



The Royal
Australian &
New Zealand
College of
Psychiatrists

Telepsychiatry



Professional Practice Standards and Guides for Telepsychiatry



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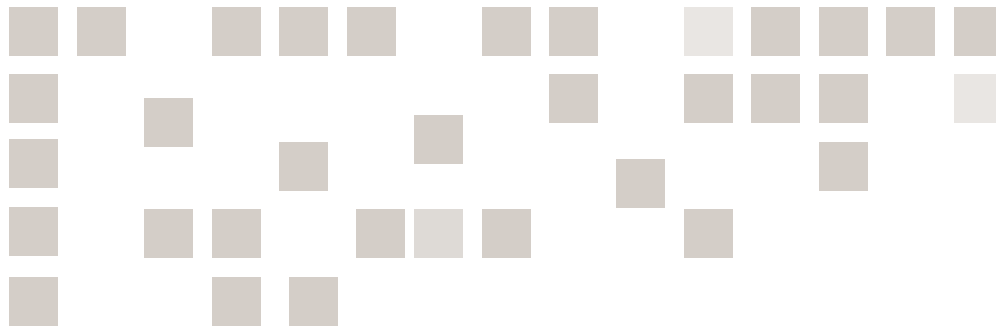
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Key Points and Messages

The important messages in this document are:

1. The Australian Government has supported an initiative to increase the use of Telehealth, for rural and remote Australia. The initiative also includes Aboriginal Medical Services and Aged Care Services, regardless of location¹.
2. Psychiatric interviews conducted over videoconferencing can be reliable for diagnostic assessment and treatment recommendations and can be as effective as face-to-face consultations in achieving improved health outcomes.
3. A number of studies have demonstrated that Telepsychiatry can be as effective as face-to-face consultations in achieving improved health outcomes^{2,3}. They can also be a dependable mode of service delivery in routine new referrals.
4. The principles and considerations of good clinical care continue to be essential in Telepsychiatry⁴.
5. As in any psychiatric consultation, it is important to provide sufficient information to enable patients and carers to make informed decisions regarding their care.
6. There is an enhanced requirement for privacy and confidentiality and to provide an explicit assurance to the patient regarding the maintenance of confidentiality of the Telepsychiatry session.
7. It is important when undertaking Telepsychiatry that the practice seeks sufficient advice from their medical indemnity insurance.
8. For psychiatric emergencies, the Telepsychiatry practice should work in coordination with local services.
9. The implementation of Telepsychiatry requires a planned and coordinated approach.
10. Video consultations are most successful when systems that are appropriate for clinical purposes are used.
11. It is important when undertaking Telepsychiatry that local, cultural and technological factors including groups with special needs are taken into consideration.
12. Nominated carers are identified, supported and incorporated into service provision where appropriate and their involvement is regularly reviewed.

¹ As of 1 January 2013, Medicare rebates for video consultations are only available to patients outside of RA1- Major Cities as well as patients of residential aged care facilities or Aboriginal medical services anywhere in Australia. To check whether the patient falls outside of RA1- Major Cities, please visit www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/locator

² Antonacci, D, Bloch, R, Saeed, S, Yildirim, Y, and J. Talley, 2008, *Empirical Evidence on the Use and Effectiveness of Telepsychiatry via Videoconferencing: Implications for Forensic and Correctional Psychiatry, Behavioral Sciences and the Law Behav. Sci. Law* 26: 253–269.

³ Garcia-Lizana, F, and I. Muñoz-Mayorga, 2010, *What About Telepsychiatry? A Systematic Review, Prim Care Companion J Clin Psychiatry*. 12(2).

⁴ RANZCP Code of Ethics, 2010, Available at www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/code_ethics_2010-pdf.aspx



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Introduction

The Royal Australian and New Zealand College of Psychiatrists has developed a Position Statement #44 on Telepsychiatry and Quality Practice Guidelines for Telepsychiatry. The Position Statement and the Guidelines have been in place since 1999 and they are reviewed every 3 years. The Quality Practice Guidelines are now integrated into these professional practice standards for Telepsychiatry.

