Telehealth Learning Series: Tuesdays, 5-7 PM

May 12: Introduction to Telemental Health
May 19: Preparing your office for Telemental Health
May 26: Client selection, intake, and assessment in Telemental Health
June 2: Clinical engagement in Telemental Health
June 9: Emergencies, disruptions and pitfalls in Telemental Health
June 16: Risk Management in Telemental Health

Register @ NWATTC website
Sara Smucker Barnwell, PhD
Licensed clinical psychologist in WA
VA Telemental Health Team
APA Telepsychology Guidelines
CESATE fellow
Unapologetic telehealth evangelist
Class structure

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

Provides telehealth training

Known telehealth evangelist
Agenda: Risk management

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

Brief review
Deep dives
Your questions answered
On demand prior classes
Definitions and examples

(Abbreviated!)
Operational definitions

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

Synonymous with videoconferencing... but today we expand!
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
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
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.
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
Security: “Administrative, physical, and technical safeguards related to information software system”

How patient data is protected
A brief synopsis

Once more with feeling!
Videoconferencing appointments

USE A PRODUCT DESIGNED FOR HEALTHCARE, BAA

INFORMED CONSENT, EMERGENCY PLAN

DOCUMENT
Videoconferencing appointment

ASSESS APPROPRIATENESS
CHECK JURISDICTIONAL RULES
PREPARE YOUR OFFICE
Videoconferencing appointment

- Determine what services you provide
- What population you serve
- Documentation transfer, communication, payment
Office location (existential)

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

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

- Appropriateness assessment
- Informed consent (telehealth consent, return to in-person)
- Emergency plan
Emails

Telephone calls

Notations to indicate session occurs over telehealth
Assessment

Telehealth Appropriateness Assessment
Delivering psychological services through remote technology provides the opportunity to reach clients who might not otherwise receive care. However, not every client will be appropriate for telehealth services. The questions below provide guidance regarding clinical and technical factors that you may wish to consider before committing to deliver telehealth care.

Clinical Assessment
1. What is the patient’s age?
   a. If a minor, how will you gather the parent’s consent?
2. Is the client currently in crisis?
3. In the past 12 weeks, have they had thoughts, intention or plans to hurt themselves?
   a. About hurting someone else?
4. Have they ever been hospitalized for emotional health reasons?
   a. When?
   b. What happened?
5. Explain that telehealth services typically serve in non-crisis. Explain manner in which telehealth providers support patients who later develop crises, but may need to supplement care with in-person meetings or transfer care.
6. Is this issue related to an accident or legal action that is pending?
   a. Are they seeking an assessment related to legal action?
7. Are they hoping to use insurance to pay for your visit?
   a. Who is their insurance carrier?
   b. Are you/they familiar with your mental health benefits?
   c. With the insurance carrier’s policy regarding telehealth?
   d. Will you or the client contact insurance to discuss the telehealth policy?
8. Why are they seeking telehealth care vs. in-person care?
   a. Is in-person care available in their community?
9. Are they available to meet in person with the provider now or in the future?
10. In what state does the client intend to receive care?
   a. Does the client intend to travel often while receiving remote care?

Technical Assessment
1. Do they have access to a private space in their home?
2. Is it relatively soundproof? How easily can conversation be overheard?
   a. Explain to the client the critical importance of keeping this space secure and confidential during appointments
3. Do they have access to a computer or mobile device?
   a. What kind (e.g., desktop, laptop, tablet)?
   b. How old is it (<7 years old)?
Emergency Plan Template

Client Name: ____________________________________________

Address: __________________________________________________________________________

Telephone Number: ______________________________

Alternate Number: ___________________________________

A support person is someone who is aware that you are in therapy. This person is accessible to you (nearby, willing to help) during your videoconferencing therapy session. You are not required to identify a support person, but this individual could help in case of emergency. You will need to sign a release of information to allow me to contact this person.

Support Person Name: ____________________________________________

Support Person Telephone Number: ________________________________

I give my consent for my provider to contact my support person. I understand that this means that my provider may disclose private and confidential information in doing so. _____________________ (Initial)

Usual Emergency Plan:
In case of behavioral/medical emergency, the provider will contact local emergency dispatch. This may mean that the paramedics, mental health professionals or local police would come to the client’s home to ensure that the client is well. If appropriate, the provider will also contact your support person.

In case of videoconferencing failure, the provider will contact the client using the telephone. In case of telephone failure (and without safety concern), the provider would use email.

