

Telehealth for Vulnerable Populations

Delivering telehealth to
underserved/vulnerable client populations-
best practices

June 2, 2020



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Delivering Telehealth Services to the Underserved

Rosie Phillips Davis, PhD, ABPP



2019 Memphis Poverty Fact Sheet (Data from 2018 ACS)

- 2019 Overall **White** **Black** Latino Asian
- (Non-Hispanic)
- U.S 12.3% 8.7% 21% 18.3% 10.0%
- TN 11.5% 9.3% 18.6% 24.4% 7.7%
- S.C. 21.7% 8.6% 30.5% 24.0% N/A
- **Mem 27.8% 11.8% 33.8% 28.8% N/A**

(Fox News Report could be 50% this year)

© 2019 Poverty Fact Sheet. Elena Delavega, PhD, MSW, School of Social Work, University of Memphis, & Gregory M. Blumenthal, PhD, GMBS Consulting



Covid 19 and African Americans

- In Shelby County
 - 52% Of the Population/69% of Covid-related Deaths
- In Tennessee
 - 17% of the Population/33% of the Covid-related Deaths

Kinds of Mental Health Issues



Grief, Anxiety,
Depression



Decision Making
during scarcity



Self-Efficacy and self-
esteem around
technology



Guilt around
teaching their
children



Stress from childcare
and doing regular job



Isolation



Food insecurity



Distrust of people
and systems

The 3 Ts of Intervention



TRUST



TIME



TECHNOLOGY

Consider

- Religion and Faith (pro and con)
- Get Educated about the population—Drive through the neighborhood
- Problem solve with the Client
- Be aware of changes in the dynamic in the room (if another person enters)
- Talk about Covid 19 and its impact
- Telephone
- Build The RELATIONSHIP



Building Rapport during Telehealth Visits

Larita Taylor, PhD, MPH, CLC



Building Rapport Overview

- 5 C's of Establishing Good Rapport (Context, Comfort, Consent, Collaboration & Compliance)
- Encouraging Patient Feedback
- Resources



Unscientific Poll

Which posthumously published book would best describe your PRIMARY challenge during the COVID-19 Pandemic?

- A. To Zoom or Not to Zoom That is the Question by William Shakespeare
- B. I know Why the Caged Child Screams by Maya Angelou
- C. Tiger King de Oklahoma by Miguel de Cervantes
- D. Telehealth Here, Telehealth There, Telehealth Everywhere by Dr. Seuss**



Context

Telehealth Here, Telehealth There, Telehealth Everywhere

Telehealth in a hospital room, Telehealth on Zoom

Telehealth on the phone, Telehealth at home

Telehealth insurance cap, telehealth smart phone app

Telehealth where kids loom, Telehealth sound on boom

Telehealth on hospital cot, Telehealth diagnostic robot

Telehealth here, Telehealth there

We can do Telehealth everywhere

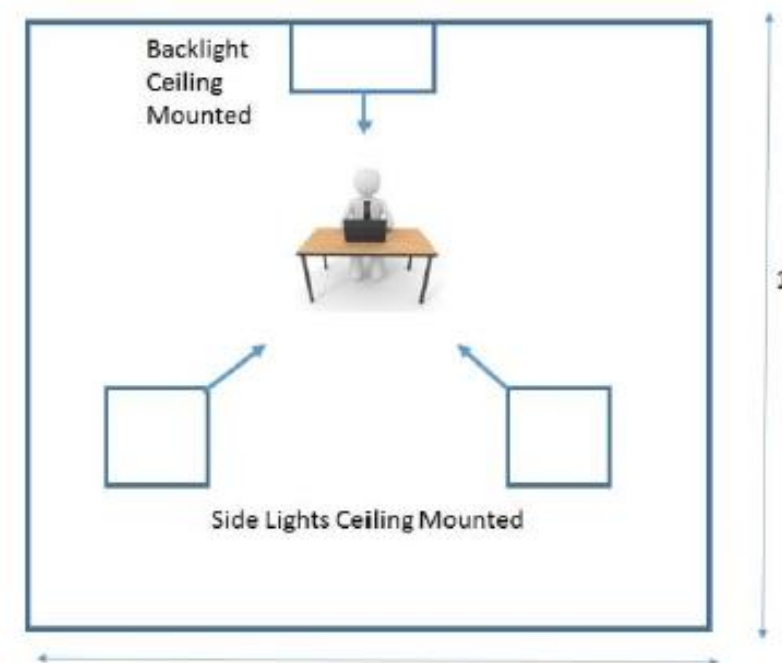
Just don't forget the Telehealth standard of care!

