

SUBJECT: TELEHEALTH

EFFECTIVE DATE: 5/9/2022

I. PURPOSE:

The purpose of this Health Services Bulletin is to establish policy for the use of telehealth in the Florida Department of Corrections (FDC).

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. POLICY

- A. Telehealth will be conducted in a manner that, with exception of the use of audiovisual aides, is consistent with the privacy and physical context that is appropriate for clinical encounters.
- B. Telehealth is not a separate medical specialty and does not change what constitutes proper medical or psychiatric treatment and services.
- C. In general, patients acceptable for telehealth include those who are otherwise appropriate for outpatient settings. Patients who present with acute clinical needs may still be seen by means of telehealth, but with mental health or other health care professionals assisting during the session.
- D. Telehealth is an adjunctive method for efficient and cost-effective delivery of medical and mental health services with quality comparable to more traditional delivery methods.
- E. Telehealth will routinely occur in the Health Services department of the facility.
- F. Telehealth service will comply with HIPAA, confidentiality, and protected health information (PHI) standards and guidelines per the Code of Federal Regulations (CFR) Title 45, Parts 160, 162, & 164; Florida Statutes (FS) 945.10; Florida Administrative Rule 33-401.701; And Florida Department of Corrections Policies 102.006 and 206.010.

III. DEFINITIONS

- A. 340b Specialty Care Program Partner: County Health Departments that provide medical services to selected inmates under a Master Agreement between FDC and the Department of Health.

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- B. Telehealth: The use of medical information exchanged from one site to another via electronic communications for the purpose of diagnosis, consultation or treatment.
- C. Telehealth Technologies: Technologies and devices enabling HIPAA-compliant electronic communications and information exchange between a healthcare provider at one location and a patient at another location with or without an intervening provider.
- D. Telehealth Provider: A physician, nurse practitioner, or psychologist licensed in the state of Florida who has been trained and credentialed in accordance with HSB 15.09.05, to provide diagnostic, consultation and treatment services via telehealth. A health care professional not licensed in this state who intends to provide health care services via telehealth to a patient located in this state must register with the appropriate board, or the department if there is no board, and provides health care services within the applicable scope of practice established by Florida law or rule in accordance with 64B-9.008 F.A.C and Florida Statute 456.47(4)a thru (4)i.
- E. Originating Site: Institutional location of the patient where the telehealth services are provided.
- F. Telehealth Site Coordinator: A licensed health care staff responsible for the implementation, operation, and monitoring of the telehealth program within the institution. The role of the Telehealth Coordinator may be interchangeable with the Clinical Presenter.
- G. Clinical Presenter (Patient Presenter): An appropriate licensed health care provider trained in the use of telehealth equipment, to present the patient, manage the telehealth peripherals, and perform any hands-on exams to complete the encounter successfully. For mental health encounters, the Clinical Presenter will be either a Behavior Health Specialist or nurse that has experience working with patients receiving psychotropic medications. For physical health encounters, the Clinical Presenter will be a nurse. The role of the Clinical Presenter may be interchangeable with the Telehealth Coordinator.
- H. Telehealth Clinic: Evaluation, consultation or treatment of a patient by a Telehealth Provider at the originating site with assistance from the clinical presenter.
- I. Telehealth Office Site: An office operated by the CHCC located outside of an FDC facility that is approved by the Office of Health Services for a Telehealth Provider to deliver telehealth services.

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- J. Telehealth Scheduling Services: A dedicated staff that is responsible for scheduling encounter appointments for specialty services at the request of the Telehealth Site Coordinator or Clinical Presenter.
- K. Registry: A list of Telehealth Providers who deliver telehealth services at a Telehealth Office Site.

IV. PROCEDURE

A. Program Administration:

1. The Bureau of Health Services Administration is responsible for the administrative oversight of the statewide telehealth program, including data collection, analysis and reporting.
2. The Bureau of Medical Services is responsible for oversight of the operation of the statewide telehealth program, including implementation and monitoring.
3. Coordination of all contracted telehealth services is facilitated through the Contract Management section in the Office of Health Services.
 - a. At least one (1) month prior to the target date for implementing telehealth services at an institution(s) or site(s), the CHCC or 340b Specialty Care Program Partner will submit its written telehealth implementation plan to the Contract Manager.
 - b. The telehealth implementation plan will include the minimum acceptable technology standards, including transmission speed, resolution, audio quality, and proposed hardware/software. The plan will also include a detailed description of the physical and technical safeguards used for transmitting from and maintaining medical records at the telehealth office site.
 - c. The technology used for the delivery of services in the telehealth implementation plan must be approved by the Department's Office of Information Technology and Bureau of Security Operations.
 - d. After review and recommendation by the appropriate OHS Bureau Chief and Chief Clinical Advisor, the Contract or Agreement Manager will forward the implementation action plan to the Health Services Director for approval. The Contract or Agreement Manager will forward the decision – approval, disapproval, or further revisions required - by the Health Services Director

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within thirty days (30) of receipt of a telehealth implementation plan from the CHCC.

