Telemedicine PA Interactive Visit – Behavioral Health Grading Packet

PA /Evaluators Name_____ PA Student Name_____

Date of Visit _____ Time of Visit_____ max 30 minutes

Differential Diagnosis…… _____points

- Must name a minimum of 3 possible diagnoses and then note #1/"working" diagnosis

1.
2.
3.

Comments:

Exam Technique…… _____points

- Please consider both kinesthetic skill and communication of patient instructions.

Comments:

Organization and Flow of Exam…… _____ points

Comments:

Exam Appropriateness…… _____points

- Please note that class discussion taught that heart, lungs and abdomen are always appropriate as precursory exams

Comments:

Student is prepared for competency demonstrated by having all of their required equipment and being ready to go on time for their scheduled Zoom meeting…… yes no

Student is considered competent by virtue of your clinical Assessment for this case.

Yes NO

Comments:

Case 6 – BH
Student Scenario

You are assisting your clinic by answering telemedicine consults. Your clinic implemented telemedicine to better serve patients without consistent transportation as well to decrease non-emergent and urgent clinic-based visits.

You are asked the parent of a patient who had made several phone calls attempting to be seen in the BH clinic ASAP, but your clinic is not currently making face to face encounters due to CoVid-19. You are asked to complete a telemedicine visit to assess the patient and make the appropriate diagnosis and refer if needed.

Case scenario: Allen, a 32-year old gay man, requesting to be seen via telemedicine for treatment of anxiety. He has worked full-time as a janitor and engaged in very few activities outside of work. When asked about anxiety, Allen says he is worried about contracting diseases such as HIV.

Work through the case to reach a diagnosis and appropriately manage the patient through a telemedicine encounter.

Instructions: Place a check in front of each task that the student accomplished correctly. Do not place a check for any tasks that were forgotten, done partially or incorrectly.

<u>Telemedicine Required Identification/Consent/Documentation:</u>
The student:
_____ 1. Introduces yourself to the patient, confirm your identification and credentials, notes your affiliation ("X" PA Program), and your location.
_____ 2. Confirm the identity of the patient with 2 unique identifiers and note their location and address.
_____ 3. Explain the procedural aspects of the telemedicine visit and that it will be conducted in a similar but modified fashion from a clinic-based visit.
_____ 4. Explain the benefits and drawbacks of completing a virtual visit. Offering a future face to face alternative if the patient desires.
_____ 5. Assess equipment being used by the patient (including hardware/software and home medical equipment and document it.
_____ 6. Explain the cost of the telemedicine visit (for this visit none).
_____ 7. Explain the patients right to privacy and explain HIPAA changes in regard to ZOOM conferencing due to CoVid-19.
_____ 8. Ask the patient if they can see and hear with the technology they are utilizing (before you begin).
_____9. Makes any necessary adjustments for technologic issues (coach the patient to move camera when and if needed).
_____10. Verbalize that you will document the start time and the end time of the encounter.
_____11. Obtain verbal consent to proceed with the encounter.

<u>Interpersonal and Communication Skills, Includes the Four Habits.</u>

The student:
_____ 1. Builds the relationship (not rushed, introduction, eye contact, attention, empathy, asks how to address)
_____ 2. Establishes the agenda (elicits concerns, agrees upon agenda)
_____ 3. Facilitates understanding (speaks clearly, avoids medical jargon, high priority information)
_____ 4. Summarize and confirm understanding (summarizes plan, elicits questions, uses teach back)
_____ 5. Showed listening body language (leaning forward, looking at patient)
_____ 6. Used empathetic techniques (repeat feelings, legitimize concerns)
_____ 7. Appropriately admitted uncertainty, and, if applicable, offered to get more information for patient
_____ 8. Voices understanding of patient's context (cost, transportation)

Actor Script

The Scenario:

CHARACTER: Allen/Alley, 32

DRESS: Casual, you are at home

SETTING: At your home, connecting to your provider via telemedicine from your home device to their home device.

Affect: You feel very anxious and distressed, very tired due to lack of sleep. CoVid-19 has increased your anxiety. It's another illness you need to be protected from.

