Thriving with 21st Century Telehealth and Technology: Seven Legal & Ethical Strategies

NAADAC
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Start-up Consultation and Staffing (Agencies, Community Mental Health, Addiction Treatment, Primary Care, Research, Private & Small Group Practitioners)

Best Practices

CEs & CMEs
100% Online

www.Telehealth.org
Welcome to 21st Century Addictions Training
② HIPAA Compliance
③ Practicing Over State Lines
4 Informed Consent
5 Screening & Intakes
6 Required Documentation
Reimbursement
GOAL: My goal is educational only. No warranty, guarantee, or representation is made as to the accuracy or sufficiency of the information contained in my presentation for your specific circumstance.

YOUR PART: You are encouraged to seek practice-specific advice from your legal, regulatory, ethical and malpractice bodies before offering any online services or programs to consumers. Get all such opinions in writing, and have your informed, local, legal counsel review them for their full significance.

I have no conflicts of interest with any groups identified in today’s presentation.
Optimizing Your Telepsychology Learning

- Join us in our LinkedIn group for discussion 24/7
- Consider this training to be an introduction/orientation/resource guide. I will share much information that you will need later.
- Slides are available for your later review but not downloadable. Screenshots are not intended for you to read in your handout). Font is too teeny.
- Download and keep your handouts for future reference. They are your ROADMAP to getting set up. They cover the overall topics/resources that you’ll need to obtain and understand.
Optimizing Your Telepsychology Learning

- Avoid distractions (cell phone’s text messaging and/or email)
- Please hold your questions to end of sections
- Slides, handouts, bibliography and more resources will remain here for 6 months: [https://telehealth.org/naadac2017/](https://telehealth.org/naadac2017/)
- how/where you will be using our work [www.telehealth.org/contact](http://www.telehealth.org/contact)
Learning Objectives

① Describe three ethical dilemmas and their solutions related to Skype, Google and Facebook
② Discuss at least two legal issues related to HIPAA when working with technology
Learning Objectives

③ Identify at least three legal and ethical issues to address in an informed consent process when practicing online

④ Outline two key elements of a safety plan for working online with clients using any form of technology
Theory & Theory Integration: Fundamentals - Competencies, Definitions, Concepts, Research
Definitions

- Telebehavioral Health
- Telemental Health
- Behavioral Telehealth
- Ehealth
- Telehealth
- Telemedicine
- Telepsychology
- Online Counseling
- Online Therapy
- mHealth
- Telecounseling
- E-therapy

Telehealth vs. Technology?
Relevant Telebehavioral Health Ethical Codes & Guidelines

- NAADAC Code of Ethics (2016)
- American Psychological Association. (2010). Ethical principles of psychologists and code of conduct

http://telehealth.org/ethical-statements/
Relevant Telebehavioral Health Guidelines

- American Psychological Association (2013). Guidelines for the Practice of Telepsychology
- American Telemedicine Association (2009). Evidence-Based Practice for Telemental Health
- American Telemedicine Association (ATA). (2013). Practice Guidelines for Video-Based Online Mental Health Services

http://telehealth.org/ethical-statements/
NAADAC Code of Ethics, October 2016

https://www.naadaac.org/code-of-ethics
Updated NAADAC/NCC AP Code of Ethics

The NAADAC/NCC AP Code of Ethics, effective October 9, 2016, was updated to meet the needs of current addictions practice. It is a completely new document; built from the ground up with major enhancements and additions to the previous version. Standards were replaced with Principles and each Principle considered clinician, supervisor, and relevant others. It provides in-depth, clear guidance and direction to individual providers, service organizations, regulatory boards, educators and trainers, legislators, and other related parties.

The 2016 NAADAC/NCC AP Code of Ethics is arranged as follows:

- Introduction to NAADAC/NCC AP Ethical Standards
- Principle I: The Counseling Relationship
- Principle II: Confidentiality and Privileged Communication
- Principle III: Professional Responsibilities and Workplace Standards
- Principle IV: Working in a Culturally Diverse World
- Principle V: Assessment, Evaluation, and Interpretation
- Principle VI: E-Therapy, E-Supervision, and Social Media
- Principle VII: Supervision and Consultation
- Principle VIII: Resolving Ethical Concerns
- Principle IX: Research and Publication
Principle VI: E-Therapy, E-Supervision, and Social Media

VI-1 Definition

“E-Therapy” and “E-Supervision” shall refer to the provision of services by an Addiction Professional using technology, electronic devices, and HIPAA-compliant resources. Electronic platforms shall include and are not limited to: land-based and mobile communication devices, fax machines, webcams, computers, laptops and tablets. E-therapy and e-supervision shall include and are not limited to: tele-therapy, real-time video-based therapy and services, emails, texting, chatting, and cloud storage. Providers and Clinical Supervisors are aware of the unique challenges created by electronic forms of communication and the use of available technology, and shall take steps to ensure that the provision of e-therapy and e-supervision is safe and as confidential as possible.
One in Five Consumers Would Switch to a Doctor that Offers Telehealth Visits

New Consumer Telehealth Survey from American Well reveals key trends about consumer interest in telehealth for primary and chronic care

BOSTON (January 23, 2017) – American Well, the leading telehealth company and partner to more than 70 U.S. health systems, today released the results of its Telehealth Index: 2017 Consumer Survey which found that 20 percent of consumers would switch their current primary care provider (PCP) if another PCP in their area offered telehealth visits, among other findings.

American Well commissioned Harris Poll to conduct two surveys online in late 2016 to measure consumer perceptions and experiences with telehealth. Among those who have a PCP, 65 percent are interested in seeing their PCP over video. Parents with children under 18 are even more likely to say they're interested, with 74 percent interested in seeing their PCP through telehealth. 20 percent of consumers are willing to switch to a PCP that does offer telemedicine visits.

"Consumers are clearly interested in more convenient access to healthcare – and increasingly, they are even willing to switch providers to get internet video service. Not only that, but consumers are willing to try telehealth for many needs – from chronic conditions to post-discharge follow up," said Mary Modahl, Chief Marketing Officer, American Well. "Health systems and provider groups must take note; if you haven't already, 2017 is the year to put a secure telehealth platform in place."
<table>
<thead>
<tr>
<th>Rank</th>
<th>Primary Diagnosis</th>
<th>Medicare</th>
<th>Medicaid</th>
<th>Commercial</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Pneumonia</td>
<td>18.3%</td>
<td>13.3%</td>
<td>9.6%</td>
</tr>
<tr>
<td>2</td>
<td>Mood Disorders</td>
<td>20.2%</td>
<td>17.2%</td>
<td>10.2%</td>
</tr>
<tr>
<td>3</td>
<td>Osteoarthritis</td>
<td>5.4%</td>
<td>6.0%</td>
<td>3.1%</td>
</tr>
<tr>
<td>4</td>
<td>Congestive Heart Failure</td>
<td>25.3%</td>
<td>29.8%</td>
<td>19.7%</td>
</tr>
<tr>
<td>5</td>
<td>Cardiac Dysrhythmias</td>
<td>16.6%</td>
<td>18.5%</td>
<td>9.2%</td>
</tr>
<tr>
<td>6</td>
<td>Septicemia (except in labor)</td>
<td>22.0%</td>
<td>23.7%</td>
<td>15.7%</td>
</tr>
<tr>
<td>7</td>
<td>Coronary Atherosclerosis</td>
<td>15.3%</td>
<td>17.4%</td>
<td>9.0%</td>
</tr>
<tr>
<td>8</td>
<td>Childbirth Trauma</td>
<td>0.0%</td>
<td>0.8%</td>
<td>0.6%</td>
</tr>
<tr>
<td>9</td>
<td>COPD &amp; Bronchiectasis</td>
<td>21.9%</td>
<td>25.0%</td>
<td>14.4%</td>
</tr>
<tr>
<td>10</td>
<td>Nonspecific Chest Pain</td>
<td>12.8%</td>
<td>14.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>All</td>
<td></td>
<td>15.8%</td>
<td>16.7%</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

Source: hcupnet.ahrq.gov
Federal Guidelines for Opioid Treatment Programs: SAMHSA (2015)

- Reflect OTP’s obligation to deliver care consistent with standards of addiction treatment & general medical care: Patient-centered, Integrated, Recovery oriented

- Address technological and other healthcare changes:
  - Electronic health record
  - Prescription drug monitoring programs
  - Nursing scope of practice
  - Role of non-physician authorized providers
  - Telemedicine
Opioid Dependency (OD) Treatment via Telemedicine*

- Terms used in the SAMHSA guideline:
  - Telemedicine
  - Telehealth
  - E-therapy

- MUST be conducted with interactive audio & video system that allows real-time communication

*Federal Guidelines for Opioid Treatment Programs: SAMHSA
OD Treatment via Telemedicine* (continued)

- Telemedicine services should, under no circumstances, expand the scope of practice of a healthcare professional or permit practice in a jurisdiction (the location of the patient) where the provider is not licensed.

- Also, telemedicine may not substitute for a physical examination when one is needed, although it may be used to support the decision making of a physician when a provider qualified to conduct physical examinations and make diagnoses is physically located with the patient.

*Federal Guidelines for Opioid Treatment Programs: SAMHSA
E-Therapy (Federal Guidelines for Opioid Treatment Programs: SAMHSA)

- E-therapy means using electronic media and information technologies to provide services for patients in different locations.
E-Therapy (Federal Guidelines for Opioid Treatment Programs: SAMHSA)

- E-therapy can:
  - include a range of services, including screening, assessment, primary treatment, and after care
  - provide greater access to treatment services for populations who rely extensively on electronic devices (i.e., adolescents and young adults)
  - help people access treatment services who traditionally would not seek services because of barriers related to geography, shame and guilt, stigma, or other issues; and
  - be provided as a sole treatment modality or in combination with other treatment modalities, like traditional or existing treatments
Size of Telebehavioral Evidence Base

- More than 4,000 references used in creating the training at the Telebehavioral Health Institute (TBHI)
- Free list of 1000+ searchable telebehavioral health references: www.telehealth.org/bibliography
Benefits of Video-Based Telehealth*

- Increased client satisfaction
- Decreased travel time
- Decreased travel, child & elder-care costs
- Increased access to underserved populations
- Improved accessibility to specialists
- Reduced emergency care costs
- Faster decision-making time
- Increased productivity / decreased lost wages
- Improved operational efficiency
- Efficacy is on par with in-person care for many groups
- Decreased hospital utilization

Benefits of Traditional Video-Based Telehealth*

- **Hub-and-spoke model**
  - Only work with previously identified clients
  - Originally for patients who have had an in-person assessment (changing)
  - Detailed and documented referral requests
  - Detailed health record at fingertips of clinician
  - Client/patient is at the “originating site”
  - Clinician is at the “distant” site
  - Community collaborator is available

- **Client/patient is pre-trained by staff**

- **Technology is stable**
  - IT staff is available during entire time of connection to client/patient

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Supporting Research

- Godleski, Darkins & Peters reported in April of 2012 that hospital utilization in psychiatric populations at the Veterans Administration were decreased by an average of 25% since the use of telehealth.

Supporting Research

- It is worthy of note, however, that:
  - This study focused on clinic-based, high-speed videoconferencing and did not include any home telehealth encounters. Mental health patients were referred for telecare by clinicians. Typically, telemental health services were provided remotely at community-based outpatient clinics by mental health providers of all disciplines located at larger parent VA hospital facilities.
  - Equipment consisted of either room or personal desktop videoconferencing units.

More Supporting Research

Hilty, Ferrer, Parish, Johnston, Callahan & Yellowlees – 2013

- Reviewed 755 studies and included 85 studies
- Results: Telemental health is effective for diagnosis and assessment across many populations (adult, child, geriatric, and ethnic) and for disorders in many settings (emergency, home health) and appears to be comparable to in-person care. In addition, this review has identified new models of care (i.e., collaborative care, asynchronous, mobile) with equally positive outcomes.

