

KEY CONSIDERATIONS IN THE PRACTICE OF CHILD AND ADOLESCENT TELEPSYCHIATRY

The Telepsychiatry Committee

American Academy of Child & Adolescent Psychiatry

May 2014

DEFINITION

Telepsychiatry, as presented in these key considerations, refers to the use of real time, interactive videoteleconferencing (VTC) through various platforms to deliver psychiatric and other mental health services that are usually provided in-person

FOCUS FOR KEY CONSIDERATIONS

- ❖ These key considerations were developed for the provision of telepsychiatric care to children and adolescents across settings and are not restricted to any geographic or organizational setting.
- ❖ Practice guidelines for the provision of telemental health care to the general clinical population have been developed by other professional organizations.

SOURCES FOR DEVELOPMENT OF KEY CONSIDERATIONS

These key considerations were developed by a diverse group of child and adolescent telepsychiatrists (CATPs) on the AACAP Telepsychiatry Committee with input from members of other professional organizations involved in telehealth

- ❖ They are based on empirical studies from the general and child telehealth literature
- ❖ They consider the expertise of CATPs and telemental health providers
- ❖ They consider guidelines developed by other professional organizations
- ❖ They consider the rapid improvement of technology
- ❖ They consider increasing demand for access to mental health care
- ❖ They anticipate changing trends in care, e.g., Affordable Care Act and Accountable Care Organizations

SCOPE OF KEY CONSIDERATIONS

These key considerations comprise an operational reference and educational tool. Establishing any recommendations must balance the need for access to care with resources available to provide that care. These standards:

- ❖ Apply to both the CATP site and patient site
- ❖ Establish a clinical, technical, and administrative foundation for practice
- ❖ Seek to provide uniform quality of care
- ❖ Promote the same quality criteria as care provided in-person
- ❖ Allow variability in technical and administrative procedures due to location of the parties, available technology, infrastructure, financial resources and clinical need
- ❖ Help to advance the scientific foundations for telepsychiatry

OUTSIDE OF SCOPE OF THESE KEY CONSIDERATIONS

These key considerations do not seek to:

- ❖ Comprise comprehensive guidelines for telepsychiatric care
- ❖ Set a legal standard for such care
- ❖ Usurp sound clinical judgment
- ❖ Guarantee successful treatment of individual patients
- ❖ Replace AACAP's clinical practice parameters and/or current evidence-based research and consensus based guidelines

PATIENT APPROPRIATENESS FOR TELEPSYCHIATRY

There are no known contraindications to telepsychiatric care for age by demographics or disorder. CATPs should ensure patient appropriateness by determining that:

- ❖ The patient's needs are within their scope of practice
- ❖ The patient & guardian both consent to telepsychiatry
- ❖ The patient's, guardian's, and/or other professional's expectations of care are realistic
- ❖ Patients with ideas of reference do not develop active psychotic disorders triggered by the videoconferencing experience

SITE APPROPRIATENESS FOR TELEPSYCHIATRY

There are no specific guidelines or contraindications for the site of telepsychiatry services which are being provided in diverse settings, such as medical clinics, residential facilities, schools, and homes. CATPs should determine site appropriateness for telepsychiatry by addressing that:

- ❖ There is adequate infrastructure at the site (e.g., space, technology, staff) to ensure patient safety, comfort, privacy, confidentiality, and the provision of evidence-based care.
- ❖ A crisis plan is developed and adequate to site and need including access to the nearest emergency medical resources and mode of transportation
- ❖ Potential resources for collaboration and support are available (e.g., primary providers, laboratories, child welfare services)
- ❖ Services at the site are reimbursable, e.g., by CMS, private insurers, or contracted agencies (note: CMS notes official sites of service)

PHYSICAL LOCATION

The telehealth literature indicates that the physical space affects the clinical encounter, although the relation to outcomes is not known. CATPs should preferably conduct sessions in:

- ❖ Rooms that ensure privacy, visual and auditory
- ❖ Rooms that are of appropriate size and set-up to:
 - ❖ Observe patient during the session including activity in the room
 - ❖ Minimize over-stimulation (e.g., not conference or exam rooms)
- ❖ Rooms with adequate and consistent lighting, preferably natural or emanating on same plane as CATP's screen view
- ❖ Rooms that minimize environmental distractions (e.g., noise, distracting backgrounds)
- ❖ Rooms with soft surfaces to minimize auditory feedback (e.g., echo)

THERAPEUTIC SPACE

Establishing a “therapeutic space” can optimize the clinical experience, although the relation to outcomes is unknown. CATPs should:

- ❖ Determine all persons in the patient room (e.g., family or staff at patient site)
- ❖ Inform and show patients of any persons in the CATP room
- ❖ Have all persons on camera, or if not possible, then scan the camera around the room to ascertain attendees
- ❖ Have a few age-appropriate toys available with which the patient may demonstrate developmental tasks
- ❖ Avoid excessive, distracting or noisy toys (e.g., legos, lots of pieces, wind-ups)
- ❖ Avoid electronics for at least part of the session
- ❖ Establish eye contact by alternating gaze between screen and camera

TECHNOLOGY

Choosing the technology can be a daunting task as there is no “formula” and technology improves rapidly. CATPs should take due diligence to:

- ❖ Select platforms that have been vetted by a technology specialist and have appropriate verification and security
- ❖ Select platforms for which their vendors attest to compliance with HIPAA regulations including Third Party Business Agreement contracts
- ❖ Select platforms that facilitate appropriate clinical work with children and adolescents, e.g., allow accurate observations, interactions, and decision-making

DEVICES

As mental health care becomes more patient-centered, but no guidelines exist to “match” devices to patients, clinical need, site, or payment, CATPs should consider:

- ❖ The device that optimizes access by lowering cost burden that would prohibit its use
- ❖ The potential relationship of the device to clinical need and experience, e.g., less experienced clinicians may want to evaluate the patient in-person first.
- ❖ The feasibility of providing appropriate care using the device, particularly whether the available bandwidth or screen size will impair the ability to detect subtle cues

TECHNICAL APPLICATIONS

CATPs should consider which technology is available to the site and appropriate to clinical need, taking into account the relative cost-benefit analysis comparing Standards-Based versus Consumer Grade systems.

❖ **Standards-based applications:**

❖ **Benefit:**

- ❖ Use standards defined by the International Telecommunications Union.
- ❖ Are non-proprietary (open) and can facilitate communication between products from different manufacturers.
- ❖ Provide high definition video and high quality audio
- ❖ Are considered secure

❖ **Downside:**

- ❖ Require considerable infrastructure
- ❖ Are expensive for initial investment, ongoing use, and support

TECHNICAL APPLICATIONS, cont'd

❖ Consumer-grade applications:

❖ Benefit :

- ❖ Are inexpensive
- ❖ Offer a low cost entry point and maintenance
- ❖ Widespread availability and access at most sites

❖ Downside:

- ❖ Communicate through the Internet and quality may vary with Internet "traffic"
- ❖ Use proprietary software.
- ❖ Generally, connections are "closed," and only available between personal computers and devices that are running the manufacturer's software. Note: some new technologies are developing to allow interoperability between applications
- ❖ Provide lower quality video and audio signals
- ❖ Are putatively considered less secure than standards-based applications

BANDWIDTH

There are no guidelines to “match” clinical need to bandwidth (BW). High BW (over 386 kbits/sec) is considered optimal, although the relationship to outcomes is unknown. CATPs should:

- ❖ Appreciate that low Bandwidth can impact the fluidity of the encounter by introducing unanticipated delays, talking over each other, or missed socio-emotional cues due to lack of resolution.
- ❖ Use the highest possible and feasible BW
- ❖ Investigate the ability of consumer-grade applications to adequately “compress” the signal to approximate high BW
- ❖ Use BW that is appropriate to the clinical task recognizing that this may vary for children compared to adults, e.g., the need to observe children’s motor skills and play

TECHNICAL FAILURES

Technical problems are inevitable. CATPs should:

- ❖ Know in advance their technical support system and how to contact that system if a disruption occurs.
- ❖ Share this information with the staff at the patient site
- ❖ Share this information with the patient prior to start of treatment.
- ❖ Have a back-up plan at both the provider and patient sites for technical failures that is always available and independent of the internet connection. For example having a cell phone or land line telephone that is not affected by disruptions in internet connectivity.

SOCIAL MEDIA

Consumer-grade applications may allow software platforms that include social media functions that compromise confidentiality. CATPs should:

- ❖ Change default settings that notify users when a member of a contact list logs on.
- ❖ Disable platforms that create video “chat rooms” that allow others to enter at will.