In 2011, The Australian Government introduced the *Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultation initiative*. On 1 July 2011, Medicare rebates and financial incentives for psychiatrist

video consultations were introduced to address some of the barriers to accessing psychiatric services, particularly for Australians in remote, regional and outer metropolitan areas. The success of Telepsychiatry can best be illustrated by the data in Table 1: use of MBS 288 (Consultant Psychiatrist Attendances), which shows the burgeoning uptake of Telepsychiatry from 58 consultations in July 2011 to 1,320 in December 2012 alone. Given the significant uptake of Telepsychiatry, these Professional Practice Standards aim to establish as well as enhance the quality and safety of Telepsychiatry practice.

Use of MBS 288

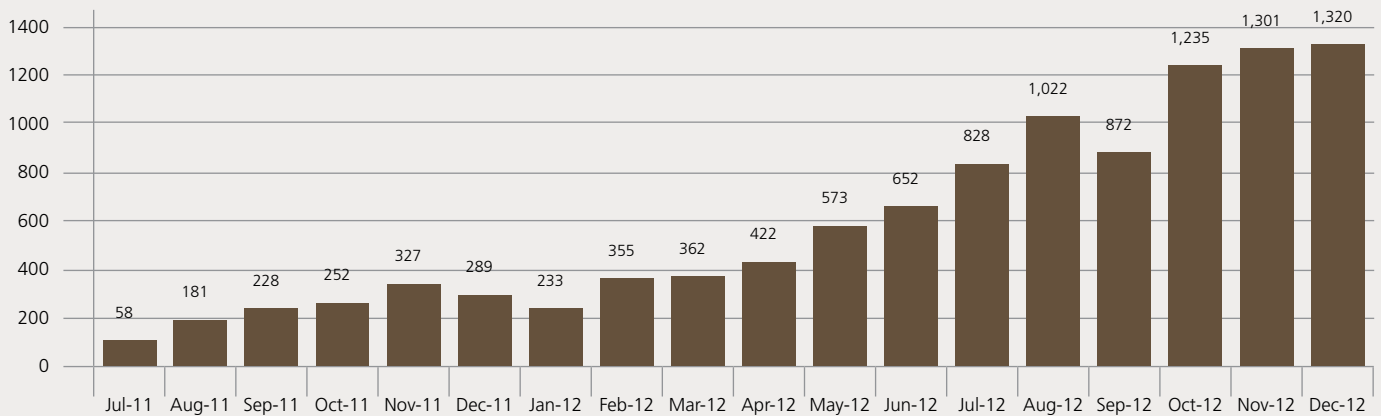


Table 1: The use of Medicare Benefit Schedule Item 288 from July 2011 to December 2012
Source: RANZCP based on Medicare Australia



About These Standards and Guides

These standards and guides are specific to the use of video-conferencing to provide diagnostic assessment, treatment recommendations and consultations. The principles of good clinical practice will continue to be applicable. These standards and guides should be read in conjunction with RANZCP's Telepsychiatry Position Statement #44.

The technical specifications for Telepsychiatry are available at the Australian College of Rural and Remote Medicine e-health website: www.ehealth.acrrm.org.au

Further information and resources can be found by following this link: www.ranzcp.org/Resources/Telehealth-in-psychiatry.aspx

Clinical applications

Clinical applications for the practice of Telepsychiatry take the form of diagnostic, therapeutic, and forensic. Common applications include pre-hospitalisation assessment and post-hospital follow-up care, scheduled and urgent outpatient visits, medication management, psychotherapy and consultation. The following are examples of the services that can be delivered via Telepsychiatry:

- Crisis assessment and intervention
- Follow up and review of treatment
- Non-acute medication review
- Development of a clinical management plan
- Psychotherapeutic support
- Cognitive behavioural therapy
- Group therapy
- Hypnotherapy
- Individual, marital or family assessment and/or therapy

Telepsychiatry can be used clinically for both assessment and treatment. It is effective for case conferencing and consultation-liaison work, and can be incorporated into a range of service delivery models.

