PRIMARY CARE VIRTUAL GROUPS: TRANSITIONING A CBT PROGRAM & CARDIO-PULMONARY REHAB PROGRAM TO VIRTUAL

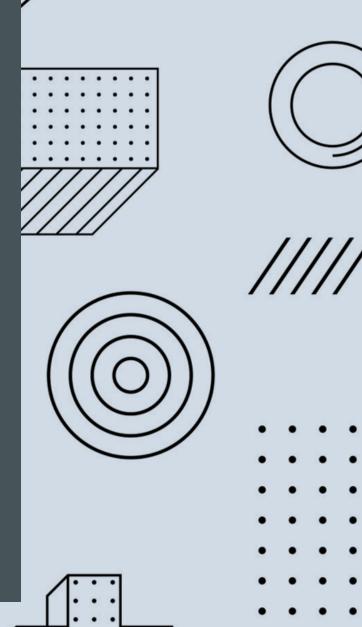
FEBRUARY 17, 2021

Presented by: AFHTO, Scarborough Academic FHT and Arnprior & District FHT

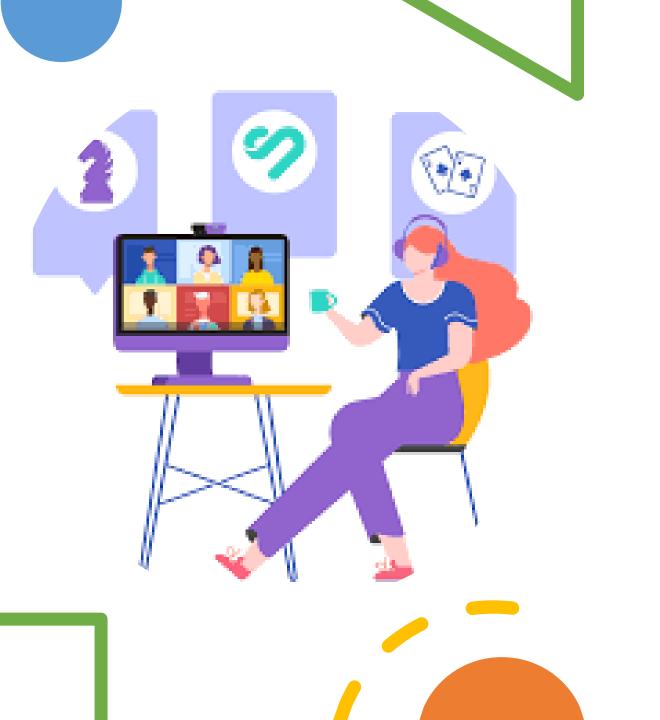












Transition CBT group for Depression & Anxiety Virtually

# Agenda

- Who we are? Scarborough
   Academic Family Health
   Team (SAFHT)
- History of CBT groups at SAFHT
- Transitioning to virtual groups
- 4. Benefits and challenges
- 5. Questions/comments



Group of interdisciplinary health professionals including Physicians, Pharmacist, Registered nurse, Mental Health workers and Dieticians that provides high quality health care with a focus on health promotion, disease prevention and connecting to resources within the community.

The mental health team consists of 4 Registered Social Workers and a Case Manager. We currently have 2 MSW students from the University of Toronto. We provide brief individual counseling for mental health issues such as anxiety and depression. We also provide groups including the CBT group for anxiety and depression.

Greg Clarke RSSW CCAC is the Case Manager for the mental health team of the Scarborough Academic Family Team. He has over 35 years in mental health and addiction work in various settings including Hospitals, CHMA, Crisis Programs and Family Health Teams. He has certificates in various modalities including CBT, ACT, FACT, Solution Focused, Motivational Interviewing, MBSR facilitation. He is also an educator focusing on training groups and individuals in the areas of Mental Wellness, System Navigation, Crisis Intervention, Mindfulness and Emotional Support for community agencies and organization such as TAPE - Toronto Advanced Professional Education, The Adler Professional Graduate School and Certified Listeners Society.

Maham Khan BSC, MSW (p) – Maham is completing her Masters in Social Work (MSW) at the University of Toronto. She strongly believes in practicing from a client-centered, cultural humility and anti-oppressive framework. Maham has over 10 years of experience working in client-centered services such as Mental Health agencies, hospital setting, and community organizations. She has worked with diverse demographics such as youth, refugees and newcomers, women and more. Currently, she is working with adults at the Scarborough Academic Family Health team in the Mental Health Team. She conducts individual counselling, groups and workshops and provides community resourcing to individuals struggling with anxiety and/or depression. She is currently co-facilitating the CBT skills group.