CLINICAL EXPERIENCE: BOTH SITES

Many factors affect the telepsychiatry experience, although their relation to diagnosis & outcome is not established. Technical factors to consider include:

- ❖ Bandwidth is of singular importance to the clinical encounter and warrants purchasing the best possible equipment that the telepsychiatrist and site can afford.
- ❖ Bandwidth affects the synchrony between video & audio signals which particularly affects the clinical encounter
- ❖ Screen size, especially ability to observe the child's and adolescent's physical features, motor skills, language, & interactions, affects appreciation of the mental status examination
- ❖ Length of the session should be sufficient to obtain vital signs, laboratory reports, or school information, establish rapport, conduct an optimal interview and examination with child and parent, anticipate possible delays in coordinating care at the patient site, and allow for technical problems. Usually, telepsychiatry sessions are scheduled for the same duration as in-person sessions. Longer sessions may be indicated. The presence of a coordinator at the patient site may help to determine length.
- ❖ As there are no data on this issue, telepsychiatrists must determine the length of sessions according to the technology, resources at the patient site, financial considerations, and factors that may affect clinical care.

CLINICAL EXPERIENCE: BOTH SITES

Clinical factors to consider include:

- ❖ Children's eye contact with the CATP and with their parents may not be obvious over the telemonitor and must be specifically queried
- ❖ The telepsychiatrist must be sure to approximate eye contact with both the child and the parent as best as possible, alternating gaze between the camera (to provide eye contact to the family) and the monitor (to be able to observe family interactions, affect, behavior)
- ❖ Rapport, particularly the CATP's "affective availability," may require greater animation by the telepsychiatrist than during in-person care

PHARMACOTHERAPY

Pharmacotherapy is one of the most requested, and valuable, services requested of telepsychiatrists. Telepsychiatrists must develop strategies to ensure safe and effective medication treatment.

- ❖ Medication treatment through telepsychiatry follows the AACAP 's practice guidelines for specific disorders and medications
- ❖ Federal guidelines apply in prescribing and e-prescribing. Of note, there is proposed legislation regarding prescribing controlled substances through telepsychiatry. Nothing is imminent. Stay informed about any legal developments.
- ❖ Patient-specific guidelines for medication treatment are developed and shared with patients and staff
- ❖ Pharmacotherapy may be provided by the telepsychiatrists or in collaboration with the patient's primary care provider
- ❖ Medication treatment is documented at both the provider and patient sites

PHARMACOTHERAPY: MONITORING

- ❖ Monitoring medications for efficacy and side effects follows AACAP practice guidelines; staff at the patient site may be trained to assist in ensuring adherence to these guidelines
- ❖ Methods for monitoring vital signs and laboratory parameters (when indicated) are needed.
- ❖ Sites unaccustomed to obtaining these physiological measures may be burdened by requiring these steps. An option may be to work with the patient's PCP or school nurse to provide the vital signs. The appropriate monitoring guidelines will then need to be provided. Staff will need to be trained to reliably collect the information.
- ❖ Methods are needed to order and track laboratory tests or consultations with staff assistance.
- ❖ Staff assistance is usually provided at the patient site, just as if the CAP were on-site with the patient.

ESTABLISHING A MODEL OF CARE

Sites have varying resources and CATPs have varying comfort with providing care through VTC. Telepsychiatry should represent an extension of usual practice and not require the CATPs to practice outside of their scope. CATPs should establish their model of care during contracting, including consideration of factors such as:

- ❖ Site of care, i.e., in clinically supervised (clinic) or unsupervised (school, home, other) settings
- ❖ Services provided, e.g., consultation, collaboration with PCP, direct care
- ❖ CATP's role within the child's system of care
- ❖ CATP's role with the site's staff, e.g., diagnostic and pharmacologic care, member of the treatment team, supervision, teaching
- ❖ Staff to coordinate medical and mental health services, both during and between sessions
- ❖ Staff available during sessions, e.g., nurse or medical assistant to obtain consents, vital signs, triage prescription refills, etc
- ❖ Documentation at each site and sharing of information
- ❖ Procedures for providing prescriptions to patients
- ❖ Procedures for contacting CATP between sessions
- ❖ Back-up for the CATP if not available

RISK MANAGEMENT: REGULATION

The regulation of telepsychiatry is not yet well established or tested in case law. The following considerations have been drawn from various secondary sources.

- ❖ The rapid expansion of telepsychiatry programs has outpaced the development of regulatory reform.
- ❖ Ambiguity exists regarding legal and regulatory guidelines for telepsychiatry, and all e-health.
- ❖ Proposals have been made by several professional organizations to clarify and/or liberalize regulations.
- ❖ The Federal Communications Commission (FCC) 2010 National Broadband Plan included recommendations to reduce regulatory barriers to e-health for the benefit of Medicare and Medicaid beneficiaries
- ❖ As of September 2014, at least 20 states have some form of legislation on the practice of telehealth and additional states have introduced or are considering telehealth legislation (see <http://www.americantelemed.org/policy/state-telemedicine-policy> .
- ❖ The Federation of State Medical Boards has recently “suggested” policy for telemedicine practice

