

behind the screens

Video: A Cure for the Healthcare Crisis?

By Troy Dreier

It doesn't sound like it should work, seeing a mental health expert via video, but it does. Telemedicine—the idea that people can use live, two-way video chats to interact with doctors—isn't new, but the usual take is that it's used by people in rural locations who don't have access to a local general physician. One program is pushing the idea in new and surprising directions: UPIC Health is running a trial that uses video to connect at-risk patients with mental health professionals.

Mental health sessions by video? Isn't there a huge barrier in the coldness of the video screen? Isn't talking with someone about serious issues hard enough in person?

Actually, says Mary Tucker, CEO of UPIC Health, based in Chantilly, Va., online sessions have already proven to have some serious advantages. For one thing, young adults are far more likely to be comfortable with on-screen communication, so telemedicine isn't automatically a turn-off for them. And while a certain amount of bravery is needed to turn on a webcam and talk to a stranger, that's often easier than parking in front of a clinic and walking in the front door.

UPIC already offers phone consultations, and the extra dimension of a face-to-face encounter, even if it's online, has proven to be powerful. It's in the eyes. People talking face to face can look each other in the eye, and for people suffering through the most traumatic events, that's powerful.

"Looking into the eyes of an empathic caregiver, for us, was the missing piece in those real-time communications," Tucker says. "I mean, I would just as soon replace the phone."

The video system UPIC works with offers one other advantage that few video meeting systems have: Patients can remain anonymous and still meet with the same counselor in later sessions. "That's pretty powerful stuff," Tucker says.

Besides testing the video system with patients, UPIC is testing it for in-house communications as well. Employees aren't nearly as comfortable with it as the patients are, Tucker says.

One Touch Is All It Takes

The video system UPIC is testing is a white-label solution created by One Touch Video Chat in Austin, Texas. For One Touch, this is simply a new extension of a product it's offered for some time. In fact, this is the ninth vertical for the One Touch system, following recruiting and law, among other verticals. The company already offered its system for government and financial clients, as well, so while a medical system needs strong security thanks to HIPPA regulations, both government and finance sectors have stronger security needs.

"Everybody gets worried about the word HIPPA, but when you actually look into the guidelines for security, financial, because you're dealing with socials and credit cards and things like that, I think it's a little bit more risky," says Carrie Chitsey Wells, COO for One



UPIC Health CEO Mary Tucker says that, instead of creating a barrier to seeking out mental health help, video chat actually makes it easier for some patients to reach out.

Touch. “We had to make some changes from a security standpoint on our side. It wasn’t a stretch for us.”

One Touch built its video solution in-house and entirely from scratch. It establishes a live peer-to-peer connection, and works on desktops and portable devices, streaming with WebRTC and native video.

A strength of the One Touch system is that it’s able to route calls to multiple possible caregivers. Behind the scenes, the system connects to a networks of doctors, clinical providers, administrators, or whoever else is taking the calls. The system routes video calls to the next available expert. For mental health issues, especially, it’s important that callers don’t have to wait long. Immediately following a call, the system

solicits feedback from both parties. Surveys are configurable by the customer, but in the medical field, they typically ask how the patient’s experience was, would they recommend the experience, and did it eliminate the need for an in-person visit. Wells says the company gets an 80% completion rate on these surveys.

One Touch decided to enter the medical field about 12 months ago, but only after getting multiple requests from medical companies that wanted to use the system for its video routing capability.

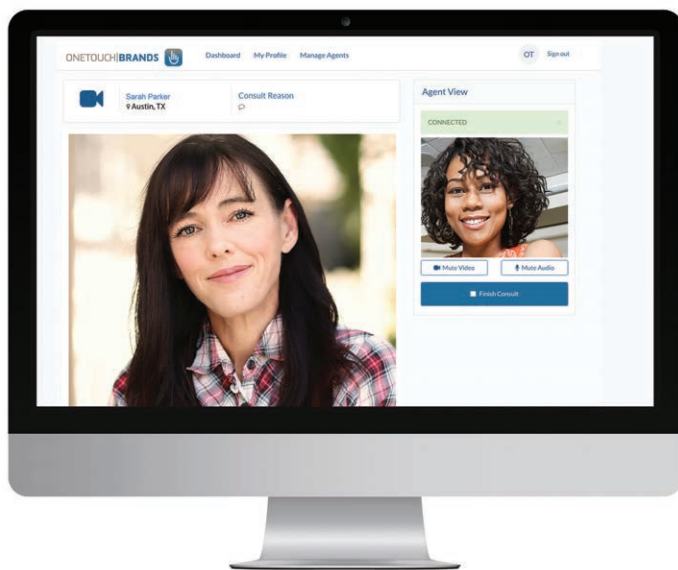
“Let’s say you’re a hospital and you have multiple locations,” Wells says. “Let’s say you have three hospital campuses and you’ve got doctors in multiple locations or working from their own practice or working at home.” One

