Telehealth Service Recommendations
Clinical guidance for outpatient behavioral health providers

January 2023
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>ESTABLISHING A TELEHEALTH RELATIONSHIP</td>
<td>5</td>
</tr>
<tr>
<td>GENERAL BEHAVIORAL HEALTH RECOMMENDATIONS</td>
<td>6</td>
</tr>
<tr>
<td>CONDITION SPECIFIC RECOMMENDATIONS</td>
<td></td>
</tr>
<tr>
<td>Coaching</td>
<td>8</td>
</tr>
<tr>
<td>Mental health</td>
<td>10</td>
</tr>
<tr>
<td>Substance use</td>
<td>13</td>
</tr>
<tr>
<td>SPECIAL CONSIDERATIONS</td>
<td></td>
</tr>
<tr>
<td>Pediatrics</td>
<td>14</td>
</tr>
<tr>
<td>Integrated behavioral health</td>
<td>15</td>
</tr>
<tr>
<td>Group visits &amp; support groups</td>
<td>16</td>
</tr>
<tr>
<td>OPERATIONAL RESOURCES</td>
<td>17</td>
</tr>
<tr>
<td>METHODS</td>
<td>19</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>20</td>
</tr>
</tbody>
</table>
Purpose & Intent

The recommendations in this document were developed by members of Oregon Health Leadership Council’s (OHLC’s) Telehealth Workgroup (see Methods section for more information). They are meant to provide guidance to behavioral health providers in determining whether a patient may be clinically appropriate for outpatient telehealth care. They were developed from available evidence-based literature and expert opinion, but do not guarantee successful outcomes, nor set a medical or legal standard.

Evidence pertaining to the effectiveness of telehealth is not yet available for some health conditions and patient populations. This document is meant to provide information to assist practitioners in developing their own practice standards. They are not prescriptive and are not intended to be used in a regulatory manner. Providers should continue to exercise their own clinical judgement in determining whether telehealth services are appropriate on an individual patient basis.

Organizations providing telehealth services must abide by all local, state, and federal laws and regulations, including privacy and security requirements.

Position Statement

We advocate for the continued use of telehealth as an effective platform to deliver high quality behavioral health care services for children, youths, adults, and families. The hope is that these recommendations help facilitate safe and effective remote care and build strong patient-provider relationships, while maintaining patient privacy and adequate communication with all parties involved.

We appreciate that telehealth facilitates improved access to behavioral health services through increasing provider options in rural areas, reducing stigma for those who do not wish to be seen at a behavioral health facility, eliminating transportation barriers, and relieving childcare needs. We believe that telehealth offers an opportunity to grow and diversify the behavioral health care workforce, as well as increase patient and provider satisfaction.1

We also recognize that significant inequities in accessing telehealth care exist among different sociodemographic populations.2 It is recommended that a high priority is placed on ensuring access to vulnerable patients, to prevent furthering already existing health inequities. Therefore, we support the expansion of affordable broadband and video-capable devices to rural and low-income populations, as well as appropriate interpreter services, disability accommodations, and technical assistance for all patients.

Lastly, we support permanent reimbursement for all modes of telehealth delivery, which is essential to the development of an innovative and stable telehealth infrastructure.
### Telehealth Definitions

“Telehealth” is a mode of delivering healthcare services or medical information from one physical location to another through the use of telecommunications technologies. Services may be delivered asynchronously or synchronously, via audio, visual, and/or written communications.

This document focuses on visits with a patient located in their home or other non-clinical setting, and uses the following definitions for telehealth platforms:

- **Video:** Synchronous audio and video communication, through smartphone, tablet, or computer
- **Telephone:** Synchronous audio-only communication
- **E-Visit:** Asynchronous communication between a patient and provider through a secure online messaging portal

### Telehealth Principles

It is recommended that organizations abide by the following standards, adapted from the telehealth principles of the West Coast Compact:

1. **Access:** Telehealth will be used as a means to promote adequate and equitable access to health care.
2. **Confidentiality:** Patient confidentiality, including interactions and patient records, will be protected; and patients should provide informed consent verbally or in writing about both care and the specific technology used to provide it.
3. **Equity:** Telehealth will be available to every patient, regardless of race, ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, immigration status, nationality, religious belief, language proficiency or geographic location. Telehealth services will comply with civil rights law.
4. **Standard of Care:** Standard of care requirements will apply to all services and information provided via telehealth, including quality, utilization, cost, medical necessity, and clinical appropriateness.
5. **Stewardship:** Providers will employ the use of evidence-based strategies, deliver quality care, and will continue to take steps to mitigate and address fraud, waste, and abuse.
6. **Patient choice:** Patients, in conjunction with their providers, should be offered their choice of service delivery mode. Patients will be made aware of the limitations of virtual visits and retain the right to receive health care in person.

