Trillium HEALTH RESOURCES

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Network Communication Bulletin #081

To: All Providers of State and Medicaid Funded Services

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Subject: Q1-7 Behavioral Health Screening Program, COVID-19 Guidelines for Health Care Providers – Video-based Telehealth Accessibility for Deaf and Hard of Hearing Patients

Q1-7 BEHAVIORAL HEALTH SCREENING PROGRAM

Trillium Health Resources has established behavioral health screening programs to assist providers and practitioners in determining the likelihood that a member has coexisting substance use and mental health disorder. These screening tools are based on evidence from research studies that have been shown to be effective in the detection of positive screening for behavioral health symptoms and can be used as part of the general assessment of a member to determine if further evaluation is needed for formal diagnostic identification and treatment planning.

1. Screening members who have a mental health disorder for the possible presence of a coexisting substance use disorders
   - Very often, individuals who are treated for mental health disorders misuse substances. It commonly happens that a physician or mental health clinician will tend to address the presenting issue or symptoms and not screen for coexisting conditions which can complicate a person's road to recovery. It is recommended that mental health clinicians, psychiatrists, and primary care physicians complete a substance use screening on every member/patient as part of their assessment process. The screening tools below have been reviewed by Trillium's Clinical Advisory Committee, representing providers and practitioners within the Network and are being recommended for use by Trillium Health Resources' Network. Here are a list of screening tools for substance use:
     i. CAGE (Substance Abuse Screening Tool)
     ii. CAGE AID (Substance Abuse Screening Tool-Adapted to Include Drug Use)
     iii. DAST (Drug Abuse Screening Tool)
     iv. AUDIT (The Alcohol Use Disorders Identification Test)
     v. AUDIT-C (modified version of the Alcohol Use Disorders Identification Test)
2. Screening members who have a substance use disorder for the possible presence of coexisting mental health disorders
   - The following is a list of screening instruments that can assist in identifying the onset of mental health conditions with members who are presenting with substance use issues.

The screening tools have been reviewed by Trillium's Clinical Advisory Committee, representing providers and practitioners within the Network and are being recommended for use by Trillium Health Resources' Network. Here are a list of screening tools for substance use:

i. Child Behavior Checklist for ages 6-18 (CBCL/6-18)
ii. Parent Stress Index, 4th Edition (PSI-4)
iii. Swanson, Nolan, and Pelham Questionnaire-IV (SNAP-IV)
iv. Patient Health Questionnaire (PHQ-9)
v. Generalized Anxiety Disorder-7 item scale (GAD-7)
vi. Mood Disorder Questionnaire (MDQ)
vii. Primary Care Post Traumatic Stress Disorder Screen for DSM-5 (PC PTSD-5)
viii. Mental Health Screening Form-III (MHDF-III)
ix. Kessler Psychological Stress Scale (K6)
x. Kessler Psychological Stress Scale (K10)

In order to accessing these screenings, please visit our website here.

COVID-19 GUIDELINES FOR HEALTH CARE PROVIDERS – VIDEO-BASED TELEHEALTH ACCESSIBILITY FOR DEAF AND HARD OF HEARING PATIENTS

A coalition of deaf and hard of hearing consumer advocacy organizations, deaf health care providers, and other experts worked together to provide the below guidelines for health care providers to use during the coronavirus pandemic.

OVERVIEW

The COVID-19 pandemic has compelled the accelerated use of telehealth solutions. Accessibility features in telehealth video-based platforms are crucial in ensuring that deaf and hard of hearing (DHH) individuals have access to quality health care while maintaining the safety of medical providers and the general public during this pandemic. Accessibility is also a legal obligation under various laws, including the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and other health laws as well as state and local laws.

This document focuses only on best practices and requirements for accessible telehealth video-based platforms and apps (where the doctor and patient can see each other on video), not traditional telephone-only communications. The appendix provides technical details about these solutions.

Accessibility Solutions

The patient must instruct the health care professional as to what the appropriate reasonable accommodation(s) are for the video appointment; qualified interpreting services, captioning services, or both. There are four possibilities for a patient-directed accommodation:

1. Remote interpreting services on the same screen or platform allows for the direct participation of qualified interpreters and transliterators.
2. Communication access real-time translation (CART) on the same screen or platform allows a qualified captioner to caption the call on the screen. This can be provided by itself or along with remote interpreting services.
3. Use of accessibility services, such as remote interpreting and captioning, on a separate screen or device.
4. Use of other accessibility services on a separate screen or platform, such as relay services. Please review the appendix for limitations with this approach.

All approaches must allow the deaf or hard of hearing person to have the ability to type back to the provider, interpreter/transliterator, or captioner. This will support people who prefer to communicate by typing, people who need to clarify points that were translated inaccurately by the interpreter, and also cover technical problems with audio and video.

