**(Company Name)**

**Telehealth Procedures**

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Overview of Telehealth Systems

(Company Name) conducted extensive review on the use of telehealth services. Based upon the findings, telehealth is a viable option for access to behavioral health services and enhancing the efficiency of the therapeutic service delivery system.

Telehealth is the use of electronic information and telecommunication technologies to support therapeutic care between a patient with developmental/behavioral concerns and a licensed clinical practitioner. The continued development of the Internet and recent reductions in the cost of technology to deliver this service have made telehealth a viable option for delivering clinical services to service recipients residing in rural and underserved geographic regions. As a cost-effective alternative to more traditional ways of providing behavioral health care, use of telehealth technology by providers can reduce transportation expenses, improve service recipient access to clinical providers, improve quality of care, and facilitate better communication with providers. Telehealth systems provide a live, interactive audio-video communication or videoconferencing connection between the patient in need of services and the therapeutic service delivery system.

The primary goals of the use of telehealth in the delivery of therapeutic services:

1. Enhance access to clinical services in a timely manner;
2. Improve efficiency of therapeutic services;
3. Reduce wait-time related to long distance travel; and
4. Reduce healthcare costs.

The following guidelines provide information related to the establishment and use of telehealth systems in the provision of therapeutic services. These guidelines are to be followed by providers using telehealth systems to render therapeutic services. These protocols should be as consistent as possible across various locations while adapting the protocols to address the realities of each providing location.

General Provisions

Therapeutic service providers may connect with a variety of community locations serving patients with developmental/behavioral concerns to help facilitate access to needed services. Locations may include patient homes, clinic office, schools, community settings and other similar locations. A telehealth connection will allow therapeutic providers to conduct face-to-face assessment/treatments to monitor treatment progression and clinical services more efficiently and cost effectively. These connections should improve the accessibility and timeliness of service disposition and allow improved utilization of therapeutic resources.

Connectivity issues are one of the main concerns for compatibility of software and/or equipment. In order to avoid these issues, each location should consult with the intake admissions to ensure that the provider software and equipment are compatible with existing community telehealth systems. It is expected that all therapeutic providers, at a minimum, be able to connect to established company telehealth software.

Telehealth connections between the clinician and patient will only occur with the involvement of a designated therapeutic service provider. Appointments for telehealth assessment/treatments will require approval of the admissions department at the time the request for an appointment is made.

To determine if you can connect to the telehealth super highway, you must first arrange a connectivity test. Once connected to (Company Name), the provider will be able to connect with the patient.

The IT Managers at (Company Name) are as follows:

(Name and contact information)

Guidelines for services include but are not limited to the following:

A. EQUIPMENT

The major components include monitors, cameras, a desktop computer or laptop computer, microphones, ear phones, speakers and other audiovisual interactive technologies such as videophones. All telehealth equipment should be kept in good working condition and replace equipment as necessary to ensure clinical results are comparable to on-site face-to- face clinical results.

There must be procedures in place for dealing with equipment failure. Should failure occur, the site where the patient is physically located is responsible for attempting to reestablish an adequate audio- video connection. If this is not possible, then the clinician should offer an alternative equipment and/or connection option via video phone or tablet. The clinician that provides direct care through telehealth is responsible for ensuring appropriate options are available for the patient receiving services.

Special considerations for laptop use:

Laptop technology will allow therapeutic providers to connect to the patient from the presentation point, without the need for transport to a remote telehealth site. However, the use of laptop technology presents special challenges that would not be an issue with stationary equipment and requires extra steps to ensure safety and security of the equipment.

The following must be considered with the use of laptop technology:

•  The clinician must provide for the confidentiality of services;

•  The quality of the connection must provide adequate sound and image; and

•  The patient must be able to operate the equipment with adequate training.

Listed below are minimal specifications for the use of telecommunications for Therapeutic Services: Audio

High quality microphones, ear phones and speakers ensure effective audio communication and should be used in telehealth consultations to ensure accurate interpretation of the patient’s and provider’s spoken communication. High- quality audio is essential to the success of telehealth services, capturing the nuances of conversation in order to provide accurate treatment. Microphones should be embedded within the computer, laptop, tablet or phone in order to be mobile and move with the patient.

Transmission Speed and Bandwidth

Transmission speed shall be the minimum necessary to allow the smooth and natural communication pace necessary for clinical encounters. Most telehealth programs use systems that transmit data (bandwidth) at a minimum of 600 Kbps or as recommended by company telehealth software.

