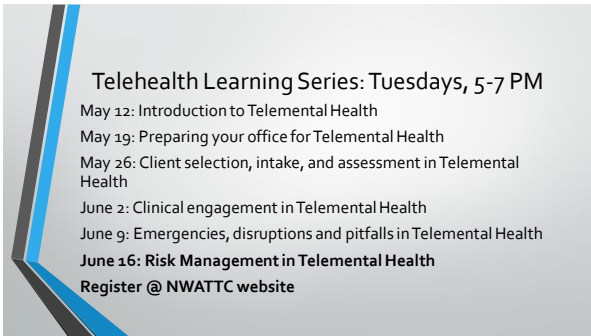
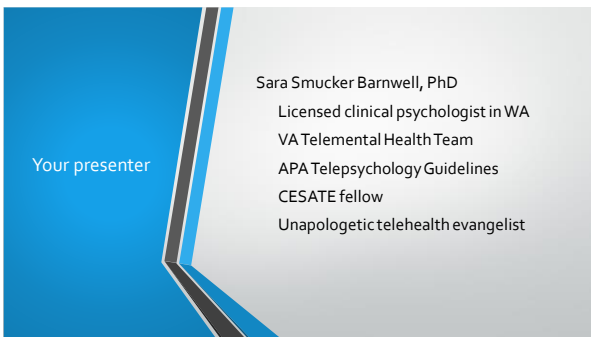




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Learning objectives

- Documentation
- Technologies you use
- Common threats
- Interjurisdictional practice
- Insurance

4

Class structure

- Didactic lecture
- Live Q & A at section breaks
- Video demonstrations
- Submitted questions nwattctelehealth@gmail.com
- Live Q & A

5

Disclaimers

- During a technology presentation, technology will fail
- Offer best practice recommendations based on clinical work, literature review and regulatory experience
- Identifying personal best practices and guidance in developing area

6

Disclaimers

- Always review state regulations
- Consult with your own legal counsel
- Consult with your risk management coverage
- I do not provide legal advice nor clinical advice

7

Conflicts



Provides telehealth training



Known telehealth evangelist

8


Agenda: Risk management

- Review
- Documentation to manage risk
- Managing support technologies
- Common privacy, confidentiality, security risks
- Practice across jurisdiction
- Insurance
- Coronavirus considerations

9

The balance

- Brief review
- Deep dives
- Your questions answered
- On demand prior classes



10

Definitions and examples

(Abbreviated)

11

Operational definitions

Telemental Health (TMH):
The provision of any mental health service using telecommunication technologies

Synonymous with videoconferencing... but today we expand!

12

HIPAA

Health Information Portability and Accountability Act (HIPAA):

Federal law (*Pub. L. 104-191, 100 Stat. 1936, enacted August 21, 1996*) that aims to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information and help the healthcare industry control administrative costs

- HIPAA Privacy Rule
- HIPAA Security Rule

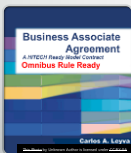
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Protected Health Information (PHI)/ ePHI

- Names
- Full-face photographic images
- Geographical subdivisions smaller than state
- All dates (birth, death, discharge)
- Phone/ fax numbers
- Electronic mail addresses
- Social Security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account Numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device/ serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address
- Biometric identifiers, including finger and voice prints
- Any other unique ID numbers, code, or characteristic

14

Business Associates Agreement (BAA)



Contract between HIPAA covered entity and HIPAA Business Associate (BA) that is used to protect personal health information (PHI) in accordance with HIPAA guidelines.

15

Confidentiality vs. privacy

Privacy: "The condition or state of being free from public attention to intrusion into or interference with one's acts or decisions."
Patient treatment is not public information

Confidentiality: "Means the principle that data or information is not made available or disclosed to unauthorized persons or processes."
Patient data is not released without their permission

16

Security

Security: "Administrative, physical, and technical safeguards related to information software system"
How patient data is protected

17

A brief synopsis

Once more with feeling!

