

3.4.2 **Telemedicine Specialty Services and Primary Care**

(a) Procedure Overview

- (1) This procedure outlines the process for California Correctional Health Care Services (CCHCS) to provide operational oversight and administrative guidance to the field when utilizing telemedicine services for medical specialty and primary care to the patient population.
- (2) Telemedicine Services works closely with institutional health care staff to meet patient clinical diagnosis and treatment needs.
- (3) As a general guideline, the institution shall direct specialty consultations, office visits, and follow-ups, when medically appropriate, to telemedicine any time the institution does not have medical specialists or consultants available onsite to conduct those encounters. Telemedicine Services may arrange for telemedicine specialty providers for the institutions from a contracted provider or hub site, CCHCS Telemedicine Services headquarters, regional office, or another California Department of Corrections and Rehabilitation (CDCR) institution.
- (4) HIPAA (Health Insurance Portability and Accountability Act) compliance is required for all telemedicine services and encounters, and all telemedicine encounters shall adhere to patient confidentiality policies and procedures.

(b) Procedure

(1) Program Operation and Administration

(A) Telemedicine Services

1. Telemedicine Services is responsible for statewide development, management, oversight, and evaluation of the Telemedicine Program. This includes development of referral guidelines, program policies and procedures, data collection, analysis and reporting, procurement, maintenance and repair of specialized telemedicine equipment, training on program operation, coordinating service delivery through various service sites, monitoring field operations, as well as the training and support of telemedicine staff at the institutions.
2. The Mental Health Program is responsible for overseeing mental health telepsychiatry services.

(B) Telemedicine Services Providers

Telemedicine services are available from a variety of providers and locations including:

1. Specialty contracted, non-CDCR providers
 - a. Telemedicine Services utilizes contracted external providers to obtain the specialty medical services required by CDCR institutions. Hub providers are required to perform services from medical offices meeting HIPAA, confidentiality, and protected health information standards and guidelines.
 - b. CDCR institutions that have contracted non-CDCR medical specialists to provide services onsite may also serve as a hub site providing services to other institutions via telemedicine.
 - c. Non-CDCR hub providers make recommendations regarding the patients' care. These recommendations shall be reviewed by institutional primary care providers (PCP) for further action.
2. Primary Care contracted (registry), non-CDCR providers
Telemedicine Services utilizes contracted registry providers who physically report to headquarters or a CCHCS designated regional office and provide primary care telemedicine services required by CDCR institutions.
3. CDCR providers
Telemedicine Services utilizes CDCR providers to obtain specialty or primary care telemedicine services required by headquarters or CDCR institutions.

(C) Contracting for Services

1. Coordination of all contracted specialty telemedicine services is facilitated through Telemedicine Services utilizing the CCHCS enterprise Preferred Provider Organization contractor.
2. Coordination of Primary Care registry providers is facilitated through Telemedicine Services utilizing current registry contractors and is billed to the requesting institution at the current negotiated rate.
3. In order to ensure coordinated service delivery, individual institutions may not contract for telemedicine services with any community provider, hospital, university, medical group, or other entity.

(D) Institution Local Operating Procedures (LOP)

1. Due to the multiple interdependent relationships in the delivery of telemedicine services, LOPs developed by individual institutions for implementing the Telemedicine Services Program shall:

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- a. Comply with the current Health Care Department Operations Manual (HCDOM), Section 3.4.1, Telemedicine Services.
 - b. Be submitted to Telemedicine Services for review and approval prior to local implementation or distribution.
2. Current and active LOPs should be revised annually by the institution and submitted to Telemedicine Services at the beginning of each fiscal year (July 1).
- (E) Information technology (IT) staff shall ensure the following:
1. Functionality of telemedicine connectivity between institutions and providers is maintained;
 2. Contingency plans are in place for a catastrophic loss of primary data center connectivity, if necessary.
- (F) Institutional Telemedicine Coordinators
- Each institution shall designate a nurse or other licensed health care staff as the Telemedicine Coordinator to provide overall service coordination and administration of the Telemedicine Program at that institution. The designated Telemedicine Coordinator (may also be designated as the Clinical Presenter) is responsible for ensuring the following:
1. Institutional needs and provider gaps are being communicated to Telemedicine Services
 2. Any institution-specific procedures do not conflict with the statewide HCDOM, Section 3.4.1, Telemedicine Services;
 3. Any institution-specific procedures have been reviewed and approved by Telemedicine Services prior to implementation at the institution;
 4. Required reporting (e.g., calendars, statistics, clinic evaluations) to the Telemedicine Services Program;
 5. Routine system tests are performed to ensure that equipment is safe, operational, and secure;
 6. Confirmation that all necessary equipment (including peripheral devices and supplies for the telemedicine encounter) are accessible;
 7. IT staff notification regarding any loss of telemedicine connectivity in order for implementation of contingency plans by IT staff;
 8. Back-up Clinical Presenters have been identified and trained by Nursing leadership;
 9. Telemedicine equipment use or service delivery is properly coordinated with Telemedicine Services;
 10. Clinical follow-up with PCPs and case management is scheduled as required (refer to the HCDOM, Chapter 3, Health Care Operations)
 11. Consult notes and documents generated around encounters are routed to the institution's Telemedicine Coordinator for review and distribution per LOP;
 12. Telemedicine Services is informed of any foreseeable Clinical Presenter absences as soon as possible and a back-up is identified;
 13. *Armstrong Remedial Plan* requirements and court orders for effective communication and accommodations are communicated to the provider, achieved, and documented for specialty contracted and Primary Care contracted (registry), non-CDCR providers. (CDCR providers are required to document effective communication and accommodations for their encounters).
- (G) Requesting Telemedicine Encounter Appointments - Specialty Services
1. The institution's Telemedicine Coordinator shall contact Telemedicine Services to obtain encounter appointments by sending an approved Request for Service (RFS) electronically, to Telemedicine Services Scheduling staff.
 2. Telemedicine Services scheduling staff shall make the requested appointment and communicate the schedule with the requesting institution.
 3. Telemedicine Services shall notify the institution within one business day for urgent RFSs and within five business days for routine RFSs, if Telemedicine Services is unable to accommodate the received RFS(s) within the required timeframes (refer to the HCDOM, Section 3.1.12, Outpatient Specialty Services).
- (H) Initiating Telemedicine Encounter Appointments - Primary Care
- The institution generates a ducat list specific to the yard where the Telemedicine PCP is assigned a minimum of three to five business days in advance of the clinic unless previously approved by the Telemedicine Services Program.

