1102 Policy Approval Clearance Record: Telemed Technology

☒ **Mental Health Policy** ☐ **Developmental Services Policy** ☐ **Rural Services Policy**	**This Policy Supersedes:** **3.1018**	**Number of pages in Policy:** **11**
Review by Representative from the Office of the Attorney General	**Date:** **NA**	**Date Policy Effective: 1/6/11**
Rural Services Director Approval Signature: *Barbara Legier*	**Date: 1/6/11**	**Policy Lead: Susan Haut**

1102.1 Statement of Purpose

1102.1.1 **Policy Statement:**
It is the policy of Rural Services to provide psychiatric services in designated rural areas of Nevada to meet the needs of individuals served. The policy addresses the criteria by which Telemedicine technology is made available to Rural Mental Health Center clients.

1102.1.2 **Purpose:**
The purpose of this policy is to provide Rural Services Mental Health Center staff with reasonable guidelines regarding the provision of Telemedicine technology services and implement a standardized orientation for clients participating in this service.

1102.2 Authority

Federal Department of Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS)
Division policy 4.040
Rural Clinics Policy # 1109.0

1102.3 Definitions

1102.3.1 Distant site – this is the site where the health care professional providing the mental health service is located at the time the service is provided via audio, video and data telecommunications.

1102.3.2 Health Care Professional – this is a Nevada licensed or certified health care professional.

1102.3.3 Other Health Care Provider – this includes other staff that may be available and trained in to aid in this technology. Staff includes: Mental Health Technician, Service Coordinator, or Resource Specialist (this does not include contract providers as non-state staff should not use Telemed technology due to confidentiality and HIPAA concerns).

1102.3.4 Presenter – this is a Nevada licensed or certified health care professional that is at the originating site with the client and at the start of the Telemed visit, who introduces the client to the health care professional at the distant site.

1102.3.5 Originating site – this is the location of the client receiving mental health care services at the time the service is being performed by the health care professional via audio, video and data telecommunications.

1102.3.6 Telemedicine technology (also known as Telemed) this is the use of point to point videoconferencing equipment for provision of psychiatric health care, diagnosis, consultation and treatment and the transfer of medical data through interactive video communications that occurs in the real-time or near real-time and with the client physically present at the originating site. For the purposes of the delivery of psychiatric services via Telemedicine, this service delivery method is considered a face to face, in person encounter between the psychiatrist and the client.

1102.3.7 Health Insurance Portability & Accountability Act (HIPAA) Compliant Communications (Division policy #6.020) – requires that the agency follow specific guidelines when PHI (Protected Health Information) is shared/communicated via the telephone or electronically.

1102.4 Procedures

1102.4.1 Telemed services are limited to psychiatric diagnostic interview, examinations, consultation, treatment and discharge planning, and medication management. The following shall not be considered Telemed:

A. Telephone conversation (including text messaging);
B. Electronic mail message (email);
C. Facsimile (fax);

1102.4.2 Interactive telecommunications include real-time or near real-time audio, visual and data communication between the Distant site and Originating site

1102.4.3 All Telemed providers, including psychiatrists and nurses must be licensed or certified in Nevada and are authorized by their licensing or certification boards to practice telemed in State of Nevada. Prior to participating in Telemed, it is the provider's responsibility to confirm Telemed practice allowability with their board and provide verification to the mental health agency.

1102.4.4 For third party billing and reimbursement, psychiatrists must complete a Nevada Standardized Credentialing Application form detailing their credentials, past work history, and education, etc.. This information enables the agency to establish the Psychiatrist's status as a contracted provider and is utilized by agency staff complete a variety of forms from private insurance companies, Medicaid and Medicare for billing purposes, Upon completion of the forms by the agency, they are forwarded to the Psychiatrist for signature.

1102.4.4 The Telemed equipment and transmission speed must be technically sufficient to support the service provided. If a peripheral diagnostic scope is required to assess the client, it must provide adequate resolution and audio quality substantially equivalent to face-to-face encounter.

1102.4.5 Before referral to Telemed services, the treatment team and the client determine whether or not Telemed is suitable for the client. Various factors such as a client's functionality, coping skills, familiarity with computer technology are considered. Upon referral to Telemed, the risks and benefits of Telemed are reviewed with the client and written consent is obtained. The consent form must include a description of the risks, benefits and consequences of Telemed and be included in the client's medical record. The Client Satisfaction Survey is also provided and a request for its completion is made to the client at the end of each session. If the client is dissatisfied with Telemed, treatment options will be addressed through the treatment team.

