



CORE OPERATIONAL GUIDELINES FOR TELEHEALTH SERVICES INVOLVING PROVIDER-PATIENT INTERACTION

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Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions

(An Update of the February 2008
“Core Standards for Telemedicine Operations”)

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Preamble

The American Telemedicine Association (ATA) brings together diverse groups from traditional medicine, academia, technology and telecommunications companies, ehealth, allied professional and nursing associations, medical societies, government, military, regulatory and others to overcome barriers to the advancement of telemedicine through the professional, ethical and equitable improvement in health care delivery.

ATA has embarked on an effort to establish practice guidelines for telemedicine to advance the science, to assure uniform quality of service to patients, and to promote reasonable and informed patient and provider expectations. The guidelines are developed by panels that include experts from the field and other strategic stakeholders, and are designed to serve as both an operational reference and an educational tool to aid in providing appropriate care for patients. The guidelines generated by ATA undergo a thorough consensus and rigorous review including an open public commentary period, with final approval by the ATA Board of Directors. Existing products are reviewed and updated periodically.

The purpose of these guidelines is to assist practitioners in pursuing a sound course of action to provide effective and safe medical care that is founded on current information, available resources, and patient needs. The guidelines recognize that safe and effective practices require specific training, skills, and techniques, as described in each document. The resulting products are properties of the ATA and any reproduction or modification of the published guideline must receive prior approval by the ATA.

The practice of medicine is an integration of both the science and art of preventing, diagnosing, and treating diseases. Accordingly, it should be recognized that compliance with these guidelines alone will not guarantee accurate diagnoses or successful outcomes. If circumstances warrant, a practitioner may responsibly pursue an alternate course of action different from the established guidelines. A divergence from the guidelines may be indicated when, in the reasonable judgment of the practitioner, the condition of the patient, restrictions or limits on available resources, or advances in information or technology occur subsequent to publication of the guidelines. Nonetheless, a practitioner who uses an approach that is significantly different from these guidelines is strongly advised to provide documentation, in the patient record, that is adequate to explain the approach pursued.

Likewise, the technical and administrative guidelines in this document do not purport to establish binding legal standards for carrying out telemedicine interactions. Rather, they are the result of the accumulated knowledge and expertise of the ATA workgroups and other leading experts in the field, and they are intended to address the technical quality and reliability of telemedicine encounters. The technical aspects of and administrative procedures for specific telemedicine arrangements may vary depending on the individual circumstances, including location of the parties, resources, and nature of the interaction.

NOTE ON THIS UPDATE

This update has four key modifications: 1) enhances guidance on educating patients about telehealth treatment; 2) adds several new items related to verification of patient/provider identity and service delivery location; 3) provides guidance related to mobile devices and services delivered to patients in non-facility settings; and 4) expands guidelines on privacy and security requirements.

Scope

The following guidelines are fundamental requirements to be followed when providing medical and other healthcare services using telecommunications technologies, and any other electronic communications between patients, practitioners and other healthcare providers. The guidelines apply to individual practitioners, group and specialty practices, hospitals and health care systems, and other providers of health related services where there are telehealth interactions between patients and service providers for the purposes of health care delivery. These guidelines may apply to specialty services, but other guidelines and standards addressing specific specialties have been and continue to be developed by separate workgroups within the ATA and other professional societies. When guidelines, position statements, or standards from any professional organization or society exist, health professionals should also review these documents and, as appropriate, incorporate these into practice. These guidelines pertain primarily to healthcare professionals and patients located in the United States. In situations where either or both parties are not within the US, these guidelines may be referred to but any local guidelines that are in place **shall** be referred to and take precedence over these. [1,2]

Definitions

Terms and definitions that are commonly used in telehealth/telehealth are available on the ATA website. [3] For this document there are several terms that need to be defined specifically:

“Telehealth” - telehealth is the use of medical information exchanged from one site to another via electronic communications to improve a patient’s health status. Telehealth includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology. Telehealth is not a separate medical specialty. It is a delivery tool or system. Closely associated with telehealth is the term “telehealth,” which may be used interchangeably with telehealth, but is sometimes used to encompass a broader definition of health care that uses telecommunications technologies. Videoconferencing, transmission of still images and other data, e-health including patient portals, m-health, remote monitoring, continuing medical education, and medical call centers, are all considered part of telehealth and telehealth (ATA, 2007).

“Organization” - includes organizations, institutions, and business entities, including online service entities.

“Health professionals” - refers to individuals.

