Follow-up questions and responses from the speakers

Do you think the effectiveness is influenced with patients who have an established relationship with their therapist? Were these patients new to your program?

CT: The patients were new to our program, so I do not think familiarity with the therapist impacted effectiveness.

How did the patient satisfaction compare with an in-person program?

CT: The patient satisfaction was similar to in-person programming.

What were the treatment modalities used in the group treatment? Cbt? Act?

CT: ACT, DBT, and CBT mostly.

Do the dieticians also have to be licensed in the state that the patient resides in?

CT: Yes, dietitians have different guidelines in each state. They must check with the board in each state. Many states require dietitians to apply for licensure or complete forms to practice.

I am a School Social worker and I am looking for training for Telehealth. Do you have any training you can recommend for our Social work department?

CT: There are several good trainings. Some that I recommend are the Center for Credentialing and Education, Person Centered Tech, Telehealth Certification Institute, Zur Institute, and the Telebehavioral Health Institute. I recommend checking them all out to compare content, cost, and to see which would work best for you.

You did not mention Zoom, and they have upgraded their platform. But is that still not in compliance?

CT: Zoom is in compliance as long as you have a professional version, a business associates agreement and you eliminate the chat and record features and do not use your personal meeting room for sessions.
More of a comment than question is that people who are not tech-savvy don't realize that there is software out there to screen capture, record, and save anything that goes on on your screen without the knowledge or consent of the others in the meeting. Applian Technologies has one that's only $40. Useful if you want to record a movie or something, but scary when used for malicious purposes.

CT: Yes, best practice dictates for patients to sign informed consent that is specific to telehealth. Also, rules and guidelines should be included at each session or group to remind participants that recording, screen capturing, etc isn’t allowed and would be a breach of confidentiality. Unfortunately, this is similar to a live in-person group, when anyone could hit record on their smart phone. There are also some tools that can be used that examine eye contact and to make sure that the group/individual session is the primary screen to make sure that participants are paying attention.

Can you get more specific about what you need to ask the client at the beginning. If In the consent they put their address. Do they have to be home during the conference or can they be at a different location? I use doxy.me and I have one older client who does not want doxy.me. It freezes a lot and she gets frustrated. she refused to use doxy.me and said let’s do facetime it works better. Is that ok?

CT: Unfortunately, you are putting yourself and your client at risk by using facetime. Facetime information is not encrypted or protected in anyway. Also, while DHHS has said they will not enforce HIPAA violations, it doesn’t mean that your state will not nor that your malpractice insurance would cover you if something happened.

At the beginning of each session you should ask each client to state their current physical address, so that you can verify you are licensed there. They should also verify their emergency contact and their emergency contact’s information.

How do you provide a phone assessment to determine the proper level of care?

CT: We have licensed clinicians who conduct a thorough free assessment via phone which lasts for 1-1.5 hours. They then determine the proper level of care based on APA guidelines, our internal guidelines for virtual treatment, and our clinical leadership.

What is the average time clinicians are linked with client’s on the Recovery Record app?

JT: This is a great question. We were actually very curious about this as there was a worry that the time saved in care coordination with shared access to up-to-date information would be eclipsed by time spent on the tool. A 3-month pilot study with Eating Recovery Center examined this question. The study found that Clinicians logged in on average 3.5 days per week for 12 minutes total, and in that time they were able to view 83 page pages of patient meal and behavior data per week. Clinicians also reported saving 14 minutes per session, spending less time responding to emails and having more time to spend with patients, 92% reported making more effective use of one-on-one time with patients and being more productive. Clinicians, on average, stay linked with a patient on Recovery Record for 10.5 weeks across all users who link with a clinician, which lines up with manualized CBT-E treatment protocol (possibly a coincidence).

Is the Recovery Record platform HIPAA compliant?
JT: Yes, the Recovery Record platform is compliant with HIPAA and the HITECH Act. Amongst other things, this means that Recovery Record provides Business Associate Agreements to practitioners, and upholds a high level of security and privacy which includes end-to-end encryption. The platform is also compliant with GDPR requirements for those in Europe.

How do OP Providers access the Recovery Record hand overs of data from clients who came from ERC?

JT: OP providers who are working with clients who a) received treatment at Eating Recovery Center, and b) used Recovery Record in their care at ERC within the past year, may link with that client in Recovery Record free of charge. To link with a client, providers simply need to install the Recovery Record Clinician app on iPhone, Android or go to the www.recoveryrecord.com website, and register for a clinician account. Providers should then provide their Link Code (which providers are given when they register for an account), to clients to enter into their app. As soon as the link is created, patient historical data and care plans will be accessible to the OP provider.

Is there training available for the Recovery Record app? Do providers have to pay for Recovery Record training?

JT: Yes! Recovery Record introductory training is available free of charge for groups of at least 4 practitioners (please contact elissa@recoveryrecord.com to schedule a training if you have interest). You can also watch a free training video at this link: https://www.dropbox.com/s/qf7edoivpebaymz/RRClinicianTraining.mov?dl=0

The training covers empirical bases and research on the platform, practical walk through on how to use core features, and tips and insights regarding best practices.

Complete integrity and disclosure is an ongoing challenge for patients to share about their food - how does Recovery Record deal with this?

