# Telemedicine Groups in a Public Mental Health Setting: Research and Best Practices


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# Objectives

1. Discuss the current state of the research on the use of technology in service delivery for group psychotherapy.
2. Recognize four logistical issues that are necessary to address when delivering group therapy via telemedicine.
3. Compare the clinical techniques and approaches appropriate to in-person group psychotherapy to those best for delivering group therapy via telemedicine.

# What is Telemedicine?

- The delivery of medical services and any diagnosis, consultation, or treatment using interactive audio, interactive video, or interactive data communication.
- Telemedicine for mental health services
  - Also known as Telepsychiatry, Telepsych, Telemental health, Telebehavioral Health
  - A subspecialty of Telemedicine

# Why Telemedicine?

#1 Benefit:

Improves access to specialized integrative treatments for underserved populations

# Solid Evidence

- Effective and acceptable in mental health populations (telepsychiatry)
  - Outcomes consistently comparable to in-person treatment
  - High satisfaction for both patients and providers
    - Wide demographic, including elderly
  - Many studies
    - . Germain V, Marchand A, Bouchard S, Drouin MS, Guay S. (2009). Effectiveness of cognitive behavioural therapy administered by videoconference for posttraumatic stress disorder. *Cognitive Behav Ther*, 38(1), 42-53.
    - . Fortney, JC, Pyne, JM, Edlund, MJ, Williams, DK, Robinson, DE, Mittal, D, Henderson, KL. (2007). A randomized trial of telemedicine-based collaborative care for depression. *J Gen Intern Med,* 22(8), 1086–1093.
    - . Sheeran T, Rabinowitz T, Lotterman J, Reilly CF, Brown S, Donehower P, Ellsworth E, Amour JL, Bruce ML. (2011). Feasibility and impact of telemonitor-based depression care management for geriatric homecare patients. *Telemed J E Health*. doi: 10.1089/tmj.2011.0011.
    - . Krupa, C. (2010). Reaching the remote: Telemedicine gains ground. American Medical News. Sect. Profession. http://www.ama-assn.org/amednews/2010/11/22/prsa1122.htm. [Accessed 3 Feb 2015].

# Telepsychiatry Group Therapy: Research Review

# Group Therapy by Telepsych – Systematic Reviews
## Group therapy in the home

- 17 studies reviewed
- Video groups feasible even with limited tech skills
  - Easy to use apps
  - Most targeted at >50yo patients
  - Noted that digital literacy ≠ education level
  - Some technical problems (audio or video) noted
    - Lessened over time in group
    - Also fewer tech px in later studies
      - Participant skill set?
  - Key to success - Good tech support provided to patients
    - May need reassurance issues not their fault


Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *J Med Internet Res*. 2018 Feb 2;20(2):e25. doi: 10.2196/jmir.8090. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816261/

# Group Therapy by Telepsych – Systematic Reviews
## Group therapy in the home

- Overall acceptability high
  - Requests for more
    - Longer sessions or more frequent
    - Continuation of group beyond allotted sessions
  - Some preferred in-person
    - Linked to low social support outside group
- High attendance
  - 66-94%
  - Dropped significantly with shift from professional-led to member-led
    - From 70% down to 50%
    - Groups continued post-facilitator
- Few dropouts
  - Reasons: technical px, busy, ill, not liking to talk about health


Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *J Med Internet Res*. 2018 Feb 2;20(2):e25. doi: 10.2196/jmir.8090. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816261/

# Group Therapy by Telepsych – Systematic Reviews
## Group therapy in the home

- Good adherence to homework
  - Average 93%
- Some participation decrease
  - Some doing other things during session (making dinner, watching TV)
    - Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *J Med Internet Res*. 2018 Feb 2;20(2):e25. doi: 10.2196/jmir.8090. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816261/

