

Use of Virtual Platforms in Old Age Psychiatry

MHSOP Louth Presenters:

- Dr Atiqa Rafiq(Consultant Psychiatrist)
- Mary Callaghan (Acting CNM2)
- Janet McGeogh (Staff Nurse)
- Dr Alberto Blanco (Clinical Neuropsychologist)
- Lorraine Corrigan (Social Worker)

Challenges with COVID-19

- A grave national emergency – Fear and uncertainty
- Major hurdles in accessing primary care and healthcare in general
- Changing Roles → redeployment of staff
- A need for continuity of business
- Telephones were initially the only way to provide continuity of care

Limitations with telephonic communication and need for change

- Loss of non verbal communication.
- Loss of voice for the person with dementia
- Patient's perception of having 'seen' a clinician being equal to being helped.
- GPs not seeing all patients and delayed referrals. Need to increase clinical input with shortest possible waiting.
- Clear instruction to only see patients in person when for urgent clinical need.

Virtual Health Platforms: The Process

Urgency → Complaining → Guidance from AMT
→ **Local Telehealth group** → Opted to
be a pilot site → **CHO Telehealth Lead** →
Virtual health Setup form → Training log for
Attend Anywhere → hardware through local
business manager → **WORKFLOW &**
SOPs → formalisation of triage → Guidance for
patients and carers → continuous re-evaluation &
improvement → Reclaiming clinical roles

Memory Clinic – Experience to date

Remote Neuropsychological Evaluation

- A new way of working – confidence, experience
- Challenges and opportunities – resistance...
 - Avoid waiting times, less travel, risk of infection
 - Reduced validity of test results / standardisation
 - Anxiety with technology and attention overload, fatigue (client and clinician)
 - Reduced access to qualitative observation
 - Risk of reducing diagnostic certainty
 - Developing a two tier system (not everyone is suitable for remote assessment- access to technology, severity etc.)
- Set of guidelines



The Psychological Society of Ireland
Division of Neuropsychology
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Remote Neuropsychological Assessment in the context of COVID-19 Pandemic

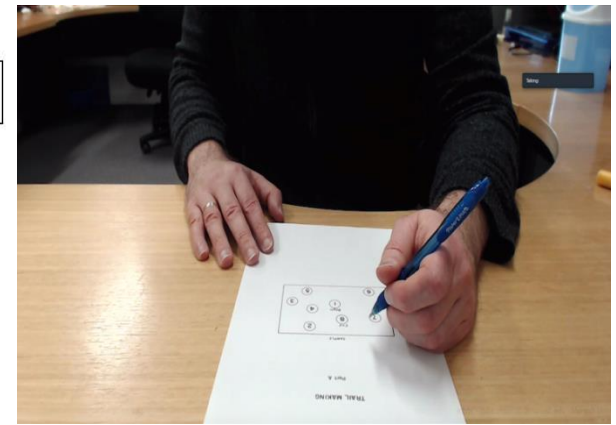
The following statement sets out the current position of the Psychological Society of Ireland (PSI) Division of Neuropsychology specifically in relation to remote neuropsychological assessment in the context of the COVID-19 pandemic. It is subject to review as new evidence emerges during this pandemic. This statement should be read in conjunction with the [Psychological Society of Ireland Guidelines on the use of Online or Telephone Therapy and Assessment](#).

Remote Neuropsychological Evaluation

- Models of Tele-neuropsychology
 - Remote Clinic Model
 - ‘Onsite’ / Within Clinic Model (Virtual Hub – St Brigid’s)
 - Increased control over environment
 - Private, safe, background noise
 - Optimal lighting & Screen Size
 - Clear audio
 - Camera 1 and 2 positioning
 - Access to support

Memory Clinic – Experience to date

Remote Neuropsychological Evaluation



Memory Clinic – Experience to date

Remote Neuropsychological Evaluation

What Does TeleNP look like?