Client Signature ____________________________  Date ____________________________

Printed Name _________________________________________

Office Only: 
Local Emergency Dispatch: 
ROI signed for Support Person: 
Patient apprised of plan: 
Date: ____________________________
Technologies you use
Technology in practice

- Specifics v. generalities
- Accountability
- Investment in products and companies v. becoming the expert
Videoconferencing review

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

Telephone (landline or mobile device)
Email
Fax
Telemedicine progresses
Telephone, mobile, VoIP
60% of American homes have landline
HIPAA privacy does not prohibit
Bill as PHI document
Telephone: Landline

Security concerns differ

Fewer concerns regarding user location

Fewer interactions with recording/transcription

Not invulnerable to interception
## Comparing technologies: Standard use

<table>
<thead>
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<tr>
<td>Landline</td>
<td>Yes</td>
<td>Yes</td>
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<td>Moderate problems</td>
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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)
Mobile devices
Mobile devices

Voice and video
Privacy
   Volume, location, points of interception
Recording
Mobile devices

- PASSWORD PROTECTION
- DATA STORAGE (LOCAL VS. ONLINE)
- LOCK DEVICES
Mobile devices

Analysis of data
Online interactions, location
NSA (Snowden v. loud talking)
Capabilities vs. what is being done
Behavioral health apps
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<td>Yes</td>
<td>Yes</td>
<td>More problems</td>
<td>Significant problems</td>
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Email
Email

US Internet and Email Access

Internet Access: 95%
Email Access: 80%
Email

How are you using email
  Communicating with/about patients
What content communicated
  Administrative, billing, clinical content
OCR/ DHHS announcements
Email

What kind of email

Free, publicly available vs. encrypted email

Consider investment in a product that offers encryption

Products integrated with EHR
### Comparing technologies: Standard use

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<tr>
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<td>Yes</td>
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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
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
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
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: sarasmuckerbarnwellphd@gmail.com or by telephone: 253-642-7113.

Please also note that email is not a secure or confidential form of communication. Information communicated via email may not be private or confidential due to the practices of Internet Service Providers, email providers or others. Your use of email communication with Dr. Smucker Barnwell constitutes understanding and implied consent of the risks, as well as consent for reciprocal use of email by Dr. Smucker Barnwell for communication purposes.
Email to do

Clearly communicate in informed consent
How you will manage different use
How you will manage information/mandated reporting
New applications

Increasing applications examine asynchronous therapeutic communication

Coaching, primary care, therapy

Research emerging
Fax of life
Fax machines

Commonly available

  Traditional v. Internet enabled

Maintains records of everything sent/received

Hardware logs may require manual clearance

Fax use of telephone line vs. internet
## Comparing technologies

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<tr>
<td>Fax</td>
<td>Yes</td>
<td>Yes</td>
<td>Few reported problems*</td>
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Fax take away

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

Determine what kind of fax you have
Keep the hardware safe
Purge the logs, if possible
Common threats to security, privacy and confidentiality

Phasers on Stun
Security, privacy and confidentiality

Technology brings unique opportunities
Difficult to speak to all technologies due to significant differences between them
Providers are not engineers
Challenges (aka favorite anecdotes)

CONFIDENTIALITY BREECH: SMARTPHONE BILL

PRIVACY BREECH: STAFF FB POST

SECURITY BREECH: VIRUS EMAILS ALL CLIENTS
Social media and online presence
Social media

Some providers elect to use to advertise
Differentiating personal and professional
Cognizance of connections
Online presence

Personal and professional information available online
Client information available online
Keep it separate
Don’t Google
Caveat user

Unemployable due to stupid personal stuff I put on my Facebook page.

Me too!

For me, it was an embarrassing YouTube video.
Online presence

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

Limit easily accessible personal information online
Maximize privacy settings on social media
Mind your Tweets
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.
Authenticating identity
Jurisdictional/ regulatory issues
Laws & regulation

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

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

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

Does patient location regulate services
How would your malpractice and Board treat a claim or complaint
Public protection
Risk and benefit
Vignette: Dr. Dre

Client stable following relapse
Moving internationally
Wants to maintain services
Considerations

Client history
Agreed upon plan
Where moving
Consult with insurance/ attorney
Documentation
Live Q & A
Insurance Reimbursement

Observing the Prime Directive
Fees and billing

- Determine Fees
- Document
- Telehealth Surcharge
Insurance

Private pay v. insurance

Rules of your jurisdiction (coverage, parity)

Always check with individual carrier
Billing

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

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

Expiration of executive orders
Termination, ethical abandonment
Informed consent
Vignette: Dr. Octagon

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

- When order expires
- How long client served
- Treatment planning
Live Q & A
Coronavirus considerations
The fishbowl

Perception that telehealth under greater scrutiny
Document reasoning
COVID legitimizes, opens to greater issues
That’s a good question
Phone emergency over state lines

- Jurisdiction
- Licensure
- Conflict resolved
- 911 v. local dispatch
Youth and risk management

- Informed consent
- Your jurisdiction
- Privacy, consent, help
Thank you!

Sara Smucker Barnwell

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