

## **Practical Considerations in Telebehavioral Health for Ohio Providers**

### **(Real-time interactive video-conferencing)**

This document has been developed as a guide to assist behavioral health providers as they consider the possibility of expanding their services to patients/consumers through the use of real-time interactive video-conferencing technology. We recognize that telehealth now encompasses a vast array of services and technologies. However, the scope of this project is related to only real-time, interactive video conferencing. The information contained in this document does not infer any legal, financial or business advice. If you have questions or need further assistance it is recommended that you seek advice or legal guidance from appropriately licensed, certified and experienced professionals.

There are many information resources available that can provide additional detailed information and guidance. For your convenience we have listed several at the end of this document.

#### **Videoconferencing Systems Introduction**

Videoconferencing technology has decreased in size and cost making it a more viable mode of providing health services. Their technical capabilities and mobility have increased. Today the video and sound quality can be excellent and many diagnostic peripheral attachments are available. However, from an organization's perspective the adoption and implementation of this technology can still be a daunting challenge. This paper is meant to serve as a checklist of areas to be considered as you determine your desire and ability to adopt video technology into your practice. This may not be an all-inclusive list of considerations for your organization but is meant to be a general overview of details that need to be planned for.

Your decision to offer telebehavioral health services should not be driven by any particular type or brand of equipment but it may be helpful to have a basic understanding of the various options as you review this checklist.

As you begin to explore video conferencing options you will find many references to bandwidth. Bandwidth refers to the amount of information that an internet pathway can carry at one time. It can be thought of as a highway. The more lanes there are on the highway, the more cars that can travel. The more bandwidth the better however you will need to balance that with cost. If you have an office that is already using an internet connection keep in mind that you are already using at least part of the available bandwidth. Video and sound utilize a lot of bandwidth and will be competing with your existing data use for the available space on the connection. Also, keep in mind that you will be both sending video and sound as well as receiving. So your highway needs to have adequate lanes (bandwidth) running in both directions, incoming or downloading and outgoing or uploading. Inadequate bandwidth can cause a significant delay in the synching of sound with video and/or jerky, grainy video images like the old movies where the sound does not match the movie. This can be very distracting and may not provide an adequate clinical experience for the provider or the patient.

The most basic system simply requires an internet connection, a computer with a camera and some sort of microphone. Many people have this in their homes and offices. A basic system can be useful but may not provide the security measures to meet HIPAA, HITECH and 42 C.F.R. requirements. You also have to be sure that the video and sound quality will be adequate for clinical evaluations and services if that is your intended use. Some of the quality is dictated by the internet connection or pathway you are using to transmit across.

If you want to keep your system to a more basic level it is possible to utilize a desktop computer or laptop with a high definition camera and microphone and using an appropriate internet connection. You will need to implement the necessary security features yourself. This technology can be used for point to point (one site to one site) type of scenarios. If you want to connect multiple points at the same time and/or want other features there are systems or applications you can purchase or lease.

Many vendors offer somewhat closed or proprietary systems which require the use of a bridge service in order to connect multiple points. The bridge is a central computer that all the internet connections run to and then the video calls from the various points are connected at the bridge. Bridge systems are expensive and require technical expertise to run and maintain. This also means that you have to coordinate with this third party to schedule your multipoint calls. There is an added cost to these systems but they may provide a higher level of security depending upon the network they run through. As with all types of systems you will want to know if they are interoperable with other types of systems.

The more traditional type of systems are also still available. These are the studio systems and usually are designed to run through a bridge. They often have a very large screen and may have a computer and other equipment attached. They are usually propriety systems and can be more costly. In the past they were known for high quality video transmissions but today many types of systems are comparable and may offer more flexibility. If you are providing certain health care services that will require sophisticated peripheral diagnostic medical attachments you may want to consider some of these systems. Studio equipment vendors have developed a line of computer sized units that can travel around a clinic on a cart.