-In the Spirit of Dr. Seuss



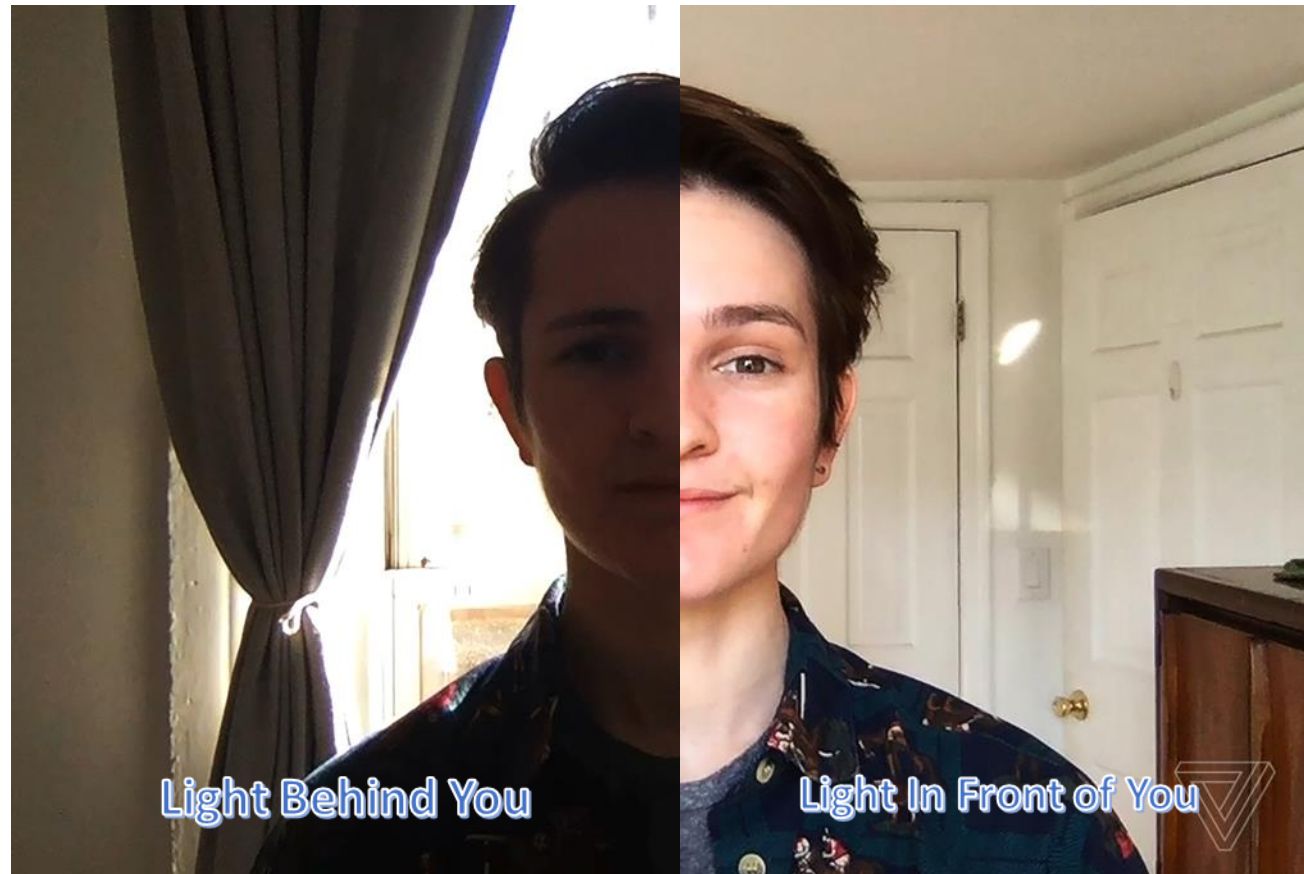
Comfort

- Navigating Technology
- Secure Internet Connection
- Noise Reduction
- Lights! Camera!... Room
- Laymen's Language:



--- (photo credit HF SIG, 2017)

Blood Sugar vs Glucose, High Blood Pressure vs. Hypertension



Light Behind You

Light In Front of You

(photo credit HF SIG, 2017)

Consent

- Introduce yourself
- Written consent vs. Oral Consent
- Give overview of session
- Ask for permission to investigate



Collaboration

- **Encourage patient-led problem solving**

“Were there any changes in your usual routine that may have caused your blood pressure to be higher than normal?”

