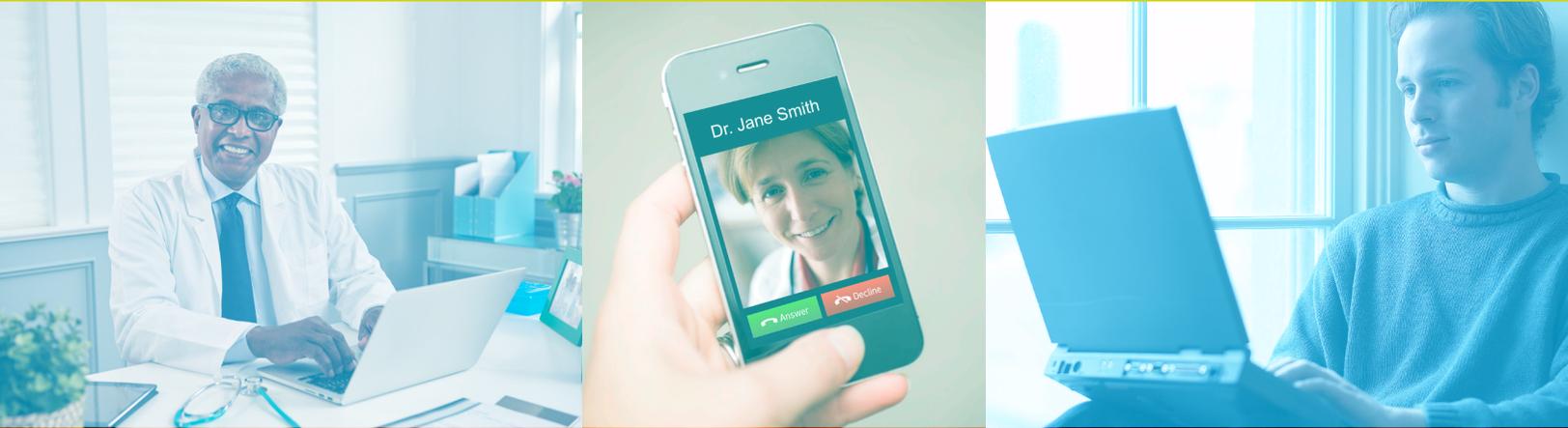


# Key Considerations for Implementing Telepsychiatry Services *in Primary Care Practices*



## About this Guide

Primary care providers are managing an increasing number of patients experiencing mental health and chemical dependency concerns. Telepsychiatry has emerged as a potential evidence-based resource to assist primary care providers. This resource is needed for multiple reasons, including shortages of mental health professionals in Washington State, patient comfort in their medical home setting, the lack of stigma associated with behavioral health treatment in the primary care office, efficient use of psychiatrist's time, and the ease of treating patients in rural or under-served areas by eliminating the need for extensive travel.

Telepsychiatry is the application of telemedicine to the specialty field of psychiatry. The delivery of psychiatric assessment and care through telecommunications technology, usually videoconferencing, can be offered through intermediary companies or individuals that partner with practices to increase care capacities. Many providers are considering adding telepsychiatry services in their primary care practices, and there are many important factors to consider, including models, regulations, technology, and implementation. This guide is meant to provide primary care providers with an overview of key considerations for telepsychiatry services, including questions to consider for a practice's unique needs. Additional in-depth resources are also provided at the end of this guide.



# Telepsychiatry Models

## Questions to Guide Selection:

1. What is the intended purpose for implementing telepsychiatry services?
  - Is there a target patient population to support? If the goal is to target and support more complex patients, a model that is more resource intensive or specialized (e.g. collaborative care or psychiatric referral) may be more appropriate to meet those patients' needs.
2. What current patient care gaps are you focusing on?
  - What are the most common behavioral health concerns for which patients seek your providers' help?
  - Are there diagnoses or psychiatric medications for which your providers would like more support? If your providers are able to manage the majority of patients and only need a periodic consult with an available psychiatrist, a psychiatric consultation model may be most appropriate.
3. What role would the telepsychiatrist fulfill to best support your providers?
  - Do you need consultation services primarily to provide diagnostic clarification and medication recommendations?
  - Do you need medication management for a subset of your patients? The psychiatric referral model may be most appropriate for patients whose psychiatric needs are too complex for the primary care provider to manage.
4. What existing care team members and resources already exist in your clinic?
  - Does your clinic already provide behavioral health services?
  - Do you have other care team members (e.g. RN care manager, social worker) available at your clinic?