More recently a new option has become more widely available. Cloud-based services can be thought of as a blend of the options. You will still need a computer with a good camera, a microphone and an adequate internet connection at each site. However, instead of needing a bridge system you can purchase a license or lease a software application that either downloads onto your computer or you sign into the account. These services generally come as a package. Depending on the package or software you may get different types of function and security. This can replace the bridge and allows you to control who, when and how many people can participate in a video conference (depending on the features of the software). With this type of system the bridge has been replaced by the vendor with a third party computer that connects the participants. These systems can be cost effective and versatile. With so many of these vendors popping up you will want to use due diligence to be sure that they meet

all your functionality and quality needs as well as security regulations. Keep in mind that not all these systems were designed for a health care environment.

## Evaluating Organizational Readiness for Telebehavioral Health

The use of video conferencing technology can greatly increase patient access to a variety of services. There are a number of applications and quite an array of equipment and services on the market. You should consider ranking the priorities of how you will use the technology as this can help you focus on the most necessary features and narrow your considerations down to those vendors who most closely meet your established needs and budget. Also keep in mind that the available technology is changing almost daily. If you are unsure consider starting small. Bigger and shinier with more buttons and features does not always mean better and may not meet your basic requirements. The following section provides a list of things to consider as you begin to develop a new program.

### **Getting Started - Identifying Intended Uses and Partners**

- A. Is there an overall organizational readiness for change?
  - 1. Are there internal change champions? (business unit, licensed providers, support personnel, patients/consumers, other healthcare partners)
  - 2. Are there community champions?
  - 3. Do you have providers who are willing to provide services via video conferencing?
  
- B. Do you have the capacity to add more services and/or additional patients/consumers with existing staff, resources and funding?
  - 1. Recommend doing a needs assessment
  - 2. Recommend doing a gap analysis
  
- C. What do you want to use video conferencing technology for?
  - 1. Clinical Services
  - 2. Administrative Meetings
  - 3. Patient/consumer education
  - 4. Staff education
  - 5. Provider to Provider consultations
  - 6. Team or Case Conferences
  - 7. Other
  
- D. Determine what clinical services can or will be offered if that is your intended use
  - 1. Direct Clinical Services to patients/consumers

- a. Assessment/Evaluation/Intake
  - b. Counseling
  - c. CPST
  - d. Medication Prescribing/Medication Management
  - e. Crisis assessment/stabilization
  - f. Case management
  - g. Patient/consumer education
  - h. Other health screenings and/or services
- 2. Case/Care Management
    - a. Clinical Team Treatment Planning
    - b. Provider to provider consultations
  - 3. Continuing Education
    - a. Staff training
    - b. Staff education
  - 4. Administrative Functions
    - a. Administrative meetings
    - b. Staff meetings

E. What other sites do you want to link to?

- 1. Will you connect from one clinic site to another clinic site?
- 2. Will you connect from clinic site directly to patient/consumer home?
- 3. From clinic to hospital?
- 4. From provider home to clinic?
- 5. From provider home/site to patient/consumer home/site?
- 6. Will the sites at each end of the connection be static or mobile?
- 7. Are going to connect from one site to one other site or to multiple concurrent sites?
- 8. One site to one site or multiple concurrent sites/users joined in at the same time?
- 9. Will you connect and partner with other sites within your organization's current business model?
- 10. Will you connect and partner with contract providers for services and/or capacity that you do not currently have?
- 11. Will you connect and partner with other health care entities?
- 12. What geographic area(s) will you be providing services to?

F. Have you reviewed your current workflow/patient flow to determine operational changes that may be needed?

- 1. How will you schedule patients/consumers, provider time, support staff and space?
- 2. How will you allocate resources? (front desk time, support staff, clinical staff)
- 3. Will your billing process need to change?
- 4. How and what will need to be documented?

5. How will you share or communicate clinical information in a manner that meets HIPAA, HITECH and 42 CFR requirements when needed across sites? (i.e. physical exams, medication lists, medical or psycho-social history, etc...)
  6. How will you collect clinical information, billing/ins. Information and signed informed consents from patients/consumers?
  7. Will you need additional staff or other resources?
  8. How will you orient patients/consumers?
- G. What are the services that can be provided?
1. What are the current licensing board rules for each provider type?
  2. What are the current certification standards that must be met? (ODMH, ODADAS, JCAHO, CARF, others)
  3. What will payers reimburse for and at what rates?
  4. Are there other current laws regarding telemedicine or telebehavioral health services that you need to comply with?
- H. Do I have other willing providers/entities?
1. Do my partners have funding/resources?
  2. Do my proposed partners have organizational readiness?
  3. Do the proposed partners have technical support?
  4. Do the proposed partners have internet access?
  5. Do the proposed partners have the space, support staff, providers?

