 <p>CD-171200</p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always." Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	ISSUE DATE: 07/25/07	REVIEWED: 04/30/18
	EFFECTIVE DATE: 07/25/07	REVISED: 02/16/15
TITLE: Telepsychiatry		

AUTHORITY:

- A. NMSA 1978, § 59A-46*, effective June 14, 2013 and Section 61-6-11.1 as amended.
- B. NMSA 1978, Section, 33-1-6-6-11.1, as amended.
- C. Policy CD-010100

REFERENCE:

- A. American Psychiatric Association Resource Document on Telepsychiatry via Videoconferencing, July, 1998.
- B. Standard 4-4403-1, *Standards for Adult Correctional Institutions*, 4th Edition.
- C. Medical Services Administration (*CD-170000*).
- D. Mental Health Clinical Services (*CD-180100*).

PURPOSE:

To establish the Standard of Care for the use of telepsychiatry.

APPLICABILITY:

All New Mexico Correction Department facilities and units, Lee County Correctional Facility, Guadalupe County Correctional Facility, and New Mexico Women’s Correctional Facility, North Eastern New Mexico Detention Facility and Otero County Prison Facility, where telepsychiatry is available.

FORMS:

Consent to Tele-Medicine Consultation form #452 or CD-171201.1

ATTACHMENTS:

None

DEFINITIONS:

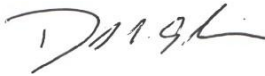
- A. Practice Guidelines: In every aspect of clinical care, telepsychiatry is used under the same set of standards that govern psychiatric care as with in-person psychiatry encounters. Telepsychiatry will be conducted in a manner that, with exception of the use of audiovisual aides, is consistent with the privacy and physical context that is appropriate for in-person clinical psychiatric encounters. (4-4403-1, 4-4396)
- B. Practice setting: The location of the inmate receiving telepsychiatric care will define the site of a telepsychiatrist physician's practice setting for license and practice requirements.
- C. Scope of practice: In general, inmates acceptable for telepsychiatry include stable inmates who are otherwise appropriate for outpatient settings. The preferred treatment setting for inmates with acute psychiatric symptoms and significant difficulties in relatedness remains in-person clinical psychiatric encounters. In these cases, should telepsychiatry have to be employed, mental health staff will assist during the telepsychiatry encounter. If needed, the inmate will be moved to a facility where an in-person clinical psychiatric encounter can occur.
- D. Telepsychiatry: The adjunct use of audio and visual telecommunication equipment in assessing and treating inmates by remote clinicians.

POLICY:

Telepsychiatry services shall be conducted using a standardized process throughout the facilities. Inmate encounters include policies for inmate consent, confidentiality/protected health information, documentation and integration of the reports of the consultation into primary health care records.

- A. All providers utilizing telemedicine for clinical encounters or clinical work must be licensed in the state in which the inmate resides. All providers must be licensed in New Mexico, or maintain a New Mexico telemedicine license.
- B. The telepsychiatry physicians shall be considered members of the Contract Psychiatric Staff and are expected to participate in all peer review activities and Contract Regional Psychiatry Meetings-
- C. All inmates will receive written explanation information regarding telemedicine while processing through RDC.
- D. In general, for reasons of confidentiality, correctional staff shall not be privy to Telepsychiatry encounters. Telepsychiatry encounters are to be held confidential between the inmate and the Psychiatrist, except in circumstances when security requires officer presence.


- E. Standards of care relative to prescribing, lab testing and interval of physician monitoring will follow the NMCD guidelines.
1. The telehealth plan is used for inmate encounters. The principle of confidentiality applies to Telepsychiatry, inmate's mental health treatment and health records information, the plan includes policies for: **[4-4396, 4-4403-1]**
- Inmate consent form.
 - Confidentiality/protected health information.
 - Documentation.
 - Integration of the report of the consultation into the primary health care record.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

04/30/18

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<p>TITLE: Telepsychiatry</p>		

AUTHORITY:

Policy CD-171200

PROCEDURES: [4-4403-1, 4-4396]

A. Telepsychiatry Providers

The Telepsychiatry program will use the following positions as outlined below:

1. Providers:
 - a. Must be licensed in the state in which the inmate resides;
 - b. For purposes of this contract, all providers must be licensed in New Mexico or maintain a New Mexico telemedicine license;
 - c. Will be a part of the Contract Psychiatrist Staff and are expected to participate in all peer review activities and Contract Regional Psychiatry meetings.