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(I) Telemedicine Coordinator Meetings

Telemedicine Services may, upon request, conduct teleconferences or telecommunications meetings with Telemedicine Coordinators, Clinical Presenters, Chief Executive Officers, Chief Support Executives, Chief Medical Executives, Chief Physicians and Surgeons, Physicians and Surgeons, Physician Assistants (PA), Nurse Practitioners (NP), Chief Nurse Executives, UM Nurses, Specialty Services Nurses, Information Systems Analysts, and/or other staff and stakeholders as appropriate. These meetings shall provide a forum for information sharing and discussion, and shall assist in the standardization of services and policies.

(J) Pre-service Meetings

Prior to the first telemedicine session of any specialty or primary care encounter, Telemedicine Services staff may schedule training with the institution's Telemedicine Coordinator to test equipment, confirm access to clinical software and programs, and review data collection and reporting procedures.

(2) Institutional Data Collection Process

(A) The institution's Telemedicine Coordinator is required to complete and submit to Telemedicine Services, by close of business day of the scheduled encounter, the electronic *Telemedicine Clinic Utilization & Evaluation Data Form* using the Telemedicine Scheduling System Clinical Evaluation website found at: <http://tmss:8080/workspace/>.

(B) A completed evaluation is required for each clinic conducted via telemedicine.

(C) Data regarding the clinic (e.g., encounter durations, patient refusals, patient transfers, custody issues) is included in the Clinic Evaluations.

(D) Copies of CDCR 7225, Refusal of Examination and/or Treatment, should be forwarded to Telemedicine Services.

(E) When telemedicine hub site services are conducted by a CDCR physician or clinician, copies of CDCR 7225 shall be forwarded to the institution's hub site.

(3) Clinical Procedures

(A) Use of Clinical Presenters

1. Clinical Presenter/Telemedicine Coordinator presents the patient from the originating site to the hub site telemedicine services provider and is responsible for clinical support at the institution's site during the telemedicine encounter.
2. The presenter may be a physician, PA, NP, RN, Licensed Vocational Nurse, or other appropriate licensed health care staff, trained to use telemedicine equipment, who is available at the originating site to present the patient, manage the telemedicine peripheral examination instruments and perform any hands-on exams to complete the encounter successfully.
3. Clinical Presenters shall work with Telemedicine Services staff and providers to meet individual training needs.

(B) Clinical Presenter Chart Review Prior to Clinic (Pre-Clinic)

1. Clinical information shall be gathered from the CCHCS health record and other sources as needed (e.g., laboratory, imaging, pharmacy) by the Telemedicine Coordinator or designated institution staff and uploaded to the Telemedicine Services secure HIPAA-compliant, web-based medical documents transfer system to be received by the identified hub designee.
2. The clinical information required for the telemedicine appointment shall be sent to the hub designee a minimum of three business days prior to the encounter. Any applicable, additional clinical information obtained between the date sent and the encounter shall be sent to the hub site provider or designee immediately.
3. It is the responsibility of the receiving institution's Telemedicine Coordinator to review the health record prior to requesting an appointment and/or prior to the telemedicine appointment to ensure that all required testing and diagnostics have been conducted and that the results/reports have been sent to the hub provider prior to the encounter. Patients without the required work-up may not be seen until the necessary pre-work-up has been completed.
 - a. For initial encounters, medical information shall be obtained per clinical referral guidelines, including:
 - 1) Request for Service.
 - 2) Health care provider's progress notes and orders supporting referral.
 - 3) Relevant laboratory studies, imaging studies, and diagnostic results.

