

# Clinical Video Telehealth into the Home Clinical Guidance

## Background

Clinical Video Telehealth into the Home extends the existing VA clinical videoconferencing network from VA clinicians into the home of Veteran patients. VHA is implementing Telehealth as a tool to increase patient connectedness to services as part of a continuum of care. It utilizes a range of technologies to enhance patient access to care, offer patients an opportunity to exercise their preferences for the site of care delivery, participate in shared decision-making and engage in self-management.

## Purpose

The purpose of this Clinical Guidance is to provide clinicians and clinical support staff, who are trained to deliver Clinical Video Telehealth (CVT) services, with the additional skills and competencies necessary to routinely deliver Telehealth visits with Veteran patients in their homes using processes and procedures that are safe, appropriate and effective.

The focus of this guidance is on providing staff from a range of clinical areas, including TeleMental Health, Home Based Primary Care, Rehabilitation, and other specialty services, with access to current best practice clinical guidance with respect to the clinical, technology and business processes necessary to supplement their clinical judgment when they provide CVT into the home.

This guidance is intended to be used for clinicians who are already trained in the basic principles of clinical video teleconferencing as delineated in the [Clinic Based Telehealth Clinical Guidance](#) from the Office of Telehealth Services and as appropriate any specialty supplements (TeleMental Health Supplement link needed here) and/or the [Home Telehealth Clinical Guidance](#). This document contains links to additional training, tools and resources which will supplement other requirements to ensure the individuals are competent and able to successfully implement and manage CVT into the Home programs that are within the scope of their practice and authorization.

This supplement focuses on the delivery of commonly occurring and high frequency patient encounters between a clinician at a clinical care site and the patient's homes. The most common use will be between the patient home and a VAMC, CBOC, contract clinic or a provider who teleworks from home.

## First Step: Contacting Facility Telehealth Coordinator and Understanding Roles

If you are a clinician and you are considering using Clinical Video Telehealth (CVT) into the Home, the first step is to contact your Facility Telehealth Coordinator to assist and direct you in this endeavor. You may already have been contacted by Telehealth Leadership to determine your patients' needs. Availability of software for patients is being implemented in a step-wise progression, so each VISN will be defining priority areas for implementation. Your request will be prioritized by your facility and VISN in their implementation plans.

The Facility Telehealth Coordinator will assist you directly as well as directing you to the appropriate Telehealth Leadership and support staff for CVT into the Home as applicable (e.g. VISN Telehealth

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Coordinator/VISN CVT into the Home designated leader (TCT). Each VISN has a Telehealth infrastructure to support all Telehealth operations at its facilities: VISN Telehealth Leadership, Clinical Application Coordinators, Bio-medical Engineers, Office of Information & Technology (OI&T), Facility Telehealth Coordinators and Telehealth Clinical Technician (TCT), Patient Support Persons.

The Facility Telehealth Coordinator (FTC) plays a key role in the success of this process. Key steps include:

1. Standardize organizational, clinical, technical and business infrastructure at the facility program levels in while integrating with existing programs and processes at the local & VISN level.
2. Assess programs to identify and prioritize service needs for CVT into the Home.
3. Oversees program planning to provide interdisciplinary input and guidance.
4. Assist with the direct implementation of the clinical visit with the patient at the home in coordination with the TCT as follows:
  - a. Ensuring that the clinician has the appropriate equipment, web cam and software,
  - b. Ensure that the appropriate person is registered to schedule the patient,
  - c. Contact the patient prior to the clinical visit to provide Information Sheet, assist patient with obtaining user name and password, and test the connectivity with the patient prior to the visit,
  - d. Establish clinic stops with coding appropriate to capture workload credit.
5. Identify continuous quality improvement processes that optimize Telehealth operations into the home, including documenting the technical quality of the encounters to ensure clinical acceptability.