“Shall, should, and may” - This document contains requirements, recommendations, or actions that are identified by text containing the keywords “shall,” “should,” or “may.” **“Shall”** indicates a required action whenever feasible and practical under local conditions. These indications are found in bold throughout the document. **“Should”** indicates an optimal recommended action that is particularly suitable, without mentioning or excluding others. **“May”** indicates additional points that may be considered to further optimize the healthcare process. **“Shall not”** indicates that this action is strongly advised against.

Administrative Guidelines

Organizations

1. Organizations providing services via telehealth **shall** follow the standard operating policies and procedures of the governing institution. If the telehealth operation is a sole entity or part of a solo practice, that entity or solo practice **shall** have policies and procedures in place to govern all administrative functions that responsibly include and address aspects of telehealth with regards to:
 - Human resource management
 - Privacy and confidentiality
 - Federal, state, local, and other regulatory agency and ethical requirements
 - Fiscal management
 - Ownership of patient data and/or records
 - Documentation, including use of electronic health records
 - Patient and clinician rights and responsibilities
 - Network and data transmission, storage and access security
 - Use of equipment, devices and technology including peripheral devices, network hardware and associated software.
 - Research protocols (if applicable)
 - Technical and medical competence in the service provided, including training of all personnel involved in the telehealth operations (i.e., healthcare professionals, technical, administrative and other relevant staff)
 - Evaluation criteria
 - Availability of organization information (e.g., ownership, location, website, contact information)
2. Organizations providing telehealth should have in place a systematic quality improvement and performance management process that encompasses quality

assurance and quality control and complies with any and all organizational, regulatory, and accrediting requirements for outcomes management. This process should be reviewed and updated as appropriate on a regular basis.

3. Organizations and health professionals providing telehealth services **shall** ensure compliance with relevant local, state and federal (or international if appropriate) legislation, regulations, accreditation and ethical requirements for supporting patient/client decision-making and consent, including protection of patient health information. [4-9]
4. Organizations **shall** have a mechanism in place for ensuring that patients and health professionals are aware of their rights and responsibilities with respect to accessing and providing health care via telehealth technologies (whether within a healthcare institution or other environment such as the home, school or work), including the process for communicating complaints.
5. Organizations **shall** respect patients' requests for in-person care whenever feasible.
6. Prior to the start of the telemedicine encounter, the provider **shall** inform and educate the patient in real-time of all pertinent information such as: discussion of the structure and timing of services, record keeping, scheduling, privacy and security, potential risks, confidentiality, mandatory reporting, billing, and any information specific to the nature of videoconferencing. The information **shall** be provided in language that can be easily understood by the patient and/or caregiver, especially when discussing technical issues like encryption or the potential for technical failure. These topics may be provided orally or in writing.
7. Additionally, the provider or designee should set appropriate expectations in regard to the telemedicine encounter. This may include for example prescribing policies, scope of services, communication and follow-up. The information **shall** be provided in language that can be easily understood by the patient. This is particularly important when discussing technical issues like encryption or the potential for technical failure.
8. Key topics that **shall** be reviewed include: confidentiality and the limits to confidentiality in electronic communication; an agreed upon emergency plan, particularly for patients in settings without clinical staff immediately available; process by which patient information will be documented and stored; the potential for technical failure, procedures for coordination of care with other professionals; a protocol for contact between visits; and conditions under which telemedicine services may be terminated and a referral made to in-person care.
9. Organizations providing and/or receiving telehealth services that establish collaborative partnerships **shall** be aware of applicable legal and regulatory requirements for appropriate written agreements, memorandum of understanding, or contracts. Those contracts, agreements, etc., **shall** be based on the scope and application of the telehealth services offered, and **shall** address all applicable administrative, clinical and

technical requirements. All parties involved in such agreements should have an appropriate legal review conducted on the documents prior to signing.

Health Professionals

1. Professionals **shall** conduct care consistent with the jurisdictional regulatory, licensing, credentialing and privileging, malpractice and insurance laws and rules for their profession in both the jurisdiction (site) in which they are practicing as well as the jurisdiction (site) where the patient is receiving care, and **shall** ensure compliance as required by appropriate regulatory and accrediting agencies.
2. Health professionals using telehealth **shall** be cognizant of establishment of a provider-patient relationship within the context of a telehealth encounter, whether interactive, store-and-forward or other mode of communication/interaction is used, and they **shall** proceed accordingly with an evidence-based standard of care. Health professionals should refer to existing specialty guidelines to determine whether specific definitions of “patient-provider relationship” and/or “encounter” exist.
3. Health professionals providing telehealth services **shall** have the necessary education, training/orientation, licensure, and ongoing continuing education/professional development, in order to ensure the necessary knowledge and competencies for safe provision of quality health services in their specialty area.
4. Healthcare professionals providing telehealth services should insure that workspaces are secure, private, reasonably soundproof, and have a lockable door to prevent unexpected entry. Efforts **shall** be made to ensure privacy so provider discussion cannot be overheard by others outside of the room where the service is provided. If other people are in either the patient of the professional's room, both the professional and patient **shall** be made aware of the other person and agree to their presence.

