

UNIVERSITY OF WASHINGTON MEDICINE

TELEHEALTH ATTENDING PROVIDER MANUAL

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Telehealth Attending Provider Manual

Table of Contents	Page
Background and mission	3
Regulatory requirements	3
Patient appropriateness	4
Provider pre-work	5
How to conduct a telehealth visit, the basics	6
Technical failure	8
Emergency protocols: psychiatric emergency	9
Suicidal ideation	9
Homicidal ideation	10
Medical emergency	10
Closing the visit and documentation	11
Progress note guidance: psychiatry	12
Progress note guidance: psychology	15
Telepsychiatry and controlled substances: Ryan Haight Act	17
Policy regarding Duty to Warn for homicidality	18
Appendix 1: Smartphrase-ready text	22
Appendix 2: Checklist & Steps for Performing a Telemedicine Visit	28

Disclaimer. This document was generated as a rapid response to the COVID-19 crisis and is meant to be used only during this period. This document applies to a specific clinic at the University of Washington: providers should review this document with Credentialing, Compliance, Risk Management, and Telehealth at their institution before implementing telemedicine. This document is a work in progress and will be further revised.

Telehealth Attending Provider Manual

In response to the COVID-19 disease outbreak, UW Medicine is rapidly rolling out telehealth capability across the UW system. As part of this effort, the Department of Psychiatry is developing telehealth protocols across outpatient services. The goal of this initiative is to continue to provide uninterrupted mental health services while protecting patients, staff and providers through social distancing. This guide is for attending providers. Resident providers will become telehealth capable through a separate training process. Some of the guidance in this document may be applicable to OPC only. Please check with your service leaders about site-specific guidance.

Note on nomenclature: Telehealth is defined as a patient provider interaction that employees interactive video and audio. Telephone encounters are not considered “telehealth” visits. (Please see Appendix for further information re telephone encounters).

Regulatory requirements governing telehealth visits:

Medicare:

1. Prior to COVID-19, services provided to patients with Medicare, unless they lived in a rural area as defined by CMS, were not reimbursed.
2. Very recent federal policy changes seem now to allow for Medicare reimbursement, but it is unclear what the final policy will be.
3. Bottom-line as per UW compliance: Do what’s best for the patient and include documentation justifying the telehealth visit based on the patient’s unique risk factors (age, health status, etc.)
4. The documentation template below prompts you to document your reasoning around offering telehealth vs. in-person visit.

Controlled substance prescribing:

1. In order to prescribe a controlled substance to a patient, you must have seen them within the past 24 months. See below section on the Ryan Haight act, this rule is also under review, final guidance is not yet available. For now, please adhere to the 24 month rule, check with your clinic leadership if you encounter a situation in which this is prohibiting you from providing good patient care.

Patient and Provider location:

1. Current UW policy to maximize social distancing is that the provider can be located either in clinic or at home.
2. The patient can be located in any safe, private location such as their home or office, or the home of a family member. They must provide you with a complete address for their location.
3. The patient must be located in Washington State at the time of the visit.
(As of 3/20/2020) Per UW Medicine guidance: there are state laws that exempt licenses during an emergency declaration; and where there is no exemption for a particular circumstance, we believe the risk to be very low under the current emergency that a state would take regulatory action against a physician for providing medically necessary care to an established patient when they are unable to secure appropriate care locally, and unable to travel to follow-up appointments in Washington. If you meet this criteria, please include detailed documentation that explains the situation consistent with the above.

Telehealth Attending Provider Manual

Which patients are appropriate for telehealth?

Due to the unusual and unprecedented disruption of patient care in the setting of the COVID-19 outbreak, we will consider seeing patients for telehealth visits that we might otherwise see only in the office.

For example, if a patient is struggling with suicidal ideation, we would usually want to see them in the office because it is a controlled environment. We can also use our usual means to transport a patient to the ED if they need a higher level of care. In the current situation, a telehealth visit may be the only way to see them, and it is better to provide needed care than not. Addressing psychiatric emergencies via telehealth is new to most of us. The VA has been doing telehealth into the home for some time now, and the benefits have outweighed the risks of providing this service, even with high risk patients.

The following patient scenarios illustrate situations in which telehealth could cause more harm than good:

1. A patient with schizophrenia has delusions about technologic surveillance. If you see him via Zoom, you may become incorporated into the delusional structure and thus less effective in helping him.
2. A female patient is living in a dangerous domestic violence situation. She has confided in you about the situation, but her partner is very controlling and would be distressed to learn she is seeing you for help. He may be using technology to monitor her, and, even if she were able to be away from him in a private space to speak with you, he may know details of her visit with you because he is able to see what she does on her phone.
3. A psychiatrist is seeing a new patient who will need a controlled substance to be prescribed. The psychiatrist cannot prescribe the controlled substance unless he or she has met face-to-face with the patient within 24 months. (See below Ryan Haight Act section for more information.)

If you have a question about whether to conduct a telehealth visit with a patient, please reach out to your medical director and clinic administrator.

If you are going to conduct a telehealth visit with a high risk patient and you are concerned that you may need to alert emergency services to the patient's location, discuss the case with your medical director and clinic administrator before conducting the visit to develop a plan. In some cases, it may make sense to talk with risk management as well.

Telehealth Attending Provider Manual

Provider pre-work:

THE FIRST FOUR ARE STRICTLY REQUIRED:

1. Obtain a HIPAA compliant Zoom account by visiting <https://washington.zoom.us/>
2. Complete the Telehealth LMS to be credentialed by UW Medicine to provide telehealth visits. Check with your clinic leadership to confirm your credentialing status.
3. Complete Department of Psychiatry telehealth training. We will provide you with a link to the recorded training if you did not attend the live version.
4. Obtain permission from your clinic leadership that you are now authorized to see patients via Zoom.
5. Familiarize yourself with Zoom. Basic Zoom training guides can be found here: <https://support.zoom.us/hc/en-us>.
6. We will create a department link that has all of the most up to date department-specific guidance in one place, including this manual, work-flow job aids, etc.
7. Create a Zoom link on your favorites bar; this will help you quickly access Zoom to host meetings.
8. Conduct a test meeting with a colleague using your clinical office equipment. **We have ordered equipment for OPC offices, there is currently a nation-wide shortage of webcams. We will equip as many offices as we can. It is ok to use a personal device as long as you are in compliance with UW guidelines about the use of such devices.** See Zoom training guide found via above link for instructions on hosting a meeting.
9. Practice looking into the camera when you are speaking instead of at your monitor, this will allow you to make eye-contact and speak directly to your meeting partner/patient.
10. Check the image quality of your webcam set up, for example, don't orient yourself and the camera so you are facing away from a window and the camera is pointing towards the window. You will appear in dark silhouette if you do so.
11. Alert your clinic leadership if you are having difficulty getting Zoom to work in your office.
12. In your Zoom account, give scheduling permission to staff in your clinic who will be scheduling your appointments. Your clinic leadership will give you site specific instructions about which staff to grant permissions. To do so, go to your Zoom settings. Meeting permissions is at the very end of Settings. Note, if you grant someone scheduling permission, they can see all of your scheduled Zoom meetings, not just the ones they are scheduling for you. See Department-specific Zoom guide for step-by-step instructions for granting permissions if you get stuck.
13. Create an Epic Smartphrase with the approved OPC Telehealth Documentation template found at the end of this document in the Appendix. If you don't know how to make a Smartphrase see job aid on creating a Smartphrase on the above mentioned link. You can also search Smartphrase in the Epic resource library on your Epic dashboard page.
14. Familiarize yourself with your Epic departments.
 - a. If you have only one practice location, you have only one Epic department context, so you don't need to worry about this.
 - b. If you practice in multiple locations, you need to ensure that you are in the correct Epic department context when you are conducting and documenting the telehealth visit.

