TELEBEHAVIORAL HEALTH TOOLKIT
FOR NEW AND POTENTIAL TELEBEHAIVORAL HEALTH DELIVERY SITES

Telebehavioral Health Center of Excellence (TBHCE)
Albuquerque Area Office
Indian Health Service
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Albuquerque, New Mexico 87110
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Equipment

Type:

Televideo equipment is necessary to connect with these services. The Telebehavioral Health Center of Excellence (TBHCE) currently uses Polycom TM telepresence equipment. There are other vendors who offer industry-standard equipment that can connect to our telebehavioral health service. Equipment that can use the H.323 protocol is preferred. The vendor you contact, if applicable, can tell you more.

Connectivity:

The Information Technology department at your location should be involved in the process of getting your equipment connected. There will be some specific information technology needs to address.

Some networks can connect directly to our service. If your site is on the IHS network, it may be possible to directly connect to TBHCE services.

Non-IHS networks, networks with "private IP" addresses, configurations with Network Address Translation (NAT), "packet shaping" software and/or firewalls must be configured to communicate with the TBHCE equipment.

Solutions to the above usually involve one or more of the following:
　　*Port Forwarding (configured on switch or router)
　　*Special firewall provisions for the equipment
　　*Subnet mask and/or configuration adjustments to switches and routers
　　*Connecting to TBHCE equipment via our Polycom Video Border Proxy (VBP)

Network Assessment:
Our IHS technical support team may be able to assess your network to see if these minimum needs can be met without disruption to both your day-to-day operation and the Quality of Service necessary for the telebehavioral health session.

Speed:

The speed of your network will need to be evaluated for suitability for videoconferencing. Videoconferencing often requires the simultaneous exchange of large amounts of incoming and outgoing data to provide a satisfactory experience for the provider and the client/patient. The minimum requirement is 384 kilobits per second both inbound (simultaneously) for the televideo conference alone. Management of the televideo conference also requires up to 256 kilobits per second on inbound and outbound connections simultaneously.

These bandwidth needs are in addition to your facility's regular needs. The demands of the televideo session cannot compromise your facility's other data needs. Likewise, your facility's data needs cannot compromise the data needs of

the video conference call. Quality of Service may be affected, and the client/patient may not be properly served if data needs are not carefully considered.

Type:

The type of network and Internet connection your facility has is very important to consider. Below are some types:

IHS Direct:

Your facility may be connected directly to the IHS network. If so, it is likely that getting your equipment connected will be a straightforward process.

Public Address Network (Non IHS):

"Public address" does not mean that the network is open to anyone. In this meaning of Public, your network is directly connected to the Internet, though you will likely have firewalls, switches and/or routers and other measures to protect your network from intrusion.

Private Address Network (Non IHS):

A network address comprises four sets of three numbers; for example, 64.121.18.254. Each set of four numbers runs from 0 to 255.

There are some numbers in the first set, however, that indicate you may not be directly connected to the Internet. You may be getting your Internet connection from what is known as a proxy server. A proxy server is usually directly connected to the Internet through a main, singular public address. The proxy server takes that single Internet connection and splits it up so that all computers and devices in your facility can have an Internet connection. Indicators of a private network (IP) address are addresses that start with 192 or 10, for example 192.168.1.222 – or 10.1.1.11. If you see these types of numbers as your network address, then there are most likely things that must be configured with the primary pieces of equipment that connect your facility or division to the Internet so that videoconferencing can take place. If you are able to call out but cannot hear from the other side, or the other side cannot contact you, this also may be sign you have a private address network.

Network Topology:

The term network topology refers to the layout of your network and how things are connected inside as well as outside your facility. It is important that the televideo equipment is not going through too many connections to reach outside your facility. The more connections and devices the televideo equipment must go through to reach the Internet, the more likely the possibility of connectivity

problems and degraded call quality. If the call quality is too low, your counseling session may be unworkable. Your information technology representative can help you understand how things are connected and perhaps can provide a mapped layout of the connections. It is important to see how the televideo equipment can be connected in the most direct way to the Internet.

Network Security:

Though current televideo equipment provides for encryption, counseling sessions must be encrypted according to up-to-date and adequate standards in order to protect the patient's information and the privacy of the counseling session. In order to protect the patient's information and privacy, the facility and patient telehealth sessions must be compliant with the Heath Information Portability and Accountability Act (HIPAA). Encryption ensures one aspect of HIPAA compliance.

Space

There must be a private and uninterrupted space in which the equipment is kept where the client/patient will consult with the provider. HIPAA laws for privacy standards must be followed faithfully. There should be a door that closes and is able to be locked. The area must have adequate lighting, heating, cooling, ventilation, electrical and computer network resources.

There must be enough room for the video equipment. There also must be enough comfortable space and seating for one or more clients/patients. Some clients/patients will attend sessions with a provider, parent, family member, guardian or other legally allowed party. Client/patient comfort can be critical to the success of the telebehavioral health session. Having furniture that provides comfort for at least one hour is preferred. There must be enough personal space for the clients/patients. Personal space refers to the concept where someone or something feels too close. If one were asked, he or she could often tell you how much distance from another person or inanimate objects around himself or herself is required in order to feel comfortable. In different cultures and between different individuals, the need for personal space differs. Also consider that a room that is too large might make the patient uncomfortable. A space that is not too big or too small is preferred.

