American Psychiatric Association
AND
American Telemedicine Association
Best Practices In Videoconferencing-based Telemental Health
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INTRODUCTION

• Collaboration between the American Psychiatric Association (APA) and the American Telemedicine Association (ATA).

• The ATA is the principal organization bringing together telemedicine practitioners, healthcare institutions, government agencies, vendors and others involved in providing remote healthcare using telecommunications.
INTRODUCTION

• These guidelines focus on interactive videoconferencing based mental health services (a.k.a., telemental health). The use of other technologies such as virtual reality, electronic mail, electronic health records, telephony, remote monitoring devices, chat rooms, or social networks are not a focus of this document except where these technologies interface with videoconferencing services.
OFFICIAL APA AND ATA GUIDELINES, RESOURCES AND TELEMENTAL HEALTH TRAININGS

APA
1. APA Web-based Telepsychiatry Toolkit (2016)

ATA
1. Practice Guidelines for Telemental Health with Children and Adolescents (2017)
2. Online Training for Video-Based Online Mental Health Service (2014)
3. A Lexicon of Assessment and Outcome Measures for Telemental Health (2013)
4. Practice Guidelines for Video-Based Online Mental Health Service (2013)
5. Practice Guidelines for Videoconferencing-Based Telemental Health (2009)
6. Evidence-Based Practice for Telemental Health (2009)
GUIDELINES FRAMEWORK

• Administrative
  – Organization SOPs & responsibilities
  – Health professional SOPs & responsibilities

• Clinical
  – Not how to practice, diagnose etc.
  – How to conduct traditional practice in the context of TH encounter

• Technical
  – Devices & equipment
  – Security & privacy
  – Minimum technical standards
ADMINISTRATIVE AND REGULATORY ISSUES IN TELEPSYCHIATRY

- Regulatory
  - Malpractice
  - Licensure
  - Standard of Care
  - Ryan Haight/Prescribing

- Administrative
  - Protocols and procedures
  - Workflow
  - Economic models (Billing and re-imbursement)
ADMINISTRATIVE CONSIDERATIONS
STANDARD OPERATING PROCEDURES/PROTOCOLS

• Prior to initiating telemental health services, any organization or provider **shall** have in place a set of Standard Operating Procedures or Protocols that **should** include (but are not limited to) the following administrative, clinical, and technical specifications:
  
  – Roles, responsibilities (i.e., daytime and after-hours coverage), communication, and procedures around emergency issues.
  
  – Agreements to assure licensing, credentialing, training, and authentication of practitioners as well as identity authentication of patients according to local, state, and national requirements.
  
  – A systematic quality improvement and performance management process that complies with any organizational, regulatory, or accrediting, requirements for outcomes management.
SPECIAL ISSUES REGARDING CONTROLLED SUBSTANCES

– Controlled and non-controlled substances
  • Definitions of controlled substances.
– Federal Law vs. State law.
– Ryan Haight Act
  • History
  • Practice effects
  • Special registration developments
  • Impact of MAT on electronic prescribing and telemedicine practice.
ADMINISTRATIVE

– Protocols and procedures
– Workflow
– Economic models (Billing and re-imbursement)
ADMINISTRATIVE - PROTOCOLS AND PROCEDURES

- Practice Guidelines For Video-Based Online Mental Health Services (May 2013), American Telemedicine Association
- Practice Guidelines for Videoconferencing-Based Telemental Health (October 2009) American Telemedicine Association
- Evidence-Based Practice for Telemental Health (July 2009), American Telemedicine Association
- Practice Parameter for Telepsychiatry With Children and Adolescents (December 2008), American Academy of Child and Adolescent Psychiatry
ADMINISTRATIVE - WORKFLOW

• Evolving
  – Clinical vs. non-clinical settings

• Modifications to treatment as usual

• Adjunctive technologies and personnel
  – Secure Communications with scheduling
  – Electronic prescribing/EPCS
  – Use of telefacilitators?
ADMINISTRATIVE ECONOMIC MODELS (BILLING AND REIMBURSEMENT)

• Fee for service (concierge model vs. third party)
• Contract (institution to institution)
• Retainer
• Impact of DTC service delivery.
MANAGING HYBRID PATIENT-PROVIDER RELATIONSHIPS

• Hybrid relationship = managed across range of settings in-person, telehealth and technologies (e.g., videoconferencing, email, phone)
• Clear education and boundaries with patient of how and when to communicate and over which technologies
• Attention to rapport, trust and comfort of patient with each communication
• Checking in on how patient is doing with regards to communication relationship
• Checking and clarifying for miscommunication and misunderstandings
HOW IN-HOME TELEHEALTH DIFFERS FROM IN-CLINIC

• Environmental scan in home
  – Appropriateness (safety and confidentiality during session)
  – Information on patient (organization, style, function, lifestyle)
• Active Management of image and environment with patient
• Awareness of any safety issues or concerns
TELE-TEAMING

• Team communication
  – Ground rules for communication (mediums, timing and setting)
  – In-person visits/team bonding
  – Importance of over communication > under communication especially in beginning of services
  – Definitions of roles and specifically at interface on patient communication/contact

• Team Building
  – Recognition that Team building and communication is responsibility of all team members
  – Seeking clarifications across team
  – Shared cultural and processes
  – Tolerance of difference in perspectives and backgrounds
TECHNICAL REQUIREMENTS:

• Videoconferencing Platform Requirements
• Integration of VTC into other technology and systems
  – Privacy, Security, HIPAA
• Physical Location/Room Requirements
  – Privacy
  – Camera placement
  – Comments on asynchronous set ups.
KEY REFERENCES

Foundational Documents

KEY REFERENCES

Key Reviews and Updates


