

The Virtual-Care Effect

TECHNOLOGY HAS ENTERED THE COUNSELLING PROFESSION IN A BIG WAY. WHILE REGULATIONS MAY NEED TIME TO CATCH UP, THE BENEFITS ARE IMPRESSIVE.



With virtual care, if you reach a milestone after 10 minutes, you literally have the opportunity to end the consultation and begin a new consultation the next week or even the next day.

Nicole Ripley, RCC, has a group practice in the Okanagan, with offices in three locations. She recently sat in on a conference call about the telehealth industry. “They were showing an LPN nurse doing a basic surgery on somebody in a very remote Indigenous community. They had the doctor sitting in Vancouver instructing her how to do it — all through telehealth.”

While it may sound like a sci-fi movie, the fact is, telemedicine is booming.

In *Healthcare IT News*, Bernie Monegain writes, “The global market for telemedicine is expected to be worth more than \$34 billion by the end of 2020,” adding that “North America is the largest market globally, accounting for more than 40 per cent of the global market size.”¹

Within the all-encompassing telemedicine industry, telemental

health is also skyrocketing. In “The Boom in Telemental Health,” Rene Quashie defines telemental health, also called telebehavioural health, e-counselling, e-therapy, online therapy, cybercounselling, and online counselling, as: “the provision of remote mental health-care services (usually via an audio/video secure platform) by psychiatrists, psychologists, social workers, counsellors, and marriage and family therapists. Most services involve assessment, therapy, and/or diagnosis.”²

That’s what Ripley has been doing for about five years. She says a lot is being invested in developing the technology.

“Then there’s this big gap in the actual education, ethics, and capacity behind doing the counselling online,” she says. “There are a lot of people who are interested in getting into the online community but don’t really know how

to do that and what it entails, anywhere from technology to ethics, to overall capacity and intervention online.”

Addressing this gap and encouraging people to be less afraid are the goals of courses like Online Counselling Fundamentals, which Ripley is launching this spring at E-Therapy Essentials (etherapyessentials.com). Therapy Online (therapyonline.ca) is another resource aimed at reducing online fears.

VIRTUAL-CARE PLATFORMS

One of the main reasons counsellors can be less afraid is that new platforms are not only addressing fears but are also proving very effective. Livecare (livecare.ca) is one of them. It is a virtual technology platform that connects clients with their health-care team. “Livecare provides a technology and a service that allows physicians who have

a family practice to see [remote] patients — followups from diagnostics with prescription renewals or whatever — under the convenience of telemedicine, but it's part of the practice," says Marilyn Lawrie, operations manager for the B.C.-based company, which is owned by four medical doctors.

Part of that medical practice includes referrals to psychiatrists as needed.

"From there, what our psychiatrists usually do is make an assessment and carve out a treatment plan, and then turn it over to a counsellor," says Lawrie, explaining that the referral goes to their roster of Livecare counsellors. The counsellor could be in Vancouver, for example, but linked to Fort St. John.

"And [that counsellor] would be inundated, because there just aren't the resources in these small, remote communities," says Lawrie.

While counsellors could sign on to Livecare directly and let the administrators handle appointments and scheduling, there is a fee for that. Of more interest, says Lawrie, is Livecare Connect: secure, subscription-based software that allows counsellors to extend their practices within their licensed jurisdictions by taking referrals from Livecare teams in remote communities. It also offers counsellors a convenient solution for their local clients who may not want to or be able to attend sessions in person.

"So it's kind of a two-part thing," says Lawrie. "They would buy a subscription to the product and they could use it in their own practice however they like. They could also register with me if they have an area of specialty and would like to go on my roster for referrals from our doctors who work in the remote clinics."

Medeo (*medeohealth.com*) is another virtual medical platform with a counselling component. A secure, Software as a Service (SaaS), virtual-care solution, Medeo allows providers to improve access to care through secure video and messaging tools.

"Providers have access to their virtual clinic 24 hours a day, seven days a week, and they interact with their clients through video and messaging tools, over which they have full control," says Marc Faktor, head of sales and business

development for QHR Technologies, the developers of Medeo.

