Telepsychiatry

Sara Gibson, MD
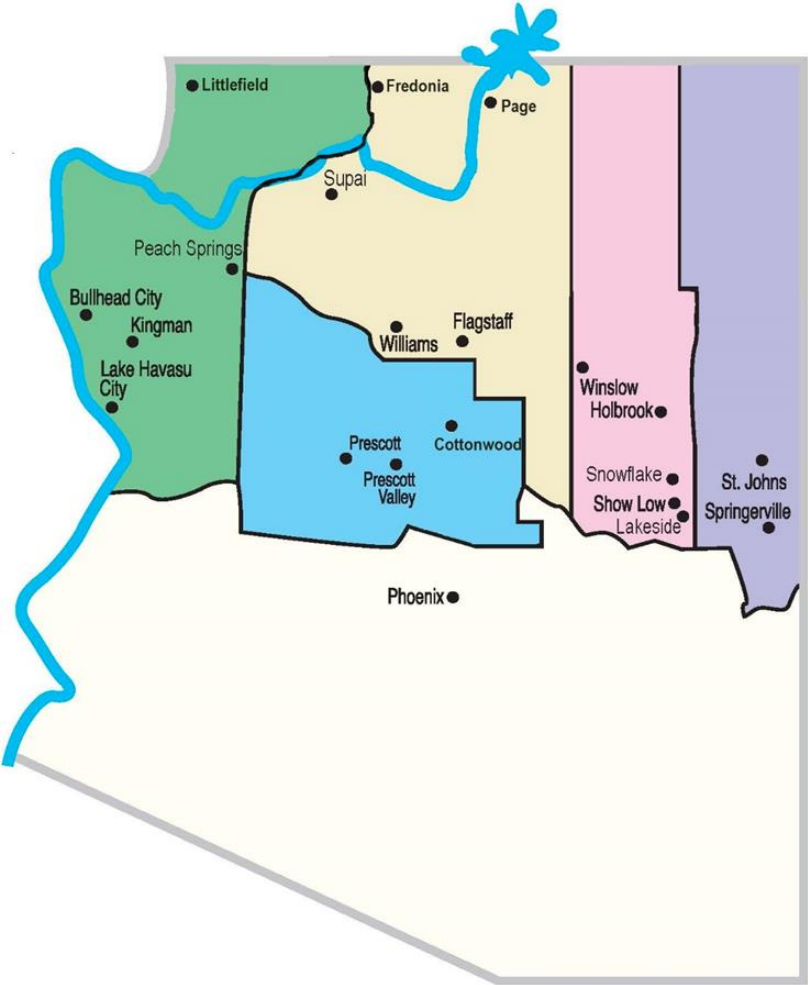**Medical Director, Telemedicine**