18


Videoconferencing appointments



- USE A PRODUCT DESIGNED FOR HEALTHCARE, BAA
- INFORMED CONSENT, EMERGENCY PLAN
- DOCUMENT

19

Videoconferencing appointment



- ASSESS APPROPRIATENESS
- CHECK JURISDICTIONAL RULES
- PREPARE YOUR OFFICE

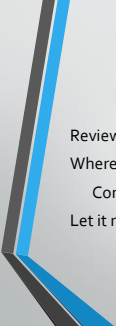
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Videoconferencing appointment



- Determine what services you provide
- What population you serve
- Documentation transfer, communication, payment


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Office location (existential)

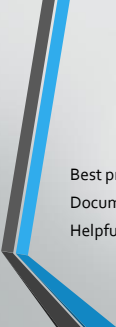
- Review physical office recommendations
- Where is your office?
- Communicating this to your clients
- Let it ring

22



Documentation

23



Documentation

- Best practice for risk management
- Documenting *why* we make thoughtful decision
- Helpful when presenting to licensure boards

24

Appropriateness assessment

Informed consent (telehealth consent, return to in-person)

Emergency plan

Documentation

25

Emails

Telephone calls

Notations to indicate session occurs over telehealth

Documentation

26

Assessment

Assessment questions for telehealth sessions

1. Is the patient able to hear and see the provider? (If not, what steps should be taken to ensure the patient can hear and see the provider?)

2. Is the patient able to hear and see the provider? (If not, what steps should be taken to ensure the patient can hear and see the provider?)

3. Is the patient able to hear and see the provider? (If not, what steps should be taken to ensure the patient can hear and see the provider?)

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19. Is the patient able to hear and see the provider? (If not, what steps should be taken to ensure the patient can hear and see the provider?)

20. Is the patient able to hear and see the provider? (If not, what steps should be taken to ensure the patient can hear and see the provider?)

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Videoconferencing review

Product designed for healthcare (non-public facing option)
BAA
Features (self view, multicaller, screenshare)
Record yourself


31

Other telehealth technologies

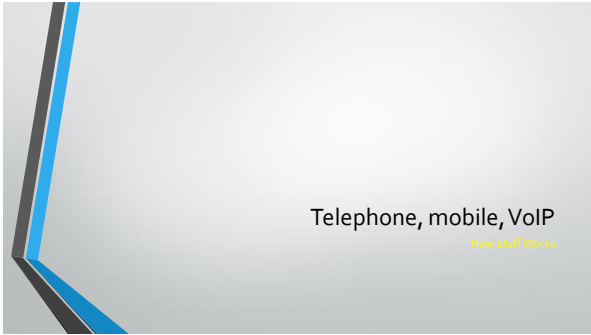
Telephone (landline or mobile device)
Email
Fax

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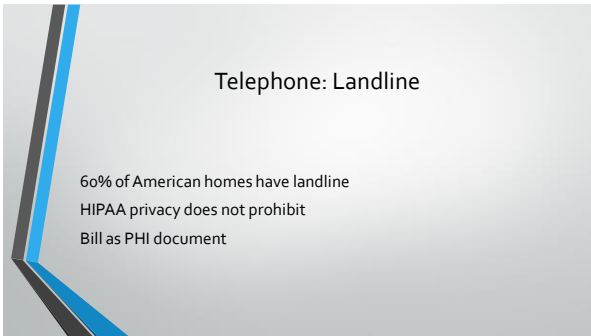
Telemedicine progresses



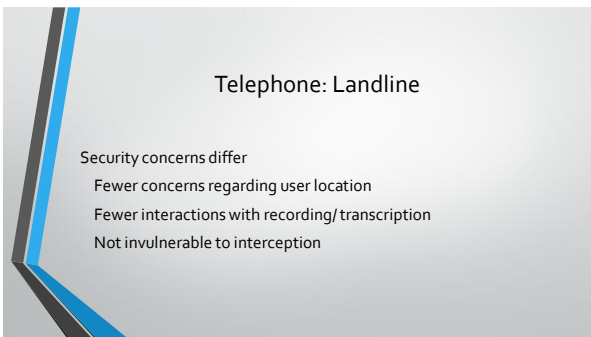
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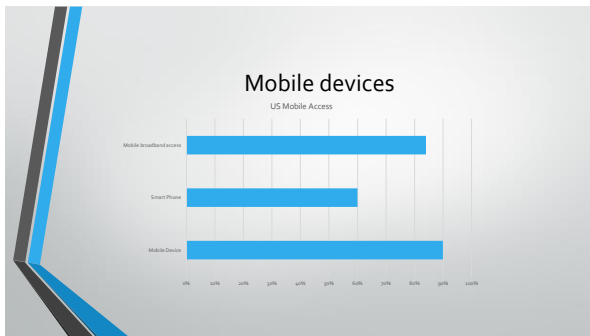


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Comparing technologies: Standard use

	Admin	Clinical	Info Security	Privacy	Confidentiality
Landline	Yes	Yes	Few problems reported	Moderate problems	Few problems reported

