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National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

SAMHSA
Substance Abuse and Mental Health Services Administration

Building Telehealth CAPACITY

South Southwest (HHS Region 6)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

AHRQ Agency for Healthcare Research and Quality

National Frontier & Rural
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

FOR IMMEDIATE RELEASE
July 13, 2020

Contact: HHS Press Office
202-690-6343
media@hhs.gov

Fact Sheet: SAMHSA 42 CFR Part 2 Revised Rule

The 42 CFR Part 2 regulations (Part 2) serve to protect patient records created by federally assisted programs for the treatment of substance use disorders (SUD). Part 2 has been revised to further facilitate better coordination of care in response to the opioid epidemic while maintaining its confidentiality protections against unauthorized disclosure and use.

What Has Not Changed Under the New Part 2 Rule: The revised rule does not alter the basic framework for confidentiality protection of substance use disorder (SUD) patient records created by federally assisted SUD treatment programs. Part 2 continues to prohibit law enforcement's use of SUD patient records in criminal prosecutions against patients, absent a court order. Part 2 also continues to restrict the disclosure of SUD treatment records without patient consent, other than as statutorily authorized in the context of a bona fide medical emergency; or for the purpose of scientific research, audit, or program evaluation; or based on an appropriate court order.

What Has Changed Under the New Part 2 Rule: The revised rule modifies several major sections of Part 2, as follows:

Provision	What Changed?	Why Was This Changed?
Applicability and Re-Disclosure	Treatment records created by non-Part 2 providers based on their own patient encounter(s) are explicitly not covered by Part 2, unless any SUD records previously received from a Part 2 program are incorporated into such records. Segmentation or holding a part of any Part 2 patient record previously received can be used to ensure that new records created by non-Part 2 providers will not become subject to Part 2.	To facilitate coordination of care activities by non-part-2 providers.
Disposition of Records	When an SUD patient sends an incidental message to the personal device of an employee of a Part 2 program, the employee will be able to fulfill the Part 2 requirement for "sanitizing" the device by deleting that message.	To ensure that the personal devices of employees will not need to be confiscated or destroyed, in order to sanitize in compliance with Part 2.
Consent Requirements	An SUD patient may consent to disclosure of the patient's Part 2 treatment records to an entity (e.g., the Social Security Administration), without naming a specific person as the recipient for the disclosure.	To allow patients to apply for benefits and resources more easily, for example, when using online applications that do not identify a specific person as the recipient for a disclosure of Part 2 records.
Disclosures Permitted w/ Written Consent	Disclosures for the purpose of "payment and health care operations" are permitted with written consent, in connection with an illustrative list of 18 activities that constitute payment and health care operations now specified under the regulatory provision.	In order to resolve lingering confusion under Part 2 about what activities count as "payment and health care operations," the list of examples has been moved into the regulation text from the preamble, and expanded to include care coordination and case management activities.
Disclosures to Central Registries and PDMPs	Non-OTP (opioid treatment program) and non-central registry treating providers are now eligible to query a central registry, in order to determine whether their patients are already receiving opioid treatment through a member program. OTPs are permitted to enroll in a state prescription drug monitoring program (PDMP), and permitted to report data into the PDMP when prescribing or dispensing medications on Schedules II to V, consistent with applicable state law.	To prevent duplicative enrollments in SUD care, duplicative prescriptions for SUD treatment, and adverse drug events related to SUD treatment.

Provision	What Changed?	Why Was This Changed?
Medical Emergencies	Declared emergencies resulting from natural disasters (e.g., hurricanes) that disrupt treatment facilities and services are considered a “bona fide medical emergency,” for the purpose of disclosing SUD records without patient consent under Part 2.	To ensure clinically appropriate communications and access to SUD care, in the context of declared emergencies resulting from natural disasters.
Research	Disclosures for research under Part 2 are permitted by a HIPAA-covered entity or business associate to individuals and organizations who are neither HIPAA covered entities, nor subject to the Common Rule (re: Research on Human Subjects).	To facilitate appropriate disclosures for research, by streamlining overlapping requirements under Part 2, the HIPAA Privacy Rule and the Common Rule.
Audit and Evaluation	Clarifies specific situations that fall within the scope of permissible disclosures for audits and/or program evaluation purposes.	To resolve current ambiguity under Part 2 about what activities are covered by the audit and evaluation provision.
Undercover Agents and Informants	Court-ordered placement of an undercover agent or informant within a Part 2 program is extended to a period of 12 months, and courts are authorized to further extend the period of placement through a new court order.	To address law enforcement concerns that the current policy is overly restrictive to some ongoing investigations of Part 2 programs.

South Southwest (HHS Region 6)
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Publication Date: May 1, 2020
Developed by South Southwest ATTC

Framework for Implementation of Telehealth Services in a Behavioral Health Setting in a Short Time Frame

April 2020

Building Telehealth CAPACITY

SAMHSA
Substance Abuse and Mental Health Services Administration

Disclaimer: At the time of this publication, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of Maureen Nichols, BA and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SMHSA for the opinions described in this document is intended or should be inferred.

Purpose and Acknowledgments

The recent COVID-19 health pandemic has accelerated the implementation of behavioral health services via remote technology, including telephone and video conferencing. The following is an implementation framework for behavioral health care providers that guides organizational leadership through short term practical steps for implementation of remote services via technology while including successful long-term strategies for sustaining telehealth services.

This document resulted from discussions between behavioral health providers from Oklahoma tribal communities, the Oklahoma Department of Mental Health and Substance Abuse Services, the SAMHSA Region 6 Administrator, the Oklahoma City Area Indian Health Service and the South Southwest Addiction Technology Transfer Center in March 2020. Collaborative partners Mountain Plains ATTC and NFARtec provided support and input into the development of this framework.

For additional resources to guide the provision of behavioral health services via technology, see the Resources Section of this document.

For additional information or comments, contact the South Southwest Addiction Technology Transfer Center at southsouthwest@attcnetwork.org

Action Item 1: Participant Interest and Capacity

Connect via telephone or in-person with individuals on existing caseloads to determine individual preference and ability to participate in telehealth services.

Questions for individual receiving services:

1. Does the individual choose to receive services via their phone or computer at this time?

   If no, discuss other options available to individual to support their wellness and/or treatment plan. Provide referrals and connection to alternate services, if applicable.

   Encourage them to reach out to organization and other available supports if needed, and provide specific contact information.

   Make note to connect at a future time to check in with the individual to support their wellness and ascertain if they have accessed needed services, and to see if the individual has a need for telehealth services at the time.