### Payment and Benefits

Benefits for telehealth vary by type of service and health plan. **These recommendations pertain to clinical use of telehealth services, regardless of benefit coverage.** We attempted to align recommended services with those that are currently covered by Medicare (CMS) and the Oregon Health Plan (OHP). However, coverage should always be confirmed prior to the provision of any telehealth services.
Behavioral health providers of all types, including case workers, counselors, psychiatrists, psychologists, and more can use telehealth to connect with patients. While the content of the visit is similar to in-person meetings, there are some additional steps that should be taken upfront to align expectations and identify any additional needs of the patient. These recommended foundational steps can help promote success and engagement in telehealth care:

1. Provide the patient/caregiver **telehealth instructions and technical assistance** materials in their preferred language, prior to the first visit. If possible, provide the opportunity to test and practice use of the technology prior to the first visit.4

2. **Identify any barriers** to telehealth that need to be addressed prior to the visit, such as interpreter needs, disability accommodations, technology limitations, or privacy concerns. **Note:** Insurers may be able to help patients pay for a smart phone or tablet for telehealth visits. Patients can contact their insurer to ask if they qualify for any assistance programs.
   ➢ Click [here](#) and [here](#) for more information on improving telehealth accessibility for patients with disabilities

3. Obtain and document **informed consent** for telehealth prior to or during the first visit, including an explanation of telehealth, its benefits, possible harms or risks, alternative options, the ability to withdraw consent, and anticipated cost.5
   a. Risks can include: technical challenges, privacy challenges, limitations of the provider to comprehensively assess the patient, and limitations to intervene if a patient experiences intense emotions or rapid dysregulation
   b. Benefits can include: increased accessibility for those in rural areas or with transportation limitations, transportation time and cost savings, reduction of stigma, reduction of disease transmissibility potential, and ability to assess the patient’s home environment
   ➢ Click [here](#) for a sample consent form and instructions on how to conduct a consent discussion

4. The provider should state their name and credentials at the beginning of the visit and confirm the patient’s identity. They should ensure that room the patient is in, as well as the room they are in, offers **privacy and safety**.6

5. The provider and patient should develop an **emergency plan** together.5
   a. Providers should be aware of the location of the patient during each visit, understand emergency management protocols and have documented emergency contacts in each location (police, fire, crisis, urgent care, and emergency department)
   b. Ask patients to identify a support person nearby them that could be called for assistance in the case of a crisis or emergency
   c. Collect contact information for the patient’s primary care provider and other healthcare team members
   d. Plan for what will happen if the visit is disconnected during an emergency or if the patient unexpectedly misses an appointment
   e. Determine what events will set the emergency plan into action and what events will prompt a referral to in-person or in-patient care
   ➢ Click [here](#) for a list of emergency plan questions to ask your patients
Telehealth has proved to be an effective and accepted means to deliver behavioral health care for a wide variety of patients and conditions. No population or diagnosis is inherently appropriate or inappropriate for remote care. The following patient, provider, situational, and diagnostic considerations should all be weighed to determine the most appropriate type of visit for each individual at any point in time.

1. **Patient Status**

A patient’s medical history, treatment needs, and presenting symptom severity should be used to inform whether telehealth may be an appropriate method of care delivery.

