



Department of Psychiatry
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

University of Colorado Anschutz Medical Campus

Department of Psychiatry

Telemedicine Programming

Guidance for Direct to Patient Video Conferencing

GENERIC TEMPLATE 3.23.20

***SPECIFIC INFORMATION RELEVANT TO DEPARTMENT AND CU
OPERATIONS HAVE BEEN REMOVED***



Executive Summary

This document is to provide guidance for the Department of Psychiatry Faculty and Staff in the administrative and clinical concerns for using direct to patient location (home, office) videoconferencing. It is intended to support direct to patient videoconferencing with existing patients and services to manage the evolving situation with COVID 19.

It is not intended:

- To supplant standard procedures or protocols already existing for clinical procedures or workflow.
- Used to create new telemedicine services, which should be coordinated through Telemedicine Programming in the Department as well as other relevant service lines and partners. (*National standards for telemedicine call for the creation of specific telemedicine protocols and procedures for each specific clinical service.*)

Individual providers not familiar with the clinical use of videoconferencing should:

- Seek training and education in the logistical use of telemedicine.
- Be aware of University, State and Federal policies guiding clinical work in this area.

KEY AREAS FOR CONSIDERATION:

- Understanding choice and requirements for VIDYO vs ZOOM workflows
- Federal restrictions on prescriptions of controlled substances
- Managing psychiatric and mental health emergencies
- Licensure and jurisdiction requirements

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CONTACTS



PROVIDER LICENSURE, CREDENTIALING AND MALPRACTICE

Providers: University of Colorado Department of Psychiatry

State Licensure: Providers **will have** an appropriate medical license in states where patients are located. Some states will allow limited licenses or have other agreements that would allow telehealth care to be delivered without a full medical license in the state. As these regulation are state-specific, providers **must** understand and be in compliance with the laws and regulations of the state where the patient is located before offering telehealth services.

Malpractice Carrier Information: UCH Self-Insurance Trust

Credentialing: Providers will hold appropriate credentials through UCH or other clinical unit they are associated with.

Department of Psychiatry faculty are credentialed through CU Medicine to see patients in their homes as site of practice as well as work from their homes. Individual clinics/services may also have additional policies regarding telework.



UCH TELEHEALTH SERVICES (VIDYO) vs NON-UCH SERVICES (ZOOM)

PATIENT RECRUITMENT AND ENROLLMENT

Patients who are existing patients of services can be consider for videoconferencing. Work flow and scheduling through should be coordinated through the clinic where the patient is currently be seen.

- Psychologist and Licensed Clinical Social Workers should conduct initial patient sessions in-person at the clinic, and then periodically during treatment. This is a requirement of the Colorado professional boards.
- Psychiatrists and Psychiatric Nurse Practitioners may conduct all sessions, including initial sessions, via telehealth.



CLINIC SCHEDULING AND APPOINTMENTS

Existing workflow for scheduling and appointments should be used and coordinate with the clinic the patient is seen.

Additional considerations:

- All patients communication via email should be done via encrypted email system.
- Patients can be sent email information about the process and using video systems
- Patients not enrolled can complete initial paper work using encrypted email communication. Individual providers may decide after a patient is enrolled to conduct the initial appointment over telehealth (in compliance with provider rules and regulations) and follow procedures for setting up a telehealth visit
- Staff can educate the patient about telehealth and if patient agrees patient will get an email and instructions.

Upon agreeing to telehealth sessions, it is highly recommended that clinic staff conduct a test session with the patient to ensure a quality video connection.

- 1) Patients can be called by staff via telephone and scheduled for a test session.
- 2) Staff and the patient will connect and assure that
 - a. Connection can be made
 - b. Video and audio quality is good and there are no issues with the connection.
 - c. Patient has a private and secure environment to conduct the session.
- 3) Clinicians are ultimately responsible for assessing the patient environment for the clinical session.

PROVIDER AND PATIENT SITE REQUIREMENTS

Provider Requirements:

- Computer with internet connection with adequate bandwidth and processing power to run the video platform.
- **Google Chrome is preferred** and works best for VIDYO and ZOOM systems other browsers may also work. (Microsoft Explorer/Edge, Safari, Firefox)
- Web Camera, microphone and speakers
- Private secure space where video and audio cannot be overheard or seen by others
- Adequate lighting for web camera to broadcast good quality image of provider
- Secure phone line (cell or landline) available during session

Patient Requirements:

- Computer with internet connection with adequate bandwidth and processing power to run the video platform
- **Google Chrome is preferred** and works best for VIDYO and ZOOM systems other browsers may also work. (Microsoft Explorer/Edge, Safari, Firefox)
- Web Camera, microphone and speakers
- Private secure space where video and audio cannot be overheard or seen by others and at low risk for interruptions by others
- Adequate lighting for web camera to broadcast good quality image of provider
- Secure phone line (cell or landline) available during session

GENERAL POLICIES

All patients will:

- Undergo an informed consent procedure on the use of telebehavioral health videoconferencing, documented at or prior to the first session.
- In general written consent (*see Appendix A: Patient Materials*) is preferred, and maybe available via UHealth system, during the COVID 19 emergency oral consent is permissible, with providers documenting that this was obtained in their notes.
- Understand both routine and emergency contact procedures and protocols for the clinic
- Undergo standard clinical procedures associated with the clinic they are seen in
- Understand payment procedures including the applicability of any co-payments

All providers will:

- Comply with the Ryan Haight Act and NOT prescribe any controlled substances for patients over telepsychiatry without conducting an initial in-person exam with them and see them in-person at least once every 12 months
- Understand both routine and emergency contact procedures and protocols for the clinic
- Undergo standard clinical procedures associated with the clinic
- Follow the state guidance around telehealth for their licensure (see Appendix B)

Exclusion Criteria:

- Exclusion is primarily at the discretion of individual providers and patients. Patients who are judged by the providers to be actively intoxicated or otherwise unable to participate will not be seen over video. Patient or provider reluctance to use telehealth should be considered the primary exclusion criteria aside from clinical discretion. Standard protocols around emergencies will be followed.



CLINIC MEDICAL RECORDS

- All medical records will be kept as the standard protocols of the clinic they are seen in
- If they have a standard Telehealth EPIC template that should be used
- In ALL documenting telehealth session every telehealth session should indicate
 - Provider location:
 - Patient location:
 - Time, Date and the fact that session was a telehealth session/done over videoconferencing.
- Clinicians should include brief documentation in the first visit that they have discussed use, risks and benefits of telepsychiatry, safety and contact procedures and limits of confidentiality.





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LABORATORY SERVICES

Provider works with the patient to facilitate the obtaining of necessary labs.





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PHARMACY SERVICES

Providers will follow standard procedures for prescriptions.





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REFERRALS, PROVIDER COMMUNICATION AND CARE COORDINATION

Provider responsible for following up as clinically indicated.





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TECHNICAL FAILURES

If at anytime during the telehealth activities the connection should be severed, then the clinician will contact the patient by phone. In speaking with the patient the clinician can either finish the clinic session via phone or reschedule the patient for a later session. This will be at the determination of the clinician and patient. Before ending a session with a patient by phone, the clinician will assess whether an emergency psychiatric condition is present that may require further evaluation.



EMERGENCY PROCEDURES AND PROTOCOL

Definition of Psychiatric Emergency

Ultimately whether something constitutes a psychiatric/mental health emergency is at the clinical judgment of the provider. General circumstances that constitute a psychiatric emergency for the purposes of this telehealth service include, but are not limited to, the following:

- 1) New suicidal thoughts or homicidal thoughts that are causing distress to the patient or an impulse or plan to act upon any such thoughts.
- 2) Grossly impaired behavior due to a mental illness (e.g., being unable to eat or take care of one's basic needs).
- 3) A severe reaction to a medication prescribed by the clinician (such as severe, intractable vomiting). It will be the clinician's responsibility to describe severe medication reactions to each patient for each medication prescribed and to educate the patient as to when to seek medical attention for such a reaction.

Pre-Clinical Session Preparation

- 1) Make sure to review the emergency plan and have contact information for the local ER services and Metro Crisis Line at 888-885-1222.
- 2) Clinicians may also consider use of a Patient Support Person (PSP), using recommendations from the American Telemedicine Association (ATA) guidelines as follows:
 - a. For treatment occurring where the patient is in a setting without clinical staff, the professional may request the contact information of a family or community member who could be called upon for support in the case of an emergency. This person will be called "the Patient Support Person" an individual selected by the patient. In the case of an emergency, the professional may contact the Patient Support Person to request assistance in evaluating the nature of the emergency and/or
 - b. Initiating 9-1-1 from the patient's home telephone, It is possible that a patient will not cooperate in his or her own emergency management, which underlies the practice of involuntary hospitalization in mental healthcare. Professionals should be prepared for this as well as the possibility that Patient Support Persons also may not cooperate if the patients themselves are adamant that they do not want to seek emergency care. Therefore, any emergency plan shall include local emergency personnel and knowledge of available resources in case of involuntary hospitalization.