Telehealth Attending Provider Manual

- c. You can easily change contexts by going to Logout on your Epic task bar and clicking on the downward pointing triangle to the right. For further instructions, visit the Epic Resource Library.
15. Make sure the portions of your office visible via your webcam are tidy.
16. Make sure you have an “In-session sign” or the like to post on your door to prevent interruptions.
17. Have your ID badge handy for visits. You will be showing your ID to the patient at the beginning of each visit.

How to conduct a telehealth visit—the basics

Current OPC staff role:

1. Telehealth visits will be the default visit type unless you or your patient requests otherwise. At OPC, staff is working to convert all visits starting March 23 to telehealth.
2. If your patient is not comfortable with telehealth, they will be offered telephone. If they want to be seen in person, current UW guidance allows for in-person visits between healthy patients and providers to be conducted as usual, unless there is some compelling reason for the visit not to occur. There is a lot of complexity inherent in this guidance, reach out to your medical director with questions.
3. Patient agreeing to telehealth will receive two e-care messages:
 1. Links to forms including UW consent forms, PDFs of the PHQ, GAD and safety plan, a guide to the telehealth visit including some Zoom instructions.
 2. An invitation to the Zoom meeting. The link is not active, they will have to cut and paste the link into a browser.
4. After you have completed your visit, enter the follow-up instructions the Wrap-up tab, in Additional details, Check out note. Staff will review all appointments completed the prior day and create the follow-up appointments.

Provider steps:

1. Review the patient’s chart as you would prior to an in-person visit.
2. When you are ready, initiate the Zoom meeting by logging into your Zoom account and finding the visit in your meetings tab.
3. Make sure your microphone and video are enabled and ask the patient to do the same. Adjust the volume on your computer as needed, and instruct the patient to adjust the volume on their device so sound quality is optimized.
4. If you can see that the patient is present in the Zoom meeting but can’t hear them, you can use the Chat function in Zoom to ask them to make sure their microphone is enabled.
5. If you can see and hear the patient clearly, begin the visit. If it’s still not working, see technical trouble shooting instructions job aid.
6. Remember to look into your camera when you talk with the patient.

Telehealth Attending Provider Manual

7. Confirm with the patient that they are in a private setting with no one else present. If the patient was expected to have a family member or caregiver present at the visit, make sure you can see this person and record their name and reason for their presence in the visit.
8. Ask the patient their name and date of birth to verify their identity.
9. Show your badge to the patient by moving it close to your camera.
10. **Obtain specific location information from the patient at the beginning of each call:**
 - a. **The patient must provide an accurate street address. If they are at home, verify that the address in EPIC matches this address.**
 - b. **If they are not at home, an accurate address is still needed. It would not be sufficient to know they are at the “Boeing Renton offices” for example. We need to know the street address and other location specific information such as building number, suite number and office number, if applicable. This is to ensure that we could direct emergency services to their location if needed.**
 - c. **The patient must provide a telephone number for a phone that they have access to at the time of the visit.**
 - d. **Write this information down, or enter it directly into your note template.**
11. The patient received a link to the PHQ and GAD in an e-care message when their appointment was scheduled.
 - a. You can ask them to read you their results
 - b. You can share your screen and show the forms to them to respond
 - c. If they have printed out and completed it, they can show it to you via video and you can try to take a picture via Epic Haiku. The picture will be uploaded into the media section.

Be careful with screen sharing, make sure no PHI is visible, email pop-up is disabled, etc.
12. Proceed with the visit.
13. When you conclude the visit, review with the patient how to contact you outside of your regularly scheduled appointments.
 - a. Let them know that basic clinic contact information will be included in your After Visit Summary (AVS) which they can access over e-care. Assure them that the clinic phone will be answered throughout this public health emergency.
 - b. Encourage the use of e-care for communication and explain its limitations (not for urgent issues, may take up to 48 hours, or more if it’s a weekend, for you to respond).
 - c. Orient the patient to after-hours and weekend crisis support. Let them know this information will be included in your AVS.
 - d. If the patient does not want to use e-care, make sure they write down important telephone numbers such as the clinic number and the National Suicide Prevention Lifeline.

Telehealth Attending Provider Manual

Technical failure: See job aid

1. If patient's audio isn't working:
 - a. Guide patient to click on the up arrow next to the microphone icon at the lower left of the screen. It will bring up a menu, and they can click on "Leave Computer Audio." Staying connected by video only, and you can speak with them over the phone while seeing them over the video.
2. If the patient gets disconnected, call the patient on the telephone and suggest they try to reconnect using the zoom link.
3. If that does not work, wrap up the visit by phone and let the patient know staff will contact them to trouble shoot what went wrong and to try to reschedule the visit.
 - a. *If a portion of the visit was completed*, document the visit in Epic and choose a billing code commiserate with the amount of time and complexity of the visit. For example, if you were planning to speak for one hour, but were only able to complete 20 minutes, you can still bill accordingly.
 - i. Psychiatrists: choose an appropriate E/M code based on complexity, and if appropriate, add a psychotherapy code. At least 16 minutes of psychotherapy would need to be completed to be able to bill.
 - ii. Psychologists: if at least 16 minutes of psychotherapy were completed, bill using the appropriate code.
 - b. *If technical failure prevented any portion of the Epic visit to be completed*, then complete a telephone encounter documenting that the visit was intended to be a telehealth visit but technical failure prevented it from occurring.
 - i. Document relevant clinical information obtained over the phone.
 - ii. For example, if the patient was not able to connect to the visit due to a device failure on their end, speak with them by phone, conduct as much of a visit as clinically indicated and document this in a telephone encounter.
 - iii. At a minimum, the provider should conduct a safety check and determine if the patient has any urgent needs such as forms completion or a prescription.
 - c. Alert your clinical support staff and clinic leadership if this occurs so the technical failure can be appropriately tracked.

Telehealth Attending Provider Manual

Emergency protocols:

Psychiatric Emergency:

Definition of a Psychiatric Emergency

For the purposes of this service, a psychiatric emergency will be defined as patient reports of the following:

1. Suicidal thoughts or homicidal thoughts that are causing distress to the patient, or an impulse or plan to act upon any such thoughts.
2. Grossly impaired behavior due to symptoms of mental illness. (Such as being unable to eat, make safe decisions, take care of one's basic needs e.g., shelter).

Suicidal ideation:

1. Do your usual, standard of care, safety assessment. This might include asking about passive vs. active SI, whether a plan for means of suicide has been made, whether the patient has a pre-existing safety plan, whether these thoughts are more persistent and intense than their chronic SI, what is keeping the patient from acting on the thoughts, whether they own a gun, etc.
2. If you need to complete a safety plan with the patient during the telehealth visit do one of the following:
 - a. Direct the patient to the link to forms they received as part of the Zoom link invitation communication. Ask them to pull up the Safety plan, print it out, complete it, scan it or take a picture of it and upload it to e-care (preferred) or email. They can also share their screen with you with the safety plan visible, you can take a picture with Epic Haiku that will then upload into the media section of their chart.
 - b. Share your screen with the safety plan pulled up, ask them to complete it by using the template as a guide.
 - c. They can search for "Brown Stanley safety plan template" in their web browser
 - d. They can download a safety plan app called "My3" and complete it that way
3. If the patient needs a higher level of care:
 - a. Instruct the patient to call 911 if they are able and remain connected with the patient over Zoom. It is better for the patient to call 911 because emergency services will be better able to determine the patient's location if the call is being placed from that location.
 - b. If a caregiver or family member is available during the encounter, they can assist the patient in calling 911.
 - c. When emergency services personnel arrive, ask the patient to alert them to his or her presence via Zoom so sign out may be provided.
 - d. If the patient is unable to call 911 themselves and there is no family member or caregiver to assist, the provider should call 911 and provide the location information they collected at the beginning of the visit.