Telepsychiatry consultations

Telepsychiatry consultations may be conducted between psychiatrists, between a psychiatrist and another health care provider (e.g. a GP, clinical nurse practitioner), or between a patient and mental health professionals. Another health care provider or family member may also be present in a Telepsychiatry consultation with the psychiatrist and patient. Telepsychiatry consultations may be in addition to periodic face-to-face contact or may be the only contact. They are typically supported by additional communications technologies such as faxed or emailed consultation information or the transmission of an electronic medical record.

Clinical supervision

Supervision of trainees at a distant site can assist with training and patient care and may be done either in real-time with the supervisor present via videoconferencing, or, when appropriate, by the use of store and forward technology.

Clinical specifications

Psychiatric interviews conducted over videoconferencing have been shown to be as reliable for diagnostic assessment and treatment recommendations. In some studies, it has been shown that it may be as effective as face-to-face consultations in achieving improved health outcomes. It can also be a dependable mode of service delivery in routine new referrals.

It is important that professional standards and guides are maintained in the delivery of care in the Telepsychiatry setting, recognising that certain modifications may need to be made to accommodate specific circumstances. Telepsychiatry provides the opportunity for clinical treatment plans to be developed with input from others who would not otherwise be available in treatment (including primary health providers, case managers etc).

A. Practice Standards for Telepsychiatry

Standard 1: Informed patient decisions

The Telepsychiatry practice should provide sufficient information to enable patients to make informed decisions regarding their care.

- 1.1 The patient should receive a full explanation regarding the process of the Telepsychiatry session, so that he/she is able to give informed consent to participation. This consent can be verbal or written.
- 1.2 The patient should be provided with information about the purpose of the Telepsychiatry service (why it was initiated and the objectives); the benefits, limitations and risks of the service; and the differences between Telepsychiatry consultations and alternative options for care.
- 1.3 The patient should be provided with information about the potential limitations of IT security, provided by third parties⁵.

For example, prior to a Telepsychiatry consultation, the practice should:

Provide patients with easy access to plain language information about Telepsychiatry and if there will be out-of-pocket charges for Telepsychiatry consultations

Inform patients if anyone else is to be present and about the role of each person who is involved in delivering their care

With informed consent, feedback from the information obtained will be relayed to the local GP and other locally based healthcare providers

Notify patients that standards-based systems are used to protect their privacy and data security, but total protection cannot be guaranteed. If non standards-based systems are used, then the patient should be informed about any additional risks to quality, reliability or security

Provide patients with information about their rights and responsibilities, including how and where to make a complaint about a Telepsychiatry service.

Standard 2: Collaborating with patients

The Telepsychiatry practice should provide respectful and culturally appropriate care for patients.

- 2.1 The practice should take into account a patient or carer expressing preference for a Telepsychiatry consultation and consider the clinical decision about whether it is safe and clinically appropriate for the patient.
- 2.2 The practice respects patients who prefer to attend face-to-face consultations.
- 2.3 The patient should be informed and his/her permission must be sought for the presence of a carer and/or health professional during the consultation.
- 2.4 The practice should have processes in place to provide adequate privacy for patients and others in distress and be aware about the cultural sensitivities, particularly the recording and viewing of personal images.
- 2.5 Where an interpreter is required, qualified medical interpreters are recommended and the psychiatrist should make technical provision for a separate audio lead where the interpreter is not present in person.

Standard 3: Engagement with carers

The Telepsychiatry practice should actively engage with carers.