A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical, and Evidence-Based Telepractice

By David D. Luxton, PhD, Eve-Lynn Nelson, PhD, and Marlene M. Maheu, PhD

- Pages: 154
- Item #: 4317411
- Publication Date: June 2016
- Format: Softcover
- Availability: In Stock
- Also available on: Amazon Kindle

Examine or adopt this book for teaching a course
Caution – Consider Context

Online Norm vs. Standard of Care

- No Contact with Other Treating Clinicians
- No Authentication of Consumer/Professional
- No Emergency Backup Procedures
- Misunderstanding of Clinical Processes (suicide)
- Operating w/o Needed Research for Unsupervised Settings
Caution – Consider Context
Online Norm vs. Standard of Care

- Mostly Email / Chat vs. Video
- Anonymity / No Patient Records
- Avoid Responsibility w/ Website Disclaimers
- No Clear Channels for Mandated Reporting
① Technology Choices
<table>
<thead>
<tr>
<th>Technology</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td>45 (77.6%)</td>
</tr>
<tr>
<td>Text Messaging</td>
<td>23 (39.7%)</td>
</tr>
<tr>
<td>Email</td>
<td>43 (74.1%)</td>
</tr>
<tr>
<td>Microsoft Office...</td>
<td>13 (22.4%)</td>
</tr>
<tr>
<td>Skype</td>
<td>3 (5.2%)</td>
</tr>
<tr>
<td>Facetime</td>
<td>2 (3.4%)</td>
</tr>
<tr>
<td>Adobe Connect</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Go2Meeting</td>
<td>5 (8.6%)</td>
</tr>
<tr>
<td>Google Hangouts</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>LinkedIn</td>
<td>4 (6.9%)</td>
</tr>
<tr>
<td>HIPAA-Compliant...</td>
<td>6 (10.3%)</td>
</tr>
<tr>
<td>Electronic Health...</td>
<td>22 (37.9%)</td>
</tr>
<tr>
<td>Assessment Inst...</td>
<td>14 (24.1%)</td>
</tr>
<tr>
<td>Google Docs</td>
<td>4 (6.9%)</td>
</tr>
<tr>
<td>Encrypted Cloud...</td>
<td>8 (13.8%)</td>
</tr>
<tr>
<td>Calendar App or...</td>
<td>16 (27.6%)</td>
</tr>
<tr>
<td>Other</td>
<td>5 (8.6%)</td>
</tr>
</tbody>
</table>
Technology Options

- Consider options and your own preferences:
  - Telephone
  - Video
  - Apps

- Match client’s/patient’s need, preference, and ability to a specific technology (or compares pros/cons of options) (e.g., describes the difference between a “native app” with information stored on a mobile device versus mobile/virtual options).
Your Computer is Your “Office” – Practice Before Using It

- Consider additional technology for:
  - Video
    - White board
    - Access desktop or web
    - Access to your camera
  - Understand the features of your platform, lest you show the wrong image
  - Supervision
  - Cloud storage, etc.
Your Technological Responsibilities

- Whichever technology you choose, know how to prevent interferences and interruptions.
- Trouble-shoot problems to make adjustments to and/or replaces technology (e.g. move from video to telephone) when needed.
Your Technological Responsibilities

- Consult with remote information technology (IT) staff
- Report to client/patient and applicable authorities when needed (e.g., HIPAA violation to Office for Civil Rights; technology vendor for repair).
- Conduct all required risk assessments for HIPAA
Your Technological Responsibilities

- Educate client/patient, consultees, and other systems’ clinicians to ensure availability and working order of equipment for immediate needs/tasks (e.g. the interview, transfer of records, emergency actions, collateral information).
Intersection of Technical & Clinical Issues

- Assess potential technology and infrastructure issues prior to initiating the clinical care
  1. Adequacy of bandwidth (data transfer)
  2. Reliability of telehealth equipment (computers, monitors, video cameras, audio equipment, etc.)
Intersection of Technical & Clinical Issues

- Assess potential technology and infrastructure issues prior to initiating the clinical care

3. Loss of connection due to inadequate transmission bandwidth or equipment failure during a clinical crisis

4. Insufficient camera resolution or environmental problems (adequacy of room lighting / microphone placement)
Moving to Technology

Once started, monitor natural engagement or disruptions in virtual environment and adjust.

For example, identify and resolve scenarios of powerlessness for client/patients, self and supervisees related to technology across distance.
VI-14 Capability

Addiction Professionals shall take reasonable steps to determine whether the client/supervisee physically, intellectually, emotionally, linguistically and functionally capable of using e-therapy platforms and whether e-therapy/e-supervision is appropriate for the needs of the client/supervisee. Providers and clients/supervisees shall agree on the means of e-therapy/e-supervision to be used and the steps to be taken in case of a technology failure. Providers verify that clients/supervisees understand the purpose and operation of technology applications and follow up with clients/supervisees to correct potential concerns, discover appropriate use, and assess subsequent steps.
Telephone

- Decide which types of issues/clients/patients you wish to serve by telephone
- Look up and follow the guidance of leading researchers in the field
- Look at the TBHI references/Google scholar
- Make sure studies have been replicated, outcomes are valid and that suggestions make sense, given your understanding of the issues
VI-15 Missing Cues

Addiction Professionals shall acknowledge the difference between face-to-face and electronic communication (nonverbal and verbal cues) and how these could influence the counseling/supervision process. Providers shall discuss with their client/supervisee how to prevent and address potential misunderstandings arising from the lack of visual cues and voice inflections when communicating electronically.
HIPAA requires an “audit trail.” Skype doesn’t provide audit trails – and isn’t obligated to....
HIPAA requires “breach notification tools.” Skype doesn’t provide...
Telepsychiatry: The Perils of Using Skype

By Marlene M. Maheu, PhD and Joseph Mcmurranin, MD, JD

First released in 2003, Skype offers free, worldwide video access to any patient with an Internet connection, either by mobile device or desktop computer. What it does not offer, however, is a means of communication clearly suitable for clinical services—especially in mental health. According to estimates reported by groups such as the Institute for Healthcare Consumerism, telehealth is poised to grow by 55% in 2013 alone, and 8-fold by 2017.1,2 Wisely or otherwise, some of this growth will likely occur via Skype. Thus, it is prudent to consider its issues.

The Health Insurance Portability and Accountability Act

Ordinarily, neither federal nor state law is designed to regulate specific proprietary entities such as Skype and its competitors. Video-chat platforms were developed for marketing to the general consumer, and not for health care. The Health Insurance Portability and Accountability Act (HIPAA) holds professionals responsible for conducting their own internal risk assessments regarding their chosen technologies. Before using any equipment, the professional should require documentation that explicitly promises “HIPAA compliance” or “HIPAA compatibility.” One could take further comfort in a designation of Federal Information Processing Standard (FIPS) certification, a standard that may meet and exceed HIPAA standards.3

HIPAA requires the use of equipment that allows for audit trails. According to the American Health Information Management Association, audit trails allow breaches to be traced.4 Like other proprietary platforms, Skype makes it impossible to conduct approved security audits via audit trails. Skype itself is not

Search for drugs:
Enter drug name here...
FaceTime is HIPAA compliant and encrypted, could change the way physicians and patients communicate

Sep 26, 2011 by Brittany Chan

Healthcare communications is rapidly changing – patients now routinely email their physicians, physicians connect with each-other via mobile-based professional networks, and more. The introduction of Apple’s FaceTime video chat sparked excitement and discussion in the healthcare community about its possible use in telemedicine. However, many were wary about associated patient privacy issues and HIPAA compliance.

It seems that this question has now been answered. According to Apple, calls made via FaceTime can be HIPAA-compliant with the appropriate security configuration. The news that this ubiquitous, free communications platform meets these rigorous standards has potentially wide implications for how patients, physicians, and others in healthcare communicate.

To be fair, it's not quite as simple as just opening FaceTime and calling your patient. Specifically, the WPA2 Enterprise configuration provides an extra level of authentication when establishing a wireless connection. WEP does not provide the appropriate level of security, and WPA and WPA2 personal settings are questionable. FaceTime calls are fully end-to-end encrypted.
Video Continuity

- Transmission Channel Speed
- Camera Quality
- Camera Positioning
- Reliability of all Equipment
- Audio is the Most Essential Channel
  - Use Telephone as Backup System – get #
  - Speaker/Mic Locations
Social Media
Social Media is, well... Social

- Social media offers the antithesis to privacy/confidentiality
- Not ok to acknowledge clients/patients in social media
- JAMA Study of errant practitioners
- Looking up info about clients/patients in social media is not advised
  - Breach of confidence/relationship
  - Must be revealed/ Informed consent
- Expect that clients/patients will look you up and find dirt if it is out there
VI-20 Social Media

Addiction Professionals shall clearly explain to their clients/supervisees, as part of informed consent, the benefits, inherent risks including lack of confidentiality, and necessary boundaries surrounding the use of social media. Providers shall clearly explain their policies and procedures specific to the use of social media in a clinical relationship. Providers shall respect the client’s/supervisee’s rights to privacy on social media and shall not investigate the client/supervisee without prior consent.
VI-13 Boundaries

Addiction Professionals shall appreciate the necessity of maintaining a professional relationship with their clients/supervisees. Providers shall discuss, establish and maintain professional therapeutic boundaries with clients/supervisees regarding the appropriate use and application of technology, and the limitations of its use within the counseling/supervisory relationship.
Your Privacy: Google/Bing/Background Checks

Your client looks you up and Google and starts the session challenging you.

- What do you say?
- What else do they know about you?
- Mortgages, child custody battles & lawsuits, traffic citations, what else?
Apps
mHealth Applications ("Apps") for Psychologists, 2013

Clinical App Evaluation Criteria

① Usefulness (Applicability) -
   a) Does the app adequately cover the range of tasks required to satisfy an actual need?
   b) Answers to the above question often can be found in an app’s description or comments posted from users (Do comments describe creative uses, suggested improvements, missing features.)
   c) It is unethical to recommend an app that has been pirated, plagiarized or represents copyright infringement (Rorschach cards, DSM codes or descriptions of disorders)
Clinical App Evaluation Criteria

② Usability - Is the app practical to use?
  - Does the app meet workflow requirements and save time for the user?
  - Issues in interface clutter, obviousness of controls; tolerance for sub-optimal eye-thumb coordination; steepness of learning curve; ease of navigation, ability to recognize, undo or recover from error, response latency, start-up and shut down time, needlessly drain the battery?
Clinical App Evaluation Criteria

③ Interoperability -

a) Can this app share data with other apps and/or other devices?

a) Sharing can be with the same app on another device or with another program, such as the clinician’s Electronic Health Record.

b) Interoperability can also refer to a clinician’s ability to have various patients use essentially the same app on different devices with different operating systems (Android, Apple, etc.)
Clinical App Evaluation Criteria

④ Security & Privacy

a) Making sure data are not lost, diverted or altered by an unauthorized agent

b) Self-monitoring ("native app" vs. open communication channel)?

a) Lost/stolen device protections (e.g. data encryption, passwords, biometric identity validation)

b) Validating that it is actually a client/patient and clinician are communicating rather than an impersonator (not clinician's children, for example)

c) Intentionally transmitted information brings up another set of issues and HIPAA:
Clinical App Evaluation Criteria

④ **Security & Privacy**

a) Self-monitoring ("native app" vs. open communication channel)?

   b) Validating that it is actually a client/patient and clinician are communicating rather than an impersonator (not clinician's children, for example)

b) Intentionally transmitted information brings up another set of issues and HIPAA:

   a) **Personal health information (PHI)** can be intercepted during wireless transmission (Firesheep)
Firesheep demonstrated 2017
Security Threats (HIPAA, HITECH & State Law)

1. Is the app **uploading Clinical Data** anywhere (is transmission channel secure? BAA?)

2. Does app **authenticate**?
   - Passwords to lock; passwords to access networks
   - Biometric authentication (thumbprints for smartphones are in vogue)

3. Do device(s) use **antiviral and malware programs**?
Security Threats (HIPAA, HITECH & State Law)

1. Do device(s) use antiviral and malware programs?
   1. Many programs exist. Search for them online.
   2. CounterACT is a security control platform that automatically identifies which devices and users are on a network, controls access to the network, blocks threats, remediates security violations at endpoints, and measures compliance to an organization's security policies.