Image Storage, Retrieval and Transmission

1. Security: The United States Health Insurance Portability and Accountability Act (HIPAA), Alcohol and Drug Confidentiality Regulations in 42 CFR, Part 2 and (state) privacy requirements shall be followed at all times to protect patient privacy. Network and software security protocols to protect privacy and confidentiality shall be developed as well as appropriate user accessibility and authentication protocols. Measures to safeguard data against intentional and unintentional corruption shall be in place during both storage and transmission.
2. Encryption: Within the U.S., HIPAA requires that Electronic Protected Health Information is encrypted.
3. Resolution: The resolution of the display monitor should match as closely as possible the resolution of the acquired image being displayed, or the originally acquired image resolution should be accessible using zoom and pan functions.
4. Interoperability: Most telecommunications standards are established by the International Telecommunications Union (ITU), an agency of the United Nations. Equipment shall be based on these standards which allow successful conferencing regardless of platform or manufacturer. The ITU standards that shall be used comprise the H (video), G (audio) and T (data) series.

B. Security

Clinicians should take steps to ensure the security of the equipment, such as keeping the equipment in a locked room with limited access to the equipment. In addition, mobile networks should have secure username and password protections. Mobile units shall never be left unattended without restricting access by unintended users. When transmission of identifiable patient data is required, it should occur over secure networks or appropriate encryption protocols must be used.

C. Credentialing

(Company Name) requires that staff performing therapeutic assessment and treatments, whether in person or via telehealth, be credentialed within their clinical organization and by the state where they provide services.

D. Privacy/Confidentiality

Patient privacy and confidentiality must be maintained at all times while receiving telehealth services, in accordance with, but not limited to, Tennessee Code Annotated Title 33, HIPAA standards and the Alcohol and Drug Confidentiality Regulations in 42 CFR, Part 2. This includes privacy provisions at the clinician’s location, as well as the patient’s location.

The physical location in which the telehealth assessment/treatment takes place should be one which provides the most privacy available. While this may sometimes be challenging, given that some locations may not be conducive to ensuring privacy, the clinician providing assessment/treatment and treatment must use his/her best judgment to determine whether the telehealth assessment/treatment setting is appropriate.

Privacy policies must be reviewed with the patient before beginning a telehealth assessment/treatment and the review shall be documented in his/her record.

1. The patient will be informed that privacy policies contain standards that will protect the patient receiving services from being monitored through the video and/or through audio by unauthorized third parties without the patient’s prior knowledge.
2. The patient will be introduced to all persons involved in the assessment/treatment and/or treatment. The patient will be notified immediately if other personnel involved in the delivery of telehealth services, or other patients as applicable, enter the transmitting and receptor sites during assessment/treatment and/or treatment.
3. The patient will be given the opportunity to request that the assessment/treatment and/or treatment be completed in person rather than by telehealth.
4. Right to Object

The patient receiving assessment/treatment and/or treatment via telehealth must be informed of the process and given an opportunity to request an in-person face-to-face assessment/treatment before conducting a telehealth assessment/treatment. This should be documented in his/her record.

* 1. Explanation of the process shall include a statement that services will not be withheld if the telehealth encounter is refused and the patient may terminate the telehealth assessment/treatment at any time.
  2. Documentation must contain a statement that the telehealth process was explained to the patient and whether or not an objection was raised.

1. Consent for Release of Information

A release of information form should be provided to the patient during intake with the admissions department. It is essential that health information be shared between the clinical provider and medical professionals to ensure continuity of care for the patient being served.

G. Physical Location

All telehealth sites shall ensure that telehealth equipment is located in a space conducive to a clinical environment and provides adequate comfort and privacy for the patient. Both visual and audio privacy are important, and placement and selection of the rooms used for conducting telehealth assessment/treatments and/or treatment should consider this. Proper lighting is required to keep shadows off the faces of the participants.

H. Licensure

All clinical professional licensure requirements are the same for telehealth as for on-site face-to- face services. However, licensing requirements vary from state to state thus if a professional is providing direct care services across state lines, the clinical professional must adhere to the requirements of each state’s licensing authority.

I. Training

All clinical professionals involved in telehealth assessment/treatments and/or treatment must be trained in how to use telehealth equipment properly and in accordance with organizational policies. Telehealth training procedures should include familiarity with the equipment, its operation and limitations, emergency backup procedures and means of safeguarding confidentiality and privacy at both the transmission and receptor sites. All clinicians must have telehealth training prior to initial use to ensure competency. This training must be documented in the personnel records.

J. Inclusion/Exclusion Criteria

A determination must be made whether telehealth is a viable means of conducting the assessment/treatment and/or treatment based on the patient’s medical and psychological condition. If the patient’s presenting condition is inappropriate for a telehealth assessment/treatment and/or treatment or if visual or sound quality is inadequate, the clinical professional should proceed with an on-site, face-to-face assessment/treatment and/or treatment. Assessment/treatment and/or treatment of a patient via telehealth may not be viable if:

* The patient is too agitated to focus;
* The patient is violent, if the violence would potentially result in injury to themselves, others or damage to equipment;
* The patient has an untreated acute medical condition.

