the context of the larger “telehealth” movement, which includes electronic exchange of information, remote monitoring of

vital signs, patient portals, and more. These services are widely available using standard Internet connections, computers, tablets, and smartphones, as well as dedicated devices.

The behavioral health field is taking advantage of technology in very creative ways, including computer-based CBT, online health risk assessments, self-help information portals, therapeutic games, support communities, email/chat therapy and more.

Unlike these technologies, *the intent of videoconferencing is to create an experience that is similar to an in-person encounter and superior to a telephone encounter.* Videoconferencing has tremendous potential to improve access to care. However, in the EA industry, cost, technology, clinical, legal/ethical and other issues must be resolved before widespread adoption of this technology will occur.

A Brief History of Telehealth

Early Days

The roots of telehealth date back to 1906 when Dr. Willem Einthoven, inventor of the EKG, devised a way to transmit data over telephone lines. Understanding the potential of information technology for medicine, a 1920s *Popular Science* magazine foretold of “radio doctors.”

The first incarnation of *modern* telehealth can be traced to 1955 when a remote clinic in Nebraska established a closed circuit TV connection with a hospital 100 miles away. By the year 2000, videoconferencing between medical facilities was fairly common in rural areas, but far from ubiquitous. Adoption of telehealth has been slowed by:

- Restrictions in Medicare, Medicaid and other insurance reimbursement;
- Requirement to purchase a dedicated, hardware-based videoconferencing system; and
- Reliance on grants to launch and sustain programs.

Recent Developments

Internet-based videoconferencing has improved greatly over the past few years and is now possible on most computers. A web camera and speaker/microphone (or headset) is the only additional requirement, and these are now built in to many newer machines. The latest generation of tablets produces satisfactory quality, even over 4G networks. These factors have reduced the financial barrier to purchasing a videoconferencing system.

Reimbursement & Policy Issues

Reimbursement policies are also changing in support of videoconferencing, which is further accelerating implementation. Some examples:

➤ Seventeen states require private insurance reimburse services delivered via telehealth (as of April 2013).

➤ The Affordable Care Act has created opportunities for telehealth.

➤ In 2012 legislation was introduced that allows providers affiliated with the Department of Veterans Affairs to deliver telehealth services across state lines, eliminating a requirement that the providers be licensed in the same state where their patients reside.

Videoconferencing in Behavioral Health

Psychiatry has been the most significant driving force in the expansion of medical videoconferencing, although therapists, physicians, case managers, and translators are increasingly adopting this technology. Internet-based videoconferencing allows delivery of services at the patient's home, which is a major departure from its historical use between two medical facilities.

While this certainly presents an opportunity, it also creates a number of clinical, legal and ethical issues. (Maheu, et al, 2012) Assuring patient privacy in a home environment presents a new challenge, not to mention a myriad of technical issues. Nonetheless, as consumers increasingly demand this type of access, providers *will* adopt the technology. While there is still significant skepticism among behavioral health professionals, there are also benefits cited by providers currently using the

technology, including the ability to work from home, reduce patients not showing up for appointments, and increasing access to new patients.

Research on Effectiveness

There is a large body of research supporting the effectiveness of video-based behavioral health services, including:

➤ A study of nearly 100,000 mental health patients at the U.S. Department of Veterans Affairs demonstrated a 25% (approximate) reduction in hospitalization after initiation of video services. (Godleski, 2012)

➤ Clinical assessments are reliable (Richardson, et al, 2009)

➤ A randomized controlled study found that psychiatric consultation and short-term follow-up can be as effective when delivered by videoconferencing. The study also points out that the results cannot be generalized to psychotherapy. (O'Reilly, et al, 2007)

Current Use of Videoconferencing

According to an Employee Assistance Research Foundation study, "access to services" is a major strategic goal for EAPs. Videoconferencing is a promising strategy to achieve this goal. To determine the current use of this technology in the EA industry, the authors conducted a study of EA professionals throughout the United States. The intent was to measure both current and planned use of videoconferencing among EAPs, as well as concerns with this technology.

Participants were recruited through distribution of an email list and were encouraged to forward the survey to EA colleagues. A total of 54 EA professionals were included in the survey: 74% of the respondents worked for an external EAP, with the other participants working as internal EAP staff, affiliate clinicians, and researchers.

Participants were asked whether their organization had used videoconferencing in some capacity. The "User" participants were compared to the "Non-User" participants. As stated at the beginning of this article, 46% of respondents indicated that their organizations had used video. This number was much higher than expected, possibly

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indicating that individuals who had used videoconferencing were more motivated to complete the survey than those who did not. The Users were asked about the types of services for which they had used videoconferencing. (See the “**Services Provided Through Video**” chart.)

The User group was asked to rate their experience and the importance of this technology. The vast majority (79%) rated their experience positively, with only one person rating it negatively. Further, 75% viewed videoconferencing as

important or very important to the organization, with only 12% rating it as having minor importance.

The Non-User group (N = 30) was asked to rate the likelihood of implementing videoconferencing within one year and within three years: 20% were likely to implement within one year, but 57% expected to implement within three years. Only 20% indicated that they were unlikely to use videoconferencing within three years.

