



IssueBrief

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Certified Case Managers® and client connections: Virtual care demands real presence

A year into the pandemic and we are still practicing social distancing both in our personal and professional lives. Virtual visits and meetings, once a novelty, are woven into our lives. Don't expect that to change.

Telemedicine is not merely a stopgap measure to get us through the pandemic. Based on industry trends, telehealth will remain part of how we deliver care and support to clients long after the pandemic is a painful memory. For example, consulting firm Frost & Sullivan forecasts a sevenfold growth in telehealth by 2025.¹

It's clear that many Certified Case Managers (CCMs), like other health care professionals, will continue to visit clients virtually into 2021 and beyond.

Most CCMs are ready. Over the last year, CCMs have grown more comfortable with remote meetings and virtual encounters, says Michelle Baker, BS, RN, CRRN, CCM, 2020-2021 chair of the Commission for Case Manager Certification. "However, even as certified case managers become proficient in telehealth, they can always learn to improve communication with clients."

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¹ "Telehealth set for 'tsunami of growth,' says Frost & Sullivan," [Healthcare IT News](#), May 15, 2020

It comes down to putting the client first. CCMs may be comfortable with virtual visits, but what about clients? Many may be anxious and uncertain. “While video conferencing works reasonably well for professional interactions, it works less well for clients, she says. “Perhaps they’re technophobic. They may not understand how to work with technology. They may prefer—even crave—in-person meetings,” Baker says.

CCMs can address those concerns, but first, they must understand those needs.

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Prepare your clients

“Even if your client has used telehealth before, you still want to set the stage,” explains Scott Kryzstofiak, PsyD, a licensed

clinical psychologist with the Potomac Center who has worked extensively in the telehealth arena since last spring. What is the purpose of the visit? Will this be a regular—weekly, monthly, etc.—appointment? Is it a check-in? What should they expect from the visit? What do they hope to get out of this telehealth encounter?

Put simply, are they giving truly informed consent? “You really want to spell out what they can expect *and* identify the risks associated with telehealth.”

One of these risks could be confidentiality, especially if you are temporarily using a non-HIPAA-compliant platform or connecting with clients in ways that may not be fully secure. “You want to communicate that very clearly. You want to give them the choice to say, ‘I don’t want to do this.’”

You also want to help them understand the technology. For example, let them know which browsers work best with the platform you’re using. Doxy may work better, for example, with Chrome. The Kaiser interface may not function well on Firefox.

TIP: To help set expectations, Dr. Kryzstofiak’s practice created a form listing all the things a client can expect from a telehealth visit. In addition, Kryzstofiak created a document with log-in directions and steps clients can take to ensure a better connection. “If you can spell it out for them very clearly and very concisely, I think that really goes a long way in

terms of helping people to feel more comfortable.”

To make clients more comfortable with the technology, *you* need to understand it.

Know your platform

“Know the platform you’re using inside and out,” he says. “Make sure your platform software is up to date and your hardware is up to the challenge.”

Of course, no matter how diligent you are, technical glitches *will* occur. Before they do, let your client know how you will handle it and what they need to do. For instance, if the audio goes out, should they log out and log back in? Should they wait? This information can be part of the list you provide before the session.

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On some platforms, privacy may be a concern. Early in the pandemic, providers were using all sorts of platforms, including Zoom, which didn’t have the

same privacy protections as telehealth platforms. At this point, most privacy concerns have been addressed by telehealth vendors, but he says you need to be sure.

Be present

Over the last few years—and especially in the last year—researchers have studied how best to communicate via telehealth.^{2,3} Many of their findings distill down to this: Be fully present with your client. Make sure you're not distracted.

He explains that you're trying to create a therapeutic virtual environment for your client. If you are working from home, it can be difficult. It's easy to be distracted by things that happen before beginning a new session.

"We need to be able to take time to just rest for a moment. Take some breaths if we need to just make sure we're going with a clear mind in working with our clients. And being present, this is where rapport building is starting," Krysztofiak says.