Presentation: Anxious, hypervigilant, sharply dressed.

Case scenario: Allen, a 32-year old gay man, requesting to be seen via telemedicine for treatment of anxiety. He has worked full-time as a janitor and engaged in very few activities outside of work. When asked about anxiety, Allen says he is worried about contracting diseases such as HIV.

CC: "I don't know what to do, how is anyone supposed to function when everywhere you go there are germs. Isn't it bad enough that we are all exposed to HIV????"

Affect: irritated and agitated, frustrated because there is no end in site

Situation: Allen is very frustrated by the lack of protective supplies, is annoyed "no one is doing anything". He is having intrusive thoughts about "being infected". Keeps talking about running out of bleach. "How can anyone protect themselves?"

Aware of his repetitive mentioning of "bleach", the investigation begins.

1. _____How are you feeling? Have you ever felt like this before CoVid-19?
    - *Obviously, before CoVid-19 I was always very careful. I did my best to avoid touching anything outside my home. I would do my best to stay away from things that I thought might have been in contact with the HIV virus.*
    - *I am very good at washing my hands, I follow the CDC guidelines for washing my hands, but I do better than them! I wash my hands as much as possible with bleach. Bleach can kill anything even HIV!*
    -
2. How many times a day would you wash your hands with bleach?

- *Well whenever I need too. I keep a small bottle with me at all times, so maybe up to 30 times a day. I follow "my protocol", it is important that I wash my hands the same way each time, sometimes it interrupts my day if I have been outside.*
- *Physical contact with others is very difficult, because I can't trust that people are washing their hands. Shopping for groceries and taking the subway are the worst. I have had to almost give up trying to go to social events.*
- *It's been years since I have had a romantic relationship.*

3. _____Have you seen anyone for this in the past? What was the recommendation for your care at that time?

My last partner thought I was out of control. He just couldn't keep up with the procedures that I needed to feel safe. I almost went for help because he was telling me I was crazy. We broke up and I never went.

4. _____How have you been feeling recently?

Recently it has been worse. I thought it would be better with CoVid. I thought everyone would finally understand and start following "the protocol". I thought it would be better, finally, since everyone is supposed to do "social distancing". But it's actually worse. At first it was better… now everyone is just 'breaking the rules'. And now I can't find bleach, or even a bar of soap which wouldn't do any good anyway.

5. _____Ask the patient, How long has he been felting this way?

As long as I can remember. Even as a kid I didn't like other kids getting near me. I spent a lot of time in the restroom whenever I could. But it's after I started dating and found out about HIV that I knew I had to protect myself.

7_____How has this been impacting you on a day to day basis?

That is obvious isn't it?

My need to follow "the protocol" can get in the way of my normal daily tasks. I have to find jobs that will would allow me to always wear gloves and use bleach.

Since Jim, my partner, left, I have been lonely. Sometimes I don't think I can live this way any longer. I feel so isolated. But I guess everyone does now…

8_____Are you having any other symptoms?

- Allen is bothered by sudden images of hitting someone, fears that he will say things that might be offensive or wrong, and concerns about upsetting his neighbors.

- To ease the anxiety caused by these thoughts, he often replays prior conversations in his mind, keeps diaries to record what he said and often apologizes for fear he might have sounded offensive.
- When he showers, he makes sure the water in the tub only reaches a certain level. He is afraid that if he is not careful, he will flood his neighbors.
- He had many obsessions, including ones related to contamination (fear of contracting HIV), aggressions (intrusive image of hitting someone) and symmetry (exactness in the level of water). These caused
- Allen spends hours on his rituals and he tries to avoid leaving his apartment, engaging in social relationships or performing basic errands.
- He also has had many compulsions: excessive hand washing, a checking (keeping diaries), repeating (often clarifying what he said) and mental compulsions (replaying prior conversations in his mind).

Screening questions for OCD* Feel free to add symptoms here or follow the script below. Do Not Lead away from the diagnosis of OCD.