Clinical Guidelines

1. The health professionals providing care via telehealth **shall** be aware of pertinent professional discipline guidelines and standards that **shall** be upheld in the telehealth encounter, with consideration of the specific context, location, timing, and services delivered to the patient.
2. Health professionals **shall** be guided by professional discipline and national existing practice guidelines when practicing via telehealth, and any modifications to specialty-specific clinical practice guidelines for the telehealth setting **shall** ensure that clinical requirements specific to the discipline are maintained.

3. Means for verification of provider and patient identity **shall** be implemented. For services with the patient at a healthcare institution, the verification of both professional and patient identity may occur at the host facility. When providing professional services to a patient in a setting without an immediately available health professional (e.g., the patient's home), the telehealth provider **shall** provide the patient (or legal representative) with his or her qualifications, licensure information, and, when applicable, registration number (e.g., National Provider Identification). The health professional **shall** also provide a location for verifying this information. Patients **shall** provide their full name, date of birth, and contact information including telephone, email, and mail contact information prior to the initial encounter. Professionals may ask patients to verify their identity more formally by providing a government issued photo ID. In cases where there is an existing established relationship between patient and healthcare professional and this documentation already exists, this process may be omitted.
4. The organization and health professionals **shall** document (e.g., in the electronic health record) provider (e.g., clinical association, town, state) and patient location, as required for the appropriate payment of services. However, it is not necessary for the health care providers to reveal their specific location to the patient, especially if a provider is located at home at the time of service. Verification of location is critical for complying with relevant licensing laws in the jurisdiction where the provider is physically located when providing the care, as well as where patient is located when receiving care. This information is also needed if an emergency arises and a management protocol must be implemented.
5. The organization and health professionals **shall** review with the patient expectations regarding additional contact between patient and provider (e.g., whether or not the provider will be available for phone or electronic contact between sessions and the conditions under which such contact is appropriate). This review should also include a discussion of emergency management between sessions.
6. Health professionals providing telehealth services **shall** be familiar with the use of any devices and software employed in delivering care over distances. This may include receiving specific training in such devices and software prior to providing patient services.
7. The professional should be familiar with local in-person health resources and travel requirements and should exercise clinical judgment to make a referral for additional health services when appropriate. The professional should also know the preferred healthcare system for the patient's insurance to avoid unnecessary financial strain for the patient.
8. When a professional sees a patient via personal computer and/or mobile device outside the patient's home (e.g., local facility, community-based outpatient facility, school site,

library) or other facility where dedicated staff might be present, the professional should become familiar with emergency procedures. When the patient is in a setting without clinical staff, the professional may request the contact information of a family or community member who could be called upon for support in the case of an emergency. This person, called the “Patient Support Person” **shall** be selected by the patient or legal guardian prior to any telehealth services. In some cases, the facility will not have procedures in place. In cases where emergency procedures are not in place, the professional should coordinate with the clinical/Patient Support Person to establish basic procedures. The basic procedures may include: 1) identifying local emergency resources and phone numbers; 2) becoming familiar with location of nearest hospital emergency room capable of managing emergencies; and 3) having patient’s family / support contact information. The professional may also learn the chosen emergency response system's average response time (e.g., 30 minutes vs. 5 hours) and the contact information for other local or regional professional associations, such as the city, county, state, or provincial.

9. In case of medication side effects, elevation in symptoms, and/or issues related to medication noncompliance, the professional should be familiar with the patient’s prescription and medication dispensation options. Similarly, when prescribing, the clinician should be aware of the availability of specific medications in the geographic location of the patient. If services are provided in a setting where a professional is not immediately available, the patient might be at risk if there is an acute change in his or her medical and/or mental health condition. Therefore, the professional should be familiar with whom the patient is receiving other medical services.
10. Professionals **shall** be culturally competent to deliver services to the populations that they serve. Examples of factors to consider include awareness of the client’s language, ethnicity, race, age, gender, sexual orientation, geographical location, socioeconomic, and cultural backgrounds. Health professionals are encouraged to use online resources to learn about the community in which the patient resides including any recent significant events and cultural mores of that community.

Technical Guidelines

Communication Modes & Applications

All efforts **shall** be taken to use communication modes and applications that have appropriate verification, confidentiality, and security parameters necessary to be utilized properly. Software platforms should not be used when they include social media functions that notify users when anyone on a contact list logs on. When there are situations where multiple participants at different sites (i.e., more than 2) are involved such as with virtual care team conferences or two

consultants interacting with the patient simultaneously, the guidelines apply to all participating sites.

