

Step-By-Step Guide for Setting Up Telebehavioral Health Services

Important Considerations

This guide is meant to be comprehensive, touching upon everything that may need to be considered in setting up telebehavioral health services at your site. For the short version, please see the Summary Cribsheet at the end of this document.

Setting up telebehavioral health services can be quite a complex process. Many don't know where to begin. In preparing this guide, we hope to take away the mystery of how it's done. We hope to make the process as straightforward as possible, but without constraining how you implement it.

Even though we avoid constraining how services are set up at your location, there are two things that we cite in the following pages as critically important. Those are the **appointment of a Telebehavioral Health Coordinator** (and informed and trained alternates) and the importance of **having your IT personnel be on call and ready to take immediate action** during each and every live telebehavioral health session.

We have observed that the most successful telebehavioral health implementations have full buy-in and support from management, providers, pharmacy, staff and IT from the outset and for the whole duration of the program.

Everyone is informed, fully supports the effort and considers the effort as an integral part of what of the entire operation does. Getting this support and buy-in from the outset will make the implementation and daily operation of your telebehavioral health program as smooth as possible. Without it, the program may fail to serve patients well.

The importance of full buy-in and ongoing support from your whole organization can't be over-emphasized.

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What is the Telebehavioral Health Center of Excellence (TBHCE)?

The IHS Telebehavioral Health Center of Excellence (TBHCE) is comprised of a small team of IHS Headquarters and Albuquerque IHS Area personnel who work provide behavioral health services to tribal, urban or IHS programs in the contiguous 48 states and Alaska. We currently serve 26 telebehavioral health delivery sites.

Our main focus is to deliver Psychiatric (prescribing) and Psychological (therapy) services to underserved members of Native American and Alaska Native communities. Though we have one delivery site in downtown Manhattan, New York, most of our delivery sites are in very remote rural settings. Our strategic partnerships allow us to provide extremely high quality specialty care right in the local community to patients and clients who would otherwise have to travel many hours by car or even fly and stay overnight far away to get such care. The documented cost savings and time savings are enormous. What is much harder to measure and document is the the saving of life and the preservation or restoration of quality of life to individuals and families in the community. To help positively impact the lives of those we serve is our point of pride and the reason why we truly love our job.

We conduct these telehealth services by way of video conferencing technology paired with other important technologies that allow the provider to do things such as chart in the patient record as if the provider was on site. While these technologies are complex and require a little learning, we continually work to make the process of establishing and running telebehavioral health as easy as possible for the delivery site where patients are located.

We're honored to discuss with you the possibilities of establishing tele-behavioral health at our location. We hope this guide will help you become familiar with the process of establishing telebehavioral health services at your location.

Any and all questions are welcome, so contact us at any time. Your main contact will be Daniel Cook the Coordinator for THBCE (daniel.cook@ihs.gov).

We're glad to be at your service.

Contracting for services:

What type of Contract or Agreement?

Inter-area Agreement:

If you are part of the Indian Health Service system, we have inter-area agreements for telebehavioral health with 9 of 12 IHS Areas or regions. These inter-area agreements have already authorized and active. The agreements govern tele-behavioral health activity, and this guide reflects the provisions of both these inter-area agreements and individual agreement which tribal and urban programs may use to contract with us.

Tribal entities often wish to chose the buyback route with IHS by way of Public Law 93-638, otherwise known as 638 or self-governance options. If the corresponding IHS Area Office is one of the nine who currently have an inter-area agreement with the TBHCE, then we may not have to sign an independent contract. It may be that we could use the existing inter-area agreement with the contracting IHS Area Office.

Individual contract:

If you are not part of the IHS system or perhaps in one of the 3 areas not yet covered by the inter-area agreements with the Telebehavioral Health Center of Excellence (TBHCE), an individual contract will likely suit your needs. Our tribal, urban and independent programs serving Native Americans and Alaska Natives often use the individual agreements. A sample, fillable contract can be sent upon request.

Quarterly Invoicing

Time is purchased in regularly scheduled 4 hour blocks. TBHCE must invoice for that time regardless of no shows, patient cancellations or gaps in the patient schedule.

Why? The provider will be on, ready and waiting at the provider's end. The provider has carved out the entire block of time to serve the site. Thus, we must bill for the provider's entire session. The responsibility of the site receiving services is to make patient appointments and maintain the schedule.