**Consider the following patient status factors when determining if an in-person visit will be needed:**

1. Current medical status and treatment needs. For example:
   - Need for hands-on physical examination or office administered medication
   - Subtle nuances of verbal and/or physical communication need to be evaluated and are not evident via virtual visit
   - Elevated risk of harm to self or others
   - Recent significant decline in behavioral health status/function
   - Hallucinations that interfere with aspects of virtual care delivery
   - Experiencing paranoia or anxiety and may not trust telehealth platforms
   - Limited tolerance or ability to pay attention during telehealth visits

2. Patient history. For example:
   - At high risk for acute physical and/or mental decompensation
   - Previous violent or self-injurious behavior

3. Cognitive capacity

4. Availability and adequacy of patient’s support system

Patients in acute crisis should be referred to emergency or inpatient care. For example:

- Dangerous, assaultive, or other uncontrolled behavior
- Acute deterioration in mental health functioning causing an exacerbation in other medical conditions
- Active psychosis

In the event of a behavioral health crisis or emergency during a telehealth visit, the provider should contact emergency services directly and make their best efforts to provide hand-off information verbally and in writing, including the provider’s contact information. If possible, the provider should remain connected to the patient until emergency personnel have arrived and remain available during the emergency to communicate with first responders.
2. Situation

Outside factors unrelated to the patient’s condition can also influence the effectiveness or feasibility of a remote visit.

Situations that may necessitate an in-person visit:⁸⁻¹⁰

- Patient does not have the requisite telehealth technology or technical skills
- Privacy cannot be ensured during a remote visit, particularly if the visit will include sensitive topics such as assessment of substance use disorder or sexual history, or if the patient is experiencing domestic violence or other abuse in the home
- A trusted adult is not available to support or assist children, adolescents, those with limited cognitive capacity, or with other caregiving needs
- Need to assess patient safety
- Poor audio or video connection interferes with proper assessment or communication
- Patient’s cultural beliefs are not aligned with virtual care
- As required by patient’s insurer
- As required by licensing, state, or federal laws or regulations

Other situational factors to consider:

- Access or distance to nearest the emergency facility
- Potential for disease exposure
- Time elapsed since last in-person visit

Note: Telehealth can be appropriate for new and established behavioral health patients. The need to establish care alone does not necessitate an in-person visit.

3. Patient and Provider Choice

The patient’s choice of in-person, video, or phone visit should be accepted whenever (1) privacy, safety and care quality are not compromised, (2) the provider agrees it is an appropriate fit for the patient, and (3) the provider feels competent using the selected modality.

It is recommended to choose the most comprehensive telehealth platform feasible. Telephone visits should be used when audio/video platforms are unachievable or declined by the patient. E-visits should be primarily used for established patients, for symptom-specific evaluation, when the condition is of low-acuity, low-risk, and not time-sensitive.³

The option to perform an in-person evaluation should always remain available. Keep in mind that an in-person visit may provide information not obtainable during a virtual session.

Providers who do not have a physical location in which to see patients should consider maintaining referral agreements with providers who do have a physical location, to offer timely, low-barrier access for patients in need of an in-person visit.

During the telehealth visit, if it becomes clear to the provider that an in-person visit is necessary based on clinical need or acuity, the provider should ensure there is a feasible plan for scheduling the visit and arranging transportation.
## CONDITION SPECIFIC TELEHEALTH RECOMMENDATIONS

### 4. Diagnosis or reason for visit

Research-guided information on the safety, effectiveness, and acceptability of telehealth for specific behavioral health conditions or diagnoses may also help providers determine if remote care is appropriate for their patients. The following sections provide guidance on treating common coaching topics, mental health conditions, and substance use disorders, and **should be considered in conjunction with the general recommendations in the previous sections**.

### Behavioral Health Coaching

Coaching involves working with patients to make individualized lifestyle behavior changes through motivation, collaborative goal-setting, planning, and education. The list below includes telehealth recommendations for common focus areas in coaching. The list is not comprehensive, but is intended to assist behavioral health providers in developing their own criteria for the selected conditions.

### Behavioral Health Coaching Recommendations

<table>
<thead>
<tr>
<th>Coaching focus</th>
<th>Telehealth Candidate?</th>
<th>Platforms</th>
<th>Recommended telehealth services</th>
<th>In addition to general recommendations, consider in-person visits for the following:</th>
<th>References</th>
</tr>
</thead>
</table>
| Chronic illness self-management | Yes | **Video** – preferred **Telephone** – acceptable | • Education, motivational interviewing, medication management, goal-setting, action planning, adherence support, nutrition/diet counseling, provide or link to social/emotional supports, provide encouragement and advice  
• Remote monitoring may be used as an adjunct to visits to track symptoms, peak flow, blood glucose, blood pressure, weight, physical activity, etc. | • Vulnerable/underserved populations  
• Patients with low health literacy  
• Severity of symptoms interferes with coaching effectiveness | 11,12,13, 14,15,16,17, 18,19 |
| Depression/ anxiety | Yes | **Video** – preferred **Telephone** – acceptable | • Education, motivational interviewing, care coordination, goal-setting, symptom assessment, medication management, refer to higher level of care if needed  
• May be accompanied by online or hard-copy self-guided modules for education and skills training | • Severity of symptoms interferes with coaching effectiveness | 20,21,22,23, 24 |
## Behavioral Health Coaching Recommendations