Devices & Equipment

Both the professional and patient site should when available use high quality cameras (video and/or still as clinically appropriate for the intended application), audio, and related data capture and transmission equipment that is appropriate for the telehealth clinical encounter, and which meet any existing practice-specific guidelines. Devices **shall** have up-to-date security software per the manufacturer's recommendations. Health professionals/organizations should use device management software to provide consistent oversight of applications, device and data configuration and security. In the event of a technology fault or failure the organization and health professionals **shall** have a backup plan in place that outlines an alternate method of communication between sites. The plan **shall** be communicated to the patient or referring provider prior to commencement of the initial treatment encounter, and it may also be included in the general emergency management protocol. The professional should review the technology backup plan on a routine basis.

In addition, organizations **shall**:

1. Ensure that equipment sufficient to support diagnostic needs is available and functioning properly at the time of facility encounters.
2. Have strategies in place to address environmental elements of care necessary for safe use of telehealth equipment.
3. Comply with all relevant laws, regulations, and codes for technology and technical safety.
4. Have infection control policies and procedures in place for the use of telehealth equipment and patient peripherals that comply with organizational, legal, and regulatory requirements.
5. Have processes in place to ensure the safety and effectiveness of equipment through on-going maintenance.
6. Meet required published technical standards and regulations (e.g., Food and Drug Administration) for safety and efficacy for devices that interact with patients or are integral to the diagnostic capabilities of the practitioner when and where applicable.

Connectivity for Real-Time Interactive Encounters

1. Healthcare processes that provide one-way or two-way live video services through consumer devices that use internet-based video conferencing software programs should provide such services at a bandwidth of at least 384 Kbps in each of the downlink and uplink directions. Such services should provide a minimum of 640 x 480 resolution at 30 frames per second. In some circumstances, as determined by the health professional, lower or higher bandwidth and frame rate may be used. Depending on the service provided, higher bandwidth speeds may be needed, as determined by the health professional. Because different technologies provide different video quality results at the same bandwidth, each end point **shall** use bandwidth sufficient to achieve at least the minimum quality shown above during normal operation.
2. Where practical, providers may recommend preferred video conferencing software and/or video and audio hardware to the patient, as well as providing any relevant software and/or hardware configuration considerations.
3. The provider and/or patient may use link test tools (e.g., bandwidth test) to pre-test the connection before starting their session to ensure the link has sufficient quality to support the session.
4. Whenever possible, each party should use the most reliable connection method to access the Internet as determined by the health professional or IT team. [10]
5. The videoconference software should be able to adapt to changing bandwidth environments without losing the connection. Organizations **shall** have appropriate redundant systems in place that ensure availability of the data transmission infrastructure for critical connectivity.

Privacy

1. Audio, video, and all other data transmission **shall** be secure through the use of encryption (at least on the side of the healthcare professional) that meets recognized standards.
2. Individuals in charge of technology should familiarize themselves with the technologies available regarding computer and mobile device security, and should help educate the patient with respect to such issues as privacy and security options. Videoconferencing privacy features should be available to both the provider and patient. Privacy features should include audio muting, video muting, and the ability to easily change from public to private audio mode.
3. When the patient and/or provider use a mobile device, special attention should be placed on the relative privacy of information being communicated over such technology.

4. Providers should ensure that access to any patient contact information stored on any device is adequately restricted. Devices **shall** require a passphrase or equivalent security feature before the device can be accessed. If multi-factor authentication is available, it should be used. Devices should be configured to utilize an inactivity timeout function that requires a passphrase or re-authentication to access the device after the timeout threshold has been exceeded. This timeout should not exceed 15 minutes. Mobile devices should be kept in the possession of the provider when traveling or in an uncontrolled environment. Unauthorized persons **shall not** be allowed access to sensitive information stored on any device, or use the device to access sensitive applications or network resources. Providers should have the capability to remotely disable or wipe their mobile device in the event it is lost or stolen. Providers and organizations may consider establishing guidelines for periodic purging or deletion of telehealth related files from mobile devices.
5. Videoconferencing software **shall** allow only a single session to be opened, although the session may include more than two sites/participants. If there is an attempt to open a second session, the system **shall** either log off the first session or block the second session from being opened. Session logs stored in third party locations (i.e., not on patients' or providers' access device) **shall** be secure. Access to these session logs **shall** only be granted to authorized users. This does not preclude the use of multiple cameras during the same session (e.g., videoconferencing camera plus hand-held examination camera).
6. Protected health information and other confidential data **shall** only be backed up to or stored on secure data storage locations. Cloud services unable to achieve compliance **shall not** be used for personal health information (PHI) or confidential data. Professionals may monitor whether any of the transmission data is intentionally or inadvertently stored on the patient's or professional's computer hard drive. If so, the hard drive of the provider should use whole disk encryption as providing acceptable levels of security to ensure security and privacy.
7. Professionals should provide information to patients about the potential for inadvertently storing data and patient information, and they should provide guidance about how best to protect privacy. Professionals and patients **shall** discuss any intention to record services, how this information will be stored, and how privacy will be protected.
8. When organizations and health professionals make recordings of telehealth encounters, they should be encrypted for maximum security. Access to the recordings **shall** only be granted to authorized users and should be streamed to protect from accidental or unauthorized file sharing and/or transfer. The professional may also want to discuss his or her policy with regards to the patient sharing portions of this information with the general public. Written agreements pertaining to this issue can protect both the patient

