



## *Performance Standards*

### **Clinical Telemedicine Services**

Performance Standards are intended to provide a foundation and serve as a tool to promote continuous quality improvement and progression toward best practice performances, to increase the consistency of service delivery and to improve outcomes for members

**Disclaimer:** These Performance Standards should not be interpreted as regulations. Entities providing services as part of the HealthChoices program must first be enrolled in the Pennsylvania Medical Assistance program as the appropriate provider type. Providers must then comply with all applicable Pennsylvania laws, including Title 55, General Provisions 1101, licensing program requirements and any contractual agreements made with Community Care Behavioral Health Organization in order to be eligible for payment for services.

## Performance Standards Clinical Telemedicine Services

Members in rural areas oftentimes face more obstacles to obtaining services and support than those in urban areas. The problems of service access often result from geographic, economic and cultural factors. In sparsely populated areas, travel expenses increase the costs of both providing and obtaining care.

Geographic and professional isolation make rural communities less attractive to mental health workers. It is difficult to recruit and retain specialists, who tend to concentrate in larger urban areas. The use of video-conferencing technology is one strategy to improve the accessibility of psychiatric services to rural areas. This technology has been used to link specialists at academic health centers with health care professionals in rural areas for the management of patients.

### **Program Description**

Telepsychiatry is the use of electronic communication and information technologies to provide or support clinical psychiatric care at a distance. Telepsychiatry is appropriate in situations where on-site services are not available due to distance, location, time of day, or availability of resources.

Telepsychiatry services, as defined by these guidelines, are services provided by a psychiatrist within his or her scope of practice using real-time, two-way interactive audio-video transmission. They do not include a telephone conversation, electronic mail message, or facsimile transmission between a health care practitioner and a member, or a consultation between two health care practitioners, although these activities may support telepsychiatry services.

### **Requirements:**

Telepsychiatry may be used when the on-site services are not available due to distance, location, time of day, or availability of resources. Although on-site services are the ideal, telepsychiatry can be used when the services would not be readily available to the member otherwise. It should not be used only as a convenience to the provider, but rather it should be used to aid the member in having the availability of necessary services. Its use is ideal for rural settings, other locations where professional services would not otherwise be readily available, emergency services, interim coverage when the psychiatrist/clinician is unavailable, or other situations, which would prevent or delay service delivery.

### **Confidentiality:**

Confidentiality must be maintained as required by the laws of the Commonwealth and Health Insurance Portability and Accountability Act (HIPAA). Written confidentiality guidelines must be maintained. All existing confidentiality requirements and protections

that apply to written medical records shall apply to services delivered by telecommunications, including the actual transmission of the service, any recordings made during the time of transmission, and any other electronic records.

### **Member Rights:**

1. The member must provide informed consent to participate in any services utilizing telepsychiatry. The member has the right to refuse these services and must be made aware of the alternatives including any delays in service, need to travel, or risks associated with not having the services provided by telepsychiatry.
2. The member must be informed and fully aware of the role of the physician and other staff who are going to be responsible for follow-up or on-going care.
3. The member must be informed and aware of the location of the psychiatrist or licensed psychologist providing care via telepsychiatry and all questions regarding the equipment, the technology, etc., must be addressed.
4. The member has the right to have appropriately trained staff immediately available to them while they are receiving the telepsychiatry service to attend to emergencies or other needs.
5. The member has the right to be informed of all parties who will be present at each end of the telepsychiatry transmission and has the right to exclude anyone from either site.

### **Selection of Members:**

1. A decision to use or reject telehealth should be based solely on the best interest of the member.
2. The remote site will assess the appropriateness of the member for the use of clinical services via telecommunication.
3. Clinical condition(s) should be suited for visual and audio presentation.

### **Equipment:**

1. All telepsychiatry transmissions must be performed on dedicated secure telephone lines or must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the information being transmitted via other methods, including the Internet. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver.

2. All telepsychiatry sites must have a written procedure detailing the contingency plan when there is a failure of the transmission or other technical difficulties that render the service undeliverable.
3. The technology utilized to provide the service must conform to the industry wide compressed audio-video communication standards for real-time, two-way interactive audio-video transmission.

**Emergencies:**

1. While the presence of another person raises the issue of confidentiality, certain psychiatric emergencies may require the presence of others if, for instance, a member is suicidal, homicidal, dissociated, or acutely psychotic during the evaluation. In general such members should not be managed via telepsychiatry without support staff present at the remote site.
2. All telepsychiatry sites must have a written procedure detailing availability of face-to-face assessments by a physician in an emergency situation.

**Physician Requirements:**

1. The psychiatrist performing the telepsychiatry evaluations must abide by the laws, regulations and policies of the Commonwealth including the Mental Health Procedures Act, Advance Directives, and any other law, regulation, or policy that guides the service being provided. Out-of-state psychiatrists providing telepsychiatry services to Pennsylvania residents are considered to be practicing in the Commonwealth and must also abide by these laws, regulations, and policies.

**Remote Site Responsibilities:**

1. All telepsychiatry sites shall have established written quality of care protocols to ensure that the services meet the requirements of state and federal laws and established patient care standards.
2. All organizations/providers must be assessed and approved through the credentialing and re-credentialing process of Community Care.
3. A review of telehealth services should be integrated into the provider's quality management process.

**Medication Prescriptions:**

1. Provider policies include procedures for the physician, nurse practitioner, or

physician's assistant to provide members with timely and accurate prescriptions by use of mail, phone and/or fax.

2. Included are procedures for prescriptions needed immediately and the handling of Federal Schedule II controlled drugs.

**Medical Records:**

1. A notation must be made in the medical record that indicates that the service was provided via telepsychiatry.
2. Documentation must meet all licensure standards, Medical Assistance regulations and HIPAA regulations. Documentation must demonstrate industry standard practices.

**Cultural Competency:**

Treatment should be provided within a culturally competent and culturally sensitive environment. Every effort should be made to meet the cultural needs of the individual member and their family/significant other(s), and to attempt to accommodate those needs whenever possible. If a provider is unable to meet the cultural needs of the member, the provider must offer the member referrals to other, culturally relevant providers. Evidence of culturally sensitive office settings and clinician demeanor will be monitored through the complaint process, personnel reviews as part of the credentialing/re-credentialing process, potential site visits during Quality record reviews and Compliance Audits and during Provider service visits through Community Care.