Telehealth Attending Provider Manual

- e. If the patient is going to an ED, tell the patient that our standard protocol is to contact triage at the ED and communicate that the patient is on their way and what symptoms they are reporting. Let the patient know once they are seen the ED you will coordinate care with the ED team.
4. If you direct a patient to the ED, let your medical director know so the incident can be tracked and reviewed.

Homicidal ideation:

1. Do your usual standard of care assessment by asking the patient to clarify any intended targets, and ask if those targets are currently present with them at their location.
2. Assess for means and imminence; call 911 right away if there is danger of immediate harm to someone in the home.
3. Assess for past history of violence or aggression, whether the patient has access to weapons and whether the ideation is acute or chronic.
4. Special care should be used to determine whether the patient has regular contact with any intended victim. Situations involving intimate partners, family and/or those within the patient's usual orbit of social contacts should be of particular concern.
5. If the patient needs a higher level of care, call 911 and explain the situation, including the imminence of any threat, the presence of weapons, whether or not the patient is currently in the same location as any intended target.
6. The patient can also be encouraged to call 911 on their behalf, but it is important that you call as well to make sure the relevant information, especially access to weapons and name and location of any intended target, if known, are clearly communicated.
7. We are mandatory reporters in the State of Washington and that we are required to alert both 911 and the potential victim. Refer to the **Duty to Warn/Discretionary Warning Policy** at the end of this document for more information.
8. Use your discretion as to whether it makes sense to disclose our mandatory reporting status to the patient at present.
9. After the patient appears to be on their way to the ER and/or police have been called, alert your medical director to the situation so the event can be tracked and reviewed.

Medical emergency:

For the purposes of this service, a medical emergency will be defined as patient reports of severe or potentially life-threatening physical symptoms or a severe reaction to a medication.

1. If there is a medical emergency, instruct the patient to call 911 if they are able and remain connected with the patient over Zoom. It is better for the patient to call 911 because emergency services will be better able to determine the patient's location if the call is being placed from that location.
2. If a caregiver or family member is available during the encounter, they can assist the patient in calling 911.

Telehealth Attending Provider Manual

3. When emergency services personnel arrive, ask the patient to alert them to his or her presence via Zoom so sign out may be provided.
4. If the patient is unable to call 911 themselves and there is no family member or caregiver to assist, the provider should call 911 and provide the location information they collected at the beginning of the visit.

Closing appointment and documentation:

1. Open the telehealth visit in Epic if you have not already done so.
2. If you have not already done so do the following in Epic:
 - a. Enter a Chief Complaint in the Reason for Visit Rooming tab in Epic.
 - b. Review the medications, allergies and problem list and indicate you have done so by in Epic by clicking “Mark as Reviewed” radio buttons.
 - c. Select the visit diagnoses by adding them from the problem list or selecting them in Level of Service section in EPIC.
 - d. These sections of the encounter, once completed, do not have to be re-documented in your note.
2. Next, pull the Telehealth Encounter Smartphrase you created into your note and complete it. See the next few pages for guidance about completing the template.
3. Use the appropriate CPT code and/or E&M **plus GT modifier** (to indicate that it is a telemedicine visit) and appropriate diagnosis code. **Please note: you must add the GT modifier to both the E/M code and the psychotherapy add-on code, if you use one. We are creating a job aid for this, if you can’t figure it out in the meantime, call IT support.**
4. Please close visit within 3 days preferably within 24 hours.
5. Route the note to other involved clinicians, if applicable.
6. To schedule a follow-up appointment, complete the Check-out Note Section in Epic. Staff are able to see this information next to the appointment in your Epic schedule once you enter it.

Telehealth Attending Provider Manual

Telehealth Encounter guidance—instructions appear in blue text boxes.

TELEPSYCHIATRY PROGRESS NOTE

This telehealth patient encounter was conducted from the UW Medicine Outpatient Psychiatry Clinic in Seattle, WA, via secure, live, face to face video conferencing to the patient.

This visit was conducted via telehealth instead of face-to-face because of the risk of COVID-19 exposure inherent in being physically present in the company of others. In addition, this patient has the following considerations that would place them at higher risk of infection or of infecting a vulnerable close contact: ***

Patient's location during encounter:

Location description (home, office, etc.) ***

Street address: ***

City and state: ***

Telephone number used for this encounter: ***

Emergency contact name and telephone number reviewed in patient chart and is up to date: ***
(respond yes or no)

If no, the patient made the following update to the emergency contact information list in their chart: ***

You must gather this information from every patient at the start of the visit

In addition to the patient and the provider, the following others were present during the encounter: ***

This means others who were directly participating in the visit with the patient

Prior to the interview, the provider verified the patient's identity by asking for his or her name and date of birth. The provider informed the patient of their physical location and showed his or her badge. No recordings are kept from this encounter.

As per UW Medicine policy, providers must physically show their badge to patients during telehealth visits.

Emergency plan:

In the event of an emergency, the provider may ask the patient and/or family member/caregiver to contact 911. If it is not possible for the patient or someone at their location to contact 911, the provider will contact 911 and provide the patient's location. The patient was informed of this safety plan and verbally consented to it.

Telehealth Attending Provider Manual

TYPE OF SERVICE: {OK TO PERSONALIZE SINGLE
SELECT:102991::"E/M","E/M +
Psychotherapy","Psychotherapy"}

ID/CHIEF COMPLAINT: @NAME@ is a @AGER@ year old
@SEX@ presenting with @CCN@

INTERVAL HISTORY: ***

PERTINENT ROS: ***

UPDATED PAST PSYCH, FAMILY, or SOCIAL HISTORY: ***

MENTAL STATUS EXAMINATION:

Appearance: ***

Behavior/Motor: ***

Speech: ***

Mood: ***

Affect: ***

Suicidal ideation: ***

Thought form: ***

Thought content: ***

Attention: ***

Orientation: ***

Memory: ***

Insight: ***

Judgment: ***

Other: ***

PHQ9: @FLOW(5001280164)@

GAD7: @GAD7SCOREONLY@

SAFETY ASSESSMENT:

Historical and Predisposing Risk Factors: ***

Dynamic Risk Factors: ***

Protective Factors: ***

Imminence (ideation, intent, plan, means, preparation): ***

Overall risk assessment (desire, intent, capability, buffers): ***

Interventions employed & justification for level of care: ***

DIAGNOSES:

ASSESSMENT: ***

TREATMENT/PLAN: ***

PSYCHOTHERAPY TIME IN MINUTES: ***

Activate the drop-down menu for type of service by advancing to it using F2, or right clicking on the bracketed text to enable the menu.

The active text at the right (i.e. @NAME@) will pull in this information from the open visit in Epic.

If you have entered PHQ and GAD data into the "Specialty Tools" section of the visit note, the score will pull in here.

Telehealth Attending Provider Manual

PSYCHOTHERAPY INTERVENTIONS PERFORMED: ***

PERTINENT THEMES ADDRESSED: ***

PSYCHOTHERAPY PLAN: ***

Telehealth Attending Provider Manual

TELEPSYCHOLOGY PROGRESS NOTE

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Patient's location during encounter:

Location description (home, office, etc.) ***

Street address: ***

City and state: ***

Telephone number used for this encounter: ***

Emergency contact name and telephone number reviewed in patient chart and is up to date: *** (respond yes or no)

If no, the patient made the following update to the emergency contact information list in their chart: ***

You must gather this information from every patient at the start of the visit

In addition to the patient and the provider, the following others were present during the encounter: ***

This means others who were directly participating in the visit with the patient

Prior to the interview, the provider verified the patient's identity by asking for his or her name and date of birth. The provider informed the patient of their physical location and showed his or her badge. No recordings are kept from this encounter.