- **Empower patient with self-monitoring skills/resources**

“Would you be willing to keep a food log so you can see if your blood sugar raising after you eat certain foods?”



Compliance

- Create an action plan
- Assess barriers to implementation
 - “Will you be able to pick up your prescription within the next two days?”
- Get agreement
- Ask patient to restate/ summarize the action plan

Encourage Patient Feedback

- Before session ends
- Complete reviews within the platform (if applicable)
- Reviews on websites, i.e. health grades, vitals, etc.



Resources

- Centers for Medicare & Medicaid Services (2020) Medicare Telemedicine Healthcare Provider Fact Sheet
- American Telemedicine Human Factors SIG (2017) Let there Be Light: A quick guide to telemedicine lighting
- Olson, C. A., McSwain, S. D., Curfman, A. L., & Chuo, J. (2018). The current pediatric telehealth landscape. *Pediatrics*, 141(3), e20172334.
- Stewart, E. E., & Fox, C. H. (2011). Encouraging patients to change unhealthy behaviors with motivational interviewing. *Family practice management*, 18(3), 21.



Delivering Telehealth Services to the Latino Population

Espi Ralston, MA, MAT, MA, CMI-Spanish, CHTM



Bridging Languages and Cultures

Access with Dignity





Every medical encounter
is a cross-cultural
encounter.

INTERCULTURAL, TRANSCULTURAL

What's Visible?

Iceberg Analogy

Cultural Artifacts

(e.g., fashion, popular culture)