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<tr>
<th>Coaching focus</th>
<th>Telehealth Candidate?</th>
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</thead>
<tbody>
<tr>
<td>Smoking cessation</td>
<td>Yes</td>
<td><strong>Video</strong> – preferred</td>
<td>• Education, motivational interviewing, goal-setting, trigger identification and action planning, \</td>
<td></td>
<td>25, 26, 27, 28</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Telephone</strong> – acceptable</td>
<td>medication management, provide or link to social/emotional supports, provide encouragement and advice</td>
<td></td>
<td></td>
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<tr>
<td>Weight management</td>
<td>Yes</td>
<td><strong>Video</strong> – preferred</td>
<td>• Education, motivational interviewing, goal-setting, action planning, nutrition/diet counseling, provide or link to social/emotional supports, provide encouragement and advice</td>
<td></td>
<td>25, 26, 29, 30, 31, 32</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Telephone</strong> – acceptable</td>
<td>• May be accompanied by use of food/activity logs, remote tracking of activity/stress/sleep/weight</td>
<td></td>
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# Mental Health Recommendations

Outpatient treatment delivered remotely for mental health conditions may include psychotherapy, medication management, care coordination, group support, etc., and can be delivered by a wide range of mental health professionals. The list below includes telehealth recommendations for common mental health diagnoses. The list is not comprehensive, but is intended to assist behavioral health providers in developing their own criteria for the selected conditions.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Telehealth Candidate?</th>
<th>Platforms</th>
<th>Recommended telehealth services</th>
<th>In addition to general recommendations, consider in-person visits for the following:</th>
<th>References</th>
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</thead>
</table>
| Attention-deficit/hyperactivity disorder (ADD/ADHD) | Yes | Video – preferred Telephone – acceptable if video is not possible | • Pediatric ADD/ADHD evaluation, caregiver behavioral training and education, medication management  
• Pediatric care team conferencing, including patient, family, and school personnel  
• Adolescent group therapy | • Limited evidence exists for effectiveness of telehealth for adult patients  
• Limited evidence exists for effectiveness of direct therapy provided via telehealth  
• Parent/guardian is unable to actively participate or support pediatric patient | 33,34,35,36,37 |
| Anxiety | Yes | Video – preferred Telephone – acceptable | • Psychotherapy, including cognitive behavioral therapy, exposure therapy, relaxation therapy, and group therapy  
• Diagnostic assessment, medication management | | 38,39,40,41,42,43,44,45,46 |
| Autism | Yes | Video – preferred Telephone – not recommended | • Diagnostic pediatric assessment (only if patient is unable to be seen in person)  
• Parent education and training, functional analysis, patient education, therapy, coaching, follow-up discussions | • Limited evidence exists for effectiveness of telehealth for adult patients  
• If possible, telehealth should be used to augment, rather than replace in person visits  
• Diagnostic assessments should be in-person whenever possible | 35,47,48,49,50 |
**Mental Health Recommendations**