1102.4.6 At the originating site, the nurse, or designated mental health center staff, reviews the purpose and procedure of Telemed technology with the client. The nurse or designated mental health center staff assures that a Client Consent Teleconference Video Consult form is on file. All client questions regarding the technology are answered by the nurse

or designated mental health center staff. The nurse or designated mental health center staff reviews with the client the use of the Telemed equipment and the procedures for assuring the equipment is in good working order. The client is briefed on how to ask for help to correct technical problems with the equipment.

The client, or their legal guardian/representative, is asked, prior to each of the first three appointments, if they remain willing to receive Telemed services. The client is advised at each of these first three sessions that they may revoke their consent at any time by informing the center or the presenting clinician. If the client/legal guardian chooses to revoke the consent, the staff receiving the revocation is responsible for informing the client's clinician and pertinent center staff. The client's clinician documents the revocation in a progress note in the client's clinical record in AVATAR.

1102.4.7 A licensed health care professional, or designated mental health center staff, at the originating site, is required to introduce the client to the health care professional at the distant site.

1102.4.8 Telemed appointments must be scheduled for the appropriate duration as determined by the psychiatrist, in accordance with policy and contract requirements. Gaps in scheduling are to be avoided and empty appointment slots evaluated by each center director no less than quarterly to determine whether or not the hours allotted for each center is sufficient or excessive. This information is reported to the director of nursing for necessary action. If slots are found to be excessive for a center, these hours will be eliminated from the center schedule and made available for other center's use. If no center needs the additional hours, the telemed psychiatry contract hours must be reduced.

1102.4.9 Prior to the date of any Telemed appointments, center staff assures that the psychiatrist has access to the client's file. If mail is used, the information must be sent early enough to arrive a day before the appointment. The psychiatrist and center staff coordinate to assure the psychiatrist has received the necessary documents. Documents include:

New Clients to Telemed:

A. Copy of client's signed Consent to Receive Telemed Health Services
B. Copy of standard record release form showing client's approval for his/her records to be transmitted by fax/email to the treating therapist
C. Copy of medication client is currently taking with client's signature
D. Copy of assessment form(s) that the therapist deems helpful to him/her
E. Copy of current Treatment Plan forms for psychiatrist to sign

Existing Clients Receiving Telemed

A. Copy of assessment form(s) that the therapist deems helpful to him/her
B. Copy of current Treatment Plan forms for psychiatrist to sign

1102.4.10 As available and as needed, appropriate center staff will accompany each client receiving Telemed services from a psychiatrist owing to:

A. Electronic security requirements
B. Potential for equipment malfunction
C. Doctor's orders
D. Treatment consent

The client does not normally have the option of seeing the psychiatrist alone outside the presence of center staff due to the above noted requirements.

1102.4.11 Prior to any Telemed session, center staff reviews the most recent laboratory report, the medication record, and the satisfaction survey. Following the session, the nurse, or

non-nurse staff assures that the psychiatrist orders are received and processed. Medication orders are called to the pharmacy by the nurse only or faxed to the pharmacy by the nurse or non-nurse. If the center does not have a nurse, the non-nurse staff must contact another nurse in a designated center to call in the order if required. The nurse provides follow up client education regarding medication changes and obtains the medication consents only after the psychiatrist has completed the initial consultation regarding medication changes.

After the Telemed session, a DAP progress note is completed timely in AVATAR by the psychiatrist and any other staff as required. The client is scheduled for another appointment with the psychiatrist. At that time the client is asked to complete the satisfaction survey. If the client indicates that he/she is no longer in participating in Telemedicine, the staff person enters this information in the electronic case record and discusses options with the client or refers the matter to the clinical staff for discussion on options. Once the options have been identified, the designated staff person facilitates the follow up appointment.

1102.4.12 Medical records are kept confidential and secure. The Center Director is responsible for assuring staff provides records to the psychiatrist and that they are received time, either by mail or fax as necessary. The Center Director is also responsible for assuring the psychiatrist comply with HIPAA to safeguard records and other client information. The Center Director must verify that the psychiatrist has signed a Confidentiality Agreement.

1102.4.13 Employees must acknowledge in writing, the responsibility to safeguard Telemed computer access privileges. User passwords cannot be disclosed. The employee will be responsible for all activity conducted under his/her user registration and therefore must oversee the use of the equipment during a Telemed session. The employee understands that a password is intended to be the sole responsibility of the person to whom it is assigned.

1102.4.14 The client has access to all transmitted medical information, with the exception of live interaction video. No session is recorded so there is no stored video of the session. The only documentation of the session is AVATAR progress notes and documents pertinent to the provision of medication and consent forms.