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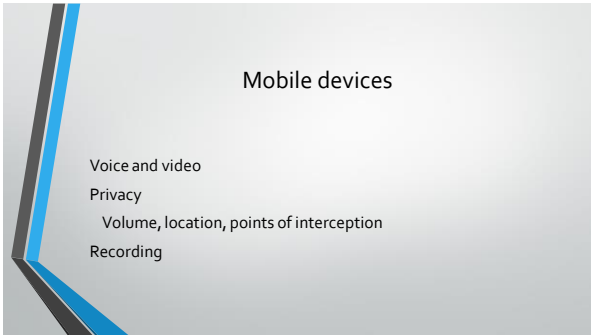
Mobile devices

- Increasingly used by general public
- Socialization, decision-making, information seeking online
- Independent of therapy, behavioral emphasis
- Complement to therapy (PTSD Coach, PE Coach)

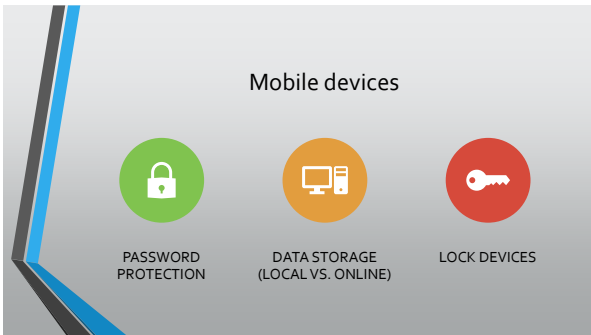
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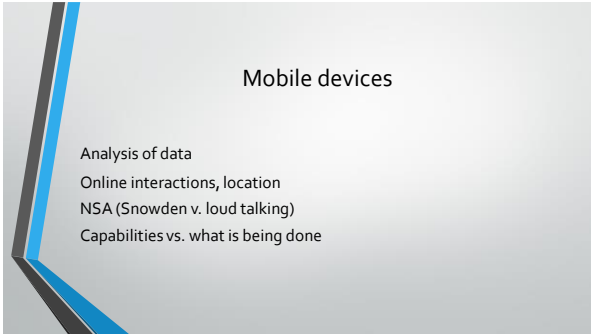
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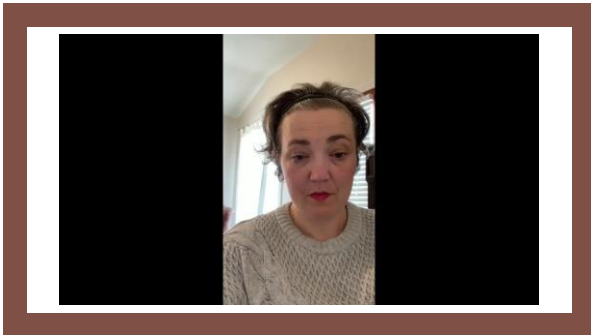
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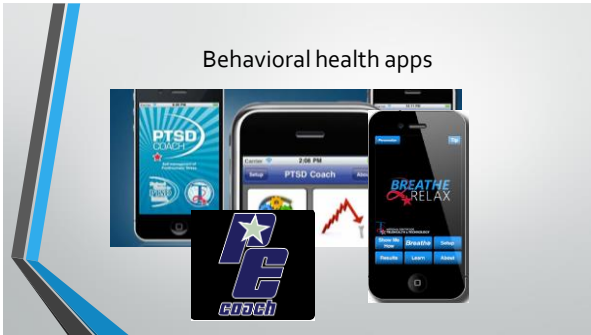
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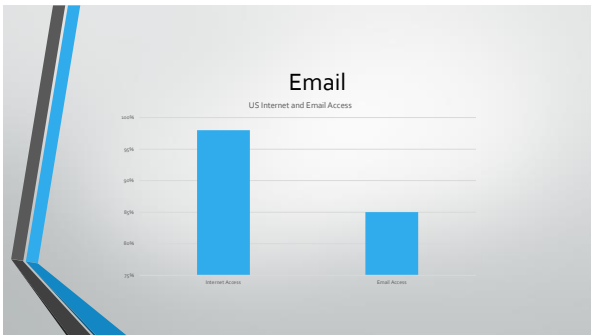
Comparing technologies: Standard use

	Admin	Clinical	Info Security	Privacy	Confidentiality
Landline	Yes	Yes	Few problems reported	Moderate problems	Few problems reported
Mobile Device	Yes	Yes	More problems	Significant problems	Moderate problems

