TeleBehavioral Health Implementation Checklist from the TBHCE

CONSULTATION ROOM (all are required):

____ Space for the unit and patient
____ Adequate heating and cooling
____ Confidential and private
____ Comfortable furniture
____ Available electrical outlet
____ Available network outlet (wired)
____ Telephone

Additional Considerations:

- Can the door be locked from the inside (patient side)? ____
  - If so, this could pose a risk.
- Has the confidentiality of the room been tested? ____
  - Providers and patients using televideo equipment often speak louder than normal.
  - Sound often travels around and under doors.
  - Sound may carry through heating and cooling vents.
  - These issues may be overcome with the use of a "white noise" or "sleep machine." It is good to perform sound tests for privacy.
- A telephone is needed as backup in case the televideo connection drops. However, it should not be a number that is likely to be called during the session.

EQUIPMENT:

____ Installed
____ Stored in climate controlled room
____ Oriented in use of the equipment
____ Working correctly
____ Securely stored
____ Remotes available and working

NETWORK:

- What type of network do you have?　　Wired　　Wireless
  - A wireless network is unlikely to support the connectivity needed.
- Have you requested a Network Assessment from the TBHCE (Daniel.Cook@ihs.gov)? ____
  - Network Assessment completed. ____
- What is the IP address for your televideo unit _____?

Technical Support contact information:
PRIMARY
Name:_____
Email:_____
Mobile:_____
Office:_____
IM:

SECONDARY
Name:_____
Email:_____
Mobile:_____
Office:_____
IM:

STAFF:

One key to a successful telehealth program is the staff at the distant site (where the patient is). Without the cooperation and coordination of several staff members and departments, the program will not meet the needs of the patients and the facility. It is good to secure commitment from staff before beginning.

KEY ISSUE: A Pre-Deployment Meeting with all necessary staff at the distant site (see below) and the originating site (where the providers are) is mandatory.

___ Pre-deployment meeting
___ Provider EHR access
___ Solution for prescription of controlled substances
___ Provider credentialing/privileging
___ Contact information completed

- TeleHealth Coordinator (patient site) – A Telehealth Coordinator must be selected for the distant site. This is the person responsible for the telehealth program where the patient is located. Though it does not have to be a full-time position, this person will have several duties. The Telehealth Coordinator will be the primary contact for the site's telehealth program. They are responsible for scheduling patients. They provide education to the patient regarding telehealth and obtain patient consent (if applicable) to be treated via televideo. They will escort the patients into and out of the sessions. They will ensure the confidentiality and privacy of the session. The TeleHealth Coordinator has to be available to respond to questions or crises that could arise during the sessions. Some of these duties may be delegated to others. The TeleHealth Coordinator does not have to be mental health provider.

    NAME:_____
    EMAIL:_____
    OFFICE:_____
    MOBILE:_____
    ALTERNATE
    PHONE:_____

- IT Staff – Local IT staff (if available) will play an important part in setting up and maintaining telehealth services.
  - **KEY ISSUE: Your site must grant access to the local EHR before the telehealth provider can access it. Have they approved the provider's access to the EHR? ___**

    IT STAFF CONTACT:
    NAME:_____
    EMAIL:_____
    OFFICE:_____
    MOBILE:_____
    IM:_____

- Pharmacy Staff – Pharmacy staff often play a key role in telehealth. Staff may be concerned about filling prescriptions from a provider that they have not met, so address the questions and concerns of the pharmacy staff early on. Formularies vary widely within IHS, so providers need orientation.
  - **KEY ISSUE: Some medications require a "wet signature," which cannot be done electronically. Has this issue been discussed and resolved? ___**
    (The TBHCE can provide proven solutions to this problem.)

    PHARMACY STAFF CONTACT:
    NAME:_____
    EMAIL:_____
    OFFICE:_____
    MOBILE:_____

- Credentialing Staff – Similar to any other provider, telehealth providers will need to be credentialed and privileged locally. This can be lengthy process, so start on this early.
  (This area is changing rapidly. There may soon be a simplified process available. The TBHCE will keep you posted on relevant changes.)
  - **KEY ISSUE: The telehealth provider cannot provide services without being privileged in the local facility. Has the credentialing packet been received? ___ Has the packet been presented to the privileging body? __**

CREDENTIALING STAFF CONTACT:
NAME:_____
EMAIL:_____
OFFICE:_____
MOBILE:_____

- Medical and Behavioral Health Staff – It is important to inform the medical and behavioral health staff that a new provider(s) will be delivering services via televideo. The on-site, local providers will be seeing notes and prescriptions from the telehealth provider(s). They are likely to have questions and concerns about telehealth.
  - **KEY ISSUE: Involving Medical and Behavioral Health staff early by addressing the questions and concerns often facilitates a smooth deployment of services.**

_____

MISCELLANEOUS:

Some additional issues may need attention.

- Inter-Agency Agreement (IAA) – It may be necessary to establish an Inter-Agency Agreement for telehealth services can be provided. The TBHCE has templates and can facilitate this process.
  - **KEY ISSUE: Establishing an IAA can require several weeks, so start as early as possible.**
- Billing – TeleHealth are often reimbursable. However, there is no set federal reimbursement rate.
  - **KEY ISSUE: Reimbursement for services provided via telehealth varies widely by state. The TBHCE can provide some assistance in this area, but engaging your local billing department will be the most productive. If you intend to seek reimbursement for these services, start gathering information early (i.e., before services start).**

- Safety plan – What is the site plan if the equipment or connection fails? Generally, shifting to a phone session is a good short-term plan. Keep in mind that the telephone is not encrypted and may not be used for patient consultation. Having the phone as backup allows the patient and provider to make plans to resume after the problem is momentarily resolved or to reschedule the consultation.
  - **KEY ISSUE: Need a plan to ensure patient safety and care even with technical difficulties.**

- Encryption – All sessions containing patient information or patient contacts must be encrypted. TBHCE can help with these settings.
  - **KEY ISSUE: All patient information must be encrypted.**