Why Telepsychiatry?
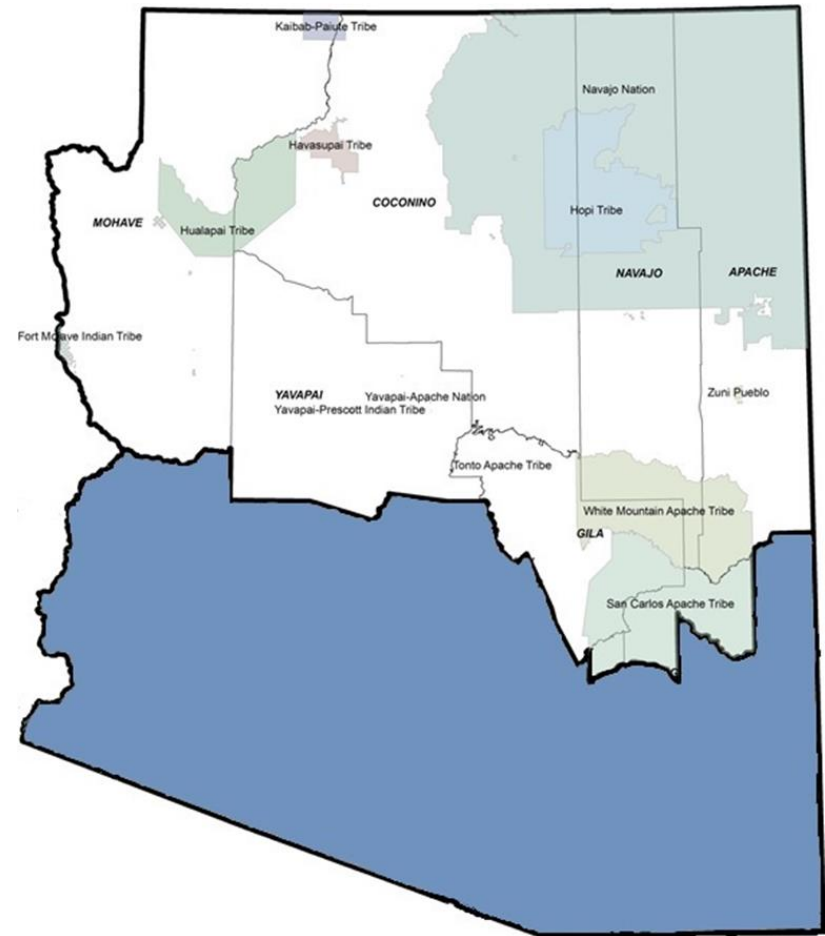
A long time ago in a galaxy far, far away……

NARBHA 1996

Northern Arizona Regional Behavioral Health Authority

Northern Arizona

- Larger than New York plus New Jersey

- 66,000+ square miles (58% of AZ area)

- Population 836,000+ (11.6% of AZ pop. In 2019)

Access to Care!

The need for behavioral health medical services often exceeds local supply.

Health Professional Shortage Areas (HPSA) - Mental Health
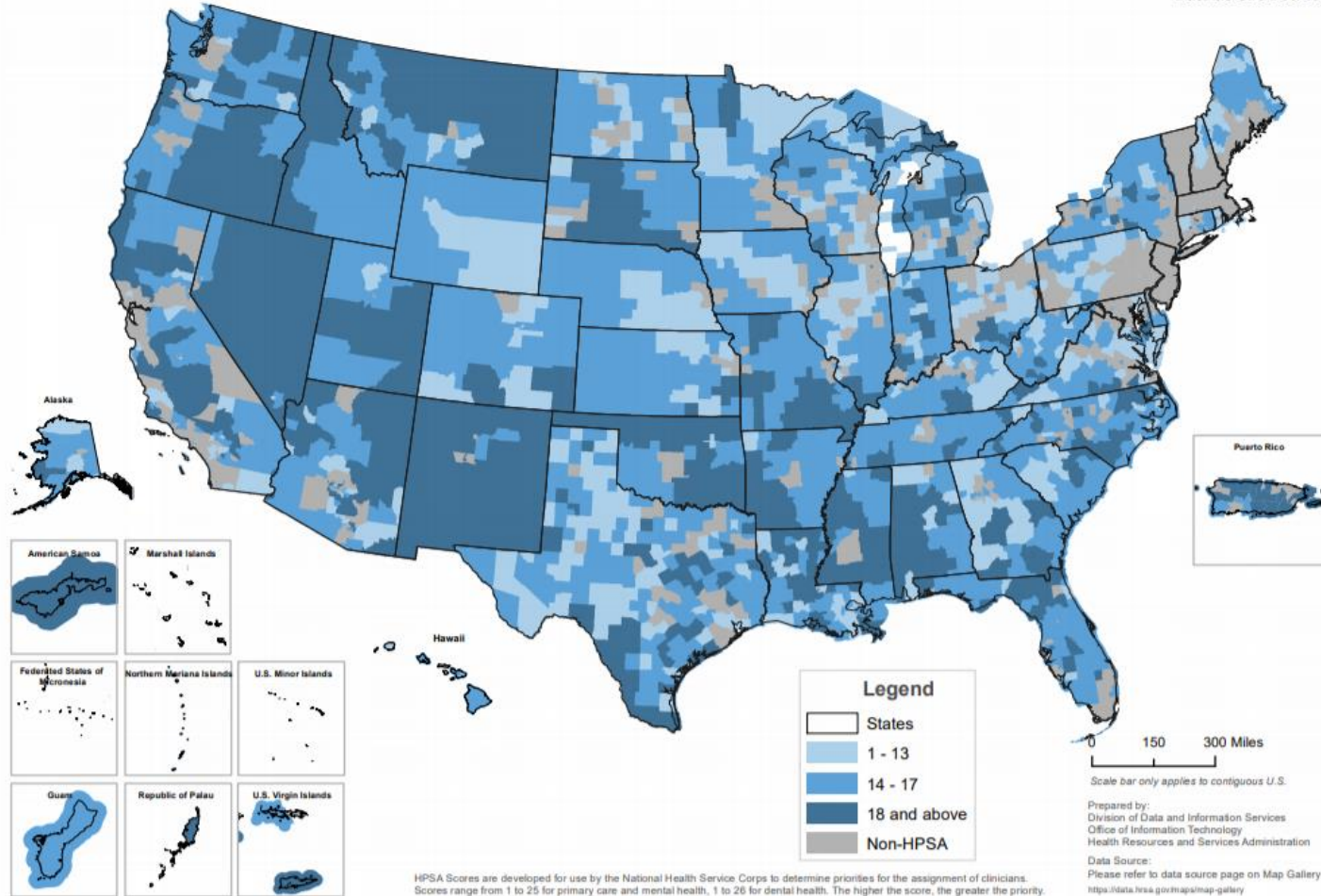
Vision