Generally, accessible technological and software options for facilitating clear communication between the patient and provider in the context of a remote video visit should be integrated into telehealth platforms rather than separate devices or screens. For all options, the portal or platform must have explicit instructions on how to access the solution, and the telehealth provider staff must be well-trained on the accessibility solutions, and send the link(s) and instructions to not only the patient but also the interpreter/CART vendor. Providers should ensure all staff users are adequately trained about the accessibility features so that they may promptly and efficiently deploy these features within the time constraints of the provider's virtual waiting room. For any accessibility solution, the provider, patient, and interpreter/CART video screens, view sizes, and locations should be easily manipulated by the users. In case there are video transmission problems, the captioning feature should be made available to supplement the interpreting services. The medical provider should monitor the captions to avoid miscommunication especially when dispensing medical advice. Chatroom features can also be utilized in the event technical issues arise.

Accessibility requirements for remote interpreting in telehealth video communications:

Federal law mandates that remote interpreting (VRI) connections must include:

1. Real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication;

2. A sharply delineated image that is large enough to display the interpreter's face, arms, hands, and fingers, and the participating individual's face, arms, hands, and fingers, regardless of his or her body position;
3. A clear, audible transmission of voices; and
4. Adequate training to users of the technology and other involved individuals so that they may quickly and efficiently set up and operate the VRI.

To achieve this federal mandate, the National Association of the Deaf (NAD) and Deaf Seniors of America (DSA) Video Remote Interpreting Guidelines for Health Care provides technical and operational guidelines.4 Telehealth providers must ensure that in each state where the service is provided, the interpreters are appropriately licensed to work in that state – if applicable – as many states have licensure requirements for interpreters.

Accessibility requirements for captions (or CART) for telehealth video communications:

The telehealth technology should offer real-time, full-motion synchronized video and audio. The technology should operate over dedicated lines or wireless technology offering high-speed, wide-bandwidth video connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication, and a clear, audible transmission of voices to support listening to and lip-reading the provider/clinician by the deaf or hard of hearing patient. It is essential to provide clear quality video that makes it possible for both staff and consumer to see each other and for both to see the captioning in a clearly marked space that provides comfortable viewing of the captioning in entire sentences. CART vendors are listed in the appendix.

Appendix: Alternate Technical Options

This appendix outlines some technical options where remote interpreting and CART cannot be or has not been integrated into the telehealth platform. Because an integrated platform is best, the parallel services should serve only as an interim solution.

Technical Options for Internet-based remote interpreting or remote CART service on a separate device or screen:

Remote interpreting options:

For remote interpreting services, the patient needs to install an app that provides access to the interpreting service. The exact app to download typically depends on the provider's contractual interpreting service. The provider and portal must provide written instructions for the patient as to where to download the app, and how to connect to the interpreting service at the time of the appointment.

The provider, at the time of the appointment, must ensure that their audio is connected to the remote interpreter. This can be done either through app-based VoIP audio from provider to interpreter, or through a phone call from provider to remote interpreter.

Captioning (CART) options:

Captioning providers can be found at these links:

- https://streamtext.net/
- https://portal.ncra.org/Sourcebook
- https://dcmp.org/learn/10-captioning-service-vendors, or searching online for CART providers.

The captions are accessed on a separate web page. The provider, at the time of the appointment, must ensure that their audio is connected to the remote CART captioner. This can be done either through app-based VoIP audio from provider to captioner, or through a phone call from provider to remote captioner.

Technical Options for Making Phone Calls to the Health Provider Separately from the Telehealth Platform

Relay-based options:

The patient communicates with the provider through Video Relay Service (VRS) 6 or a captioned telephone service. The provider either places a phone call to the patient's phone number, which automatically routes the call through the patient's selected relay service, or gives the patient a phone number to call at the time of the appointment. LIMITATIONS OF RELAY SERVICES:

- TRS interpreters and captioners are chosen randomly, so they may not be qualified to handle complex medical situations;
- The provider generally does not have options for viewing the interpreters or captions, thereby greatly increasing the risk for miscommunications that go undetected; and
- The patient must already be registered for relay services. In an emergency situation, there may be insufficient time to accomplish the registration.

For More Information

Please contact: telehealth@dhhcan.org

Any questions about this Communication Bulletin may be sent to the following email:

NetworkManagement@TrilliumNC.org. These questions will be answered in a Q&A format and published on Trillium's website.

Trillium offers trainings for providers and also shares about educational events across the region. To learn more, visit our Upcoming Events page. Trillium occasionally announces open enrollment and RFPs for new and existing providers. Visit the RFP | RFA | RFI | Opportunities page for listings.