

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL  
SERVICES

OFFICE OF CLINICAL SERVICES/INMATE HEALTH

TELE-HEALTH MANUAL

INMATE TELEMEDICAL AND TELEPSYCHIATRY POLICY

- I. Policy: The contracted Medical and Mental Health vendor will provide Tele-health services for appropriate care for all services pre-approved by the specific vendor's utilization process.
  
- II. Medical Procedure:
  - A. Regional Medical Directors will forward the consultation log to the UM Medical Director for selection and use of Tele-health. Tele-health opportunities will include, but are not limited to, specialty clinics, chronic care, and follow-up care.
  
  - B. Once approved by UM Medical Director a specific authorization code will be assigned for Tele-health consult – if applicable.
  
  - C. Prior to the UM submission of the Tele-health appointment, the provider or designee will review the Tele-health consent form with the inmate. A signed consent form must be obtained prior to scheduling appointment.
  
  - D. The Medical Administration Team at each facility will ensure that all staff involved in any aspect of Tele-health services will be trained related to the proper use of the equipment, maintaining patient confidentiality, data collection, and documentation on the required log and in the electronic health record.

- E. Examinations during the consultation will occur only with the supervision of licensed medical provider.
- F. Only licensed and properly trained health care staff will facilitate the Tele-health consultation including, but not limited to: communicating the medical record, obtaining vital signs, use of peripherals, and documentation practices.
- G. All physicians/consultants practicing Tele-health must keep adequate patient records, and all aspects of each case must be properly documented. Findings, recommendations, and Tele-health services delivered should be adequately recorded in EPHR.
- H. All Remote providers will be fully trained by medical vendor and/or InTouch Health and control stations (equipment) will be provided at no cost to the remote provider.
- I. Medical vendor will obtain specific provider access through the medical vendor enterprise license which is fully HIPAA compliant for class I/II patient care monitoring.
- J. All providers will be assigned a unique user name and password to access the Telehealth network.
- K. The medical vendors on site schedulers are responsible for scheduling Tele-health appointments for patients with approved Tele-health consult requests.
- L. The Regional Medical Directors at each facility is responsible for prioritizing referrals on the basis of clinical necessity

- M. The Medical Director at each facility is responsible for communicating to the Regional Medical Director regarding any urgent issues wherein a patient requires an earlier appointment.
- N. During normal working hours, the primary care provider generating the consult will attend the Tele-health appointment and coordinate the follow up care.
- O. The primary care provider will be available if the specialist requires additional assessment or physical examination
- M. If an emergency for specialty care is needed and it is after working hours, the site nurse will contact the on-call provider and arrange for the emergency specialty encounter
- N. Any after-hour specialty consultations or emergencies will be handled in accordance with the usual protocol utilizing the on-call provider.
- O. In the event of technical failure, patient refusal, or other events that may result in failed Tele-health sessions, the provider, or designee, at each facility will communicate immediately with the specialist to either review scheduled patients, to reschedule patients in an appropriate timeframe, and/or initiate treatment or arrange for follow up
- P. In the event a patient refuses Tele-health clinic, a refusal form must be signed by the patient following the appropriate Release of Responsibility (ROR) protocol and will be documented in the patients' medical record and within EPHR.
- Q. The medical team designee at each facility will arrange to have all scheduled patients be available for Tele-health appointments, and will direct the patient into the examination room.

- R. Prior to the Tele-health encounter, the provider and/or nursing team will ensure that the patient has no unanswered questions regarding the operations of Tele-health process.
- S. The assigned provider will be in the examination room with the patient during the Tele-health encounter to ensure proper use and control of equipment. Under no circumstance is the patient to be out of visual contact of medical staff.
- T. All Tele-health sessions shall be conducted in the same manner as in-person clinical encounters.
- U. The specialist will complete the consultation record and the document will be posted into the EPHR. The on-site provider will review with patient and determine plan of care.
- V. If the specialist recommendations are altered, the on-site primary care provider will write an addendum progress note in EPHR documenting the alteration with rationale for alteration.
- W. The Medical Vendor in each Region will generate a monthly report to the Telehealth and Reentry Director, to include, but not limited to, the following: Number of Telemedicine Consults, by specialty, by site and any other data element requested by the state.
- X. UM Department will capture the Number of appointments not completed by specialty by site and will track the reason for missed appointments and document findings Some reasons listed below:
  - Equipment failure
  - Inmate Refusal

Specialist Cancelled  
Custody issue  
Released  
Deceased

- Y. Tele-health services will be re-evaluated through CQI process on an annual basis and findings will be presented at Statewide CQI forum.

