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The American Psychiatric Association

and




The American Telemedicine Association


Jay H. Shore, MD, MPH, Peter Yellowlees MD, MBBS, Robert Caudill, MD, Barbara Johnston, MSN, Carolyn Turvey, PhD, Matthew Mishkind, PhD, Elizabeth Krupinski, PhD, Kathleen Myers, MD, MPH, Peter Shore, PsyD, Edward Kaftarian, MD, Donald Hilty, MD

Sabrina L. Smith (ATA), DrHA, Harry Mellon (ATA), Nathan Tatro, MA (APA), Michelle Dirst, MA (APA)

Telemental Health Special Interest Group [ATA], APA Committee on Telepsychiatry (APA), ATA Standards and Guidelines Committee Member [SG], ATA Staff [ATAS], APA Staff (APAS)



This document represents a collaboration between the American Psychiatric Association (APA) and the American Telemedicine Association (ATA) to create a consolidated update of the previous APA and ATA official documents and resources in telemental health to provide a single guide on best practices in clinical videoconferencing in mental health. The APA is the main professional organization of psychiatrists and trainee psychiatrists in the United States, and the largest psychiatric organization in the world. The ATA, with members from throughout the United States and the world, is the principal organization bringing together telemedicine practitioners, healthcare institutions, government agencies, vendors and others involved in providing remote healthcare using telecommunications.



are not a focus of this document except where these technologies interface with videoconferencing services.

The document was created by a joint writing committee drawn from the APA Committee on Telepsychiatry and the ATA Telemental Health Special Interest Group (TMH SIG). This document draws directly from ATA's three previous guidelines, selecting from key statements/guidelines, consolidating them across documents and then updating them where indicated. Following internal review processes within the APA and the ATA, the Board of Directors of the ATA and the Joint Reference Committee (JRC) of the APA, have given approval to its publication.

the interstate licensure compact or special telemedicine licensures offered by certain states provided they comply with all individual state licensure and program requirements.

2) *Scope of Practice*

Providers or organizations offering telemental health services ensure that the standard of care delivered via telemedicine is equivalent to in-person care. Persons engaged in telemental health services be aware of their professional organization's positions on telemental health and incorporate the professional association standards and clinical practice guidelines whenever possible. Providers in practice and trainees stay current with evolving technologies, telemental health research findings, and policies.

3) *Prescribing*

Providers be aware of both federal and state guidelines around the prescription of controlled substances, including the Ryan Haight Online Pharmacy Consumer Protection Act of 2008. Providers comply with federal and state regulations around the prescription of controlled substances based on the setting, model of care, scope of practice and locations in which they are practicing and where the patient is located at the time of treatment.

4) *Informed Consent*

Local, state, and national laws regarding verbal or written consent be followed. If written consent is required, then electronic signatures, assuming these are allowed in the relevant jurisdiction, may be used. The provider document the provision of consent in the medical record.

5) *Billing and Reimbursement*

The patient be made aware of any and all financial charges that may arise from the services to be provided prior to the commencement of initial services. Appropriate documentation and coding be undertaken specifying when services are rendered via telemental health.


Prior to initiating telemental health services, any organization or provider have in place a set of Standard Operating Procedures or Protocols that include (but are not limited to) the following administrative, clinical, and technical specifications:

- Roles, responsibilities (i.e., daytime and after-hours coverage), communication, and procedures around emergency

- As patients change locations, providers be aware of the impact of location on emergency management protocols. These include emergency regulations, resources





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 13. Shore, J. H. (2013). Telemental health: videoconferencing in the delivery of psychiatric care. *American Journal of Psychiatry*, 170(3), 256-262.