46

Email

47



48

Email

How are you using email

- Communicating with/about patients

What content communicated

- Administrative, billing, clinical content
- OCR/ DHHS announcements

49

Email

What kind of email

- Free, publicly available vs. encrypted email

Consider investment in a product that offers encryption

Products integrated with EHR

50

Comparing technologies: Standard use

	Admin	Clinical	Info Security	Privacy	Confidentiality
Landline	Yes	Yes	Few problems reported	Moderate problems	Few problems reported
Mobile Device	Yes	Yes	More problems	Significant problems	Moderate problems
Email	Yes	No	Significant problems	Significant problems	Significant problems

51

Email take aways

- Email is not secure
- Consider encrypted email option
- Decide what email product you will use
- Apprise patients of risks in informed consent

52

Email take aways

- Determine what content you will communicate over email
- Be prepared to have these assumptions violated
- Response to information that triggers mandated reporting

53

Email to do

- Decide if you want to email with clients/ what information
- Make an email account for clients only
- Consider if you want it on your mobile device
- Add a notice regarding information security to your email signature

54

Signature

o IMPORTANT NOTICE: This email transmission and any attachments are intended for the use of only the individual or entity to which it is addressed. It may contain information that is privileged, confidential or exempt from disclosure under applicable federal or state laws. If the reader of this transmission is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please delete the message and notify me immediately by email: stephen@barrowinstitute.com, or by telephone: 253-662-7113.

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Email to do


Clearly communicate in informed consent

How you will manage different use

How you will manage information/ mandated reporting

56

New applications



Increasing applications examine asynchronous therapeutic communication

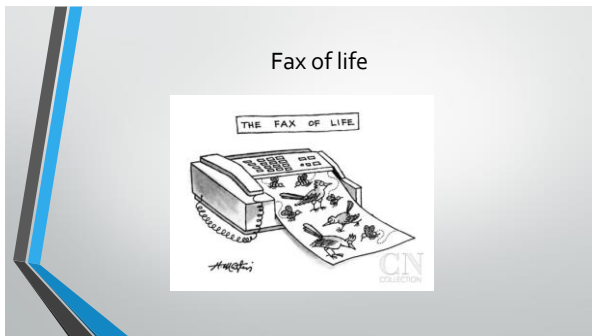
Coaching, primary care, therapy

Research emerging

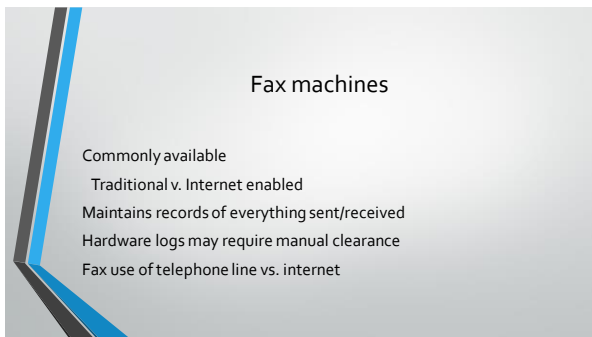
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Comparing technologies

	Admin	Clinical	Info Security	Privacy	Confidentiality
Landline	Yes	Yes	Few problems reported	Moderate problems	Few problems reported
Mobile Device	Yes	Yes	More problems	Significant problems	Moderate problems
Email	Yes	No	Significant problems	Significant problems	Significant problems
Fax	Yes	Yes	Few reported problems*	Few reported problems*	Few reported problems*

61

Fax take away

Understand what technology your fax uses (phone, Internet)
 Consider where you place your fax machine
 Consider where the information goes

62

Fax to do

Determine what kind of fax you have
 Keep the hardware safe
 Purge the logs, if possible

63

Common threats to security, privacy and confidentiality

Phases on Slur

64


Security, privacy and confidentiality

Technology brings unique opportunities
 Difficult to speak to all technologies due to significant differences between them
 Providers are not engineers




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Challenges (aka favorite anecdotes)