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<thead>
<tr>
<th>Condition</th>
<th>Telehealth Candidate?</th>
<th>Platforms</th>
<th>Recommended telehealth services</th>
<th>In addition to general recommendations, consider in-person visits for the following:</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar disorder</td>
<td>Yes</td>
<td>Video – preferred Telephone – not recommended</td>
<td>• Psychotherapy, including social rhythm therapy&lt;br&gt;• Medication management</td>
<td>• Need to more thoroughly assess movement, speech, or affect&lt;br&gt;• Limited evidence exists for reliability of diagnostic assessment via telehealth&lt;br&gt;• Limited evidence exists for effectiveness of pediatric treatment via telehealth</td>
<td>51,52,53,54</td>
</tr>
<tr>
<td>Depression</td>
<td>Yes</td>
<td>Video – preferred Telephone – acceptable</td>
<td>• Psychotherapy, including cognitive behavioral therapy, problem solving therapy, behavioral activation&lt;br&gt;• Diagnostic assessment using validated screening questionnaire, education, medication management, symptom monitoring</td>
<td></td>
<td>38,39,44,45,46,55,56,57,58,59,60</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>Yes</td>
<td>Video – preferred Telephone – acceptable if video is not possible</td>
<td>• Psychotherapy, including cognitive behavioral therapy, exposure therapy, family-based treatment, caregiver support groups, group therapy&lt;br&gt;• Education, medication management, food planning, self-weight measurements&lt;br&gt;• Remote monitoring and self-help may be added as an adjunct to treatment</td>
<td>• Increasing or concerning symptomology, need for in-person weight or vital sign monitoring, need for medical evaluation&lt;br&gt;• Limited evidence exists for effectiveness of telehealth for men, older adults, and minority populations&lt;br&gt;• Limited evidence exists for reliability of diagnostic assessment via telehealth</td>
<td>61,62,63,64,65,66,67,68,69,70,71</td>
</tr>
<tr>
<td>Obsessive compulsive disorder (OCD)</td>
<td>Yes</td>
<td>Video – preferred Telephone – acceptable</td>
<td>• Psychotherapy for youths &amp; adults, including cognitive behavioral therapy, exposure &amp; response prevention, education, parent support/training&lt;br&gt;• Diagnostic assessment, medication management</td>
<td>• Concern for physical health complications, including weight loss</td>
<td>41,45,46,72,73,74</td>
</tr>
</tbody>
</table>
## Mental Health Recommendations

<table>
<thead>
<tr>
<th>Condition</th>
<th>Telehealth Candidate?</th>
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</table>
| **Panic disorder**            | Yes                   | Video — preferred **Telephone** – acceptable | • Psychotherapy, including cognitive behavioral therapy  
  • Education, medication management  
  • Diagnostic assessment, only if the patient has been evaluated to rule out physical causes | • Acute panic attack  
  • Need for vital sign monitoring  
  • Other significant or concerning physical symptoms | 58,75                                           |
| **Personality disorder**      | Yes                   | Video — preferred **Telephone** – not recommended | • Psychotherapy, including dialectical behavior therapy, cognitive behavioral therapy, acceptance and commitment therapy, group skills training  
  • Medication management | • Patients with significant dysregulation, unstable or increasing anger, impulsivity, or thoughts/plans of self-harm  
  • Inability to remain engaged or refrain from distracting behaviors during a remote visit  
  • Consider providing new patient/pretreatment visit in person to establish relationship  
  • Limited evidence exists for reliability of diagnostic assessment via telehealth | 76,77,78, 79,80,81 |
| **Post-traumatic stress disorder (PTSD)** | Yes                   | Video — preferred **Telephone** – acceptable | • Psychotherapy, including cognitive behavioral therapy, behavioral activation, prolonged exposure, and cognitive processing therapy, particularly for US veterans  
  • Diagnostic assessment | • Limited evidence exists for effectiveness of telehealth for children and youth | 38,44,60,82, 83,84,85,86, 87,88 |
| **Psychotic disorders**       | Yes                   | Video — preferred **Telephone** – not recommended | • Patient assessment (via video)  
  • Psychotherapy, including cognitive behavioral therapy  
  • Medication management, skills training, patient/caregiver education, facilitated support or therapy groups, care coordination  
  • Remote symptom monitoring may be added as an adjunct to treatment | • Delusions, hallucinations, or paranoia that interfere with acceptance of telehealth care delivery  
  • High quality audio-video connection is not available (i.e., difficult to assess affect, movement, attentiveness, etc. due to poor video quality) | 89,90,91, 92,93,94,95 |
### Substance Use Treatment

Outpatient treatment delivered remotely for substance use may include psychotherapy, medication management, care coordination, group support, etc., and can be delivered by a wide range of mental health professionals. The list below includes telehealth recommendations for common substance use diagnoses. The list is not comprehensive, but is intended to assist behavioral health providers in developing their own criteria for the selected conditions.