2. Warn your clients/patients about security issues related to their allowing app developers to track "errors" and upload that information to "improve the app”

3. Is the app sending unencrypted email or text to them, other providers or you?
Privacy Threats (HIPAA, HITECH & State Law)

- Apps that are not tested
  - Solution: Only recommend apps that have been tested for privacy functions and clearly describe these tests in their product materials

- Apps that are not password protected
  - Solution: Password protect entire device and/or the specific app (text-based or biometric authentication)
Privacy Threats (HIPAA, HITECH & State Law)

- Apps that ask for “permissions”
  - Solution: Encourage clients/patients to be aware of giving access to their “anonymous” data to anyone, including the app developer’s ongoing “testing”
  - Solution: Explain app to client/patient, download in session and show them how to “opt out” (as well as how it works in general)
Clinical App Evaluation Criteria

⑤ Validity –

a) Does the app **measure what it is suppose to measure**?

b) Does the app’s **hardware allow the underlying principles to be implemented adequately**? (e.g., phototherapy is not yet effective through a smartphone)

c) Is there **empirical support for the underlying theory, or for the app itself**? Has independent research established the validity of the app itself?
The Interactive Mobile App Review Toolkit (IMART): a Clinical Practice-Oriented System

Authors
Marlene M. Maheu, Viola Nicolucci, Myron L. Pulier, Karen M. Wall, Tami J. Frye, Eva Hudlicka

Article
First Online: 11 January 2017
DOI: 10.1007/s41347-016-0005-z

Cite this article as:

Abstract
The inadequacy of infrastructure for bringing mobile healthcare apps from developers to clinical practitioners has kept the 165,000+ currently available healthcare apps from integration into routine
Client/Patient Training
Client/Patient Training

- Preferences (Email / Texting / Telephone / Video)
- Skills
- Concerns / resistance
- File exchanges via email, text or websites
- What will happen if someone else sends clinician information
- How someone else can easily intercept information
- Social networking – social media policy
Client/Patient Training

- Computer repair considerations to keep computer in good working order
- Clinical records – where they are kept and who will see them
- Insurance – what will be shared with any insurance company
- Emergency protocols (safety issues)
- Repercussions of lateness / missed sessions
- Non-compliance/avoidance policies
Client/Patient Training: Technical

- Adjust educational approach to client's:
  - Technological skill level
  - "Technophobia"
  - Cognitive ability
  - Ability to admit a lack of understanding
Client/Patient Training: Technical

- For each technology used with the client, demonstrate and train:
  - Setting up equipment and room (lighting, noise, loud animals and children)
  - Testing and calibrating before each session
  - Troubleshooting
  - Commonly encountered technical problems
Client/Patient Training: Technical Issues

- Inform about vulnerabilities:
  - Malware
  - Social engineering
  - Deceptive websites

- Set up "resilience" strategies for:
  - Getting cut-off during a session
  - Fallback in case of equipment failure (e.g., resort to telephone, preferably a land line. Make sure one is immediately available).
Client/Patient Training: Policies

- Discuss policies re:
  - Email
  - Your maximum response time to client's asynchronous messages
  - Emergency messages (e.g., none by email)
  - Reading long messages or listening to uploaded songs
  - "Friending," texting and social media
Client/Patient Training: Policies

- Explain electronic clinical record:
  - Which information is included
  - Separate more-private "psychotherapy notes"
  - Integration with Personal Health Record
  - Relevant patient's rights (to inspect and object to entries)
  - HIPAA, HITECH and related issues
Client/Patient Training: Policies

- Discuss policy/fees for:
  - Lateness (and how “lateness” is defined in your practice)
  - Missed sessions
  - Makeup sessions
  - Requests for special reports
  - Time spent on other matters (e.g., authorization, appeals).

- Make explicit patient's responsibilities for own conferencing room:
  - Despite “safe space” illusion
  - Control of other people entering room or overhearing
  - Encourage requests to clarify and repeat (“What did you say?” “What did you mean?”)
Client/Patient Training: Warnings

- Warn about:
  - Shared computers
  - Logging out after sessions, not just shutting down
  - Making passwords strong, keeping them secret and changing them periodically
  - Insecurity of public WiFi and poor security of ordinary encrypted home WiFi.
  - Explain rights of employers and commanding officers to monitor and retain data in official computers.
  - No sessions while driving, no multitasking during sessions.
Client/Patient Training: Warnings

- Describe (preferably with concrete examples):
  - Misleading websites vs. recommended sites
  - Phony online psychological "tests"
  - Online therapy/training/brain exercise offerings.

- Encourage patient to freely discuss her involvement with the Web and reactions to retrieved material such as:
  - Criticisms of current treatment approach
  - Alternative treatments
  - Alarming reports
  - Online "ratings" of current counselor or therapist (i.e., you).
Client/Patient Training: Other

- Describe proper:
  - Use of a router, firewall, antivirus software
  - "Cautious clicking"
  - Avoidance of malware, social engineering, spam.

- Reveal:
  - Duty to warn
  - HIPAA and HITECH requirements
  - Disclosures to insurers.

- Explain need for local backup resources, contact with patient's primary care physician and others.
How to Educate?

- Use a variety of education methods such as:
  - Discussion
  - In-office demo
  - Hands-on training
  - Home or video visit by an assistant
  - Demo via remote control of patient's desktop or laptop
  - Video instruction
  - Handouts
  - Instructions on your clinical practice website
  - Online training program
  - Frequently Asked Question resources
Purging Tips

May 31, 2011  Shanna

There are a lot of ineffective ways to purge, and a few ways that work well. Today, we’ll cover the basics. These are my guidelines and some might have different tips or use different methods.

First, a lot of people swear by starting off a binge with a “marker” food — something bright colored and noticeable so when you see it in your vomit, you know you’ve gotten it all out. Stuff doesn’t come out in exactly the same order it went in. Do your physics homework, guys. If you’re drinking a lot of water, what’s gonna come up first is whatever is lightest and least dense. What’s going to come up last is what’s densest and heaviest, i.e., meat, dried fruit, etc. I don’t trust a marker food alone. You know you’ve gotten it all out when all you’re purging is clear liquid. Thus, that brings me to my first tip.

Tip #1: WATER, WATER, WATER!!
If you want your purging to be smooth and problem free, water is crucial. Fill a huge plastic cup with water and chug before you binge, keep drinking periodically throughout your binge, and chug right before you purge, until you feel sick. This serves a couple purposes. First, it will make the food come up much more easily — you won’t be choking on chunks. Second, it fills up your stomach and helps you get to that “I’m sick” full feeling much faster (read: your binges will be smaller and thus cost a lot less). Third, chugging water til you get nauseous makes it much easier to induce vomiting (see Tip #2). When you chug right before purging, warm water is especially effective. I will go through about 3 huge cups of water during a typical binge/purge.

Tip #2: Trigger Ye Olde Gag Reflex
Some lucky suckers can purge simply by contracting stomach muscles. I, however, cannot. I have a minimal gag reflex and it took some trial and error before I figured out what worked for me. First, I make it easier by getting nauseous first. It’s much easier to gag when you feel sick. Hence, I chug water and if that’s not working I chug diet Coke. If I’m planning to throw up dinner, I sometimes drink a beer with it in gulps (makes me nauseous). Using fingers is iff for me (doesn’t always work). I prefer a toothbrush. Start with the smooth end and get yourself
BEST PURGING TIPS

Over my time of having an eating disorder, I have read a lot about different ways to purge and I have tried most of them. I wanted to share with you guys the ones that have worked best for me and that have really helped me out! Most of them are pretty obvious but just in case you didn’t know:
1. Drink A LOT of water! When I first started purging, I didn’t really know to do this. When I would try purging, it would take a long time to get all the food up. Once I started drinking water during/before purging, it mixed up with all the food and made everything a lot easier to get up. The more water, the better!
2. To purge at home, say you’re taking a shower and go to the bathroom. Turn on the bathroom fan if you have one and also turn on the shower. I’ve found that running bath water makes more noise than turning on the shower (more water force hitting the ground). Then turn on the sink. After that you can purge and they will most likely not hear you. Make sure to wipe the toilet down and also make sure there is no puke under the toilet seat or anything. I usually flush twice. When you’re done, I suggest actually getting in the shower to wash off the puke and convince your parents you were showering!
3. Stand up over the toilet and bend down, instead of kneeling in front of it! Just trust me, it really helps.
4. As for purging in public, I’ve found it just depends on where you are. The most important thing is to fake confidence and be able to lie very well. If strangers hear you and ask if you’re alright, just tell them you’ve had food poisoning or are coming down with the flu. Hell, tell them you’re pregnant for all I care! Lying to strangers is easy because they don’t know anything about your life. You just have to be confident!

Anyway that’s all I can think of right now, I hope this helps!

No Name

I got a list too... I used to have this hidden on my Tumblr, so only I could read it... anyway.

I was really obsessed and I’m going to share my Mia list with you I’ve marked what’s bad and I’ve put my own little comments to them... But REMEMBER! BE YOUR OWN PERSON AND DO NOT HARM YOURSELF. DON’T READ THIS IF YOU GET TRIGGERED FAST AND/OR BY OR BULIMIA OR ANYTHING THAT MAKES YOU WANT TO PUKE!

Anyway... Here I begin...

Mia is her name... She’s only thinking about food, yet she can push you to puke it all up if she wants you to. She doesn’t like that other people eat more than her, so she makes them push their finger down their throat, make them sick and make them punch themselves since they ate her food. hahah
Nearly half of millennials fear their addiction to social media is having a negative effect on their mental and physical health.

A new survey by the American Psychological Association (APA) found about 90 per cent of people aged 18-29 were using social media, up from just 12 per cent in 2005.

The APA report said: “Technology has improved life for many Americans, and nearly half of this country’s adults say they can’t imagine life without their smartphones.”

Young adults between the ages of 18 and 37, reported concern about how much time they were spending on social media. Platforms mentioned were: Facebook, (78%), Instagram (32%) Pinterest & LinkedIn (29%) usage rates.

“Almost half (48 per cent) worry about the negative effects of social media on their physical and mental health,” the report stated.
Exercise #1

Your client of 10 years ago wants to connect on Facebook.

Take 5 minutes to discuss with your ‘elbow partner’.

What do you tell your client/patient?
Text Messaging
Types of Text Messaging

- Two types of texting with clients/patients:
  - Interactive – not well researched
  - Reminder Services - shown effective in supporting a wide variety of clinical behavioral and mental health populations with a variety of disorders.
    - 1-way
    - 2-way
    - App-based
Efficacy of text messaging-based interventions for health promotion: a meta-analysis.

Head KU, Noar SM, Iannarino NT, Grant Harrington N.

Abstract
This meta-analysis investigated the efficacy of text messaging-based health promotion interventions. Nineteen randomized controlled trials conducted in 13 countries met inclusion criteria and were coded on a variety of participant, intervention, and methodological moderators. Meta-analytic procedures were used to compute and aggregate effect sizes. The overall weighted mean effect size representing the impact of these interventions on health outcomes was $d = .329$ (95% CI = .274, .385; $p < .001$). This effect size was statistically heterogeneous ($Q_{18} = 55.60$, $p < .001$, $I^2 = 67.62$), and several variables significantly moderated the effects of interventions. Smoking cessation and physical activity interventions were more successful than interventions targeting other health outcomes. Message tailoring and personalization were significantly associated with greater intervention efficacy. No significant differences were found between text-only interventions and interventions that included texting plus other components. Interventions that used an individualized or decreasing frequency of messages over the course of the intervention were more successful than interventions that used a fixed message frequency. We discuss implications of these results for health promotion interventions that use text messaging.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3978550/
Secure Clinical Texting: Patient Risk in High-Acuity Care

2017 Winter

by George A. Gellert, MD, MPH, MPA; George S. Conklin; and Lynn A. Gibson

Abstract

The Joint Commission recently reversed its prior authorization of the use of secure clinical texting to issue patient care orders, now again prohibiting texting of orders. However, the potential sole or exclusive use of clinical texts to transmit other patient care information beyond care orders still poses a risk to patient safety in high-acuity care because of text transmission delays resulting from carrier-dependent latency. Although texting in routine patient care may deliver high value to clinicians, the risk of latency and delayed receipt of clinically urgent or time-sensitive texted patient information in high-acuity care settings can harm patients. We completed a review of 19 secure clinical text vendor websites, finding that 16 of 19 (84 percent) market their products for use specifically in high-acuity and critical patient care. The secure clinical texting industry needs the policy guidance of The Joint Commission and health information technology professionals to minimize risk to patients, clinicians, and hospital systems as secure clinical texting becomes standard accepted practice.

http://perspectives.ahima.org/secureclinicaltexting/
Results

Forty-two of the 55 included research articles found that prompts resulted in significant positive behavioral outcomes for participants. Prompts were delivered via text messages, email, mailed communications, and in a few instances via phone. Generally, the provision of feedback and specific strategies to accomplish behavior change appears to be important for the success of periodic prompts. Rationale for prompt timing was rarely provided, although some studies did organize message content around days of the week or times perceived to be high risk for particular behaviors. Smoking cessation interventions tended to be organized around quit date. Among studies using theoretical models to inform their interventions, the transtheoretical model was most common.

