HEALTHWEST

Policy

No. 06-025

Prepared by:                                               Effective: October 2, 2013
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Approved by:                                               Subject: Telemedicine/Telehealth


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I.    PURPOSE:

      To establish a protocol and process for providing telepsychiatry and/or telemedicine/telehealth
      services to individuals receiving services to ensure individuals have access to health-related
      services and information.

II.   APPLICATION:

      All HealthWest and contracted providers who are involved in the telepsychiatry or
      telemedicine/telehealth service process.

III.  DEFINITIONS:

      Telepsychiatry:  A standard of care that is interactive, real-time videoconferencing which
      enables consumers receiving services and health care providers at distant sites to interact
      "face to face."

      Telemedicine/Telehealth: HealthWest aligns with MDHHS as well as Section 3476 of the
      Insurance Code of 1956, 1956 PA 218 MCL 500.3476, as updated on December 20, 2017.
      Therefore, Telemedicine means the use of an electronic media to link beneficiaries with health
      care professionals in different locations.  To be considered telemedicine under this section, the
      health care professional must be able to examine the beneficiary via real-time, interactive
      audio or video (or both) telecommunications system, and the consumer must be able to
      interact with the off-site health care professional at the time the services are provided.


IV.   PROCEDURE:

      Services shall continue to be provided in homes, residential or clinical settings if such services
      cannot reasonably be performed through telehealth methods and are necessary to sustain and
      protect life.  Home-based or clinic-based services are necessary to sustain and protect life if,
      based on a provider's good faith clinical judgement, they are necessary for the individual to
      remain in the least restrictive environment, are required for assistance with activities of daily

living, instrumental activities of daily living (IADLs), be sustained on life-preserving medication, as well as those services necessary to maintain behavioral or psychiatric stability. Essential services that do not require face to face home-based or clinic-based intervention may be performed through telehealth methods, in alignment with the telehealth policy. Each service should be evaluated on an individual basis and the clinical rationale for telehealth methods must be documented. The behavioral health needs of the individual and whether or not a home-based or clinic-based intervention is essential to maintain the individual's health and safety at home and in the least restrictive environment is imperative. The clinical rationale for the use of telehealth services must be reviewed and updated regularly as the individual's needs change.

A. CONSENT for Telemedicine/Telehealth Services must be obtained. HealthWest requires either direct or indirect patient consent for all services provided via telemedicine. This consent must be properly documented in the beneficiary medical record in accordance with applicable standards of practice. This requirement aligns with section 16284 of State of Michigan Public Act No. 359, effective March 29, 2017.
   1. Consent for telemedicine/telehealth is an ongoing process and HealthWest staff are expected to use guidance on consent process as well as documentation standards.
   2. Consent includes orienting beneficiaries on safety and confidentiality standards when using telehealth/telemedicine.

B. Privacy and Security Requirements

   When providing services via telemedicine/telehealth, sufficient privacy and security measures must be in place and documented to ensure confidentiality and integrity of beneficiary-identifiable information. Transmissions, including beneficiary email, prescriptions, and laboratory results, must be secure within existing technology (i.e. password protected, encrypted electronic prescriptions, or other reliable authentication techniques). All beneficiary-staff email, as well as other beneficiary-related electronic communications, should be stored and filed in the beneficiary's medical record, consistent with traditional recordkeeping policies and procedures.

C. Information Systems / Staff Responsibilities

   1. Staff will assure the necessary hardware and software is configured and provided to the telehealth healthcare prescriber to establish connectivity as well as assuring compliance with HIPAA and any other standards to assure clinical information security and confidentiality.
   2. Staff will assure the appropriate videoconference equipment is provided in an office and/or to the staff's electronic device.
   3. Staff will be trained and oriented on use of hardware to ensure all staff are aware that no photos, videos, screenshots or other recordings can be obtained without specific consent to such activity.
   4. Staff will be trained and oriented to best practice procedures for telehealth services as well as ethical implications for individual and group service provision. Staff will assure they fully understand and comprehend resources prior to providing telehealth services.

D.    Offsite Staff Procedure (e.g. working from home)

1. Staff are issued equipment from HealthWest to be used at home and follow IT policy and procedure.
2. Staff are trained in how to use technology, including how to log on to VPN secure network.
3. Administrative Supervisors provide direct supervision to staff working from home. Video Technology is used for supervision including weekly team meetings and weekly individual supervision.
4. Daily activities logs are kept and reviewed with supervision weekly.
5. Staff follow all Policy and procedures on how to use telehealth for service delivery.
6. Telehealth and virtual group guidelines are developed and provided to all staff regarding ethical consideration for telehealth practices as well as maximizing a safe telehealth experience.

E.    Virtual Group Services

1. Policies and Procedures aligned with best practice tools and ethical guidelines provide guidelines for providers.
2. The Groups Operations Committee ensures all group facilitators and co-facilitators have best practice tools and ethical guidelines to assist in group provision.

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