## Physical Site Needs, Local and Remote

- A. Will you have space, especially if you decide on larger sized equipment or need to have dedicated desktop computers and/or internet connections vs. mobile equipment with secure, encrypted WIFI connections?
  - 1. Will the space accommodate the new equipment?
  - 2. Will you need to paint? Medium blues and gray have been shown to provide the best backgrounds and contrast.
  - 3. Will you need to add additional lighting?
  - 4. Will you need any additional furniture, chairs, or desk?
  - 5. Will you need to cover windows?
  - 6. Will you need to install sound buffers to decrease distracting outside noise or to reduce echoes in the room?
  - 7. Do you have internet connections in the space intended for the equipment?
  - 8. Do you have electrical outlets in the space intended for the equipment?
  - 9. Is the intended space in an area that is quiet?
  - 10. Will the intended space provide privacy?
  - 11. How will you secure and protect the equipment from damage or theft if it will be in patient/consumer areas and unattended? This will also need to protect patients from anything falling such as monitors.
  - 12. Will you need to change room configuration, move walls or install doors or locks?

## Technical Requirements, Local and Remote

- A. Do you have reliable high speed internet access?
  - 1. At primary site?
  - 2. At intended remote site(s)?
  - 3. Will your existing internet connection support both your current business (data/phones) and the addition of bi-directional video? The speed and bandwidth must be acceptable for both receiving video as well as sending.
  
- B. Are there current minimum technical specifications required for your intended use?
  - 1. Internet 384 kbps
  - 2. Fully encrypted transmissions that comply with HIPAA, HITECH and 42 CFR requirements with secure passwords (reminder that users should NEVER share their individual password nor should you ever have common passwords.)
  - 3. You will need to check rules of with licensing boards and/or recommendations of professional associations.
  - 4. Check rules of certifying and/or accrediting bodies for their current rules.
  
- C. Can the equipment/software/service/program that I am considering meet my needs?
  - 1. Allows me to perform the primary intended use and/or services?
  - 2. Is the system user friendly? (easy to install, easy to train users, easy to maintain) (If you purchase a lot of bells and whistles but the system is not easy to use or is complicated and overwhelming for the majority of staff and other users you will most likely have purchased an expensive paper weight.)
  - 3. Who or what other systems can I link to? (If you purchase a highly proprietary system that is not compatible with your other sites you will have a portal to nowhere.)
  - 4. What is my available budget both short-term and long-term?
  - 5. What are all the upfront or start-up costs? (Initial purchase, lease or license, install, equipment, internet access and possible additional wiring, training, maintenance and support)
  - 6. What are all the continuing operational costs? (continuation lease or licensing fee, upgrades, equipment, maintenance and support, technical assistance, internet access fees)
  - 7. Does this meet the needs of the patients/consumers that I need to serve?

D. Will you need any qualified IT technical support that does not already exist within your organization? What about technical support at any partner or remote sites?

1. Do you need the technical support full-time, part-time, off-site or on-site?
2. Will you employ someone to function as the technical expert support or contract for the service?
3. Does the service need to be a local resource or can the service be provided by telephone and remote access to your system?
4. Determine what qualifications will meet your needs for the system that you choose. There are many, many areas of special expertise in the technology field. Determine exactly what type of support you will need so that you get support and maintenance services from a qualified person or vendor that will meet your needs.