Conclusions

Periodic messaging interventions yield positive results for short-term health behavior changes. Interventions including feedback and prompts that included strategies were more likely to report significantly positive outcomes. Work remains to better understand elements that make periodic prompts successful and whether they are effective in producing long-term outcomes.
Results

Results indicate global preferences of more than 75% of subjects for certain types of messages, such as those that were grammatically correct, free of *textese*, benefit-oriented, polite, nonaggressive, and directive as opposed to passive, among others. For several classes of messages, few or no clear global preferences were found. There were few personality- and trait-based moderators of message preferences, but subtle manipulations of message structure, such as changing “Try to…” to “You might want to try to…” affected message choice.

Conclusions

The results indicate that individuals are sensitive to variations in the linguistic content of text messages designed to help them achieve a personal goal and, in some cases, have clear preferences for one type of message over another. Global preferences were indicated for messages that contained accurate spelling and grammar, as well as messages that emphasize the positive over the negative. Research implications and a guide for developing short messages for goal-directed behaviors are presented in this paper.

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3936297/
Text Messaging Research Summary & Risk Management

- Results of many studies show positive outcomes for using text messaging to deliver reminder messages in patients across diagnostic groups.
- Research for interactive clinical exchanges is more sparse.
- Research on apps that transfer text-based information between patients and clinicians is even sparser.
Which Technologies to Use?

- No Guesswork Needed
Internet-based Companies Claiming HIPA Compliance

www.telehealth.org/directory
HIPAA Compliance
Laws, Ethical Standards, Guidelines, & Competencies

- All refer to privacy and confidentiality
All Existing Legal and Ethical Rules Apply
HIPAA imposes requirements on us as “covered entities” and not on technology.

We have the responsibility to choose services that are compliant or “compatible.”
Telebehavioral Health Standards & Guidelines

- American Psychological Association. (2010). Ethical principles of psychologists and code of conduct
Telebehavioral Health Standards & Guidelines

- Association for Addiction Professionals. (2016). NAADAC Code of Ethics
- British Psychological Society. (2009). The Provision of Psychological Services via the Internet and Other Non-direct Means
Telebehavioral Health Standards & Guidelines

- National Board for Certified Counselors and Center for Credentialing and Education, (2016). Policy regarding the Provision of Distance Professional Services
- New Zealand Psychologists Board (2012). The Practice of Telepsychology
GUIDELINES FOR THE PRACTICE OF TELEPSYCHOLOGY

Introduction

These guidelines are designed to address the developing area of psychological service provision commonly known as telepsychology. Telepsychology is defined, for the purpose of these guidelines, as the provision of psychological services using telecommunication technologies as expounded in the "Definition of Telepsychology." The expanding role of technology in the provision of psychological services and the continuous development of new technologies that may be useful in the practice of psychology present unique opportunities, considerations and challenges to practice. With the advancement of technology and the increased number of psychologists using technology in their practices, these guidelines have been prepared to educate and guide them.

These guidelines are informed by relevant American Psychological Association (APA) standards and guidelines, including the following: Ethical Principles of Psychologists and Code of Conduct ("APA Ethics Code") (APA, 2002a, 2010), and the Record Keeping Guidelines (APA, 2007). In addition, the assumptions and principles that guide the APA’s "Guidelines on
How Competencies Fit into the Picture

- Legislators
- Laws
- Regulations
- Ethical Standards
- Guidelines
- Competencies
- Training
- Professional Service Delivery
Why TBH Certification?

- Certification gives proof that you have attempted to develop competence
- Best risk management procedure for clinicians
- Some groups are now requiring certification for telehealth
  - Insurers
  - State Boards are discussing it

NAADAC
Principle VI: E-Therapy, E-Supervision, and Social Media

VI-1 Definition

VI-2 Competency

Addiction Professionals who choose to engage in the use of technology for e-therapy, distance counseling, and e-supervision shall pursue specialized knowledge and competency regarding the technical, ethical, and legal considerations specific to technology, social media, and distance counseling. Competency shall be demonstrated through means such as specialized certifications and additional course work and/or trainings.
Coalition for Technology in Behavioral Science (CTiBS)

CTiBS Competencies 2017

1. Evidence-Based / Ethical Practice
2. Clinical Evaluation & Care
3. Cultural Competence / Diversity
4. Legal & Regulatory
5. Administration / Documentation
6. Telepresence/Virtual Environment
7. Technology
8. mHealth Including Apps
9. Social Media & Networking
10. Telepractice Development
GUIDELINES FOR THE PRACTICE OF TELEPSYCHOLOGY

Competence of the Psychologist

- Acquiring competence may require pursuing additional educational experiences and training, including but not limited to, a review of the relevant literature, attendance at existing training programs (e.g., clinical and technical) and continuing education specific to the delivery of services utilizing telecommunication technologies.

- Psychologists are encouraged to seek appropriate skilled consultation from colleagues and other resources.
Laws Related to Duty to Report/Duty to Warn

- California State Law
  - (v) Failing to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.
  - (w) Failing to comply with the elder and adult dependent abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

CA Business and Professionals Code Sections (4989.54 (cont.))
APA & ATA Guidelines, 2013

- Document verbal informed consent prior to treatment
- Risks/benefits of chosen technology
- Limits to confidentiality
- Access, disclosure & storage of data
- Boundaries
- Procedures for responding to e-communications
VI-8 Non-Secured

Addiction Professionals recognize that electronic means of communication are not secure, and shall inform clients, students, and supervisees that remote services using electronic means of delivery cannot be entirely secured or confidential. Providers who provide services via electronic technology shall fully inform each client, student, or supervisee of the limitations and risks regarding confidentiality associated with electronic delivery, including the fact that electronic exchanges may become part of clinical, academic, or professional records. Efforts shall be made to ensure privacy so clinical discussions cannot be overheard by others outside of the room where the services are provided. Internet-based counseling shall be conducted on HIPAA-compliant servers. Therapy shall not occur using text-based or email-based delivery.
Three HIPAA Rules:

- Transmission
- Privacy
- Security
HIPAA Privacy Rule

- Data are “individually identifiable” if they include any of the 18 types of identifiers, listed on the next slide, for
  - an individual or
  - for the individual’s employer or
  - family member, or
  - if the provider or researcher is aware that the information could be used, either alone or in combination with other information, to identify an individual.
HIPAA Privacy Rule (cont.)

1. Name
2. Address (all geographic subdivisions smaller than state, including street address, city, county, zip code)
3. All elements (except years) of dates related to an individual (including birth date, admission date, discharge date, date of death and exact age if over 89)
4. Telephone numbers
5. Fax number
6. Email address
7. Social Security number
8. Medical record number
9. Health plan beneficiary number
10. Account number
11. Certificate/license number
12. Any vehicle or other device serial number
13. Device identifiers or serial numbers
14. Web URL
15. Internet Protocol (IP) address numbers
16. Finger or voice prints
17. Photographic images
18. Any other characteristic that could uniquely identify the individual
HIPAA Risk Assessment

- HIPAA regulation outlines that you must conduct **Physical, Administrative, and Technical** risk assessments within your practice. These risk assessments will measure your practice against HIPAA regulatory standards.
- HIPAA risk assessments give you a better understanding of the gaps that you currently have in your compliance program, so that you can build remediation plans to fix them.
- Audit of your practice to assess the status of your compliance
- Must be conducted “regularly”
HIPAA Documentation

Risk Assessment

- Define scope
  - Define your systems - tablet, Gmail, look for vulnerabilities in equipment, threats can be accidentally disclosing power outages that can happen
- Rate risk as low, medium or high
  - Example Risk: High risk is that laptop doesn’t have security, your practice is to leave your laptop in your car when running errands
  - Solution: Put encryption and firewall on your laptop

Document Risk

- Examine how all systems are working together
- Make you more efficient
- Save money
- Should be completed “regularly”
  - Validate what’s been done, review any new risks (clients, technologies)
  - Calendar issues you will address throughout year, document progress
Other Ways to Manage Risk

- If you don’t need 5 pieces of equipment, use fewer for your practice
- Rule out the use of coffee shop networks or hotels
- Stop looking at very easy ways to use new technology – they interject new risks
- Only use vendors who give “Business Associate Agreements” (“BAAs”)
  - Mention in informed consent that you are sharing protected health information with vendors
  - Get paid version of email software, cloud storage or other software if needed – you simply need a BAA for everything you use
VI-16 Records

Addiction Professionals understand the inherent dangers of electronic health records. Providers are responsible for ensuring that cloud storage sites in use are HIPAA compliant. Providers inform clients/supervisees of the benefits and risks of maintaining records in a cloud-based file management system, and discuss the fact that nothing that is electronically saved on a Cloud is confidential and secure. Cloud-based file management shall be encrypted, secured, and HIPAA-compliant. Providers shall use encryption programs when storing or transmitting client information to protect confidentiality.
VI-17 Records

Addiction Professionals shall maintain electronic records in accordance with relevant state and federal laws and statutes. Providers shall inform clients on how records will be maintained electronically and/or physically. This includes, but is not limited to, the type of encryption and security used to store the records and the length of time storage of records is maintained.
Summary of HIPAA Documentation Requirements

- Risk Assessment
- Business Associates Agreement
- Informed Consent
HIPAA Compliance Work Flow Example

1. Conduct Risk Assessment & Planning
2. Update Policies and Procedures
3. Develop & Implement Incident Response Plan
4. Foster Culture of Compliance with Training & Education
5. Review Vendor List & Update Business Associate Agreements
Business Associate Agreements for Your App? (HIPAA & HITECH)

- All Business Associates in health care must sign an agreement stating their adherence to HIPAA standards.
What makes you a HIPAA “covered entity”?

- Engaging in “electronic covered transactions”
- Filing electronic insurance claims
HIPAA Policies

- Document policies
  - Security & privacy policies
  - Repairs
  - Staff training
  - Breach notification, etc.
- Use HIPAA compliant “compatible” technology
- Develop written processes
HIPAA “Final Rule”
January 17, 2013

- Business associates of covered entities are directly liable for compliance with HIPAA Privacy and Security Rules’ requirements
  - Includes contractors, subcontractors and business service companies working for healthcare providers, (e.g., companies providing electronic health records software, teleconferencing, data back-up and storage, billing, transcription and other IT services)
- Maximum penalty is $1.5 million per violation
HIPAA, Business Associates & HITECH

- All Business Associates in health care must sign an agreement stating their adherence to HIPAA standards
  - Transactions
  - Security
  - Privacy
- True for any service you hire
- Enforced by the HITECH ACT
③ Practicing Over State Lines
Inter-jurisdictional Practice

Licensing Boards that may assert jurisdiction:

- The one in the professional’s state(s) of licensure
- The one in the client/patient’s state of location at the time of contact
- Both

Safest Practice:

- Provide services only where licensed
- Require patient to attest to his or her location at every contact
(b) Training for Licensee:

(i) Prior to the delivery of clinical TeleMental Health, the licensee shall have obtained a minimum of six (6) continuing education hours. The continuing education hours may include but are not limited to the following, in the discretion of the Board:

(I) Internet use dependency and psychological problems - an overview of how Internet users become dependent upon the Internet to such an extent that their Internet use is causing serious problems in their lives.

(II) Research in Telemental Health - review of evidence base for mental health practice conducted using telemental health.

(III) Intake and Assessment - initial intake and assessment necessary to determine a client's suitability for telemental health, including informed consent.

(IV) Delivery Methods - recognize appropriate use of telecounseling, asynchronous email/message posting, synchronous digital chat, video-assisted therapy and other electronically supported modes of delivery.

(V) Theory Integration - understand how to adapt counseling/therapy theory and effective in-person techniques to telemental health.

(VI) Termination - recognize similarities and differences between in-person and telemental health closure while providing technology-assisted strategies for reestablishing contact if and/or when necessary.

(VII) Risk Management - understanding privacy and security standards of applicable laws such as Health Insurance Portability and Accountability Act ensuring high quality practices and procedures that are legally sound and ethically protect clients and safeguard against litigation, including protection of electronic information.

(VIII) Business of Telemental Health - review of ethically sound ways to advertise and incorporate telemental health into an existing suite of therapeutic/clinical services.