## Psychiatric Consultation-Liaison

In this consultation model, the telepsychiatrist provides consultation to the provider caring for a patient on site, and the telepsychiatrist sees the patient as needed for assessment, diagnosis or evaluation. This model can be delivered synchronously (in real time) or asynchronously (stored data forwarded to telepsychiatrist). The telepsychiatrist is usually available to provide consultations and recommendations to the primary care provider or other provider (e.g., social worker, behavioral health specialist), who assume total psychiatric care for the patient.

## Behavioral Health Consultant

Within this model, the telebehavioral health specialist is available to provide on-demand, brief behavioral health support to both the primary care providers and the patients in the primary care setting. Assessment and treatment is coordinated with the primary care provider, who assumes total psychiatric care for the patient.

## Collaborative Care

This model uses a team-based approach. An on-site behavioral health care manager provides brief psychotherapy to patients in the primary care setting, while tracking outcome measurements (e.g. PHQ-9 for depression) and coordinating care with the primary care provider and telepsychiatrist. The telepsychiatrist is available to provide medication and treatment recommendations for the patients on the care manager's caseload, but ultimately the primary care provider continues to manage the patient's psychiatric medications.

## Psychiatric Referral

This utilizes the traditional model of psychiatric care, where the telepsychiatrist is available to become a patient's primary psychiatric prescriber and/or conducts one-time psychiatric consults, seeing patients virtually during a scheduled block of time in the primary care clinic. The telepsychiatrist will still be part of the care team, collaborating with the primary care provider and participating in treatment planning as necessary.

# Telehealth Regulations

## Questions to Consider:

- What federal and state regulatory issues and requirements will you need to know before implementing a telepsychiatry model?
- How does “originating site” (i.e. where the patient is located) and “distant site” (i.e. where the telepsychiatric consultant is located) affect these regulations and requirements?

## Licensure

When a telepsychiatry service is delivered, the psychiatrist must hold a license in the state where the patient is located. Please refer to Washington State’s professional licensing body, Department of Health, for further information. (<https://www.doh.wa.gov/LicensesPermitsandCertificates>)

## Credentialing

Psychiatrists who deliver telepsychiatric care to a patient in a Joint Commission accredited hospital must be credentialed and privileged at that hospital. Through Washington State telehealth bill SB5175, which passed in July 2015 and became effective January 2017, a psychiatrist may be credentialed at the site where the patient is located (“originating site”) through a “credential-by-proxy” process. In credential-by-proxy, the originating hospital may rely upon the credentialing and privileging decisions of the distant site hospital (where the psychiatrist is credentialed), as long as certain provisions, including a written agreement between the two hospitals, are met.

## Reimbursement

- The Centers for Medicare and Medicaid Services (CMS) has set forth specific guidelines for telemedicine reimbursement, including eligible originating sites and rurality requirements, eligible provider types, and allowable CPT codes.
- There are specific modifiers that must be used with CPT and HCPCS codes for telemedicine billing, which can be located at CMS. (<https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Risk-Adjustors-Items/CPT-HCPCS.html>)
- For Washington State, please refer to the most recent regulations detailed in the [Revised Code of Washington](#) (RCW) and the [Washington Administrative Code](#) (WAC). Washington Medicaid will reimburse for certain telemedicine services. (RCW 74.092.325 & RCW 48.43.735; WAC 182-531-1730).
- For behavioral health integration, there are Medicare G codes (in 2018, they will become CPT codes) that may be used to capture additional payments.

## E-Prescribing

Telepsychiatrists have the prescribing authority within Washington State, but there are also federal restrictions regulating online internet prescriptions and prescribing of controlled substances through telepsychiatry as set forth by the Ryan Haight Online Pharmacy Consumer Protection Act of 2008. Please refer to regulations as detailed in the RCW (RCW 69.50.312) and WAC (WAC 246-870-010 – 248870-090).

## Other Regulations

You may need to verify potential telehealth accreditation standards set forth by appropriate accreditation agencies (e.g., The Joint Commission, National Committee for Quality Assurance) for your setting.

# Technology Considerations

## Questions to Consider:

- What internal IT support capacity do you currently have?
- How will you create a secure environment for scheduling and rooming telepsychiatry sessions?
- What is your room/space capacity? Will you have a designated room and computer to connect to the telepsychiatrist? Are there other layout considerations?