### **The Clinician will:**

1. Identify appropriate patients to be referred to the Facility Telehealth Coordinator for CVT into the Home.
2. Follow procedures of Facility Telehealth Coordinator to ensure access for scheduling etc.
3. Assist the Facility Telehealth Coordinator or designee (TCT) with the implementation of the CVT into the Home for the designated patients: inform the patient, get verbal informed consent (what needs to be documented) and document informed consent in the chart, notify the FTC of a time to schedule the visit.
4. Conduct the clinical visit with the patient following established emergency procedure described in detail below:
  - a. Patient contact numbers,
  - b. Patients physical address at time of patient encounter,
  - c. Local emergency services for patients location
5. Provide basic first line technology trouble-shooting as described below when problems occur in the midst of a Telehealth patient encounter for CVT into the Home, and if not immediately successful, refer the technology issues appropriately to FCT and continue to deliver care using alternate means previously arranged (e.g. by telephone).
6. Follow procedures implemented by FTC to ensure that workload capture takes place.

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### Second Step: Selecting the Patient

Once the Facility Telehealth Coordinator indicates to the clinician that they should proceed to patient selection, the next step is for the clinician to select patients who are appropriate for CVT into the Home based upon the following criteria:

#### *Technical Criteria:*

1. The patient is agreeable to participate in CVT into the Home. Patients who are already receiving Telehealth services at the CBOC are often ideal candidates for initial implementation.
2. The patient owns their own computer equipment: PC with a webcam secure internet access. There are currently no restrictions on the type of PC, webcam, or internet provider.
3. The patient has access to a telephone in addition to the computer equipment.
4. The patient is able to use the equipment, the PC and webcam with technical sufficiency to enact the encounter.
5. The patient has sufficient sensory capacity to see and hear the encounter.
6. The PC must be in an area with confidentiality and privacy acceptable to the clinician and patient.

#### *Clinical Criteria:*

1. Routine Clinical Care: Patients should be selected for clinical visits that would routinely be delivered in an outpatient clinic. Clinical judgment will determine appropriate patients as there are no-restrictions on diagnoses or types of outpatient visits.
2. All providers will be well informed of both medical and mental health emergency procedures.
3. Practice drills should be implemented regularly to determine any risk.
4. In the case of a medical or mental health emergency and since the Teleprovider cannot provide in-person assistance/care, it is recommended that the Teleprovider immediately contacts the patient's local 911, patient's support family member at home, the closest CBOC staff, or the Telehealth Clinical Technician, depending on the emergency situation, to ensure that emergency services reach the patient local emergency policy. This contact information will be found in the Telehealth Service Agreement.
5. Mental health emergencies may require additional emergency response from the community and may involve several additional steps depending on the situation. These steps will be spelled out clearly in Telehealth Service Agreement or any local policies and procedures.
6. If the Telehealth Clinical Technician (TCT) or Telepresenter is in the room with the patient during the medical emergency, then that individual would initiate emergency procedures as directed by the Teleprovider.
7. A phone must be available in the patient's home to provide a method for the provider to call the home and support other emergency issues.
8. In the event of an emergency, the provider will have available the contacts and local emergency numbers for the veteran to call for assistance and placed in the patient's medical record and Telehealth Service Agreement.
  - Information needed:
    - i. **Address of Patient During this Session:**
    - ii. **Emergency Number for that Address:**
    - iii. **Any Other Individuals Present in the Home During This Session:**

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### iv. Any Relevant Contact Information (e.g. For Any Other Individuals Present in the Home During Session):

9. If the provider needs additional professional assistance in handling an acute emergency, they may choose to contact their local medical / MH emergency resources for back-up (e.g. Patient Safety Officer, local Emergency Department, VA Police, local Mental Health staff and/or support staff, local suicide prevention coordinator).
10. If they are unable to obtain necessary professional assistance locally, the provider may choose to contact **the National Veterans Crisis Line at 1-800-273-8255 (1-800-273-TALK)** for additional assistance. The VCL Responder can assist the provider in obtaining emergency services. The VCL Responder can also take the information and call the Veteran directly to assess for Suicide Risk, engaging emergency services, if necessary, and provide referral to Suicide Prevention Coordinator or POC, if appropriate.
11. **The Ryan Haight Act requires by US Law an initial face to face visit by the specific prescribing clinician prior to his/her prescribing any controlled substances by CVT into the Home.**
12. The Facility Patient Safety Officer may be consulted to ensure that the proper procedures and processes are in place for patient privacy and security. Such guidance includes but not limited to: No video recording is allowed by the patient or by the provider unless both patient and provider have signed a VA form 10-3023 Consent for use of Picture and/or Voice.
13. A back up plan should be in place to ensure patient care is not jeopardized particularly in the event of equipment failure. It is important that the Facility Telehealth Coordinator at the originating site synchronize with the Tele provider to offer appropriate intervention for the patient.
14. Contact the National Telehealth Technology Help Desk at 866 651-3180 to assist with technology emergencies and have back up equipment on hand, especially those items used often and those which are mission critical.
15. Determine if parts of the Telehealth Encounter can be done in alternate ways while problems are being resolved.
16. At the very least, the TeleSpecialty provider can communicate by phone with the patient in the event of video failure.
17. See Technical Support section in the [Clinic Based Telehealth Operations Manual](#).