Medeo is working with the Ontario Psychological Association, Canadian Mental Health Association of BC, Mood Disorders Association, and QuitNow BC and is undergoing proof of concept with WorkSafeBC mental-health teams.

"The patients [clients] have an opportunity to interact with their provider on any device, so they can use an iPhone, an iPad, an Android device, or a personal computer," says Faktor.

Medeo is available on three service tiers, including messaging only.

"That's a secure messaging system with a Canadian footprint. We've seen a lot of individual providers just use messaging just for the security of it, and they do text-based counselling," says Faktor. "Those that want to do video-based counselling can get the messaging and video bundle, and that will allow them to have full access, unlimited use of the technology."

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Medeo is available month to month or annually, with site licences available for counselling groups.

"It's really improving the ability to use the technology that we have today with secure end-to-end encryption to be able to communicate in a secure Canadian fashion," says Faktor.

ALLEVIATING CONCERNS

Security is a key feature of both Livecare and Medeo.

"[Livecare] is a highly secure, confidential platform. Our server is in

Toronto in the same vault as all the big four major banks have their servers, so we exceed PIPA standards," says Lawrie. "It was very important to the founders of this company because they are medical doctors and they appreciate patient [client] confidentiality."

Faktor says, for security, tools routed through the U.S. are not good for the delivery of Canadian health care.

"Medeo, specifically, ensures that the data footprint is within Canada," says Faktor. "We worked with IBM as an infrastructure partner, Cisco as a security partner, and the Q9 network as a data-warehousing partner. We have our primary data centre in Kamloops, which has multiple redundancies in that data set, which is then redundant over geography to Ontario. In the case of a natural disaster, the data will always be backed up and replicated and stored to make sure that no one is ever going to lose that information and that it's stored in accordance to the medical legal requirements in Canada."

Livecare and Medeo also excel with regard to the technology needed to use the platforms.

"Our technology was designed to have very low-megabit upgrade, upload, and download requirements, so it will work in the fairly fringe communities," says Lawrie. "We're in First Nation communities that have terrible internet connections and we still operate."

Faktor says even with limited bandwidth, Medeo functions well.

"Our minimum is about one to two megabits per second up and down in terms of speed," says Faktor. "We've tested in rural, remote areas like Williams Lake, for example. They have about two or five megabits per second up and down, and we're getting crystal-clear, high-definition video conferencing."

"The beautiful part about Medeo is it's web-based. We can have someone up and running in five minutes, and they have their virtual clinic that's fully functional and offers the ability to do messaging and video," says Faktor.

Best of all, these platforms work.

"We've seen a tremendous amount of success in mental health," says Faktor. "The top three uses were anxiety, depression, and other forms of mental

illness. We feel that it has something to do with the patient [client] not having to leave their home, being comfortable in their own surroundings, being separated by a layer of technology.”

Virtual care also offers added privacy.

“Counselling via telehealth provides incredible anonymity for people,” says Lawrie.

And that enhances openness.

“One of my favourite things to do is to reach out to providers after a few months or weeks of use and discuss how the consultations are going, and they have said that [their clients] are opening up more than they’ve ever opened up before in the office,” says Faktor. “That’s where we see being able to leverage technology in homes is really making a positive impact.”

While Richmond counsellor Anna Christie (see page 33) initially had concerns about not meeting face to face, those concerns quickly dissipated.

“I’m surprised at how well it works and how close a therapeutic relationship you can build with people,” says Christie. “With very anxious clients, it is helpful that they really are in control, so theoretically, they could click the off button if they wanted to, if they got so anxious that they didn’t want to be there. There’s also great potential for working with people with agoraphobia.”

Both Lawrie and Riley say younger clients are naturally more at ease with the technology.

Lawrie further adds that men and teenage boys who had previously shied away from attending in-person sessions are more comfortable seeing counsellors online from home.

Convenience is an important factor in any age group.

“Busy people: they don’t have time to come into the office, and they find it a lot easier to access through the instant-messaging counselling,” says Ripley.