1. Do you have frequent unwanted thoughts that seem uncontrollable?
2. Do you try to get rid of these thoughts and, if so, what do you do?
3. Do you have rituals or repetitive behaviours that take a lot of time in a day?
4. Do you wash or clean a lot?
5. Do you keep checking things over and over again?
6. Are you concerned with symmetry and putting things in order?
7. Do your daily activities take a long time to complete?
8. Do these problems trouble you?
9. Does this behavior make sense to you?

Past medical/BH history- (WNL unless marked)

- _____Previous similar episodes +
- _____Previous Hx of Suicidal thoughts or wanting to harm yourself or others. **(+ but not currently)**
- _____Neurological conditions
- _____Cardiovascular risk factors:
- _____Hypertension
- _____Diabetes
- _____Hypercholesterolemia

"I don't have any medical conditions; I'm usually fit and well. I don't get sick because I follow "the protocol".

Family history

- _____Hx of BH problems, suicide (NO)
- _____Other neurological conditions

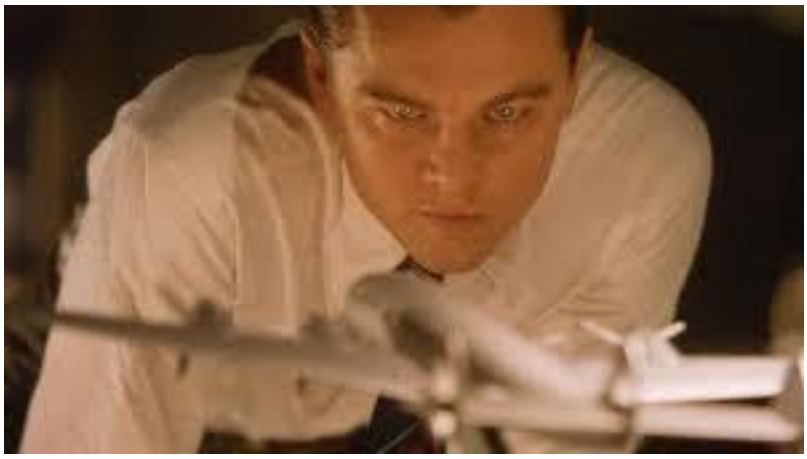
There's no family history of any other medical problems."

Drug/SH history

- _____ETOH (no)
- _____Smoking (no)
- _____Other regular medication (no)
- _____Recreational drug use (no).
- *Overall, patient reports moderate distress and social impairment related to the symptoms.*

The student may ask various other BH Questions not included in this document. Assure they move on to DX and Treatment Plan after approximately 20 minutes so that the encounter can be completed in 30 minutes total.

Do not lead the student away from the diagnosis of OCD.



Show a picture of the patient to the student.

Physical Exam Must include –

Modified Vital Signs based on patient equipment:

Obtains:

_____ Temperature (*WNL)*
_____ Pulse (*WNL*)
_____ Respiratory rate (*WNL*)
_____ Blood pressure (*WNL*)
_____ Pain (*0/10*)
_____ O2 sat if equipment is available and appropriate *NA*

Students should screen the patient for suicidal and homicidal thoughts. (None reported)

Assess Suicidal and Homicidal thoughts early and document it:_____

Include a general inspection of the patient: See below

She appeared to be of his biological age, was sharply dressed and his hair very neatly combed, was overly restrained and not a bit shy, but very expressive. He was alert and oriented, but did not have any issues with attention, memory, or perception. His affect was aggitated, and he had thoughts of frustration and "no way out". No suicidal ideation was observed.

Use a screening tool if needed:
Patient will use the Suicide Screen and the OCD Screen. Your answers as the patient are below.

ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

Obsessive-Compulsive Disorder (OCD) Screening Tool

This is a screening measure to help you determine whether you might have Obsessive-Compulsive Disorder (OCD) that needs professional attention. This screening tool is not designed to make a diagnosis of OCD but to be shared with your primary care physician or mental health professional to inform further conversations about diagnosis and treatment.

Directions:

1. Complete the provided form
2. Print out the results
3. Share them with your health care provider to determine a diagnosis

Are you troubled by the following?

