Additional Considerations for Clinical Excellence in TeleMental Health (TMH)\(^1\)

ValueOptions has adopted the American Telemedicine Association (ATA) Practice Guidelines for Video-Based Online Mental Health Services (2013). These additional clinical considerations are intended to be an adjunctive document to assist in the decision-making on the appropriateness and safety of initial and continued TMH in a variety of clinical situations.

Consistent with the ATA guidelines, TMH can be delivered in a variety of settings. Services can include both initial evaluations and ongoing treatment, including both psychotherapies and medication management. Patient acuity can range from routine to emergent. TMH can be seen as an additional option for those patients receiving face to face treatment or may be the only treatment modality.

In general there are no current, absolute clinical contraindications to TMH services. Choosing what cases are appropriate for TMH versus traditional face to face treatment is ultimately at the discretion of the referring and/or treating providers. Each provider must determine what services can be safely and effectively delivered based on the unique clinical needs of the individual patient considering available staffing, facilities and other available resources. If at any time the provider determines that an individual receiving TMH care is at potential risk due to the delivery model, referral and treatment in the traditional setting must be secured. ValueOptions endorses the United States Department of Defense TeleMental Health guidebook recommendations as a framework to assist providers in determining who may not be appropriate for TMH. The following is a summary of those recommendations:

1. In an emergency department, TMH services may be appropriate if the member is in a safe, supervised setting with professional staff readily available. When the patient is acutely unstable, suicidal, and/or may require emergency care or involuntary commitment due to their presentation. This might include situations where the patient is acutely violent or impulsive to the point where there is a risk of affecting equipment and/or staff and other patients’ treatment. This might include situations where the patient is severely decompensated due to delirium, intoxication, medication toxicity, or medication interaction, and may require immediate hospitalization.

2. Patients who present with specific symptoms that could worsen with the use of telecommunications technology (e.g. florid psychosis involving ideas of reference, thought insertion, delusions related to technology).

3. Patients with any medical issues that require monitoring at the site if the site is not equipped to monitor those medical problems.

4. Patients who present with cognitive and/or sensory deficits that might impair their ability to use and/or interact over the technology. In this case, family members or staff on site may be able to help facilitate.

5. Administering certain cognitive tests may present difficulties and may require modifications and plans in place to have someone assist at the originating site.

6. As always, clinicians should consider potential cultural issues that a patient might have related to the use of technology. For example, some elderly patients may feel less comfortable with technology and may be reluctant to receive services in this manner.

\(^1\) Subject to contractual, regulatory or professional requirements.

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7. Since interviewing via VTC may take longer than face-to-face encounters, if time constraints are present or due to unique patient characteristics, there is not adequate time for a thorough evaluation and adequate ongoing treatment, TMH may not be appropriate.

8. Since audio and video characteristics of a TMH visit are different from face to face, if the patient has difficulty hearing through the speakers or viewing the video component, TMH may not be appropriate.

Other considerations may include:

9. If the patient is unable to remain in place adequately to remain in view of the camera, TMH may not be appropriate. This may be of particular concern in children with hyperactive symptoms.

10. Special care should be taken when prescribing controlled substances. If a full evaluation of the potential for medication misuse or abuse cannot be completed, TMH may not be appropriate.

Additional Resources:

   http://www.americantelemed.org/resources/standards/ata-standards-guidelines/practice-guidelines-for-video-based-online-mental-health-services

2. The American Telemedicine Association Practice Guidelines for Videoconferencing-Based Telemental Health 5 and Evidence-Based Practice for Telemental Health.
   http://www.americantelemed.org/i4a/pages/index.cfm?pageid=3311

   http://download.journals.elsevierhealth.com/pdfs/journals/0890-8567/PIIS0890856708601549.pdf