2. Does the individual have a telephone?

   If yes, is it a landline or mobile phone?

   If yes, is it their own phone or do they share it with others?

3. Does the individual have access to WIFI services?

   If yes, is the WIFI available somewhere private or do they rely on public WIFI (library, coffee shop, school etc.)?

4. Does the individual have a mobile device(s) – tablet or smart phone?

   If yes, what kind?

   If yes, do they rely on WIFI or a phone data plan to connect their mobile device(s) to the internet?

   If WIFI, public or private?

5. Does the individual have a computer?

   If yes, what kind?

   If yes, do they use it to connect to the internet?

   If yes, does the computer have?

   - Camera
   - Microphone
   - Speakers

Next Steps:

Timeline:

Staff Person(s) Responsible:

Action Item 2: Platforms

Compare possible telehealth platforms and decide which will be utilized.

Some options include, but are not limited to:

1. Zoom.us
2. Doxy.me
3. RealPresence
4. Microsoft Teams

Consideration	Platform A	Platform B	Platform C	Platform D
Cost				
HIPAA Compliance				
Business Associate Agreement for HIPAA				
End-to-End Encryption				
Waiting Room Function For Online Session				
Ease of use by participants				
Ease of set up by provider and participant				
Feedback from Other Behavioral Health Providers				

Next Steps:

Timeline:

Staff Person(s) Responsible:

Action Item 3: Patient Safety and Privacy[1]

Determine how to best protect your patients as you implement telehealth services in this time of public health crisis and in the long term.

Steps:

1. Revise your consents to incorporate changes related to telehealth.

2. Develop procedures and best practices related to safety and privacy that comply with:

   HIPAA

   Federal confidentiality rules and regulations 42 CFR Part 2

   Ethical standards of practice

NOTE changes in new rules: SAMHSA Update to 42 CFR, Part 2, July 2020 - first page of this Study Guide.

Some examples might include, but are not limited to:

- Ensure both the staff and patient are trained on using the hardware and the video conferencing system and there are opportunities to practice. Ensure procedures are in place to maintain privacy prior to the start of the first telehealth session.
- Maintain up to date emergency contact information for individual receiving services. Identify emergency contacts that are in geographical proximity to the individual.
- At the start of each session, ask participant for a phone number where they may be reached if the video technology drops or fails.

[1] Mountain Plains Addiction Technology Transfer Center (2020 **Where to Begin… Essential Tips for Using Videoconferencing to Deliver SUD Treatment and Recovery Services Webinar** Presenters: Sandnes S. Boulanger, LCSW, MCAP, Clinical Director, Operation PAR, Inc. and Maryellen Evers, LCSW, CAADC

- At the start of each session, ask the individual being served to identify the address where they are physically located so you can call an emergency contact, crisis team or 911 if needed.
- At the start of each session, ask the individual being served who else is in the room with them.
- Develop a safety phrase the individual being served can use to let you know now is not a time where they can participate in a session, “The grocery stores have been really busy this week.” Staff can then respond with “I have had an emergency come up and I need to reschedule our session today.” Utilize a different phrase to indicate if they need you to send help.
- Establish policies and procedures for use of text messaging and email with individuals being served.
- Consider use of patient portal systems designed to protect communication with patients.
- Never record or upload a recording of a telehealth session.

Next Steps:

Timeline:

Staff Person(s) Responsible:

Action Item 4: Staff Preparation and Training

Survey staff to determine types and extent of support needed from leadership for implementation of telehealth services and prepare staff for the transition.

Questions:

1. What are staff needs and concerns about telehealth implementation and how will we address them?

2. When and how will we prepare staff to implement telehealth services?

3. What specific training and ongoing support do they need to build skills and comfort with the new processes and technology?

4. How will we maintain ongoing feedback and communication with staff as the new processes are implemented?

Next Steps:

Timeline:

Staff Person(s) Responsible:

Action Item 5: Policies and Procedures

Review and modify agency policies and procedures.

Questions:

1. What existing policies impede immediate implementation of telehealth services?

2. How will we modify them?

3. Will changes have an expiration date?

4. What policies and procedures are missing and need to be added?

5. How will we update staff on policies and procedures?

Next Steps:

Timeline:

Staff Person(s) Responsible:

Action Item 6: Work Flow

Review workflow of specific programs and adjust details of workflow as needed.

Steps:

1. Determine which services will be provided via telehealth, by which staff and to which individuals.

2. Document steps currently taken to interact with individuals being served using each of these services.

   How will we modify these steps to utilize telehealth?

   Will changes have an expiration date?

   What policies and procedures need to be modified or added to support this work flow?

3. What community and cultural considerations need to be taken into account and how will they adjust the workflow?

4. What are the agency procedures for supervision of staff providing telehealth services?

5. How will staff document the remote services?

Next Steps:

Timeline:

Staff Person(s) Responsible:

Action Item 7: Staff Resources

Inventory and augment staff resources needed for telehealth.

Steps:

1. Do staff have needed equipment?
    - Mobile devices
    - Access to WIFI or data plan
    - Computer with camera, microphone and speakers
    - IT support for when things go wrong

2. How much will it cost to provide all needed equipment and support?

Next Steps:

Timeline:

Staff Person(s) Responsible:

Action Item 8: Reimbursement

Determine how program will receive payment for telehealth services.

Questions:

1. Will current funders pay for services delivered via phone or videoconferencing?

   In the short term due to public health crisis?

   In the long term?

2. What are the billing procedures/codes for billing telehealth?

3. What documentation is required by funders for billing services provided via telehealth?

4. Does your program collect fees or co-pays from individuals receiving services?

   If yes, how will you do so virtually?

   Is the payment platform secure/HIPAA complaint?

Next Steps:

Timeline:

Staff Person(s) Responsible:

CEU By Net notation: Not all online payment methods are secure and HIPAA compliant, as was noted by this ATTC. Recent 'high profile' data breaches in the healthcare IT industry have prompted improved security and compliance, and individual online payment systems are evolving accordingly. 'Cloud services' which transmit much of the Internet activity is also undergoing major security and compliance reworking. However, multiple variables can affect the security and HIPAA compliance of a payment platform. Therefore, your IT department or Internet System Administrator MUST specifically check the CURRENT security and HIPAA compliance status of ANY online payment system you use for your clients' payments.