and the professional. If services are recorded, the recordings **shall** be stored in a secured location. Access to the recordings **shall** only be granted to authorized users.

Appendix

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Best Practices in Videoconferencing-Based Telemental Health (April 2018)



The American Psychiatric Association

and



The American Telemedicine Association

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INTRODUCTION

This document represents a collaboration between the American Psychiatric Association (APA) and the American Telemedicine Association (ATA) to create a consolidated update of the previous APA and ATA official documents and resources in telemental health to provide a single guide on best practices in clinical videoconferencing in mental health. The APA is the main professional organization of psychiatrists and trainee psychiatrists in the United States, and the largest psychiatric organization in the world. The ATA, with members from throughout the United States and the world, is the principal organization bringing together telemedicine practitioners, healthcare institutions, government agencies, vendors and others involved in providing remote healthcare using telecommunications.

Telemental health in the form of interactive videoconferencing has become a critical tool in the delivery of mental health care. It has demonstrated its ability to increase access and quality of care, and in some settings to do so more effectively than treatment delivered in-person.

The APA and the ATA have recognized the importance of telemental health with each individual association undertaking efforts to educate and provide guidance to their members in the development, implementation, administration and provision of telemental health services. It is recommended that this guide be read in conjunction with the other APA and ATA resources that provide more detail.

OFFICIAL APA AND ATA GUIDELINES, RESOURCES AND TELEMENTAL HEALTH TRAININGS	
APA	ATA
1) APA Web-based Telepsychiatry Toolkit (2016) 2) Resource Document on Telepsychiatry and Related Technologies in Clinical Psychiatry, Council on Law and Psychiatry (2014) 3) American Psychiatric Association. Telepsychiatry via Videoconferencing. (1998)	4) Practice Guidelines for Telemental Health with Children and Adolescents (2017) 5) Telemental Health Resource Toolbox (2017) 6) Online Training for Video-Based Online Mental Health Service (2014) 7) A Lexicon of Assessment and Outcome Measures for Telemental health (2013) 8) Practice Guidelines for Video-Based Online Mental Health Service (2013) 9) Practice Guidelines for Videoconferencing-Based Telemental Health (2009) 10) Evidence-Based Practice for Telemental Health (2009)

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.

The document was created by a joint writing committee drawn from the APA Committee on Telepsychiatry and the ATA Telemental Health Special Interest Group (TMH SIG). This document draws directly from ATA's three previous guidelines, selecting from key statements/guidelines, consolidating them across documents and then updating them where indicated. Following internal review processes within the APA and the ATA, the Board of Directors of the ATA and the Joint Reference Committee (JRC) of the APA, have given approval to its publication.

The reference list includes several detailed reviews providing justification and documentation of the scientific evidence supporting telemental health. Following ATA guideline writing convention, this document contains requirements, recommendations, or actions that are identified by text containing the keywords "**shall**," "**should**," or "**may**." "Shall" indicates that it is required whenever feasible and practical under local conditions. "Should" indicates an optimal recommended action that is particularly suitable, without mentioning or excluding others. "May" indicates additional points that may be considered to further optimize the telemental health care process.

It should be recognized that compliance with these recommendations will not guarantee accurate diagnoses or successful outcomes. The purpose of this guide is to assist providers in providing effective and safe medical care founded on expert consensus, research evidence, available resources, and patient needs.

This document is not meant to establish a legal standard of care.

ADMINISTRATIVE CONSIDERATIONS

A. PROGRAM DEVELOPMENT

Providers or organizations delivering mental health services **should** conduct a telehealth needs assessment prior to initiating services. This needs assessment **should** include, at a minimum, the following components: program overview statement, services to be delivered, proposed patient population, provider resources, technology needs, staffing needs, quality and safety protocols, business and regulatory processes, space requirements, training needs, evaluation plan, and sustainability.