(iii) If the licensee has taken the hours required in this section within the last five (5) years, the hours shall be accepted by the Board.
Alabama Board of Examiners in Counseling (ABEC)

Ethical Practice and Client Welfare:
The Use of an Electronic or Digital Medium for Counseling
Texas Board of examiners of marriage and family
Therapists requires 15 hours of Training for “Technology-Assisted Services” on March 26, 2017
VI-6 Licensing Laws

Addiction Professionals shall comply with relevant licensing laws in the jurisdiction where the Provider/Clinical Supervisor is physically located when providing care and where the client/supervisee is located when receiving care. Emergency management protocols are entirely dependent upon where the client/supervisee receives services. Providers, during informed consent, shall notify their clients/supervisees of the legal rights and limitations governing the practice of counseling/supervision across state lines or international boundaries. Mandatory reporting and related ethical requirements such as duty to warn/notify are tied to the jurisdiction where the client/supervisee is receiving services.
VI-7 State & Federal Laws

Addiction Professionals utilizing technology, social media, and distance counseling within their practice recognize that they are subject to state and federal laws and regulations governing the counselor’s practicing location. Providers utilizing technology, social media, and distance counseling within their practice recognize that they shall be subject to laws and regulations in the client’s/supervisee’s state of residency and shall be subject to laws and regulations in the state where the client/supervisee is located during the actual delivery of services.
Establishing Client/Patient Location

- Opening protocol: Ask client/patient to “attest” to location
- Document their response
- If not in your state(s) of licensure, ask about emergency
  - Use an emergency protocol
- Explain in informed consent
  - Identify your state(s) of licensure
  - Explain above procedure
- Describe your related payment policy
ATA's State Policy Resource Center monitors telemedicine state policies, identifies and works to resolve barriers to state-level telemedicine use, and provides policy technical assistance to the ATA members and state policymakers.

State Legislative & Regulatory Trackers
(Exclusive member benefit)

The ATA State Telemedicine Legislative & Regulatory Trackers provides live, up-to-the-minute updates pertaining to telemedicine policy. Each listing includes details on a bill or rule, the corresponding sponsor, language, status and scheduled hearings. This is a benefit available to current ATA members exclusively. Click the buttons below to access the ATA Legislative and Regulatory Trackers.
States with Parity Laws for Private Insurance Coverage of Telemedicine (2017)


States with proposed/pending legislation: In 2017, Idaho, Iowa, Kansas, Massachusetts, New Jersey, North Carolina, and West Virginia

*Coverage applies to certain health services.

http://www.americantelemed.org/policy-page/state-policy-resource-center
State Laws and Reimbursement Policies

The Center for Connected Health Policy helps you stay informed about telehealth-related laws, regulations, and Medicaid programs. We cover current and pending laws, legislation regulations for the U.S., all fifty states and the District of Columbia.

All Current Laws and Policies
All Pending Legislation and Regulations
Full Report

Law and Policies by State:

List of states (± DC)
Alaska

**AK - Regulation - Telemedicine/Telehealth Definition**

“Telemedicine means the practice of health care delivery, evaluation, diagnosis, consultation, or treatment, using the transfer of medical data through audio, video, or data communications that...”

more »

**AK Medicaid Program Consent**

No reference found.

**AK Medicaid Program Cross-State Licensing**

No reference found.

**AK Medicaid Program Email/Phone/Fax**

No reimbursement for telephone.
No reimbursement for FAX.

Source: AK Dept. of Health and Social...

more »

**AK Medicaid Program Live Video Reimbursement**

Alaska Medicaid will pay for a covered medical service furnished through telemedicine application if the service is:

- Covered under traditional, non-telemedicine methods;
Ethical Issues
Ethical Issues

- Routinely adhere and integrate consensus and other evidence-based research with ethical principles for clinical work
Ethical Issues

- Identify similarities/differences between in-person and TBH care
- How would you deal with someone walking in to the session?
- How would you deal with someone confronting you with your personal information about you that they found online?
- How would you deal with someone harming themselves in front of you?
Ethical Issues

- Actively find, read to engage in life-long learning to keep updated with telepractice issues
- Compare/contrast requirements of own and other relevant disciplines
- Borrow/integrate other professions’ TBH information for decision-making within your own practice
Ethical Issues

- Engage a TBH consultant for complex cases, unanticipated problems, and application of new information as your telepractice grows, you consider new options.
- Document such consultation carefully.
Risk Management & Malpractice Insurance
Risk Management

- Practice within the scope of your license
- Practice within the scope of your expertise
  - Clinical, legal, ethical and technical competence
- Evidence base
- Carry adequate malpractice insurance
Liability (Malpractice) Insurance

- Likely to be nullified if practitioner is practicing criminally (e.g., w/o proper license or improper billing practices, depending on state)
- For benefits to apply, must have:
  - a formal client agreement for clinician to be considered as providing professional services
- Often can have “coaching” added to policy for additional fee if certified by recognized group
Liability (Malpractice) Insurance

- Write to your malpractice carrier and describe your proposed service before investing too much time or $$
- Notify your carrier of every state you “enter” to deliver care
Other Risk Management Suggestions

- Counsel each other & document those conversations.
- Communicate often to your local, state and national professional associations – let them know what you need.
- Put information in writing.
- Check with an informed, local attorney who specializes in telehealth to verify that all aspects of your telepractice are in compliance with state law.
Mentions of Email & Text Messaging in the Informed Consent Process/Document
Email and Text Messaging

- "I use the abc system to secure email"
- "I do not require the use of a secure email program, but our email exchanges can be intercepted, sent to the wrong address, hacked, impersonated, and response times may take xxxx hours, days or weeks."
Informed Consent Documentation Basics

Must rely on information provided by the client/patient and by any on-site practitioners or other sources.

Potential problems could arise with electronic transmission in telepractice:
  1. Distortion, delays, interceptions, interruptions
Patient Informed Consent Agreement

- Describe how deficiencies in electronic equipment could possibly cause interference with diagnosis or treatment.
- Make provision for non-receipt or email, delayed receipt, problems with servers, or unannounced changes in the schedule of email communications.
- Mention how easily human error could lead to incorrectly delivered messages or other unforeseen events.
Informed Consent Documentation Basics

Risks and benefits of competing approaches, including no service

Emergency Plan including names and contact information for local, trusted person(s) to be contacted at the discretion of the clinician
Questions for You Today

How can you learn and document the local resources for your client/patients?

How will you keep them handy at every contact?
4 Informed Consent

- Legal Issue
- Ethical Issue
- Static vs. Dynamic
VI-3 Informed Consent

Addiction Professionals, who are offering an electronic platform for e-therapy, distance counseling/case management, e-supervision shall provide an Electronic/Technology Informed Consent. The electronic informed consent shall explain the right of each client and supervisee to be fully informed about services delivered through technological mediums, and shall provide each client/supervisee with information in clear and understandable language regarding the purposes, risks, limitations, and costs of treatment services, reasonable alternatives, their right to refuse service delivery through electronic means, and their right to withdraw consent at any time. Providers have an obligation to review with the client/supervisee – in writing and verbally – the rights and responsibilities of both Providers and clients/supervisees. Providers shall have the client/ supervisee attest to their understanding of the parameters covered by the Electronic/Technology Informed Consent.
Informed Consent Discussion VS Just Signing a Document

• Subject matter is often too complex and technical
• Clinician thinks she is speaking English but some words are not understood
• Client/Patient may be under stress (or may assert so later)
• Mental illness
Informed Consent Discussion VS Just Signing a Document

IC Represents a “meeting of the minds”

- Information transfer is influenced by many factors, including:
  - Client/Patient’s capacity for absorbing information
  - Time Limits
  - Clinician’s schedule
Informed Consent Discussion VS Document

- Document only serves as important evidence of discussion
- Document is usually only an addendum added to your regular informed consent document
  - All standard informed consent elements apply
  - Just add telemental health elements
Informed Consent Discussion
VS Document

- Specific statuses govern informed consent in telehealth
- Who’s state law controls?
  - Solution: assume that the law of the client/patient’s location will most likely be applied
  - More conservative approach is to determine the law in both your and your client/patient’s state and follow mandates of the more stringent law
Relevant California State Law

AB 415 – Telehealth Advancement Act

AB 415 changes telehealth’s additional written patient consent requirement to **verbal consent**.

- Providers found that the written consent form stigmatized the use of telehealth, and created an unnecessary barrier to care.
- AB 415 replaces the written consent with a verbal consent. This establishes parity between services provided in person and those provided via telehealth. (Must be documented.)

http://cchpca.org/telehealth-advancement-act
Depending on your existing documents, these topics may be considered for inclusion into your Informed Consent process or document:

1. Date
2. Diagnosis
3. Outline of intervention
4. Explain your compliance with state/provincial law

- Your license/discipline?
- Where? (Name the states, provinces/countries)
- Outline consequences if they change locations
Informed Consent Documentation Library

5. Describe how you keep records secure (i.e., in compliance with your national/state professional association guidelines, state law, other specialty groups...)

Informed Consent Documentation Example

American Counseling Association “Code of Ethics” 2014

H.5. Records and Web Maintenance
   H.5.a. Records
   Counselors maintain electronic records in accordance with relevant laws and statuses. Counselors inform clients on how records are maintained electronically. This includes, but is not limited to, the type of encryption and security assigned to the records, and if/for how long archival storage of transaction records is maintained.

6. Identify and record client/patient preferences regarding technology, treatment, arrangements
Informed Consent Documentation Library

For library topics 7-50, see the handout called:

Telebehavioral Health Informed Consent Library
VI-4 Informed Consent

A thorough e-therapy informed consent shall be executed at the start of services. A technology-based informed consent discussion shall include:

- distance counseling credentials, physical location of practice, and contact information;
- risks and benefits of engaging in the use of distance counseling, technology, and/or social media;
- possibility of technology failure and alternate methods of service delivery;
- anticipated response time;
- emergency procedures to follow;
- when the counselor is not available;
- time zone differences;
- cultural and/or language differences that may affect delivery of services; and
- possible denial of insurance benefits; and social media policy.
5 Screening & Intakes
Clinical Issues
Getting Ready for Telepractice

Screen for client/patient needs
Getting Ready for Telepractice

Systematically assess and identify clinical, diagnostic, setting, population, and other factors that would preempt, complicate or exclude use of a technology with a client/patient.
Getting Ready for Telepractice

Pre-screening of clients is key. How are you organized to do so?
1. In-person assessment?
2. Referral from professional?
3. Validated online assessment system?
Getting Ready for Telepractice

Which criteria to use for online screening?

1. Diagnosis: highly anxious, depressed, psychotic, chemically dependent, acting out clients are not good candidates.
Getting Ready for Telepractice

Criteria to use for online screening?

2. Setting: For difficult clients/patients, settings are crucial to consider. Prisons, in-patient units, other treatment facilities provide support.
Delivering Service to the Home
Serving Clients/Patients in Their Homes

- Telepractice service to the home is not just about access
- Scientific evidence base to the home is much sparser, less reliable than traditional telehealth
- Many more uncontrolled variables
- Different laws are in play
- Credentialing and reimbursement are different
- Depending on whom is being served and the treatment plan, you may want to mention this added risk in your IC
Consider the Client’s/Patient’s Setting/Environment
Clinical & Safety Issues

- What is the proposed setting for treatment?
- Are other people present?
- Are behavioral triggers present (firearms, alcohol, drugs, abusive or disruptive spouse, children or other family members)?
- Is privacy possible?
Distractions

- Avoid distractions and interruptions (e.g. equipment, or positioning of people or devices), interruptions (e.g. doorbell, deliveries, plumber) and other work (e.g. multi-tasking with traffic while driving; e-mail on desktop).
Video Services to the Home

- Many more uncontrolled variables
- Different laws are in play
- Credentialing and reimbursement are different
- Depending on whom is being served and the treatment plan, you may want to mention this added risk in your informed consent process
Video Services to the Home

- Many more uncontrolled variables
- Different laws are in play
- Credentialing and reimbursement are different

Depending on whom is being served and the treatment plan, you may want to mention this added risk in your informed consent process.
Clinical Issues of Relevance

- Maintain control of the session, as you would in your office.
- Manage therapeutic relationship during evaluation and/or care by encouraging reflection and slowing down if client/patient is moving too fast in ways that may impact comprehension and/or boundaries.
Clinical & Safety Issues

Consider:
- who else might be listening (e.g. through doors or walls, behind furniture, blue tooth)
- Other factors that can impact your efficacy (upsetting or celebratory event?)