☑ Yes ☐ No	Do you have unwanted ideas, images, or impulses that seem silly, nasty, or horrible?
☑ Yes ☐ No	Do you worry excessively about dirt, germs, or chemicals?
☑ Yes ☐ No	Are you constantly worried that something bad will happen because you forgot something important, like locking the door or turning off appliances?
☐ Yes ☑ No	Do you experience shortness of breath?
☑ Yes ☐ No	Are you afraid you will act or speak aggressively when you really don't want to?
☑ Yes ☐ No	Are you always afraid you will lose something of importance?
☐ Yes ☑ No	Do you ever experience "jelly" legs?
☑ Yes ☐ No	Trouble falling or staying asleep, or restless and unsatisfying sleep
☑ Yes ☐ No	Are there things you feel you must do excessively or thoughts you must think repeatedly to feel comfortable or ease anxiety?
☑ Yes ☐ No	Do you wash yourself or things around you excessively?

1

☑ Yes ☐ No Do you have to check things over and over or repeat actions many times to be sure they are done properly?

☑ Yes ☐ No Do you avoid situations or people you worry about hurting by aggressive words or actions?

☐ Yes ☑ No Do you keep many useless things because you feel that you can't throw them away?

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Depression and substance abuse are among the conditions that occasionally complicate obsessive-compulsive disorder.

☑ Yes ☐ No Have you experienced changes in sleeping or eating habits?

More days than not, do you feel...

☑ Yes ☐ No sad or depressed

☑ Yes ☐ No disinterested in life

☑ Yes ☐ No worthless or guilty

During the last year, has the use of alcohol or drugs...

☑ Yes ☐ No resulted in your failure to fulfill responsibilities with work, school, or family?

☐ Yes ☑ No placed you in a dangerous situation, such as driving a car under the influence?

☐ Yes ☑ No gotten you arrested?

☑ Yes ☐ No continued despite causing problems for you or your loved ones?

Please print this completed form and share it with your health care provider to determine a diagnosis.

For more information, visit us at www.adaa.org or contact us at information@adaa.org

Reference: Goodman, WK, Price LH, et al. The Yale-Brown Obsessive Compulsive Scale (Y-BOCS): Part 1. Development, use and reliability. Arch Gen Psychiatry. 46:1006-1011 (1989). Diagnostic and Statistical Manual of Mental Disorders (DSM IV), American Psychiatric Association, 1994, Washington, D.C.

The student may use any tool or psychosocial assessment to further ask questions. Freely answer leading to the dx of OCD.

Management: OCD

How would you manage this patient?

Identify and communicate the diagnosis of OCD: Help the patient/family to understand the disorder and start effective evaluation and treatment promptly.

Treatment for OCD:

1._____The student suggests referral to a behavioral health care team and outpatient care once screening for suicidal and homicidal thoughts are negative.

2._____Student should explain in layman's terms:

1. **Suggests Supportive Care**:
    a. _____Psychoeducation- provides information on bipolar disorder. Identify and communicate the diagnosis of bipolar disorder as early as possible to help people understand the disorder and start effective treatment promptly.
    b. _____Sleep hygiene
        - remove triggers if possible (caffeine, stimulants, nicotine, dietary triggers, stress)
    c. _____Increase physical activity (exercise 60-90% of MHR 20 minutes 3x/wk, yoga
    d. _____Self-guided cognitive-based therapy (CBT)/ relaxation techniques, Do what you love, mindful of your thoughts, Be kind and patient with

2._____**Focused CBT – Exposure and Response Prevention (ERP)**, is a type of CBT which has the strongest evidence supporting its use in the treatment of OCD.

