

Wyoming Telehealth Network

June Provider Spotlight

1. When did you first hear about telehealth? How did you feel about it then? How do you feel about it now?

I was an early adapter and attended my first training back in the 1980s. Did you know telehealth has been around since 1959? It seemed very innovative and a way to close distances and improve access back then. Now, that is still true, and telehealth is an accepted treatment alternative to in-person contact in every healthcare field.

2. When did you begin offering telehealth services? What prompted the need to offer these services?

I offered limited telehealth services in a variety of work settings over three decades and continued my training. But it was the pandemic that changed everything and led to its widespread use and acceptance. For many of us, it was a matter of converting to telehealth or staying closed that drove the need for immediate and comprehensive change in our programs and facilities.

3. What motivates you to continue offering telehealth services?

The old saying is true, "You can't put the genie back in the bottle." Once telehealth became an accepted and widespread alternative to in-person care, it became the option of choice for many clients/patients. Many providers also prefer it and most now at least offer it as an alternative. It provides improved access, efficiency, and cost-effectiveness.

4. What is your proudest accomplishment with telehealth?

Converting an in-person, pandemic-closed, large mental health university training clinic to a full telehealth operation in just under eight weeks. This included developing and delivering required telehealth training and supervision models for three professions: psychologists, mental health counselors, and marriage and family therapists. Comprehensive training for students, faculty and staff included clinical, legal, ethical, liability, licensure and technological competence areas. Informed consent, intake forms, and other documentation requirements were modified to address telehealth and converted from paper to online access. A secure HIPAA-compatible, recordable telehealth video platform on which to deliver services was developed and deployed.

5. What advice would you give patients wanting to try telehealth?

Try it. Relax and be yourself. Soon, you will almost forget you are on a video connection. Insure you have a quiet, private well-lit location that is free of distractions (including cell phone or other devices) during the session. Technologically, know your computer, turn off other applications during sessions, and have as fast a connection and as good a camera and

microphone as you can afford. Check in advance to see if your insurance will cover telehealth sessions. It's not appropriate for everyone so talk to your clinician about if you are a good fit.

6. What advice would you give providers wanting to start offering telehealth?

First, you need to become competent and not just turn on a video connection with your client/patient. When using telehealth, the same ethics and practice standards that are followed in your in-person work continue to apply and then some. Applying them is sometimes much easier said than done. These standards are outlined in HIPAA and HITECH requirements, Wyoming State law and rules, and your own profession's ethical codes and guidelines.

Acquiring competence may require pursuing additional educational experiences and training, including but not limited to, a review of the relevant literature, attendance at existing training programs (e.g., clinical and technical) and continuing education specific to the delivery of services utilizing telecommunication technologies. Remember, there is over a 60-year developed knowledge base and many 1,000s of articles; a strong evidence base on how to do it right. Among the training topics to cover are federal and state law, professional ethics, informed consent and intakes, assessing for appropriateness, cultural sensitivity, clinical issues, safety issues, telepresence, use of technology and technical guidelines, technological competence, and more.

Finally, check to be sure your professional liability insurance covers telehealth. Also, use only quality equipment and fast HIPAA-compliant connections.

7. What was the biggest barrier in providing telehealth services? Have you overcome it?

Originally, there was a time when telehealth was not considered a legitimate form of treatment delivery by both professionals and insurance companies. Then there was the question of effectiveness. Third, technology was limited in its availability and expensive to implement. Thankfully, all these issues have been overcome making telehealth an option and opportunity for all.

8. How do you think implementing telehealth now will affect how things will be done at your organization after the pandemic is over?

Telehealth remains an alternative in the training clinic described earlier, even with the return to in-person care. In my private practice, telehealth is the only way I work now (semi-retired by the way).

9. Is there anything you learned the hard way in telehealth implementation?

Have a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems. Be sure your client/patient also knows the plan and who will initiate it.

10. Do you have any telehealth hacks or tricks?

>Always know the exact location of the client/patient you are seeing by telehealth and have a safety plan that includes at least one emergency contact and the closest ER to

their location, in the event of a crisis situation.

>Remember you need to be licensed in the state where the client is physically located at the time of their session. Pay attention to out of state vacationers or over the border clients/patients.

>Always remember, there are certain circumstances and certain diagnoses for which telehealth is not or no longer appropriate. Those clients/patients should continue to be seen in-person.

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Doug Wear, Ph.D. Bio

A Wyoming licensed clinical psychologist, Dr. Wear lived and worked in Buffalo and Gillette, WY for 20 years. He earlier received his Master's and Doctoral degrees in Clinical Psychology from the University of Wyoming in Laramie. Dr. Wear has been a Child and Family Therapist and County Coordinator at Northern Wyoming Mental Health Center in Buffalo, WY. As the Vice President of Specialty Services at Campbell County Memorial Hospital in Gillette, WY, he managed all inpatient and outpatient behavioral health programs, the community medical clinic in Wright, and led a physician recruitment effort. He also founded and managed Wear Life Strategy Center, a private group practice with offices in Gillette, Sheridan, and Buffalo, and satellite locations in Sundance and Newcastle, WY.

Dr. Wear served as Ethics Chair and President of the Wyoming Psychological Association. He was selected Wyoming Psychological Association's Psychologist of the Year. In addition, he was appointed to the Wyoming Board of Psychology and later elected its Chair.

Dr. Wear is the past Director of Antioch University Seattle Community Counseling and Psychology Clinic. He is the past Executive Director of the Washington State Psychological Association, past Chair of the American Psychological Association (APA) Council of Executive Directors of State and Provincial Psychological Associations (CESPPA), past Chair of APA's Continuing Education Committee (CEC), Past President of APA Division 31 and has served in multiple volunteer state and national leadership roles including two state psychological associations, the American Psychological Association (APA), and the accounting franchise, Fiducial, Inc.

Dr. Wear is a recipient of the APA Heiser Psychology Advocacy Award, the Washington State Psychological Association G. Andrew Benjamin Award winner, the Washington State Psychological Association Sustained Service Award winner.

A licensed psychologist in two states (WA, WY), Dr. Wear has been an agency and hospital senior executive, a solo practitioner, and developed and sold his own large group practice. Dr. Wear currently operates Wear & Associates, Inc., a psychological services company providing treatment services in Wyoming and Washington State, as well as coaching and consulting with business owners and professionals nationwide.

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