- 3.1 Nominated carers play a vital support role in a patient's recovery and should be included in information exchanges, where appropriate, and with the patient's consent.
- 3.2 Each patient's right to privacy must be balanced with their nominated carer's need to give and receive information relevant to their caring role.
- 3.3 Nominated carers must be identified, supported and incorporated into service provision and their involvement should be regularly reviewed. Patient and carer participation is essential in developing best practice guidelines for information sharing.

For example, the practice may provide support for carers, specifically: knowledge and information about caring, mental illness, services, coping strategies; and support and information about quality carer support systems, services and processes.

⁵ Refer to RANZCP's Patient Consent Form and Technical Specifications, available at www.ranzcp.org/Resources/Telehealth-in-psychiatry.aspx

Standard 4: Ethical considerations

The Telepsychiatry practice should be aware of ethical principles when using Telepsychiatry and the patient and/or their informal care provider needs to be able and willing to participate in care by Telepsychiatry.

- 4.1 The practice should incorporate organisational values and ethics statements into Telepsychiatry administrative policies and procedures, inform the patient of their rights and responsibilities and declare any conflict of interest to influence decision making.

Standard 5: Confidentiality and privacy of health information

The Telepsychiatry practice should have an effective system for managing patient information and seek sufficient advice from their medical indemnity insurance.

- 5.1 The practice should be aware of the enhanced requirements for privacy and confidentiality and provide an explicit assurance to the patient regarding the maintenance of appropriate confidentiality of the Telepsychiatry session.
- 5.2 There should be no audiovisual or audio recording of a Telepsychiatry session without written, informed consent from the patient. When recording Telepsychiatry consultations, the practice should keep records securely.

- 5.3 The practice must have procedures in place to ensure privacy and confidentiality.⁶ Patient health records and personal health information should be collected in accordance with National Privacy Principles and comply with the Privacy Act (1988)⁷.
- 5.4 The practice should demonstrate how patient health records can be accessed by an appropriate team member when required and describe the processes they use to provide patients with access to their health information.

For example, billing and coding processes should be in place that share information across systems for the purposes of payment that do not risk exposure of mental health patients' personal health information.

Clinicians need to be aware that third party providers have the potential to record Telepsychiatry data.

Standard 6: Patient health records

The Telepsychiatry patient health records should contain sufficient information to identify the patient and to document the reason(s) for a visit, relevant examination, assessment, management, progress and outcomes.

- 6.1 There are processes in place for documentation, storage, and retrieval of Telepsychiatry records and specific descriptions that address who can have access to the records.

- 6.2 There are individual patient health records containing all the health information held by the practice about that patient and there are compliance protocols on the sharing of clinical history and results with established legal and regulatory requirements.
- 6.3 The practice should have agreements in place that outline the procedure for securely sharing such clinical history and results and for reviewing laboratory or procedure results via remote health record access or facsimile.

Standard 7: Documentation

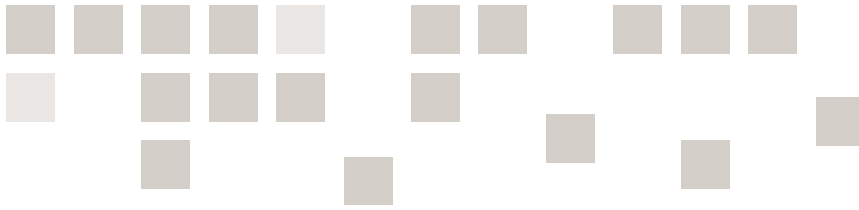
The Telepsychiatry practice should engage with a range of relevant health and community services to improve patient care.

- 7.1 The Telepsychiatry practice should have procedures in place for securely sharing patient mental health information with GPs.
- 7.2 The practice should also provide information to a GP that meets legal and regulatory requirements for referral in preparation for evaluating the patient and for on-going patient management.

For example, it may be clinically indicated for the consultant to disclose confidential information to the locally based health professionals who may not have been present within the session but who have significant ongoing clinical responsibility for the patient.

