COMMENTARY

The Importance of Video Visits in the Time of COVID-19

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The Covid-19 pandemic has changed nearly every aspect of life recently, including mental health (MH) care. As a society, we have embraced connecting with friends and family over video to maintain our social connections. Video-to-Home (VTH) telehealth, conducting therapy over video platforms, has been demonstrated as clinically equivalent to in-person care.[1] Before the pandemic, VTH was not uniformly offered. But it was gaining ground as a tool to reach individuals, particularly those in rural areas, where MH provider shortages are rampant.[2,3] Lessons learned from using VTH in rural areas have benefited the US MH system in recent months, facilitating continuity of care during stay-at-home orders; minimizing physical contact to keep patients and providers safe; and, in some cases, serving as electronic personal protective equipment, allowing MH care to continue for individuals in quarantine or isolation for coronavirus.

Despite the benefits of VTH, its rapid expansion has stressed existing infrastructure, including overburdening networks, reducing bandwidth, and increasing inconsistent connectivity to the Internet. Procedural complications (eg, learning new video platforms, access to medical records charting systems) and institutional barriers (eg, how to bill and schedule this new modality) are additional challenges. Thus, conducting phone-only visits was quickly identified and recommended by some health care

systems as the default option for many providers. New approvals by the Department of Health and Human Services and Medicaid have further supported expansion of phone-only visits by temporary adjustment of reimbursement structures.[4-6]

The loss of in-person contact has never been more pronounced. Phone calls are an effective way to connect, but video-based meetings have helped mitigate the sense of isolation, allowing people to maintain visual connections with family, friends, and colleagues. Not surprisingly, the strength of connections fostered through video is not only felt subjectively but is also supported by the scientific literature. Although all types of communication are helpful, chatting over video creates greater bonding than audio-only or messaging options.[7] Through our work over the past decade implementing VTH in rural Veterans Health Administration (VHA) treatment centers, we have seen numerous benefits of using VTH for health care. During this pandemic, we believe that visual contact remains crucial; thus institutions that work to facilitate the availability of VTH visits will significantly benefit both patients and providers. Robust telehealth programs require a significant commitment of time and resources, and large health care organizations with the foresight to invest in telehealth are poised to transition MH care from in-person to virtual visits.[8]

Facilitating VTH visits largely depends on the individual institution or clinic and corresponding provider needs. For example, an MH provider in a rural clinic likely has less access to institutionally furnished, portable equipment, and, therefore, may need to use or purchase his/her own video-enabled device and use a web-based video solution. Alternatively, academic institutions or larger health care systems may have the flexibility and means to supply equipment, such as tablets, for their providers and provide access to encrypted, HIPAA-compliant, approved videoconferencing platforms for clinical use. The COVID-19 pandemic is likely to impact MH care for the foreseeable future. Institutional disparities in resources and access to VTH visits may widen existing gaps in quality of care for patients who need it most. Investing effort to adapt and become skilled in VTH delivery will allow us to continue to overcome barriers that prevent individuals in rural areas from receiving MH treatment and improve the effectiveness of the care we deliver.

Across our VTH implementation sites, we regularly collect patient input through qualitative interviews. Many patients have told us that the video connection provides a more personal experience. Most report that seeing their provider during their therapy session is very important, enhancing their interaction with their provider. We believe that prioritizing video over phone-only calls will help maintain the integrity of MH care by maintaining important social rhythms, supporting rapport, and offering a more patient-centered care approach.

We offer these considerations to encourage use of VTH for clinical care: Maintaining the integrity of MH care in the time of COVID-19 involves recreating social rhythms through video engagement, especially for patients preferring in-person care. A provider we work with at an infectious disease clinic noted, "There is something to be said about the human contact for individuals with MH issues…some patients want to shake your hand, that's important to them." While providers must prioritize maintaining safe social distancing, using VTH can simulate in-person encounters and return a greater sense of normalcy for patients who prefer to meet face to face. Patient care via VTH is one way to meet patients in a "technological middle" between phone calls and in-person care and can, importantly, reduce the sense of isolation.

VTH allows patients to be seen and heard, offering nonverbal communication cues that would otherwise be missed. The video connection enables providers to observe clinically relevant information, including facial expressions, tearfulness, eye contact, sweating, low/high energy or activity, fidgeting, tics, tremors, or intoxication. A provider can directly observe the patient, rather than relying solely on patient self-report during a phone conversation, enhancing the ability to assess for distress or confusion, and improving empathy during emotional times. Patients also benefit from seeing providers' facial expressions. For example, one patient emphasized the importance of the face-to-face connection in therapy:

> There's a lot more to what you're saying with facial expressions and the way bodies react. I could see her, and she could see me. Makes it like one-on-one in the same room. Over the phone wouldn't be as successful.