**Debbie Johnson** MSW, RSW-Over 15 years experience in mental health working with diverse clients in long-term and brief interventions. Debbie has worked extensively in children's and youth mental health. Currently she works with adults at the Scarborough Academic Family Health team providing mental health services to adults struggling with anxiety and depression and leading psychoeducation groups pertaining to these areas including the CBT group for Anxiety and Depression. She has a certificate in Solution Focused Counseling and is trained in CBT, Mindfulness and ACT (Acceptance and Commitment Therapy).



#### Making the Shift to Virtual Groups

- We are not new to virtual meetings as we met online prior to the pandemic. The COVID-19 pandemic greatly affected the work of staff, students and patients.
- We have had to make the shift and pivot to providing our services either via telephone or on-line.
- Our groups and workshops are provided on-line.
- We wanted to still maintain engagement with patients.
- We chose an online format to provide a quality level of service.





#### Platform used

- We use Ring Central powered by zoom and OTN (Ontario Health Network)
- Ring Central is easy to use and navigate for both leaders and patients
  - Meetings have been stable
  - Videos and screen sharing is easier with Ring Central
  - Ring Central and OTN meet privacy compliance HIPAA complaint-Health Insurance Portability and Accountability Act)

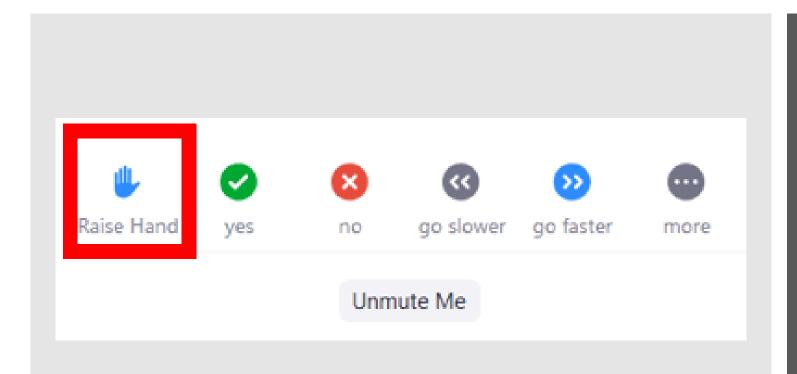
## Steps to Consider when Transferring Groups Online

- Have content that you think will be relevant to transfer to an online format.
- Choose a platform to deliver your online program.
- Be proactive in your online approach by seeking out information and acquiring knowledge about how other FHTs delivered online programs. We believe this occurs in on-line formats.
- Be creative in delivering your on-line group.
   Breaking content into smaller, relevant parts.
- Have a colleague look at the online content you deliver to ensure reception and communication of online material is appropriate.



- Even prior to COVID-19 there has been an increased use in technology in providing care.
- Many people participate in online forums or groups that help people with personal issues or health problems.
- •A study found that 60% of people found that when struggling with an emotional issue/mental health problem talking with people is helpful and there is more accessibility doing this online.





## The Blue Hand and other features

- May be used to acknowledge a question
- Do a mini survey
- Vote

#### Get to know your audience

- Group members have different levels of comfort with technology.
- Give some time to practice.
- Let them know how they will be able to express themselves i.e. chat feature
- Adapt to things like comfort on camera, low internet speed.

#### Chat Function

- Use for technology questions
- Requested immediate feedback
- It is the new "Parking lot"
- Discourage side conversations
- May be used to discretely send a message to co facilitator or from a group member to leader.

## Student experience delivering online CBT Anxiety/Depression group

Virtual setting – New learning curve

Adapting to spontaneous technology challenges, taking pre-cautionary steps for clients + facilitators (I.e. 15 min pre-group tech check in, emailing clients with PDF)

Pre-Group Assessment & Therapeutic Alliance

Building a relationship with clients as students + a space to address any misconceptions/discomforts of clients

Creativity & Participation

Finding new tools, and methods for enhanced participation + facilitating

- Post group survey (check-in, referrals)
- Overall: Positive yet Challenging, flexible/convenient, New



#### Benefits

- Accessibility for clients
- Flexible
- Connectivity + engagement with others during a pandemic
- The support that is provided from a group is extremely valuable
- Access to professionals to help patients gain the most from online content

#### Challenges

- Difficult to identify client affect/body language
- Technology issues (facilitators & clients)
- Not accessible for all
- Not-In person
- Limited Creativity due to Platform + virtual setting
- Privacy/Confidentiality

## Rehabilitation Virtually Changing



PRESENTED BY
DANIELLE HILL
MARLO MICHELSON
AMANDA BROWN



## Objectives

- PROVIDE PATIENT PERSPECTIVE OF VIRTUAL REHAB
- IDENTIFY THE COMPONENTS OF THE PROGRAM AND HOW IT WAS MODIFIED FOR A VIRTUAL PLATFORM
- ACKNOWLEDGE AREAS WE STRUGGLED WITH DURING THE CHANGE

#### From Our Clients

"I have attended a cardiac Rehab program at the Ottawa Heart Institute as well as an online program under the direction of Marlo.