As per UW Medicine policy, providers must physically show their badge to patients during telehealth visits.

Emergency plan:

In the event of an emergency, the provider may ask the patient and/or family member/caregiver to contact 911. If it is not possible for the patient or someone at their location to contact 911, the provider will contact 911 and provide the patient's location. The patient was informed of this safety plan and verbally consented to it.

Purpose of Current Contact

Patient arrived *** to session and was seen for *** minutes of individual face-to-face psychotherapy for ***.

Session *** with this provider at OPC.

Identifying Information

NAME is a *** year old, male with symptoms of ***. He was referred by *** for ***.

Telehealth Attending Provider Manual

Diagnostic Impression (ICD-10)

Treatment Strategies Used in this Session

Assessment of Treatment Targets and Goals

Risk Assessment and Management Plan:

Patient is at *** risk for suicide compared to the general population. During today's session, he ***. In session he was future oriented. At this time, I DO/DO NOT believe that the patient is at acute risk for self-harm. The patient is ENGAGED in treatment, has STRONG social supports, and is currently denying suicidal ideation, plans or intent.

Treatment Recommendations

Patient appears to be an appropriate candidate for *** The current treatment plan is for *** sessions.

HW:

Next session:

Mental Status Exam

Appearance:

Behavior:

Speech:

Mood:

Affect:

Thought process:

Thought content:

Suicidal ideation:

Attention:

Insight:

Judgement:

Telehealth Attending Provider Manual

Telepsychiatry and controlled substances

The Ryan Haight Act:

- 2008 federal law named in memory of a teen who overdosed on opioids obtained over the internet without visit to a provider
- Enacted to prohibit the illegal distribution and dispensing of controlled substances on the internet

What it means for us:

Basically, a psychiatrist may not prescribe a controlled substance for a patient unless they have conducted a face-to-face evaluation within 24 months.

The DEA has suspended this requirement during this medical emergency. Please see:

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

Telehealth Attending Provider Manual

Duty to Warn/Discretionary Warning Policy

All professional healthcare workers at University of Washington have a legal obligation to implement Duty to Warn procedures when they hear a patient communicate an actual threat of physical violence against a reasonably identifiable victim or victims. Failure to warn may result in liability (civil monetary damages) and/or action on professional license for unprofessional conduct.

- A recent court ruling (Volk v. DeMeerleer, 12/2016) expands duty to warn considerations for mental health care providers as “duty to warn” extends to all foreseeable victims of potentially dangerous patients, even if no specific target is identified. Think broadly: Specific persons? Groups of people? Minority or religious groups? Specific locations? Schools/Movie Theaters/Hospitals/Parks, etc. Children? Neighbors? Spouses? Siblings? Others?
- Duty does not require that the mental health provider make the correct determination of dangerousness every time. Duty requires the mental health provider to act with reasonable care when identifying and mitigating the dangerousness of psychiatric patients.

DEFINITION:

Policy Definition

Duty to Warn: **RCW 71.05.120**: Health care workers have a “... duty to warn or to take reasonable precautions to provide protection from violent behavior where the patient has communicated an actual threat of physical violence against a reasonably identifiable victim or victims. The duty to warn or to take reasonable precautions to provide protection from violent behavior is discharged if reasonable efforts are made to communicate the threat to the victim or victims and to law enforcement personnel.”

RCW 71.05.390(10): Information and records may be disclosed only: To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed by the patient. The person may designate a representative to receive the disclosure. The disclosure shall be made by the professional person in charge of the public or private agency or his or her designee and shall include the dates of commitment, admission, discharge, or release, authorized or unauthorized absence from the agency’s facility, and only such other information that is pertinent to the threat or harassment. The decision to disclose or not shall not result in civil liability for the agency or employees so long as the decision was reached in good faith.”

PROCEDURE:

PROCEDURE FOR DUTY TO WARN

Telehealth Attending Provider Manual

1. UW staff, upon hearing a threat, shall review and assess on the following criteria:
 - a. Determine if the threat is serious. Does it meet the following criteria?
 - i. Is the threat likely to be more than a passing expression of anger or frustration?
 - ii. Does this patient have a history of violence?
 - iii. Is the patient motivated to carry out the threat, i.e. has the patient expressed a clear desire to hurt someone and given reasons why?
 - iv. Is there a specific plan?
 - v. Is the patient capable of carrying out the plan, e.g. does the patient have access to the weapon they have threatened to use?
 - vi. Is there a specific, identifiable victim?
 - b. Consult with professional regarding your review and assessment.
 - c. If the assessment concludes that foreseeable harm might be done:
 - i. The UW staff member must exercise reasonable efforts to disclose the threat to the identified victim(s).
 - ii. The non-emergency number for police department in the county where the patient is located must be called by the health care worker who directly heard the threat (UWPD at 206-685-8973 can direct callers to the appropriate phone number). Dr. Kimmel should be contacted, as well.
 - Document the name and number of the law enforcement agent who took the report.
 - Disclosure to law enforcement and the intended victim(s) shall include only information that is pertinent to the threat or harassment. [RCW 71.05.390 (10)].
 - d. A health care provider's disclosure may include health information about a patient without the patient's authorization to the extent a recipient needs to know the information, if the disclosure is: To any person if the health care provider reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the patient or any other individual, however, there is no obligation on the part of the provider to so disclose.

PROCEDURE FOR DISCRETIONARY WARNING

- a. Discretionary Warning procedures can be implemented when a health care worker hears a patient communicate an actual threat of physical violence where the intended victim(s) is not specified but the health care worker has reason to believe they know who the intended victim might be ("reasonably identifiable") and that warning will avoid or minimize an imminent danger. The health care worker upon hearing a threat shall contact the patient's care team or social worker and service manager who will coordinate the review and assessment of the following criteria:
 - i. Determine is the threat serious? Does it meet the following criteria?
 - Is the threat likely to be more than a passing expression of anger or frustration?
 - Does the patient have a history of violence?

Telehealth Attending Provider Manual

- Is the patient motivated to carry out the threat, i.e. has the patient expressed a clear desire to hurt someone and given reasons why?
- Is there a specific plan?
- Is the patient capable of carrying out the plan, e.g. does the patient have access to the weapon they have threatened to use?
- ii. Is there reasonable certainty as to who the intended victim(s) might be?
- iii. Are any alternative interventions available, i.e. hold the patient and make an MHP referral, counsel the patient.
- iv. Consult with professional colleagues within your discipline and others such as psychiatry and supervisors.
- b. If the assessment concludes that disclosure will avoid or minimize an imminent danger:
 - i. The UW Police Department must be notified by the health care provider who heard the threat. If the intended victim lives in another jurisdiction, the UW Police Department may determine that the law enforcement agency in that jurisdiction should be contacted instead.
 - Document the name and number of person taking report.
 - Health care provider must exercise reasonable efforts to disclose the threat to the probable victim(s). The Police Officer can be asked to do this and will often do so. If the Police Office indicates their intention to contact the victim themselves, this should be documented.
 - ii. Disclosure to law enforcement and the intended victim(s) shall include:
 - Only the information the law enforcement agent ‘needs to know’ to avoid or minimize danger. Such information does not include health care information in areas of heightened confidentiality, including:
 1. Mental health treatment
 2. Sexually transmitted diseases and HIV/AIDS
 3. Alcohol and drug abuse treatment

MEDICAL RECORD DOCUMENTATION

A member of UW team upon hearing and/or being informed of the threat shall document in the patient’s medical record the justification for their determination of duty to warn.