Additional Resources

Addiction Technology Transfer Center, National Coordinating Office, Pandemic Response Resources: https://attcnetwork.org/centers/global-attc/pandemic-response-resources

Mental Health Technology Transfer Center, National Coordinating Office, Responding to Covid-19/Telehealth: https://mhttcnetwork.org/centers/mhttc-network-coordinating-office/responding-covid-19-telehealth

Tips for Using Videoconferencing to Deliver SUD and Treatment and Recovery Services https://attcnetwork.org/centers/mountain-plains-attc/tips-using-videoconferencing-deliver-sud-treatment-and-recovery

Pacific Southwest Virtual MHTTC Learning Guide for Virtual Learning Facilitators https://mhttcnetwork.org/centers/pacific-southwest-mhttc/product/virtual-learning-guide

National Frontier and Rural Telehealth Education Center (NFARtec) https://www.nfartec.org/

National Consortium of Telehealth Resource Centers https://www.telehealthresourcecenter.org/resources/

Center for Excellence for Protected Health Information https://www.samhsa.gov/national-center-excellence-protected-health-information

SAMHSA Tip 60: Using Technology-Based Therapeutic Tools in Behavioral Health Services

CEU By Net disclaimer: Some of these website addresses may not be functional at any given time, or may require registration or contact with the organization to secure access to a given webpage.

Agency for Healthcare Research and Quality

Health Literacy Universal Precautions Toolkit, 2nd Edition

Brief Patient Feedback Form

We would like your honest feedback. Please answer these questions either yes or no about the visit you had today. Think about a specific provider or staff member—for example, your doctor, nurse, medical assistant—when answering.

1. Did this clinician or staff member explain things in a way that was easy to understand?	Yes	No
2. Did this clinician or staff member use medical words you did not understand?	Yes	No
3. Was this clinician or staff member warm and friendly?	Yes	No
4. Did this clinician or staff member listen carefully to you?	Yes	No
5. Did this clinician or staff member encourage you to ask questions?	Yes	No
6. Did this clinician or staff member answer all your questions to your satisfaction?	Yes	No
7. Did you see this clinician or staff member for a specific illness or for any health condition?	Yes	No
If No, Form Is Complete		
a. Did this clinician or staff member give you instructions about what to do to take care of this illness or health condition?	Yes	No
If No, Form Is Complete		
b. Were these instructions easy to understand?	Yes	No
c. Did this clinician or staff member ask you to describe how you were going to follow these instructions?	Yes	No

Agency for Healthcare Research and Quality

How to Obtain Consent for Telehealth

The purpose of consent forms is to document that a discussion took place and that the patient was informed and was able to understand the information provided.

Before the consent discussion

- Mail or use your patient portal to send the form in advance, so patients can review it ahead of time.
- Arrange for a qualified interpreter if your patient does not speak English very well. Use the interpreter for the entire consent discussion.

During the consent discussion

- Use the consent form as a checklist to make sure you discussed all the information required by informed consent rules.
- Use easy-to-understand language.
- *Use the teach-back method* to confirm patient understanding. [Details of Teach-back are found on page xxx

◦ Document teach-back with the Telehealth Consent Teach-back Documentation sheet (Word, 19 KB).

◦ Start with a phrase like, “It’s my job to explain things clearly. To make sure I’m doing a good job, I ask every patient to tell me what you understand about telehealth and how it might help you.”

◦ "Chunk and Check." Don't wait until the end to start teach-back. Chunk out information into small segments and have your patient teach it back. For example, ask patients, “Could you tell me in your own words what will happen to you if you decide you don’t want a telehealth visit?” Repeat several times during the discussion.

◦ Clarify and check again. If teach-back uncovers a misunderstanding, explain things again using a different approach. Ask patients to teach-back again until they are able to correctly describe the information in their own words. If they parrot your words or read the form back to you, they may not have understood.

Before asking patients if they agree to a telehealth visit

- Ask patients if they have questions. You could say, “We covered so much information, I’m sure you have questions. What would you like to hear more about?”
- Avoid asking questions that will elicit yes and no answers, such as, "Do you have any questions?" and "Do you understand?"
- Offer to read the form aloud to all patients. For example, you could say, "I’d like to read aloud a summary of our talk about telehealth."

After the consent discussion, document it and the response.

- Document patients’ ability to teach the information back correctly in the medical record.
- If patients do not consent, note it in their medical records.

- Obtain patients' consent verbally and note it in the medical record. If you need a signed form, use your patient portal or the mail to get a signature.
  - If patients can sign the consent form in your patient portal, ask whether they are able to access the portal. If they are, direct them to staff who can walk them through how to consent online.
  - If patients can't use the patient portal, mail consent forms (one to sign and return, one to keep) and a stamped return envelope, and ask patients to sign and mail back the form.
  - You do not need to wait to get a consent form signed. You can have telehealth visits with your patients based on their giving their consent verbally.

Telehealth Consent Teach-back Documentation

Name of Patient: _____ Date: _____

Name of Clinician: _____

Name of Interpreter: _____

(If patient does not speak English **very** well, use an interpreter)

	Was the patient able to teach-back the information in their own words?			
	1st attempt	**2nd attempt**	**3rd attempt**	**4th attempt**
What telehealth is	☐Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
How telehealth could help (benefits)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
How telehealth could be bad (harms and risks)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Privacy of telehealth (risks)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Alternative of office visit (options)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ability to withdraw consent (no penalty)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Cost	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Obligation to sign (voluntariness)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

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Internet Citation: How to Obtain Consent for Telehealth. Content last reviewed May 2020. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/health-literacy/obtain-consent-telehealth.html

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Use the Teach-Back Method

Overview

Regardless of a patient's health literacy level, it is important that staff ensure that patients understand the information they have been given. The teach-back method is a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. It is a way to confirm that you have explained things in a manner your patients understand. The related show-me method allows staff to confirm that patients are able to follow specific instructions (e.g., how to use an inhaler).

- The teach-back and show-me methods are valuable tools for everyone to use with each patient. These methods can help you:
  - Improve patient understanding and adherence.
  - Decrease call backs and cancelled appointments.
  - Improve patient satisfaction and outcomes.

Fact

Studies have shown that 40-80% of the medical information patients are told during office visits is forgotten immediately, and nearly half of the information retained is incorrect.

Practice Experiences

"I decided to do teach-back on five patients. With one mother and her child, I concluded the visit by saying 'so tell me what you are going to do when you get home.'...She could not tell me what instructions I had just given her. I explained the instructions again and then she was able to teach them back to me… I had no idea she did not understand… I was so wrapped up in delivering the message that I did not realize it wasn't being received.

Try the teach-back method.