I found on-line zoom program to be more inclusive and better quality, though [it was] shorter in length than the Heart Institute's program. The instructors were great and kept an eye on us ensuring our safety during the workout.

As well, I did not have to travel an hour each way to Ottawa, pay \$14 for parking for each lesson, plus a tank of gas each week. !!"

#### From Our Clients

"Just a note to thank you for all your efforts in directing our group of cardiac exercises. You certainly are a task-master and I am really growing in strength as a result. You have a keen eye and ear to discern what difficulties we are dealing with and how to solve them such as oxygen use or not. You seem to have a wealth of knowledge and experiences.

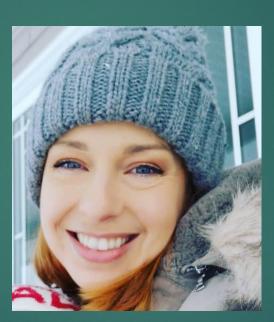
My wife follows along as well and she is also very appreciative. We both did not like to do organized exercises but Danielle you sure made it so much fun, that we both look forward to our Tuesday and Thursday s virtual sessions.

"We are truly grateful"

#### Meet The Team











Danielle Hill RRT, CSFI, CRE

Marlo Michelson RN, BN, MN

Kristy Webb RD

Amanda Brown RPN

Colleen Desarmia CSFI

### The Only Thing Consistent is Change

- ► The Arnprior Family Health Team has been offering in-person Cardio-Pulmonary Rehab (CPR) since late 2018
- Nearest rehabs are 65 km to the Ottawa Heart Institute and 34 km to Almonte.
- We have 3 groups that run 2 classes a week; High functioning, Moderate and Low Chair classes.
- April 2020 most staff were working from home due to Covid and we quickly started working on a virtual platform for rehab
- ▶ By May 2020 Virtual CPR was up and running



