

Behavioral Health Institute (BHI)
Training, Workforce and Policy Innovation Center
TeleBehavioral Health 101 Training Series

Behavioral Health Telehealth Resource

Visit our [website](#)

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Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

The Behavioral Health Institute (BHI) Is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment. The BHI established initial priority programs which include:

- Improving care for youth and young adults with early psychosis
- Behavioral Health Urgent Care Walk in Clinic
- Expanded Digital and Telehealth Services
- Behavioral Health Training, Workforce and Policy Innovation Center

WEBINAR LOGISTICS

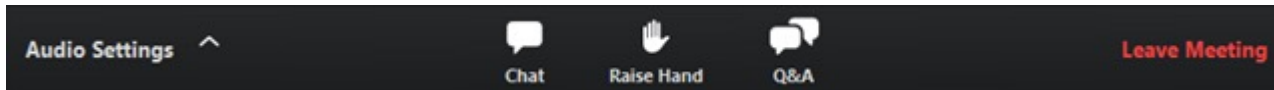
CHAT Box

- We'll share info about logistics
- Let us know if you are having tech issues
- To you: from our training team
- From you: only visible to hosts/panelists
- NOT for content-related questions (see next slide)

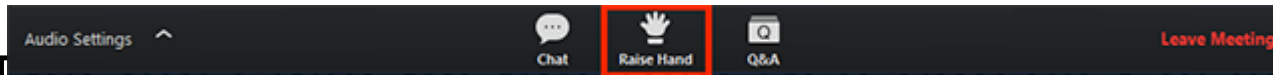
WEBINAR LOGISTICS

Q & A

1. Type question into Q&A Window



2. Raise hand (*will be called on/unmuted in order*)
Click **Raise Hand** in the Webinar Controls.



The host will be notified that you've raised your hand.

Click **Lower Hand** to lower it if needed.



TeleBehavioral Health 101 Series

TeleBehavioral Health 101 is a 6-module online series as follows:

- Session 1: TeleBehavioral Health Overview and Policy*
- Session 2: Getting Started: TeleBehavioral Health Myths, Facts, Security, & Privacy
- Session 3: Getting Started: Do's & Don'ts's, Workflows, and Safety Planning
- Session 4: Billing & Reimbursement for TeleBehavioral Health
- Session 5: Clinical Engagement over Telehealth
- Session 6: Clinical Supervision in Telehealth

*Please note that Session 1 meets Washington State SB6061 training requirements (effective Jan. 1, 2021) for clinicians providing telehealth services.

DISCLAIMER

- > Speaker has no relevant conflicts of interest to disclose.
- > Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- > Federal and state policies change frequently.
- > Always consult with legal counsel.

DISCLOSURE

Planner Disclosures:

The following series planner have no relevant conflicts of interest to disclose:

- Melody McKee SUDP MS
- Cara Towle MSN RN MA
- Kimbo Smith MA Med
- Bradford Felker MD

Speaker Disclosures:

- No speakers in this series have any reported conflicts to disclose.

We gratefully acknowledge the support from



and




BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH:

TeleBehavioral Health 101 GETTING STARTED: FACTS & MYTHS, AND SECURITY & PRIVACY

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BEHAVIORAL HEALTH INSTITUTE

HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

SESSION #2 Getting Started: TeleMental Health Myths & Facts, and Security & Privacy

OBJECTIVES:

- > State one common myth related to Telemental Health care.
- > List one example Telemental Health technology incorporates HIPPA rules.
- > List one example of how COVID-19 has impacted HIPPA and other security issues.

WHERE WE STARTED



In TV sessions, patients (posed by NPI staff) sit in V-formation so that therapist (on screen) can follow facial expressions on his own monitor.

HISTORICAL PERSPECTIVE 1970-2020

- 1970's
 - 15 federally funded telemedicine projects in the 1970s.
 - Cumbersome and expensive technologies .
- 1980's
 - Resurgence in the 1980s with widespread entry into computer age.
- 1990's
 - International telemental health applications (e.g. Australia).
- 2000's
 - Improved technology and internet access opens possibilities for multiple digital health modalities
 - Policies, billing, re-imburement were lagging pre-COVID

MYTHS AND FACTS

- ***“Diagnoses are not valid”***
 - Hilty et al. Telemedicine Journal and e-Health. 2013;19:444-454.
 - Hubble et al. World Journal of Psychiatry. 2016; 22;6(2): 269-282
- ***“Treatment is not as good”***
 - Ruskin et al. Am. J Psychiatry 2004; Aug;161(8):1471-6.
 - Hailey et al. Can J Psychiatry 2008; 53(11):769-78.
 - Fortney et al. JAMA Psychiatry 2015;72(1):58-67.
 - Hubble et al. World Journal of Psychiatry. 2016; 22;6(2): 269-282