The privacy of the session must be protected. During the session, the space cannot be shared by anyone or any other service. No one who is not invited to the session or is not facilitating the session can enter or leave the room. The provider and the client/patient should not be interrupted during their session. The closed door should be clearly marked so that no one can accidentally intrude upon the session. The session may not be overheard by any individual. Often, professional noise generator devices can be placed outside the room to provide a sound barrier to ensure the privacy of the session. When you assess your room, please have someone stand inside the room and ask him or her to speak with elevated volume. If you can hear him or her from any point outside the room, you may need to consider privacy devices or perhaps consider another room for telebehavioral heath sessions.

Documentation

The provider will connect, in most cases, to your site's electronic health record (EHR) system. This means that the provider must be set up to access this resource on your network. Your information technology department or representative will usually have a good idea of what is possible in this regard.

Some solutions have been:

Direct: The provider is given a username and password to log on directly to the system.

VPN: By way of Virtual Private Networking (VPN), the provider makes a connection to the system as if he or she were on site.

Remote Desktop Connection: Similar to VPN, and if on the same network (such as the Indian Health Service), it may be possible for the provider to directly control a computer at your site through Windows Remote Desktop Connection. This may be configured once beforehand and can remain configured so long as the provider needs it. The Remote Desktop Connection must be encrypted.

Third party remote control software: It may also be possible to use software from private vendors that allow the provider to control the computer at your facility. There are different rules for different agencies regarding what type of remote control software, if any, can be used. All agencies will require that a secure, encrypted remote control session is used.

The third party remote control scenario requires that a technically versed person at your site installs and turns on the remote control software and allows the provider to connect using the same software. Some examples of third party remote control software are: GoToMyPC, Windows Net Meeting, Team Viewer, LogMeIn.

If the provider cannot connect to electronic health record resources at your site, the provider can alternatively make notes and fax them to your center for filing or data input and filling prescriptions. Note that this process requires the commitment of extra provider time and fees as well as extra labor at your site in order to process the information by fax. E-mail may not be used unless it is encrypted beforehand on the originating end and decrypted at the receiving end.

Credentialing and Privileging

The Telebehavioral Health Center of Excellence (TBHCE) has a credentialing specialist who will evaluate the credentials of psychologists and psychiatrists in order to ensure that the provider meets the necessary prerequisites for providing telebehavioral health care. A prospective provider will provide the credentialing specialist with some or all of the following:

Degrees
Diplomas
Licenses
Transcripts
Curriculum Vitae/Resume
Letters of confirmation or recommendation
Evidence compliance with Continuing Medical Education requirements

Once the evaluation is complete and the provider meets all pertinent criteria, notification will be sent. The next step in the process is to clear the provider to connect to sensitive information and resources at your site, including your EHR and/or behavioral health record system.

Pharmacy

The prescription of medication is usually done by a psychiatrist during or shortly after the consultation with the client/patient. If connected to the EHR at your facility, the client/patient will follow your facility's process for the fulfillment of the prescription. In most cases, the provider's electronic signature will be accepted for prescription of medication. Check local rules with your credentialing specialist.

A psychologist, in connection with a prescribing authority, will arrange for prescriptions to be authorized, written and fulfilled.

If the provider does not have access to your facility's EHR, prescriptions can be recommended by the provider upon consultation with a prescribing authority at your facility.

An alternative to electronic prescribing or prescribing by consultation with an on-site provider is for the psychiatrist to send a written prescription by overnight mail (in the fastest way possible to ensure adequate response to the patient's needs) to the pharmacy associated with your facility for fulfillment for the patient.

There are some controlled substances (for example, benzodiazepines) that cannot currently be prescribed via a telebehavioral health session. In cases where the prescription of a controlled substance is recommended by the telebehavioral health provider, a prescribing authority at your facility could be consulted and may be able to issue the prescription according to your facility's guidelines.

Coordinator

Under the executive direction of Dr. Chris Fore, coordination of the day-to-day operation of the TBHCE will be conducted by Daniel Cook, M.A., telebehavioral health specialist.

The telebehavioral health specialist's duties are to:
* Serve as the main contact for the TBHCE
* Bring together providers and sites and help draft and execute agreements
* Coordinate credentialing and privileging for established and potential providers
* Evaluate and establish telebehavioral health delivery sites
* Ensure quality of service for clients/patients
* Track statistical measures of quality of delivery/service
* Help train/orient providers and sites on telebehavioral health services delivery
* Help coordinate necessary technology implementations
* Help ensure compliance with HIPAA laws
* Coordinate to ensure compliance with medication prescription procedures
* Coordinate to ensure proper billing and payment

Billing

Paying the provider for services rendered may happen in a number of ways, according to the type of agreements and the type of site and perhaps also where the site is located.

To get started, a Request for Contract

Interagency agreement

- Safety Plan
  - Template
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Provider

Equipment training: Specific equipment and special knowledge is required for a provider to successfully conduct a counseling session using televideo equipment. The TBHCE may be able to provide training for staff and providers who would be involved in the use of the equipment.