- **Keep in mind this is not a test of the patient's knowledge.** It is a test of how well you explained the concept.
- **Plan your approach.** Think about how you will ask your patients to teach back the information. For example:
  - "We covered a lot today and I want to make sure that I explained things clearly. So let's review what we discussed. Can you please describe the 3 things you agreed to do to help you control your diabetes?"
- **"Chunk and Check."** Don't wait until the end of the visit to initiate teach-back. Chunk out information into small segments and have your patient teach it back. Repeat several times during a visit.
- **Clarify and check again.** If teach-back uncovers a misunderstanding, explain things again using a different approach. Ask patients to teach-back again until they are able to correctly describe the information in their own words. If they parrot your words back to you, they may not have understood.
- **Start slowly and use consistently.** At first, you may want to try teach-back with the last patient of the day. Once you are comfortable with the technique, use teach-back with everyone, every time!
- **Practice.** It will take a little time, but once it is part of your routine, teach-back can be done without awkwardness and does not lengthen a visit.
- **Use the show-me method.** When prescribing new medicines or changing a dose, research shows that even when patients correctly say when and how much medicine they'll take, many will make mistakes when asked to demonstrate the dose. You could say, for example:
  - "I've noticed that many people have trouble remembering how to take their blood thinner. Can you show me how you are going to take it?"

Always Use Teach-back!

10 Elements of Competence for Using Teach-back Effectively

1. Use a caring tone of voice and attitude.
2. Display comfortable body language and make eye contact.
3. Use plain language.
4. Ask the patient to explain back, using their own words.
5. Use non-shaming, open-ended questions.
6. Avoid asking questions that can be answered with a simple yes or no.
7. Emphasize that the responsibility to explain clearly is on you, the provider.
8. If the patient is not able to teach back correctly, explain again and re-check.
9. Use reader-friendly print materials to support learning.
10. Document use of and patient response to teach-back.

What is Teach-back?

- A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.
- Asking a patient (or family member) to explain **in their own words** what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that improves patient-provider communication and patient health outcomes[1].

[1] Schillinger, 2003

Always Use Teach-back!

Coaching

Giving staff knowledge on teach-back and its effectiveness is important. However, to change from a long-standing patient education habit of asking yes/no questions like "Do you have any questions?" to one of using teach-back to confirm understanding via the patient's own words, takes coaching.

Changing providers' behavior and building new habits also take time. Coaching can help staff be successful by enhancing their skills in moving away from long-standing habits and integrating new habits.

Here are tips to help you coach staff to the new habit of always using teach-back.

Coaching Tips

Build motivation.

- Encourage use of the new habit by focusing on patient-centered/ideal care.

Honor the current work through observation.

- Establish relationships through observing those seeking to build the new habit (teach-back).

Understand that change is hard and uncomfortable.

- Use active and reflective listening.
- Use open-ended **what** and **how** questions to determine individual barriers.
  - "What worries you about using teach-back?"
  - "How did using teach-back with your patient make you feel?"
  - "Tell me more about…"

Resistance to change is natural. Resistance comes from fear of change.

- Confront the problem, not the person.
- Resistance is a signal to change the response and approach.

Promote new skill development.

- Promote each individual's belief in their ability to change.
- Focus on previous successes.
- Focus on skill development.
  - ♦ Set goals: "I will use teach-back with every patient today."
  - ♦ Develop a change plan. Habit change happens with conscious planning.
  - ♦ Mentally rehearse:
    - ○ "What is the most important thing I want to be sure the patient understands?"
    - ○ "How would I ask this question?"
  - ♦ Embed cues to use teach-back in already-established habits.
    - ○ "After each interaction, I will ask an open-ended question to elicit understanding."

Build confidence to integrate the new habit into work patterns.

- Rate your confidence in using teach-back on a scale of 1 to 5… "What might help you increase your confidence from a 3 to a 4?"

Build reliability.

- Even when people have goals they often need reminders and support to be successful.
  - ♦ Create standard work: content, sequence, timing, and outcome.
  - ♦ Build in job aides and reminders.
  - ♦ Take advantage of pre-existing work and habits.
  - ♦ Make the desired action the default rather than the exception.
  - ♦ Create redundancy.
  - ♦ Group related tasks.

Manage relapses.

- Make a plan for follow-up coaching to reinforce the new habit.
- Share questions and problems. Develop program improvements.
- Recognize, reward, and celebrate!

Agency for Healthcare Research and Quality

Health Literacy Universal Precautions Toolkit, 2nd Edition

Telemental Health Communication Observation Form

Please observe the interaction between a patient and a specific clinician or staff member. Answer the following questions either yes or no to provide feedback about the quality of the Telemental Health communication you observe. Feel free to write notes that can help the clinician or staff member to improve his or her communication in the future.

1. Did this clinician or staff member explain things in a way that was easy to understand?	Yes	No
2. Did this clinician or staff member use medical jargon?	Yes	No
3. Was this clinician or staff member warm and friendly?	Yes	No
4. Did this clinician or staff member interrupt when the patient was talking?	Yes	No
5. Did this clinician or staff member encourage the patient to ask questions?	Yes	No
6. Did this clinician or staff member answer all the patient's questions?	Yes	No
7. Did this clinician or staff member see the patient for a specific illness or for any health condition?	Yes	No
If No, Form Is Complete		
a. Did this clinician or staff members give the patient instructions about what to do to take care of this illness or health condition?	Yes	No
If No, Form Is Complete		
b. Were these instructions easy to understand?	Yes	No
c. Did this clinician or staff member ask the patient to describe how they were going to follow these instructions?	Yes	No

Please note any other comments about the encounter below:

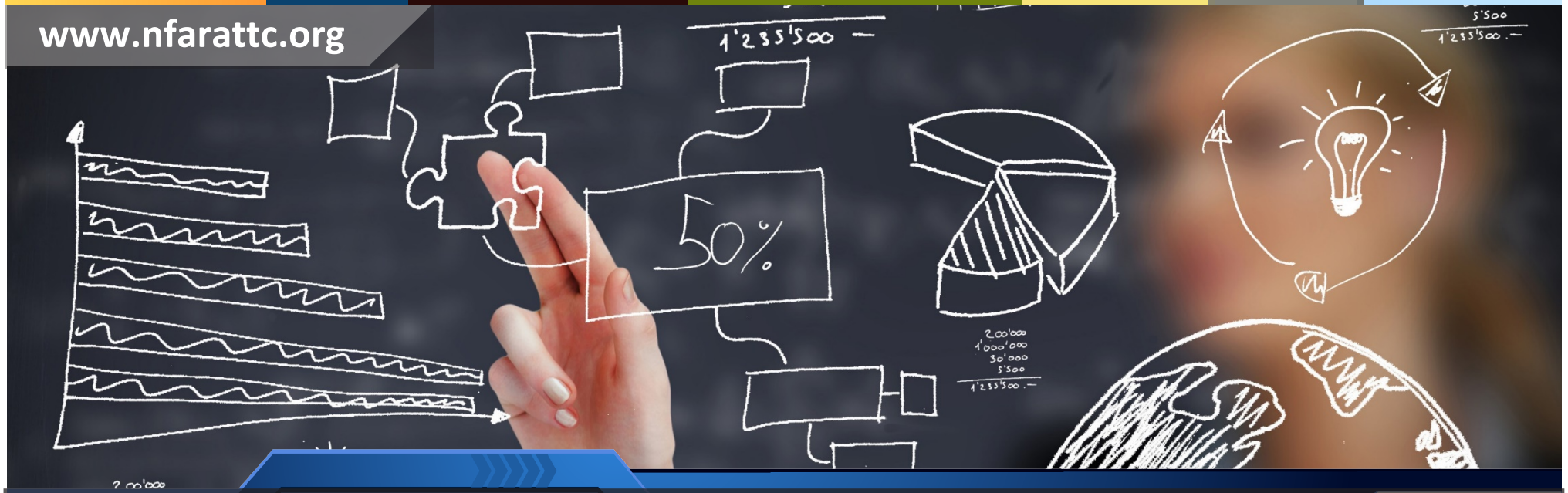
_____

_____

_____

_____

www.nfarattc.org



Telehealth Capacity Assessment Tool

National Frontier & Rural ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

TCAT

Is your Agency ready for Telehealth?

National Frontier & Rural
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Telehealth CAPACITY ASSESSMENT TOOL (TCAT)

www.nfarattc.org

July 2013

The Telehealth Capacity Assessment Tool (TCAT) was developed for the National Frontier and Rural Addiction Technology Transfer Center by Pam Waters, MEd, CAC, CPP, Leslie Schwalbe, MPA and Joyce Hartje, PhD.

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Introduction

The rapid evolution of technology is increasing the capacity to deliver healthcare services, including mental health and substance abuse treatment and recovery, using computers and web-based mobile devices. These telehealth technologies offer new delivery models that allow providers to extend client services far beyond their current reach. There are several forces driving the increased use of telehealth, including new innovations in technology, a growing body of evidence showing the efficacy of providing services using telehealth technologies, increasing levels of consumer acceptance and vendor interest, and an emerging regulatory framework promoting its use.

Some of the most promising advancements in the delivery of behavioral health services through telehealth technologies are in rural communities where access to traditional services is often very limited.

The successful implementation of a telehealth technology program requires attention to the interplay between organizational, technical, regulatory, financial, clinical, and social factors, and how organizations manage this interplay through effective change processes. To facilitate these processes, the National Frontier and Rural Addiction Technology Transfer Center (NFAR-ATTC) has designed this **Telehealth Capacity Assessment Tool (TCAT)** to help behavioral health organizations: 1) measure their capacity in accordance with these factors; 2) identify capacity building needs and plan for development in strategic areas; and 3) monitor and evaluate the impact of their capacity building efforts.

Purpose of the TCAT

The TCAT is designed ***to help organizations assess their readiness to adopt telehealth technologies.*** The initial step in the assessment process is to determine organizational readiness. The readiness assessment phase may be as simple as leaders in the organization completing the TCAT to ensure that critical areas have been considered, or as complex as a formal facilitated process among the organization's key personnel, Board of Directors, and other stakeholders. By using the TCAT, organizations can identify their strengths and weaknesses—where they are meeting essential components and where they do not—as well as define activities that can strengthen the organization's ability to refocus programs and continually improve the quality of their telehealth technology efforts. In addition, the TCAT can be used as a measurement tool over time to allow the organization to assess its increased competency and capacity in the areas that support using telehealth technologies.

What the TCAT Assesses

The TCAT considers capacity as a function of various factors that enable an organization to work towards its desired telehealth technologies solutions. Capacity is viewed as the ability of individuals, organizations, or organizational units to perform specific functions effectively, efficiently, and sustainably. For the purposes of the TCAT, capacity building is an evidence-driven process of strengthening the abilities of organizations and individuals to deliver the desired telehealth services and continue to improve and develop over time. Having an established plan helps ensure that capacity continues to develop in strategic areas.

The TCAT emphasizes important factors in **six key domains** that have been shown in previous research to complement and reinforce each other, and together combine to enhance the implementation, quality, integrity, sustainability, and impact of telehealth initiatives. (See references in Appendix 1). The six domains assessed by the TCAT are defined below.

1. **Organizational Readiness** evaluates the extent to which the organization has engaged in a formal strategic planning process to identify a need for telehealth services, obtain stakeholder and employee buy-in and engagement, and the organization's competency in change management.
2. **Technology** measures the extent to which the organization has investigated the types and features of various telehealth technologies, assessed the quality of the organization's current technology infrastructure, and implemented plans for acquiring the telehealth technology delivery system that is best suited to providing client services.
3. **Regulatory and Policy** evaluates the extent to which the organization has policies in place to address technology security practices, patient protection and security of data, organization and practitioner licensure requirements, liability, and other regulatory issues.
4. **Financing and Reimbursement** considers the extent to which the organization has conducted cost/benefit analyses, investigated the requirements for reimbursement, and examined the feasibility of the organization using Medicare, Medicaid, other government funders, or commercial/private insurance as payors for their telehealth technology services.
5. **Clinical** looks at how the proposed telehealth initiative aligns with the organization's belief in what it does, how it delivers services and to what type of client base; its clinical service goals and cultural responsiveness; and the referral mechanisms utilized.
6. **Workforce** addresses issues related to the motivation, comfort level, and preparation of employees who will be using the telehealth technologies to deliver client services, as well as the implementation of organizational training and support to ensure ongoing staff competency and sustainability of services.

How to Use the TCAT

The TCAT can be used by any behavioral health organization interested in planning, designing, and monitoring implementation of telehealth technology services. The assessment tool should be completed by as many people within the organization as possible to help prevent bias in either a positive or negative direction. Likewise, a participatory environment should be created that is equitable and where all staff feel comfortable contributing their opinions without feeling that they are being steered toward a particular outcome. The process is most conducive to positive outcomes when the individuals completing the TCAT are familiar with how the organization functions in all or most of the six capacity assessment domains.

As noted earlier, the level of formality of the assessment process depends on the organization's needs and culture. No matter how extensive the review, the TCAT is a critical component of a successful telehealth technology initiative. The TCAT includes worksheets for documenting responses to important readiness statements and a summary template that can be used to discuss the proposed program with stakeholders and decision makers within
the organization. There should be a clear understanding of the purpose of the TCAT and the following three-step process that will be used to help organizations assess their readiness to adopt telehealth technologies.