Documentation will include:

- a. Objective Facts
 - i. Explanation of the considerations of the situation, e.g. serious threat, motivation to act, specific plan if known, suspected victim(s) and why suspected, immediate nature, Reasons why patient is not felt to pose a risk to others , Reasons why patient is felt to pose a risk to others, Actions taken to mitigate risk of violent behavior, Document the thought process and consideration of additional action/treatment as warranted, not just the “why” but also “why not”.
 - ii. Do not include details of consults with the Attorney General’s Office or any reference to Risk Management consultations.
 - iii. Document the name and number of the law enforcement agent who took the report, as well as:

Telehealth Attending Provider Manual

- Dates of the patient making the threat.
- Other information that is pertinent to the threat.

GOOD FAITH DISCLOSURE DECISION – NO LIABILITY

“The decision to disclose or not shall not result in civil liability for the agency or its employees so long as the decision was reached in good faith and without gross negligence.” **RCW 70.02.230(h)(i) [1]**

DOCUMENTATION OF DISCLOSURES

- a. A disclosure made under this policy must be reported as provided in the UW Medicine Compliance Policy: PP-25 Accounting of Disclosures of Protected Health Information. The health care worker who makes a disclosure under the Duty to Warn Policy must document the disclosure as follows:
- b. Entry of the disclosure in the **UW Medicine Accounting of Disclosures Database** https://uwnetid.medical.washington.edu/disclosure_accounting/

OR

- c. Completion of Form UH3162: Documentation of an Accounting of Disclosure. The completed form must be sent to Health Information Management (HIM) for scanning into the electronic medical record (EMR).

CROSS REFERENCE:

- Medical Records - Health Care Information Access and Discloser- RCW 70.02
- Release of Mental Health Information - RCW 71.05
- Release of STD/HIV Information - RCW 70.02.220
- RCW 71.05.120 (2)
- RCW 71.05.390 (10)
- RCW 70.02.050 Disclosure Without Patient's Authorization: Need To Know Basis

Telehealth Attending Provider Manual

APPENDIX 1

TEMPLATE TEXT

THE FOLLOWING IS THE MINIMUM YOU NEED TO INCLUDE IN YOUR NOTES FOR THEM TO BE TELEHEALTH COMPLIANT.

Start copy and paste select---

This telehealth patient encounter was conducted from the UW Medicine Outpatient Psychiatry Clinic in Seattle, WA, via secure, live, face to face video conferencing to the patient.

This visit was conducted via telehealth instead of face-to-face because of the risk of COVID-19 exposure inherent in being physically present in the company of others. In addition, this patient has the following considerations that would place them at higher risk of infection or of infecting a vulnerable close contact: ***

Patient's location during encounter:

Location description (home, office, etc.) ***

Street address: ***

City and state: ***

Telephone number used for this encounter: ***

Emergency contact name and telephone number reviewed in patient chart and is up to date: ***
(respond yes or no)

If no, the patient made the following update to the emergency contact information list in their chart: ***

In addition to the patient and the provider, the following others were present during the encounter: ***

Prior to the interview, the provider verified the patient's identity by asking for his or her name and date of birth. The provider informed the patient of their physical location and showed his or her badge. No recordings are kept from this encounter.

Emergency plan:

In the event of an emergency, the provider may ask the patient and/or family member/caregiver to contact 911. If it is not possible for the patient or someone at their location to contact 911, the provider will contact 911 and provide the patient's location. The patient was informed of this safety plan and verbally consented to it.

End copy and paste select---

Telehealth Attending Provider Manual

PSYCHIATRY PROGRESS NOTE TEXT:

Start copy and paste select---

TELEPSYCHIATRY PROGRESS NOTE

This telehealth patient encounter was conducted from the UW Medicine Outpatient Psychiatry Clinic in Seattle, WA, via secure, live, face to face video conferencing to the patient.

This visit was conducted via telehealth instead of face-to-face because of the risk of COVID-19 exposure inherent in being physically present in the company of others. In addition, this patient has the following considerations that would place them at higher risk of infection or of infecting a vulnerable close contact: ***

Patient's location during encounter:

Location description (home, office, etc.) ***

Street address: ***

City and state: ***

Telephone number used for this encounter: ***

Emergency contact name and telephone number reviewed in patient chart and is up to date: ***
(respond yes or no)

If no, the patient made the following update to the emergency contact information list in their chart: ***

In addition to the patient and the provider, the following others were present during the encounter: ***

Prior to the interview, the provider verified the patient's identity by asking for his or her name and date of birth. The provider informed the patient of their physical location and showed his or her badge. No recordings are kept from this encounter.

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TYPE OF SERVICE: {OK TO PERSONALIZE SINGLE SELECT:102991::"E/M","E/M + Psychotherapy","Psychotherapy"}

ID/CHIEF COMPLAINT: @NAME@ is a @AGER@ year old @SEX@ presenting with @CCN@

INTERVAL HISTORY: ***

PERTINENT ROS: ***

UPDATED PAST PSYCH, FAMILY, or SOCIAL HISTORY: ***

MENTAL STATUS EXAMINATION:

Telehealth Attending Provider Manual

Appearance: ***
Behavior/Motor: ***
Speech: ***
Mood: ***
Affect: ***
Suicidal ideation: ***
Thought form: ***
Thought content: ***
Attention: ***
Orientation: ***
Memory: ***
Insight: ***
Judgment: ***
Other: ***

PHQ9: @FLOW(5001280164)@
GAD7: @GAD7SCOREONLY@

SAFETY ASSESSMENT:

Historical and Predisposing Risk Factors: ***
Dynamic Risk Factors: ***
Protective Factors: ***
Imminence (ideation, intent, plan, means, preparation): ***
Overall risk assessment (desire, intent, capability, buffers): ***
Interventions employed & justification for level of care: ***

DIAGNOSES:

ASSESSMENT: ***

TREATMENT/PLAN: ***

PSYCHOTHERAPY TIME IN MINUTES: ***

PSYCHOTHERAPY INTERVENTIONS PERFORMED: ***

PERTINENT THEMES ADDRESSED: ***

PSYCHOTHERAPY PLAN: ***

End copy and paste select---

Telehealth Attending Provider Manual

PSYCHOLOGY PROGRESS NOTE TEXT

Start copy and paste select--

TELEPSYCHOLOGY PROGRESS NOTE

This telehealth patient encounter was conducted from the UW Medicine Outpatient Psychiatry Clinic in Seattle, WA, via secure, live, face to face video conferencing to the patient.

This visit was conducted via telehealth instead of face-to-face because of the risk of COVID-19 exposure inherent in being physically present in the company of others. In addition, this patient has the following considerations that would place them at higher risk of infection or of infecting a vulnerable close contact: ***

Patient's location during encounter:

Location description (home, office, etc.) ***

Street address: ***

City and state: ***

Telephone number used for this encounter: ***

Emergency contact name and telephone number reviewed in patient chart and is up to date: ***
(respond yes or no)

If no, the patient made the following update to the emergency contact information list in their chart: ***

In addition to the patient and the provider, the following others were present during the encounter: ***

Prior to the interview, the provider verified the patient's identity by asking for his or her name and date of birth. The provider informed the patient of their physical location and showed his or her badge. No recordings are kept from this encounter.