#### Substance Use Recommendations

<table>
<thead>
<tr>
<th>Condition</th>
<th>Telehealth Candidate?</th>
<th>Platforms</th>
<th>Recommended Telehealth Services</th>
<th>In addition to general recommendations, consider in-person visits for the following:</th>
<th>References</th>
</tr>
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</table>
| Alcohol use disorder                    | Yes                   | Video – preferred Telephone – acceptable | • Psychotherapy, including cognitive behavioral therapy, group therapy, motivational enhancement therapy  
• Assessment, brief intervention, Medication Assisted Treatment (MAT), medication monitoring, coaching support | • Signs or symptoms of withdrawal are present  
• Need to assess for detox program | 96,97,98,99,  
100,101,102 |
| Opioid use disorder                     | Yes                   | Video – preferred Telephone – acceptable | • Psychotherapy, including cognitive behavioral therapy, group therapy  
• Assessment, Medication Assisted Treatment (MAT)  
• Medication monitoring, counseling | • Need to complete urine drug screen  
• Signs or symptoms of withdrawal are present | 103,104,105,  
106,107,108 |
| Tobacco/nicotine use disorder           | Yes                   | Video – preferred Telephone – acceptable | • Assessment, individual and group counseling, motivational interviewing, education  
• Medication management | | 109,110,111,  
112,113 |
| Other drug abuse, dependence, or illicit use | Yes                   | Video – preferred Telephone – acceptable | • Use provider discretion as evidence is limited | • Limited evidence exists for efficacy of telehealth treatment for cannabis, hallucinogen, sedative, anxiolytic, or stimulant use | 60 |
## Current Support

The American Academy of Child & Adolescent Psychiatry (AACAP) supports the delivery of psychiatric, mental, and behavioral health services via telehealth for pediatric patients, noting that “psychotherapy, behavior training, and pharmacotherapy have all been provided successfully” using telehealth, and it is “feasible, acceptable, and as effective as care delivered in person”.7

The American Academy of Pediatrics (AAP) endorse behavioral health principles which state, “telehealth – particularly for mental health and substance use care – can maintain and even improve the quality and comprehensiveness of patient care while expanding access to evidence-based care for children” in a medical home.114

## Legal Considerations & Consent

- Providers should follow all state and federal telehealth regulations including those pertaining to privacy, confidentiality, security, and informed consent, such as HIPAA, HITECH, and FERPA.7

- In Oregon, minors 14 years or older may consent to outpatient mental health, drug, or alcohol treatment without parental consent. However, the parent is expected to be involved to some extent prior to the end of treatment. Minors may consent to medical services without parental consent at the age of 15. Access to birth control, as well as STI testing and treatment is allowed at any age without parental consent.115

- Remind patients that mandatory child abuse reporting requirements and the permission to report intent to commit certain crimes applies to telehealth visits as well as in-person visits.

- Advise youth that although visits are confidential, parents may see billing information related to the visit from their insurer.

## Parent/Guardian Involvement

- Parents or legal representatives that will be participating in visits should be pre-screened for ability to safely and effectively participate in telehealth and support the patient if needed.8

- Arrangements should be made to ensure that the patient has access to a private space during confidential portions of the visit, or the entire visit if appropriate.

- Even if not participating in the visit, a trusted, responsible adult should be on-site and able to intervene if needed.8

- To facilitate communication, providers should confirm that they have contact information for the parent/guardian prior to the telehealth visit,7 and that the parent has access to the patient’s online medical portal if appropriate.

## Tips for Engagement and Rapport8,116

- Encourage the use of headphones or the chat feature if privacy is a concern

- Younger children or those with attention difficulties may benefit from shorter, more frequent sessions

- Limit distractions – remove phones/tablets, turn off the tv, ask anyone who is not participating in the visit to leave the room

- Younger children may need a larger space in which to play and engage in activities

- During your first session, give the patient a virtual tour of your space and ask them to give you a tour of their space

- If possible, utilize interesting features of your videoconferencing software, such as sharing worksheets, creating drawings together, picking fun virtual backgrounds, etc.
Behavioral Health Integration & Telehealth

Integration of behavioral health services with physical health services can help improve behavioral health care access, care coordination, and patient and provider satisfaction. Although behavioral health care is an essential element of comprehensive primary care, the shortage of behavioral health providers, funding limitations, and cultural differences can make integration challenging.\(^1\)

The use of technology, including telehealth, to deliver appropriate behavioral health services can help address some of these challenges while providing patients and staff the benefits of integrated care as well as the benefits of telehealth, such as decreased no-show rates, expanded services to rural populations, and reduced stigma.