Step 1. Use the TCAT to assess telehealth technology capacity and guide discussions

Step 2. Gather evidence through a review of telehealth technology materials and current organization resources

Step 3. Develop a Capacity Strengthening Plan

After completing the entire three-step process, organizations will be able to take action to increase their telehealth capacity in a systematic and evidence-based approach.

Step 1. Assessing Telehealth Capacity

The first step in the assessment process is to rate the organization on each of the six capacity domains using the TCAT. This should be a 'blind' assessment, meaning that each individual should base their assessment on what they know about the organization as it relates to each of the six domains.

Each readiness item will be assessed using the following 6-point scale:

0 = Don't Know/Not Applicable;
1= No, never considered;
2 = No, but have considered;
3 = Yes, in progress;
4 = Yes, nearly completed;
5= Yes, in place.

As indicated on the assessment sheets, the total score for each domain component should be calculated and entered on the Domain Scoring Summary. The mean score for each domain can then be calculated and used to visualize the organization's overall readiness for implementing telehealth. [See the section on scoring the TCAT that follows the six capacity domain scoring sheets.]

Domain 1. Organizational Readiness	
0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	
Component 1. Planning	**Score**
1.1 A formal strategic planning process has taken place in the past year.	
1.2 A specific behavioral health service to be delivered using telehealth technologies has been identified.	
1.3 Key persons in the organization have knowledge of the types of telehealth technologies that are available.	
1.4 Examples and evidence of effective telehealth technologies used in similar contexts have been identified.	
Total - Component 1	
Component 2. Engagement and Buy-In	**Score**
2.1 Staff and other stakeholders have been involved in the planning process.	
2.2 The organization used a process to engage community stakeholders in providing feedback about the telehealth initiative.	
2.3 The organization has identified potential collaborators.	
2.4 The telehealth initiative has the support of the organization's Board of Directors.	
2.5 The telehealth initiative has the full support of executive leaders and other senior administrators in the organization.	
2.6 External and internal champions have been identified for the telehealth initiative.	
2.7 Regular lines of communication have been established to keep stakeholders well-informed of the progress.	
2.8 A marketing plan is in place.	
Total - Component 2	
Component 3. Change Management	**Score**
3.1 Staff have been involved in selecting the technology, setting policies, and drafting evaluation measures.	
3.2 The organization has past successes with instituting programs that have required complex change processes.	
3.3 Change leaders have been selected to take responsibility in key areas.	
3.4 Multi-layer change teams are in place (technical; clinical; administrative).	
3.5 An implementation plan that clearly identifies anticipated changes, along with budget considerations and needed resources has been created to facilitate the change process.	
3.6 A feedback mechanism has been developed for both employees and clients/patients to comment on telehealth technology service provision challenges, concerns, successes, and setbacks.	
Total - Component 3	

Domain 2. Technology	
0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	
Component 1. Gathering Information about the Telehealth Technology Vehicle	**Score**
1.1 The types of telehealth technology have been examined, including a comparison of the features of each device/technology.	
1.2 The organization has determined what clinical needs have to be met using the telehealth technology strategy.	
1.3 The technical feasibility of the chosen strategy has been considered, such as ease of use by staff and clients/patients.	
1.4 The organization has determined if the use of telehealth technology is relevant to its existing and/or growing needs.	
1.5 The organization has determined how the workflow will need to be changed to successfully implement telehealth technology.	
Total - Component 1	
Component 2. Technology Infrastructure	**Score**
2.1 The organization has the proper facilities (location; size; supporting equipment) to implement telehealth technology.	
2.2 The integration or interoperability of the telehealth technology with other organizational systems has been considered.	
2.3 The quality of the Internet connection and bandwidth are appropriate for the proposed service delivery technology.	
2.4 The hardware and software required for the proposed service delivery are readily *available*.	
2.5 The hardware and software required for the proposed service delivery are readily *affordable*.	
Total - Component 2	
Component 3. Testing	**Score**
3.1 The service delivery technology/device has been purchased and tested.	
3.2 The service delivery technology/device will meet the organization's needs for delivering client/patient services.	
3.3 Information about next steps has been disseminated to those impacted by the decision to implement telehealth technology.	
Total - Component 3	
Component 4. Planning for Implementation	**Score**
4.1 The organization has determined when and how the telehealth technology equipment will be installed.	
4.2 A structure and training program is in place for educating both staff and clients/patients on using the telehealth technology.	
4.3 A formal plan is in place to ensure that staff and clients/patients are kept current on their understanding of the telehealth technology and how user-based technical problems will be handled.	
Total - Components 4	

Domain 3. Regulatory and Policy	
0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	
Component 1. Credentialing, Licensing, and Privileging	**Score**
1.1 State practitioner licensing requirements necessary to implementing telehealth technologies have been determined related to	
1.1a. where the client/patient is located (originating site).	
1.1b. where the practitioner is located (distant site).	
1.1c. difference in requirements between "consulting" practitioner and "primary" practitioner.	
1.2 Originating and distant site requirements have been identified.	
1.3 The telehealth technology practices have been evaluated for conformity to state professional regulatory standards and laws.	
1.4 Provisions are in place that allows delivering telehealth technology services in other states or jurisdictions.	
Total - Component 1	
Component 2. Protected Health Information	**Score**
2.1 The chosen telehealth technology practices conform to patient health protection laws (HIPAA; 42 CFR-Part II).	
2.2 Additional authorization and security requirements to access Electronic Protected Health Information (ePHI) (security safeguards to deactivate access; activity log; identify security breach) have been developed.	
Total - Component 2	
Component 3. Organizational Policies	**Score**
3.1 Existing policies, standards, and procedures are in place to deal with liability issues related to delivering services using telehealth technologies.	
3.2 The organization has determined that existing policies, standards, and procedures are in place to handle reimbursement issues related to delivering services using telehealth technologies.	
3.3 A written procedure manual for using telehealth technology is in place.	
3.4 A mechanism or routine practice that keeps the organization abreast of changes in national and state laws governing the delivery of telehealth technology services is in place.	
Total - Component 3	

