

## Challenges to Tele Health Service Provision for Individuals with Cognitive Impairment

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### About the Study

The widespread use of telemedicine was implemented rapidly and with almost non-existent pre-planning or preparation. Nationwide and internationally, the transition to telehealth were both spontaneous and dramatic [1,2]. For most providers, this rapid shift to telehealth happened due to necessity of circumstance, not as a choice to embrace new technology. Fortunately, many providers found the experience better than expected and a viable alternative to in-person treatment. Patients have generally been satisfied and found the telehealth platform convenient and effective at protecting against infection while allowing access to needed services [2].

Psychologists have been working to provide a wide range of services via telehealth for over 30 years with strong research outcomes for no loss of treatment efficacy with the telehealth platforms, first via phone and later via video conference [3-8]. While many of the psychological therapy services are uniquely well suited to the telehealth platform, there are some specific challenges with patients with any type of cognitive or communication challenges. Following are some examples of specific types of services and patient limitations along with strategies to mitigate them.

As part of a large, safety net university hospital system, our patients come from a diverse set of personal and psychosocial circumstances. Many of our patients live more than an hour from the hospital system or may have significant mobility issues or transportation problems that can make it difficult if not impossible to be seen in person easily. Unfortunately, some of these same patients also have poor or no internet access, making any type of video conferencing essentially impossible. Patients often are left with only a phone option for treatment sessions.

For example, a patient with a long history of chronic low back pain with radiculopathy and more recent stroke and myocardial infarction was being seen for psychological treatment for depression and anxiety associated with her myriad health concerns and to assist in developing more appropriate coping skills to get ready for some type of implantable pain device. She was initially seen in the office (pre-pandemic) and was transitioned to phone only because of internet access issues. She tends to speak very rapidly and can slur her words, and has trouble modulating volume which can make it very challenging to comprehend her concerns. Including her significant other, either during the scheduled sessions or in a separate phone conversation, allows for more accurate reporting of symptoms and circumstances surrounding her current complaints or ensures that she feels fully understood and accurate information can be provided. Limiting the length of the treatment session also works better for this patient as longer conversations result in fatigue which worsens her cognitive clarity. Another elderly patient with chronic low back pain

complicated by worsening Parkinson's who is struggling with emotional distress associated with his inability to work had assistance from his daughter to set up a zoom account on his phone. When she has been able to be present during the appointment time for technical assistance, then the video technology worked reasonably well. When she was not available, we had to transition to phone. This patient also had trouble remembering his appointments and at one point was not able to be found by his wife for his telehealth appointment, triggering some genuine concern about his safety. This required several additional calls to other family members to ensure his wellbeing. In these types of situations, having immediate access to family members and their contact information is essential to maintain patient safety and to ensure proper care is being provided. Typically, this type information is available in the patient health record but this must be accessible to the clinician at the time of service to be able to maintain patient safety. Acquiring or confirming this contact information at the start of treatment can facilitate a better experience.

In summary, providing telehealth service provision options, especially psychological treatment services, increases the overall satisfaction for patients, especially those with travel challenges due to mobility or distance. However, when treating patients with any type of cognitive impairment, it is essential to have access to a support person, multiple technology options and the ability to pivot back to in person treatment as indicated. Some types of services are not well suited to the virtual format, even with video capability, such as formal cognitive assessment.

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