1102.4.15 Health care professionals providing mental health care services via Telemed shall be held to the same standards of care as required for the medical community. A significant component of this standard of care includes timely medical evaluations for physical illness/organic symptoms, or referrals for such medical evaluations, based on the professional judgment of the health care professional providing Telemed services.

1102.4.16 The Telemed network shall meet all technical and confidentiality standards as required by state and federal law to ensure quality of care. When services cannot be provided by use of videoconferencing, due to equipment or other failure, staff will make arrangements for clinical care at another time, by telephone if clinically appropriate, or via face-to-face interaction as can be scheduled. See Attachment 1102.8.3 for the checklist to be used when technical problems occur.

1102.5 Timelines:

Table #1102.5.1: Timelines for procedures of Policy 1102

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Follow up progress notes	90 days	Most recent session	Psychiatrist	AVATAR Documentation
Treatment Plan completion	Not later than second session	Intake session	Psychiatrist or Psychiatric nurse	AVATAR Documentation
Faxing/sending of medical records	Prior to first Telemed session	Medication clinic referral	Therapist and center staff	Fax email required documentation as in 1102.4.9

1102.6 Documentation:

1102.6.1 Required documenters include contracted Psychiatrist and Psychiatric Nurses in the Medication Program who utilize Telemed. All documentation will be completed in AVATAR at the time of the appointment or by the end of the day for contracted Psychiatrists and Psychiatric Nurses. The Treatment Plan will be completed by the Psychiatric Nurse after the second session. NOTE: In centers that do not have a Psychiatric Nurse and use non-nurses for administrative duties, the clinician will be responsible for Treatment Plans in the Medication Program. Documentation required by the contract Psychiatrist in preparation for services will be faxed by the originating site to the distant site one day prior to the appointment. The following documentation elements are required

A. **Psychiatric Assessments** (Intake) will be completed by the contract Psychiatrist in the AVATAR Assessment Program.

B. **Intake Progress Notes** will be completed by the contract Psychiatrist for Psychiatric Assessments (Intake) in AVATAR and will include:

i. Date
ii. Time of session
iii. Type of session (Intake/Follow Up)
iv. Others present in session, if applicable
v. Statement: "See Psychiatric Assessment (Intake) in AVATAR."
vi. Electronic Signature

C. Follow-up Progress Notes (minimum every 90 days) will be completed in DAP format by the contracted Psychiatrist in the AVATAR at each session and will include:

1. **Data (Identification)**
   a. Date
   b. Time of session
   c. Type of session (Intake/Follow Up)
   d. Who else present in session if applicable
   e. Current medication – prescribed and over the counter
   f. History of Present Illness

2. **Assessment**
   a. Mental Status Exam: e.g., Orientation description to include: eye contact, mood, speech, thought process, insight and judgment.
   b. Pain Assessment: e.g., absence or presence (Note: assessed here for AXIS III, secondary cause of pain.)
   c. Lab Results: e.g., last completion date of lab and cause if factors present.
   d. Next lab work on ___ (PRN). Document current diagnosis: (Note: Use numerical number and spell out diagnosis): Axis I, Axis II, Axis III, Axis IV, Axis V: GAF
   e. Allergies: e.g., allergies and adverse reactions.
   f. Impression: e.g., current status and response to treatment.

3. **Plan (Treatment)**
   a. Continue current treatment plan as follows:
      i. List all medications
      ii. Follow up with Primary Care Physician for medical issues.
      iii. Psychotherapy participation if indicated and type.

iv. Referrals – acceptance or refusal.
v. Follow up appointment in ____.
vi. Statement: e.g., Education related to diagnosis, overall treatment plan and medications were provided and client voiced understanding.
vii. Statement if applicable: e.g., Education was provided regarding the metabolic risks of atypical antipsychotics and the importance of complying with metabolic monitoring.
viii. Client understands and agrees to comply with monitoring and assessment of family Involvement.

D. **Treatment Plans** in AVATAR must be completed by the Psychiatric Nurse upon intake of the client (but not later than second session) and updated every 90 days. Contracted Psychiatrists must sign all treatment plans when completed. NOTE: In centers that do not have a Psychiatric Nurse and use non-nurses for administrative duties, the clinician will be responsible for entering the treatment plans in the AVATAR Medication Program.

E. **Medication Administration Record (MAR)** will be completed at each session by the contracted Psychiatrist or Psychiatric Nurse. If a MAR is completed by the Psychiatric Nurse, the contracted Psychiatrist must initial each entry at the next visit.

F. **Medical Records and Lab Reports** received will be documented in a Progress Note by the Psychiatric Nurse. The contracted Psychiatrist will initial the records and reports after viewing and documenting their review in a Progress Note.