You may want to check in with the client about their comfort with virtual platforms, he says. "For example, if there are connection issues, what can we do about that to make it a little easier for them?"

2 Cooley L. Fostering Human Connection in the Covid-19 Virtual Health Care Realm. *NEJM Catal Innov Care Deliv*. 2020;10.1056/CAT.20.0166. Published 2020 May 20. doi:10.1056/CAT.20.0166

3 Henry BW, Ames LJ, Block DE, Vozenilek JA. Experienced Practitioners' Views on Interpersonal Skills in Telehealth Delivery. *The Internet Journal of Allied Health Sciences and Practice*. 2018 Apr 05;16(2), Article 2.

Catching the cues

Case managers often rely on unspoken cues to understand a client. In virtual visits, you may see only a patient's head and shoulders, so you could be missing important body language. Telehealth forces case managers to be even more vigilant in paying attention to body language.

He points out a few "tells."

- **Removing glasses** *could* indicate a client is about to cry. "I like to pause if they take off their glasses or if they reach for a tissue to just give them that space to be able to express the emotion." He then tries to reflect what the patient is feeling. "I might say, 'It seems like you're feeling pretty sad right now,' or 'Difficult emotions seem to be coming up. Can you tell me more about what you're experiencing right now?'"

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- **Abruptly changing the subject** could suggest a safety or privacy concern—that for some reason, your client is afraid of someone overhearing what they are telling you.
- **Changed physical appearance** matters if you already know the client. If they are usually very put together and then, one day they appear disheveled, it could suggest a problem. The same *could* be the case if their physical setting looks *unusually* chaotic or messy.
- **Crossed arms** don't always suggest a problem, but ask yourself: Is the client defensive? Are they leaning into the camera? "This will give you some data in terms of what they may be experiencing emotionally."

Because these visits are virtual, you *will* miss cues, he warns. "I think we just have to accept that because we are limited in our interactions with clients if we use telehealth. We just do the best

that we can.” You don’t have to rely on the cues alone, he adds: You can always ask.

Then listen to the response.

Listen and empathize

Clients ultimately want to feel heard. Respond with empathy.

That could involve something as commonplace as technology. “When they’re expressing their frustration with technology, I will definitely join them in that to express that I ‘get’ it, that this is challenging for me, too.” He makes it clear he won’t think less of a patient who feels frustrated.

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You also want to be sure they are safe—figuratively and literally.

Ensure safety

Many of your clients may not feel fully safe in their homes. This is especially common among children, members of the LGBTQ community and some older people. This comes back to the challenge of privacy. “We’re talking about people who live with spouses and parents and roommates and other folks, and that can cause some issues related to privacy and confidentiality.”

He offers some suggestions about how to address some of these safety concerns, based on work from Maria Hermesen-Kritz:⁴

4 Hermesen-Kritz, M. (2020). Telehealth for transition age youth and young adults: Privacy, emotional safety and welfare during Covid-19 and beyond. Research and Training Center for Pathways to Positive Futures. https://pdxscholar.library.pdx.edu/socwork_fac/459/



Geography-related regulations

The benefit of telehealth of course is that it bridges the distance gap with people. The downside is that health care professionals must be careful about state laws regarding telehealth across state lines.

In particular, case managers who are mental health professionals—such as licensed professional counselors and social workers, and those who work directly with psychologists or psychiatrists and other physicians—need to be vigilant. His advice: Check with your state licensing boards to see what the rules are regarding mental health. “Keep in mind that many regulations have been waived during pandemic. What’s perfectly acceptable today may not be in six months.” ■

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- Conduct the visit while the client takes a walk outside the home or sits in their car.
- Use the “chat” or text function in the platform—in other words, encourage them to write what they are no longer comfortable saying.
- Agree on a code word your client can use to signal that they are unable to speak freely.

In addition, make sure you have the current address and emergency contact on file.