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- 4) Current medication profile and allergies.
 - 5) Any additional pertinent information.
 - 6) Effective communication accommodations shall be provided in accordance with the *Armstrong Remedial Plan* and related Court Orders.
- b. For follow-up encounters, medical information shall be obtained on any subsequent consults, test results, diagnostic results, work-ups, and physician's orders/recommendations requested as a result of previous encounter(s). The status of the patient's effective communication accommodations information shall be reviewed, and effective communication shall be provided in accordance with the *Armstrong Remedial Plan* and related court orders.
4. All RFSs for specialty services require prior UM approval. Upon receipt of the RFS from the UM Coordinator, the Telemedicine Coordinator at the institution shall send the approved RFS to Telemedicine Services Scheduling within one business day.
- (C) Use of the Health Record
- The originating institution shall have the health record available at the time of the patient's telemedicine encounter. The Clinical Presenter at the originating institution shall review the health record prior to the encounter and when necessary, or at the hub provider's request, shall provide additional information from the health record.
- (D) Clinic Service Follow-up (Post-Clinic)
1. The Telemedicine Coordinator, with assigned patient cases, is responsible for ensuring that patient care, physician orders, and physician's recommendations related to telemedicine encounters are carried out via institution processes. After all telemedicine encounters, the Clinical Presenter shall document in the progress notes the hub provider's name, date of the encounter, complete the CDCR approved effective communication documentation, and note that the session was conducted via telemedicine.
 2. The CDCR provider shall document in the health record as appropriate or complete the CDC 7221, Physician's Orders, CDCR 7230, Interdisciplinary Progress Notes, and any other CDCR approved forms and documents for the patient. These documents are sent to the institution the same day via the HIPAA-compliant, web-based medical documents transfer system. These documents are considered original, and follow the institution's process for placement of encounter documentation into the health record.
 3. The contracted, non-CDCR hub provider shall dictate a consultation and recommendations and submit the documentation via the HIPAA-compliant, web-based medical documents transfer system within three business days to the institution's Telemedicine Coordinator at the originating site. These are considered to be the original records and are routed per the institution's process for placement into the health record.
- (E) Telemedicine Appointment Refusals or Failure to Appear for Appointments
1. If a patient is a "no show" for a scheduled telemedicine encounter, the Clinical Presenter shall contact:
 - a. The housing unit supervisor to ascertain the reason for the "no show" and record the reason given in the health record.
 - b. The PCP shall determine, as clinically indicated, when the patient should be rescheduled. If the PCP determines that the patient does not need to be rescheduled for a clinical encounter, the PCP shall document the reason in the health record as appropriate or on a CDCR 7230. The CDCR 7230 shall be sent to the institution the same day via the HIPAA-compliant, web-based medical documents transfer system and follow the institution's process for placement of encounter documentation into the health record.
 2. If the patient "refuses" the clinical encounter, the Clinical Presenter shall document the reason in the health record as appropriate or complete a CDCR 7230 documenting the refusal, and a CDCR 7225. Refusals shall be filed in the health record and a copy sent to Telemedicine Services by the Telemedicine Coordinator or their support staff.
 3. While patients may refuse medical services, they may not refuse based on the modality of the encounter (telemedicine).
- (F) Patient Consent for Telemedicine Encounters
- California Business and Professions Code, Section 2290.5(g), specifically exempts correctional patients from Section 2290.5 requirements for consent.

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(4) Technical Procedures

(A) Initiating the Telemedicine Session

1. The institution receiving telemedicine services shall be responsible for initiating the telemedicine session; however, should technical problems prohibit the session from occurring, the technical support staff shall assist the institution in establishing the telemedicine connection.
2. If a problem occurs outside of a scheduled encounter, the Telemedicine Coordinator, Clinical Presenter, or designated representative shall submit a Solution Center ticket and Headquarters Integrated Communication Technologies Unit (Telemedicine IT) shall be contacted by e-mail at cdcrphcsittelemedsupport@cdcr.ca.gov. All telemedicine encounters shall be encrypted per CDCR specifications.

(B) Technical Support

Technical support is available from local IT staff at the institution, through the Solution Center, and Telemedicine IT. Equipment and network problems can be reported anytime by phone or e-mail. Urgent equipment and network problems on the day of the clinic should be directed immediately to Telemedicine IT.

References

- California Business and Professions Code, Division 2, Chapter 5, Article 12, Section 2290.5(a)-(h)
- Health Care Department Operations Manual, Chapter 4, Health Care Operations
- Health Care Department Operations Manual, Chapter 1, Article 4, Professional Workforce, Sections 1.4.1 through 1.4.19
- Information Technology Business Continuity Disaster Recovery Plan

Revision History

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