Emergency plan:

In the event of an emergency, the provider may ask the patient and/or family member/caregiver to contact 911. If it is not possible for the patient or someone at their location to contact 911, the provider will contact 911 and provide the patient's location. The patient was informed of this safety plan and verbally consented to it.

Purpose of Current Contact

Patient arrived *** to session and was seen for *** minutes of individual face-to-face psychotherapy for ***.

Session *** with this provider at OPC.

Identifying Information

NAME is a *** year old, male with symptoms of ***. He was referred by *** for ***.

Diagnostic Impression (ICD-10)

Telehealth Attending Provider Manual

Treatment Strategies Used in this Session

Assessment of Treatment Targets and Goals

Risk Assessment and Management Plan:

Patient is at *** risk for suicide compared to the general population. During today's session, he ***. In session he was future oriented. At this time, I DO/DO NOT believe that the patient is at acute risk for self-harm. The patient is ENGAGED in treatment, has STRONG social supports, and is currently denying suicidal ideation, plans or intent.

Treatment Recommendations

Patient appears to be an appropriate candidate for *** The current treatment plan is for *** sessions.

HW:

Next session:

Mental Status Exam

Appearance:

Behavior:

Speech:

Mood:

Affect:

Thought process:

Thought content:

Suicidal ideation:

Attention:

Insight:

Judgement:

End copy and paste select--

Telehealth Attending Provider Manual

AFTER VISIT SUMMARY TEXT

Start copy and paste select:

IN PROGRESS

End copy and paste select--

TELEPHONE ENCOUNTERS (as of 3/20/2020)

Until providers are credentialed for telehealth visits, providers can still make and drop codes for telephone visits:

- MDs can use 99441-99443
- PhDs can use 98966-98968
- It is unclear if these codes are reimbursable, but that shouldn't effect whether we drop the codes
- UWP is going to follow up with CMS about potentially being able to use psychotherapy codes for phone calls in light of the current environment
- UWP is going to follow up to find out if providers can use Zoom for telephone calls under our malpractice insurance'
- UWP is going to follow up with CMS on prolonged service codes for telephone calls since the current codes only go up to 30 minutes
- A telephone encounter vs. visit are the same for billing, but the encounter can be scheduled on your template while the visit is for on the fly calls

APPENDIX 2

TelePsychiatry - Checklist & Steps for Performing a Telemedicine Visit

Page 28	Set-up prior to scheduling initial Telemedicine Visit
Page 29	Policy Changes and UW Guidance related to Telemedicine and the Covid19 Crisis
Page 30	Telephone Call to Patient to Offer Telemedicine Visit
Page 30	Offer Telepsych script
Page 31	Review Telemedicine script
Page 31	.TelePsychOffer smart Phrase
Page 32	.TelePsychAppt smart phrase
Page 33	BEFORE starting Telemedicine Visit
Page 33	DURING Telemedicine Visit
Page 34	AFTER Telemedicine Visit
Page 34	.TelePsychPtOutOfState smart phrase
Page 35	.OPCAVS smart phrase

Set-up prior to scheduling initial Telemedicine Visit:

- Obtain HIPAA-compliant Zoom Account
Free Zoom Pro licenses are available to all current UW faculty, staff, and students as of March 4th, as a part of UW's new Zoom Enterprise License. If you are an eligible user, you will be able to activate and log in to your Zoom Pro account by visiting <https://washington.zoom.us/> and selecting your preferred login method. Provider MUST choose the HIPAA compliant option in order to use for patient interactions. Then, one of three things will happen:
 - You will be asked for information to create a HIPAA compliant zoom account.
 - If your profile appears, that means you already have a HIPAA compliant account.
 - If you have a non-HIPAA complaint account, you will be asked if you want to switch...and yes, please switch to a HIPAA account.
- Configure your Zoom account (see Zoom Aid - Initial Set-up for Telemedicine Use) [\(link\)](#)
 - Run a test utilizing Waiting Room Function (see Zoom Aid - Using the Waiting Room Function) [\(link\)](#)
- As needed, assign scheduling permission to scheduler (who must also have a UW Zoom account) (see Zoom Aid - Assigning Scheduling Permission - Scheduling for Another Zoom Account) [\(link\)](#)
- Have appropriate device (computer/smartphone) with camera and microphone
- Have appropriate private space to conduct visit
- Have Internet and Epic Access

- Complete UW Telehealth Training LMS
- Submit request for and obtain UW Telehealth privileges
- Telemedicine Visit Type (9020) released to you (provider) at the clinic(s) where you will offer telemedicine visits. (Tip: open a new appointment and see if the Telemed Visit type is available)

- Review “Department of Psychiatry Telehealth Provider Guide” [\(link\)](#)
 - Create your own smart phrase for documenting the telemedicine visit (including required language) – see template in “Department of Psychiatry Telehealth Provider Guide” [\(link\)](#)
 - Review Epic - Telehealth Epic Tips -billing speed buttons & GT modifier [\(link\)](#)

Telehealth Attending Provider Manual

- Orient yourself to this TelePsych workflow ([link](#))
- Create/review Telemedicine smart phrases/templates (see below)
- Review Psychiatric & Medical Emergency Protocols ([link](#))
- Review Zoom Technical Failure Troubleshooting ([link](#))
- Review (as needed) Epic - Creating an ON-THE-FLY-TELEMEDICINE Encounter [On-The-Fly Telemedicine Encounter](#)

Policy Changes and UW Guidance related to Telemedicine and the Covid19 Crisis:

- Medicare – some restrictions have been waived during Covid19 Crisis via HR6074
 - Waived: geographic limitation – patient must be located in rural area/non-MSA
 - During Covid19 Crisis, geographic limitations are waived.
 - Waived: patient must be at a specified type of health site – home not eligible site
 - During Covid19 Crisis, Medicare will allow/reimburse for telemedicine into the home.
 - Modality: visit must be conducted via live, interactive video in Washington
 - Eligible Services (CPT codes): no change, Medicare reimburses only for specific CPT codes
 - Patient site (“originating site”) facility fee: any sites that are eligible under the Covid19 waiver (e.g., clinic in urban area) are NOT eligible for the telemedicine facility fee from Medicare.
 - HR6074 requires that in order to use telehealth under waiver, provider needs to have a prior existing relationship with patient. CMS stated that HHS will not conduct audits during Covid19 Crisis.
Per UW Compliance (3/19/2020)
Will CMS enforce an established relationship requirement?

No. It is imperative during this public health emergency that patients avoid travel, when possible, to physicians’ offices, clinics, hospitals, or other health care facilities where they could risk their own or others’ exposure to further illness UW Physicians is taking steps to preserve our billing ability as to new patients until we can confirm coverage. Telehealth services should be offered to all patients consistent with the clinical ambulatory protocols issued by UW Medicine for the COVID 19 crisis.
 - Medicare copays and ‘out-of-pockets’ still apply, but OIG is giving providers flexibility to reduce or waive fees
 - Devices and platforms:
 - Smart phones are ok if audio and video is used
 - OCR will exercise enforcement discretion and waive penalties for HIPAA violations (e.g., Facetime and Skype are ok), but state may have requirements.
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
 - Medicare requirement to be licensed in the state where patient is located is waived, but state licensure laws still apply.
<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>
UW Guidance (per Mike Tribble, UWP, 3/20/2020)
 - There are state laws that exempt licenses during an emergency declaration that may apply to these scenarios; and
 - Even if there is no exemption for a particular circumstance, we believe the risk to be very low under the current emergency that a state would take regulatory action

Telehealth Attending Provider Manual

against our physicians for providing medically necessary care to our established patients when they are unable to secure appropriate care locally, and unable to travel to follow-up appointments at our facilities in Washington.