### Third Step: Setting Up for the Encounter

1. The Facility Telehealth Coordinator or designee will place the provider and patient into the appropriate scheduling and/ or email system for communication.
2. The Facility Telehealth Coordinator or designee (TCT) will ensure that the clinician has the appropriate equipment, software and webcam.
3. The Facility Telehealth Coordinator or designee (TCT) will contact the patient in advance of the first clinical visit to provide Information Sheet, assist the patient with obtaining username and password, and establish that the connectivity of the equipment between the patient and the clinician's computer is adequate for a clinical encounter.
4. The Facility Telehealth Coordinator or designee (TCT) will set up the clinics and appropriate codes and will instruct the clinician on workload capture.
5. The Facility Telehealth Coordinator or designee (TCT) will be available for the initial clinical contact with the patient to ensure a seamless quality transmission.

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### Fourth Step: Conducting the Encounter

1. Prior to initiating any patient into a video into the home program, the clinician should ask the patient at what address they will be routinely located, and determine their local emergency number. Local emergency number can be obtained by entering the patient's address into the following internet site: <http://www.usacops.com> or <http://psap.networkresourcecenter.org/>.
2. Prior to any patient enrollment into CVT into the Home program, the clinician should obtain a detailed contact information from the patient with particular attention to whom could be contacted in the event of an emergency. If a clinician has family in the home, then home phone, cell phones and any additional means of contact will be obtained. If there are nearby relatives or significant individuals that the patient deems appropriate for contact (e.g. other relatives, friends, neighbors), their contact information will be documented as well in a readily retrievable place in the medical record.
3. The patient's routine address, local emergency number, and available contacts should be documented in a readily retrievable place in the medical record (e.g. in the initial CVT into the Home note and/or on the top of each visit note).
4. During the initial CVT into the Home patient encounter, the FCT or designee (TCT) will be available, if possible on site with the clinician, to ensure that the transmission is sufficient for the clinical encounter to proceed. For the first visit, the clinician will call the patient by phone together with the FCT/TCT who will walk the patient through connecting with the clinician by computer. A technical quality report form will be completed for each initial visit, and for any visits that encounter difficulties.
5. At the start of each CVT into the Home patient encounter, the clinician will confirm that the patient is at their routine address or document if the patient is at a different address. The clinician will list the local emergency number for the patient's current location and the clinician will ask if there are any other individuals at the patient's home and list their contact number.
6. In the event of an emergency, the clinician will then have available the contacts and local emergency numbers for the veteran to call for assistance.
7. Each progress note will begin with:
  - a. **Address of patient during present encounter:**
  - b. **Emergency numbers for current address:**
  - c. **Any other individual present during the CVT into the Home Encounter:**
  - d. **Any relevant contact information (e.g. Other individuals present in the home during the encounter):**
8. For additional professional assistance in handling an acute emergency, clinician may choose to contact their local medical / MH emergency resources for back-up (e.g. local ED, local MH staff and/or support staff, local suicide prevention coordinator). If unable to obtain necessary professional assistance locally, the clinician may choose to contact the National Veterans Crisis Line at 1-800-273-8255 (1-800-273-TALK) for additional assistance. The VCL Responder can assist the clinician in obtaining emergency services. The VCL Responder can also take the information and call the Veteran directly to assess for Suicide Risk, engaging emergency

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