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NC AHEC Telehealth* Toolkit

for Behavioral and Mental Health Providers in the COVID-19 Emergency

**Includes telemental health, telepsychiatry, and telebehavioral health services.*

Before the Telehealth Session

Ensure telehealth is the proper format for your patient's visit.
- Consider the patient's cognitive capacity and history regarding cooperativeness with treatment professionals.

Make sure the physical space is adequate.
- Use a private setting or room, such as a den or bedroom with doors that can be closed. Inform patients to do the same.
- Pre-check lighting. Physical space should be well lit and provide a comfortable ambiance.

Pre-check usability of the telehealth platform, internet access, and equipment.
- Check that the videoconferencing platform is properly set up for you/your patient, including appropriate computer/device settings.
- Some systems require that a program or application is downloaded first. If possible, use platforms that are HIPAA compliant and only require the patient to click on a link. For more info, refer to **Appendix A: HIPAA Compliant COVID-19 Telehealth Platform Crosswalk**.
- If possible, offer assistance to the patient prior to the scheduled appointment time.

Adjust for telehealth-specific nuances of your appearance.
- Dress as you would during a face-to-face visit. Watch out for stripes or busy patterns—they can be distracting in video.
- Place your camera at eye level. If using a laptop, place it on a stable, flat surface to prevent unintended movements.
- If possible, record yourself doing a practice session. Check for the following:
    - You are centered in your camera's view.
    - You maintain good eye contact. This means you look at your camera lens rather than the patient on your computer screen.
    - You display respectful and empathetic demeanor.
- The quality of the patient's camera may affect your ability to notice subtle abnormalities. Most newer cell phones have high resolution cameras and therefore are preferable tools.

Allocate extra time.
- Video interviewing takes longer than face-to-face interactions as it requires more concentration and preparedness.

Pre-read the chart, if available, and create notes summarizing knowledge so that your focus can remain on the patient in session.
- Review current and past difficulties with therapy, substance abuse history, or history of violence or self-injurious behavior.
- Review any referral information (e.g. consult requests from physician).

Define the scope of the visit. Is it direct care, consult, testing/assessments, or another purpose?

Create an agenda for each telehealth session.
- Make note of any particular aspects of care you want to address during your time with the patient.

Consider having an opening script to use for new evaluations.
- Explain to the patient who you are, your credentials, and the purpose of the telehealth visit. Remember, in the office setting, your credentials are often posted on the wall.

Obtain Informed Consent.
- Check with the patient's insurance payor to see if written consent is required, or if verbal consent is sufficient.
- If written consent is required, use electronic signatures if possible (PDF or WORD).
- If verbal consult is given, document the consent in the medical record. Note the location(s) of the patient during the session as well as the circumstances of the current COVID-19 emergency. For efficiency, you may use a quick text or cut and paste a standard consent.
- The consent process should include discussion of circumstances around session management. Make sure the patient is aware that if you determine he/she can no longer be safely managed through telehealth technology, the remote services may be discontinued.

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During The Telehealth Session

Confirm direct contact information for both provider and patient (phone, text message, and/or e-mail), and contact info for other relevant support people. Unanticipated technical difficulties may arise, and you may need an alternate way to complete the visit.

Verify that the physical setting is private and free from distractions. Make sure to let the patient know if anyone is in the room with you, and ask if the patient has anyone in the room with him/her.

Discuss and verify expectations with your patient about the visit. Include a discussion of emergency management during and between sessions. See "Mental Health Emergencies" section for more information.

Help the patient get comfortable.
- Address the patient by his/her preferred name.
- Adjust the setting and your communication style to the patient's age. See the "Adjusting for Age of the Patient" section for more tips.
- Assess the patient's previous exposure, experience, and comfort with technology/ videoconferencing.
- Warm up with chit chat. Telehealth is likely unfamiliar for your patient, so small talk may help him/her feel more comfortable.
- Be conscious of non-verbal behavior. Remember that your patient can see your facial expressions.
- Employ active listening. Express empathy. Be culturally sensitive.

Project your voice and other gestures about 15% greater than in-person to accommodate for being on camera.

Maintain visibility and eye contact.
- Make sure your face is visible in the video. If you cannot see your patient's face, direct him/her to adjust the camera or way of sitting.
- Look at your camera lens when speaking to the patient.

Document the telehealth visit as you would during a face-to-face visit.

Request permission to obtain photos for the medical record. Many platforms allow for the collection of a photo during the video session, which is helpful for capturing assessments such as having the patient draw a clock or write a sentence.