- In summary, during COVID emergency, some states have waived licensure (and we expect more to follow.) For those who don't and you have established patients who need follow-up, there is no appropriate option to transfer care to a physician in their locality, and the patient can't travel back to see you because of COVID, we believe the risk is low under the circumstances and clinicians should use their best clinical judgment. If your physicians meet this criteria, we recommend they include detailed documentation that explains the situation consistent with the above. (See Epic smart phrase **.TelePsychPtOutofState**) ([link](#))

- DEA – changes to Ryan Haight Act during Covid19 Crisis
 - Ryan Haight Act has required an in-person visit within 24 months with a provider who is prescribing a controlled substance
 - During Covid19 Crisis: DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provide the following conditions are met:
 - The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
 - The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.
 - The practitioner is acting in accordance with applicable Federal and State law.
<https://www.deadiversion.usdoj.gov/coronavirus.html>

Telephone Call to Patient to Offer Telemedicine Visit:

- Prior to calling patient:
 - Confirm that the insurance on file is active
 - Confirm that the patient has an active eCare account
 - If eCare is not active or login needs reset, this will need set up before appt is scheduled. Without eCare, pt will not have a secure way to receive Zoom link and confirmation materials.
 - If pt declines to set up eCare, reschedule for in-person visit; consider using regular mail.
 - Confirm that the patient has active UW Medicine consent forms (Care Agreement/Notice of Privacy Practices/Financial Agreement)
 - Look under patient's registration face sheet (EpicCare) for the Documents Table
 - Document listed as "UW Medicine Care Agreement/NOPP/FIN Agreement" should be noted as 'Signed' or 'Received'
 - If not, you will need to obtain verbal consent and document as ACK and "witness verbal consent" in the patient's EMR
- Open Telephone Encounter and call patient
- Use **Offer Telepsych Script**:
 - “The psychiatrist would like to see you for a telemedicine appointment where you would speak to them over video from your home. Have you done a telemedicine appointment at UW before?
If yes, proceed with scheduling.

Telehealth Attending Provider Manual

If no:

“Would you like to learn more about it?” If yes....

“First let’s see if you would have the set-up for participating in a telepsychiatry visit to your home:

“Do you have a device, such as a smart phone, tablet, or computer, that has a camera and microphone that you can use for this visit?”

You may offer a test, use standing Zoom link: <https://uw-phi.zoom.us/j/208464133> or tell them to open a browser and type zoom.us, click on “join a meeting” and enter 208464133 (brief download may be required)

If separate phone connection is needed (e.g., audio is not working on their computer): call 1-669-900-6833, use Meeting ID: 208 464 133 (*telephone may not be an option as the Zoom telephone lines have been experience technical issues with Covid onset*)

“You would be responsible to participate in the telepsychiatry visit in a location that you feel is private and confidential and safe. Where would you plan to have this appointment with the doctor....do you have a space that is private and free of distractions?”

If all checks out, proceed with scheduling.

- Use **Review Telemedicine Script** to provide overview of telemedicine/telepsychiatry *Review this information, or use it as a reference, and confirm to patient that a link will be sent to a Telemedicine Information Sheet.*

“Telemedicine allows you to see your provider over video instead of in-person at the clinic.

“Telemedicine is completely voluntary: you can decline a telemedicine appointment at any time and it will not affect your right to care or treatment, and you can be scheduled for an in-person visit instead.

“Per federal regulations, controlled substances cannot be prescribed over telepsychiatry for new patients – an in-person visit is required first.

“Insurance:

- A bill for this service will be generated and submitted for payment by your health insurance carrier. As with in-person health care visits, you will be responsible for any deductibles and/or copays required by your insurance plan. If you have any questions, we encourage you to call to confirm that your plan will cover the service.”

“Technology and Privacy Issues:

- We will send you a secure Zoom link. Telepsychiatry communications are generally very secure.
- Though very uncommon, technical problems could possibly mean that the appointment would need to be rescheduled.
- When the telepsychiatry visit begins, the psychiatrist will tell you if anyone else is in the room at the UW and will ask for your consent before including additional people in the consultation. The psychiatrist will also ask you to identify all persons present with you.

.TelePsychOffer

Called patient to offer Telemedicine appointment. Provided an overview of Telemedicine, including risks and benefits of Telemedicine, billing for telemedicine, and reviewed space and technology requirements. Patient agreed to receive Zoom link and to attend appointment. E-care message sent to patient that contains UW Care Agreements, Zoom link, Telemedicine Patient Info Sheet & Zoom user guide for Patient, and OPC patient forms.

Telehealth Attending Provider Manual

- Schedule telemedicine visit:
 - Be sure that you are logged into the correct Epic department for your clinic.
 - To change existing appt to Telepsych visit: change appt visit type to Telemedicine Visit type 9020 – very important!
 - To reschedule visit to another time as a Telepsych visit: cancel existing appt, reschedule using Telemedicine Visit Type 9020.
 - PSS should arrive the patient when the appointment is scheduled. A long as the provider opens the encounter during the visit, it will change from “arrived” to “in progress” and we will know which patients attended and which patients no-showed.
 - Create unique zoom link and cut and paste into the appointment Epic note, and send using outlook invite to the provider – see Zoom Aid - Assigning Scheduling Permission - Scheduling for Another Zoom Account

- Using eCare, send telemedicine appointment confirmation using smart phrase

.TelePsychAppt

Dear @FNAME@ @LNAME@,

Thank you for scheduling a Telemedicine visit with ***.

Your Telemedicine visit has been scheduled for DAY***, DATE***, from HOUR RANGE***.

***NOTE: You as the patient must be located in Washington State at time of the visit**

Below are important details related to your upcoming Telemedicine visit:

*Note: you may need to copy and paste the links into a browser:

Please review the following documents, so that you are prepared for your Telemedicine visit:

- UW Medicine Care Agreement/Privacy Policy/Financial Agreement:
<https://sharepoint.washington.edu/uwpsychiatry/ClinicalServices/ConsultationandTelepsychiatry/Pages/UW-Medicine-Forms.aspx>
- Telemedicine Patient Info Sheet and Zoom User Guide:
<https://sharepoint.washington.edu/uwpsychiatry/ClinicalServices/ConsultationandTelepsychiatry/Pages/Telepsychiatry-Documents.aspx>

Please complete the following forms and have them ready to review with your provider during your telemedicine appointment.

- New Patient Forms – Outpatient Psychiatry Clinic
<https://sharepoint.washington.edu/uwpsychiatry/ClinicalServices/ConsultationandTelepsychiatry/Pages/New-Patient-forms.aspx>
- Questionnaires
<https://sharepoint.washington.edu/uwpsychiatry/ClinicalServices/ConsultationandTelepsychiatry/Pages/PHQ-and-GAD7-Forms.aspx>

On the day of the appointment, 15 minutes prior to the start time, please click here:

(enter unique zoom link)

*Note: you may need to copy and paste this link into a browser.

If you encounter problems, please call the clinic at _____ (for OPC 206-598-7792, option #2).

Please wait in the Zoom meeting until the doctor joins the appointment.

Telehealth Attending Provider Manual

If you need assistance in setting up Zoom videoconferencing for the first time please visit this website:

https://www.uwmedicine.org/sites/steve/files/2019-11/Job%20Aid_Zoom%20Patient%20Instructions.pdf

As a reminder, the scheduling of this telemedicine appointment serves as confirmation that we have reviewed our policies and billing practices related to Telemedicine visits. We will be billing this Telemedicine visit to your insurance in the same manner as a regular in-person office visit, which means that your standard copay, coinsurance, and deductible will apply. As with any health care visit, please contact your insurance with any questions about coverage for a telemedicine behavioral health/mental health visit.