### **III. Telepsychiatry Procedure**

- A. This Telepsychiatry policy and procedure manual is applicable to all mental Health vendor employees working in the Maryland DPSCS system and their contracted providers.
- B. Mental Health Telepsychiatry Program is developed and implemented under the supervisory and/or oversight of the Maryland DPSCS Director of Mental Health Services as well as the mental health Statewide Medical Director (SMD). All mental health vendor Staff will participate in this Program as required.
- C. Telepsychiatry operations and encounters are provided within national guidelines for delivery of care and meet applicable state regulations and statutes.
- D. Telepsychiatry Services, as defined by these guidelines, are services provided by a Psychiatrist/ Psychiatric Nurse Practitioner within his/her scope of practice using real-time, two-way interactive audio-video transmission. Telepsychiatry Services do not include a telephone conversation, electronic mail message, or facsimile transmission between

a health care practitioner and a service recipient, or a consultation between two health care practitioners, although these activities may support Telepsychiatry services.

E. While Telepsychiatry has many clinical applications, for the purposes of Telepsychiatry in the MD DPSCS, this method of service is limited to:

- Pharmacological Management
- Consultations
- Routine Follow-Up Interviews Collaboration with onsite personnel and administration

F. Telepsychiatry service will not be utilized for the following:

- a. Evaluation of inmates in the inpatient mental health units
- b. Evaluation of inmates in the medical infirmary
- c. Evaluation of inmates in crisis observation cells
- d. New medication evaluations (intakes)
- e. Evaluation of inmates from the structured housing programs that on-site staff believe cannot safely be seen by telepsychiatry

G. A “face to face” evaluation will be conducted at least every 3<sup>rd</sup> scheduled appointment with a psychiatric provider.

H. Healthcare staffs performing telepsychiatry service are provided initial training/ orientation and complete ongoing continuing education to maintain identified skills to provide or support the telepsychiatry program.

Training includes:

- a. Equipment operation, limitations and troubleshooting
- b. Maintaining confidentiality
- c. Obtaining patient consent for services
- d. Documentation and health record maintenance

- I. When services are provided from a location in another state, the Psychiatrist/PCRNP must be licensed in the State of Maryland. Each clinician providing Telepsychiatry will be approved by the State DPSCS Health services department consistent with the DPSCS credentialing policy.
- J. Credentials of each provider will be maintained by the Mental Health Vendor as required.
- K. A Telepsychiatry Services Program Manual with clinical protocols to identify the types of services to be provided as well as the clinical, administrative and technical components of telehealth services will be maintained.
- L. The individual receiving services must provide informed consent to participate in any services utilizing Telepsychiatry. The individual has the right to choose the form of service delivery, which includes the right to refuse Telepsychiatry services without jeopardizing his or her access to other available services within the agency. In the event a patient refuses Telepsychiatry clinic, a refusal form must be signed by the patient following the appropriate Release of Responsibility (ROR) protocol and will be documented in the patients' medical record and within EPHR.
- M. Confidentiality must be maintained as required by the laws of the Commonwealth and Health Insurance Portability and Accountability Act (HIPAA) without jeopardizing individual access to other available services. All existing confidentiality requirements and protections that apply to written medical records shall apply to services delivered by telecommunications, including the actual transmission of the service, any

recordings made during the time of transmission, and any other electronic records.

- N. The technology utilized to provide the service must conform to the industry-wide compressed audio-video communication standards for real-time, two-way interactive audio-video transmission.
  
- O. All Telepsychiatry transmissions must be performed on a dedicated secure line and/or must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the information being transmitted. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver.
  
- P. The mental health vendor nurse will prepare the patient to be seen by remote psychiatrist/PCRNP.
  - a. The patient receiving services must be informed and fully aware of the role of the Psychiatrist/PCRNP and staff who are going to be responsible for follow-up or on-going care.
  - b. The individual receiving services must be informed and aware of the location of the Psychiatrist/PCRNP providing the care and all questions regarding the equipment, the technology, etc., must be addressed.
  - c. The individual receiving services has the right to be informed of all parties who will be present at each end of the Telepsychiatry transmission and has the right to exclude anyone from either site.
  
- Q. The mental health vendor nurse will be in the room with the patient during the scheduled Telepsychiatry appointment.
  
- R. All Telepsychiatry sessions shall be conducted in the same manner as in-person clinical encounters.



- S. The provider performing the telepsychiatry encounter will at a minimum, document the location of patient and provider, the diagnosis and/or differential diagnosis, a summary of findings and the recommended treatment in the EPHR. Medication orders will also be processed through the EPHR.
- T. Telehealth encounters not able to be performed or completed will be rescheduled as soon as indicated or as ordered. The alternative plan will be communicated to the patient.
- U. Telepsychiatry services will be evaluated through a CQI process on an annual basis and findings will be presented at the Statewide CQI forum.
- V. Mental Health Vendor will complete encounter Data by site as noted in medical procedure W above and submit on a monthly basis to the Medical Vendor for inclusion in the Monthly Telehealth Utilization Report posted in NetDocs.
- W. Mental Health Vendor will keep appropriate logs which will track, appointments that were not completed and the reasons for missed appointments.

III. References: None

V. Date: August 12, 2012 March 30, 2017 April 12, 2017