E. Technology Considerations

1. Equipment
  - a. Studio (and bridge)
  - b. Desktop
  - c. Mobile Laptop
  - d. Other?
2. Services
  - a. Technical Consultants
  - b. Purchased IT Support and/or Maintenance
  - c. Off- site service providers (hosted services)
  - d. Cloud-based applications
  - e. Bridging/scheduling system services (to connect multiple points simultaneously or foreign systems)
3. Video Connections
  - a. Video Quality
  - b. Sound Quality
  - c. Video and Sound in sync
  - d. Fiber Optic Lines (state service)
4. System and Transmission Security
  - a. HIPAA, HITECH, and 42 CFR OH My!
  - b. Encryption
  - c. Secure Passwords
  - d. User Activity logging
  - e. Station Security

## F. Technology Issues Trouble Shooting

1. Sounds simple but your first step is to make sure that everything is plugged in and turn on
2. Sound
  - a. Is your system or the other end on mute?
3. Video
  - a. Is your camera plugged in and turned on?
  - b. Is the camera covered up?
  - c. Is the camera pointed at the subject and in focus?

## Licensing/Certification and Payor Requirements

Technology use in healthcare is constantly changing and evolving. As you are well aware there are many regulatory and accrediting bodies involved. Additionally, payors can have complicated and ever changing coverage and reimbursement strategies. This is an area that it will be wise to research carefully to be sure that you are in compliance with all local, state and federal laws as well as licensing board rules, certifying and accrediting bodies as well as payor policies.

Here in Ohio we are making much progress. ODMH and ODADAS have rules that allow for certain services to be provided by qualified providers in certified facilities via telebehavioral health. As of the writing of this paper there are state legislative efforts as well as some payors that are looking to move telemedicine/telebehavioral health forward in our state.

### A. Licensing

1. Check to see if all the services you are planning to provide via video are within the scope of licensure for the provider(s) you are intending to use.
2. Do your providers need any credentialing in Ohio?
3. Check to see if there are any specific criteria or rules with the Ohio licensing boards for the providers you are going to utilize to provide the service and if there are any restrictions regarding the use of video conferencing technology.

### B. Certification/Accreditations

1. Check with any certifying bodies to see if there are additional requirements.
2. Check with any accrediting bodies to see if there are any additional requirements.

### C. Payors

1. Check with each payor by policy for their policies regarding video based services.
2. Request clarification if there is any doubt and ask for reimbursement fee schedules. You will want to know who can get paid, for what services and under what conditions. ( i.e. is it diagnosis specific, are there distance restrictions or geographic parameters, is it only for certain patients or can only be provided for a very limited set of services, do both the originating site and the provider site get reimbursed, are there special requirements for the claims?)

### D. Comply with accreditation, certification, licensure, legal and regulatory requirements

1. Providers must practice in an ethical manner within their scope of licensure per their respective Ohio licensing boards

2. Check with liability carrier for any malpractice coverage concerns or gaps
3. Check with any certifying or accrediting bodies for any credentialing requirements
4. Check with Ohio licensing boards regarding any out of state providers or other providers not licensed in Ohio

## Protocols and Organizational Operations

Video conferencing technology can expand availability of behavioral health services to many patients and consumers. Use of this technology simply becomes a tool or another mode of delivering the services you are probably already doing. This means that you will need to provide the clinical care under the same Ohio laws, professional licensing rules, certification standards, ethics, professional scope and standards as you do when you provide in-person, face-to-face services. Care provided via interactive video should be of a quality that is equivalent to in person services.

Many centers and states with active telebehavioral/telemedicine programs strongly recommend that an organization develop clear and detailed policies and operating procedures and protocols prior to the implementation of clinical service provision. We have consolidated many of those recommendations and best practices into the following list for your consideration and use. This is not an all-inclusive list and providers are encouraged to obtain legal guidance if there are any questions.

As with any change to an organization's daily operations the implementation of a telebehavioral health program will be more successful with careful detailed planning. While real-time interactive video is just another mode or vehicle to providing services it does take on-going coordination and staff dedicated to keep things running smoothly. Assigning and communicating roles and responsibilities will minimize confusion, disruptions and assumptions. A simple way to think about it is as though you are opening another operational site. You will not have the building costs yet you need to have a staffing plan. Getting a system or equipment that you can work with is important but you will need the right people in the right roles at the right time to keep things running. You still need to build the relationships, both internal and external.