Exceptions to the billing rule:

- Launch day,
- Tech, power or utility outages,
- Holiday closures, but not early release
- Emergencies,
- Inclement weather closings
- Evacuations, etc.
- **If you need to cancel a clinic date for your location, we will not charge if given at least 24 hours notice to TBHCE and the provider.**

About 3 weeks after the end of each quarter year, the TBHCE Coordinator will send a spreadsheet for your staff to examine. This is not the actual invoice, but is a sheet outlining dates of service for your staff to examine for accuracy.

Each site receiving services is free to bill their state's Center for Medicare and Medicaid services (CMS) for reimbursement for services rendered, if applicable. The provider will document in keeping with standard telehealth billing practices, which often qualify for CMS reimbursement. TeleHealth services are reimbursable many U.S. States. 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).

It is important to note that these invoices do not require purchase orders. Inter-area agreements require funds transfers and those on direct contract pay the invoice directly out of budgeted funds. Much confusion usually ensues when the first quarterly invoice arrives. It is good for the person in charge of paying the quarterly telebehavioral health invoices to attend the meet-and-greet mentioned in step 8.

Step 1: Identify your location's tele-behavioral health needs:

Here's a primer to help identify your needs:

Psychiatry:

If the population to be served primarily needs a prescriber who is well versed in medications for mental health, then a Psychiatrist may serve these needs best.

- **Adult Psychiatry:** Mid to late teens and older. Some Adult Psychiatrists work with patients 12 or older
- **Addiction Psychiatry:** A few of our Adult Psychiatrists are also highly regarded addictions specialists.
- **Child Psychiatry:** Usually from 5 to 12 years old
- **Developmental Disorders and Traumatic Brain Injury:** not otherwise handled by the Adult and Child Psychiatrists and can include Autism Spectrum Disorder, Traumatic Brain Injury, Stroke, Developmental Delays, etc.

Psychology/Counseling/Therapy:

If the population to be served primarily needs to do in-depth work with a counselor on their issues, then a Psychologist or master's level Counselor may serve these needs best:

- Adult
- Child
- Addiction
- Family Therapy

Frequency:

Your site will purchase regularly scheduled 4 hour blocks of time (sometimes 3 hours due to time zone differences). The blocks are either morning or afternoon. Then you will select the frequency that best fits your needs:

- 1 x per week
- 2 x per month
- 1 x per month

Step 2: Select a space for patient sessions, the consultation room:

Choose a place to conduct your patient/client sessions. It should be a room with adequate security, privacy, heating and cooling, ventilation, electricity and computer network connection. Assuring these elements helps meet HIPAA standards and protects patient safety. Here's a decision checklist to help.

- Is there a room at the facility where patients will be seen?
- Does the room have space for comfortable chairs and a video unit or computer cart that sits 5 to 6 feet away in front of where the patient will be seated?
- Can the door be locked?
 - Is the ability to lock the room a good thing or do you foresee a situation where the patient could lock him or herself in?
 - Is there a key to the room which you can keep handy?
- Have you conducted a mock test with a person speaking with elevated volume in the room while someone listens from all angles outside to make sure privacy will be protected? 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.
- Is it possible for others to overhear the patient/client's session?
 - If so, can measures be taken to guard the privacy of the client/patient during the session? Sometimes a white noise generator is adequate to help mask the sounds of the session.
- Is there adequate heating and cooling to support the anticipated number of patients?
- Is there adequate ventilation or fresh air supplied to the room?
- Is the room shared by any other person, office or equipment?
 - If so, can the person be relocated during the session?
 - If so, can the equipment be relocated during the session?
 - If so, can the office/program be put on hold for the duration of the session?
- If there's a telephone in the office that is likely to receive calls, can the phone be silenced (but not disconnected in case of an emergency) during a counseling session?
- If you have not already put in the video equipment, are there any spare electrical outlets in the room?
 - If so, is the electric connection stable, meaning do lights sometimes dim; do circuit breakers/fuses often need reset/replaced or have computers experienced equipment failures (as can happen with power surges)?
 - If so, is there a way to ensure stable electrical power supply: electrical technician, power company tech, name brand surge protector and/or computer battery backup unit? If possible, we suggest a dedicated electrical circuit for the video equipment coupled with a battery backup for the system.
- Is there a live, hard-wired computer connection in the room?

- If there's not a live, hard-wired computer connection in the room, is there a way to get one? You might have to ask your Information Technology department to make sure one is installed.

Step 3: Select a Telebehavioral Health Coordinator for your location:

Absolutely key to a successful telehealth program is to have a designated person to serve as the Tele-behavioral Health Coordinator. This is the person responsible for the telehealth program where the patient is located. The coordinator does not have to be a medical provider or a new hire. This can be a staff person or several staff people sharing the responsibilities of the position.