# Group Therapy by Telepsych – Systematic Reviews
# Group therapy in the home

- Few privacy concerns
  - No complaints reported
  - Context can allow targeted interventions
    - Not possible without seeing home environment
  - Good to have guidelines around others in the room
    - Prior agreement
    - Visible on camera
  - Confidentiality reminders at each session ideal
- Need reliable way to obtain consent and other forms
  - Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *J Med Internet Res*. 2018 Feb 2;20(2):e25. doi: 10.2196/jmir.8090. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816261/

# Group Therapy by Telepsych – Systematic Reviews
# Group therapy in the home

- Important to choose online platform where all participants can be seen at once
- Adjustments in communication needed
  - Some issues talking over one another, then stopping, then all starting again
  - Some participants not comfortable communicating by video
  - Clear communication guidelines needed to prevent these issues
    - Speak clearly and slowly
    - Active listening
      - Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *J Med Internet Res*. 2018 Feb 2;20(2):e25. doi: 10.2196/jmir.8090. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816261/

# Group Therapy by Telepsych – Systematic Reviews
## Group therapy in the home

- Trend toward improved MH outcomes
  - Similar to in-person groups
  - Significantly better than text-based care
    - Fewer participants and more off-topic conversation
      - Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *J Med Internet Res*. 2018 Feb 2;20(2):e25. doi: 10.2196/jmir.8090. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816261/

# Group Therapy by Telepsych – Systematic Reviews
# Group therapy in the home

- Outcomes:
  - Lasting improvements at 2 years
    - Depression scores
    - Self-efficacy
  - Improved:
    - Health related QOL
    - Depression scores
    - Health knowledge, insight, and skills
    - Social engagement and reduced social isolation
  - Trend toward improvements:
    - Stress and anxiety
    - Fear of meeting new people
  - No change in:
    - Emotional regulation, problem solving, physical activity


Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *J Med Internet Res*. 2018 Feb 2;20(2):e25. doi: 10.2196/jmir.8090. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816261/

# Group Therapy by Telepsych – Systematic Reviews
# Group therapy in the home

- Similar group processes as in-person groups
  - Including bonding and cohesiveness
    - Better with more stable membership
      - May be improved with better availability via VTC
    - Able to discuss sensitive issues
    - Empathic support provided
    - Gender differences
      - Problem-focused vs. emotion-focused
  - Helpful to engage with others with similar problems
    - Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *J Med Internet Res*. 2018 Feb 2;20(2):e25. doi: 10.2196/jmir.8090. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816261/

# Group Therapy by Telepsych – Systematic Reviews
# Group therapy in the home

- Major Benefits:
  - Patients valued access from home
    - Home access preferred by 16/17 groups
      - Some reported feeling more relaxed and open
      - Convenience valued
  - Hypothesis: Online format less stressful
    - Greater anonymity, security, and able to leave group if needed
      - Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *J Med Internet Res*. 2018 Feb 2;20(2):e25. doi: 10.2196/jmir.8090. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816261/

# Group Therapy by Telepsych – Systematic Reviews
## Group therapy in the home

- Major Benefits:
  - Relatively low-cost intervention
    - ~50% less expensive than in-person rehabilitation
    - Able to scale health professional time
    - Reduced travel costs in rural areas
  - Improved access to groups
    - Overcomes barriers
      - Illness, Mobility, Transportation, Caregiving, Rural location
  - Development of health knowledge, insights, and skills
    - Could jump-start or improve access to existing self-help groups
      - Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *J Med Internet Res*. 2018 Feb 2;20(2):e25. doi: 10.2196/jmir.8090. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5816261/

# Group Therapy by Telepsych – Systematic Reviews
# All VTC Groups

- Group Video Teleconference (VTC) therapy
  - In home or on location
  - 40 studies reviewed
    - 6 RCTs
  - Video groups feasible
  - High satisfaction
    - Some patient dissatisfaction related to equipment/IT support
      - Gentry MT, Lapid MI, Clark MM, Rummans TA. Evidence for telehealth group-based treatment: A systematic review. *J Telemed Telecare*. 2018 Jan 1:1357633X18775855. doi: 10.1177/1357633X18775855. https://journals.sagepub.com/doi/pdf/10.1177/1357633X18775855