Touch lets patients go to a hospital website to find a specialist, such as a heart doctor, and scan across all of the hospital’s locations regardless of geography. Practitioners, wherever they happen to be—even at home—can take video calls instantly.

“Which is why it was so attractive for the mental health crises. There’s no scheduling. There’s no calling back. You’re getting somebody on the video instantly, and it’s live,” Wells adds. “You’re able to assist someone instantly through that concept. So we have skill-based video routing, we have grouping, we have routing by need, things of that area that makes it attractive in the virtual health world that we live in.”

The clinicians One Touch connects with probably aren’t idly standing by—they’re more likely multitasking and working on other cases at the same time—but they’re ready to take video calls when they come in. The company aims to have video calls answered within 90 seconds. There’s a messaging and routing procedure that kicks in if no one is available, but Wells emphasizes that happens in only a small amount of cases. While clients have the option of having their videos stored by One Touch, UPIC

UPIC employs One Touch Video Chat’s solution for its chat service, called UPIC Video Connect.



One Touch Video Chat COO Carrie Chitsey Wells says that video chatting is especially appealing for mental health patients. “There’s no rescheduling. There’s no calling back. You’re getting somebody on the video instantly, and it’s live.”



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videos are never stored. There's no way anyone could access videos after the call because those files don't exist.

While conforming to HIPPA regulations was a concern, the bigger obstacle was getting doctors adjusted to a new way of working. These operational changes included conducting patient assessments differently and being sure to update medical records and look things up after each call.

Since launching its medical offering, One Touch has gained nine health-related clients, including medical concierge companies, non-profits, and the Houston Fire Department, which uses video telehealth for its ambulatory and ER services.

For UPIC, some of its calls come after hours from existing patients who need crisis support. Calls can start as regular voice calls and transition to video or start as video. The company works with a lot of at-risk teens. Many independent or large clinics promote it to their clients at their locations or over their website.

You Pick the Time and Place

UPIC got started with One Touch thanks to some good old-fashioned, person-to-person networking. Tucker worked with Sean Erickson, now the CEO of One Touch, 20 years ago, and has kept in contact. When Erickson started working for One Touch, he let Tucker know. By that time, she'd already been working with telemedicine solutions, but wasn't happy with any of them. They required patients to schedule an appointment and the interface was like that of a Skype meeting. After an exhaustive year-and-a-half research-and-testing period, Tucker decided she liked One Touch better.

"What we love about it is the flexibility," Tucker says. "What we loved about this technology was that it was mobile-optimized as well as desktop. It can be placed in libraries, it can be placed in hospitals, it can be placed in any location with a high-speed internet connection and patients can be seen. But they

can reach us in high volume at the same time, as opposed to most telemedicine platforms."

Patients using the One Touch system to talk to UPIC can use a mobile device, a desktop computer, or both. Management software shows how many people are waiting to speak with a counselor.

"The quality is crystal clear," Tucker says. "It is dependent on internet connection, but our clients have all the high-speed internet that they need and so do we. They can quickly interact as though they're right down the hall from each other."

Tucker is ready to put another telemedicine tool to work for a client that serves a lot of deaf patients. Using signers and a video program looks like a great combination to her.

As for One Touch, Tucker says it's a cost-saving option compared to traditional telecom platforms—although that wasn't a big part of her decision making. Now that the product testing is done and her company is using One Touch, they're testing new applications for it. Her team finds it easy to create new skills on the platform, assign the right resources to them, and launch new tools. So besides using it for outside patients, they're also using the system internally. That's not as high-volume as the telemedicine use, but it makes work easier.

"For the sum of what we engage in over the phone and now what we're trying to transition to video is, I would just as soon replace the phone and have it all video," Tucker says. "That would require our clients putting our widget on their website and those are the things that we're talking about, right? To advance this. But the ability to see each other and communicate with each other, looking into each other's eyes, face to face, for us is the key in behavioral health. It just is."

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