

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

OFFICE OF THE MEDICAL DIRECTOR

2.4 PARAMETERS FOR THE USE OF TELEPSYCHIATRY AND TELEMENTAL HEALTH  
SERVICE DELIVERY

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I. INTRODUCTION

These parameters encompass the use and delivery of Telemental Health (TMH) services.

II. DEFINITIONS

- A. Provider site - the end point in the TMH encounter where the mental health practitioner is physically located.
- B. Client site - the end point in the TMH encounter where the client is physically located.
- C. Gaze angle - in the context of TMH service delivery is defined by two vectors, the first connecting the observer's eye to the video teleconferencing camera and the second connecting the observer's eye to the visual image on the video teleconferencing monitor. It is influenced by the distance from the observer to the video teleconferencing equipment.

III. GENERAL REQUIREMENTS

A. Consents

- 1. Explicit informed consent for TMH services (see attached Form MH 652) should be obtained and documented by staff at the client site, including educating the client about the TMH service delivery process.
- 2. All consents for treatment and other procedures applicable to in-person encounters should be obtained for TMH encounters by staff at the client site.
- 3. Consent should include permission from the client to have others in the room when necessary for purposes of safety or health concerns.

B. Room Set-up

- 1. The room should be well lit, as close to daylight as possible.
- 2. Room backdrops should be clean, light in color, and not full of distractions, such as clutter and objects that move.
- 3. In order to assure the most natural appearance of eye contact, the room should be of sufficient size to allow the gaze angle to be as small as possible. This can be facilitated by placing the camera lens as close to the screen image as possible, the participants as far from the lens as necessary and compensated by appropriate zoom

and placement of the screen image of the head as close to the top of the screen as practical., i.e., the video teleconferencing equipment should be set at an optimal distance and as close as possible to the eye level of the observer.

4. During the encounter, both rooms should assure appropriate privacy.
- C. All persons in the assessment rooms at both the provider and the client sites should be identified to all participants at the beginning of a TMH encounter.
- D. Documentation
1. All documentation applicable to in-person encounters and telephone calls should be maintained for TMH encounters.
  2. When there is a paper medical record, a separate chart should be kept at both the client site and the provider site, and exchange of the medical record should proceed as outlined below.
    - a) The client site should transmit clinically appropriate elements of the medical record to the provider site prior to each TMH encounter. For new clients the documentation should include client demographic and episode data, and, if applicable, the initial assessment and coordination care plans. For existing TMH clients, any relevant clinical and case management notes since the last encounter should be included.
    - b) The TMH provider should receive the elements of the medical record outlined above, along with the list of scheduled TMH clients, with adequate time to review prior to the TMH encounter.
    - c) Documentation should be transmitted securely, either by fax or encrypted through a secure email messaging system. Refer to DMH Policy 500.21, Safeguards for Protected Health Information.
    - d) Copy quality should be sufficient to support photocopy transmission.
    - e) After the TMH encounter, the TMH practitioner should transmit copies of all clinical documentation for the encounter to the client site. Transmission should occur as quickly as possible, but in no case should be postmarked or date-stamped more than 24 hours after the encounter. All relevant clinical information should be included in the medical record at both the client site and the provider site.
- E. Signal Recovery
1. In the event of a loss of the internet-based video telecommunications signal, the staff at the client site and the TMH provider should communicate by telephone.
  2. Both sides should attempt to make system corrections.

3. If the video connection cannot be reestablished, the telephone may be used to continue the encounter if this method is felt to be appropriate for the given clinical situation and if the client is previously known to the TMH provider.

#### IV. RESPONSIBILITY AND WORKFLOW REQUIREMENTS OF STAFF INVOLVED IN TMH ENCOUNTER

##### A. Provider Site - TMH Practitioner Responsibilities

1. The TMH practitioner should minimize distractions during the video teleconferencing encounters in order to facilitate trust and rapport with the client.
2. The TMH practitioner should speak the language of the patient whenever possible. When not possible an interpreter should be utilized in the same manner as those used in face-to-face treatment.
3. The TMH practitioner should participate in treatment planning and consultation regarding clients with members of the treatment team at the client site to the same extent as the other psychiatrists.
4. If medication is prescribed, the TMH prescriber should ensure timely transmission of prescriptions and verbal orders to pharmacies and/or client site staff, or input into the Electronic Medical Record if available.

##### B. Procedural steps for staff at the client site engaged in delivering TMH services:

1. Personnel assignments and workflow with regards to the TMH operation will depend on the provider mix at the client site. However, the nature of the workflow for effective delivery of TMH services at the client site requires
  - a) Staff to escort clients to and from the TMH assessment room.
  - b) Staff that should be available to the TMH provider by phone call before, during and after each TMH encounter.
  - c) Staff that should serve as the primary contact for the client and the TMH practitioner – the TMH coordinator.
  - d) Staff to maintain the TMH schedule, with follow up appointments as deemed necessary by the TMH practitioner.

##### C. Medically trained personnel should be available at the client site to assist with the TMH encounter during any of the following circumstances

1. When the adequate assessment of physical signs and symptoms requires an onsite practitioner. .
2. When a significant degree of physiologic instability is present.

3. When there is a significant change in the client's mental status that is of an uncertain origin.
  4. When the immediate administration of medication requiring subsequent onsite monitoring is required.
- D. Emergency evaluations during TMH encounter
1. During the course of any scheduled TMH encounter, both staff at the client site and the TMH provider should evaluate the need for emergency psychiatric and medical care.
  2. If during the course of the TMH encounter it is determined by the staff at the client site and/or the TMH psychiatrist that the client needs emergency medical care, the staff at the client site should facilitate the transfer of the client to the closest medical facility.
- E. Clients who are seen by a TMH provider will be given the TeleHub number to call if issues should arise in between scheduled appointments. TMH clients who present unexpectedly at the client site should be triaged and assessed in keeping with usual client site walk-in protocols. Ideally this should be performed by the TMH coordinator at the client site.