Patients want to be seen, and they want to see us. This type of sharing fosters rapport between patients and providers. It also allows an enhanced connection that phone-only options cannot offer. VTH may help patients share more with their provider within the context of therapy by enhancing the therapeutic relationship and allowing providers to establish connections that could never be achieved over the phone. For example, a patient who experienced discomfort with the therapeutic process said that VTH helped reduce awkwardness: "There were times when it was not very comfortable. Nothing to do with the coach…Video made it somewhat more comfortable." As VTH sessions become more routine and comfortable, they begin to truly replicate in-person care. Over time, patient and provider develop a rhythm for this method of care delivery, "…now that I'm used to [VTH], it almost feels like

the doctor is right there. It feels like face to face, like I'm in the office with them." After more VTH visits, technology seems to fall away, leaving the patient and provider to their therapeutic focus.

Before COVID-19, patients often told us they were more comfortable getting their MH care at home: "…for whatever reason [home] felt like a safer environment than sitting face to face with someone." Allowing patients the comfort of receiving treatment in their own home may be more important now than ever, as patients are increasingly anxious about leaving their homes due to concerns about COVID-19. Frequent trips to clinics for therapy, especially those located within large medical centers, put patients and providers at greater risk of exposure and subject patients to additional COVID-19-related stress. Using VTH to meet with patients in their own homes demonstrates a commitment to their needs and allows them a sense of normalcy and safety, while their lives might be otherwise disrupted by COVID-19 restrictions.

Beyond the comfort of being home, offering VTH affords providers a window into their patients' physical space, giving necessary context for enhanced treatment. One provider said, "It's been great to see where they live and see another dimension of the client." Another described, "I had 1 client who built his own cabin…he talked about it so much…I could see a bit of his workmanship, and it was really great." For patients with complex MH issues or who also face socioeconomic hardships, a glimpse of the home environment can allow providers to understand and potentially address physical safety issues. One provider said that, with VTH:

> We could…see into their home, does it look unsafe, is there hoarding going on—which a lot of our patients have that problem, and it's not safe. They trip over things, they break hips. Is there something else going on? Is it unsuitable for habitation? Lots of people have caved ceilings, lack of utilities, and things like that. It does give us a bird's eye view of their home, if they're willing to share that, and that helps with safety.

VTH also extends benefits beyond what a phone-only approach can offer. VTH platforms have technology features that allow providers and patients to share important clinical information through screen sharing, white board, and chat features. These features also improve efficiency; for example, showing patients recommended websites or resources in real time, improving their ability to perform assessments with questionnaires on the shared screens. VTH also enables better clinical care that cannot be replaced by patient reporting over the phone. This is especially true of patients with comorbidities and complex MH conditions. Further, VTH platforms offer embedded safety measures, such as e911, making emergency planning and responding more protocolized, structured, and streamlined. Improved clinical care and safety features can improve provider confidence and willingness to use VTH with more complex patients. One provider described a patient who was at high risk for COVID-19 complications and was receiving therapy for severe depression over video:

> The patient was an older woman, who right away wasn't wanting to come in due to Parkinson's and age. She was a patient you really worry about [the risk]. You really want to lay eyes on her, if possible. [VTH] has been a game changer because she has a history of complex trauma and severe depression. Someone you don't want to have out there flopping in the wind at a time like this.

VTH *will* become part of the new normal in the post-pandemic period. VTH options for VHA providers have expanded as use of alternative methods outside VHA infrastructure are now supported under a recently released memo from the Office of Civil Rights.[9] This has allowed more patients to use video platforms for telehealth and will likely spur demand for this modality of care. More clinics will likely move toward offering reimbursement for VTH, and this will become part of billing procedures. We believe that now is the time to build competency and capacity to prepare for the inevitability of VTH in health care. Scheduling difficulties could be reduced with a trial run period. With time and practice, both patients and providers can easily learn to effectively use VTH.

In light of quarantine/self-isolation/federal and state stay-at-home guidelines, consider that every patient interaction has potential therapeutic benefit. VHA and other health care systems that have invested in developing the infrastructure needed are well-positioned as national leaders and models in implementing and using secure VTH modalities that maintain and enhance patients' well-being. Individual private and smaller group practices may also be nimble. Although such waivers are temporary, this provides an opportunity to use this interim period to transition to VTH visits, rather than relying solely on phone, to further the field of VTH and avoid returning to the status quo. VTH solutions will help protect the integrity of remotely delivered MH care.

Conclusion

The way we deliver care is changing rapidly with technology advances, patient choice, and the overall national landscape/context driving both the demand and

possibilities for treatment modalities. As care delivery advances, every resource should be used to ensure the integrity and continuity of MH care, using treatment modalities, such as VTH, the effectiveness of which has been proven. VTH allows a more seamless transition and enhances care delivery for an already isolated and vulnerable population. COVID-19 has resulted in temporary loosening of guidelines related to VTH, making now the ideal time to dedicate resources to build capacity and competence for VTH care delivery. Health care systems and providers that capitalize on the recent demand and easing of restrictions will be best positioned to continue with VTH in the future.

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