



Starting Out Strong Telehealth Practice and Guidelines

Purpose:

- To address the use of telehealth in the Starting Out Strong System of Care, as an extension to in-person visits
- To provide consistent guidelines for various forms of telehealth to deliver quality services to clients of Starting Out Strong Family Support System of Care

What is telehealth?

Telehealth is a broad scope of remote case management or care coordination services provided through various telecommunication technologies. Interactions through telehealth encounters may include assessments, general or specific information sharing, psychosocial support to clients, and/or any other meaningful discussions where Starting Out Strong related content is delivered or reinforced.

- Telehealth refers to remote clinical and/or non-clinical services as an alternative to in-person services
- Telehealth is the use of telephonic, video conferencing, instant messaging, and digital image sharing technologies to provide care coordination, assessments, prevention, and health education through a secure computer (desktop or laptop), tablet, or telephone (landline or mobile).¹

Why do we implement telehealth services?

To maintain continuity of care and to provide support to clients during times of crisis, emergency or when there is a disruption to planned meetings/services.

When do we implement telehealth services?

When we are unable to provide in-person services due to risk of health and safety of case manager and/or client.

¹ NFP Telehealth Guidance (Nurse Family Partnership, 2018)

How to provide telehealth services?

Telehealth services may be provided *through* the following mechanisms, using a county issued mobile device, or through a secure network such as VPN. Not all families will have regular access to web-supported devices for virtual visits, please confirm with families on the best way to support them during this time²:

- Online videoconferencing of 15 minutes or longer (i.e. Skype for Business, Microsoft Teams, or Zoom For Healthcare)
- Telephone calls of 15 minutes or longer
- Instant messaging conversations (e.g. text) of 15 minutes or longer in a continuous back and forth
- **Public-facing (i.e., not secure and open to broader audience) communication applications such as, Facebook Live, Facebook Messenger, Twitch, TikTok, or chatrooms like Slack do not meet the privacy and security requirements and should NOT be used. Using these applications for telehealth services are subject to HIPAA enforcement and penalties³**

Note: Consult with a supervisor or HIPAA officer if you are unsure if a communication medium is safe for you to use

How to protect client confidentiality while engaging in telehealth?

It is important to follow HIPAA confidentiality and privacy rules⁴ when engaging in telehealth with clients. This include physical and technical safeguards, such as:

1. Services are provided in a private location or workstation which is shielded from others
2. Documentation is stored securely, entered into a password protected system, and should not be saved on a non-encrypted thumb or USB drive
3. Telehealth sessions are engaged in a secure environment (e.g. county issued, password protected phone, laptop, or tablet)
4. Emails with ePHI are encrypted for security (in the email subject line, write “Encrypt”)⁵
5. Common sense precautions are taken to protect clients’ PHI/ePHI/PII when charting in a remote location.⁶
6. Gross breaches in privacy are reported to a supervisor within 24 hours

² [During COVID-19 Telehealth can help connect home visiting to families](#) (Child Trends, March 2020)

³ COVID 19 Telehealth and HIPAA, HCSA Policy (Alameda County HCSA, March 2020)

⁴ [HIPAA, Civil Rights, and COVID-19](#) (U.S Department of Health and Human Services, March 2020)

⁵ COVID-19 Remote Work and HIPAA Privacy & Security Guidelines for HCSA Staff Policy (April 2020)

⁶ MPCAHA Remote Charting Policy (Alameda County MPCAHA Unit, 2019)

What type of services can be considered telehealth interventions?

Interventions may include, but are not limited to:

- Remote Case Management and Care coordination
- Screenings: Edinburgh,⁷ ASQs,⁸ HRSA Data Collection Tools, and other Q&A screens that do not require an unreasonable amount of physical observation/analysis or do not pose a safety risk to staff or client
- Providing referrals and linkages to critical community resources
- Engaging clients with online content (e.g. using a webinar format to relay pertinent information to group participants)
- Discussing, reviewing, and sending educational or informational content in an electronic format⁹

How to maintain service quality through telehealth?

It is important to consult your individual program supervisor for guidance on specific interventions and best practices for remote service delivery. Typically, the standard for one on one support is twice per month, more for certain service delivery models or if the client desires additional support.

Staff must try to maintain program standards of care and notify supervisors when telehealth encounters (e.g. frequency of sessions, quality, and type of interventions) have been affected by external and uncontrollable factors or emergencies.

Staff should set expectations with clients around availability, scheduling, contact outside of business hours, or urgent and unexpected needs.

How to document telehealth interventions in ECChange?

Telehealth documentation should be done in ECChange using the "**Telehealth Encounter COVID 19**" **Activity** "Service Setting" coupled with a **UNIVERSAL ENCOUNTER FORM, SPT ENCOUNTER FORM** for (i.e. Blue Skies Mental Wellness Team clinicians, other consultants) or **CHO ENCOUNTER FORM** (i.e. BCHO nurses/primary case managers). These program appropriate encounter forms should contain specifics of the telehealth interventions.¹⁰

Note: DO NOT use the "Telehealth Encounter COVID 19" "Service Setting" to document efforts *relating* to interventions, *attempted* interventions and/or *attempted* care coordination, such as

⁷ [Therapists switch to online therapy because of Coronavirus shutdown](#) (ADAA, 2020)

⁸ [ASQ online Raises Screening Rates](#) (Paul H. Brookes Publishing Co., Inc, 2020)

⁹ [During COVID-19 Telehealth can help connect home visiting to families](#) (Child Trends, March 2020)

¹⁰ Billing for Telehealth Encounters (Center for Connected Health Policy, The National Telehealth Policy Resource Center, January 2020)

a “**check in**” telephone call (e.g. scheduling an upcoming appointment or calling for outreach purposes). Efforts such as these would be documented as “Telephone – No Encounter” or “Telephone Call/Left Message” Activity “Service Setting” with the appropriate Telephone Encounter Form [or no form at all].

Note: Drop-off of incentives (e.g. diaper drop off to clients’ homes during COVID-19 shelter in place order) is an effort that should not be documented in the ECChange database. Question on documenting activities that require mileage reimbursements should be directed to your individual program supervisor. An example could be noting these specific activities on your office calendar.

To document telehealth encounters, use the ECChange Activities “Service Setting” called Telehealth Encounter COVID 19 as shown in the example below

Activity Details

▶ [Entire History](#)

<u>Date</u>	<u>Type</u>
3/27/2020	Telehealth Encounter – COVID 19
3/24/2020	Telephone Call/Left message
3/10/2020	Home

When you use this option to provide telehealth services to your clients, please complete the **UNIVERSAL ENCOUNTER FORM, SPT ENCOUNTER FORM, or CHO ENCOUNTER FORM** as per the protocol of your program and your role within it.

Incoming Referrals and New Enrollment process:

- New referrals from the Triage, Referral, and Outreach Coordinator or Program Manager, **should be responded within 24-48 hours**
- Follow program specific protocols when receiving new clients and inform clients of telehealth procedures keeping them informed through phone, text or videoconferencing until further notice
- Consent for services can be accepted verbally, electronically (i.e. fax, scan, email, or screenshot of authorized consent), or through DocuSign

I (print name) _____ have read this Policy and acknowledge responsibility to comply with the above statements.

Program: _____

Title/Position: _____

Signature: _____

Date: _____

Supervisor's Name: _____

Supervisor Signature: _____

Date: _____