COVID-19 PANDEMIC

- National call for SOCIAL DISTANCING...but
  - Mental Health: a second epidemic

PHYSICAL DISTANCING

+

TELEHEALTH

=

SOCIAL CONNECTION

Courage, Necessity

Why Telepsychiatry?

Improve Access to Care

Why Telepsychiatry? Access

- Providers should be caring for people, not driving!

- One Provider can "go to" multiple smaller-need locations

- Patients can be seen in their own home or community

- Connect multiple distant systems, places, and persons

- Improve patient access to specialty providers

Why Telepsychiatry?

Quality of Care

Telehealth is of Highest Quality Care and Can Be Trusted!!

Well (24+ years) Established:

-Quality of Care

-Patient Satisfaction

Why Telepsychiatry? Cost

- **RBHAnet Benefits in 2010**
    - $200, 000 savings
    - 1,200 more patient encounters
    - 41.2 tons CO_2 saved

- Behavioral Health Hospitalizations dropped from over 11 days inpatient before telemed was available to 6.5 the year after telemed started in Apache county alone

Telepsychiatry Models

Models: Medical Providers

- Expert Pharmacotherapy

  ✓ Most requested

  ✓ Most appreciated telepsychiatry service

- Child Psychiatry

Child's drawing of the "TV doctor"

Models: Provider Type

Medicare allows Clinical Psychologists and Clinical Social Workers.

COVID National Health Emergency Expansion

THERAPY, Individual and groups

- ✓ Individual Psychotherapy
- ✓ Family Psychotherapy
- ✓ Psychoanalysis
- ✓ Neurobehavioral status examination
- ✓ Alcohol, Substance abuse

Child's drawing of the "TV doctor"

Systems: Integrated Care

Physical + Mental Health Care

Medicare allowed pre-COVID:

✓Smoking

✓Kidney and Diabetes education, self management

✓Health and behavior assessment and intervention

✓ Medical Nutrition therapy

✓ Cardiovascular

✓Sexually Transmitted Diseases

Systems and Models

- PCP to and from Specialists

- Emergency rooms

- Consultation Model (eg University Consult Services)
  - ✓ Child Psych – to General Psychiatrist or BHMP – to PCPs
  - ✓ *Decide who prescribes*