At the end of a session, ask the patient how the session occurred to him/her and if he/she is comfortable with continuing the telehealth format.

Adjusting for Age of the Patient

Geriatric Population

Include family members as clinically appropriate and with the permission of the patient to help with patients who have multiple medical diagnoses, and those who are not comfortable with technology.

Adapt interviewing techniques as necessary for cognitive, visual or hearing impairments.

Medicare allows providers to waive coinsurance and copays during the COVID-19 emergency. This also applies to Medicare Advantage plans.

Child & Adolescent Population

Review legal & regulatory issues related to patients who are minors.
- Age of consent.
- Proxy permissions to allow extended participation of family members or other relevant adults.

Make modifications to your interaction as necessary to assess the developmental status of youth, such as motor functioning, speech/ language capabilities, and relatedness.

Ensure the physical space is adequate for assessment of the youth. The room size, furniture arrangement, toys, and activities should allow the youth to demonstrate age-appropriate skills and engage with the accompanying parent, presenter, and/or provider.

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Mental Health Emergencies

Have written emergency protocols with clear explanations of roles/responsibilities in emergency situations.
- In clinically supervised settings, these include guidelines for determining when other staff/resources should be brought in to help manage emergency situations.

Be aware of local civil commitment regulations and ensure arrangements to work with local staff to initiate/assist with civil commitments or other emergencies.

A best practice is the use of a ''Patient Support Person'' (PSP) when clinically indicated. A PSP is a family, friend, or community member selected by the patient who could be called upon for support in the case of an emergency. The provider may contact the PSP to request assistance in evaluating the nature of emergency and/or initiating 9-1-1 from the patient's home.

Consider the geographic distance to the nearest emergency medical facility, the efficacy of the patient's support system, and the patient's current medical status in the use of telehealth visits.

Ask about the risks in their home environment, including firearm ownership.

HIPAA Compliance

During the COVID-19 state of emergency, non-HIPAA compliant videoconferencing software such as WebEx, Facetime, or Skype are permitted under a temporary waiver.

HIPAA compliant platforms are encrypted to keep the patient information secure and are "best practice".

If you use one of these commercially available platforms, you will be asked to sign a Business Associate Agreement (BAA). These BAAs are standard and document that the platform is compliant. The BAA should be provided by the vendor. For a review of available platforms, see **Appendix A: HIPAA Compliant COVID-19 Telehealth Platform Crosswalk.**

Review North Carolina COVID-19 state of emergency temporary payor rules around telephonic vs audio/visual requirements in **Appendix B: COVID-19 Telehealth Billing and Coding Guidelines for Behavioral Health and Mental Health Professionals (by payor).**

Security Regarding Recording Telehealth Visits

The best practice is to have a BAA with a HIPAA compliant telehealth platform vendor. The BAA will cover where recording is stored and for how long.

Recorded videoconference or text-based chat should only be stored locally on your own HIPAA-compliant device or in an encrypted electronic record keeping system in order to safeguard any electronic PHI.

Make sure devices used to store information use security features such as passphrases and two-factor authentication.

Remember, the waiver to use communication technology does NOT remove your responsibility to keep personal health information secure.

References

"Adapting Your Practice in Telepsychiatry"; https://vimeo.com/155763168

"Media Communication Skills in Telepsychiatry"; https://vimeo.com/155763311

"Clinical Style Adaptation in Telepsychiatry"; https://vimeo.com/155763223

Child and Adolescent: Legal & Regulatory Issues; https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/child-adolescent/legal-and-regulatory-issues and Patient Safety; https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/child-adolescent/patient-safety

Telepsychiatry and COVD-19; https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-resources-on-telepsychiatry-and-covid-19

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Sy Saeed. Using Telehealth and Telepsychiatry to Provide Evidence-Based Care. https://nursing.ecu.edu/ruralscholars/resources/

NC AHEC COVID-19 Practice Support Coding and Telehealth Resources; https://www.ncahec.net/covid-19/telehealth-resources/

Mid-Atlantic Telehealth Resource Center; https://tbhcoe.matrc.org/

U.S. Department of Health & Human Services Telehealth Website; https://telehealth.hhs.gov/

Appendix A: HIPAA Compliant COVID-19 Telehealth Platform Crosswalk

Appendix B: COVID-19 Telehealth Billing and Coding Guidelines for Behavioral Health and Mental Health Professionals (by payor)