- CBT is a time-limited process (treatment goals—and the number of sessions expected to achieve them—are established at the start) that employs a variety of cognitive and behavioral techniques to affect change.
- A CBT practitioner may employ techniques such as **exposure therapy** (allows extinction of erroneously learned fears) and **applied relaxation**

3._____**Pharmacological** (1st line with CBT)

a. _____Offers an SSRI at a starting dose and explaining time needed before seeing a benefit (eg. Escitalopram or Sertraline)
b. Alternative SSRI/SNRI
c. Discuss the use of other potential medications.
d. Certain psychiatric medications can help control the obsessions and compulsions of OCD. Most commonly, antidepressants are tried first.
e. Antidepressants approved by the U.S. Food and Drug Administration (FDA) to treat OCD include:
f. Clomipramine (Anafranil) for adults and children 10 years and older
g. Fluoxetine (Prozac) for adults and children 7 years and older
h. Fluvoxamine for adults and children 8 years and older
i. Paroxetine (Paxil, Pexeva) for adults only
j. Sertraline (Zoloft) for adults and children 6 years and older

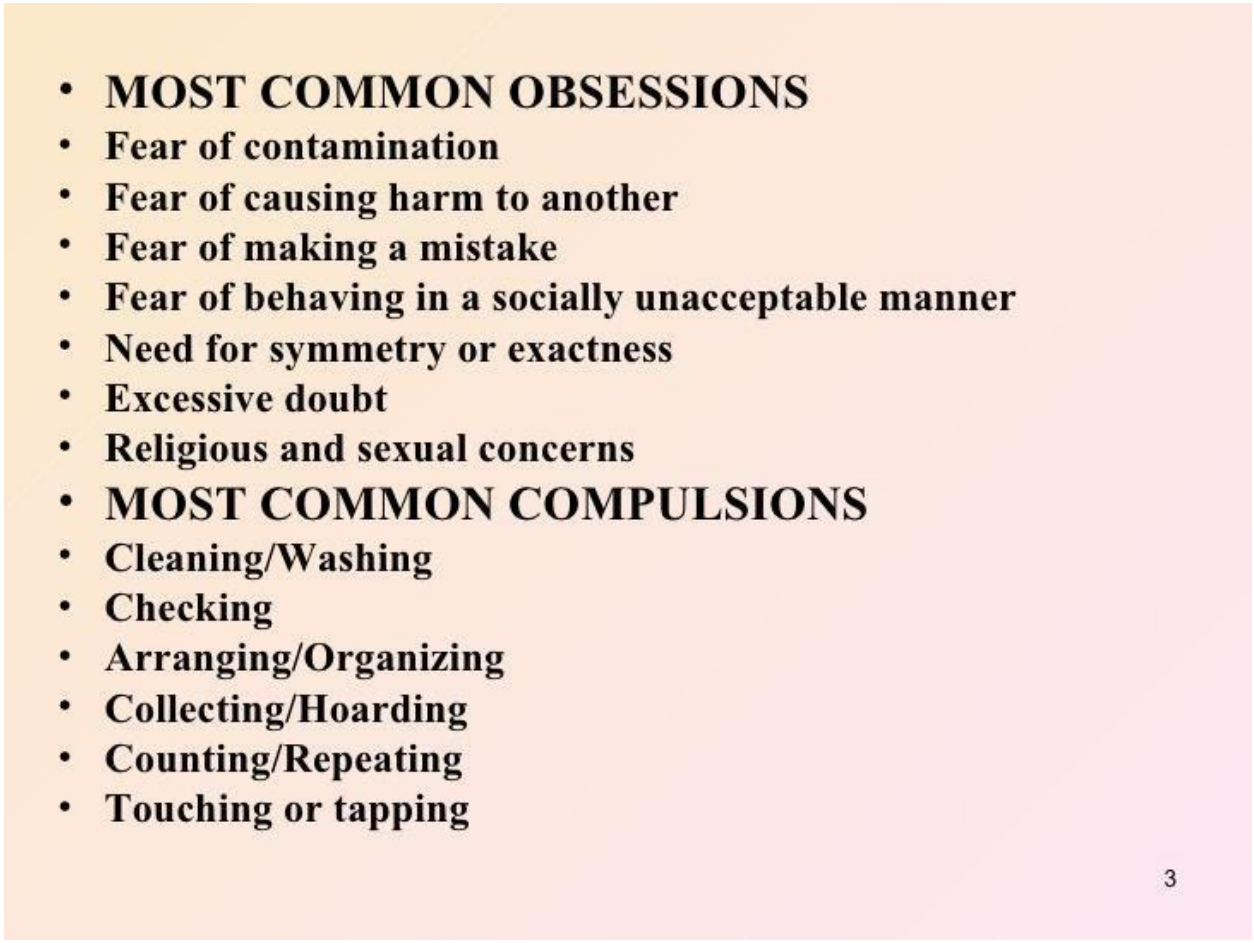
3. _____Advise the patient that: (Circle any noted below)

- Gives ER precautions: If any thoughts of harming herself or others, call 911 or the National Suicide Hotline 1-800-273-8255.