# Group Therapy by Telepsych – Systematic Reviews
# All VTC Groups

- Similar outcomes to in-person groups
  - 3 designed for noninferiority comparison and found equivalent
    - All male vets with PTSD
    - May not be generalizable
  - Few randomized and/or well-controlled
    - May not be feasible or desirable due to nature of telemedicine
      - Rural vs. Urban populations and access to in-person care
      - Patient preference and pre-existing beliefs/feelings about tech
  - Overall improvements in anxiety, depression, stress, and QOL
    - Gentry MT, Lapid MI, Clark MM, Rummans TA. Evidence for telehealth group-based treatment: A systematic review. *J Telemed Telecare*. 2018 Jan 1:1357633X18775855. doi: 10.1177/1357633X18775855. https://journals.sagepub.com/doi/pdf/10.1177/1357633X18775855

# Group Therapy by Telepsych – Systematic Reviews
# All VTC Groups

- Group process differences
  - Slight decrease in therapeutic alliance
    - Few reported difficulty bonding with others/facilitator
    - Few reported preference for at least one in-person contact first
  - Not large enough to impact outcomes
- Qualitative outcomes
  - Positive experience
  - Wanted to continue
  - Felt valued by others in group
  - Felt less alone


- Gentry MT, Lapid MI, Clark MM, Rummans TA. Evidence for telehealth group-based treatment: A systematic review. *J Telemed Telecare*. 2018 Jan 1:1357633X18775855. doi: 10.1177/1357633X18775855. https://journals.sagepub.com/doi/pdf/10.1177/1357633X18775855

# Group Therapy by Telepsych – Systematic Reviews All VTC Groups

- Some patients preferred video
  - Less distracting
  - Less threatening
    - Gentry MT, Lapid MI, Clark MM, Rummans TA. Evidence for telehealth group-based treatment: A systematic review. *J Telemed Telecare*. 2018 Jan 1:1357633X18775855. doi: 10.1177/1357633X18775855. https://journals.sagepub.com/doi/pdf/10.1177/1357633X18775855

# Group Therapy by Telepsych – Systematic Reviews All VTC Groups

- Ongoing questions
  - Better to have all participants connecting remotely vs. in-person?
  - Participant characteristics tied to positive outcomes?
    - Gentry MT, Lapid MI, Clark MM, Rummans TA. Evidence for telehealth group-based treatment: A systematic review. *J Telemed Telecare*. 2018 Jan 1:1357633X18775855. doi: 10.1177/1357633X18775855. https://journals.sagepub.com/doi/pdf/10.1177/1357633X18775855

# Group Therapy by Telepsych: Group Process Analysis

- Secondary analysis of PTSD/anger veteran's groups
- Most process variables - No significant differences.
  - Slightly lower alliance with group leader for telemedicine vs. in-person
  - Reasonably strong alliance in absolute terms for both
    - Greene et al., 2010

# Group Therapy by Telepsych: Group Process Conclusions

- Conclusion:
  - Group psychotherapy may differ in subtle ways
  - Telemed still viable and effective delivery for psychotherapy.
    - Greene CJ, Morland LA, Macdonald A, Frueh BC, Grubbs KM, Rosen CS. (2010). How does tele-mental health affect group therapy process? Secondary analysis of a noninferiority trial. *J Consult Clin Psychol*. doi: 10.1037/a0020158

