

## LIFE CHANGE ASSOCIATES

Title: Telepsychiatry Practice policy	Version: 4
Department: Telepsychiatry	Revised: 6/21/2018
Approved by: Deric Ravsten, DO	Effective: 08/11/2010
Approved date: 06/15/2012	

### **Policy: Telepsychiatry Service (TPS)**

#### **Purpose:**

Establish guidelines and protocol to manage Telepsychiatry Services.

#### **Statement of Need:**

Patients in rural clinic areas and/or nursing facilities often face more obstacles to obtaining mental health services. Barriers of access to mental health services often result from geographic, economic and cultural factors. In sparsely populated areas travel expenses, time and distance to specialty offices serve as additional barriers to care. Implementation and use of telepsychiatry services is one way to overcome such barriers.

#### **Procedures:**

### **I. Administrative Protocol**

- A. A partnership agreement between Life Change Associates (LCA) and Client (origination) site will be signed prior to providing telepsychiatry services.
  1. An information packet will be sent to the Client site containing the following information:
    1. Consulting Telepsychiatry Agreement
    2. Copy of LCA Telepsychiatry Practice policy outlining:
      - a) Exam room requirements
      - b) Technical requirements
      - c) Clinical Protocol
      - d) Administrative Protocol
      - e) Operational instructions for using the televideoconference equipment
    3. Licensure, credentials and malpractice insurance for Dr. Ravsten
- B. The LCA Care Coordinator will contact the Client site to establish preferred days and times for scheduling Telepsychiatry appointments at the Client site.

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- C. The Client site will assure all requirements are met prior to the appointment:
  - 1. Assessment of the patient to determine if telepsychiatry services are appropriate, i.e. no hearing, visual or cognitive deficits exist to limit the ability to communicate via this technology
  - 2. Ensure appropriate staff is available to meet the patient and provider needs before, during and after the appointment
  - 3. Provide secure fax service or other secure service for exchange of Protected Health Information
  - 4. Verification of a clinic or individual DEA license for the Client site (as per Ryan Haight Act of 2008)
- D. LCA Care Coordinator will assure the following items:
  - 1. Signed HIPAA, Consent and Office Policy forms are in the chart
  - 2. Signed release of information (ROI) is in the chart
  - 3. Most recent medication list from pharmacy is in the chart
  - 4. Demographic and insurance verification has been completed
  - 5. Call to patient and Client site is performed the day prior to the appointment and a confirmation schedule of patient's scheduled is faxed one day prior to appointments
  - 6. Faxing of patient notes to Client site as patients permit for the coordination of care
  - 7. All follow up arrangements and communication of patient treatment plans are completed after each visit.
  - 8. Billing of LCA psychiatric services are handled by the LCA's billing partner.

## II. Clinical Protocol

- A. The standard of care delivered via telepsychiatry will be equivalent to any other type of care that can be delivered to the patient
- B. All persons in the room at the office and the Client site will be identified to all participants prior to starting the session
- C. Crisis/Emergencies
  - 1. A patient who is suicidal, homicidal or suffering from dementia or acute psychosis requires additional personnel in the room or a family member in order to address potential safety concerns.

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2. If additional personnel and/or family members are not available, the provider will make a determination whether immediate intervention is necessary for the patient's safety.
  3. Medical (e.g. cardiac arrest) or behavioral emergencies (behavioral dyscontrol) which occur during a clinical encounter will be managed per Client site policies and procedures.
- D. After Hours Emergencies
1. Dial 911 or go to nearest hospital emergency department
  2. All patients will be given a LCA Crisis Card which lists provider crisis numbers.
- E. Progress notes for the session will contain the following information:
1. Location of Dr. Ravsten while providing the service
  2. Location of the patient
  3. Type of equipment used and any malfunction that may have affected clinical care
  4. Those persons present during the session and the role of those present
- F. Prescriptions will be prescribed and processed electronically unless prohibited by law (eg. controlled substances) or circumstance. In such case schedule III – V medications will be phoned to the pharmacy. For schedule II medications (eg. Ritalin or Adderall) paper prescriptions must be generated (by law) and must be picked up in the Life Change Associates office.

### III. Technical Specifications/Room Requirements

- A. Technical Requirements
1. Computer or Tablet - minimum 3G Ram
  2. Minimum internet transmission speed of 384 Kbps
  3. High Definition Webcam
  4. VSee online web communications service which provides encrypted, secure and HIPAA compliant videoconferencing.
  5. External speakers
  6. Audio at 7kHz full duplex with echo cancellation with mute function and volume adjustment
- B. Exam Room Requirements
1. During the session the room shall be considered a patient exam room.

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- a. Room should have a door that can be closed to provide patient and physician privacy throughout the appointment.
2. Noise distraction kept to a minimum
3. The ability to view written or drawn material
4. Lighting as close to day light as possible
5. Room clean and free of distractions such as books, papers, etc.
6. A staff member available at the Client site to assist patient and/or physician during the appointment, with check-in and check-out.