B. LEGAL AND REGULATORY ISSUES

1) *Licensure and Malpractice*

Health care services have been defined as delivered in the state where the patient is located. Providers of telemental health services **shall** comply with state licensure laws, which typically entail holding an active professional license issued by the state in which the patient is physically located during a telemental health session, and **shall** have appropriate malpractice coverage. Providers **shall** conduct their own due diligence to determine the type of licensure required, and ensure they are in compliance with state licensing board regulations. If providing care within a federal healthcare system (e.g., Department of Veterans Affairs, Department of Defense, Indian Health Service), providers **shall** follow the specific organization guidelines around licensure, which may allow for a single state licensure across multiple jurisdictions. Providers **may** utilize

the interstate licensure compact or special telemedicine licensures offered by certain states provided they comply with all individual state licensure and program requirements.

2) *Scope of Practice*

Providers or organizations offering telemental health services **shall** ensure that the standard of care delivered via telemedicine is equivalent to in-person care. Persons engaged in telemental health services **shall** be aware of their professional organization's positions on telemental health and incorporate the professional association standards and clinical practice guidelines whenever possible. Providers in practice and trainees **should** stay current with evolving technologies, telemental health research findings, and policies.

3) *Prescribing*

Providers **shall** be aware of both federal and state guidelines around the prescription of controlled substances, including the Ryan Haight Online Pharmacy Consumer Protection Act of 2008. Providers **shall** comply with federal and state regulations around the prescription of controlled substances based on the setting, model of care, scope of practice and locations in which they are practicing and where the patient is located at the time of treatment.

4) *Informed Consent*

Local, state, and national laws regarding verbal or written consent **shall** be followed. If written consent is required, then electronic signatures, assuming these are allowed in the relevant jurisdiction, may be used. The provider **shall** document the provision of consent in the medical record.

5) *Billing and Reimbursement*

The patient **shall** be made aware of any and all financial charges that may arise from the services to be provided prior to the commencement of initial services. Appropriate documentation and coding **should** be undertaken specifying when services are rendered via telemental health.

C. 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.

1) *Patient-Provider Identification*

All persons at both sites of the videoconference **shall** be identified to all participants at the beginning of a telemental health session. Permission from the patient **should not** be required if safety concerns mandate the presence of another individual or if the patient is being legally detained.

At the beginning of a video-based mental health treatment with a patient, the following information **shall** be verified and documented:

- The name and credentials of the provider and the name of the patient.
- The location(s) of the patient during the session.
- Immediate contact information for both provider and patient (phone, text message, or email), and contact information for other relevant support people, both professional and family.
- Expectations about contact between sessions shall be discussed and verified with the patient, including a discussion of emergency management between sessions.

2) *Emergencies*

i. General Considerations

Professionals **shall** maintain both technical and clinical competence in the management of mental health emergencies. Provisions for management of mental health emergencies **shall** be included in any telemental health procedure or protocol. Clinicians **shall** be familiar with local civil commitment regulations and **should** have arrangements to work with local staff to initiate/assist with civil commitments or other emergencies.

ii. Clinically supervised settings

Clinically supervised settings are patient locations where other medical or support staff are available in real-time to support the telemental health sessions. Emergency protocols **shall** be created with clear explanation of roles and responsibilities in emergency situations. These include determination of outside clinic hours emergency coverage and guidelines for determining when other staff and resources should be brought in to help manage emergency situations. Clinicians **shall** be aware of safety issues with patients displaying strong affective or behavioral states upon conclusion of a session and how patients may then interact with remote site staff.

iii. Clinically unsupervised settings

In instances where the mental health provider is providing services to patients in settings without clinical staff immediately available:

- Providers **should** discuss the importance of having consistency in where the patient is located for sessions and knowing a patient's location at the time of care, as it impacts emergency management and local available resources.

- As patients change locations, providers **shall** be aware of the impact of location on emergency management protocols. These include emergency regulations, resources (e.g., police, emergency rooms, crisis teams), and contacts. These **should** be documented and available to providers.
- For treatment occurring in a setting where the patient is seen without access to clinical staff, the provider **should** consider the use of a “Patient Support Person” (PSP) as clinically indicated. A PSP is a family, friend or community member selected by the patient who could be called upon for support in the case of an emergency. The provider **may** contact the Patient Support Person to request assistance in evaluating the nature of emergency and/or initiating 9-1-1 from the patient’s home.
- If a patient and/or a PSP will not cooperate in his or her own emergency management, providers **shall** be prepared to work with local emergency personnel in case the patient needs emergency services and/or involuntary hospitalization.