# Group Therapy by Telepsych – Specific Disorders

- Group therapy for alcohol use disorders (AUD)
  - Frueh BC, Henderson S, Myrick H. (2005). Telehealth service delivery for persons with alcoholism. *J Telemed Telecare*, 11(7), 372-5.
- Group psychotherapy for PTSD and moderate-to-severe anger problems.
  - Morland LA, Greene CJ, Rosen CS, Foy D, Reilly P, Shore J, He Q, Frueh BC. (2010). Telemedicine for anger management therapy in a rural population of combat veterans with posttraumatic stress disorder: A randomized noninferiority trial. J Clin Psychiatry. doi: 10.4088/JCP.09m05604blu
- Study of cognitive processing therapy (CPT-C) delivered via teleconference
  - Ethnically diverse, rural veterans with posttraumatic stress disorder (PTSD)
    - Morland LA, Mackintosh MA, Greene CJ, Rosen CS, Chard KM, Resick P, Frueh BC. (2014). Cognitive processing therapy for posttraumatic stress disorder delivered to rural veterans via telemental health: a randomized noninferiority clinical trial. *J Clin Psychiatry*. doi: 10.4088/JCP.13m08842.
- Comparison of telemedicine vs. in-person group cognitive behavioral therapy (CBT) in adults with depression and anxiety
  - Khatri N, Marziali E, Tchernikov I, Shepherd N. (2014). Comparing telehealth-based and clinic-based group cognitive behavioral therapy for adults with depression and anxiety: a pilot study. *Clin Interv Aging*. doi: 10.2147/CIA.S57832.

## WHY DOES THIS MATTER?

- Telemedicine groups can bring quality health care to EVERYONE!
  - Serves remote and underserved areas
  - Reduces cost
  - Creates connection and social support

# Telemedicine Mind-Body Groups

# What is Mind-body Medicine

- NCCAM: "Techniques designed to enhance the mind's capacity to affect bodily function and symptoms. "
  - CAM Basics: What is CAM? *NCCAM web site*. Retrieved 4/14/09 from http://nccam.nih.gov/health/whatiscam/overview.htm.
- "Mind-Body Medicine focuses on the interactions between mind and body and the powerful ways in which emotional, mental, social and spiritual factors can directly affect health." These are "…scientifically validated techniques that respect and enhance each person's capacity for self-knowledge and self-care. … Mind-body approaches use the conscious mind to directly affect the workings of the brain and the rest of the body."
  - Gordon, J. What is mind-body medicine? *The Center for Mind-Body Medicine web site*, Retrieved 4/14/09 from http://www.cmbm.org/downloads/What_is_Mind_Body_Medicine.pdf.

# Mind Body Groups – General

- Mixed-modality groups are a common delivery approach for Mind-Body Medicine
- Shown useful in improving well-being in normal and physically ill populations
  - Both physical and psychological variables
    - Deckro GR, Ballinger KM, Hoyt M, Wilcher M, Dusek J, Myers P, Greenburg, B, Rosenthal, DS, Benson, H. (2002).The evaluation of a mind/body intervention to reduce psychological distress and perceived stress in college students. *J Am Coll Health*, 50(6), 281-287.
    - Wang W, He G, Wang M, Liu L, Tang H. (2012). Effects of patient education and progressive muscle relaxation alone or combined on adherence to continuous positive airway pressure treatment in obstructive sleep apnea patients. *Sleep Breath*, 16(4), 1049-57.
    - Nakao M, Fricchione G, Myers P, Zuttermeister PC, Baim M, Mandle CL Medich C, Wells-Federman CL, Martin Arcari P, Ennis M, Barsky AJ, Benson H. (2001). Anxiety is a good indicator for somatic symptom reduction through behavioral medicine intervention in a mind/body medicine clinic. *Psychother Psychosom*, 70(1), 50-57.
    - Targ EF, Levine EG. (2002). The efficacy of a mind-body-spirit group for women with breast cancer: a randomized controlled trial. *Gen Hosp Psychiatry*, 24(4), 238-248.

# Mind Body Groups – Mental Health

- Evidence to support use in a variety of psychiatric diagnoses
  - Including psychosis and other serious mental illnesses
  - Significant research support for PTSD
- Well-tolerated and acceptable
  - Starkey D, Deleone H, Flannery RB Jr. (1995). Stress management for psychiatric patients in a state hospital setting. *Am J Orthopsychiatry*, 65(3), 446-50.