But, realize there are differences; it's not business as usual

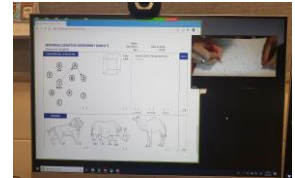
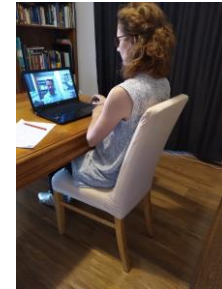
Goal: Make interactions and procedures as similar to traditional assessment context as possible



Remote Neuropsychological Evaluation

– Home Model – the new frontier

- Biggest restrictions to test selections
- Uncontrolled Environment
- (noise, interruptions, computer equipment, size and quality of screen and audio...)
- Reliance on secure internet connection
- Reliance on one camera angle

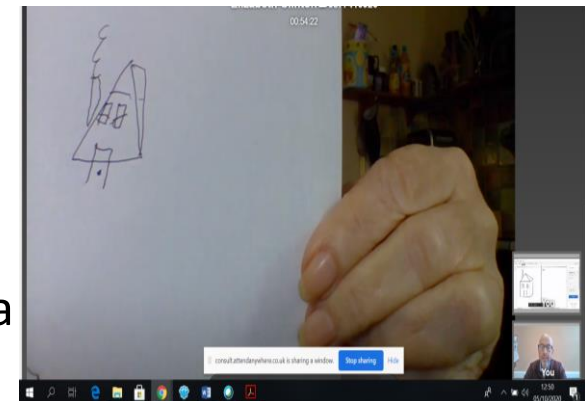
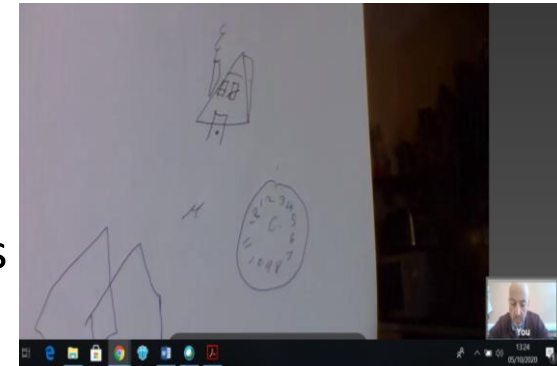


- Emerging evidence to support validity in clinic model
- But...limited/minimal research for ‘in-home’ model
- We need to accommodate these limitations into interpretation and diagnostic process – less diagnostic certainty
- Understanding and acceptance of limitations






Remote Neuropsychological Evaluation

- **Home Model:** There are some difficulties – learning (perfection is the enemy of progress...)
- Technology failing – 2 tier system
 - Backup plan...
 - Telephone screening
- Establishing rapport, formality of setting – boundaries
 - More informal medium
- Tele-neuropsychology Etiquette
 - Eyes to camera...not always easy
 - Exaggerated body language
 - Clear Enunciation
 - Checking for audio and visuals – repeatedly
 - Empathy – leaning forward and look into camera
- Shared screen
- Assistance of a relative required (print screen)






Validity of teleneuropsychology for older adults in response to COVID-19: A systematic and critical review

David E. Marra^{a,b} , Kristin M. Hamlet^a, Russell M. Bauer^{a,c,d}  and Dawn Bowers^{a,c} 

^aDepartment of Clinical and Health Psychology, University of Florida, Gainesville, FL, USA; ^bMcKnight Brain Institute, University of Florida, Gainesville, FL, USA; ^cDepartment of Neurology, University of Florida, Gainesville, FL, USA; ^dBrain Rehabilitation Research Center, Malcolm Randall VAMC, Gainesville, FL, USA

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Teleneuropsychology logistics and equipment

Nearly all the videoconference portions of the validity studies took place on-site of a clinic or hospital. Moving forward with in-home TNP assessments, the uncontrolled environment of the patient's home may present additional challenges. For example, the presence of unanticipated distractions and interruptions in an uncontrolled environment, the variability in quality of in-home telecommunications and computer equipment, and effects of differences in technological expertise among patients assessed in the TNP environment may all affect the validity and accuracy of test results. As one example, Stillerova and colleagues (2016) comment that a patient in their study appeared distracted by noise from their home, possibly explaining their slightly lower MoCA performance during videoconference. With these issues in mind, special care should be taken to ensure the patient is tested in a quiet and private space where risks of distractions and interruptions can be mitigated. In-home TNP assessments also pose a unique challenge for families and caretakers who may have little familiarity with technology such as web cameras and cloud-based videoconferencing services. Thus, it will be critical to involve caretakers during the setup phase to facilitate TNP (Lindauer et al., 2017; Radhakrishnan et al., 2016), especially as TNP appears to be less valid with advanced stages of neurological disease conditions (Carotenuto et al., 2018). Finally, the TNP model that solely relies on existing equipment in the patient's home limits the neuropsychologist's ability to fully monitor the patient's behavior due to reduced visibility from a single camera angle. With less control over, and awareness of, the physical testing environment, the neuropsychologist must rely more heavily on the patient to comply with task instructions and avoid participating in disallowed strategies such as note-taking.

included in the systematic review.