Though it does not have to be a full-time position. Because of lunch breaks, sick leave, annual leave, work schedule, having multiple job duties and other considerations, it is desirable to designate co-coordinators or at least informed backup personnel. Without the cooperation and coordination of several staff members and departments, the program will not be able to meet the needs of the patients and the facility. It is good to fully secure a plan and full commitment from staff before beginning the effort.

Some of these duties may be delegated to others. The TeleHealth Coordinator does not have to be a mental health provider.

Co-coordinators or backup individuals must be very familiar with the patient process flow for tele-behavioral health, how to operate the technology and how to adequately interface with the provider. We recommend that backup individuals are designated long beforehand and shadow the main coordinator for at least one full session. It is very important that if a co-coordinator or backup person will be substituting for the main Tele-behavioral Health Coordinator, the provider and TBHCE should be informed ahead of time so they know who to contact should any needs arise. The provider and TBHCE will need the backup person's phone number, e-mail address and other pertinent contact information ahead of time. We recommend at least 24 hours.

Duties are:

- Act as the point person and primary contact for the site's tele-behavioral health program.
- Act as the central hub for communication
 - From and to the provider
 - From and to patients
 - From and to staff
 - From and to the TBHCE
- Schedule patients or maintain the patient schedule if several people are adding patients to the schedule.
- Provide education to the patient regarding telehealth and obtain patient consent (if applicable) to be treated via televideo.

- Escort the patient into and out of each session, introduce patients to the provider and will carry out any additional requests or instructions that the provider has.
- Ensure the confidentiality and privacy of the session.
- While the clinic is running, be available to respond to questions or crises that could arise. These could be in the form of mails, phone calls and live video conferencing interact with the provider.
- Communicate with the provider before and after each patient session.
- Escort the patient into and out of the room
- Coordinate getting patient vitals
- Coordinate patient check-in and follow up.
- The Tele-behavioral Health Coordinator will also start the video conferencing equipment or software and will make the connection with the provider.
- He or she will communicate with IT about urgent and emergent technical needs to keep the live session running.
- Equipment training:
 - Also mentioned in the Technology section, specific video conferencing equipment/software and special knowledge of how to use it is required. Knowledge of the use of the technologies is key to successfully conducting a tele-behavioral health session. TBHCE can provide training for staff and providers who will be involved in the use of the tele-video equipment or software. Please contact Lyle Benally (lyle.benally@ihs.gov).

Telebehavioral Health Coordinator (patient site)

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

Step 4: Assess your technology capacity:

Equipment/Network/IT Staff/Electronic Health Record

Have you assessed the type, capabilities and physical layout of your network? You will need the help of your Information Technology department to answer these questions.

- Things you will need:
- A live, hard-wired computer connection in the chosen room
- A way to plug in a teleconferencing unit or a computer with a web camera
- Things you'll need to know:
 - Is your facility's network part of the IHS computer network?
 - Do network devices acquire their address dynamically (DHCP)?
 - If so, is there a way for the Information Technology representative to adjust network settings so that the televideo equipment always receives the same network/IP address?
(Note: Set the network/IP address to a fixed or static address (i.e. the address of a computer or device does not change). With stand-alone video conferencing units, but not necessarily the software, setting a static IP address will be essential in assuring the unit can receive video calls from the provider.
 - Is the address private (i.e. beginning with 192.168.0.__ or 10.1.1__)?
 - If so, as mentioned above, you may need to request that your Information Technology specialist to configure the main set of devices connected directly to the Internet for 'Port Forwarding' of the public address to the televideo equipment
- What type of computer network do you have?
 - Wired

- Wireless
- A wireless network is unlikely to support the level of connectivity needed.
- Have you requested a Network Assessment from the TBHCE (Lyle.Benally@ihs.gov)? ____
 - Network Assessment completed. _____
- Now that all is set, what is the IP address for your televideo unit _____? (A member of IT can help you identify this address.
- Is encryption set on the video conferencing unit? – **HIPAA laws require that all sessions containing patient information or patient contacts must be encrypted.** If you are using a computer instead of a video conferencing unit and are using software provided by the TBHCE, encryption is automatic. (TBHCE can help with video conferencing unit encryption settings. Contact Lyle.Benally@ihs.gov)

You will need either:

1. A tele-video unit (Polycom, Tandberg, Cisco)
 2. Dedicated computer with a web camera. TBHCE can provide you Polycom software to install on a computer that allows your facility to conduct secure and encrypted sessions with your provider.
- Will the televideo equipment/dedicated computer be stored in the chosen consultation room permanently?
 - Are there any security concerns with regard to the equipment?
 - If so, does the room lock?
 - If so, will there be specific staff members responsible for securing the equipment in the room, such as locking the door when the room is not in use?
 - Will the televideo equipment be stored in a location other than the consultation room when it is not being used?
 - If so, is the storage location secure?
 - If so will there be specific staff members responsible for securing the equipment in the room, such as locking/securing or safeguarding the equipment storage area when the room is not in use?
 - Will the Site Telehealth Coordinator be briefed on how to use the equipment? If not, TBHCE can provide training. Contact Lyle.Benally@ihs.gov.
 - Will the site coordinator's backup or alternates also be educated on how to use the equipment?