Systems and Models

Outpatient Clinics

- Outpatient comprehensive psychiatric coverage

- Combined In-Person (initial evals) & telemed (continued care) OR REVERSE

Systems and Models: Client Location

Outpatient clinic/scheduled telebehavioral health services:

- Community health clinics
- Federally qualified health centers (FQHC)

Client Location

- Inpatient (subsequent care)

- Nursing Homes

- Prison

- Legal (T36/commitment evaluations, testimony)

Systems and Models: Client Location

- COVID-19 Pandemic, disaster response= rapid evolution to an

- IN HOME REVOLUTION!

- Direct-to-consumer services
  - Brings behavioral care directly into people's homes

Health CHOICE | BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association

Systems and Models: Client Location

- Direct to Consumer (fastest growing)

    - Limited or embraced by payors.

    - Self Pay

- Home monitoring: very cost effective

- Armed Services, Military

    ✓ Ships, ship to shore

    ✓ Combat field PTSD

    ✓ Remote stations psychiatry

Client Location: IN HOME ISSUES

CONFIDENTIALITY:

Who is in the room?

Abuse situations

sensitive mental health topics

disclosure of personal information

EMERGENCIES:

know local police/sheriff numbers, 911 doesn't work remotely

Client Location: IN HOME ISSUES

Barrier: Technology

The Digital Divide

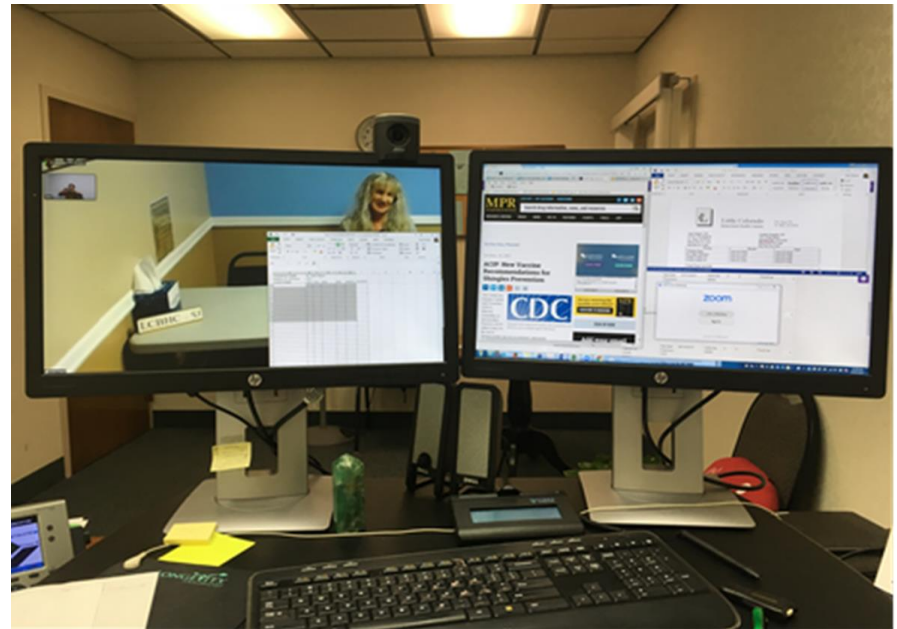Broadband, Internet

Patient Training

Data for video or phone

    provide tablet or phone with data

Systems and Models: Client Location

KEEPING A CONSISTENT PROVIDER:

- Frequently moved children (eg DCS custody foster placements)

- Residential treatment facilities, group homes

Systems and Models: Client Location

Schools: Various Models

- Telebehavioral health

- Primary Care

- School Nurse

- Psychiatry

Systems and Models: Tele-Education

- Integrating teaching & psychiatry residents. ATA residency excellence

- Medical Students (1987 Minnesota RPAP)