Integrated behavioral health care models span a continuum based on the resources and needs of each organization.\(^2\) Telehealth can be leveraged to enhance any integration model, whether the behavioral health provider is co-located with primary care or located remotely. Integrated behavioral telehealth can be particularly valuable for small and/or rural clinics, as it allows for multiple clinics to utilize a single behavioral health provider, who may be located off-site.

Recommendations\(^3\,^4\)

- Use a common or integrated electronic record system that allows sharing of screenings, assessments, non-confidential chart notes, collaborative care plans, etc.
- Establish a process for teleconsultation between the primary care and behavioral health care providers
- For patients that prefer not to attend their behavioral health visit from home, offer private rooms and PCs/tablets at the primary care clinic for use during visits with off-site providers
- Establish processes for regular (in-person or virtual) communication between the physical and behavioral health care teams, including care team conferences for appropriate patients
- Provide virtual warm-handoffs, using videoconferencing platform to introduce patients to the behavioral health provider whenever possible
- Appointment times should be left available on the behavioral health provider’s schedule daily, to accommodate unforeseen warm hand-offs

Additional Behavioral Health Integration Resources

- American Medical Association: Accelerating and Enhancing Behavioral Health Integration Through Digitally Enabled Care
- National Academy for State Health Policy: Improving Behavioral Health Access & Integration Using Telehealth & Teleconsultation
- Agency for Healthcare Research and Quality: Telehealth and Behavioral Health Integration
### Preparation before the meeting
- Pre-screen participants: assess each person for alignment with telehealth (see p.6-7) as well as developmental and behavioral ability to appropriately participate in a group setting.
- Identify and address any barriers and obtain informed consent for telehealth (see p.5)
- Provide participants with an option to test the software
- Send instructions and materials to each participant
- Send a meeting reminder with the link and password one day to several hours prior to the meeting

### Meeting logistics
- Use a secure videoconferencing platform (synchronous audio and video)
- Enlist a co-facilitator to monitor the chat, handle technical issues, attend to any emergencies, etc.
- Maintain security:
  - Require a password to access the meeting
  - Utilize a “waiting room” feature and manually admit pre-screened participants only
  - Do not record the meeting
- Lock the room after meeting begins to minimize disruptions
- Leave extra time for questions and troubleshooting
- Have a backup plan: share a telephone call-in number to be used if technical issues arise

### During the first meeting
- Provide an overview of how to use the features of the videoconferencing platform
- Share the emergency plan
- Outline rules and expectations including:
  - Privacy (e.g., all participants must join from a private space without children or housemates present, use of headphones is encouraged, use first names only). Remind participants that privacy cannot be guaranteed.
  - Engagement (e.g., cameras should remain on, refrain from distractions such as cell phones or TVs)
  - When and how to share (e.g., remain on mute, use raise hand feature to speak, private chat is disabled)
  - Behavior (e.g., appropriate language)

### Cultivating positive group dynamics
Some studies show lower therapeutic alliance ratings when using telehealth versus in-person groups. To promote engagement:
- More time may need to be spent on fostering group cohesion than with in-person groups
- Use eye contact, body language, and hand gestures to keep participants attentive
- Consider using break-out rooms or pair discussions to encourage interaction between participants
- Encourage and elicit feedback from participants regularly
How can I implement telehealth in my practice?

- Substance Abuse and Mental Health Services Administration (SAMHSA) *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*
- Health and Human Services (HHS) *Telehealth for Behavioral Health Care: Best Practice Guide*
- American Psychiatric Association *Best Practices in Synchronous Videoconferencing-Based Telemental Health (March 2022)*
- American Psychiatric Association *Telespsychiatry Toolkit*
- American Psychological Association *Guidelines for the Practice of Telepsychology*
- American Telemedicine Association *Practice Guidelines for Telemental Health with Children & Adolescents*
- Pacific Southwest Mental Health Technology Transfer Center *Telemental Health Clinical and Technical Considerations for Mental Health Providers*

What telehealth services are covered by insurance?