### A. Staffing - Determine staff who will be involved – Roles and Responsibilities

1. How will you schedule staff time to include video related duties along with their other responsibilities?
2. Define and determine exact roles and responsibilities
  - a. Who runs the system/equipment and provides technical system support?
  - b. Who schedules patients?
  - c. Who collects, organizes and/or finds any need records/health information prior to the video appointment and transmits the information to other providers in manner that is compliant with HIPAA, HITECH, 42 CFR and other Ohio laws regarding PHI?
  - d. Who provides on-going orientation, training and support to patients/consumers?
  - e. Who will provide on-going training/updates to staff?
  - f. Who will work with any vendors?
  - g. Who will be responsible for repairs, maintenance, licensure, lease agreements, upgrades?
  - h. Who will confirm patient/consumer appointments?

- i. Who will follow-up with patient/consumer after clinical service?
- j. Who will be the contact person/number for patients/consumers served through video?
- k. Who will be the lead staff person responsible for ensuring on-going daily operations?
- l. Who will be the liaison to partner/remote sites?
- m. Who will train remote site staff?
- n. Which providers will participate in telebehavioral health services?
- o. Who will perform quality improvement activities?

3. Orientation and Training

- a. Develop a staff/provider orientation plan and curriculum
- b. Develop a patient/consumer orientation plan and curriculum
- c. Set up an ongoing training plan (new procedures/services, new technology, new staff, refreshers for existing staff, updates on trouble shooting technical or safety issues)

B. Determine what patients/consumers that you will serve via telebehavioral health

- 1. Will you require that the patient/consumer have their first visit in person at your site?
- 2. Will you limit the types of services you provide through video?
- 3. Do you have providers that are willing to provide all the services via video?
- 4. Have you checked to see if all the services you are planning to provide via video are within the scope of licensure for the provider(s) you are intending to use?
- 5. Have you checked to determine if there are any other statutory limitations?
- 6. Will you have any requirements for the consumer/patient to travel to your business site for any services?

C. Develop Clinical Protocols

- 1. Will you need different protocols for different services?
- 2. What clinical services will be offered?
- 3. Develop guidelines to consider in patient selection for video based services?
- 4. How and what will you document?
- 5. Where will the patient/consumer records reside?
- 6. How will information be communicated in a manner that is HIPAA compliant?
- 7. How will patient/consumer privacy be protected?
- 8. How will emergencies/crisis situations be handled, how will staff/providers be trained?
- 9. Where will a written protocol be kept with emergency telephone numbers pertinent to the patient location, (suicidal, homicidal, psychosis and other safety issues)?
- 10. How will disconnection of video during a service be handled?

11. Who will provide technical support to patients/consumers if they are in their home during service?
12. How will the signing of informed consent be handled?
13. How will you verify identity of patient/consumer, especially if they are never seen in person?
14. How will you handle non-patients/consumers in the room with the patient/consumer?
15. If the patient/consumer is at the location of another health care provider you will need to determine clear roles and responsibilities between the sites?
16. Who will actually prescribe medications if needed and how will the script be transmitted?
17. Will there be any formal documentation generated to other providers (consult report, case notes, updates, treatment plans, other health reports, etc...)?
18. How long will the service be scheduled for?
19. How can the patient/consumer request or schedule a video appointment?
20. Are there credentialing requirements for providers or will you have any training requirements?
21. Who will provide orientation to the patient/consumer including information about having the choice to opt out of video-based service, how to use the system, etc...?
22. Will there need to be any adjustments or accommodations in treatment plans to allow for video-based services?
23. Who will provide coverage if usual provider is not available (daytime, night time, holidays)?
24. How will you ensure that providers have cultural competency for the population they treat remotely?
25. How will you comply with the medical board rule regarding psychiatry services (physical exams)?
26. Who will order any necessary lab exams and how will the order get to the patient/consumer?
27. Who will receive the lab results (your office or the remote health facility) and how will they be incorporated into your records?
28. Who will review them with the patient/consumer?
29. Will you be recording and storing the sessions? How will this be handled?