# Telemedicine Mind-Body Groups – Pain and depression

- Study of combined group therapy and biofeedback training in women veterans living in rural areas.
  - Dx: chronic pain and comorbid depression and/or posttraumatic stress disorder (PTSD)
  - 5 session telemedicine intervention with portable "Stress Eraser" device
- Acceptable to patients
  - Equivalent to in-person per focus groups
  - Similar attrition to in-person groups
  - Appreciated ability to receive care closer to home
- Easy to administer for staff


- Tan G, Teo I, Srivastava D, Smith D, Smith SL, Williams W, Jensen MP. Improving access to care for women veterans suffering from chronic pain and depression associated with trauma. Pain Med. 2013 Jul;14(7):1010-20. doi: 10.1111/pme.12131. Epub 2013 May 9.

# Telemedicine Mind-Body Groups – Pain and depression: Quantitative Outcomes

- Significant decreases in:
  - Pain unpleasantness
  - Pain interference
  - Depressive symptoms
  - PTSD symptoms
  - Sleep disturbance
- Improvements maintained at 6-week follow-up
  - Tan G, Teo I, Srivastava D, Smith D, Smith SL, Williams W, Jensen MP. Improving access to care for women veterans suffering from chronic pain and depression associated with trauma. Pain Med. 2013 Jul;14(7):1010-20. doi: 10.1111/pme.12131. Epub 2013 May 9.

# Telemedicine Mind-Body Groups – Pain and depression: Qualitative Outcomes

- Participants:
  - Felt less isolated
  - Felt more empowered to cope with their problems of daily living
  - Reported feeling like a "group" with all participants seated in same room
  - Wished to continue to meet as a support group
    - Tan G, Teo I, Srivastava D, Smith D, Smith SL, Williams W, Jensen MP. Improving access to care for women veterans suffering from chronic pain and depression associated with trauma. Pain Med. 2013 Jul;14(7):1010-20. doi: 10.1111/pme.12131. Epub 2013 May 9.

# Telemedicine Mind-Body Group – Mind-Body Skills Group

- Mind-body skills instruction program presented in-person and via videoconference for n=2 cancer patients
- Participants found both very satisfactory.
- Facilitator did not find the program any more difficult to present via videoconference
- Combined groups found:
  - Significant decrease in depression
  - Significant increase in environmental satisfaction
    - Large effect sizes for both.
  - No difference in primary outcome measures
- Conclusion: Telemedicine may be feasible and effective


- Absenger, W. (2012). Quality of life outcomes following mind-body skills instructions for cancer patients that are facilitated either face-to-face or online. (Summary Report) (pp. 1–19). San Francisco, CA: Saybrook University.

# Our Program

# Mind-Body Telemedicine Group Program

- 8-week model - 7 Foundations of Health and Happiness
  - Focuses weekly on one of the 7 Foundations
    - Rest/Relaxation, Movement, Nutrition, Self, Relationships, Work, Meaning
  - Final week on Behavior Change.
- 3-6 participants per group
- Provider over video conference - located off-site.
- Nurse co-facilitator on-site

# Pilot Group program

- Tested in a both rural and city public mental health clinics in Colorado
  - Rural findings published
    - Heermann, C, Absenger, W, Sarris, J. Videoconference mind-body group therapy in a public mental health setting: a pilot study. J Technol Behav Sci. (2017). doi:10.1007/s41347-016-0001-3
    - https://link.springer.com/article/10.1007/s41347-016-0001-3

# Results - Qualitative Outcomes

- Themes:
  - Program provided practical information on how to deal with stress.
  - It improved their communication and relationships with loved ones.
  - Contributed to their quality of life.
  - Commented positively on the **cohesive and supportive group atmosphere**.

## Results - Patient Satisfaction

- All participants rated the group program very satisfactory overall
- Complete lack of drop-outs
  - Very unusual  in other settings and group types

# Results – Telemedicine

- Videoconference technology experience
  - Overwhelmingly positive responses
  - Did telemedicine therapy experience feel "real“?
    - Unanimous “Yes”

# Section 2 – Structural and Logistic issues

# Logistics, Tips, and Best Practices

## Location - Models

- Facilitator off-site and participants together in meeting room

- OR –

- Everyone separately in their homes or offices

  - I have done both - both work well.

