


<b>CLINICAL SERVICES BEHAVIORAL POLICY AND PROCEDURES – Telepsychiatry – Primary Care Site</b>		
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	Effective Date: 02/21/2013	Policy & Procedure # CSB.002
	Revision Dates:	
	Last Reviewed: Behavioral Health Department	
	Functional Area(s): Temecula & El Cajon: PSR; Nursing/MA. Behavioral Health Policy	
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Keywords: Telepsych, telepsychiatry, Temecula, El Cajon, appointment		

**POLICY:** Neighborhood Healthcare believes that behavioral health care is an important component of physical healthcare that should be available to all patients when indicated. In order to increase patient access to psychiatric services, NHcare employs telepsychiatry between the Escondido-based Behavioral Department and the Temecula and El Cajon Health Centers. Although the psychiatrist is physically located in the Behavioral Health Dept., the visit location for Telepsych patients is the primary care site, the physical location of the patient.

**PROCEDURE:**

**1. Responding to the telepsych patient**

- a. Regardless of the assigned duties and responsibilities of staff at the primary care site and at the behavioral health department, at all times staff should respond in a manner that will be of most help to the patient.
- b. If the patient requests assistance, he/she should not be directed to another site, but rather have their request/need understood and addressed.
- c. If it is not possible for the site to resolve the patient issue/concern, the patient should be informed and then transferred to the appropriate person, but only after the receiving staff member is apprised of the situation by the referring staff member (a warm handoff) so that the patient does not have to restate the need for the call.

**2. Primary Care Site Responsibilities**

- a. Schedule appointments in eCW under the psychiatrists' schedule set up for the primary care site (Resource Schedule);
- b. Inform patient of appointment time;
- c. Confirm insurance status and obtain prior authorization if necessary. (e.g. all LIHP patients will require prior authorization **AND** the site will need to track the number of visits) Mental health visits provided by a dually boarded provider are considered medical visits; therefore, these visits are not counted against the number of authorized mental health visits provided by LIHP.
- d. Confirm appointments with patients;
- e. Assign an MA to psychiatrists for each day of telepsych;
- f. Respond to telepsych patient questions/concerns/information requests.

**3. Scheduling Patients for Telepsych Appointments**

- a. A behavioral health consultant (BHC) must see the patient and recommend scheduling a telepsych appointment;
- b. Initial assessments are to be scheduled for 1 full hour (unless BHC indicates otherwise);
- c. Follow-up visits are to be scheduled for 15 minutes;

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- d. Maximum of 2 initial assessments per morning;
- e. First patient is to be scheduled at 8:15 AM;
- f. Last appointment ends by noon.

**4. Staff Responsibilities Day of Telepsych Appointments**

- a. Primary care site designates an MA to work with the psychiatrist.
- b. The psychiatrist must be informed how to connect immediately with MA/RN at the clinic during the hours he is seeing patients (back office phone # or cell phone).
- c. Telepsych MA responsibilities:
  - 1) Check the equipment prior to arrival of first patient – this will require logging on and making a direct connection via telepsych equipment with an MA from Date BH;
  - 2) Obtain vitals on all patients (this includes ht & wt for BMI);
  - 3) Reconcile the current medication list;
  - 4) Confirm allergies;
  - 5) Confirm smoking status;
  - 6) Obtain patient signature on Telepsych consent (different than regular consent) if a current (within the last year) consent is not on file;
  - 7) Offer the provider’s card to patient (be sure it has the primary care site phone #);
  - 8) Room patients;
  - 9) Provide paper and pen/pencil for patient use;
  - 10) Place microphone on table in front of patient and confirm sound level with psychiatrist;
  - 11) Speak briefly with the psychiatrist with the patient present at the beginning of the visit;
  - 12) At the end of the visit, speak with the psychiatrist while the patient is in the room to confirm any labs or other orders and to confirm the time frame for the patient’s return visit;
  - 13) Print out visit summary and give to patient;
  - 14) Escort patient out of room and direct patient to schedule their next appointment.

**4. Patient/doctor communication between telepsych visits**

- a. Telepsych patients are informed to contact the psychiatrist via the primary care site.
- b. PSR creates a phone encounter detailing message and assigns to the supervising RN.
- c. If RN determines psychiatrist attention/action is required, RN will assign or create an encounter and address it to the patient’s psychiatrist.
- d. Psychiatrist will respond accordingly to the RN via the Telephone encounter.

**5. Medication prescriptions**

Generally the psychiatrist will write the prescription for the patient via e-rx or fax

- a. For prescriptions requiring a prior authorization
  - 1) The primary care site will create a TE and assign it to “MA,BH”;
  - 2) Once approved/denied the TE will be returned to the originator;
  - 3) Pharmacy and/or patient is contacted by primary care site.
- b.

For secure prescriptions:

- 1) Prescription sent to RN at primary care site via interoffice, secured (locked) bag to include transport log;
- 2) RN confirms receipt via signature on transport log and returns bag via interoffice courier to BH Dept.
- 3) Primary care site contacts patient when prescription arrives for them to pick up prescription.
- 4) Primary care site documents via a telephone encounter that patient picked up prescription when given to patient.

#### **6. Prescription Refills**

- a. Patient is instructed to call pharmacy for refills.
- b. If patient requires prior authorization, primary care staff obtains authorization.
- c. Pharmacy calls are to be received and routed as necessary by the primary care staff.
- d. If psychiatrist approval is required, primary care staff to create an encounter and address to patient's psychiatrist.
- e. Psychiatrist will respond accordingly to either pharmacy or primary care staff.

**Tracking Document for Secure Prescriptions**

Date	Patient Name	RX #	From (staff signature –BH)	Received (staff signature – PC)

Behavioral Health staff to log date, patient name, Rx#, and sign and place prescription and this form into locked bag for courier delivery, attention RN. Receiving RN to confirm each prescription with signature and place form into locked bag for courier delivery. Missing prescriptions to be reported immediately to sender.