3) Care Coordination

With consent from the patient and in accordance with privacy guidelines, telemental health providers **should** arrange for appropriate and regular communication with other professionals and organizations involved in the care of the patient.

TECHNICAL CONSIDERATIONS

A. VIDEOCONFERENCING PLATFORM REQUIREMENTS

Providers and organizations **should** select video conferencing applications that have the appropriate verification, confidentiality, and security parameters necessary to be properly utilized for this purpose. In the event of a technology breakdown, causing a disruption of the session, the professional shall have a backup plan in place (e.g., telephone access). Telemental health **shall** provide services at a bandwidth and with sufficient resolutions to ensure the quality of the image and/or audio received is appropriate to the services being delivered.

B. INTEGRATION OF VIDEOCONFERENCING INTO OTHER TECHNOLOGY AND SYSTEMS

Organizations **shall** ensure the technical readiness of the telehealth equipment and the clinical environment. They **shall** have policies and procedures in place to ensure the physical security of telehealth equipment and the electronic security of data. Organizations **shall** ensure compliance with all relevant safety laws, regulations, and codes for technology and technical safety.

Privacy, Security, HIPAA

For telemental health services provided within the United States, the United States Health Insurance Portability & Accountability Act (HIPAA) of 1996, and state privacy requirements, **shall** be followed at all times to protect patient privacy. Privacy requirements in other countries **shall** be followed for telemental health services provided in those countries.

Patients receiving mental health and substance use disorder services are afforded a higher degree of patients’ rights as well as organizational responsibilities (e.g., need for specific consent from patients to release information around substance use). Telemental health organizations

shall be aware of these additional responsibilities and ensure that they are achieved. Telemental health organizations and providers **shall** determine processes for documentation, storage, and retrieval of telemental health records.

C. PHYSICAL LOCATION/ROOM REQUIREMENTS

During a telemental health session, both locations **shall** be considered a patient examination room regardless of a room's intended use. Providers **shall** ensure privacy so clinical discussion cannot be overheard by others outside of the room where the service is provided. To the extent possible, the patient and provider cameras **should** be placed at the same elevation as the eyes with the face clearly visible to the other person. The features of the physical environment for both **shall** be adjusted so the physical space, to the degree possible, maximizes lighting, comfort and ambiance.

When asynchronous telemental health consultations are occurring, the interviewer **should** be appropriately trained, and the digital recording of the interview **shall** be shared and stored in accordance with HIPAA regulations.

CLINICAL CONSIDERATIONS

C. PATIENT AND SETTING SELECTION

There are no absolute contraindications to patients being assessed or treated using telemental health. The use of telemental health with any individual patient is at the discretion of the provider. For clinically unsupervised settings (e.g., home, office) where support staff is not immediately available, providers **shall** consider appropriateness of fit for an individual patient. Provision of telemental health services in professionally unsupervised settings requires that the patient take a more active and cooperative role in the treatment process than would be the case for in-person locales. Patients need to be able to set up the videoconferencing system, maintain the appropriate computer/device settings, establish a private space, and cooperate for effective safety management. Factors to consider include:

- Providers **should** consider such things as patient's cognitive capacity, history regarding cooperativeness with treatment professionals, current and past difficulties with substance abuse, and history of violence or self-injurious behavior.
- Providers **shall** consider geographic distance to the nearest emergency medical facility, efficacy of patient's support system, and current medical status.
- The consent process **shall** include discussion of circumstances around session management so that if a patient can no longer be safely managed through distance technology, the patient is aware that services may be discontinued.
- Providers **should** consider whether there are any medical aspects of care that would require in-person examination including physical exams. If the provider cannot manage the medical aspects for the patient without being able to conduct initial or recurrent physical exams, this shall be documented in the record, and arrangements **shall** be made to perform physical exams onsite as clinically indicated.

D. MANAGEMENT OF HYBRID PATIENT-PROVIDER RELATIONSHIPS

Telemental health interviews can be conducted as part of a wider, in-person and online clinical relationship using multiple technologies by providers working individually or in teams. The telemental health interview can be an adjunct to periodic face-to-face in person contact or can be the only contact. It is typically supported by additional communications technologies such as faxed or emailed consultation information, patient portals, telephone, mobile devices, and electronic health records. Providers **should** have clear policies pertaining to communications with patients. These **should** describe the boundaries around ways in which patients can communicate with a provider, which content is appropriate to share over different technology platforms, anticipated response times, and how and when to contact a provider. Providers **should** identify clearly which platforms are acceptable for communication of an emergency and expected response times. Providers **should** be attentive of the impact of different technology platforms on patient rapport and communication. All modes of communication of personal health history **shall** be HIPAA compliant.