“Also injured workers and people with disabilities.”

And it’s so easy, especially as most people have become so adept at using technology in daily life. “It is a huge part of how we operate now,” says Ripley.

In the case of Livecare, even family sessions can be facilitated easily.

“Our technology allows up to four people on one session, which is a huge differentiation,” says Lawrie.

Another advantage: brief followup or micro visits. “With virtual care, if you reach a milestone after 10 minutes, you literally have the opportunity to end the consultation and begin a new consultation the next week or even the next day,” says Faktor.

Counsellors benefit from virtual care, too. After all, you can practice from anywhere.

“You can, technically, be anywhere in the world to be able to use the technology to see your clients. It will route through Canada, making sure no data ever goes anywhere else,” says Faktor.

“That all kind of comes together to form what we call ‘the virtual-care effect,’ breaking down barriers, ending stigmas, providing [practitioners and their clients] with a unique, innovative [client-centred] opportunity to make sure access is provided and care is delivered efficiently and in a timely manner,” he says.

While regulations may be a bit behind, technology continues to develop.

“Things change quickly. I’ve got a really great clinical team from UBC that’s helping me with the research, and what they found from even six years ago to now — it’s so different,” says Ripley.

“To know and to conceptualize what’s happening now and how that will be — we don’t know even a couple of years ahead.”

Whatever technological developments are in store for the future, there seems to be no doubt that virtual care is here to stay.

■ ENDNOTES

1 Telemedicine market to soar past \$30B: An increasing aged population and healthcare costs are propelling the market growth. Posted 04 August 2015. <http://www.healthcareitnews.com>

2 Quashie, Rene. The boom in telemental health. Posted 24 August 2015. <http://www.techhealthperspectives.com/2015/08/24/the-boom-in-telemental-health/>

Online Counselling in Remote Communities

In “The Boom in Telemental Health,” Rene Quashie points out that telemental health is “particularly beneficial for rural and remote communities where a shortage of counsellors, access challenges due to distance, and the concerns about confidentiality are an ongoing concern.”¹

Providing adequate satellite and broadband capabilities are available, telemental health may prove especially helpful in Aboriginal communities.

“Aboriginal people in Canada face considerable challenges in accessing appropriate medical care. Telehealth provides a

way to address this lack of access. One of the potential benefits of telehealth for Aboriginal communities is enhanced personalized care. With specialist consultations, Aboriginal patients can draw on their support networks, family, and local providers as well as those in urban centres.... Being able to draw upon a larger formal and informal support network at the community level has the potential to enable more holistic and culturally safe encounters. In order for telehealth to realize its full potential, shortcomings in the financing of on-reserve

health-service programs must be addressed. Researchers and practitioners working to promote telehealth in the First Nations environment need to take a whole-system approach when assessing the potential of telehealth if improved outcomes are to be realized.”²

The ability to meet those requirements in remote areas is what has led to the growth of Livecare (see page 30).

“We act in a lot of First Nation communities and remote communities,” says Marilyn Lawrie, operations manager. “We have a number of First Nation chiefs who want us to

come into their communities in the northern area of the prairie provinces as well.”

For counsellors serving remote communities, the new technology may be helpful in meeting some challenges (see page 14).

■ ENDNOTES

1. Quashie, Rene. The boom in telemental health. Posted 24 August 2015. <http://www.techhealthperspectives.com/2015/08/24/the-boom-in-telemental-health>

2. Telehealth and telemental health in remote aboriginal Communities. Updated 19 April 2015. Posted at <http://hlwiki.slais.ubc.ca>

5 ONLINE TIPS



■ CONFIDENTIALITY

"If you're doing one-on-one, you get all their information, you get an emergency contact. It's the same thing online. You need to know who you can contact or where they live should something come up in the technology or software," says counsellor Nicole Ripley. "It's maximizing benefit, minimizing care. It's the same protocol you'd use in person. The privacy and the confidentiality just have a couple of extra elements to it."