2. Telemedicine Facility Program Coordinator:
 - a. Assists with all telemedicine clinics and operations,
 - b. Resolves scheduling conflicts and operations of the program; and
 - c. Ensures availability of inmate records.

3. Telemedicine Facility Technical Assistant
 - a. Maintains, troubleshoots and resolves technical problems.
 - b. May also be the Telemedicine Facility Program Coordinator

B. Telepsychiatry Scheduling

1. The Telemedicine Facility Program Coordinator is responsible for arranging and scheduling telemedicine clinics coordinating the scheduling of inmate appointments. This individual is also responsible for coordinating all telepsychiatry meetings with mental health staff.

2. For psychiatry, inmates are scheduled based on referrals from the behavioral health department, medical clinicians, and rescheduled inmates from the psychiatry chronic clinic.
3. The telemedicine psychiatrist and the Mental Health Manager or designee at each facility is responsible for directing the Telemedicine Facility Program Coordinator to prioritize referrals on the basis of clinical necessity.
4. The Telemedicine Facility Program Coordinator is responsible for communicating to the psychiatrist regarding any urgent issue wherein an inmate requires an earlier appointment.
5. During normal working hours, the site telepsychiatrist will be the primary provider and contact person for care of all inmates assigned to the site telepsychiatry chronic clinic list.
6. If the site telepsychiatrist cannot accommodate an inmate's need during normal working hours, and it is an emergency, then the telemedicine psychiatrist will determine if the Mental Health Treatment Center (MHTC) contacts a Psychiatrist who will do a visual assessment of the inmate.
7. The telepsychiatrist will speak the MHTC Contract Psychiatrist and arrange for the emergency telepsychiatry encounter.
8. Any after-hours psychiatric consultation or emergencies will be handled in accordance with the usual protocol using the on-call psychiatrist.
9. In the event of technical failure, inmate refusal, or other events that may result in failed sessions, the Telemedicine Facility Program Coordinator will communicate immediately with the psychiatrist to review scheduled inmates, reschedule inmates in an appropriate timeframe, and initiate any medication renewals.
10. In the event of a refusal, the Telemedicine Facility Program Coordinator will notify the Mental Health Manager and arrange for the assigned mental health worker to be present with the inmate at the next scheduled telepsychiatry appointment.
11. The telepsychiatrist will visit the facility location where they conduct telepsychiatry chronic care clinics at least quarterly and conduct an on-site psychiatry chronic care clinic. This facility on-site visit by the telepsychiatrist will include familiarization with the facility operations, medical operations, meetings the mental health staff, medical staff and security staff.

C. Telepsychiatry Clinical Encounters

1. The Telemedicine Facility Program Coordinator will provide a list of inmates (along with medical, psychiatric and mental health record information) to the telemedicine psychiatrist two days before the clinic appointment.
2. Clinical information will be provided to the telepsychiatrist and will include:
 - a. Latest Mental Health **Progress Note - Treatment Session** form (*CD-180101.10*)
 - b. Latest **Clinical Assessment** form (*CD-180101.3*),
 - c. Latest **Treatment Plan** form (*CD-180101.9*), if applicable,
 - d. **Referral from Mental Health to Psychiatry** form (*CD-180101.7*), when appropriate,
 - e. **Treatment Progress Review/ 90-Day Review Protocol/Treatment Termination** form (*CD-180101.12*), (when useful),
 - f. Last psychiatric note,
 - g. Current Medication Administration Records (MARS),
 - h. Health maintenance flow sheet,
 - i. Signed telemedicine consent form,
 - j. Any laboratory results recently requested.
3. The Telemedicine Facility Program Coordinator will arrange to have all inmates available for clinical appointments and will direct the inmate into the examination room.
4. The Telemedicine Facility Program Coordinator or their designee will be responsible for obtaining the telepsychiatry consent.
5. The staff at each site is required to obtain a signed consent NMCD form, # 452 or *CD-171201.1* for telepsychiatry clinic from the inmate one time a year (**4-4403-1**).
6. If there is a gap of greater than 6 months between telepsychiatry appointments then a new telepsychiatry consent form needs to be signed.
7. Prior to the telemedicine encounter, the Telemedicine Facility Program Coordinator or their designee will be responsible for addressing confidentiality issues with the inmate so that these are understood in signing the consent (**4-4396**).