- Trainings

    ✓ CME, Grand Rounds

    ✓ State, RBHA trainings

    ✓ Best Practices and committee participation

- Project Echo

Systems and Models: Other

- Third World (Afghanistan, Africa)

- Disaster Planning and Response (ATA subcommittee)

Medical School Interviews

Example Programs:
-HCAnet
-LCBHC

Health Choice Arizona Overview

- Contracts with AZ Dept. of Health Services to serve Medicaid-eligible & SMI ("Seriously Mentally Ill") populations

- Monitors behavioral health and acute health services provided by community-based agencies or clinics: "Health Homes"

- Serves the 6 northern counties of AZ, including Tribal areas; all are Mental Health Professional Shortage Areas

- Integrated care (integrating behavioral with physical="acute" care) for those with serious mental illnesses

HCA Overview (cont.)

Northern Arizona

- Larger than New York plus New Jersey

- 66,000+ square miles (58% of AZ area)

- Population 830,000+ (11.6% of AZ pop.)
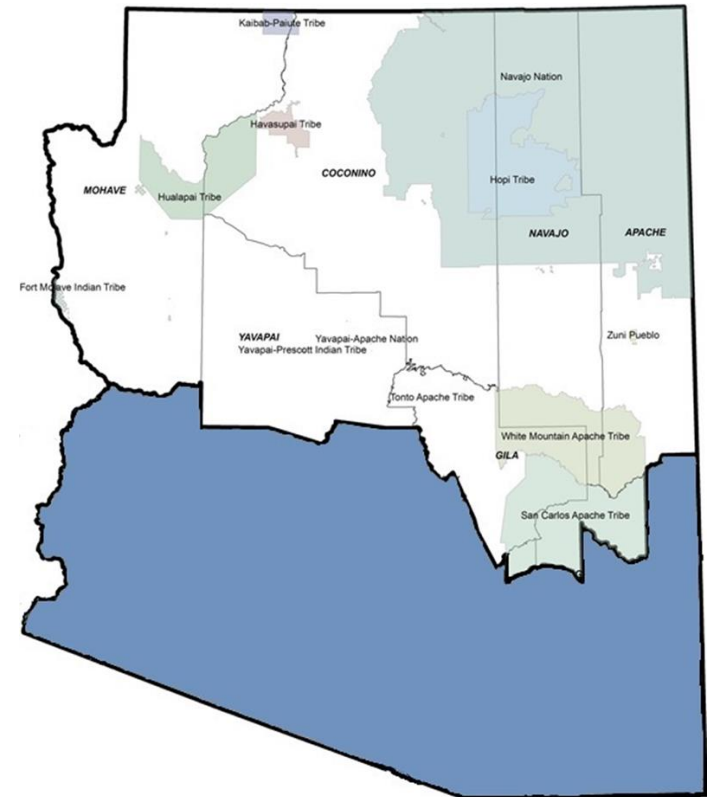
HCAnet Today

- Infinite moveable endpoints

- Over 45 teleproviders (varies)

- 17+ providers connecting from other states;
  others from Phoenix, Tucson, Flagstaff

- Connections blanket the state: to Arizona Telemedicine Program network, AHCCCS, other regional behavioral health authority networks (RBHAs)