K. Right to Terminate

For any reason and at any time during the process, the patient being evaluated via telehealth or the professional conducting the assessment/treatment (or other staff located where the patient is located) can request the assessment/treatment be terminated and be rescheduled so for the appointment to be conducted on-site, face-to-face instead. Reasons might include but are not limited to poor audio or visual quality, connectivity interruptions, and/or unstable mental health symptoms.

L. Service Records

Each telehealth session must be documented on a clinical progress note and stored on the company encrypted server system. Privacy and confidentiality will apply to all sites where records are located.

Documentation must reflect that the assessment/treatment was conducted via telehealth, patient names, and therapeutic activities that occurred. The record must comply with organizational standards and federal and state laws for documentation of therapeutic sessions. Documentation for a service rendered through telehealth should include, at a minimum, the same information as an on-site face-to-face contact. Additionally, it should include the following information:

o That the patient was informed of the telehealth process and confidentiality requirements;  
o The location of the clinical professional providing the service;  
o The location of the patient (e.g. town, facility where physically located, etc.);  
o Any malfunction that may have affected clinical assessment/treatment or care being rendered by telehealth, such as the quality of a transmission being poor and how this was addressed;  
o A list of other people present during the telehealth services and their role(s) and

o The final outcome of the assessment/treatment.

M. Use of Telehealth to Conduct a Therapeutic Assessment/treatment

1) General Considerations:

1. A Pre-screening Agent should conduct the assessment/treatment if therapeutic telehealth services are likely.
2. Assessment/treatment via telehealth should not be attempted if the patient is being evaluated is suicidal, homicidal, dissociative, having significant cognitive limitations including intellectual deficits, or acutely psychotic.
3. The same criteria (e.g.-risk assessment/treatments, documentation, and response time) apply to therapeutic assessment/treatments via telehealth as to on-site face-to-face therapeutic assessment/treatments.
4. Assessment/treatments of a patient via telehealth should not be attempted if there are technical problems with the telehealth equipment or connection or if the patient’s condition does not warrant a telehealth assessment/treatment.
5. The patient being evaluated and the clinical professional conducting the assessment/treatment must be able to see and hear each other without delays or distortion and either may decide if an in-person face to face should be conducted.
6. The clinical professional and the patient involved in telehealth assessment/treatments must establish a procedure to be utilized in case an emergency situation develops during the telehealth assessment/treatment.

2) Prior to Initiating a Telehealth Assessment/treatment:

1. Intake staff will contact clinical professional to verify availability to conduct the assessment/treatment prior to initiating a telehealth assessment/treatment.
2. A discussion must occur between the clinical professional and the agency where the patient is located regarding whether telehealth is a viable means of conducting the assessment/treatment, based on the patient’s behavior and health condition.
3. If the clinical professional determines that telehealth is not a viable means of conducting the assessment/treatment with the patient, they will initiate scheduling a face-to-face assessment/treatment in the clinical office setting.
4. If the clinical professional determines that assessment/treatment can be conducted by telehealth, then the patient being evaluated must be given the choice to have the assessment/treatment via telehealth or on-site, in person.
5. The clinical professional conducting the telehealth assessment/treatment shall provide the following information, either verbally, via encrypted email or FAX. Additional information relative to the assessment/treatment may also be provided.
   1. Basic information (patient’s name, reason for assessment/treatment, date of birth, social security number, and insurance status) and whether the patient is considered medically stable and ready for a therapeutic assessment/treatment;
   2. Whether the patient has a durable power of attorney for health care that includes health care or a declaration for health treatment;
   3. Any known medical conditions;
   4. Current or recent prescription and over-the-counter medications, if any;
   5. Current or recent use of alcohol and/or other substance use, if any; and
   6. The name of the current or most recent community health provider, if known.

6) Upon receiving the clinical and demographic information, the clinical professional will provide a time that he or she will be ready to begin the assessment/treatment via telehealth.

7) The clinical professional will inform the patient of any known delays (including technical problems or if other assessment/treatments are to be completed ahead of this one).

8) After testing the telehealth equipment and connectivity, the community telehealth site and the site where the patient is located, the scheduled assessment/treatment can begin.

