

## Academy of Medical Psychology Telehealth Diagnosis, Consultation, & Treatment Policies

The term “telehealth services” is held by this Board to include all interactions that are not in-person and are delivered by distance media which includes face-to-face and real-time interaction in an encrypted (at least auditory) format that satisfies both the patient and doctor (as evidenced by signed patient informed consent written agreement) between healthcare professionals and their patients using media in which the psychologist and patient have fashioned a doctor/patient relationship for the purpose of engaging in diagnostic assessment (social and psychosocial histories, including survey and questionnaire administration, the completion of appropriate validated and standardized tests specifically designed for the format, mental status examination, and collateral and family interview assessments); psychoeducation materials designed to provide foundations or skills necessary to benefit from related psychological interventions and treatments; specific psychotherapy treatments; Medical Psychology services including behavioral and psychological aspects of counseling and treatment for evaluation and consultation for physical disorders, medication with recommendations to a prescriber (LII) monitoring of medications by a or leading to prescription and psychopharmacology services), prescribing psychologist (LIII) or consultation for treatment planning with multidisciplinary teams dealing with multi-etiology medical disorders or medical disorders in-part or wholly caused by the course of mental illness; consultation and advisory evaluation services responding to specific requests of other doctors (physicians, surgeons, psychologists, dentists, physical therapists), or attending and independently licensed and treating healthcare practitioners.



### Technical Guidelines

Doctors may use computerized telephone equipment to deliver telehealth services provided the equipment and service provides two way visual and auditory communications which is encrypted for at least auditory signal and encrypted visual signal when written or graphic testing materials are utilized. Patients will be provided with a clear description of the process of examination and treatment in this format, the extent and limits of confidentiality, and how their identity will be protected and costs related to the entire intervention or procedure. A copy of this informed consent and signed patient permissions will be maintained in the clinical record and will be renewed between each broken treatment and consultation episode. Telephone conversations with mere audio exchanges, or email or white board communication, preventing the full examination of the patient both visually and in audio formats will not constitute an appropriate format for telehealth services.

The psychologist must ensure that a private, secure, and confidentiality protecting environment acceptable to both the doctor and the patient are available at both ends of the telehealth intervention.

The psychologist recognizes that the nature and course of mental disorder can result in periods of regression and need for emergency services and after hours evaluation. These “special services”

and “emergency situations” require that the patient has access to a local, accessible, and competent safety net trained at a level that complex procedures and interventions delivered by the telehealth doctor are understood and backed up. A typical hospital Emergency Room (ER) without 24 hour on call psychologist or psychiatrist staff does not adequately satisfy this requirement. The psychologist must ensure that when a mental illness is being treated that a local psychologist is available and has formed a doctor/patient and collaborating relationship with the patient and telehealth doctor to ensure that the patient has access to local emergency and after office hours contact and services. This agreement will be in writing and signed by all parties and maintained in the telehealth and local provider’s patient records.

### Types of Services Prohibited

Psychologists identifying actively and eminently suicidal, homicidal, with high potential for non-compliance, in need of intensive structured services such as day treatment, residential care, inpatient care, or forensic services of an ongoing basis should refer these patients to local doctors capable of providing the intensive services to the patient and attending the patient and their family in the local facilities. Telehealth services (other than consultation for the purpose of treatment planning, specialty advising, or coordination and preparation of aftercare linkage and planning) are not appropriate for these patients.

### Ethical Considerations

Psychology doctors must ensure that they are adequately trained to provide appropriate telehealth services and must not provide specialty consultation or services for patients and specialized settings and diagnostic categories in which they have not received specialty training, supervision, and where national standards exist have meet the requirements of a specialty certification. Psychology doctors must consider carefully the potential challenges posed by telehealth services related to accurately presenting and informing the patient about their credentials, training that prepares them to adequately diagnose and treat the type of illness or problems that are a part of the referral question, link patients with other doctors and providers when they need healthcare services that are beyond the psychologist’s level and type of training, that require specialty evaluation and intervention which the psychologist cannot adequately provide, and where appropriate will make arrangements to communicate with and collaborate with local providers treating the patient. Doctors of psychology will establish realistic procedures to verifying patient identity, dealing with the limitations of media delivered services, establishing valid and appropriate screening and diagnostic services, obtaining informed consent, recognizing potential confidentiality and privacy problems, and the psychologist I responsible to take the necessary steps to protect confidentiality, ensuring computer security and dealing with potential technology failure as well as addressing billing/payment issues. Telehealth doctors will only employ assistants that are duly trained and qualified as specifically allowed in state and federal statute and rules and as specified in published rules of recognized payer sources.

When a patient is receiving services and is on the active caseload of a qualified local psychologist, the telehealth psychologist will not consult or initiate services, unless it is an acute

emergency situation, without first informing and collaborating with the patient's local psychologist or confirming that the patient has discharged the local psychologist and left the psychologist's service (in which case that psychologist does not fulfill the requirement of having a local and collaborating psychologist).

When a telehealth psychologist ascertains that their patient has received ER, inpatient, or health-specialty interventions germane to necessary changes in the treatment plan or changing the appropriateness of the telehealth services the psychologist will obtain signed patient releases and will access and review the records of those interventions and adjust their treatment plan and services appropriately.

### Resisting Organizational Pressures

Telehealth delivery is subject to abuse by health service contractors paid on a covered lives, contract period, or bonus basis. It is the responsibility of the psychologist to resist organizational pressures to set session time and frequency limits, intervention types, intervention duration, referral to specialists or clinically indicated providers, or limit screening and diagnostic procedures based on anything other than the patient's clinical condition and clinical need.

### Practicing Across State Lines

There is a growing consensus and a strong legal argument that when providing psychology services that the intervention is governed by the laws of the state where the service is furnished by the doctor and by the state laws where the patient receives the service. Thus, psychologists must be licensed in both locations. Generally, it has been predicted that psychology boards generally take this position as well. Until specific laws changing this interpretation are established the Board adopts the position that the psychologist must be licensed and practicing within their specialty or training relevant to the type of patient and disease receiving the intervention and the state where the doctor and the patient are located. In some states the psychologist licensed in one state is allowed a number of days (usually nonconsecutive) in another state. In such a case, the psychologist initiating and providing telehealth services from another state is allowed to provide services in the second state pertinent to this supervising temporary practice statute.