- **Medicare & Medicare Advantage**
  - Centers for Medicare and Medicaid Services (CMS) – 2023 Physician Fee Schedule
    - [https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched](https://www.cms.gov/medicare/medicare-fee-for-service-payment/physicianfeesched)
  - Centers for Medicare and Medicaid Services (CMS) – List of Telehealth Services
    - [https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes)

- **Medicaid**
  - Oregon Health Authority, Ancillary Guideline A5, Telehealth, Teleconsultations, and Online/Telephonic Services

Can I provide care to an out-of-state patient?

- Physicians and Physician Assistants: [https://www.oregon.gov/omb/Topics-of-Interest/Pages/Telemedicine.aspx](https://www.oregon.gov/omb/Topics-of-Interest/Pages/Telemedicine.aspx)
- Psychologists: [https://www.oregon.gov/psychology/Pages/COVID-19.aspx](https://www.oregon.gov/psychology/Pages/COVID-19.aspx)
- Social Workers: [https://www.oregon.gov/blsw/Pages/LicenseDescriptions.aspx](https://www.oregon.gov/blsw/Pages/LicenseDescriptions.aspx)
Is there telehealth reciprocity between Oregon & Washington?*

The easing of telehealth licensing rules made conducting virtual visits easier during the COVID-19 public health emergency (PHE). However, as of October 31, 2022, Oregon and Washington’s state PHEs have ended, although the Federal PHE remains in place. This has caused some confusion, as each licensing board has its own rules governing the provision of telehealth between the states. Below are the current rules for MDs, NPs, PAs, and PsyDs. Please note that they are subject to change, as this is a prominent and dynamic issue.

As of December 2022:

- **MDs, DOs, and PAs**
  - Those who are licensed in Oregon can provide care to established patients via telehealth for patients located in Washington at the time of the telehealth visit for the purposes of maintaining continuity of care
    - Oregon licensed clinicians can no longer see NEW patients via telehealth if the patient is not physically located in Oregon, unless the provider has a Washington license
  - Those who are licensed in Washington can provide care to established patients via telehealth for patients who are physically located in Oregon at the time of the telehealth visit for the purposes of maintaining continuity of care

- **NPs**
  - Those who are licensed in Oregon cannot provide care (in-person or telehealth) to patients located in Washington, unless they carry a Washington license
  - Those who are licensed in Washington cannot provide care (in-person or telehealth) to patients located in Oregon, unless they carry an Oregon license

- **PsyDs**
  - Those who are licensed in Oregon must have a temporary or permanent Washington license to serve patients physically located in Washington

- **All other licenses**
  - Refer to policies in place for your licensure (links on page 17), or contact your licensing board for clarification

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*Information gathered by Providence Medical Group via communication with state licensing boards*
These recommendations were developed by the members of Oregon Health Leadership Council’s (OHLC’s) Telehealth Workgroup, with the guidance and support of OHLC’s Best Practice Committee. These groups are comprised of providers, clinical leaders, and telehealth experts representing health systems, clinics, and health plans throughout Oregon. More information about the Best Practice Committee can be found here: [http://www.orhealthleadershipcouncil.org/ebbp/](http://www.orhealthleadershipcouncil.org/ebbp/).

The information in this document was collected via evidence-based literature searches, as well as expert opinion from Telehealth Workgroup members and their colleagues. The conditions listed within each condition specific guideline section were derived from the most common reasons for visits in the behavioral health setting, as well as input from behavioral health clinicians.

The recommendations provided in this document reflect information available to the OHLC Telehealth Workgroup at the time of its development. However, research on the safety, quality, and effectiveness of telehealth is ongoing. We encourage organizations to use these recommendations as an aide in building their telehealth procedures and continue to refine their processes as new research becomes available.
REFERENCES


109. American Lung Association. (2018, September). *Telehealth as a vehicle to support tobacco cessation*. [https://www.lung.org/getmedia/0df40b1c-cca4-4f8d-b17f-1ce0f19052a1/telehealth-tobacco-cessation.pdf.pdf](https://www.lung.org/getmedia/0df40b1c-cca4-4f8d-b17f-1ce0f19052a1/telehealth-tobacco-cessation.pdf.pdf)