E. ETHICAL CONSIDERATIONS

Health professionals **shall** be responsible for maintaining the same level of professional and ethical discipline and clinical practice principles and guidelines as in person care in the delivery of care in telemental health, as well as additional telemental health related concerns such as consent processes, patient autonomy, and privacy.

F. CULTURAL ISSUES

Telemental health providers **should** be culturally competent to deliver services to the populations that they serve. Providers **should** familiarize themselves with the cultures and environment where they are working and **may** use site visits and cultural facilitators to enhance their local knowledge when appropriate and practical. Providers **should** assess a patient's previous exposure, experience, and comfort with technology/video conferencing. They **shall** be aware of how this might impact initial telemental health interactions. Providers **should** conduct ongoing assessment of the patient's level of comfort with technology over the course of treatment.

G. SPECIFIC POPULATIONS AND SETTINGS

1) *Child/Adolescent Populations*

Telemental health procedures for the evaluation and treatment of youth **shall** follow the same guidelines presented for adults with modifications to consider the developmental status of youth such as motor functioning, speech and language capabilities, relatedness, and relevant regulatory issues. When working with younger children the environment **should** facilitate the assessment by providing an adequate room size, furniture arrangement, toys, and activities that allow the youth to engage with the accompanying parent, presenter, and provider and demonstrate age-appropriate skills.

Extended participation of family members or other relevant adults is typical of mental health treatment of children and adolescents. Providers **should** adhere to usual in-person practices for including relevant adults with appropriate modifications for delivering service through videoconferencing in the context of resources at the patient site. Extended participation **may** include a "presenter" who **may** facilitate sessions (e.g., vital signs, assistance with rating

scales, managing active children, assisting with any urgent interventions) Providers **should** consider how the presenter's involvement can affect service delivery (e.g., social familiarity with the family, perceived confidentiality, sharing information with other team members).

When telemental services are delivered outside of traditional clinic settings (e.g., schools) providers **should** work with staff to ensure safety, privacy, appropriate setting, and accommodations. This is particularly true if multiple staff participate in sessions. Appropriateness for telemental care **shall** consider safety of the youth, the availability of supportive adults, the mental health status of those adults, and ability of the site to respond to any urgent or emergent situations.

2) Forensic and Correctional

Providers **shall** be aware of systems issues in working in forensic and correctional settings and follow applicable standard consent around both treatment and evaluation in terms of patient's legal status and rights. Provider **shall** have clear site-specific protocols about working with patients and staff in forensic and correctional settings.

3) Geriatric

The geriatric patient often has multiple medical problems and the inclusion of family members **should** be undertaken as clinically appropriate and with the permission of the patient. Interviewing techniques **shall** be adapted for patients who may be cognitively impaired, find it difficult to adapt to the technology, or have visual or auditory impairment. Cognitive testing may be provided via videoconferencing but might need to be modified for use via video. Organizations administering cognitive testing via videoconferencing **shall** be aware of the properties of the individual test instrument, how it may be impacted by videoconferencing, and any potentially needed modifications.

4) Military, Veteran and other federal populations

Providers **shall** be familiar with the federal and specific organizational structures and guidelines for patients related to the location of care. Providers **should** familiarize themselves with the culture of the patients (e.g., military cultural competency) and the organizational systems in which they practice.

5) Substance Use Disorder Treatment

Providers **shall** be aware of and comply with federal, state and local regulations around prescription of controlled substances involved in Substance Use Disorder treatment. Providers **shall** coordinate with onsite staff to provide appropriate standard of care including care coordination and monitoring of physiological parameters for monitoring of ongoing treatment as clinically indicated.

6) Inpatient and Residential Settings

Providers **should** work to integrate themselves into inpatient and residential care settings where they practice through virtual participation in administration and organizational meetings including clinical case staffing on a routine/regular basis. Remote providers **should** optimize use of patient site staff for help with telemental health consultations and case coordination as clinically indicated. Inpatient units should provide the telemental health provider with adequate

access to patients, members of the interdisciplinary treatment team, and primary medical providers and nursing support when appropriate.

7) *Primary Care Settings*

Providers **should** be aware of best practice in leveraging telepsychiatry to support integrated care across a continuum of models including direct patient assessment, consultative models, (e.g., asynchronous) and team-based models of care. Providers practicing integrated care telepsychiatry should attend to the impact of virtual interactions on team processes, dynamics, and patient outcomes in the delivery of integrated care.

8) *Rural*

Providers **should** be familiar with the impact of rural environments on treatment including firearm ownership, kinship in small communities, local geographic barriers to care and general availability of healthcare resources.

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