



CONSULT-LIAISON PSYCHIATRY

Tips for Telepsychiatry

During COVID-19

- ▶ MindCare is a leading provider of consult-liaison telepsychiatry services. Many psychiatrists are currently facing a rapid conversion of services to a telehealth model, and so we'd like to share some of our industry experience to help make the transition as easy and seamless as possible.

Steps 1-8

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STEP 1 COMMUNICATION

Think about how to best distribute a new process within your system:

- » Identify staff leaders or champions who are positioned to familiarize their teams with process changes. Spend time training and answering questions with these individuals, who can then disseminate protocols to their team members at huddles and future meetings.
- » Add any new directions in the EMR order for a psychiatry consult.
- » Create physical copies of workflow documentation available at nursing stations and on equipment.
- » Email process changes to relevant stakeholders.

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STEP 2 COLLABORATION WITH STAFF

Telepsychiatry requires in-person staff. Consider focusing on patient safety, and how to support in-person staff during a difficult and anxiety provoking transition.

- » Continue to be transparent, honest, and empathetic, with appropriate behavior modeling.
- » Emphasize decision is based on national recommendations for patient-centered care; to reduce patient contact/risk and ensure longevity of our hospital workforce.
- » Some systems may find it easier to start with a hybrid model, where an “in-person” psychiatrist assists with the technology and staff education initially to help with the transition.



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STEP 3 DEVELOP A WORKFLOW

New process changes work best when there is limited disruption to previous processes. When creating your workflow, consider how to best imitate your current consult workflow.

- » Ensure your device has a designated space in the hospital where it can be located when not in use.
- » Ensure your device is plugged in as often as possible and is always plugged in when returned to its designated space. Video conferencing can often reduce the battery with one patient encounter!
- » Ensure staff know how to orient device appropriately facing patient, and as close to bedside as possible for optimal audio/microphone quality.
- » If possible, keep videoconferencing software open and running on device at all times.
- » Develop contingency and support plans for patients with agitation, somnolence, need for interpreter services, emergency medication, privacy in shared rooms, etc.
- » Identify personnel who can perform technology support on the device if needed.
- » Ensure you have contact information available for patient's nurse if needed.
- » If follow-up evaluation is required, it may be best to schedule a specific time in advance which is convenient for nursing/facility staff.

Consult Identified,
order placed



Facility staff places device in patient
room, ensuring software is up & running,
device is plugged in and facing patient.
(Staff does not need to be present for evaluation)



Telepsychiatrist connects
with consulting physician to
receive patient presentation



Telepsychiatrist
connects to video
conferencing
software



Once assessment complete,
telepsychiatrist connects with
primary team for any further
communication & recommendations.



Telepsychiatrist
documents
in EMR



Facility staff collects device,
cleans device, returns to its
storage location and plugs
in power cord





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STEP 4 HOSPITAL EQUIPMENT

- » Tablet or device with integrated HD camera is ideal, however many aftermarket webcams have superior video quality if needed.
- » Ideally, device should be securely connected to mobile stand to help prevent tampering and for easy transport.
- » Cord should be long enough to reach outlets in room, which may require after-market modifications.
- » Tablet or device screen should have a protector which can easily be wiped down with disinfectant solution between uses. Ensure wipes are kept with device, and in the designated space where device is kept.
- » It is ideal to disable the picture-in-picture or “PIP” feature of the software if able, as it can be distracting or unsettling for patients to see themselves on screen.
- » Test device in multiple locations in hospital for internet connectivity. Some devices may require aftermarket enhanced Wifi devices to boost signal quality.
- » Ideally, it is best to use a software with Business Associate Agreement, and one which has HD capacity video.



Example of a mobile televisit tablet and stand

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STEP 5 HOME OFFICE PRE-CHECKLIST

- » Ensure you have a private space where others will not overhear interviews and is free from interruptions from family members, pets, external noises, etc.
- » Ensure you have contingency plans for loss of power or internet connection.
- » Evaluate your background to confirm it appears professional.
- » Hard-wired internet is preferred. Test internet speed to ensure capacity for HD live video.
- » Ensure appropriate lighting, modify camera settings for well-framed video.

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STEP 6 CONDUCTING THE INTERVIEW

- » Greet the patient as you would normally, ensuring you introduce yourself and your role.
- » Confirm with patient that you are visible and that you can hear each other clearly.
- » Verbally consent patient to telemedicine interview.
- » Ask patient about other parties in the room, as you may not have visibility to ensure privacy and confidentiality.
- » During interview, look at the camera in order to make eye contact.
- » Some hospital rooms cause reverberation or feedback with speakers; first attempt to decrease your microphone and speaker volume. In some cases, the remote device settings may need adjustment. It is possible that an external aftermarket audio device may be required.



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STEP 7 DOCUMENTATION

1. Consent

Consent for telemedicine is required for all visits. If your facility has not incorporated this into the general admission consent form, you can now verify consent verbally with the patient, and document.

2. Statement of telehealth

Must include that services are rendered via an interactive audio and video telecommunication system, and the name of the system.

3. Location of provider, also called the “distant site”

4. Location of patient, also called the “originating site”

NOTE: In most cases, you are required to be licensed in the state where the patient is located (originating site).

Example:

[PATIENT NAME] has provided verbal consent for evaluation via telehealth.

This visit was conducted with the use of real-time interactive audio and video communication via [NAME OF SOFTWARE].

Distant Site: Home office in [STATE]

Originating Site: [HOSPITAL NAME] in [STATE]

NOTE: If placing a telehealth billing code, also include

- » Name of requesting provider
- » Reason for consultation
- » Written recommendations for the requesting provider

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STEP 8 BILLING/CODING

Please note, guidelines and regulations are rapidly shifting, and it is up to individual payors which codes are reimbursable. We recommend discussion with your internal organization for guidance on best practices and specific limitations.

In general, you may use the same CPT codes as you would for an in-person consultation. However, you'll need to use a GT modifier (95) or POS (02) which indicates that this a telehealth visit. Place of Service for a telehealth visit is not the patient location, but is instead designated as "telehealth".

American Psychiatric Association (APA), American Medical Association (AMA), Academy of Consult-Liaison Psychiatry (ACLP), American Telemedicine Association (ATA), Federal of State Medical Boards, and various other resources have addressed other specific tips for providers. Please access these resources for additional specific guidance.

For further information, contact info@mindcaresolutions.com or call **+1-844-291-4535**.





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About MindCare

MindCare Solutions, established in 2013, is the leading provider of telepsychiatry and telebehavioral health services to hospitals. MindCare partners with healthcare organizations to deliver best-in-class, end-to-end telebehavioral health services that combine evidence-based care pathways, an advanced technology platform (MindCare Connect™), and high-quality providers. MindCare delivers over 100,000 telepsychiatry consults and evaluations annually by dedicated provider teams working with multiple layers of clinical leadership ensuring the delivery of high-quality psychiatric services. Implementing MindCare's services has improved access to care, increased patient flow, enhanced patient and provider satisfaction, and reduced client costs.

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