2004 – Comparable Outcomes with Tele-Mental Health and Face-to-Face Treatment for Depression

- Landmark study published in 2004, Paul Ruskin, MD, et al of the Baltimore VA
- Compared remote “telepsychiatry” treatment of depression to in-person treatment
- Comparable outcomes: Hamilton Depression Rating Scales, Beck Depression Inventory Scores, drop-out rates, satisfaction
- **Ruskin PE, Silver-Aylaian M, Kling MA, Reed SA, Bradham DD, Hebel JR, Barrett D, Knowles F 3rd, Hauser P.** [Treatment outcomes in depression: comparison of remote treatment through telepsychiatry to in-person treatment.](#) *Am J Psychiatry.* 2004 Aug;161(8):1471-6).

MYTHS AND FACTS

- ***“Elderly don’t like it”***

- Actually, elderly really appreciate the convenience of it.
- Appreciate the improved access to providers.
- Today’s technology is not that complicated and easily taught.
- Often has options to make it more user-friendly (e.g., large text).
- Often have experience communicating with family.
- More likely that education and income level predict internet use than age.

- *Loera. Telmedicine and e-Health. 2008; 14(10):1087-1090.*
- *Haluza et al. Health Communications 2016; 32(11): 1342-1349*

MYTHS AND FACTS

- ***“Patients and providers are not satisfied”***
 - More empathic possibly due to greater eye contact.
 - Patients report less anxiety; “white coat”.
 - Better access to specialists.
 - Reduced travel time.
 - Decreased power relationship.
 - Virtual space seen as safer to both patients and providers (e.g. vulnerable populations).
- Yellowlees et al. International Review of Psychiatry. 2016; 27(6): 476-489
- Hublely et al. World Journal of Psychiatry. 2016; 22;6(2): 269-282

MYTHS AND FACTS

- ***“Only stable patients should be treated with CVT”***
- Clinical video telehealth (CVT) has the potential to deliver much-needed mental health services to individuals at risk for suicide who face access barriers.
- None of the literature, professional guidelines, and laws pertaining to the provision of mental health services via CVT suggest that high-risk patients should be excluded from this modality.
- Best practices for assessment and management of suicide risk can be feasibly performed by mental health professionals via CVT.
- Mental health professionals delivering services via CVT to high-risk patients would benefit from a multidisciplinary network of CVT providers for referral and consultation.
- McGinn et al. *Psychiat Clin N Am.* 2019; 42: 587-595

MYTHS AND FACTS

- ***“Ethically, it is too risky when compared to in-person care”***
 - Nice review of considerations to assure ethical care is being delivered:
 - Providing competent, safe care.
 - Ensuring informed consent.
 - Managing boundaries.
 - Ensuring continuity of care.
 - Addressing health equity.
 - Promoting privacy and confidentiality.
- Sabin et al. International Review of Psychiatry. 2015; 27(6): 490-495

ADDRESSING PRIVACY AND CONFIDENTIALITY RISK ASSOCIATED WITH TELEHEALTH SERVICES: HIPAA & SECURITY



ADDRESSING PRIVACY AND CONFIDENTIALITY RISK ASSOCIATED WITH TELEHEALTH SERVICES: HIPAA & SECURITY

HIPAA Security & Privacy

<https://www.cchpca.org/telehealth-policy/hipaa>

- HIPAA protects personal health information (PHI)
- If a health care provider is utilizing telehealth that involves PHI, the provider must meet the same HIPAA requirements as if the service was provided in-person.
- Telehealth technology, such as software or other equipment, should use encryption, require passwords, and utilize other safeguards. Business Associates Agreements (BAAs) with vendors is one way to confirm HIPAA compliance of the technology.
- Don't forget to consider the security and requirements of the physical location of the patient and provider.

HIPAA & SECURITY during the COVID-19 PUBLIC HEALTH EMERGENCY

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

- **Office of Civil Rights (OCR) Waiver during Covid19 Public Health Emergency**
 - Will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
 - Applies even if the telehealth care is not related to diagnose or treat health conditions r/t Covid19.
 - Can use any non-public-facing audio or video technology.

HIPAA & SECURITY during the COVID-19 PUBLIC HEALTH EMERGENCY

- Popular video chat applications that are non-public facing, such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, **may be used** to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth.
 - Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
- Public facing Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and **should not be used** in the provision of telehealth by covered health care providers.