#### D. Ensuring Quality of Service

1. Address Facility Issues
  - a. Use a high definition camera at both ends with zoom/pan/tilt capabilities that can be controlled by the provider for the remote (patient) end
  - b. Use high speed internet (both send and receive capacity)

- c. Use noise cancelling speaker phone or headset
- d. Ensure enough space
- e. Ensure a quiet room to avoid distracting noises (at both ends if possible)
- f. Ensure privacy and confidentiality
- g. Use indirect light to the side and/or in front of the person
- h. Do not have light behind the person (at either end). This would include windows.
- i. Minimize echoes in rooms
- j. A medium, light blue or light gray flat paint color are the best backdrop colors behind participants
- k. Ensure enough electrical outlets and telecom ports for any equipment
- l. Ensure patient safety if the patient/consumer/family will be in the room alone.  
Stabilize or secure equipment
- m. Camera placement should allow for the participant and provider to be looking directly at each other. If camera is above the monitor the participant(s) will appear as looking down. Eye contact will not be good.
- n. If care requires other health assessment information such as blood pressure, height, weight, heart sounds, lung sounds, temperature, etc... then either there will need to be a healthcare person at the patient end to take vital signs manually, or the telemed system will need to accommodate medical peripheral equipment or such information will need to be determined ahead of time and transmitted in a HIPAA compliant manner to the treating provider
- o. If you are serving special populations determine if there are other accommodations needed to make the sessions successful, i.e. for deaf and hard of hearing consumers the backdrop and clothing colors of the interpreter should contrast with the skin color to maximize the contrast for sign language.

## 2. Set up a Quality Improvement Process

- a. What will you measure and how often?
- b. Survey patients/consumers/families about satisfaction (technology, convenience, service, communication, scheduling)
- c. Survey staff/providers about satisfaction (technology, system, facility, communication, scheduling, process)
- d. Track patient compliance
- e. Log and track ongoing support issues
- f. Utilize current evidence-based practices relevant to the patient/consumer diagnosed condition
- g. Recognize that human research subject laws still apply to patients/consumers that receive services via video technology if you are or want to do research regarding video delivered services
- h. Measuring patient/consumer compliance and outcomes
- i. Track patient/consumer complaints

- j. Develop an ongoing quality improvement process to address operational issues, barriers, clinical issues, safety issues, technical issues, staffing issues, training deficits, and patient/consumer complaints

## Additional Resources

California Telemedicine and eHealth Center Technical Assistance Report. Monitoring Telehealth Program Performance, Performance Indicators and Data Element Matrix.

[http://www.telehealthresourcecenter.org/sites/main/files/file-attachments/ctec\\_performance\\_indicators\\_report\\_2010.pdf](http://www.telehealthresourcecenter.org/sites/main/files/file-attachments/ctec_performance_indicators_report_2010.pdf)

Telehealth Resource Centers. Evaluation. <http://www.telehealthresourcecenter.org/toolbox-module/evaluation>

Telehealth Resource Centers. Training. <http://www.telehealthresourcecenter.org/toolbox-module/training>

Telehealth Resource Centers. Patient Preparation. <http://www.telehealthresourcecenter.org/toolbox-module/patient-preparation>

American Telemedicine Association. Expert Consensus Recommendations for Videoconferencing-Based Telepresenting, November 2011. <http://www.americantelemed.org/docs/default-source/standards/expert-consensus-recommendations-for-videoconferencing-based-telepresenting.pdf?sfvrsn=4>

Telehealth Resource Centers. Licensing and Credentialing. <http://www.telehealthresourcecenter.org/toolbox-module/credentialing-and-licensing>

Telehealth Resource Centers. Legal Issues (Privacy and Contracting for Services). <http://www.telehealthresourcecenter.org/toolbox-module/legal-issues-privacy-and-contracting-services>

Telehealth Resource Centers. Issues Specific to Certain Types of Health Organizations. <http://www.telehealthresourcecenter.org/toolbox-module/issues-specific-certain-types-health-organizations>

University of Minnesota. School of Nursing, Great Plains Telehealth Resource and Assistance Center. Telehealth Nurse Presenter. <http://www.gptrac.org/resource-center/proven-practices-and-models>

National Telehealth Technology Assessment Resource Center. Videoconferencing End Points. <http://www.telehealthtechnology.org/toolkits/videoconferencing-endpoints/about-this-technology/technology-overview>. This website has quite a bit of unbiased technology information. However, if you have little to no technology foundation you may still need some assistance from an IT professional to guide you through all the information.