Preparing for the future

For all the potential glitches and frustrations, research shows that clients and providers alike are generally satisfied with telehealth.^{5,6,7} He believes many of those

- 5 Orlando JF, Beard M, Kumar S. Systematic review of patient and caregivers’ satisfaction with telehealth videoconferencing as a mode of service delivery in managing patients’ health. PLoS One. 2019 Aug 30;14(8):e0221848. doi: 10.1371/journal.pone.0221848.
- 6 Dobrusin A, et al. Gastroenterologists and Patients Report High Satisfaction Rates with Telehealth Services During the Novel Coronavirus 2019 Pandemic. Clin Gastroenterol Hepatol. 2020 Oct;18(11)
- 7 Kirby DJ, et al. Patient and Physician Satisfaction with Telehealth During the COVID-19 Pandemic: Sports Medicine Perspective. Telemed J E Health. 2021 Jan 27.

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frustrations will disappear as telehealth becomes more sophisticated. “The technology will improve, and so will we.”

He predicts more formal training programs, both in the academic and workforce-training settings. “We want to make sure that we’re staying up to date on technology and laws regarding telehealth. We need ongoing presentations and seminars on telehealth. It’s all about establishing competency.”

Ultimately, he says, telehealth will be integrated into routine health care and case management. As then-CMS Administrator Seema

Verma said back in April, “I think the genie’s out of the bottle on this one. I think it’s fair to say that the advent of telehealth has been just completely accelerated, that it’s taken this crisis to push us to a new frontier, but there’s absolutely no going back.”⁸

Baker agrees. “CCMs have done an amazing job coming up to speed quickly and adapting to the needs of their clients,” she says. “However, we’ve learned that telehealth is no longer a stop-gap measure limited to the pandemic. That’s why we’re working so hard to make sure all our clients have the tools and guidance they need to adapt. Because telehealth is here to stay.” ■

8 [The Wall Street Journal](#), April 26, 2020.

About the Experts



Scott M. Kryzstofiak, Psy.D.
Licensed Clinical Psychologist
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Scott Kryzstofiak is a licensed clinical psychologist who works at a group practice in Alexandria, VA. He holds a master's degree in counseling psychology from Towson University and completed his doctoral degree in clinical psychology from the American School of Professional Psychology at Argosy University, Washington DC.

Dr. Kryzstofiak trained in a variety of mental health settings, including psychiatric rehabilitation, inpatient, community mental health and private practice. Case management was a significant part of Dr. Kryzstofiak's training, especially while he was a predoctoral intern at Loudoun County Mental Health, a division of the county's community service board (CSB).

He works primarily with adults and adolescents, providing individual psychotherapy and psychological assessments.

Dr. Kryzstofiak has utilized telehealth as a way of serving clients since the beginning of the COVID-19 pandemic. In the past, he taught at the undergraduate and graduate levels. Dr. Kryzstofiak presently serves as the Diversity Chair for Northern Virginia Clinical Psychologists (NVCP).



Michelle Baker, BS, RN, CRRN, CCM
2020-2021 Chair, Commission for
Case Manager Certification

Michelle Baker is a registered nurse and senior manager of Network Services for Paradigm Catastrophic Care Management. In this role, responsibilities include leadership in recruitment, application and selection process with Network business partner candidates, Network manager candidates, medical directors and clinical/medical specialist consultants.

Michelle's professional background includes a variety of clinical leadership roles such as director of nursing, director of rehabilitation and senior case manager. Transitioning into rehabilitation and case management, Michelle had managed catastrophically injured workers for 13 years prior to becoming part of the management team at Paradigm in 2011.

Michelle first became a CCMC board member in 2016. Her service to CCMC includes participation in the 2009 and 2019 Role and Function Study and also includes multiple years as a volunteer and in leadership roles serving on the Program and Services Committee, the Governance and Nominations Committee, the Finance Committee, the New World Symposium Committee and on the Executive Committee of the CCMC Board.



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