HIPAA & SECURITY during the COVID-19 PUBLIC HEALTH EMERGENCY

- HIPAA Safe Harbor Bill (HR 7898) Becomes Law
 - Amends the HITECH Act to require HHS to incentivize best practice cybersecurity for meeting HIPPA requirements.
- What is the HITECH Act?
 - Law passed in 2009 to promote expansion and adoption of IT to use electronic health records.
 - Tightened HIPPA rules and penalties for HIPPA violations to encourage EHR compliance.
 - Successful! EHRs adoption in 2008 (3.2%) and by 2017 (86% office based, 96% hosp.).
- Can you decipher all that? So, this means HR 7898:
 - Encourages programs to use cybersecurity best practices, guidelines and procedures.
 - Instructs HHS to take into account use of industry-standard cyber security practices when investigating possible HIPPA violations and assessing fines especially related to cyberattacks.
 - Provides a positive incentive for health providers to increase investment in cybersecurity.

ADDRESSING PRIVACY AND CONFIDENTIALITY RISK ASSOCIATED WITH TELEHEALTHSERVICES: 42 Code of Federal Regulations (CFR) Part 2

https://coephi.org/sites/default/files/provider_telehealth_and_privacy.pdf

[Fact Sheet: SAMHSA 42 CFR Part 2 Revised Rule | HHS.gov](#)

<https://www.samhsa.gov/coronavirus>

- > Defined: Is a federal regulation that requires substance abuse disorder treatment providers to observe privacy and confidentiality restrictions with respect to patient records.
- > COVID-19 changes with regards to Telehealth, key Points for Part 2 Consent Forms:
 - In-person consent for sharing protected health information is not needed.
 - Part 2 allows e-signatures on consent forms, as long as state law permits.
 - Providers should obtain consent from the patient to disclose to the telehealth service if it will have access to patient information.
 - Consent is needed for disclosures of patient-identifying information to payers and other non-medical third parties and must be accompanied by a notice prohibiting re-disclosure.
 - Chart documentation for when info is shared during an emergency without pt. consent remains.
 - Should note how consent is obtained and document how services are provided (e.g. TMH).

ADDRESSING PRIVACY AND CONFIDENTIALTY RISK ASSOCIATED WITH TELEHEALTH SERVICES: HIPAA & SECURITY

- > Washington State HCA Zoom licenses are HIPAA and 42 CFR part 2 compliant
- > WA Medicaid: under the circumstances, Medicaid is covering a variety of technology modalities in lieu of in-person visits to support evaluation, assessment and treatment of clients. These modalities include:
 - Telemedicine for HIPAA compliant, interactive, real-time audio and video telecommunications, which is already covered;
 - Other forms of telehealth, such as online digital exchange through a patient portal; telephone calls, FaceTime; Skype; email. Texting may also be used, but the agency cautions as to the extent this should be used for doing assessments and providing treatment. .

<https://www.hca.wa.gov/assets/billers-and-providers/behavioral-health-policy-and-billing-COVID-19.pdf>

DOCUMENTING TELEMEDICINE CONSENT

- > Inform clients when using a non-HIPAA compliant technology
- > Obtain patient consent via mail for written consent, electronic signature
- > Verbal consent
 - Document and date
 - Obtain written or electronic signed consent asap

MAINTAIN PRIVACY and CONFIDENTIALITY

- > Take precautions as you would for in-person care:
 - Private setting
 - Sound insulation, avoid background noise
 - Avoid disruptions, background activities

ADDRESSING PRIVACY AND CONFIDENTIALTY RISK ASSOCIATED WITH TELEHEALTH SERVICES: HIPAA & SECURITY

Use platform functions to increase security and privacy

- > Waiting room
- > Locking meeting
- > Passwords
- > Stopping pop-ups
- > Cautions while screen sharing
- > Making co-host
- > Recording policy

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BEHAVIORAL HEALTH TELEHEALTH RESOURCE

For more information including upcoming training
& additional resources:

Visit us online:

<https://bhi-telehealthresource.uwmedicine.org/>

Email us:

melmckee@uw.edu

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Slides & resources will be posted after the session

<https://bhi-telehealthresource.uwmedicine.org/>

After today's session:

- Required Registration at [Pre-Registration \(iths.org\)](https://iths.org)
- Post-webinar email:
 - Post-test.
 - Only for today's webinar - per SSB6061 requirements
 - Pass = 80% or better
 - Evaluation - required for each session to obtain a Certificate of Completion.
 - CME information – nominal cost.
 - Certificate of Completion - no cost.
 - Maintain your Certificate of Completion to meet the Washington State Telehealth Training requirement.

TELEBEHAVIORAL HEALTH 101

- **6-module Online Self-Study***
Or...

