

IHS COVID-19 Interim Guidance for Community Health Representatives/Community Health Workers Virtual Home Visits during the COVID-19 Pandemic

Date Implemented: May 21, 2020

Disclaimer:

The information provided by the Indian Health Service on this guidance document is for general informational purposes only. The federal guidance is provided in good faith for Tribal programs to use as a reference point for technical assistance, as needed.

On March 17, 2020, the Department of Health and Human Services Office for Civil Rights (OCR) [announced a Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#) . OCR has exercised its enforcement discretion for good faith provision of telehealth during the COVID-19 nationwide public health emergency. Therefore, the Indian Health Service (IHS) is permitting its health care providers to communicate with patients and provide telehealth services through the remote communications technologies. Although these technologies may not fully comply with the requirements of the HIPAA rules and may potentially introduce privacy risks, IHS believes these measures are presently necessary and the benefits to patient safety and care outweigh any potential risks during this national emergency.

Tribal health professionals must continue to use sound judgment in the protection of protected health information (PHI), especially in remote communications. Please see the [OCR BULLETIN: HIPAA Privacy and Novel Coronavirus](#) for further guidance and the [OCR FAQs](#) related to the OCR Telehealth Notice of Enforcement Discretion.

The following IHS Telehealth resource information for in-home telehealth provides important information that should be obtained prior to any clinical portion or virtual home visit, and clearly documented in the Electronic Health Record (EHR):

- Patient's location/address during the session
- Patient's phone number
- Name(s) of other individuals(s) in the home/outside contact person
- Phone numbers for above
- Who the patient would call for emergency services and that phone number
- Verbal consent for an in-home session
- Patient acknowledge that the in-home session may use cellular data and result in a higher phone bill

Additionally, the National Archives and Records Administration (NARA) recently issued [guidance](#) in response to the management of Federal records created or generated while teleworking during the COVID-19 pandemic (see Item 080) . IHS employees, especially Area clinical and non-clinical staff, may be documenting activities, events and transactions in response to the pandemic. IHS employees and contractors acting on behalf of the Agency, have a responsibility to maintain and retain documents in accordance with authorities found in NARA approved records schedules. In addition, printed documents

that contain personally identifiable information (PII) and/or personal health information (PHI) while working remotely, must be secured, and if appropriate, filed in a recordkeeping system at a later date.

Recommendation:

1. Documenting the Virtual Home Visit:
 - a. Documentation requirements for virtual home visits should follow organization and/or program specifics with regards to time and details included. Instructions should include the IHS Telehealth In-Home resource information in addition to Tribal program policies.
 - b. Documentation platform for virtual home visits will be determined by the organization. Access to internet and electronic health system should be analyzed in preparation for documenting remote contacts. Paper documentation should be considered in the event that educators who do not have consistent, reliable internet service or offsite access to the organization's electronic health system.
 - c. In the event that documentation or screenings are completed remotely by paper, educators will use sound, ethical judgement with respect to the securing and storing of protected health information. Considerations include:
 - i. Secure all documentation related to screening and visits
 - ii. Store records away from natural and environmental hazards, and unauthorized intrusion (e.g., away from air conditioners, heaters and sources of water).
 - iii. Patient health information should include information sufficient to identify the patient and link them to their health record and include fewer sensitive personal identifiers (e.g., Social Security Number).
 - iv. All documentation and screenings should be entered into the organization's electronic health system as soon as reasonably possible following the return to the office. Data entry should be followed with the proper destruction of paper documents.