3) Conducting the Assessment/Treatment via Telehealth:

1. At the beginning of the telehealth assessment/treatment, the clinical professional shall explain the purpose of the assessment/treatment to the patient being evaluated (i.e., to determine service needs).
2. The clinical professional shall inform the patient if other staff are present in the room where the telehealth equipment is located or enter the room at any point during the assessment/treatment.
3. The telehealth assessment/treatment conducted by the clinical professional shall be identical to the assessment/treatment that would be conducted on-site, with the addition of the initial determination that assessment/treatment via telehealth is a viable option.
4. All of the documentation required for therapeutic services for an on-site assessment/treatment is required for an assessment/treatment conducted via telehealth.
5. If, during the telehealth assessment/treatment, it becomes obvious that the patient is not able to participate to the extent that the telehealth assessment/treatment cannot be completed, or if the patient being evaluated requests to terminate the telehealth assessment/treatment, the patient must be assessed in-person, face-to-face.
6. If the clinical professional has concerns regarding whether the patient would be safe during the assessment/treatment it may be an indicator that the assessment/treatment should be conducted on site, not by telehealth.
7. The clinical professional conducting the assessment/treatment via telehealth shall not be interrupted during the assessment/treatment except in the event of an emergency that cannot be managed by any other staff or an emergency requiring evacuation of the telehealth location. If the clinical professional must be interrupted during the assessment/treatment, other staff members must be assigned to 1) immediately communicate the interruption to the patient being evaluated; and/or 2) continue treatment with the patient until the clinical professional returns.
8. If at the conclusion of the telehealth assessment/treatment the patient meets criteria for ongoing treatment or dismissal, company documentation should be completed and processed with the billing department.

P. Assessment/Treatment of Effectiveness:

The telehealth therapeutic assessment/treatment should be evaluated each month to determine the effectiveness of conducting therapeutic assessment/treatments via telehealth.

Questions that should be considered in evaluating the effectiveness include:

Key questions for assessment/treatment:

1. What percent of assessment/treatments were conducted by telehealth?
2. What percentages of assessment/treatments were not conducted via telehealth due to patient objection?
3. What percent of assessment/treatments conducted by telehealth were not completed?
4. If a telehealth session was stopped, what were the reasons for stopping?
5. Are wait times for face-to-face assessment/treatments decreased via telehealth compared to in-person?
6. What is the impact of the telehealth assessment/treatments on patient access to services?
7. How much travel time and mileage were saved by decisions to utilize telehealth?
8. What is the patient’s rating of the efficacy of telehealth assessment/treatment?

References:

American Telemedicine Association. Practice Guidelines for Videoconferencing-Based Telemental Health, October 2009.

http://www.americantelemed.org/i4a/pages/index.cfm?pageid=1

American Telemedicine Association. Evidence-Based Practice for Telemental Health, July 2009.

http://www.americantelemed.org/i4a/pages/index.cfm?pageid=1

Cisco TelePresence MoviTM, [Cisco TelePresence Movi] - Cisco Systems. http://www.cisco.com/en/US/prod/collateral/ps7060/ps11303/ps11310/ps11328/data\_sheet\_c78- 628609.html

Telemental Health: Videoconferencing as Psychiatry Aid by Julie Weingarden Dubin, Monday, Mar. 22, 2010,--Printout-- TIME, http://www.time.com/time/printout/0,8816,1974196,00.html

Telemental Health Guide, Eliminating Mental Health Disparities, Barriers, University of Colorado Denver, Anschutz Medical Campus- Downtown Campus, http://www.tmhguide.org/site/epage/94308\_871.htm

Telemental Health Guide, Eliminating Mental Health Disparities, Benefits, University of Colorado Denver, Anschutz Medical Campus- Downtown Campus, http://www.tmhguide.org/site/epage/87594\_871.htm

Federal Telemedicine News, News briefs and information from Federal agencies and Capitol Hill on government activities, legislation, and grants of interest to the telemedicine, telehealth, and health IT community. Edited by Carolyn Bloch, Wednesday, December 7, 2011, HHSSecretaryToutsInnovation, http://telemedicinenews.blogspot.com/2011\_12\_01\_archive.html

Federal Telemedicine News, News briefs and information from Federal agencies and Capitol Hill on government activities, legislation, and grants of interest to the telemedicine, telehealth, and health IT community. Edited by Carolyn Bloch, Sunday, June 12, 2011, Collaborative Approach to Telemedicine, http://telemedicinenews.blogspot.com/2011/06/collavorative-approach-to-telemedicine.html

National Center for Telehealth & Technology, DoD, Introduction to Telemental Health,

http://t2health.org/programs-telehealth.html

National Center for Telehealth & Technology, DoD Telemental Health Guidebook, 9 June 2011, Version 1,

http://t2health.org/programs-telehealth.html

American College of Emergency Physicians, ED Telepsychiatry Cuts Admissions, Saves Money by M. Alexander Otto, Elsevier Global Medical News, Honolulu, http://www.acep.org/MobileArticle.aspx?id=80804&coll\_id=713&parentid=740