Plan for F/u next telemedicine visit or clinic visit scheduled for:_____

_____ Notes Ending time of Call

_____ Mentions post call survey of both provider and patient.



Summary of Possible Treatments, Info and Therapies for OCD:

Certain psychiatric medications can help control the obsessions and compulsions of OCD. Most commonly, antidepressants are tried first.

Antidepressants approved by the U.S. Food and Drug Administration (FDA) to treat OCD include:

- Clomipramine (Anafranil) for adults and children 10 years and older
- Fluoxetine (Prozac) for adults and children 7 years and older
- Fluvoxamine for adults and children 8 years and older
- Paroxetine (Paxil, Pexeva) for adults only
- Sertraline (Zoloft) for adults and children 6 years and older

However, your doctor may prescribe other antidepressants and psychiatric medications.

Medications: What to consider

Here are some issues to discuss with your doctor about medications for OCD:

- **Choosing a medication.** In general, the goal is to effectively control symptoms at the lowest possible dosage. It's not unusual to try several drugs before finding one that works well. Your doctor might recommend more than one medication to effectively manage your symptoms. It can take weeks to months after starting a medication to notice an improvement in symptoms.

- **Side effects.** All psychiatric medications have potential side effects. Talk to your doctor about possible side effects and about any health monitoring needed while taking psychiatric drugs. And let your doctor know if you experience troubling side effects.

- **Suicide risk.** Most antidepressants are generally safe, but the FDA requires that all antidepressants carry black box warnings, the strictest warnings for prescriptions. In some cases, children, teenagers and young adults under 25 may have an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. If suicidal thoughts occur, immediately contact your doctor or get emergency help. Keep in mind that antidepressants are more likely to reduce suicide risk in the long run by improving mood.

- **Interactions with other substances.** When taking an antidepressant, tell your doctor about any other prescription or over-the-counter medications, herbs or other supplements you take. Some antidepressants can make some other medications less effective and cause dangerous reactions when combined with certain medications or herbal supplements.

- **Stopping antidepressants.** Antidepressants aren't considered addictive, but sometimes physical dependence (which is different from addiction) can occur. So stopping treatment abruptly or missing several doses can cause withdrawal-like symptoms, sometimes called discontinuation syndrome. Don't stop taking your medication without talking to your doctor, even if you're feeling better — you may have a relapse of OCD symptoms. Work with your doctor to gradually and safely decrease your dose.

Talk to your doctor about the risks and benefits of using specific medications.

Other treatment

Sometimes, psychotherapy and medications aren't effective enough to control OCD symptoms. In treatment-resistant cases, other options may be offered:

- **Intensive outpatient and residential treatment programs.** Comprehensive treatment programs that emphasize ERP therapy principles may be helpful for people

with OCD who struggle with being able to function because of the severity of their symptoms. These programs typically last several weeks.

- **Deep brain stimulation (DBS).** DBS is approved by the FDA to treat OCD in adults age 18 years and older who don't respond to traditional treatment approaches. DBS involves implanting electrodes within certain areas of your brain. These electrodes produce electrical impulses that may help regulate abnormal impulses.

- **Transcranial magnetic stimulation (TMS).** The FDA approved a specific device (BrainsWay Deep Transcranial Magnetic Stimulation) to treat OCD in adults ages 22 to 68 years, when traditional treatment approaches have not been effective. TMS is a noninvasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of OCD. During a TMS session, an electromagnetic coil is placed against your scalp near your forehead. The electromagnet delivers a magnetic pulse that stimulates nerve cells in your brain.