⁶ Refer to RANZCP's Guidance for Electronic Media Recording and Storage at www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/Practice_Guidelines/Media_recording_and_storage-pdf.aspx

⁷ Refer to RANZCP's Guidance for Electronic Media Recording and Storage at www.ranzcp.org/Files/ranzcp-attachments/Resources/College_Statements/Practice_Guidelines/Media_recording_and_storage-pdf.aspx



Standard 8: Education and training

The Telepsychiatry practice should support and encourage quality improvement and risk management through education and training resources for psychiatrists.

- 8.1 The practice should have the necessary education, training/orientation, and continuing education/professional development for staff to ensure they possess the necessary competencies for the provision of quality Telepsychiatry services.
- 8.2 The practice should be appropriately qualified and trained in the use of Telepsychiatry, have current Australian registration and participate in continuing professional development.

Standard 9: Safety and quality⁸

The Telepsychiatry practice should have in place a set of standard operating procedures or protocols that should include (but are not limited to) administrative, clinical and technical specifications.

- 9.1 The practice should have policies and procedures that address all aspects of administrative, clinical and technical components regarding the provision of Telepsychiatry and ensure that the policies and procedures are updated on an annual basis or more often as needed.

- 9.2 The practice should have in place a systematic quality improvement and performance management process that complies with any organisational, regulatory or accrediting requirements for outcomes management. These quality improvement indicators should address the critical components of providing Telepsychiatry services and are used to make programmatic and clinical changes.
- 9.3 The practice should comply with the specific consent to treat and for medication administration that apply to the area of mental health. Although a special consent is not needed to use Telepsychiatry to serve patients, additional layers of consent are required during the course of treatment of persons with mental health conditions.

For example, there must be procedures in place between organisations and Telepsychiatry practitioners for the purposes of obtaining and sharing consent for mental health treatment and services.

- 9.4 The practice should be aware of who has regulatory authority and any and all requirements (including those for liability insurance) that apply when practising Telepsychiatry in another jurisdiction (e.g. across state lines), with particular attention to the additional responsibility that might apply in mental health legislation.

- 9.5 The practice should have a record of the Telepsychiatry consultation at both the referring and consulting sites. This must include documentation about the aspects of the clinical consultation, the patient, the site and who was present.
- 9.6 The practice should communicate with referring practitioners or other health providers and keep written records of the consultation according to legal and regulatory requirements at least at one site (referring and/or consulting).

For example, reports should be faxed, mailed or electronically sent after the consultation has ended using secure methods. The practice should provide, at a minimum, the diagnosis and/or differential diagnoses, a summary of the findings and recommended management.

The practice is responsible for ensuring documentation of the Telepsychiatry session is identified clearly, that it was conducted over videoconferencing, who was in attendance through the session and whether the reception was adequate to make a clinical assessment.

The practice should fully document any technical difficulties that might have interfered with the reception and consequently the clinician's ability to assess the patient.

The practice should ensure that the appropriate staff is available to meet patient and provider needs before, during and after Telepsychiatry consultations.

The practice should have agreements in place to assure licensing, credentialing, training, and authentication of patients and practitioners as appropriate and according to local, state and national requirements.

⁸ The Safety and Quality section of these Professional Practice Standards and Guides have been adapted and used with permission from the American Telemedicine Association Practice Guidelines for Videoconferencing-Based Telemental Health (2009).

B. Professional Practice Guides

i. General Telepsychiatry practice issues

The inclusion of cases for a Telepsychiatry consult is at the discretion of the referring and consulting clinicians and there are no absolute contraindications to patients being assessed using Telepsychiatry. The patient and/or their carer need to be able and willing to participate in care by Telepsychiatry. The practice should have a set of criteria about which patients are suitable for Telepsychiatry and the decision to use Telepsychiatry should consider: clinical factors such as continuity of care, shared care and the best model of care for the individual patient; practical factors such as the availability of specialists, local clinical staff and technology; and patient factors such as the ability of the patient to travel, plus their family, work and cultural situation.