Equipment setup

- Televideo Unit Installed
- Static IP set
- Firewall Port open -if non-IHS
- Encryption enabled on all units
- Unit and its remotes (or software) tested with TBHCE
- Appropriate personnel are trained on how to use equipment/software

IT Staff:

Local IT staff will play a critical role in setting up tele-behavioral health in the beginning and also running telehealth services each day. Immediate responses from IT are critical to the telebehavioral health effort, because it involves live patient care. Live behavioral health patients could be in crisis or in delicate states that require immediate attention from the provider and staff. Therefore, technical issues must be addressed absolutely immediately. There can be no delay. IT staff should be on call and ready to help troubleshoot video connection and Electronic Health Record issues without hesitation. Without the full buy-in and full cooperation of IT, the telebehavioral health effort will not succeed.

- Is there a staff person or office on-site who handles Information Technology issues?
 - If so, is there a way to get immediate guidance from the off-site technical assistance provider if needed?
 - If not, is there a way to get guidance from the off-site technical assistance provider on the setup and installation of the equipment, if needed?
 - Is there a technically versed person on staff or an Information Technology support person on staff who might help troubleshoot immediate and emergent problems with the connection to the equipment?
 - Is there a technically versed person on staff who can help troubleshoot a remote connection to the Electronic Health Record at your facility?
 - If this is an IHS facility or an IHS contracting facility, do you have a Clinical Applications Coordinator (CAC) on staff who can answer questions the provider may have about working specific aspects of the Electronic Health Record (EHR)?
- **Electronic Health Record**
 - KEY ISSUE: Your site must grant access to the local Electronic Health Record (if applicable) before the telehealth provider can see patients. If your site uses IHS resources, the provider will already have D1 and VPN access.
 - The ITAC request for the provider to access your site's electronic health record (EHR) will be sent from TBHCE. The next action is for your IT Site Manager to look over and approve the request.

Technical Support contact information:

<u>PRIMARY</u>	<u>SECONDARY</u>
Name: _____	Name: _____
Email: _____	Email: _____
Mobile: _____	Mobile: _____
Office: _____	Office: _____
IM:	IM:

Step 5: Setting up the provider:

Human Resources

Depending on the rules and regulations at your location, there may be some human resources factors involved in setting up the provider, such as fingerprinting and a background check. For IHS locations, all this has already been done for the provider. He or she will be cleared to work within IHS.

Credentialing & Privileging

Similar to any other provider, telehealth providers will need to be credentialed and privileged to work at your location. This can be a lengthy process, so it is highly recommended to start the credentialing process as early as possible.

Has the credentialing packet been received? ____

Has the packet been presented to the privileging body? ____

CREDENTIALING STAFF CONTACT:

NAME: _____

EMAIL: _____

OFFICE: _____

MOBILE: _____

Medical & 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.

KEY ISSUE: Immunization status is often a roadblock during the credentialing process. The provider will never be at the facility and will never be in physical contact with patients. All of our 25+ delivery sites have waived this requirement

Step 6: Pharmacy considerations

Prescribing

It is critical to clearly work out how the prescription of controlled substances will work. This is usually ironed out during the meet-and-greet mentioned in Step 8 where the site personnel and provider meet over video to meet for the first time and to discuss how this will work

Pharmacy staff and contact

Pharmacy staff often play a key role in telehealth. Staff may be concerned about filling prescriptions by a provider that they have not met, so address questions and concerns of the pharmacy staff early on. If necessary, have you consulted your medical staff to appoint someone to authorize prescriptions based on consultation with the provider?

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: _____

Formulary

Formularies vary widely, so providers need orientation on your location’s formulary. A copy of your location’s formulary should be sent to the prescribing provider for review. Contact information for your pharmacy coordinator would be good to include. After review, the provider may request that certain medications be added. Please be aware that these are often controlled substances but are crucial to successful treatment of some psychiatric conditions. An example would be stimulant medications to treat ADHD in children and adolescents. Other examples might be benzodiazepines for treatment of various psychiatric conditions such as anxiety.