Please note: For any locations in CO, 911 is the all-inclusive emergency number. Although 911 recognizes the location of the caller, the 911 dispatch will transfer to the 911 team of a particular address, if requested and provided. Additionally local



emergency contact number by county can be found at
<https://www.911colorado.org/pdfs/Directory.pdf>

In Session Management

- 1) If patient becomes at imminent risk than provider should contact local emergency services, and remain engaged and available to patient and local emergency services.

Outside of Session Management

Providers should have an outside of session emergency plan based on the standard protocol of the clinics patient is seen in.





REPORTABLE EVENTS

All clinicians are expected to follow state regulations for reporting abuse (child, elder, spousal) according to their licensure.

PRESCRIBING (RYAN HAIGHT ACT)

Ryan Haight Online Pharmacy Consumer Protection Act of 2008 - Amends the Controlled Substances Act to prohibit the delivery, distribution, or dispensing of a controlled substance that is a prescription drug over the Internet without a valid prescription.

“The Act does exempt practitioners from this requirement as long as a practitioner meets the federal definition of practicing telemedicine. A physician practicing telemedicine may prescribe controlled substances without an in-person evaluation if: (1) The patient is treated by, and physically located in a hospital or clinic which has a valid DEA registration; and (2) the telemedicine practitioner is treating the patient in the usual course of professional practice, in accordance with state law, and with a valid DEA registration. 21 USC 802(54)(A). The most important thing to note for a practitioner is that the location where the patient is being treated *must be a hospital or clinic* that is itself registered with the DEA.”

<http://www.txmedicallicensinglaw.com/2013/08/articles/texas-medical-board/the-ryan-haight-act-and-the-changing-face-of-telemedicine/>

For Depression Center patients (who will not be in a clinic prescribing of controlled substances patients must either;

- 1) **Have in-person visit prior to and once every year.**
- 2) **Work with another provider in patient’s care team to issue prescription (eg. PCP).**

ABNORMAL INVOLUNTARY MOVEMENT MONITORING

Clinicians need to make their own determination about the methods of monitoring antipsychotic abnormal involuntary movement disorders.

The AIMS can be conducted, and has been validated, in a telehealth context using a camera with remote zoom and pan camera capability. Although the AIMS are an important component of monitoring movement disorders, it is not a tool that can sufficiently monitor and assess the full range of potential antipsychotic movement disorders.

As such, clinical recommendations are:

- 1) Practice-level protocol and procedures include regular use of the AIMS (either in person or via telemental health) as well as additional validated screening tools to monitor for all types of movement induced side effects.
- 2) Clinicians should have on-site assistant staff trained to conduct exams under supervision of tele-provider, having patients meet with tele-provider in-person for these exams, and/or coordinating with a patient's primary care physician or medical home team to conduct these assessments.

CONSIDERATIONS FOR MULTI-PARTICIPANT VIDEO CONFERENCING GROUP AND SUPERVISION

The videoconferencing platforms enable multiple participants to join allowing for faculty to join sessions between patient and trainees and to hold group therapy via video. This is a little more complicated than a 1:1 clinical session and its recommended that providers first become comfortable managing 1:1 session before attempting trainee supervision or group therapy over video.

Additional Considerations for Multi-Point Sessions.

- Introduction of all participants in the session including who is involved, roles (supervisor vs. trainee).
- Clear statement of conduct/rules during the session, such as:
 - Privacy
 - No others entering/exiting rooms where attendees are located
 - Group rules around confidentiality
 - Behavior
 - Appropriate behaviors and dress for sessions
 - No multi-taking on technology (eg. web surfing during group)
- Group leader/therapist needs to work to monitor participants and remind and enforce rules around group behavior as needed.

APPENDIX A: PATIENT MATERIALS

PATIENT INITIAL EMAIL TEMPLATE

Welcome to Department of Psychiatry's Telemedicine Program. Opening this email indicates that you now have an account that will allow you to receive encrypted emails from the University.

Appointments for your telehealth session will be sent to you via email using our video platform (ZOOM or VIDYO). When you receive an email with a video appointment you will click on the link in the email to begin your video session. You must have a broadband internet connection and an updated version of Internet Explorer, Edge, Google Chrome, Firefox, or Safari to run Zoom.

Please respond to this email (INSERT STAFF EMAIL) and we will set up a brief compatibility test to make sure we can connect with. Contact me at and we can arrange a date and time for this brief 5-10 minute test to take place. In order to successfully use this service, you will need the following:

- Computer with internet connection with adequate bandwidth and processing power to run the video program.
- Web Camera, microphone and speakers
- Private secure space where video and audio cannot be overheard or seen by others and at low risk for interruptions by others
- Adequate lighting for web camera to broadcast good quality image of provider
- Secure phone line (cell or landline) available during session

Also, this program can **NOT** be used with any tablets or cell phones.