<https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series>

- **6-session Interactive Webinar**

Register at: https://uw-phi.zoom.us/webinar/register/WN_64sfo7hrT-6TOibLXQUxIQ

- Introduction to TeleBehavioral Health and Policy Overview* (webinar 11am-12pm on 1/8/21)
- Getting started: Facts & Myths, and Security & Privacy (webinar 11am-12pm on 1/22/21)
- Digital Health Do's & Don't's, Workflows, and Safety planning (webinar 11am-12pm on 1/29/21)
- Billing and Reimbursement for TeleBehavioral Health (webinar 11am-12pm on 2/5/21)
- Clinical Engagement over Telehealth (webinar 11am-12pm on 2/12/21)
- Clinical Supervision in Telehealth (webinar 11am-12pm on 2/26/21)

***Session 1 will meet the requirements for telehealth training as established by Washington SB6061, effective January 2021. A certificate will be issued for each module completed.**

Please see next slide for CME information....

TELEBEHAVIORAL HEALTH 101

CME Information

▪ **6-module Online Self-Study***

<https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series>

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this enduring material for a maximum 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learners have the opportunity to complete up to 6 modules, with each module accredited for 1 *AMA PRA Category 1 Credit™*.

▪ **6-session Interactive Webinar**

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The University of Washington School of Medicine designates this live activity for a maximum of 6 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.0 credits)

*******Learners may obtain CME credits from the online self-study module OR the webinar series, but not both.*******

TELEBEHAVIORAL HEALTH 201 SERIES

Monthly series: 3rd Friday of each month, 11am-12pm PST:

- **10/23/20 – TELEHEALTH POLICY – THE CHANGING FEDERAL AND STATE LANDSCAPE**
- **11/20/20 – PREPARING PATIENTS & TECHNOLOGY for TELEHEALTH**
- **12/18/20 – DOING GROUPS over TELEHEALTH**
- **01/15/21 – MOBILE HEALTH (mHEALTH) FOR SERIOUS MENTAL ILLNESS**
- **02/19/21 – PROVIDER SELF-CARE & WELLNESS in the ERA of TELEHEALTH and COVID**
- **03/19/21 – BEHAVIORAL HEALTH APPS**
- **04/16/21 – CHILDREN and TELEBEHAVIORAL HEALTH**
- **05/21/21 – APPLYING TELEHEALTH to SUD TREATMENT in COMMUNITY-BASED SETTINGS**
- **06/18/21 – (tentative) CULTURAL COMPETENCE & HUMILITY in TELEBEHAVIORAL HEALTH**
- **07/16/21 – APPLYING TELEHEALTH to MEASUREMENT-BASED CARE**
- **08/20/21 – SUICIDE RISK ASSESSMENT over TELEHEALTH**
- **09/17/21 – COUPLES & FAMILY THERAPY over TELEHEALTH**

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH SESSION ATTENDED

CME Accreditation

Register at: https://uw-phi.zoom.us/webinar/register/WN_6GBzJWGXRE6yNM9N_fRIjA

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of **12 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.0 credits)

CME-accredited Case Conference Series for Washington State Healthcare Providers

Psychiatry & Addictions Case Conferences (UW PACC-ECHO)

Didactic presentations and case consultations

12:00-1:30 pm, Thursdays

uwpacc@uw.edu ictp.uw.edu/programs/uw-pacc

UW TelePain series

Didactic presentations and case consultations

12:00-1:30 pm, Wednesdays

telepain@uw.edu

<https://depts.Washington.edu/anesth/care/pain/telepain>

CME Accreditation

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of **72 AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.5 credits)

Telephone Consultation Services for Washington State Healthcare Providers

Psychiatry Consultation Line (PCL)

for prescribing providers with adult psychiatry and/or addictions questions

Staffed 24/7

877-WA-PSYCH (877-927-7924) | pclwa@uw.edu | <https://pcl.psychiatry.uw.edu/>

Partnership Access Line (PAL)

for primary care prescribers with child and adolescent psychiatry questions

8am - 5pm, Monday - Friday (excluding holidays)

866-599-7257 | paladmin@seattlechildrens.org

| www.seattlechildrens.org/PAL

PAL for Moms

for providers with behavioral health questions related to pregnancy and postpartum

9am - 5pm, Monday - Friday (excluding holidays)

877-PAL4MOM (877-725-4666) | ppcl@uw.edu | www.mcmh.uw.edu/ppcl

UW TelePain Hotline

for providers caring for patients with complex pain medication regimens, particularly high dose opioids

8.30am – 4.30pm, Monday - Friday (excluding holidays)

1-844-520-PAIN (7246) | Staffed by UW Division of Pain Medicine pharmacists and physicians