Please let us know if you have any questions or concerns.

Sincerely,
***Clinic

BEFORE starting Telemedicine Visit:

- Indicate on office door that you are in-session, possibly lock door, to avoid disruptions.
- Have Zoom meeting link ready.
To find Zoom link:
 - Log into your Zoom account
 - Find appropriate patient zoom meeting (identify by time & patient initials)
 - The link will also be in the notes section of the appt in Epic, for reference only (not a live link).
- Copy of “TelePsych - Psychiatric & Medical Emergency Protocols” ([link](#))
- Copy of “TelePsych - Zoom Technical Failure Troubleshooting” ([link](#))
- Optional: have a hard copy of [PHQ9 and GAD7 Forms](#) to review with patient

DURING Telemedicine Visit:

- Make sure you are logged in to the appropriate clinic Epic department
 - Open telemedicine appointment in Epic, **using your own smart phrase** for documenting the telemedicine visit (including required language) – see template in Department of Psychiatry Telehealth Provider Guide
- Sign in to your Zoom account and look for appropriate Zoom meeting (at time of appointment and noted with patient initials)
- Open visit by clicking on Zoom meeting link for this appointment
 - Zoom appointment is referenced in the notes section in Epic appointment, but it is not a live link and would need to be cut and pasted into a browser
- Admit patient from Zoo “Waiting room” (see “Zoom Aid - Using the Waiting Room Function”) ([link](#))
- Introduce self and show badge
- Ask patient for name and DOB to verify
- Find out who else is present with patient (document in your telemedicine visit smart phrase)
- Ask for exact location and phone # (document within your telemedicine visit smart phrase)
- Access PHQ9 and GAD7 Epic in patient’s chart
- Note: screen sharing with patient is ok only if:

Telehealth Attending Provider Manual

- You make sure no PHI is visible
- Email pop-ups are blocked.

AFTER Telemedicine Visit:

- Complete documentation using your telemedicine visit smart phrase note template.
- If an established patient was located outside of Washington at the time of visit, please document using:
 - .TelePsychPtOutofState**
 - I provided this medically necessary care to my established patient when they are unable to secure appropriate care locally, and unable to travel to follow-up appointments at our facilities in Washington.
- Confirm the visit is listed as Telemedicine Remote Visit on your Epic schedule.
- Use Appropriate CPT code/E&M plus GT modifier (to indicate that it is a telemedicine visit) and appropriate diagnosis code.
 - Must attach GT modifier to E&M and Add-on Psychotherapy codes (see “Epic - Telehealth Epic Tips -billing speed buttons & GT modifier”) ([link](#))
- Sign note and cc PCP/other appropriate staff or providers.
- Send patient After Visit Summary using:

.OPCAVS

The Outpatient Psychiatry Clinic remains open during the COVID-19 public health crisis. If you need to reach your provider or schedule an appointment Monday through Friday during business hours, call the clinic at 206-598-7792 and select option 2 to reach front desk staff. There may be times that staff is not immediately available due to high call volumes. You can also call the UW Contact Center at 206-520-5000 for help.

You can also reach out to your provider with an e-care message. Use e-care for questions and concerns that could wait up to two business days for a response. If you need a response sooner, please call the clinic.

We are encouraging everyone to sign up for e-care to facilitate communication during this public health crisis.

If you need help getting set up with e-care or resetting a password, you can visit <https://ecare.uwmedicine.org/prod01/Authentication/Login>.

If you need further help with e-care, you can call 206-520-8963.

If you have questions about COVID-19 and how the University of Washington Medical Center is available to help you should you have cold or flu symptoms, or have a close contact who has COVID-19 visit this link: <https://www.uwmedicine.org/coronavirus>.

If you are in crisis after hours or on the weekend, or during the week and do not receive a call back from us as quickly as you need, please call 911 or go to nearest emergency room. The following crisis resources are available 24 hours per day 7 days per week:

King County Crisis Line
866-4-CRISIS

National Suicide Prevention Lifeline:
1-800-273-8255:

Crisis support via text message:
Text HOME to 741741

Crisis support via Chat:
suicidepreventionlifeline.org

Telehealth Attending Provider Manual

TelePsychiatry Related Documents:

- Department of Psychiatry Telehealth Provider Guide ([link](#))
- OPC Telepsych Workflow ([link](#))
- Telepsych - Psychiatric & Medical Emergency Protocols ([link](#))
- TelePsych - Zoom Technical Failure Troubleshooting ([link](#))
- UW Medicine Care Agreement/Privacy Policy/Financial Agreement:
 - <https://sharepoint.washington.edu/uwpsychiatry/ClinicalServices/ConsultationandTelepsychiatry/Pages/UW-Medicine-Forms.aspx>
- Telemedicine Patient Info Sheet and Zoom User Guide:
 - <https://sharepoint.washington.edu/uwpsychiatry/ClinicalServices/ConsultationandTelepsychiatry/Pages/Telepsychiatry-Documents.aspx>
- New Patient Forms – Outpatient Psychiatry Clinic
 - <https://sharepoint.washington.edu/uwpsychiatry/ClinicalServices/ConsultationandTelepsychiatry/Pages/New-Patient-forms.aspx>
- Questionnaires
 - <https://sharepoint.washington.edu/uwpsychiatry/ClinicalServices/ConsultationandTelepsychiatry/Pages/PHQ-and-GAD7-Forms.aspx>

Job Aids:

- Zoom Aid - Initial Set-up for Telemedicine Use ([link](#))
- Zoom – Using the Waiting Room function ([link](#))
- Zoom Aid - Assigning Scheduling Permission - Scheduling for Another Zoom Account ([link](#))
- Zoom - TeleBHIP - Zoom Scheduling and Starting Instructions -Recurring Meeting ([link](#))
- Zoom – general guide for providers and staff [[revising - need link](#)]
- Epic - Telehealth Epic Tips -billing speed buttons & GT modifier ([link](#))
- Epic - On-The-Fly Telemedicine Encounter ([link](#))
- [Job Aid on ePHQ-9](#) ([link](#))

Scripts & Smart Phrases:

- Offer Telepsych Script – to determine if patient can (has equipment/internet) access telemedicine ([link](#))
- Review Telemedicine Script – to provide overview of telemedicine/telepsychiatry ([link](#))
- **.TelePsychOffer** – TE documentation of offering tele-appointment ([link](#))
- **.TelePsychAppt** – tele-visit appointment confirmation using smart phrase, sent via eCare ([link](#))
- **.XXX** – Smart phrase developed by each provider for documenting televisit, including required telemedicine language. See template in Department of Psychiatry Telehealth Provider Guide ([link](#))
- **.TelePsychPtOutOfState** - Smart phrase to be used when treating an established patient while in another state. ([link](#))
- **.OPCAVS** – smart phrase for After Visit Summary sent to patient via eCare. ([link](#))

Telehealth Attending Provider Manual

Information Regarding Telephone Encounters (as of 3/20/2020):

- Until providers are credentialed for telehealth visits, providers can still make and drop codes for telephone visits:
 - MDs can use 99441-99443
 - PhDs can use 98966-98968
 - It is unclear if these codes are reimbursable, but that shouldn't effect whether we drop the codes
 - A telephone encounter vs. visit are the same for billing, but the encounter can be scheduled on your template while the visit is for "On-The-Fly" calls
 - UWP is going to follow up:
 - Malpractice insurance: can providers can use Zoom for telephone calls?
 - CMS: can providers use psychotherapy codes for phone calls r/t Covid Crisis?
 - CMS: can providers use prolonged service codes for telephone calls since the current codes only go up to 30 minutes?