Whenever appropriate, there should be a locally based healthcare professional with the patient during the Telepsychiatry session. If this is not possible then it is the psychiatrist's responsibility to ensure that provision is made for locally based personnel to be available for the patient to call on before, during and after the session.

ii. Psychiatric emergencies

The practice should have crisis and emergency protocols and have processes in place to address safety issues with patients displaying strong affective or behavioural states upon conclusion of a session. In the event of a psychiatric crisis, the practice should provide a thorough technology-based patient consultation and suitable arrangements for patient continuing care and follow up. There should be adequate support staff or responsible family members present at the remote site in order to safely care for the patient. If other alternatives are immediately available to meet the patient's needs without transfer, it is preferable that services are provided on site and in person. In the event that support staff and family members are not present, the practice should make a determination whether immediate intervention is deemed necessary for patient safety. A crisis situation may need to be escalated to an emergency situation (where police/ambulance is required).

The practice should provide special attention to the enhanced need for privacy and confidentiality and preserve the patient's right to privacy. The practice should obtain information on local regulations and emergency resources and identify potential local collaborators to help with emergency management. Where a patient is detained under the Mental Health Act, duty of care considerations may override issues of confidentiality and patient consent may not be possible.

iii. Special populations

In Telepsychiatry consultations with children, the practice should inform families when a Telepsychiatry appointment is scheduled for their child, as legally required. They should ensure that the room at the patient site is large enough to include the youth and a parent, and one to two other individuals and to allow the camera to scan an area large enough to adequately observe children's motor skills. The practice should also ensure a table is available to provide a surface for the child to draw or play while the parent relates the history and some simple toys should be provided both to occupy the child and to allow assessment of skills.

In Telepsychiatry consultations with the elderly, the practice should use technologies that can help with visual or auditory impairment and use appropriate interviewing techniques for a patient who may be cognitively impaired, or find it difficult to adapt to the technology. This may also apply to cognitive testing.

In Telepsychiatry consultations with rural populations, the practice should be sensitive of the impact of disclosures made during emergency management when assessing substance issues on patient confidentiality and relationships in small communities and be familiar with local resources for substance use assessment and treatment.

In Telepsychiatry consultations with Indigenous populations, the practice should take into account ethnicity and culture when making professional judgements about, and dealing directly with, indigenous patients. In particular, the practice should be aware of appropriate forms of greeting and leave

taking; non-verbal communication styles, including eye contact or non-contact, ways of expressing emotion, and posture; public displays and other behaviours that are likely to result in feelings of embarrassment and shame; and other factors, such as the nature of previous interpersonal contact between the service recipient and other non-Indigenous providers that might influence the recipient's participation in the assessment.

iv. Physical environment

For Telepsychiatry consults, both patient and psychiatrist locations should have a backdrop clean and plain in colour and not full of distractions; have the ability to view written or drawn material; have adequate physical space to conduct consultations; and have access to medical equipment that may be needed and resources for managing adverse events.

The Telepsychiatry consult should be comfortably lit for the patient and lit well enough for the provider to see the patient without shadows falling on the patient's face. Both locations should meet the same requirements in that the patient should be able to see the face of the provider with no shadowing. The originating site should have the ability to accommodate posture and movement visualisation by the provider. Gaze angle should be as small as practical. The Telepsychiatry consult should be in a quiet consulting room fit for purpose where the raised sound volume should not be overheard by others or disturb others. The practice should consider their comfort in undertaking Telepsychiatry consultations to prevent fatigue and computer vision syndrome problems common with increased computer interactions.

The practice should adapt their practice facilities to maintain appropriate support for patient privacy and confidentiality and take every precaution to ensure the privacy of the consult and the confidentiality of the patient. All persons in the exam room at both sites should be identified to all participants prior to the consultation and the patient's permission should be obtained for any visitors or clinicians to be present during the session. Both locations should be designated private for the duration of the Telepsychiatry consult and no unauthorised access should be permitted.

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