Scheduling an appointment:

Scheduling will occur very similarly to your previous face-to-face appointments. To schedule an appointment please contact.

PATIENT HAND OUT FOR DOP (ALSO SEE VIDYO APPENDIX)



Patient Handout for
DOP TMH.pdf



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APPENDIX B: DOCUMENTATION AND BILLING





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APPENDIX C: CU ZOOM

APPENDIX D: UCH TELEHEALTH GUIDE FOR EPIC , VIDYO AND PATIENTS



APPENDIX E: PROFESSIONAL MATRIXES

State Board Telebehavioral Health Policies: Information up to date as of March 22, 2017									
Guidance regarding psychotherapy through electronic means within the State of Colorado									
Provider Type	Licensure	Initial therapeutic contact in-person	Periodic face-to-face visits	Agree upon therapeutic means of communication between patient and MH professional (i.e. determining when face to face is appropriate, which method of electronic communication is appropriate, etc.)	Implement written consent form(s) and proper disclosure(s)	Ensure that therapeutic means of communication includes confidentiality and computer/cyber security	MH professional can support rationale for the decision to choose a particular therapeutic method	Ensure MH professional practicing within his/her scope of practice	Ensure therapeutic means of communication chosen does not cause any potential harm to the patient
Psy PhD/ PsyD	PhD/PsyD	Recommended*	Expected*	Expected	Expected	Expected	Expected	Expected	Expected
LCSW	LCSW	Recommended	Expected	Expected	Expected	Expected	Expected	Expected	Expected
LPC	LPC	Recommended	Expected	Expected	Expected	Expected	Expected	Expected	Expected
Addiction Counselors	LAC	Recommended	Expected	Expected	Expected	Expected	Expected	Expected	Expected
* The terms "Recommended" and "Expected" for all fields are taken directly from State Board Policy language but not defined.									
Specific challenges may be encountered by these provider types while providing psychotherapy through electronic means, MH professionals must realize that these may include, but are not limited to:									
<ul style="list-style-type: none"> • Verifying the identity of the client and determining if they are a minor. • Providing the patient with procedures for alternative modes of communication when there is possible technology failure. • Assessing how to address crisis intervention when necessary. • Ensuring that clients are knowledgeable with regard to encryption methods, firewall, and backup systems to help secure communication and educate clients on the risk of unsecured communications. • Establishing a means to retain and preserve data. • Upon request, have the ability to capture and provide client treatment notes, summaries or other information that is received via electronic technology. • Disclosing that health insurance coverage may not exist for psychotherapy service that is provided through technological means. • NOTE: Guidance for NPs and MDs on next page, there is no detailed guidance on psychotherapy for those licenses. 									

State Board Telebehavioral Health Policies: Guidance regarding permissible telepsychiatry practices within the State of Colorado						Information up to date as of March 22, 2017				
Licensure	Provider must be licensed in the State of Colorado to evaluate or treat patients in Co utilizing telehealth technologies	Provider-Patient Relationship may be established using telehealth technologies	Appropriate medical evaluation and relevant clinical history review should be performed prior to providing treatment	Informed Consent required	Adherence to generally accepted standards of medical practice as it relates to continuity and coordination of care expected	Emergency plan should be provided to the patient when warranted by the care provided via telehealth	The patient record established using telehealth must be accessible and documented for both provider and patient and should include any informed consents	Written policies and procedures should be maintained at the same standard as traditional in-person encounters	Providers may exercise their judgment and prescribe medications as part of telehealth encounters	Parity of Professional and Ethical Standards
MD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
NP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nursing Board Policy for Telenursing										
Engaging in any of the activities defined as the practice of professional or practical nursing in section 12-38-103, CRS, via telecommunications technology constitutes the practice of nursing in the State of Colorado.										
<ul style="list-style-type: none"> • Nursing practice occurs at the location of the recipient of nursing services, regardless of the physical location of the individual providing the service. • Telenursing may cross state lines. • Telenursing includes, but is not limited to: <ul style="list-style-type: none"> ○ Electronically receiving and sending patient's health status data ○ Initiating and transmitting therapeutic interventions and regimens ○ Monitoring and recording the patient's response and nursing care outcomes. 										
NOTE: These policies apply only to MH professionals listed, certified, registered, or licensed, and treating patients within the State of Colorado										