Adapt with:
- Code words/phrases or signals
- Disconnect after claiming an “unavoidable problem” on your end
Privacy

- Be aware that when you treat people in their homes, they may be dis-inhibited. They may have hidden agendas and indulge in them off camera.
- How will you deal with it?
- What will you say or do?
Other Clinical Issues of Relevance

- What if a client is simply being provocative?
- What types of provocation can you imagine?
- What about a suicide or homicide threat? Abuse?
- What would you say or do?
Clinical Issues of Relevance

- Help client/patient maintain a distraction-free environment
- Plan ahead to minimize disruptions
- Adjust communication specifically to modality (e.g. engages differently when patient is visibly anxious on video).
Getting Ready for Telepractice

Be able to articulate evidence-based strategies to work through your own powerlessness (e.g. domestic violence, self-mutilation, aggression, un-invited visitors, premature termination).
Getting Ready for Telepractice

Be able to articulate evidence-based strategies to work through dangerous situations (e.g. firearms in the home, chemically dependent adults, disruptive children)
Assessment
Assessment through Telebehavioral Health

- Administration of diagnostic tools may be completed:
  - at the time of the evaluation
  - beforehand on paper and faxed to the telepractitioner
  - beforehand using an automated phone dialing system
  - over the internet using a secure interface
  - via an “app” on a smartphone or tablet provided at the distant telehealth site or on the client/patient’s own mobile device
Different tests:

1. Traditional psychological tests that have been adapted for digital administration
2. Traditional psychological tests administered through video teleconferencing
3. Psychological testing administered through video teleconferencing and a telepresenter
4. Newer technologies:
   - Artificial intelligence (AI)
   - Sensor-based assessments
   - Smart devices
Telepresenters

**Federal Law and Policy:**

The Centers for Medicare and Medicaid Service (CMS) defines a telepresenter as a medical professional at the originating site that presents a patient to the physician or practitioner at the distant site. A telepresenter is not required as a condition of payment unless a telepresenter is medically necessary as determined by the physician or practitioner at the distant site.

**Oregon Law and Policy:**

Oregon laws are silent regarding the use of telepresenters.

**FAQs and Comments:**

**Q:** Why/when should a provider use a telepresenter?

**A:** A telepresenter is used when the distant provider does not require the presence of the primary clinician to complete the service. A Medical Assistant, for example can present the patient's information such as vital signs and lab results to the distant provider, thus freeing the primary clinicians time to see other patients. It is especially helpful for follow-up care.

**Q:** Can an originating site be reimbursed if a telepresenter is not used?

**A:** Yes. There is no requirement to use a telepresenter in order to receive the originating site facility fee.
The **telepresenter** is an assistant who is trained to aid a professional by being at the originating site in telehealth.

He or she can aid with setting up the client/patient with the technology, following instructions from the professional, who may be miles away.

The telepresenter might also be involved in the room with the patient, in re-positioning the camera so that a distant neurologist can see a patient’s feet for a gait analysis, or in placing blocks or other test items in front of the client/patient in neuropsychology.
Teleneuropsychology: Evidence for Video Teleconference-Based Neuropsychological Assessment

C. Munro Cullum (a1) (a2), L.S. Hynan (a3), M. Grosch (b1), M. Parikh (a1) ... (a)
DOI: https://doi.org/10.1017/S1355617714000873 Published online: 24 October 2014

Abstract

The use of videoconference technology to deliver health care diagnostics and treatment continues to grow at a rapid pace. Telepsychiatry and teleneuropsychology applications are well-accepted by patients and providers, and both diagnostic and treatment outcomes have generally been similar to traditional face-to-face interactions. Preliminary applications of videoconference-based neuropsychological assessment (teleneuropsychology) have yielded promising results in the feasibility and reliability of several standard tests, although large-scale studies are lacking. This investigation was conducted to determine the reliability of video teleconference (VTC) - based neuropsychological assessment using a brief battery of standard neuropsychological tests commonly used in the evaluation of known or suspected dementia. Tests included the Mini-Mental State Examination (MMSE), Hopkins Verbal Learning Test-Revised, Digit Span forward and backward, short form Boston Naming Test, Letter and Category Fluency, and Clock Drawing. Tests were administered via VTC and in-person to subjects, counterbalanced using alternate test forms and standard instructions. Two hundred two adult subjects were tested in both rural and urban settings, including 83 with cognitive impairment and 119 healthy controls. We found highly similar results across VTC and in-person conditions, with significant intraclass correlations (mean = .74; range: 0.55–0.91) between test scores. Findings remained consistent in subjects with or without cognitive impairment and in persons with MMSE scores as low as 15. VTC-based neuropsychological testing is a valid and reliable alternative to traditional face-to-face assessment using selected measures. More VTC-based studies using additional tests in different populations are needed to fully explore the utility of this new testing medium. (JINS, 2014, 20, 1–6)
In-Person Contact

APA Telepsychology Guidelines:

- In addition, psychologists may consider some initial in-person contact with the client/patient to facilitate an active discussion on these issues and/or conduct the initial assessment (P11)
Clinical & Safety Issues

- Assess client/patient skill/self-efficacy and preference for technology
- Consider the level of technology experience of the patient (train if needed)
- Have a back-up plan if the video connection is lost
- Telephone -- landlines are best, but cell phones are better than nothing
Clinical & Safety Issues

- Once treatment has begin, adapt/adjust in-person policies and protocols to formulate and spontaneously implement a TBH service plan to meet evolving client/patient needs.
- Monitor engagement by tracking/commenting on behaviors that are ambiguous (e.g. innuendo, nuance, colloquial expressions); use of technology slang; and others that may reflect discomfort.
Clinical & Safety Issues

- What are the client’s/patient’s questions/concerns?
- Are they concerned about their privacy being violated?
- Do they think you are recording the sessions?
- Will their information be visible on YouTube or the television?
Clinical & Safety Issues

- Lean to gauge your own effectiveness as a clinician through a camera
  - Lean forward to show engagement
  - Be aware of visual screen
  - Avoid showing top of your head through most of session
- Encourage pause or reflection to modify a pattern of shifts in technology-facilitated or specific boundaries
Clinical & Safety Issues

- Is there access to firearms?
- Discuss firearm ownership, safety, and the culture of firearms
- Be prepared to negotiate firearm disposition with patients and consider involvement of family members when appropriate
- Use of trigger safety lock devices is an option
Clinical & Safety Issues

- Evaluate clinical goals systematically with respect to the use of technology, and likelihood of positive/negative outcomes (e.g. continue current technology or emphasize another instead)
Working with a Collaborator

- Assess when using a local collaborator may not be advisable:
  - Safety of local collaborators must be carefully considered – may be best to rely on trained 911 responders
  - Be cognizant of potential deleterious effect of disclosures made during emergency management on patient confidentiality and relationships, especially in small communities

Local Collaborators / Champions / Telepresenters
Local Collaborators

- Provide information about the client’s/ patient’s history
- Monitoring mood and behavior
- Assist with treatment planning/coordination
- Coordinate with local 911 service
- Provide additional mechanism for contacting patients if a connection is lost
- Provide on-site technical assistance
- Provide support during emergency situations
Local Collaborators

- How to use a local collaborator
  - Enter name and contact information into informed consent document
  - Stipulate under which conditions these people will be contacted
  - Outline emergency procedures and when collaborator will be notified
  - Clearly define expected roles and responsibilities of local collaborators
  - If family member is chosen rather than a trained collaborator, consider discussing issues with...
Working with a Collaborator

- Assess when using a local collaborator is advisable:
  - Safety of local collaborators must be carefully considered
  - May be best to rely on trained 911 responders

- Be cognizant of potential deleterious effect of disclosures made during emergency management on patient confidentiality and relationships, especially in small communities
Other Clinical & Safety Issues
Mandated Reporting

- Duty to report/warn
  - Suicide
  - Homicide
  - Abuse reporting

- Inform clients/patients of your remote safety policies in your informed consent process
Consider other individual characteristics (e.g., medical status, psychiatric stability, physical/cognitive disability, personal preferences for using technology)
Clinical & Safety Issues

- Know and have ready access to local referrals for all major needs (chemical dependency, wellness checks, emergencies, etc.)
- Develop these systems as referral sources
ATA Guidelines - Emergencies

- A patient site assessment shall be undertaken, including obtaining information on local regulations & emergency resources, and identification of potential local collaborators to help with emergencies.
Clinical & Safety Issues

- Intrusions
  - Know how to maintain your professional boundaries
- Secure both end points
  - Notify family and friends
  - Sign on door
  - Lock door
- Initial protocols
  - “Talk to me about anything that happens because of the technology if it upsets or alarms you”
Telepresence refers to using a set of technologies which allow a person to feel as if they were present, to give the appearance of being present, or to have an effect, via telerobotics, at a place other than their true location.
Privacy

- If working from home, your family may barge in without realizing you are working
- How will you handle it?
How will you handle a surprise?

Plan ahead -- clients/patients may see too much of you or your home/office
Exercise #2

What would you do if your client saw too much of your desktop, child, spouse or heard too much?

Take 5 minutes to discuss with another ‘elbow partner’

Find a good statement to make.
Administrative Issues

- Adhere to policies and procedures for in-person care and modifications for TBH care
- Adapt operational policies and procedures for situations in which there is no requirement/specification to develop new ones
Administrative Issues

- Apply accrediting agency requirements, federal, state or provincial and organization policies, procedures and requirements for clinical, legal, and ethical TBH practice
- Adjusts such policies to applicable care settings
Administrative Issues

- Use administrative principles to distinguish if an adaptation is routine, non-routine and reasonable, and document

- Seek advice from pertinent experts, authorities and documents adherence to applicable requirements
Cultural Competence & Diversity
Look for preferences

Assess when using a local collaborator may not be advisable:

- Safety of local collaborators must be carefully considered – may be best to rely on trained 911 responders
- Be cognizant of potential deleterious effect of disclosures made during emergency management on patient confidentiality and relationships, especially in small communities
Cultural Competence & Preferences for Technology

- Client/Patient preferences take precedence
- Screen for, differentiate between and synthesize cultural factors that can impact relationship and treatment in ways that are technology-specific.
Look for preferences:

- Some groups prefer traditional telephones more than video conferencing for treatment, such as Faith-based African Americans (Robert Glueckauf, PhD)
- Some groups prefer cell phones to computers (teenagers, Hispanic and African American adults)
Bridging Language Differences

- Use English proficiency tests if needed to determine verbal vs. reading comprehension (free online)
- Assesses client/patient preferences for a language (e.g. English, Spanish, French) are adequate to sustain treatment (e.g., strong will to use one language when another may be more effective)
- Explore how language differences can influence the story/narrative and level of intimacy (respect need for distance while attending to just the most relevant issues at hand)
Bridging Cultural Divides

- Systematically screen for, differentiate between, and synthesize cultural factors, including those that are technology-specific (e.g. prefer telephone over TBH) to clarify and leverage cultural identity.
Use Interpreters / Consultants

- Manage the two-or-three-site complexities (originating site “a” and clinician and/or interpreter’s distant site “b” and “c”)

- Consider consultation for complexities and/or relative skillset “fit” as to whether the client/patient can be helped by your treatment (and/or by TBH)
Cultural Competence & Diversity

- Develop a written rationale and options for using either technology-based or traditional paper and pencil instruments for collecting information about education and socio-economics, in line with epidemiological trends and particular needs of the client/patient (e.g. dealing with refugees or other groups)
Crisis Prevention & Crisis Management
How will you respond?
What would make it impossible for you to manage an emergency?
Practice Model: Patient Consent Agreement

- Discuss the purpose of remote contact
- Inform patients of who will have access to their email address, phone number, or any other contact information.
- Inform the patient of who else might contact the patient on your behalf.
Addiction Professionals shall inform clients that other individuals (i.e., colleagues, supervisors, staff, consultants, information technologists) might have authorized or unauthorized access to such records or transmissions. Providers use current encryption standards within their websites and for technology-based communications. Providers take reasonable precautions to ensure the confidentiality of information transmitted and stored through any electronic means.
Discuss the method & procedures for data & information storage, which info will be stored, how info will be stored, transmission, disposal of malware, cookies, etc.
Informed Consent Documentation Basics

- Your status as a HIPAA covered entity
- How you conduct a risk-analysis of technology
- If in US, cross reference your HIPAA Notice of Privacy Practices (NPP), which you must have on your website and in-person office
Addiction Professionals who provide e-therapy services and/or maintain a professional website shall provide electronic links to relevant licensure and certification boards and professional membership organizations (i.e., NAADAC) to protect the client’s/supervisee’s rights and address ethical concerns.
American Psychological Association: Telepsychology Guidelines

- Assess client fully (in-person assessment is not always necessary, but may be helpful)
- Be aware of client’s local resources for both emergency and discharge planning
- Document, document, document
- Receive professional training (document that, too)
A patient site assessment shall be undertaken, including obtaining information on local regulations & emergency resources, and identification of potential local collaborators to help with emergencies.
ATA Guidelines -- Emergency

- Emergency protocols shall be created with clear explanation of roles & responsibilities in emergencies
- Beginning protocols
  - Scan room -- Alone?
  - Is there a gun?
  - Alcohol or drugs?
Consider:

- Accessibility of technology
  - Some groups can’t access technology

- Technical competence with any particular technology/interface for client/patient as well as practitioner
Local Community Emergency Backup

- Some liability risks can be overcome by having another licensed professional in the room to follow specific instructions by the specialist.
Provide and discuss clear emergency plan with written instructions for who to contact, when and how (e.g., suicide, homicide, abuse, other)
Handling Emergencies

1. Discuss carefully
2. Write agreed-upon plan in your informed consent document
3. Develop prior relationships with local community:
   - Physician
   - Family
   - School personnel
   - Other leaders (AA, religious?)
   - Emergency response team

Be Prepared
Know who and when to call for local assistance
VI-11 Multidisciplinary Care

Addiction Professionals shall acknowledge and discuss with the client that optimal clinical management of clients may depend on coordination of care between a multidisciplinary care team. Providers shall explain to clients that they may need to develop collaborative relationships with local community professionals, such as the client’s local primary care provider and local emergency service providers, as this would be invaluable in case of emergencies.