G. **Prescriptions** will be written by the contracted Psychiatrist and mailed to the originating site. Refer to Rural Service Policy # 1109.0

H. **Client Consent (Attachment 1102.8.1)** must be signed by the client at the time of Psychiatric Assessment (Intake). The Psychiatric Nurse or non-nurse will ensure this is completed and filed in the chart.

I. **Client Satisfaction Survey (Attachment 1102.8.2)** will be given to the client by the Psychiatrist Nurse or non-nurse at each session. The Client Satisfaction Survey will be kept in a separate file in the nursing office. Refusal to continue Telemed and determination of treatment options will be documented in a progress note in AVATAR.

1102.6.2 **Supervisory Responsibility**: Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and procedures understand the definitions and will revisit this policy periodically, but no less than annually for recommendations for improvement or additions.

1102.7 Rural Services Responsibility

1102.7.1 Participants in Policy Development: The Agency Director, Clinical Program Manager, and approved Charter Team participated in the development of this policy.

1102.7.2 Technical Assistance: Training participants will be the contracted Psychiatrist, Center Directors, Director of Nursing, Psychiatric Nurses and designated non-nursing staff. Participants will be trained by the Director of Nursing (DON) or their designee.

Training for staff in the Telemed Program will include:

A. IT Procedures – Help Desk, IP Addresses etc.

B. Telemed Procedures
C. Distant Site Environment
D. Client Satisfaction Survey

1102.7.3 **Clearance Process:** The Agency Director has the final responsibility for approval for this policy.

1102.7.4 **Agency Oversight:**

A. Tracking Compliance: Compliance tracking will occur through peer reviews, administrative record review, on-site visits, and supervision. Clinical Program Manager I's and Mental Health Counselor III's have primary responsibility for tracking compliance in their center.
B. Reporting Mechanism: Quality Assurance (QA) reports are conducted and reported to the Leadership Team on a quarterly basis.
C. Responsible/Reporting Party: Clinical Program Manager I's and Mental Health Counselor III's have the responsibility to maintain peer reviews and monthly administrative record reviews. Clinical Program Manger II's and Quality Assurance report to Leadership Team.

1102.8 Policy Cross Reference

1102.8.1 Medical Assessment of Clients – No Nurse on Site (3.2003)
1102.8.2 SP-3.2 Medication Procedures for Rural Mental Health Centers
1102.8.3 1109.0 Rural Services, Mental Health Services Medication Policy

1102.9 Attachments

3.1018.8.1 Client Consent for Telemedicine Technology Services
3.1018.8.2 Telemed Client Satisfaction Survey
3.1018.8.3 Telemed Checklist

Client Consent for Telemedicine Technology Services

I understand that my current health care professional wishes for me to participate in a video conferencing session for Telemed at _____MHC. The purpose of Telemed is to provide health care and educational services over distance using video conferencing technology. I understand this is a method of health care services delivery and as such may not be the equivalent of an in-person physician visit.

I understand that my Telemed care provider Dr. _____, and I will communicate via interactive video conferencing equipment with another health care professional present at_____ MHC. I further understand that this health care professional is required to be present during my video conferencing session to provide pertinent information about me, ensure my safety and the security of all equipment used for the purpose of video conferencing.

I authorize the release of any relevant medical information pertaining to me to the consultant or his/her agents. I consent to the use of my name and disclosure of any identifying information including but not limited to my age, social security number, and birth date that are required to conduct and bill for this medical encounter as long as all precautions are taken to protect my privacy and security of this information as required by the Federal Health Insurance Portability and Accountability Act (HIPAA). I understand these records may be kept in the office of the above named physician for future reference.

I further agree to be interviewed. I understand that any recorded images will be used for Telemed and medical encounter purposes only, and that my identity will not be disclosed except where medically necessary. I also understand that the connection for the video conferencing service is on a secure intranet link maintained by the Division of Mental Health and Developmental Services.

I understand that I am not entitled to nor will I receive any royalties or other compensation for participating in this Telemed interaction.

I have read this document carefully and I hereby consent to participate in the Telemed project under the terms described above.