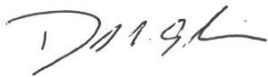
8. The Telemedicine Facility Program Coordinator will assure that the inmate has no unanswered questions regarding the operations of telepsychiatry.
9. An assigned staff member (medical, mental health and security) will maintain visual observation of the examination room containing the inmate during the telemedicine encounter to ensure proper use and control of the equipment.
10. Under no circumstance is the inmate to be out of visual contact of staff.
11. Telepsychiatry encounters are to be held confidentially between the inmate and the Psychiatrist, except in circumstances when security requires officer presents.
12. All sessions shall be conducted in the same manner as in-person clinical psychiatric encounters.
13. If the psychiatrist is unable to complete a satisfactory encounter with the inmate as a result of the telemedicine format, the psychiatrist will reschedule the inmate with the presence of mental health staff to see if that can improve the flow of communication or arrange with the Telemedicine Facility Program Coordinator a means to have the inmate seen in an in-person clinical psychiatric encounter.

D. Coordination of Telepsychiatry and Mental Health Services

1. The Telemedicine Facility Program Coordinator will coordinate meetings with the telepsychiatrist and mental health staff and establish regularly designated meeting times.
2. The site telemedicine coordinator will assure that the mental health staff is aware of each telepsychiatry clinic.
3. Case staffing and treatment planning meetings between the facility telepsychiatrist and mental health staff will occur every day a telepsychiatry clinic takes place.
4. Mental health staff is not required to attend every individual telepsychiatry encounter with each inmate.
5. The telepsychiatrist may request mental health staff be in attendance during a particular telepsychiatry inmate encounter for inmates which are complex or have difficult management problems.

E. Telepsychiatry Documentation Requirements

1. All psychiatry encounters will be documented using the required NMCD psychiatric assessment and progress note forms.
2. All NMCD telepsychiatry psychiatric assessment and progress note forms will be placed in the inmate's paper medical record with copies to the mental health record (4-4403-1).
3. Orders for medication or other tests should be documented on the psychiatry encounter forms. This form must be transmitted at or before the conclusion of the clinic. All orders are to be directed to facility nursing staff for transcription. All nurse's entries will be entered into the paper copies of the medical record.



David Jablonski, Secretary of Corrections
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CONSENT TO TELE-MEDICINE CONSULTATION

To better serve your medical needs, health services is now available by interactive audio and video communications and/or by the electronic transmission of a variety of information including medical records, histories, examinations and test, including photographs, x-rays or other images which may assist in the evaluation, diagnosis, management and treatment of a number of health care problems. This means a distant health care provider or specialist can evaluate me over a two-way television connection and the electronic transmission of my health care information. Since this may be different than the type of consultation with which I am familiar; I understand and agree to the following.

1. Details of my medical history may be discussed with the consultants prior to the evaluation.
2. The physician or other healthcare provider examining or accompanying me may transmit and share electronically or via interactive real-time television details of my medical history, physical examinations, and tests, including photographs, images or x-rays taken in the course of my medical examination or treatment, by means of a computer and modem or interactive two way video system to physicians, or other health care providers.
3. Other medical or non-medical personnel in addition to the consulted physician or health care provider may be present at the site and at my location, either on or off screen, during the transmission of my medical information or the two- way television interaction as observers or technical assistants.
4. I will be informed prior to and during the session if personnel are present other than myself, individuals accompanying the consultant and me.
5. I will be informed prior to the session if it is to be digitally recorded.
6. Details of my medical history, examinations and tests may be discussed with other physicians and medical personnel as indicated.
7. The physician or health care provider for whom the on-site examination or treatment is performed will keep a record or any report generated by the consultant in my medical record.