# Key Lessons for Implementation and Logistics - Room

- Modify group set-up as needed from in-person group practices
  - 6 or fewer participants
  - Utilizing a talking object to facilitate both order and participation

# Key Lessons for Implementation and Logistics - Tech

- Invest in high-quality technology to enable smooth function of the group and facilitate greater rapport
  - High-speed internet
  - HD webcam
  - Free-standing microphone for originating site

- Originating site = Where the patients are
- Far site = Where the provider is

# Key Lessons for Implementation and Logistics - Communication

- Excellent communication between originating and far sites is crucial.
  - Ensure all necessary materials prepared in advance

# Key Lessons for Implementation and Logistics - Safety

- Arrange safety procedures in advance of beginning the group
  - Availability of on-site staff via text or chat for emergencies
  - Have safety planning materials available

# Special Recommendations for Video-to-Home

- Choose online platform where all participants can be seen at once
- BYOD can lower costs
- Use of apps and mHealth can overcome tech skills barriers
- Good tech support provided to patients is vital for success
  - May need reassurance issues not their fault
  - Key resource for organizations starting groups
    - Needs to be budgeted for

# Special Recommendations for Video-to-Home

- Need reliable way to obtain consent and other forms
- Pre-group meetings unnecessary
- Need emergency info before first session
  - Nearest hospital
  - Law enforcement jurisdiction of home

# Special Recommendations for Video-to-Home

- Good to have guidelines around others in the room
  - Prior agreement
  - Visible on camera
- Punctuality important
  - Recommend members dialing in 15" beforehand for chatting and informal socialization
- Explore options to prevent multiple people talking at once
  - Clear communication guidelines needed to prevent these issues
  - Speak clearly and slowly
  - Active listening
- Confidentiality reminders at each session ideal

# Special Populations: Psychosis

- Mind-body techniques underutilized due to largely unfounded safety concerns
- Review: Preliminary evidence in favor of the safety and tolerability of meditation in a psychotic population.
    - Helgason C, Sarris J. (2013). Mind-body medicine for schizophrenia and psychotic disorders: A review of the evidence. *Clin Schizophr Relat Psychoses*, 7(3), 138-48.
- No need to exclude persons with such diagnoses from a mixed diagnosis group
    - Recommend a brief pre-enrollment screening for cognitive, language, or other limitations
        - Ensures fully able to participate

# Tips for Modifying Groups with Serious Mental Illness

- Many of our patients had chronic or severe mental illnesses.
  - Many had concrete or psychotic thought processes
- Help expand the depth of the initial "check-in"
  - Some helpful questions:
    - How did you spend your time this week?
    - What was your favorite and least favorite part of the week?
    - Is anything stressing you out? On your mind?
    - Is there anything that you would like support for from the group?
    - What is the best thing that happened this week?
- Provide examples for most of the exercises
  - Helps understanding of the purpose of the activity

# Key Clinical Recommendations

- Don't be afraid to modify the group process and/or curriculum to accommodate the cognitive or other limitations of a group.
  - Meet them where they are.

# Key Clinical Recommendations

- Holding groups for mixed diagnoses can be a very positive experience for everyone involved and has no apparent contraindications.
  - This point is subject to skills of each participant's ability to participate fully.
- Ideas to consider:
  - Including a second round of check-in to assess homework
  - Facilitator participation in all activities

# Key Clinical Recommendations

- Be flexible and don't sweat the small stuff.
  - Motivated clients will likely still have a positive experience even if issues arise.
    - Technology
    - Location
    - Scheduling

# The Only trouble with telemedicine…


*"Now inhale deeply, Mrs. Saunders."*

http://www.wadegrindle.com/249/

# Thank you!

Questions?

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