B. Program Operations

1. Clinic Coordination and Patient Scheduling

- a. Patients will be scheduled based on staff referrals. Patients will be scheduled according to the chronic clinics to which they are assigned. Mental health patients will be selected according to their S grade and diagnostic level of acuity.
- b. The telehealth provider or designee at each facility is responsible for directing the telehealth site coordinator in prioritizing referrals on the basis of clinical necessity. The telehealth site coordinator is responsible for communicating to the telehealth provider regarding any urgent issue, wherein a patient requires an earlier appointment.
- c. One to three days prior to the telehealth clinic, the telehealth site coordinator will compile a list of patients for the clinic, and will communicate this list to the telehealth provider and security staff 24 hours before the clinic.
- d. The Utilization Management Program is responsible for authorizing all physical health elective telehealth specialty services, including designating the telehealth provider who will perform the requested services and the facility in which the services will be performed. Pursuant to approval by Utilization Management of a consultation request for telehealth appointment, UM will forward the approved DC4-702 to the telehealth site coordinator.
- e. After-hours telehealth consultation or emergencies, when clinically indicated, will be accomplished in accordance with departmental policy guidelines.
- f. Telehealth for psychiatric and/or mental health services is prohibited in the Mental Health Inpatient Units, in Infirmery mental health care, and for those in special housing as defined in Procedure 403.003 *Health Services for Inmates in Special Housing*.
- g. It is the responsibility of the CHCC to ensure that their facility staff and all providers involved in telehealth program are adequately trained to perform their required duties and responsibilities, but will not impede a health care

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practitioner's ability to use his or her professional judgment while providing health care to an inmate.

- h. The facility's telehealth site coordinator, clinical presenter(s), chief health officer and health services administrator will participate in monthly Quality Assurance meetings, the minutes of which will be retained by the CHCC Health Services Administrator.
 - i. The CHCC's telehealth site coordinator will work with the 340b Specialty Care Program Partners to arrange for the necessary supportive services, as defined in the 340b Interagency Agreement, at each institution.
2. Pre-Clinic Records Review:
- a. The telehealth site coordinator will scan/fax and send to the telehealth provider any documentation created since the patient's last clinical encounter including, but not limited to, MARs, progress notes, and lab results through secured transmissions.
3. Clinical Encounters and Telehealth Provider Responsibilities
- a. All telehealth encounters will be documented on the appropriate progress note form, and these notes will be placed in the patient's permanent Health Record. Notes will include a clear statement that the session was conducted by telehealth to include the state where services are delivered from and indicate who was present and their respective roles during the clinical encounter. Notes will also include that the identity of the patient has been verified, the patient was afforded the opportunity to ask questions regarding the telehealth format, and that the patient has given consent, documented on DC4-7110 Telehealth Consent, to the telehealth encounter. When equipment failure prevents adequate consultation, diagnosis or treatment, it will be documented in the Health Record, and on the same day, arrangements for alternate medical or mental health care will be made, if deemed necessary by a treating clinician. Documentation will be completed, scanned/faxed, sent to the facility and filed in the health record on the day of the clinic.
 - b. The telehealth provider will remain cognizant of the clinician-patient relationship and will demonstrate appropriate demeanor and attire regardless of their location. If using a setting other than an FDC facility, the background will be kept neat and clear of personal or family photos or other items that may be found in a practitioner's office. Background noise (e.g., phones, pagers, doorbells) and avoidable interruptions are inappropriate and will not

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occur. All persons present during the appointment will be identified and documented in the patient record.