Domain 4. Financing and Reimbursement	
0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	
Component 1. Financing	**Score**
1.1 A cost/benefit analysis of using telehealth technology has been conducted.	
1.2 Equipment needs have been determined for originating and distant sites [e.g., client homes and non-hospital-based facilities.]	
1.3 The ongoing costs (line and operating costs, maintenance, etc) have been determined.	
1.4 Scenarios have been developed to determine reimbursement and usage rates needed to cover costs and ongoing expenses.	
1.5 The organization has determined the return on investment (ROI).	
Total - Component 1	
Component 2. Reimbursement	**Score**
2.1 The organization has investigated which covered services can be delivered by telehealth technologies and reimbursed by Medicare, Medicaid, other government payers, and commercial carriers.	
2.2 The organization has investigated the allowable billing codes that can be used in order to be reimbursed by Medicare, Medicaid, other government payers, and commercial carriers for services delivered via telehealth technologies.	
2.3 The organization investigated the client eligibility requirements that must be met in order to be reimbursed by Medicare, Medicaid, other government payers, and commercial carriers for services delivered via telehealth technologies.	
2.4 The organization investigated the provider/practitioner/facility requirements that must be met in order to be reimbursed by Medicare, Medicaid, other government payers, and commercial carriers for services delivered via telehealth technologies.	
Total - Component 2	

Domain 5. Clinical	
0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	
Component 1. Delivering Clinical Services	**Score**
1.1 The telehealth technology aligns with the organization's vision/mission statement and serves its designated client population.	
1.2 The telehealth technology supports the organization's clinical goals and philosophy of care delivery.	
1.3 Issues of cultural responsiveness have been considered in the design of the telehealth technology practices.	
1.4 Staff are appropriately credentialed and trained to deliver client services via telehealth technologies.	
1.5 A standard and consistent method of record keeping for telehealth technology service delivery has been developed.	
1.6 Procedures are in place to ensure patient protection and confidentiality.	
1.7 A referral system is in place between the organization and other community agencies to link clients/patients to services.	
Total - Component 1	

Domain 6. Workforce	
0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	
Component 1. Developing the Workforce	**Score**
1.1 Adequate and dedicated human resources for implementing telehealth technologies have been identified.	
1.2 Roles and responsibilities specific to delivering telehealth technology services have been clearly defined for each staff position.	
1.3 There is a willingness among staff to implement telehealth technology.	
1.4 There is general level of comfort among clinical staff regarding the use of telehealth technology to deliver client/patient services.	
1.5 Plans are in place to train staff on using the telehealth technology, including ongoing support to increase their confidence and competence in the new mode of service delivery.	
1.6 Educational sessions have been provided to raise staff awareness and support for implementing telehealth technology.	
Total - Component 1	

Domain Scoring Summary	Score	
Domain 1. Organizational Readiness		
Component 1. Planning		
Component 2. Engagement and Buy-in		
Component 3. Change Management		
Sub-total - Components 1 - 3		
(Divide Sub-total by 18) Overall Domain 1 Score		
Domain 2. Technology		
Component 1. Gathering Information about the Telehealth Technology Vehicle		
Component 2. Technology Infrastructure		
Component 3. Testing		
Component 4. Planning for Implementation		
Sub-total - Components 1 - 4		
(Divide Sub-total by 16) Overall Domain 2 Score		
Domain 3. Regulatory and Policy		
Component 1. Credentialing, Licensing, and Privileging		
Component 2. Protected Health Information		
Component 3. Organizational Policies		
Sub-total - Components 1 - 3		
(Divide Sub-total by 12) Overall Domain 3 Score		
Domain 4. Financing and Reimbursement		
Component 1. Financing		
Component 2. Reimbursement		
Sub-total - Components 1 - 2		
(Divide Sub-total by 9) Overall Domain 4 Score		
Domain 5. Clinical		
Component 1. Delivering Clinical Services		
Sub-total - Component 1		
(Divide Sub-total by 7) Overall Domain 5 Score		
Domain 6. Workforce		
Component 1. Developing the Workforce		
Sub-total - Component 1		
(Divide Sub-total by 6) Overall Domain 6 Score		

Scoring Summary

Tallying and averaging the scores for each domain will provide a baseline from which the organization can build and begin planning changes regarding the implementation of telehealth technologies. After calculating the component sub-totals and overall domain scores, the team should use the following scoring guide to evaluate the scores, noting those areas that need strengthening or require technical support. This information will be used to develop a strengthening plan. The results can serve as the situational baseline for the organization. The TCAT can be used again, after capacity strengthening activities are implemented, to determine whether telehealth readiness supports, skills, and policies have improved.

- Scores of 4 to 5 indicate a very high degree of readiness for the telehealth initiative, with a very low likelihood of problems with implementation.
- Scores of 3 to 3.99 indicate a moderate to high degree of readiness for the telehealth initiative, with a low likelihood of implementation issues.
- Scores of 2 to 2.99 indicate an adequate beginning level of readiness for the telehealth initiative, suggesting that some subscale components need to be improved for successful implementation.
- Scores of 0.5 to 1.99 generally indicate a low degree of readiness for the telehealth initiative, suggesting that implementation would likely be problematic at this time.
- **NOTE:** Perfect or near perfect positive or scores of "0" may indicate a response bias rather than the respondents' true perceptions about the system's implementation.

Step 2. Reviewing Materials and Resources

The goal of Step 2 is to use current telehealth technology and organization resources to develop a Capacity Strengthening Plan (Step 3). After completing the TCAT process in Step 1, the scores for each domain should be examined for the purpose of identifying areas that indicate a less than adequate degree of organizational readiness to implement client services using telehealth technologies. Once identified, it will be helpful to gather information on ways to address those deficiencies. For example, if the TCAT results show that the organization does not have the technology capacity to deliver client services using telehealth, looking at current resources on how to develop that infrastructure will provide information on the type of equipment, Internet access, and room setup needed to move forward with planning for telehealth implementation.

Listed below are resources that provide information on various aspects of the TCAT domains. Additional resources to help guide the review and planning process are available on the National Frontier and Rural ATTC website at www.nfarattc.org. How to use these resources?

For example, going back to the previous illustration regarding a low TCAT score on technology capacity, it could be helpful to look at the organization's current telephone service, Internet provider/broadband connection capacity, and computer hardware/software resources to determine the type and extent of the changes that would need to be made in order to have the technology capacity to implement telehealth services. By comparing the information gathered from the internal resource 'inventory' to what was learned from the external review will help inform the planning process.

Resource List

CEU Note: Some of these website addresses may be non-functional or may have moved. You can search for the organization in a search bar of your browser if you wish to do so at a later time.