CONFIDENTIALITY BREECH:
SMARTPHONE BILL



PRIVACY BREECH:
STAFF FB POST

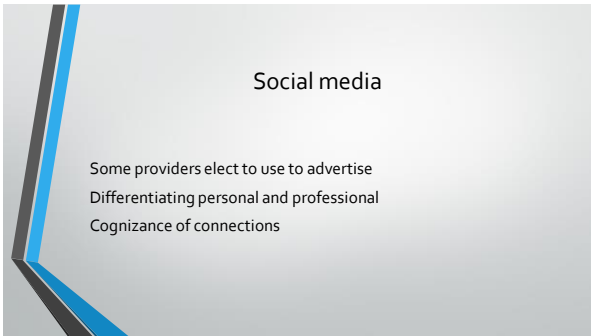


SECURITY BREECH: VIRUS
EMAILS ALL CLIENTS

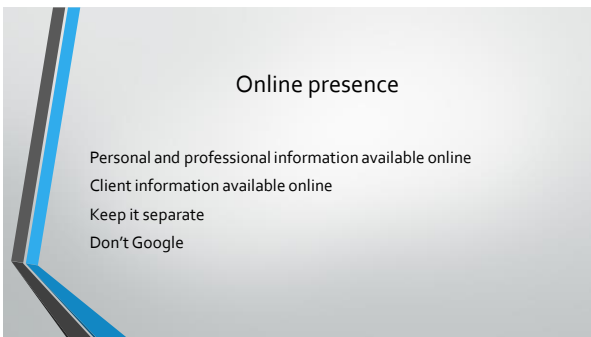
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Caveat user



70

Online presence

- Websites comply to HIPAA requirements
- Consider whether you will search client information
- Do not forward client communications

71

Online presence

- Limit easily accessible personal information online
- Maximize privacy settings on social media
- Mind your Tweets

72

Client role

- Capture informed consent (written or online)
- Recruit clients as advocates for own privacy
- Use technology properly
- Secure WiFi, when appropriate
- Use dedicated, password protected profiles and accounts
- No forwarding, recording, etc.

73

Authenticating identity



74

Jurisdictional/ regulatory issues

75

Laws & regulation

- Minimum requirements for practice
- Technology emerging integration into law
- Most providers are NOT lawyers
- This is changing quickly

76

Laws & regulation

- Be mindful that jurisdictions DIFFER
- Consult best practice guidelines
- Consider your employment setting policies and procedures
- Consider that federal laws may apply (i.e., HIPAA, HITECH)

77

What is interjurisdictional telehealth

- Providing care outside your licensure jurisdiction via technology
 - Provider is in a non-licensed jurisdiction
 - Client travel outside licensed jurisdiction
- Not exclusive to telehealth
- States vary, change in response to COVID

78

What is interjurisdictional practice

- Travel to school across state border
- Videoconferencing from to client outside jurisdiction
- Telephone call from office to client in bordering state

79

Interjurisdictional requirements

- Currently there is no federal licensing law
- Nurses have a compact
- Physicians are required to get licensed where practice/prescribe
- Drivers licenses are a compact and 11 states are not signed on yet

80

IJP



81

Common myths

- 30 day permissions
- All mandated reporting the same
- Always maintain services

82

Considerations

COVID

- What are the laws of practice in the other jurisdiction
- Do these laws conflict with your home jurisdiction
- Does the other jurisdiction permit the use of technology

83

Considerations

- Why are you crossing jurisdictional boundaries
- Is the client aware of risks, conflicts, reporting authorities
- Signed informed consent

84

Resolving conflicts

Clear, documented resolutions, even when licensed in both jurisdictions

Other professional practice considerations

Consider age of consent for services, records retention requirements, duty to warn, mandated reporting, etc.

85

When it goes amiss

Always confirm location at initiation of all calls (video, telephone)

Determine your policy in advance, document in informed consent

Do not deliver routine care interjurisdictionally

Emergencies

86



87

International practice

- Does patient location regulate services
- How would your malpractice and Board treat a claim or complaint
- Public protection
- Risk and benefit

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Vignette: Dr. Dre

- Client stable following relapse
- Moving internationally
- Wants to maintain services

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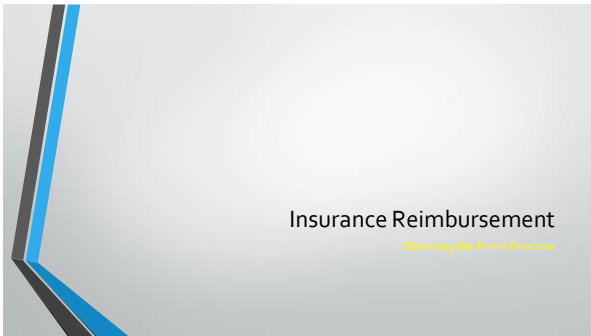
Considerations

- Client history
- Agreed upon plan
- Where moving
- Consult with insurance/ attorney
- Documentation