age race gender physical abilities

marital status

income

Cultural Assumptions

attitudes

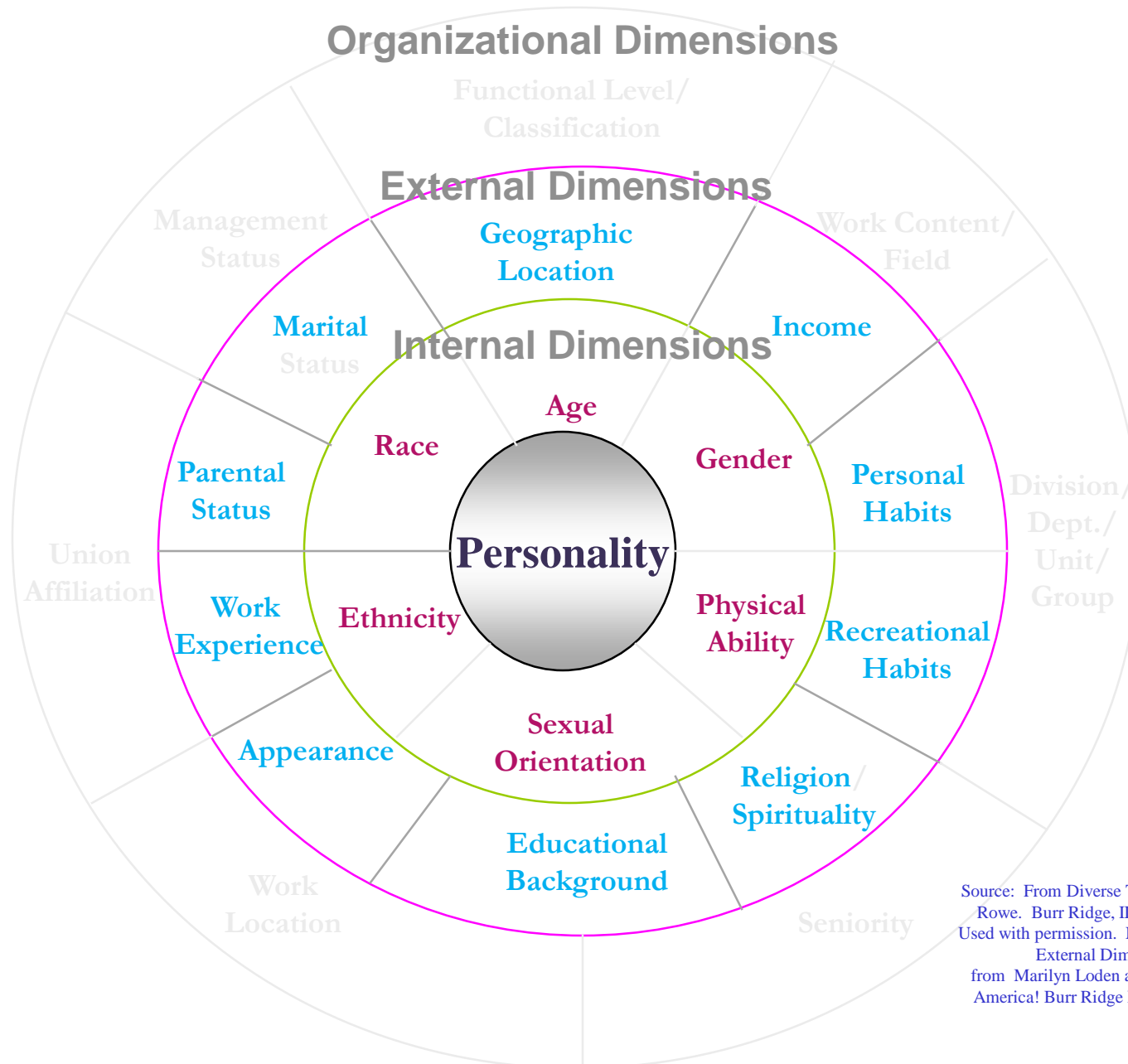
sexual orientation

beliefs

traditions

values

Diversity Wheel



Source: From Diverse Teams. Lee Gardenswartz and Rowe. Burr Ridge, IL: Irwin Professional, 1994. Used with permission. Note: Internal Dimensions and External Dimensions are adapted from Marilyn Loden and Judy Rosener, Workforce America! Burr Ridge IL: Irwin Professional, 1991.

Telehealth Challenges

- ▶ LEP, NEP client, patient? = Interpreter needed
- ▶ Client unfamiliar with the provider (+interpreter) if first visit
- ▶ Spatial configuration (distancing = intimidating)
- ▶ Difficulty in establishing proximity

First phase: Setting the tone

- ▶ Importance of rapport building and agenda setting to identify and prioritize issues to address during the visit

How to build a good rapport?

- ▶ Creating a culturally appropriate atmosphere.

Setting the Tone (Rapport Phase)

- ▶ “I know that different people have different ways of understanding illness. Please help me understand how you see things.”
- ▶ “I want to understand the problems that bring you here today so that I can help you efficiently.”
- ▶ Genuine interest in the patient may lead to

Trust and Respect

- ▶ Confidentiality and privacy (taboos, stigmas, "dirty laundry kept at one's home.")
- ▶ Familiarize with patient's medical protocols expectations

Trust, Respect = Loyalty to provider

Patient's Expectations:

- ▶ Not to be rushed by the provider. May deviate or extrapolate from main reason of visit. Expects a longer visit.
- ▶ Formal greetings (respect) vs informal
- ▶ Provider looking at the patient directly.

Familialism = Family comes first.

- ▶ Acculturation level: Information withheld from the patient by family members or by the own patient.
- ▶ Important decisions may require consultation among entire family. ILLNESS = SOCIAL CRISIS
- ▶ Psychological difficult for family to hand over care of ill member to non-family health provider.

Patient's Comments

- ▶ "Antes de mi cita, que el médico se tomara el tiempo de leer mi historial médico".
- ▶ "Que esté en un sitio en su oficina sin ninguna distracción y enfocado en mi cita, sin ninguna distracción".
- ▶ "Que durante la cita, esté atento a lo que yo tenga que decir y explicar."
- ▶ "Que me explique lo que piensa de mis síntomas de manera clara y precisa y que no me vea como un número más".
- ▶ "Que esté abierto a mis preguntas y me explique el tratamiento y sus expectativas del progreso de mi caso".

Patient's Comments

- ▶ “Que no ande con prisas”.
- ▶ “Que no me trate con condescendencia.
“Que no me trate con una actitud de superioridad”.
- ▶ “Que se cerciore de que entendí y que no tengo más preguntas”.

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