1. Telemental Health Guide www.tmhguide.org
   - Resources for clinicians and administrators on developing, funding, sustaining, and marketing
2. American Telemedicine Association (ATA) http://www.americantelemed.org/
   - Telemental health standards and guidelines, and training (e.g., webinars)
   - ATA. (2013). Practice guidelines for video-based online mental health services.
     - Offers clinical, technical and administrative guidelines for providing services via real-time videoconferencing
   - ATA. (2009a). Practice guidelines for videoconferencing-based telemental health. Retrieved from http://www.americantelemed.org/practice/standards/ata- standards-guidelines
     - Information on applications of telemedicine, telemedicine operating procedures, clinical and technical specifications, and administrative considerations

- ATA. (2009b). Evidence-based practice for telemental health. Retrieved from http://www.americantelemed.org/practice/standards/ata-standards-guidelines
    - Presents evidence for using telemental health services for mental health evaluations, continuing mental health care, and special populations

3. National Telehealth Policy Resource Center http://telehealthpolicy.us/state-laws-and-reimbursement-policies
    - Provides a listing of current and pending state-by-state telehealth laws, reimbursement, and Medicaid program policies

4. Telemental Health Institute http://telehealth.org/
    - Addresses regulations and policies related to telemental health, such as states mandating private insurance payer reimbursement for telehealth; provides training through courses and webinars

5. Center for Connected Health Policy www.cchpca.org
    - Provides policy support for the use of telehealth technologies through research, planning and technical assistance

6. Health IT http://www.HealthIT.gov/mobiledevices
    - Information for providers and professionals, patients and families, and policy researchers and implementers on the use of health information technology. Tips on how to keep clients' health information secure when using mobile devices

7. HHS Office for Civil Rights http://www.hhs.gov/ocr/privacy/index.html
    - A resource for understanding HIPAA statutes and rules

8. Telemental Health Ethical Codes for Counseling Associations
    - The Association for Addiction Professionals (NAADAC) http://www.naadac.org/index.php
    - National Board of Certified Counselors (NBCC) http://www.nbcc.org/
    - American Counseling Association (ACA) http://www.counseling.org/
    - American Mental Health Counselor Association (AMHCA) http://www.amhca.org/

- American Association of Marriage and Family Therapy (AAMFT) http://www.aamft.org/iMIS15/AAMFT/
- National Association of Social Workers (NASW) http://www.naswdc.org/
- National Council of State Boards of Nursing (NCSBN) https://www.ncsbn.org/index.htm

- Center for Telehealth & e-Health Law (CTeL) http://ctel.org/
  - Licensure requirements for physicians and nurses; rulings on credentialing and privileging; information on Medicare and Medicaid reimbursement; and policies on private insurance payment

9. Centers for Medicare & Medicaid Services (CMS): http://www.cms.gov/
   - Information on e-health and records, fee schedules, billing, and reimbursement of telemental health services

10. CMS. (2012). Telehealth Services. Retrieved from http://cms.meridianksi.com/kc/pfs/pfs_lnkfrm_f.asp?lgnfrm=reqprod&function=pfs
    - A fact sheet regarding sites, services, billing, and payment of telehealth services.

11. Rural Assistance Center: http://www.raconline.org/amirural/
    - Use to determine if a treatment facility is rural according to federal eligibility criteria.

12. HRSA http://www.bhpr.hrsa.gov
    - Data Warehouse: http://datawarehouse.hrsa.gov/hpsadetail.aspx
      - Aids in determining if treatment facility is in an area that qualifies as a Health Professional Shortage Area

13. Mental Health HPSA Designation Criteria http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/mentalhealthhpsacriteria.html
    - Provides all of the criteria used to determine a health professional shortage area

14. National Conference of State Legislature (NCSL) http://www.ncsl.org/issues-research/health/state-coverage-for-telehealth-services.aspx
    - A listing of whether Medicare or private insurance reimbursement is required for each state

15. Medicaid Telemedicine: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html
    - A source of Medicaid telemedicine definitions; guidelines for providers and facilities; and information on reimbursement.

After reviewing the above external resources, it is recommended that the organization examine the status of its currently available internal resources.

Step 3: Developing a Capacity Strengthening Plan

The Capacity Strengthening Plan template in this section provides a convenient format that can be used by organizations to detail needed actions and support current activities. This Capacity Strengthening Plan follows the domains and components of the TCAT. It can be used to capture information about gaps that were identified through the TCAT assessment, prioritize strategic areas for strengthening, identify the resources that can be brought to bear on the initiative, develop action strategies, and monitor results. Organizational change teams are encouraged to conduct these activities through the lens of this capacity strengthening framework. Capacity planning can be conducted before the telehealth technology is adopted, reviewed through implementation, and used to monitor progress in key domains.

Organization Name:			Date last edited:		
TCAT Gap Identified	**Internal/External Resources**	**Planned Actions**	**Priority/When?**	**Person(s) Responsible**	**Results**
Domain 1. Organizational Readiness					
Component 1. Planning					
Component 2. Change Management					

Organization Name:			Date last edited:		
TCAT Gap Identified	**Internal/External Resources**	**Planned Actions**	**Priority/When?**	**Person(s) Responsible**	**Results**
Domain 2. Technology					
Component 1. Gathering Information about the Telehealth Technology Vehicle					
Component 2. Technology Infrastructure					
Component 3. Testing					
Component 4. Planning for Implementation					

Organization Name:			Date last edited:		
TCAT Gap Identified	**Internal/External Resources**	**Planned Actions**	**Priority/When?**	**Person(s) Responsible**	**Results**
Domain 3. Regulatory and Policy					
Component 1. Credentialing, Licensing, and Privileging					
Component 2. Protected Health Information					
Component 3. Organizational Policies					

Organization Name:			Date last edited:		
TCAT Gap Identified	**Internal/External Resources**	**Planned Actions**	**Priority/When?**	**Person(s) Responsible**	**Results**
Domain 4. Financing and Reimbursement					
Component 1. Financing					
Component 2. Reimbursement					

Organization Name:			Date last edited:		
TCAT Gap Identified	**Internal/External Resources**	**Planned Actions**	**Priority/When?**	**Person(s) Responsible**	**Results**
Domain 5: Clinical					
Component 1. Delivering Clinical Services					

Organization Name:			Date last edited:		
TCAT Gap Identified	**Internal/External Resources**	**Planned Actions**	**Priority/When?**	**Person(s) Responsible**	**Results**
Domain 6: Workforce					
Component 1. Developing the Workforce					

Appendix 1. References

California Telemedicine and eHealth Center (2009, January). Discovery series: Assessing organizational readiness. Retrieved from http://www.caltrc.org/sites/main/fles/fle-attachments/08-1129-fnal_ctec_discovery_series.pdf.

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