Step 7: Adjust Emergency Procedures

Because the idea is to integrate the tele-behavioral health modality into your facility's overall operation, that also means integrating tele-behavioral health into your emergency plan. Your location's Safety Officer will be instrumental in adjusting policy to include this modality. The Tele-behavioral Health Coordinator for your location will serve as the critical link in getting patients and the provider help, information and resources in the event of an emergency.

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 they may need to reschedule the consultation.

In case of emergency, what telephone number(s) should the provider or other individuals call if the client/patient needs immediate assistance or intervention?

Facility emergency contact number: _____
Tele-behavioral Health Coordinator (site) number _____
Provider contact number _____
Police contact number (if not 911) _____
Facility Administrator number _____

Step 8: Action!

Meet-and-greet

It is highly advisable to have a meet-and-greet over video where everyone at the patient site will get a chance to meet the provider and coordinators in Albuquerque. This generally works very well. Sometimes staff might have some hesitancy regarding the feasibility and/or efficacy of telebehavioral health (but feasibility and efficacy are actually well established in medical studies and literature). Seeing how this televideo meeting works and getting a feel for the humanity of the provider on the other end often alleviates such hesitancy. The provider and staff can discuss generalities, styles, nuts-and-bolts of the operation and also importantly discuss prescribing controlled substances (also mentioned in step 6)

Testing and mock clinic

It is very important to conduct short tests over about 1 week's span to see if the provider, now having Electronic Health Record access and good video conferencing connectivity. Testing also provides some practice for delivery site personnel to work the equipment and to get a feel for how the sessions will work.

Near the end of the testing period, before Launch Day, it is highly advisable to conduct a mock clinic wherein the provider and your location's Telebehavioral Health Coordinator will conduct a live test as if they were operating a clinical session. To make arrangements for the testing phase, please contact lyle.benally@ihs.gov. To arrange for the mock clinic, please contact lyle.benally@ihs.gov and also daniel.cook@ihs.gov.

Launch Day

Launch Day is the day we first go live with patients. The delivery site's Telebehavioral Health Coordinator or coordinators should be present for the whole session to understand how the regularly scheduled sessions will work. Like every telebehavioral health session, IT should be on call and ready to help at a moment's notice.

Launch Day almost always involves a few minor technical challenges to overcome. This normal and is to be expected on Launch Day. All involved should treat these challenges as expected and merely temporary. It is advisable to schedule only 1 or 2 patients on launch day, so that issues can be worked out. On Launch Day, we make an exception to the billing rule as laid out on the section on Quarterly Invoicing. Rather than the standard practice of billing for the full block of time carved out for the provider to hold clinic, TBHCE will only charge for the time the provider sees patients on Launch Day.

Summary Cribsheet

- Step 1: Identify your location's needs
 - Psychiatry (prescribing)
 - Child, Adult, Addictions
 - Psychology (therapy)
 - Child, Adult, Trauma/PTSD, Family and Marriage
 - Time Blocks: Choose a morning or afternoon 4 hour block of time
 - Frequency: 1 time per month, 2 times per month, every week
- Step 2: Select a space for patient sessions
 - Secure and private; Not shared during sessions; Sessions can't be overheard; Adequate AC and Heat; Has power, network and phone
- Step 3: Select a Tele-behavioral Health Coordinator for your site
 - **(critically important role)**, need trained and informed alternates; Turns on video equipment; Communicates with provider; Escorts patient/client in and out, Coordinates patient/client check-in, taking of vitals; Available the whole session, Maintains telebehavioral health schedule
- Step 4: Assess your technology capacity:
 - Need adequate internet bandwidth to run current operations but also do video conferencing without interruption (TBHCE helps you determine)
 - Acquire Video equipment or use a computer and webcam
 - Local IT Staff **(plays critically important role and must be available absolutely immediately to help troubleshoot live sessions)**
- Step 5: Setting up the provider:
 - Credential and privilege the provider and give the provider access to Electronic Health Record (or if using paper, coordinate paper record exchange)
- Step 6: Pharmacy considerations
 - Work out a method for the provider to prescribe schedule II psychiatric medications, designate a person in pharmacy for provider to consult with. Be prepared to add suggested psychiatric medications to your formulary
- Step 7: Adjust your emergency plan and procedures to integrate telebehavioral health services into your facility's operation
- Step 8: Action!
 - Conduct a provider meet-and-greet, conduct live mock technology tests and then have all hands on deck for Launch Day (have a light schedule)