All participants (N = 54) were asked to rate their degree of concern

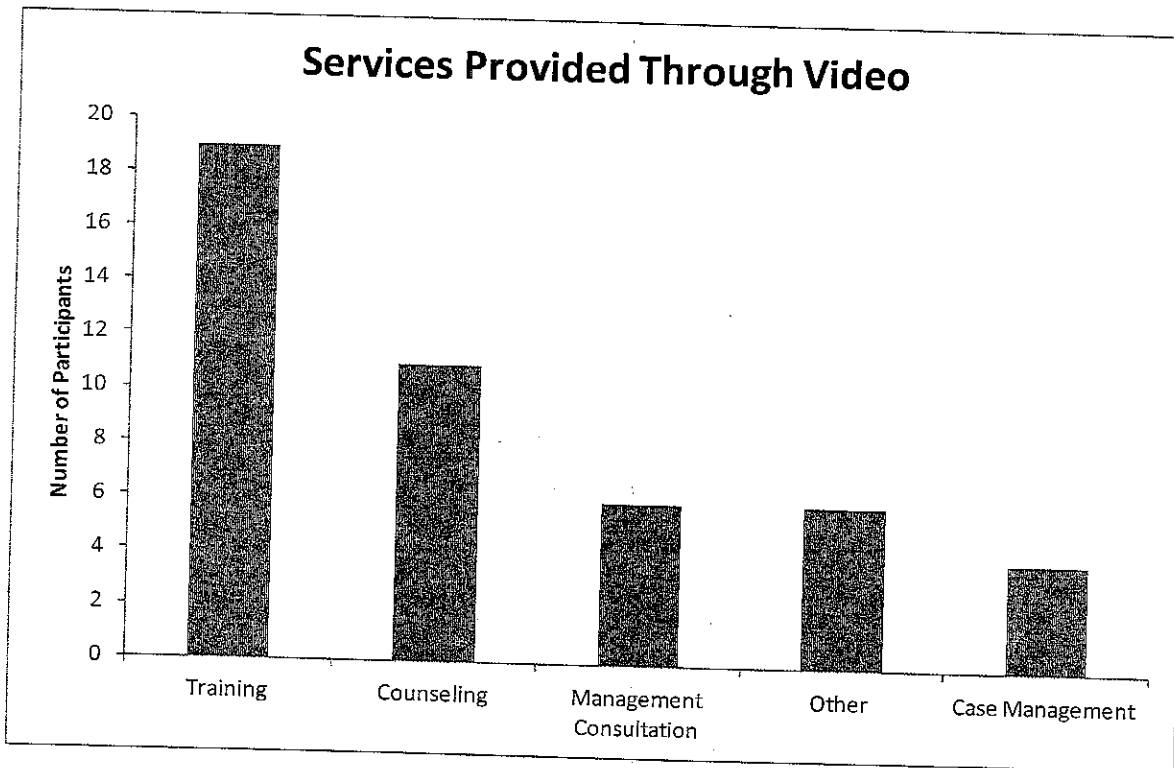
with a variety of issues. The results are included in the “**Issues of Concern**” table, with the Users group being compared to Non-Users.

Summary

This is an exciting time for the telehealth movement. Promising new products and services are being introduced, regulatory changes are occurring at an unprecedented pace, and mobile technology is becoming ubiquitous and less expensive.

As the technology improves, costs decrease and best practices are

Issues of Concern	
Issue	Video Users vs Non-Users
Cost	65% of Non-Users were concerned or very concerned about cost, compared to only 20% of the User group. Cost concerns appear to be a significant barrier to adoption of this technology.
Implementation	67% of Users and 90% of Non-Users were concerned or very concerned about implementation complications. This indicates that implementation had been problematic for Users and a barrier to adoption for Non-Users.
Legal Concerns	81% of Users and 86% of Non-Users indicate being concerned or very concerned about legal issues, clearly highlighting the importance of this area. However, it is unclear the degree to which these concerns are a barrier to adoption, since both Users and Non-Users report a similar degree of concern. The specific legal issues causing this concern are unknown.
Ethical Concerns	57% of Users and 69% of Non-Users indicated being concerned or very concerned with ethical issues. While this appears to be less of a concern than legal issues, it is still significant.
Clinical Effectiveness	52% of Users and 42% of Non-Users report being concerned over clinical effectiveness. To understand this result, the authors examined responses for Users that indicated their organization used video for counseling services. Of this Counseling User subgroup (N = 11), only 27% reported being concerned with clinical effectiveness, significantly less than Non-Counseling Users and Non-Users. However, since the N for the Counseling User group is low, this result must be viewed with caution. An interesting finding is that Non-Counseling Users had a positive experience with videoconferencing, but were concerned with its use in a clinical setting.
Client Receptivity	48% of Users and 45% of Non-Users reported being concerned or very concerned with client receptivity to videoconferencing. However, for the Counseling User subgroup, only 27% reported being concerned with client receptivity, significantly less than Non-Counseling Users.
Affiliate Receptivity	43% of Users and 58% of Non-Users reported being concerned or very concerned with affiliate receptivity to videoconferencing.
Technical Problems	72% of Users and 90% of Non-Users reported being concerned or very concerned about technical issues. This appears to be a significant barrier to adoption of videoconferencing. The high number of Users that expressed this concern indicates that technical issues are still a major problem.
Video Quality	62% of Users and 86% of Non-Users reported being concerned with video quality, indicating that this, too, is a significant and legitimate barrier to adoption.



established, videoconferencing will become commonplace in the EA industry. Video-enabled affiliate networks and staff will be available for counseling, management consultation, staff meetings, critical incident response, training, account management and other services. ❖

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