

Telepsychiatry in the Covid-19 pandemic

Terry Rabinowitz MD, DDS, FACLP, University of Vermont Medical Center, Burlington, Vermont, 05401-1473 United States.

The Covid-19 pandemic presents all of us with unique as well as shared challenges. Chief among them for care providers is being able to safely treat patients without increasing the risk of virus transmission. ACLP urges you to consider using a telepsychiatry approach whenever and wherever possible during these challenging times.

Many of you may already be familiar with telepsychiatry but if you are not, some resources and suggestions are provided below to help you get started using telepsychiatry or to answer questions you might have about equipment, licensure, insurance, etc. Rules and regulations regarding the use of telepsychiatry within-state as well as providing out-of-state care vary across the US and some rules and regulations have been modified, changed, or placed on hold to accommodate the pandemic. Therefore, we have not provided specific information that might not be applicable universally or that might change.

Because telepsychiatry is one of the most widely used videoconference approaches, some of your colleagues in medicine and surgery may not be as familiar with this modality however, they are very likely to benefit from its use, so please try to be a local champion if appropriate.

Telepsychiatry may be especially useful for psychiatry consultations. Many hospitals have mobile/wireless telemedicine apparatuses that can be quickly moved throughout the hospital, making this a very viable option. In a pinch, a patient's mobile telephone or tablet may be used to provide two-way videoconference with a consultant to his or her mobile telephone or desktop apparatus [NB: check on HIPAA compliance and whether or not this requirement may be relaxed for the current pandemic]. This might also be a viable approach for psychiatrists who are not affiliated with a specific hospital but who are called on to provide consultations from time-to-time. If you want more information, there is a growing database that documents this approach, and many articles and book chapters covering telepsychiatry consultation are available.

If you are considering telepsychiatry or are already using it, a few key points follow:

- Try to be HIPAA compliant. Thus, know what platform you are using (e.g., Zoom; SKYPE; FaceTime) and confirm that it meets compliance standards. However, this may not always be possible, especially as we quickly "ramp up" to meet the greater needs related to COVID-19. Therefore, check with your local "regulators" and act in a way that will provide the safest and most ethical approach to patient care, even if it is not perfect with respect to HIPAA compliance. The Office of Civil Rights has announced that enforcement will be "with discretion" during this crisis so providers may make a good-faith decision to provide needed care:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

- Providers should check whether their state law permits prescription of a controlled substance by telemedicine. The federal Ryan-Haight Law prohibits controlled substance prescription without

an in-person initial evaluation, with 7 very specific exceptions, but the DEA has suspended enforcement of the regulation during this crisis:

<https://www.deadiversion.usdoj.gov/coronavirus.html>

- A provider who is licensed in a state may not practice with a patient who is physically located out of the state (some authorities believe practice with an established in-state patient who is temporarily out of state on vacation is acceptable). These rules may change given current exigencies, so make sure to check for telepsychiatry/telemedicine updates when possible. Of course, this is an emergency situation and serving our patients is our first priority. In a crisis, it seems ethically reasonable that a patient should be able to consent to use of FaceTime, for example, and that licensure would be less of a concern. Many states have decided to permit out-of-state providers on a temporary basis during this crisis.
- Have the patient's phone number and a landline or cell phone available if your videoconference fails. This is more likely now as bandwidth limitations or other stresses on the system are more likely during this high-use period.
- Try to hardwire your computer/device to the Internet (as opposed to Wi-Fi) for more reliable and (often) faster connectivity.
- Encourage your patients to be as still as possible and to talk slowly to avoid sound and visual artifacts.
- Make sure you make good eye contact. This means that you *should not* look at your patient's eyes as you would in a face-to-face meeting. Instead, look at the video camera lens—this will translate to good eye-to-eye contact between you and your patient.

Below are some helpful resources and tips:

- The American Telemedicine Association (www.americantelemed.org) is the largest telemedicine organization in the country. There are many free resources here including various guidelines for telemedicine for different groups and additional websites and resources for specific telemedicine applications.
- There are Telehealth Resource Centers (TRCs) throughout the country. These are government-sponsored programs funded through the Office for Advancement of Telehealth (OAT). Each TRC covers a specific region of the country and there are two TRCs that provide more comprehensive assistance throughout the US. The TRCs have as part of their mission to help telemedicine programs get started and to help existing telemedicine programs expand and optimize their capabilities. Technical assistance is free in most cases; if services are requested for complex or long-term needs, a modest fee is sometimes requested. You can learn about TRCs and find which one covers your area here: www.telehealthresourcecenter.org
- You may be surprised to learn that your own facility uses telemedicine to some degree, but the word has not yet gotten out to many providers. Thus, make sure you check with your home institution to find out what is available.

- Make sure you know what licensure, insurance, and credentials you might need for providing care from your facility or home to a patient in-state and out-of-state.

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