RISK MANAGEMENT: LICENSURE

Until regulations are changed and/or clarified, general guidelines have been offered by stakeholders, including professional organizations. CATPs should:

- ❖ Be licensed in both the state where they practice and in the state where the patient receives care (not where the patient officially lives)
- ❖ Contact their licensing board to review their practice before commencing services
- ❖ Contact the licensing board where the patient receives services to determine whether services fall under their jurisdiction and what restrictions may exist (e.g., need for initial in-person assessment)
- ❖ Abide by the laws of the jurisdiction where the patient is receiving services (e.g., duty to warn, child welfare)

RISK MANAGEMENT: LIABILITY

Professional liability is a concern as there is no case law. Many carriers provide coverage for telepsychiatry, although they may not state such in written policies. CATPs should:

- ❖ Assume that they have the same duty of care to patients as when providing in-person care
- ❖ Be knowledgeable about general health care professional liability laws for each state of practice
- ❖ Contact liability carrier to check telepsychiatry coverage
- ❖ Obtain appropriate privileging in telehealth if practicing within a medical center with such requirements --- the patient site may accept privileging from the CATP's site
- ❖ Comply with HIPAA (patients cannot waive HIPAA)

RISK MANAGEMENT: INFORMED CONSENT

It is generally accepted that the provision of care through telepsychiatry requires informed consent. Thus, CATPs should ensure that informed consent for telepsychiatry:

- ❖ Is obtained in addition to consent for treatment
- ❖ Is obtained at the start of services.
- ❖ Is conducted with the patient and guardian in real-time.
- ❖ Is compliant with local, regional and national laws regarding verbal or written consent.
- ❖ Is documented in the medical record at both the patient and provider sites.
- ❖ Addresses the privacy and confidentiality issues specific to telepsychiatry
- ❖ Includes a protocol for contact between sessions

CARE IN CLINICALLY UNSUPERVISED SETTINGS: SCHOOLS

Telepsychiatry services are increasingly offered in schools. Procedures may vary from usual care. CATPs should:

- ❖ Clarify the model of care, i.e, consultation to staff and/or direct service to patients
- ❖ Obtain patient and family consent for the school system to be involved
- ❖ Determine the role for school personnel
- ❖ Consider access to vital signs and medical monitoring
- ❖ Consider whether staff will accompany the patient during part or all of the session, e.g., school nurse, counselor, etc
- ❖ Protect the patient's privacy and confidentiality:
 - ❖ Consider location of the treatment space within the school
 - ❖ Consider the location of any patient information at the school
 - ❖ Educate staff at the site about protected health information
 - ❖ Consider maintaining the medical record at the provider site
 - ❖ Consider the specific documentation to be provided to the school
 - ❖ If patient information must be kept at school, consider the school nurse's office
- ❖ Determine how the patient is to receive prescriptions,
- ❖ Consider how to manage the child during summer if school is closed

CARE IN CLINICALLY UNSUPERVISED SETTINGS: CORRECTIONS

Telepsychiatry services are increasingly offered in juvenile correctional facilities. Procedures may vary from usual care. CATPs should:

- ❖ Clarify whether their role is to: a) provide direct care; b) provide forensic evaluation and evidence
- ❖ Clarify the legal guardian with rights to consent to medical care for the patient
- ❖ Clarify whether in the current jurisdiction consent for telepsychiatry is needed from social services or biological parents in addition to the juvenile justice authority.
- ❖ Review the scope of confidentiality with the detained patient
- ❖ Determine the site of and access to the clinical documentation
- ❖ Determine whether the clinical documentation will be available to the courts, probation officer, or other correctional staff.

KEY CONSIDERATIONS: ETHICAL

Ethical guidelines for telepsychiatry practice are evolving. Until clear guidelines are established, CATPs should:

- ❖ Adhere to the code of ethics developed by the American Academy of Child and Adolescent Psychiatry
- ❖ Adhere to the code of ethics developed by the American Psychiatric Association
- ❖ Follow federal and state guidelines for the provision of clinical care
- ❖ Comply with HIPAA guidelines. Note that patients cannot waive HIPAA.
- ❖ Ensure that families know that telepsychiatry is optional
- ❖ Obtain patient 's and family's consent for others' presence during the session.
- ❖ Consider the potential negative impact of telepsychiatry in the continuity of a patient's long term care, e.g., if a patient with acces to traditional in-person care transfers care temporarily to telepsychiatry
- ❖ Recognize that recordings of telepsychiatry sessions:
 - ❖ Should not occur without explicit, signed consent from the patient and parent
 - ❖ Comprise protected health information
 - ❖ Should not be stored on portable electronic devices