Telehealth Resource Centers. Federal Fraud and Abuse: Anti-Kickback Statute. <http://www.telehealthresourcecenter.org/toolbox-module/federal-fraud-and-abuse-anti-kickback-statute>

Telehealth Resource Centers. Federal Fraud and Abuse: Stark Law. <http://www.telehealthresourcecenter.org/toolbox-module/federal-fraud-and-abuse-stark-law>

Telehealth Resource Centers. Federal Fraud and Abuse: False Claims Act. <http://www.telehealthresourcecenter.org/toolbox-module/federal-fraud-and-abuse-false-claims-act>

Telehealth Resource Centers. Food and Drug Administration and State Regulations. <http://www.telehealthresourcecenter.org/toolbox-module/food-and-drug-administration-and-state-regulations>

Telehealth Resource Centers. Antitrust. <http://www.telehealthresourcecenter.org/toolbox-module/antitrust>

Telehealth Resource Centers. Medical Malpractice and Liability. <http://www.telehealthresourcecenter.org/toolbox-module/medical-malpractice-and-liability>

Center for Telehealth and E-Health Law – <http://www.ctel.org/>, <http://www.telehealthlawcenter.org/>.

National Center for Telehealth & Technology, Defense Centers of Excellence for Psychological Health & TBI. Introduction to Telemental Health. <https://t2health.org/programs-telehealth.html>

National Center for Telehealth & Technology, Defense Centers of Excellence for Psychological Health & TBI. DOD Telemental Health Guidebook. <https://t2health.org/programs-telehealth.html>

American Telemedicine Association. Evidence-Based Practice for Telemental Health, July 2009. <http://www.americantelemed.org/docs/default-source/standards/evidence-based-practice-for-telemental-health.pdf?sfvrsn=4>

Substance Abuse and Mental Health Services Administration. Telehealth in State Substance Use Disorder Services. <http://www.samhsa.gov/Financing/post/Telehealth-in-State-Substance-Use-Disorder-Services.aspx>

American Telemedicine Association. Practice Guidelines for Videoconferencing-Based Telemental Health, October 2009. <http://www.americantelemed.org/docs/default-source/standards/practice-guidelines-for-videoconferencing-based-telemental-health.pdf?sfvrsn=6>

National Council for Community Behavioral Healthcare. Telemental Health: Technical Assistance and Resource Guide, November 2010. <http://www.thenationalcouncil.org/galleries/policy-file/TMH%20Issue%20Brief%20Nov%202010.pdf>

Centers for Medicare and Medicaid. Telehealth. <http://www.americantelemed.org/docs/default-source/standards/expert-consensus-recommendations-for-videoconferencing-based-telepresenting.pdf?sfvrsn=4>

Telehealth Resource Centers. <http://www.telehealthresourcecenter.org/> This is the main site. It has links to all the various regional centers. You may find additional resources at each of the individual regional sites.

OAR.NET. <http://www.etechnology.ohio.gov/>. This is the site with contact information regarding entities that may qualify to connect to the state's fiber optic backbone.

California Telemedicine and eHealth Center. Assessing Organizational Readiness, January 2009.

[http://www.caltrc.org/sites/main/files/file-attachments/08-1129-final\\_ctec\\_discovery\\_series.pdf](http://www.caltrc.org/sites/main/files/file-attachments/08-1129-final_ctec_discovery_series.pdf)

California Telemedicine and eHealth Center. A Glossary of Telemedicine and eHealth.

[http://www.caltrc.org/sites/main/files/file-attachments/ctec\\_glossary\\_final.pdf](http://www.caltrc.org/sites/main/files/file-attachments/ctec_glossary_final.pdf)

California Telemedicine and eHealth Center. Best Practices for Telehealth Programs, Lessons from the Field. <http://www.caltrc.org/best-practices-0>

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