JT: This is just so true. Unfortunately, Recovery Record is not a panacea for this problem. We often say that eating disorder recovery is about people, not technology. What I mean by this, is that the therapeutic relationship is a very powerful force in keeping patients accountable, connected to their values, and continuing to “face into” what they are experiencing day-to-day. Technology, and Recovery Record can help harness this relationship and extend it into patient’s lives. We know this, because patients are more compliant when they link with a provider. The app also helps to take some of the shame and pain out of disclosure by “holding” patients when they disclose, with provision of an affirmation and surprising and often cute gif or image, by making the entry “disappear” once made (whereas with paper the entries would stare back up at the patient), and by creating a safe and secure space for sharing. Practitioners can help keep patients motivated and engaged, but continuing to praise logging, enquire regarding barriers, and provide intermittent random reinforcement via the app (in the form or feedback, affirmation images, or by letting patients know their logs were reviewed).

Seems like Recovery Record has no competition! Truth?

JT: As far as I am aware, Recovery Record is the only HIPAA compliant, research evaluated app for eating disorders and the only eating disorder app that enables linking with providers.
iTakeControl is also a research evaluated app for individuals with binge eating symptoms by the fantastic Drexel research team, but Recovery Record does not view this app as competitive.

Any ideas of how to encourage use of journals?

JT: Good question. We recommend firstly doing away with paper journals and switching to a more accessible technology-delivered format. Secondly, understand the patient’s history with journaling and beliefs about whether it will actually help them and how their information will be used to inform treatment. You may uncover barriers such as worry that journaling will make them worse, shame of disclosure, lack of trust in you and whether you will judge them for their inputs, lack of understanding of why this work can be helpful, or uncertainty about how your will use the data in their care. It is important to get out in front of these obstacles early. Utilize motivational interviewing techniques, such as pros and cons and “foot in the door”, and most importantly, once they start doing the work, give them positive feedback (ideally, in the app, to create a positive reinforcement cycle), praise their willingness to share and ask them directly if it has been difficult to be completely transparent and log everything, and why. Finally, know that even if they are not logging everything or as often as you would like, even engaging with the app intermittently may be beneficial.

Is there any research directly comparing the treatment effectiveness between in-person and telehealth sessions?

CT: There are several studies looking at this for anxiety and depression, and nearly all found telehealth to be comparable to in-person. There are few studies looking at this in eating disorders due to the complexity of methodology.

Including new assessment patients?

CT: I’m not exactly sure what this is referring to, but if it’s asking are newly assessed patients eligible for virtual treatment, I would say yes they are eligible. A thorough clinical assessment would be conducted to determine the appropriate level of care and if virtual treatment is an option.

What about weight monitoring?

CT: Weight monitoring is critically important for weight restoring patients and must continue to be conducted virtually. The treatment team works with each patient to determine the best method of weight monitoring available to the patient.

1. With access to technology won’t that encourage unhealthy behaviors?

JT: I am unsure if this is a question regarding Recovery Record. We have no evidence from the research so far that it is harmful for any patient population, but that is not to say that it won’t be the right time in treatment or the right tool for a given patient. In general, we recommend tailoring how you use technologies on a patient-by-patient basis. RR is extremely customizable, so it is good to set it up to reflect your clients needs and what is supportive of their recovery. If you think about alternative technologies that clients are likely using, such as fitness and calorie quantification apps, this cognitive-behavioral based platform is much more supportive of recovery-oriented behaviors.

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2. Is Telehealth available in Canada? Can the app be used for a patient in Canada?

JT: Yes, many practitioners in Canada are utilizing the tool. The platform is compliant with health data privacy laws in Canada, however some health authorities require data storage in Canada, which the Recovery Record does not provide. Please look into your local legislation or reach out to ask us: support@recoveryrecord.com

3. Is Telehealth effective for someone who might need constant monitoring?

CT: I would say no. Someone who needs constant monitoring would need to be in inpatient or residential treatment.

What are some of the encrypted sites we can use?

CT: Zoom, Doxy.me, WeCounsel, Thera-Link, iTherapy, iCouch. A professional version is needed along with a business associate agreement.

What are some of the major determinants that were most successful in the group telehealth experiences?

CT: While we didn’t specifically look at major determinants in our research, qualitatively, I would say connectedness with the group members and facilitators were determinants. As with any therapy, I would also say certainly the therapeutic relationship and readiness for change.

If a student is going to study abroad, what options does the student have for treatment with their current dietitian and therapist as well as physician? Would the student be able to continue with their current providers if the providers use telehealth modes?

CT: For study abroad, your team would need to reach out to the country the student will be in to determine if you can continue to provide services to your student. It really varies country by country.

In regards to college students....if you had a prior relationship with them in the state they resided and then went to college in another state are you able to continue with telehealth? This question comes up a lot..For some students they are reluctant to "start over" with a new therapist.

CT: You would need to check with the licensing boards in the state the student is going to. A few states do allow continuity of care for a limited time period. I would recommend contacting the college counseling center to ask about availability on and off campus and prepare students to transition care to college since they will be spending the majority of their time there for the next several years. The other benefit is that many colleges offer free support for students.

During this pandemic, many programs are now in a telehealth format. However, not everyone has equal access to technology. How do you work with this difficulty?

CT: We’ve helped patients get creative in finding technology. Sometimes schools, libraries, and universities will allow equipment to be checked out. Also, often a family member or a friend

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might have a device that could be borrowed or used. Certainly, it is a barrier for some and we do everything we can to help them think through access to technology and the internet.

**If asked to upload a pic of plate before and after, what prevents someone from showing an after pic then later eating more?**

CT: Nothing. Except that they are always in a process group together after meals in Virtual IOP and several groups during Virtual PHP. IOP and PHP require a certain level of motivation for recovery. If patients don’t have that they may need a higher level of care.