VI-12 Local Resources

Addiction Professionals shall be familiar with local in-person mental health resources should the Provider exercise clinical judgment to make a referral for additional substance abuse, mental health, or other appropriate services.
Handling Emergencies

4. Inform client of when you will contact local leaders
5. Make agreements about what you will tell them and document those words.
6. Cover your termination procedure (i.e., “I will make 2 telephone calls, leave you 2 messages, send you a letter in surface mail with a copy to your physician.”)

Develop a documented plan in informed consent process

Know who and when to call for local assistance.
Compromised Safety / Emergency Warning Signs

- Client/patient mentions/threatens harm to self or others. This is particularly true:
  - At end of session
  - Upset client/patient turns off equipment
  - If children are in the home and/or have been misbehaving
  - Client/patient has access to firearms or other weapons
Compromised Safety / Emergency Warning Signs

- Exacerbation of patient symptoms
- Patient is in unexpected location
- Patient has behavioral emergency (e.g. uncontrolled anger outbursts, panic attack, hallucinations) or medical emergency (e.g. fainting)
Compromised Safety / Emergency Warning Signs

- Technical problems:
  - Intermittent or delayed internet connection
  - Small video monitor
  - Dysfunctional audio
  - Unwanted intruder won’t leave
  - Unidentified intruder inhibits the client/patient’s interaction
Mistakes with Suicide or Homicide Threats Involve Failure To:

- Properly think through the early warning signs of risk when working with a distance client/patient
- Properly prepare/train with distant populations (including specific local norms)
- Identify individual and location at every session (opening protocol)
Mistakes with Suicide or Homicide Threats Involve Failure To:

- Identify local collaborators who can intervene
- Identify local emergency resources
- Have proper releases to work with emergency resources
- Have proper SOP to deal with resources (when, who, etc.)
Safety Planning

- Safety planning is required
- Safety plans are the written steps for carrying out safety procedures
- Emergency protocols define the steps to be followed during emergency situations
- Have your own basic standard safety plan
Safety/Emergency Planning

- Screen/assess patients before initiating TBH
  - Talk with referring provider(s) when appropriate
  - Assess history (e.g., patient with history of violence towards family members at home may not be a good candidate)
- Consider current diagnosis
Safety Planning

- Work collaboratively with your clients/patients to develop that safety plan in initial session(s) (*may be in-office)
- Continue with risk and behavioral assessments and documentation in every session
Safety/Emergency Planning

- Establish back-up communication (landline/cell phone)
- Ask for patient’s physical location (if home-based)
- Firearms safety/culture sensitivity
Suicide & Homicide Risk Management Resources

Intake Process Summary

- Conduct a formal intake – no shortcuts
- Meet in-person or video when possible, identify geographic location, organizational culture, take full history, medications and medical conditions, mental status and stability, use of substances stressors, treatment history, support system, use of other technology, suicide/homicide intent
- Identify psychological diagnosis
VI-9 Access

Addiction Professionals shall assess and document the client’s/supervisee’s ability to benefit from and engage in e-therapy services. Providers shall consider the client’s/supervisee’s cognitive capacity and maturity, past and current diagnoses, communications skills, level of competence using technology, and access to the necessary technology. Providers shall consider geographical distance to nearest emergency medical facility, efficacy of client’s support system, current medical and behavioral health status, current or past difficulties with substance abuse, and history of violence or self-injurious behavior.
Intake Process Summary

• Conduct a formal intake – no shortcuts
  • Decide if, then which technology is appropriate / Assess technical competence / ability to arrange appropriate setting
  • Obtain names of all other key providers, get appropriate releases
  • Verify contact information (address, phone, email)
  • Develop emergency plan in writing
  • Explain & sign informed consent
When to Hire a TBH Consultant

- Detailed setup questions
- Complex cases
- Unanticipated dilemmas
- New applications
- Identify and resolve patterns of similarities/differences between in-person and TBH care
Summary of TBH Risk Management Strategies

- Practice within the scope of your expertise
- Clinical, legal, ethical and technical competence
- Follow the evidence base
- Follow all professional association standards (required) and guidelines (aspirational or “suggested”)

Summary of TBH Risk Management Strategies

- Practice within the scope of your expertise
- Cover all practice bases with proper intake/assessment, screening, informed consent, safety planning and emergency
- Read and comment on new standards and guidelines when they are released – these can determine your fate
6 Required Documentation
Samples of such state-specific documentation is available for you online on the resource page we’ve created: http://telehealth.org/NAADAC2017

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Forms - Intake

- Intake form – compare your existing form to your state statutes to make sure you have covered all the required bases
  - Mental status exam
  - Preferences for technology
  - Risks/benefits (See ATA/APA comparison checklist)
  - Diversity needs
  - Gait analysis
  - Hygiene check
  - Alcohol? Drugs?
Opening Protocol* & Documentation

- Identify yourself and your geographic location
- Ask your client/patient to do the same (as needed)
- Audio/video check (e.g. Do you hear & see me clearly?)
- Is there anyone in your room or within ear-shot today? (Agree on safety code words, signals or phrases)
- Is there anything else I might notice and find of interest if I were in the same room with you today?
Opening Protocol & Documentation

- Mention whether the session is or is not being recorded
- Verify whether they are recording (if needed)
- Ask if interruptions are expected (as needed)
- Ask about location of children/who is caring for them (as needed)
- Discuss who will see your notes (as needed)
- Prep facility before getting started (e.g., Are there tissues in the room? Have phones been unplugged/ringers turned off?, Is there a sign that indicates the room is occupied on the door?)
- Include other factors that may be relevant be of concern
Opening Protocol* & Documentation

- Ask if anyone is in the room, and state if anyone is in your room
- If you hear unexpected noise, stop and ask, Has someone entered your room? Or, Is that a vacuum cleaner that I’m hearing?
- More times than not, clients/patients won't tell you if someone has entered the room.
- Mention that the session is -- or is not being recorded and why
- Ask if they are recording the session in any way (cover in informed consent)
Opening Protocol* & Documentation

- Have there been any emergencies in your environment today?
- Is there anything else I should know about before we begin talking today?
- “Paste” a reduced copy of your everyday list into your VTC waiting room to help clients/patients move through it more quickly when you start the meeting.
- Once you have identified which questions are relevant to your practice, use a form with check boxes to make the process easier to document.
Forms - Progress Note

- Document, document, document
  - Opening protocol verification of identity, location, and privacy (at a minimum)
  - Clinical protocols followed (evidence-based research articles in your specialty niche or population served)
  - Time in, time out
Forms - Progress Note

- Dropped connections
- Intrusions / interruptions
- Lighting
- Adaptive Equipment
- Progress toward established goals
- How technology helped/hindered
- Peer consultation using telehealth systems (e-consults)
Form - Termination

- Use your general form, but comment on:
  - Success/pros/cons of telehealth
  - Problems encountered and resolutions if any
  - If telehealth is suggested for future
  - Use wording from informed consent agreements about no-shows/termination if termination letter is needed
  - Social media policy about “friending” (e.g. Facebook) or giving ratings (e.g. Yelp) and alternative ways to comment after meetings come to a close
VI-19 Friends

Addiction Professionals shall not accept clients’ “friend” requests on social networking sites or email (from Facebook, My Space, etc.), and shall immediately delete all personal and email accounts to which they have granted client access and create new accounts. When Providers choose to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created that clearly distinguish between the professional and personal virtual presence.
Reimbursement
Reimbursable, Evidence-Based Models & Their Settings
① Nursing Homes
2. Employee Assistance Programs (EAPs)
3 Rural Hospitals
④ Schools
⑤ Specialty Schools, Residential Treatment, Hospitals
TBH Model “Commonalities”

- Provider panel or service delivery companies do client/patient recruiting for you
- Physician or nurse is on site / or employer has records
- Patient is delivered to your desktop
- Companies choose a technology vendor and maintain that relationship / paperwork
- Companies help you with credentialing
- Companies pay you
- Evidence-based treatment protocols
⑥ Migration Model
Migration Model Strategy

- Choose current clients/patients who are reliable, have good support systems and with whom you have a good working relationship
- Consider diagnosis
- Prepare them well in advance
- Plan in-person sessions at regular intervals
- Use the same procedures as in-person
7 Private Companies Serving Consumers Online*

- Register for employment with these companies here:

WWW.PROVIDERPANEL.COM
⑧ Home Health
9 Correctional Facilities
Military & Veteran’s Administration
11. College Counseling Centers
12. Rehabilitation counselors and psychologists work in a variety of state-funded settings, such as hospitals, substance use settings, transitional homes, agencies...
### Where to Get Reimbursement for Telebehavioral Health?

<table>
<thead>
<tr>
<th>Contractual &amp; Grants</th>
<th>Direct Services</th>
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<td><strong>Government Services</strong></td>
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<td>US Department of Education</td>
<td>Medicare</td>
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<td>Department of Corrections</td>
<td>Medicaid (based on state)</td>
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<td>Department of Defense</td>
<td>Veteran Health Administration</td>
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<td>NIH, NIMH, SBIR, State Programs</td>
<td>Bureau of Prisons in Department of Justice</td>
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<td>Private Foundations</td>
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Where to Get Reimbursement for Telemental Health?

<table>
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<th>Private Pay / Fee for Service</th>
<th>Private Insurance</th>
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</thead>
<tbody>
<tr>
<td>General</td>
<td>These 16 states now mandate payment: California, Colorado, Georgia, Hawaii, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, New Hampshire, Oklahoma, Oregon, Texas &amp; Vermont → 13 more states are pending since Jan. 1, 2013</td>
</tr>
<tr>
<td>Niche (smoking, drug/alcohol etc.)</td>
<td>CPT code approval</td>
</tr>
<tr>
<td>Boutique (high-end services, rich &amp; famous)</td>
<td></td>
</tr>
<tr>
<td>Self-help</td>
<td></td>
</tr>
<tr>
<td>“Apps”</td>
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</tbody>
</table>
① Look for laws and policies in your state
State Laws and Reimbursement Policies

The Center for Connected Health Policy helps you stay informed about telehealth-related laws, regulations, and Medicaid programs. We cover current and pending laws, legislation regulations for the U.S., all fifty states and the District of Columbia.

All Current Laws and Policies

All Pending Legislation and Regulations

Full Report

State Telehealth Laws and Reimbursement Policies

Law and Policies by State:
# Ohio

**Medicaid Program:** Ohio Medicaid  
**Medicaid Program Administrator:** Ohio Department of Job and Family Services  
**Regional Telehealth Resource Center:**  
Upper Midwest Telehealth Resource Center  
2901 Ohio Boulevard, Ste. 110  
Terre Haute, IN 47803  
(855) 283-5734 ext. 232  
www.umtrrc.org

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<th>State Law/Regulations</th>
<th>Medicaid Program</th>
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</thead>
<tbody>
<tr>
<td><strong>Definition of telemedicine/telehealth</strong></td>
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</table>
"The practice of telemedicine means the practice of medicine in this state through the use of any medicine, including oral, written, or electronic communication, by a physician located outside this state."  
*Source: OH Revised Code Annotated, 4731.206.*  
"Telehealth means the use of electronic communications to provide and deliver a host of health-related information and healthcare services, including, but not limited to physical therapy related information and services, over large and small distances."  
Telehealth service means a health care service delivered to a patient through the use of interactive audio, video, or other telecommunications or electronic technology from a site other than the site where the patient is located.  
*Source: OH Revised Code, Sec. 5164.94.*  
**Speech Language Pathology**  
Telehealth means the use of telecommunications and information technologies for the exchange of information from one site to another for the provision of audiology or speech-language pathology services to an individual from a provider through hardware or internet connection.  
**Live Video Reimbursement**  
The department of Medicaid is required to establish standards for Medicaid payment for health care services the department determines are appropriate to be covered when provided as telehealth services.  
*Source: OH Revised Code, Sec. 5164.95.* |

Ohio Medicaid covers live video telemedicine.  
**Eligible Distant Site Providers**  
- Physicians (MD, DO)  
- Psychologists

Medicare Telehealth Payment Eligibility Analyzer

Check if an address is eligible for Medicare telehealth originating site* payment.