- c. The telehealth provider will conduct encounters at locations that ensure confidentiality of patient information. Prior to an encounter, a provider shall confirm that the encounter will not be overheard by anyone who may be on the premises. At all times, the encounter should be conducted in private.
 - d. All telehealth encounters will be conducted in the same manner as non-telehealth settings. If the telehealth provider is unable to complete a satisfactory encounter with the patient as a result of the telehealth format, the provider will re-schedule the patient with the presence of the clinical presenter to see if that can improve the flow of communication or arrange with the telehealth site coordinator a means of having the patient seen face-to-face.
 - e. Medication consent forms or other documents requiring patient and physician signatures will be initiated by the telehealth provider, scanned/faxed and sent to the facility during the session. The clinical presenter will print these documents and have them signed by the patient before the conclusion of the encounter.
 - f. Orders for medication, laboratory work, or other tests will be clearly documented on the appropriate form and transmitted at or before the conclusion of the clinic. Policies relative to lab testing and interval of physician monitoring will follow current requirements in the Health Services Bulletins and Office of Health Services Procedure Manuals.
 - g. If, in the professional judgment of the provider, telehealth is insufficient to address the assessment or treatment needs of the patient, alternate arrangements for care will be made. This may include an in-person assessment or treatment encounter with another physician that is credentialed to evaluate and provide medical, psychiatric and/or psychological care.
 - h. Face-to-face, in person visits by the telehealth provider with patients receiving ongoing telehealth services will occur at least annually. A facility site visit by a telehealth providers will include familiarization with the facility operations, health services operations and meeting the staff involved in the delivery of telehealth.
4. Clinical Encounters and Telehealth Facility Staff Responsibilities

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- a. Case discussions between the telehealth on-site provider and pertinent facility staff will occur each day a telehealth clinic takes place. Case discussions will occur either prior to or after each telehealth encounter, or additionally as needed. The telehealth site coordinator will ensure that the pertinent health, mental health and security staff are aware of each telehealth clinic that is scheduled.
- b. The telehealth site coordinator will arrange to have all patients available for clinical appointments and will direct the patient into the room designated for telehealth encounters. The clinical presenter assigned to the patient will be present during the encounter and additional staff may be present as clinically indicated and as security requires.
- c. The telehealth site coordinator is responsible for educating the patient about telehealth. Prior to the initial telehealth encounter, patients will be informed that there is a 2-3 second delay in the audio, and that the provider may appear to be looking away when he/she is looking at the patient's image on the screen, instead of directly into the camera.
- d. Informed consent will be obtained and documented on DC4-7110 Telehealth Consent prior to each telehealth encounter on the day of the Telehealth Encounter. Patients may choose to decline the Telehealth encounter and opt to wait for in-person care. The telehealth site coordinator is responsible for educating the patient that opting to wait for in-person care will result in a delay of care.
- e. Prior to the clinical encounter, the telehealth site coordinator or their designee will be responsible for addressing confidentiality issues with the patient so that these are understood in signing the consent. The telehealth site coordinator will assure that the patient has no unanswered questions regarding the operations of telehealth.
- f. The telehealth site coordinator or designated health/mental health or staff that is familiar with the telehealth hardware/software will be present during the telehealth encounter to ensure proper use of the equipment. Security staff may be present in the room during the encounter only under the circumstances that security staff would be permitted in a non-telehealth encounter. The telehealth provider is responsible for ensuring the integrity of the equipment for the encounter.
- g. In the event of technical failure, patient refusal, or other events that may result in failed encounters, the telehealth site coordinator will communicate

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immediately with the telehealth provider to review scheduled patients, re-schedule patients in an appropriate timeframe, and initiate any medication renewals.

- h. In the event of a refusal, the telehealth site coordinator will document the refusal, including reason for refusal, and follow departmental policy for any required action(s).
- i. The telehealth coordinator will ensure that all documents generated during the telehealth encounter are scanned/faxed, sent to the facility and filed in the health record in accordance with the time frame outlined in HSB 15.12.03.

5. Prescribing Procedures

- a. Controlled substances will not be prescribed through the use of telehealth except for the treatment of psychiatric disorders. This does not preclude the telehealth provider from ordering controlled substances through the use of telehealth for patients hospitalized in a facility licensed pursuant to Chapter 395, F.S.
- b. Formulary medications will be used. In the event that a non-formulary item is to be used, an approved Drug Exception Request (DER) will be on file. All prescriptions will be filled through the state pharmacy system.
- c. The Department may approve blanket DERs for the 340b Specialty Care Program.

V. REFERENCES:

- A. Use of Telehealth in Inmate Health Care - The Florida Senate
- B. Florida Statute 456.47, Use of telehealth to provide services
- C. 64B-9.008 F.A.C. Out-Of-State Telehealth Provider Registration.
- D. Correctional Health Care: Guidelines for the Management of an Adequate Delivery System, first edition (2001)
- E. F.A.C. Rule 33-302.101
- F. F.A.C Rule 33-401.701
- G. F.A.C Rule 33-601.901
- H. <https://www.e-psychiatry.com/pro/Telepsychiatry.pdf>
- I. PROCEDURE MANUAL 206.010, INFORMATION TECHNOLOGY SECURITY RELATING TO HIPAA
- J. DC4-7110 Telehealth Consent

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Health Services Director

Date

This Health Services Bulletin Supersedes:

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