#### Changes To Be Made

Virtual Platform

Consents

Questionnaires

Vitals

New PS Suites Template

Safety Measures

### Virtual Platform







#### Questionnaires

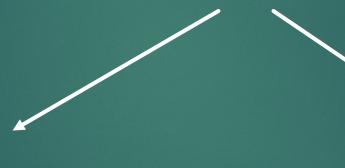




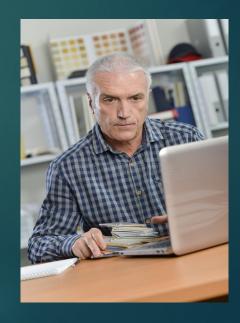


Office Tablets





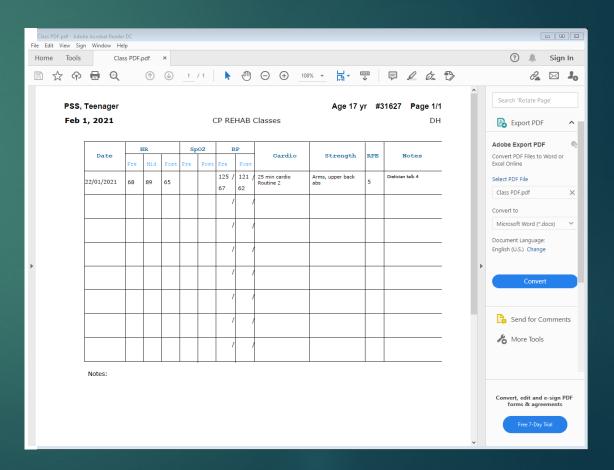




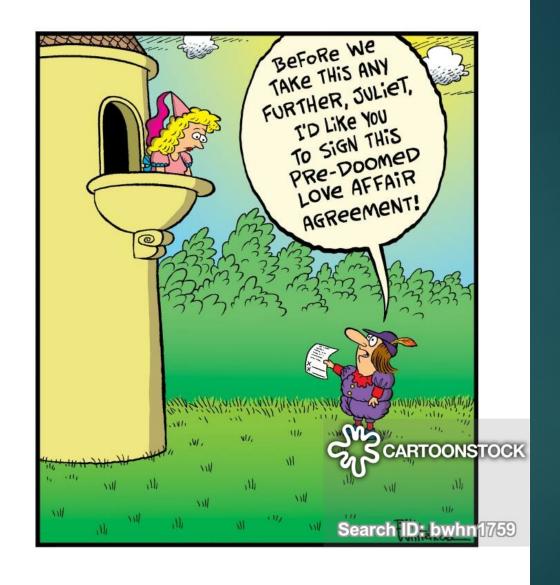
#### Upgrading Documentation







#### Consents



#### Vitals

In-Person





At Home



#### Safety Measures



#### Arnprior FHT Cardio-Pulmonary Rehab Streams

#### PHONE INTAKE:

- Client called to discuss their current physical ability, possible Rehab participation, virtual capabilities
- Client option are decline services, participate virtually, Hold referral for Phone Rehab option
- Clinical judgment used to determine appropriate class based on medical hx provided
- Overview of program provided, consents sent to client, links to class and educational videos sent, start date provided
- In-person Assessment booked prior to start date when permitted by regional Covid restrictions

#### VIRTUAL REHAB

- 2 classes/week for 8 weeks
- Instructor lead in real time
- PT reported vitals pre and post class
- Exercise vitals reported in class 1,8 and 16 and prn
- Education given last 10min of one class/wk by RN, RRT, RPN, Dietiitan, Social Work, Pharmacist

#### PHONE REHAB

 Pt's are referred to the Heart Institute for Home Rehab Program Options

#### **ON-SITE REHAB**

- · On hold due to Pandemic
- Follows the same outline as virtual

PHONE ONSITE 3 MONTH F/U 3 MONTH F/U

PHONE 6 MONTH F/U ONSITE 6 MONTH F/U

#### Class Structure Changes

Vitals taken by IHP

Vitals taken by Client

10 min Group Warm up

20 -30 min Cardio Equipment or Class

Rate of Perceived Exertion taken during exercise

5 min cool down

5-10 min Strength with Balance

5-10 min Stretch

Vitals taken by IHP

All exercise done in Class format

Rate of Perceived Exertion now reported at end of class

Vitals taken by Client

#### Education Sessions Covered

- ► Education provided through our FHT team
  - Dietitian
  - Nursing
  - **▶** Pharmacist
  - ▶ Respiratory Therapist
  - Social Work



#### Constantly Learning

zoom

Not only was it a learning curve to go from in-person to learning to use ZOOM but we have also had to teach others how to use it. From turning on devices, connecting to the internet, installing the app, to getting external camera's working and trouble shooting when nothing seems to work.



#### Mirror Image on TV

By using an HDMI cord to connect our laptops to our home TV's, each client is much larger and it is easier to pick up on smaller things like facial expressions.







#### More Options



We have started giving clients a band to use at home. We encourage clients to use hand weights or soup cans to work out. Having the option of band exercise allows for more variety.

#### What's Next?

- Recording classes for clients to use
- Outside Classes in the future?
- Finding the right mix of in-person to virtual rehab in the future
- Purchasing license for software to connect remotely to client's computers to help with set up- GoToAssist



## Thank You



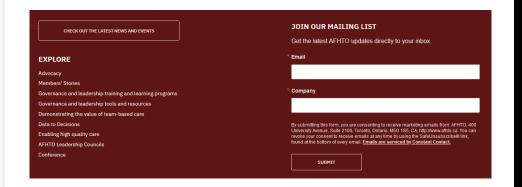
#### Questions

- What technology/platform was used to ensure privacy and confidentiality of the discussions were maintained?
- Any thoughts about the OTN platform for doing virtual groups?
- Are you limiting group sizes? How are you deciding on optimal group size?
- How is improvement measured? Have you changed the measures and method of collection? Do you collect data after each visit?
- Did the screening process/assessment/criteria change as a result of offering the group virtually?
- What has been the impact on patient engagement?
- How are you mitigating risk (particularly around both emotional or physical decompensation) within the virtual format?
- How did you arrive at your decision on how many facilitators for the CBT group?
- How are they creating home exercise plans while ensuring patient safety?
- Is Spirometry considered an AGMP?

#### Stay informed

- **Members** to get exclusive content, including our weekly newsletter and more, sign up with your team email address on <u>our home page</u>.
- Non-members can sign up for the latest updates too- including our monthly QI in Action ebulletin.





## Upcoming Webinar(s)

Engaging And Supporting
Caregivers In Primary Care
Teams: Working Together To
Improve Outcomes And
Enhance The Patient,
Caregiver, And Family
Experience

February 25, 2021 (12-1 pm EST)

Click <u>here for more</u> information & to register