_____ _____
Client Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Witness Date

Attachment 1102.8.2

Telemed Client Satisfaction Survey

Center Location	
Date of Visit	
Name of Therapist or Doctor you saw today	
Telemed or Therapy Consultation	

1. I was able to communicate adequately with the therapist or psychiatrist
☐ YES ☐ NO

2. I was comfortable that the therapist or psychiatrist was able to understand what was bothering me today
☐ YES ☐ NO

3. The physical exam was embarrassing to me because it was done on television and not in person
☐ YES ☐ NO

4. The physical exam would have been embarrassing to me even if it had not been on television
☐ YES ☐ NO

5. I had difficulty hearing the therapist or psychiatrist over the Telemed system
☐ YES ☐ NO

6. I had difficulty seeing the therapist or psychiatrist over the Telemed system
☐ YES ☐ NO

7. Telemed made it easier to get medical care today
☐ YES ☐ NO

8. I would have gotten better care if I had seen the therapist or psychiatrist in person
☐ YES ☐ NO

9. Overall, I was very satisfied with today's Telemed session
☐ YES ☐ NO

9A. If you answered "NO" to question 9, why weren't you satisfied?

_____

_____

_____

Attachment 1102.8.3

TELEMED CHECKLIST

NOTE: It's important that the client be educated on the use of Telemed and given the opportunity to accept or refuse the use of Telemed.

Day before clinic:

1. Call scheduled persons served to remind them of their appt; reschedule as needed. Attempt to fill any vacancies.
2. Pull charts; review persons served with appropriate therapists for current and/or last minute issues as necessary.
3. Fax schedule and labs, as well as Patient Assistance Program reapplications on established persons served. *This could be done the morning of clinic—check with MD regarding their preference as the Fax may not be dedicated/secured until the day of the clinic.

Start of Clinic day:

1. Open Polycom PVX camera as follows:
    a. Click on Display
    b. Highlight main window view
    c. Click configuration
    d. Stay in Zoom/Face tracking tab
    e. Adjust camera with the up, down, side-to-side arrow keys
    f. Click on Device Settings tab
    g. Adjust color and tone as needed
    h. Apply new adjustments
    i. Enter new IP address
    j. Click the call button
    k. (previous IP address used) go into directory
    l. Double click specific IP address
    m. Click PIP
    n. Move mouse every 15 minutes or computer will time out

2. Have medication consents and treatment plan signature pages ready for faxing.
3. For new as well as any established persons served who were hospitalized (psych): FAX any available discharge summaries/med orders, clinician assessment notes
4. Fax Medication Administration Record (MAR) that need co-signatures from verbal orders.
5. For new meds where a PAP will be utilized and that require original MD signature and script: Fax portion of application that requires their signature; they then mail the original back to the clinic with the script.
6. Complete vital signs before or after appt. so MD can be notified at time of appt.
7. Schedule next client appointment via AVATAR scheduler. Include client's phone number in case of any changes.

End of clinic day:

1. Fax prescriptions (sent by fax from psychiatrist) to client's pharmacy of choice.
2. Verify med orders noted on Medication Administration Record with prescriptions for refills from Northern Nevada Adult Mental Health Services pharmacy.
3. Verify receipt of consents and treatment plan signature pages as well as any additional MD notes for inclusion in chart.

Troubleshooting after establishing the connection:

1. Confirm that the camera is positioned for adequate viewing of the client by the psychiatrist. Sometimes the sun creates a glare.
2. In addition, the client needs to be warned that the picture fades or "pixels", this sometimes cannot be corrected.

3. Occasionally, there is an echo or a squeaking during the conversation. Repositioning the speakers will sometimes help. If not, try redialing in.
4. If Telemed is down, you may have to conduct the session via the telephone.
5. If AVATAR is down the psychiatrist is to complete their note in word document and transfer to AVATAR.
6. In the event the whole system fails; the progress note can be hand written and the Help Desk will need to be notified immediately by calling 775-688-2183.
7. Specific troubleshooting answers are as follows:
    a. No Sounds
        i. Check volume on speakers
        ii. Check volume at bottom of speaker phone (Polycom camera)
        iii. Reboot computer
        iv. Still doesn't work – call doctor on speaker phone
    b. No picture
        i. Check that Picture In a Picture (PIP) button is clicked
        ii. Reboot computer
        iii. Call helpdesk
        iv. Talk with doctor or clinician to decide is he or she wants to reschedule or do over speaker phone until problem is fixed
    c. Internet is down
        i. Reboot computer
        ii. Call helpdesk
        iii. Talk with doctor or clinician to decide if he or she wants to reschedule or do over speaker phone until internet is back up
    d. Picture freezes or gets fuzzy
        i. Continue with appointment as is as long as sound is still working
        ii. Reboot computer before next appointment
        iii. Call helpdesk
    e. Computer keeps shutting down
        i. Close all other programs but the Polycom camera and see if that stops it
        ii. Call helpdesk
        iii. Talk with psychiatrist or clinician to decide if he or she wants to reschedule or do over speaker phone until problem is fixed