Results: Retained studies included samples from 5 different countries, various ethnic/cultural backgrounds, and diverse diagnostic populations. Test-level analysis suggests there are cognitive screeners (MMSE, MoCA), language tests (BNT, Letter Fluency), attention/working memory tasks (Digit Span Total), and memory tests (HVL-R) with strong support for TNP validity. Other measures are promising but lack sufficient support at this time. Few TNP studies have done in-home assessments and most studies rely on a PC or laptop.

Conclusions: Overall, there appears to be good support for TNP assessments in older adults. Challenges to TNP in the current climate are discussed. Finally, a provisional outline of viable TNP procedures used in our clinic is provided.

Report...

- *Thankyou for referring Mrs O'Connell for neuropsychological assessment. She was seen via tele-health using the Attend Anywhere platform at her home in Dundalk. The examiner was based in St Brigid's Hospital, Ardee. Mrs O'Connell viewed a 13" laptop computer for the consultation.*
- *There were two instance of **loss of sound** during the interview, which was resolved after refreshing the screen. She was interrupted twice by external noises in her kitchen.*
- *Due to circumstances that prevent in-person clinical visits, this assessment was conducted using telehealth methods (including remote audiovisual presentation of test instructions and test stimuli, and remote observation of performance via audiovisual technologies). **The standard administration** of these procedures involves in-person, face-to-face methods. **The impact of applying non-standard administration methods has been evaluated only in part by scientific research.***
- ***While every effort was made to simulate standard assessment practices, the diagnostic conclusions and recommendations for treatment provided in this report are being advanced with these reservations."***

Nursing Roles:

Mary Callaghan and Janet Dandy

- Pre COVID-19:
 - Nursing staff, community based – Normally see patients in their homes, nursing homes and day centres.
- Now:
 - Triage of referrals – for urgency and platform to use for assessments and reviews
 - Technology has enabled us to remotely interact with service users and colleagues
 - Patients and their families then attend a virtual consultation via Attend Anywhere platform or telephone, whichever one is available.

Nursing Roles

- Challenges:
 - Lack of face-to-face contact affects therapeutic relationship. This is mainly a limitation of telephone contact but even with video, a patient may perceive it less effective than meeting someone in person.
 - Assessing compliance with medications/side effects that one can ascertain on a home visit.
 - Doing a complete risk assessment when someone with a major mental illness or dementia because the environment, living condition, or the car are not entirely visible.
 - Nursing staff - new technology, training
 - Service users feedback - fear of unknown, nervous of new technology

Social Work Role

Lorraine Corrigan, Social Worker

- Social Workers are usually community based and support clients with
 - Access to benefits
 - Form filling
 - Advocating
 - Isolation
 - Counselling/Group Work/ family therapy
 - Management of elder abuse
- Within the MHSOP, Louth team SW is involved in Screening for memory clinic and addressing Social work related issues.

Social Work Role

Lorraine Corrigan, Social Worker

Challenges with COVID-19:

- Cocooning with partners with whom they had a difficult relationship.
- services were and are suspended, causing more social isolation
- More pressures on the carer as support services closed
- Both the patient and the carer have lost their independence and routine.

The Benefits of virtual health platforms

- Better engagement of patients in their recovery plan. Meaningful engagement.
- Resumption of formal ICPs and audiovisual MDT meetings (ATTEND ANYWHERE)
- Safe induction of new intake of doctors (WEBEX)
- Formal training of doctors and students could resume. In-house teaching resumed.
- Patient and carer feedback is consistently positive, less travel, especially for persons with dementia as there is less apprehension.

Hurdles to Implementation

- Mindset , change acceptance, “ too much work”
- NCHDs in many teams without HSE emails, proven to be insurmountable IT hurdle
- Availability of smart devices and network
- Increased dependence on carers to set it up
- Understanding the process can be difficult for those with cognitive disorders
- Sensory impairment – hearing, sight

The next steps

- A Digital Hub with mPower using the Attend Anywhere platform

Triage → Identification of patients appropriate to come to the digital hub → full resumption of memory clinic activities → full resumption of psychiatry clinics for new and review patients.

Thank you
Any Questions?