Authorized originating sites which meet the following criteria shall be designated as eligible for Medicare telehealth payment:

- Analysis indicates that the address does not fall in a metropolitan statistical area OR
- If address falls in a metropolitan statistical area, then the address must be in a rural area and be in a Primary Care or Mental Health geographic Health Professional Shortage Area (HPSA).

All data on eligibility for Medicare telehealth payments is updated once each year. The results of the analyzer are consistent across the entire calendar year and will be updated on January 1 of the following year.

For questions or clarification on geographic eligibility for Medicare telehealth payments, contact Steven Hirsch at the Federal Office of Rural Health Policy, 301-443-7322.

For more detailed information on Medicare telehealth payments, contact your local Telehealth Resource Center (TRC).

Search Criteria
Please provide a street address, city, and state or a street address and ZIP Code.

Street Address: 
City: 
State: 
ZIP Code: 

Additional Tools
- Definition of Rural Area
- Medicare Telehealth Information
- Shortage Designation Home
- Who is your TRC?

② Check for client/patient eligibility

https://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.aspx
Look to bill all possible fees, including “facility fee”

Telepsychiatry Reimbursement Calculator

1DocWay has compiled reimbursement data from every state’s Medicaid payment schedule to help you understand how much revenue you can generate with a telepsychiatry program.

Enter your State or Zip Code, and Breakdown of Patient Type to see hourly revenue you could be earning with telepsychiatry.

Use the State Ranking tab to see various studies and reports that describe the acuity of mental health shortages in your state.

Use the Care Requirements tab to see a compilation of the regulatory requirements for reimbursement for your state.

See if you are eligible for reimbursement here:

<table>
<thead>
<tr>
<th>State</th>
<th>Zip Code</th>
</tr>
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<tbody>
<tr>
<td>Ohio</td>
<td></td>
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</tbody>
</table>

Breakdown of patient types
(explain)

Some more follow-ups than new

<table>
<thead>
<tr>
<th>Service Code</th>
<th>Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3014</td>
<td>$</td>
</tr>
<tr>
<td>90792</td>
<td>$</td>
</tr>
<tr>
<td>99204</td>
<td>$</td>
</tr>
<tr>
<td>99213</td>
<td>$</td>
</tr>
<tr>
<td>99214</td>
<td>$</td>
</tr>
</tbody>
</table>

Advanced

Detailed Overview

- 90792  Psychiatric diagnostic evaluation with medical services  $86.17
- 90833  30 min psychotherapy add-on  $28.81
- 99204  New patient, outpatient (45 min)  $88.04
- 99212  Established patient, outpatient (10 min)  $26.73
- 99213  Established patient, outpatient (15 min)  $43.61
- 99214  Established patient, outpatient (25 min)  $66.14
- Q3014  Telehealth originating site facility fee (bonus)  $21.28

$245.05 per hour
① Understand eligibility requirements

For the next two exercises, take 5 minutes to glance over the HHS, CMS "Telehealth Services" handout.

Telehealth Services

Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Learn about these calendar year (CY) 2017 Medicare telehealth services topics:

- Originating sites
- Distant site practitioners
- Telehealth services
- Billing and payment for professional services furnished via telehealth
- Billing and payment for the originating site facility fee
- Resources
- Lists of helpful websites and Regional Office Rural Health Coordinators

When "you" is used in this publication, we are referring to physicians or practitioners at the distant site.

Medicare pays for a limited number of Part B services furnished by a physician or practitioner to an eligible beneficiary via a telecommunications system. For eligible telehealth services, the use of a telecommunications system substitutes for an in-person encounter.
What is the TBH CPT Code Modifier?
TBH CPT Code Modifiers

- “GT”
- Most insurance carriers will only reimburse for properly coded services for telebehavioral health
  - Some don’t require modifiers
- Always contact carrier to know rather than assume that you or your billing agent know how to proceed
Who are the CMS Eligible Telehealth Providers?
CMS Eligible Telehealth Providers

- Physicians
- Nurse practitioners (NP)
- Physician assistants (PA)
- Nurse midwives
- Clinical nurse specialists (CNS)
- Clinical psychologists (CP)
- Clinical social workers (CSW)
  - (CPs and CSWs cannot bill for psychotherapy services that include medical evaluation and management services under Medicare)
- Registered dietitians or nutrition professionals
  - (Notice that counselors and MFTs are not included)
Credentiaing

- Needed for payment by Medicare, Medicaid and 3rd party carriers
  - Similar to being credentialed when we sign onto managed care companies
- The credentialing body examines and documents:
  - Licensure
  - Malpractice coverage
  - History
  - Specialty areas / required training
  - Background check
  - Other areas as needed
3rd Party Carriers

- Largest barrier is practitioner reluctance
- Most large groups are paying
- State-dependent
- No consistent data
- Difficult to make predictions
Reimbursement Rates
Reimbursement Rates

- Traditional telehealth:
  - About the same as in-person care
- Private Pay
  - Whatever the market will bear
CPTCodes
CPT Codes

- Medicare, Medicaid, and 3rd Party Payers
- Differ by Payer
  - Contact your payers and ask them to send you their list of CPT codes for telebehavioral health
  - Get your information in writing
Provider Notice

Are you open to expanding your referrals and using technology to advance your practice? Would you like to help more people, but are hindered by your schedule or the scattered geographic locations of your potential patients? If so, you may want to explore telehealth.

Magellan Healthcare is expanding our video-based counseling capability for members, and we urge you to consider offering convenient telehealth services to your current and potential patients whose benefit plans cover telehealth.

Through telehealth, you can have real-time, two-way communication via secure online virtual sessions, and treat patients at a place and time that fits best into your schedule – and theirs.

Benefits of telehealth

- **Convenient**
  - Deliver behavioral health services from your home, office or when traveling

- **Simple**
  - Use your private computer with a camera and high-speed internet

- **Opportunity for extra income**
  - Offer additional and/or non-standard appointment hours

- **Open access to more patients**
  - Treat members who live in rural areas or with mobility issues

- **Secure and private**
  - HIPAA-compliant platform

- **Reduce no-shows/cancellations**
  - No member travel time required

Getting started

- Are you already providing telehealth today using a HIPAA-compliant telehealth platform? Simply complete and submit Magellan’s online telehealth attestation. You’ll need
Provider Information

Please enter your Magellan MIS number. Once entered, the Provider Name, Type, and State fields will auto-populate based on information entered in our database.

MIS

Provider Type

Provider State

Professional Level

Magellan defines telehealth as a method of delivering behavioral health services using interactive telecommunications when the member and the behavioral health provider are not in the same physical location. Telecommunications MUST be the combination of audio and live, interactive video.

Magellan Healthcare* (Magellan) requires completion and return of this attestation for provision of all telehealth services. You must meet all requirements below to deliver services to Magellan members via telehealth. Please review carefully to ensure your practice or organization meets each requirement. Completion and return of this attestation will designate you as a telehealth provider for Magellan and indicate you wish to provide services via telehealth. In addition, all other requirements as described in the Magellan Provider Agreement, Provider Handbook and other policies and procedures are applicable to the provision of telehealth services.

Provider Participation

Are you currently a telehealth provider?

Are you interested?
CPT Codes for TBH

- Individual psychiatric interview
- Individual psychotherapy
- Neurobehavioral status examination
- Pharmacologic management
- Smoking cessation
- Individual & group health & behavior assessment & intervention
- Individual & group health & behavior assessment & intervention
Exercise #2
Telehealth CPT Code Handout

Take 10 minutes to discuss with your ‘elbow partner’.

Which CPT codes are relevant to your practice?
Centers for Medicare and Medicaid Services (CMS)

- G0396 and G0397 -- *Alcohol and/or substance abuse structured assessment* (for example, AUDIT, DAST) and *brief intervention*, 15 to 30 minutes and intervention greater than 30 minutes, respectively.
- G0442 -- *Annual alcohol misuse screening*, 15 minutes
- G0443 -- *Brief face-to-face behavioral counseling for alcohol misuse*, 15 minutes
Centers for Medicare and Medicaid Services (CMS)

- G0444 -- **Annual depression screening**, 15 minutes
- G0445 -- **High-intensity behavioral counseling to prevent sexually transmitted infections**, face-to-face, individual, includes: education, skill training, and guidance on how to change sexual behavior, performed semiannually, 30 minutes
- G0446 -- **Annual, intensive behavioral therapy for cardiovascular disease**, individual, 15 minutes
- G0447 -- **Face-to-face behavioral counseling for obesity**, 15 minutes
Reimbursement for Psychological Testing and Assessment*

- **CPT Codes:**
  - 96103 *Psychological testing* includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g. MMPI), administered by a computer, with qualified health care professional interpretation and report.
  - 96120 *Neuropsychological testing* (e.g. Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.

*2015 Medicare Physician Fee Schedule Final Rule (October 1, 2014)*
Reimbursement for Psychological Testing and Assessment*

- Services involving testing by computer can be furnished remotely without the patient being present, and are payable in the CMS-1612-FC 194 same way as other physicians’ services.
- These remote services are not Medicare telehealth services as defined for telehealth.
- Restrictions that apply to telehealth services do not apply to these services.

*2015 Medicare Physician Fee Schedule Final Rule (October 1, 2014)
Resources

- Telebehavioral Health Institute Reimbursement Report (Handout)
- HHS, CMS Telehealth Services (Handout)
- For up-to-date announcements:
  - Check TBHI Blog https://telehealth.org/blog/
  - Check TBHI Newsletter https://telehealth.org/signup/
  - Metegram Website blog https://mentegram.com/blog/
Location of Service Coding for HCFA Form
Location of Service

- Speak with payer before billing
- Document thoroughly, including name of contact
- Use the digit “2” in the “Place of Service” box on HCFA form
- Service to the home has not yet been approved by some payers
Billing for Telephone-Based Care
Telephone-Based Models

- Dependent on state definitions of telehealth
- Contact your payer and ask how to bill for telephone
  - Why bill accurately?
    - Insurance fraud is considered a serious offense
    - In some states, insurance fraud is considered a “criminal activity”
Interjurisdictional (Inter-state) Practice and Billing
Inter-state Practice & Reimbursement

- Most often, professional must be properly licensed in the geographic location of the client/patient at the time of contact to practice legally.
Telebehavioral News

Telehealth CPT Codes: 2017 Update

*AAP News* -- The 2017 CPT manual lists 79 codes that can be billed for telehealth. After a long period of what seemed to be little headway in the ability to use Current Procedural Terminology (CPT) codes to bill for telemedicine services, progress has been made.

[Read more](http://telehealth.org/blog)
General Telehealth Reimbursement Resources

- U.S. Department of Agriculture Rural Utility Services Grant
- Center for Telehealth and e-Health Law (Ctel)
- Office for Advancement of Telehealth (OAT)
  - Telehealth Resource Center Grants
  - Telehealth Network Grant Programs
  - Congressionally-Mandated Telehealth Grants
- HRSA Telemedicine Reimbursement Report
- Telebehavioral Health Institute
  - www.telehealth.org/reimbursement
Slides, Handouts, Bibliography and More

- Slides, handouts, bibliography and more resources will remain here for 6 months: 
  https://telehealth.org/naadac2017/

- Write to us: 
  www.telehealth.org/contact
Want to use our material?

- Use handouts liberally and feel free to disseminate, but:
  - Acknowledge our work by mentioning our names/affiliations, include our copyright notices
  - Write to us privately to let us know how/where you will be using our work
- [www.telehealth.org/contact](http://www.telehealth.org/contact)
Learning Objectives

① Describe three ethical dilemmas and their solutions related to Skype, Google and Facebook

② Discuss at least two legal issues related to HIPAA when working with technology

③ Identify at least three legal and ethical issues to address in an informed consent process when practicing online

④ Outline two key elements of a safety plan for working online with clients using any form of technology
Questions?

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Phone: 619-255-2788
Email: contact@telehealth.ORG