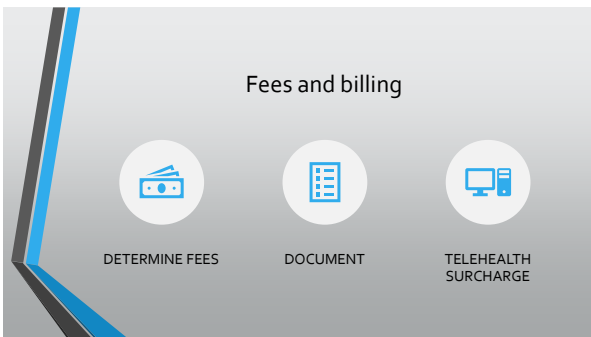
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Insurance

- Private pay v. insurance
- Rules of your jurisdiction (coverage, parity)
- Always check with individual carrier

94

Billing

- Rapidly developing legislation on coverage, parity
- Rules of your jurisdiction
- Expiration date of executive orders

95

Billing

Updates to billing codes for synchronous videoconferencing into the home

- Place of service code 02 (old code: 11)
- Modifier code 95 (old code: GT)

96

Billing

Service code as usual
90791, 90837, 90834 as examples
Telephone codes: 98967/ 98968

97

Place of service

Modifier codes

98

What is next

Expiration of executive orders
Termination, ethical abandonment
Informed consent

99

Vignette: Dr. Octagon

- Client in early sobriety
- Initiates therapy in jurisdiction with temporary insurance permissions
- Finances are a factor

100

Considerations

- When order expires
- How long client served
- Treatment planning

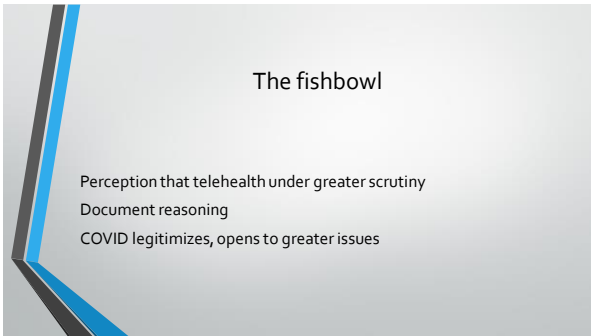
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Live Q & A

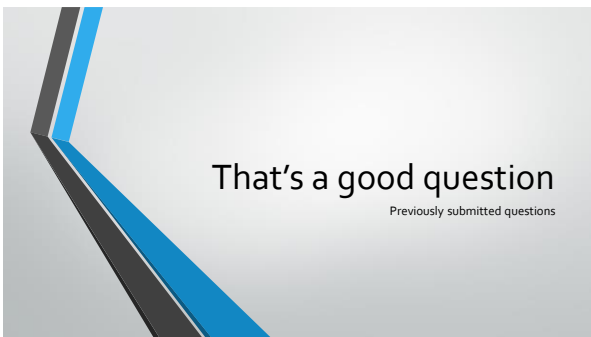
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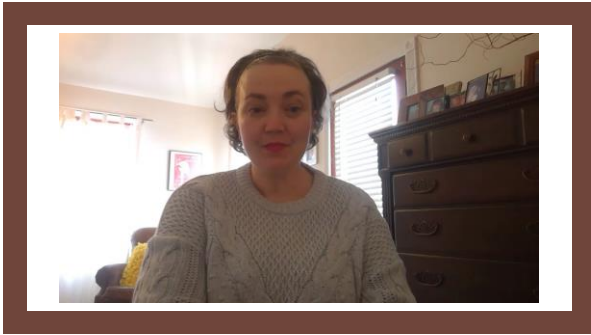
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Phone emergency over state lines

- Jurisdiction
- Licensure
- Conflict resolved
- 911 v. local dispatch

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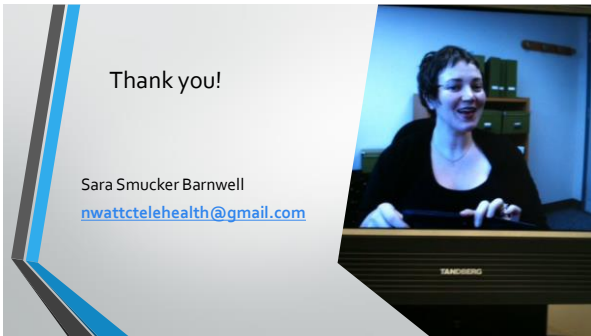
Youth and risk management

- Informed consent
- Your jurisdiction
- Privacy, consent, help

108



109



110