■ KNOW YOUR LIMITS

"You need to have a good grasp of your overall competence and how you would go about informed consent," says Ripley, adding that the confidentiality process is critical. Understanding how you're going to deliver your services is also important, she says, listing instant messaging, video, telephone, and email as options. "It's really knowing how you're going to provide care, how you're going to provide counselling, and remaining in your own confidence level. A lot of people just jump into it and say, 'Oh, I can do all of it.'"

■ UNDERSTAND YOUR LICENCE

"Our technology is good anywhere. Unfortunately, doctors in all medical professions are licensed for the province that they work in. The ruling around telemedicine is that the doctor or practitioner

has to be licensed in the province where the patient sits," says Livecare operations manager Marilyn Lawrie, referring to Livecare's medical licensing. Similarly, Medeo can technically be used anywhere. "As long as you follow the guidelines of your regulatory body as to location and licensure," says Marc Faktor, Medeo's head of sales and business development. "If you're going to be billing the province, you have to be in British Columbia to do so, and so does the patient [client]."

■ **GET THE RIGHT INSURANCE** "A really big thing for counsellors to be mindful of is their insurance," says Ripley. Before you launch your online counselling business, be sure to check with your insurance provider to ensure you understand your coverage.

■ OFFICE SETUP

"I have an iMac because it's got a huge screen, and then I tilt it and sit back in the office chair I would sit in if I were working with people face to face. I sit back from the camera so they can see about half my body, and I can stand up if I'm demonstrating breathing or something like that," says counsellor Anna Christie. "I encourage [clients] to sit back from their camera so that I can see about half of their body, as opposed to just a talking head."

The Worry About Skype

Nicole Ripley, who practices online regularly, says many people are worried about virtual counselling. And in some cases, those worries may be well founded. Take Skype, for example, the platform everyone is most familiar with and that raises the most concerns.

"You can't just jump on Skype. I mean, you can and people do, and unfortunately, it's not entirely regulated yet. Some even use Facebook, and others are FaceTiming their clients," says Ripley, who will soon be offering a fundamentals course on virtual counselling (see page 30).

The problem is unintended access, which Ripley says happens a lot. "Confidentiality: it's a big piece of it. Are you willing to do what you need to in order to maintain ethics and confidentiality of data and information?"

Anna Christie has been using Skype from her Richmond practice since 2010 with clients around the world, but in a very careful way.

"I only treat and work with people who have a specific phobia of vomiting, which is actually more common than people think. It's a problem with six per cent of women and one per cent of men in the English-speaking world, and that's a lot of people," she says. "That's like 18 million women in the United States alone, so it's common, but there's so much shame around it."

She has two websites, one for her practice and one with free information about emetophobia. It gets about a million hits a day now, says Christie.

For her practice, she had a special agreement drafted by a lawyer.

"Basically, it says in one of the clauses, when you agree to work with me, you are coming to me. So this is coaching, mentoring, which is what I call it. I don't call it therapy. But it is happening in the province of British Columbia and is subject to all the laws of British Columbia," says Christie, adding that California has very clear laws forbidding out-of-state Skype sessions, so she refers people who contact her from there.

She also includes a clause about privacy, or rather the lack of it, on Skype.

"You cannot guarantee that someone can't hack into Skype and overhear the whole conversation. I can't guarantee that," says Christie.

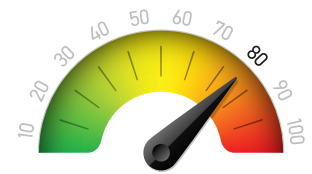
"I'm also working in an area of counselling that is really low-risk for any kind of litigation. People aren't depressed. They're not suicidal," says Christie, who says doing a very careful assessment is critical.

Like Christie, Ripley strongly advises against online counselling for moderate- or high-risk areas. "It's largely about the intake piece, but it's also largely about the setup and really ensuring you've got the information."

A downside of Skype is that it works best with a high-speed internet connection.

"It's really not about your camera or your microphone: it's about your internet speed," says Christie, adding that she had a client in the U.S. she had to refer elsewhere because the poor connection was a continual disruption.

That said, Skype has allowed Christie to help many people with a specific phobia who otherwise may not have received help.



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