## Connectivity

Internet-based systems are typically much less expensive than other connectivity options. Be sure you have adequate access to broadband if you would like the ability to videoconference with the telepsychiatrist.

## Platform

There are many internet and cloud-based platforms that are secure and can be made Health Insurance Portability and Accountability Act (HIPAA) compliant by signing a Business Associate Agreement (e.g. VSee, Zoom). There are a variety of third-party telepsychiatry vendors available to practices (e.g. Insight Telepsychiatry, Forefront Telecare) that may use their own proprietary platforms.

## Security/Privacy

Ensure that you comply with federal regulations (e.g. HIPAA, 42 CFR Part 2) and state-specific regulations. Employ additional risk management strategies to ensure network security.

# Implementation Considerations

## Questions to Consider:

- What new workflows/processes will you need to develop to support the telepsychiatry model you are considering?
- What are your current staff capabilities and what additional staff support will you need?
- Will you require additional room and/or space for the telepsychiatry session?
- Do you need to consider aspects of engaging providers and other clinic staff in this process to ensure they see value in this?
- What processes do you currently have in place – or need to implement – to address mental health emergencies?

## Workflow

Assess current workflow/process for how providers care for patients with mental health needs to determine how that may differ from what is required with a telepsychiatrist.

## Electronic Health Record

Determine what capabilities will need to be modified or added into your electronic health record (EHR) for scheduling, documentation, and billing purposes. You may need to discuss this with your EHR vendor.

## Informed Consent

Determine how informed consent is currently being gathered and what language may need to be altered in these documents to make it more appropriate for telepsychiatric purposes.

## Tracking Tools/Registry

For practices considering or already utilizing a registry/patient tracking tool to track mental health-related clinical outcomes, determine who will be responsible for this registry and what workflows will need revisions to accommodate this new process. There are many forms of registries that can be used: a simple Excel spreadsheet, capabilities through your EHR, or using a licensed tracking system, such as the UW Advancing Integrated Mental Health Solutions (AIMS) Center's system.

# Additional Resources

## Telepsychiatry Toolkits

- American Psychiatric Association:  
<https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/telepsychiatry-toolkit-home>
- Northwest Regional Telehealth Resources Center (NRTRC): <https://www.nrtrc.org/education-article-62>
- Substance Abuse and Mental Health Services Administration (SAMHSA): *(Accessible to SAMHSA members only)*  
<https://www.samhsa.gov/integrated-health-solutions/resource-library/telebehavioral-health-tta>

## General Telehealth Implementation Toolkits/Resources

- American Telemedicine Association: <http://www.americantelemed.org/home>
- California Telehealth Resource Center: Telehealth Program Developer Kit:  
<http://caltrc.org/wp-content/uploads/2014/12/Complete-Program-Developer-Kit-2014.pdf>
- Centers for Medicare and Medicaid Services: Telehealth Services Fact Sheet:  
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>
- Northwest Regional Telehealth Resource Center: <https://www.nrtrc.org/>
- Washington State Telehealth Implementation Guidebook:  
<https://www.dshs.wa.gov/sites/default/files/BHSIA/FMHS/DSHSTelehealthGuidebook.pdf>

## Rural Health Clinic

- Centers for Medicare and Medicaid Services: Rural Health Clinic Fact Sheet:  
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctsht.pdf>
- Health Resources & Services Administration (HRSA) Medicare Telehealth Eligibility Analyzer:  
<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.aspx>

## Regulations/Legal Resources

- Epstein Becker Green: 50-State Survey of Telemental/Telebehavioral Health (2016):  
<http://psychology.ohio.gov/Portals/0/MISC%20PDFs/EPSTEIN-BECKER-GREEN-50-STATE-TELEMENTAL-HEALTH-SURVEY.pdf>
- Revised Code of Washington (RCW): RCW 74.092.325 & RCW 48.43.735: <http://apps.leg.wa.gov/rcw/>
- Washington State Department of Health: Licenses, Permits, and Certificates:  
<http://www.doh.wa.gov/LicensesPermitsandCertificates>
- Washington Administrative Code (WAC): WAC 182-531-1730: <http://apps.leg.wa.gov/wac/>

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Heidi Sutter, OD, MPH Candidate, University of Washington Online Executive MPH Program