HCAnet Benefits
>430,000 clinical services
1996 - 2020

Telehealth Claims With COVID-19

- Acute Care Claims went from 1,600 in October 2019 to 29,565 in April 2020

- Behavioral Health Claims went from 908 in October 2019 to 5,973 in April 2020

Telehealth Claims from Oct 2019-April 2020
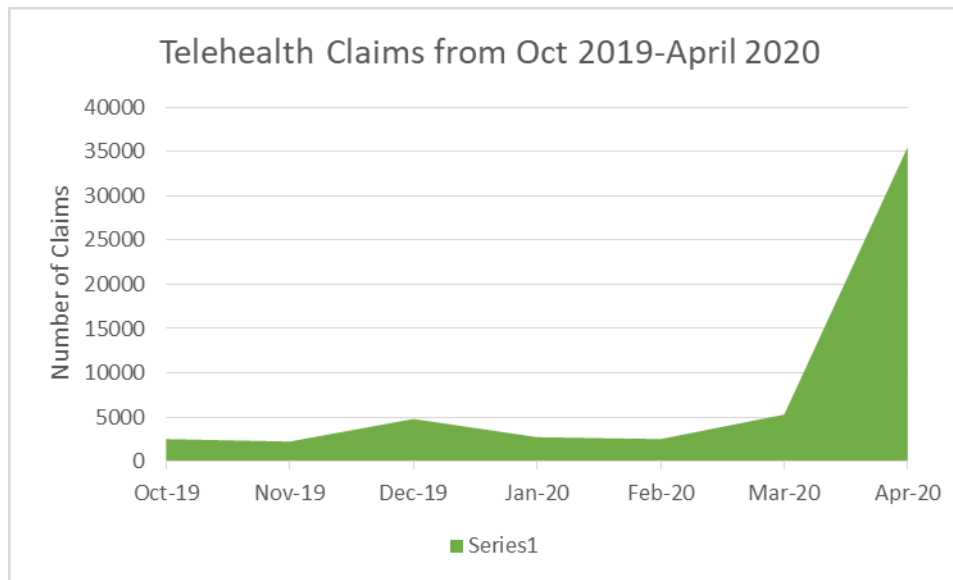
Global COVID-19 Challenges

- Due to COVID-19 transmission concerns, vitals, PHQ, GAD, urine drug screens, labs, physical exams not done

- High stress due to social isolation

- National concern for suicides, substance use
  - alcohol
  - heroin
  - overdose

Apache County Connectivity and Connection Challenges

Many are located in remote areas "off the grid" and lack connectivity or equipment for standard telehealth sessions in their homes.

- Arizona is #36th State in Broadband coverage in USA

- The Arizona state average is 79 mbps

- Only 0.16% of Apache County residents have access to 25 mbps...

- Cell service is poor and even non-existent in many areas of the county.

- Only 55% of households in Apache County (compared with 88% nationally) have a computer and only 38% have a broadband internet subscription (compared with 80.4% nationally) (US Census Bureau, 2019).

- Only one landline telephone company, which often loses service.

- Most members have extremely limited data plans resulting in them being chronically out of "minutes." Data provided by insurance plans and phone company benevolence is quickly depleted. Few have smartphones with video capabilities.

Apache County Solutions: Clients

- LCBHC obtained mobile tablets with data plans, delivered to patients' homes for services

- telephonic medical management and counseling

- rec exercise, outside sun and air while maintaining physical distancing.

- to minimize pharmacy COVID exposure: Buprenorphine Rx for 2 weeks, mail and bubblepack prescriptions

- Increased counseling provided on relapse prevention, safety, and stress management

Apache County Solutions: Staff

- Clinicians and staff were sent home and supplied with computers and other essential equipment.

- Hot spots were purchased and distributed to staff with limited internet access.

Looking Ahead

- Initially hesitant, members are generally appreciative of in-home care, and when video is successful, there is much excitement.

- Some members actively avoid video and there is a sense that they do not want their privacy invaded or home seen.
  - Providers report greater insight into their members' lives when "visiting"

- Now that the acute "sprint" paradigm change is settling into a longer term "marathon," LCBHC is looking at where crucial and medically necessary services are being underutilized:
  - kids groups,
  - respite with vulnerable families
  - medically necessary vitals, drug screens, labs

Telepsychiatry Benefits Realized by HCA: Patients

- Psychiatric services available to areas of physician shortage

- Improved access to care

  - patients seen sooner & more frequently

  - Emergency assessments available immediately

- Patients treated in their own communities

- Increased physician recruitment and continuity

Acceptance

- 24+ patient satisfaction studies reviewed in literature; all overwhelmingly positive

- HCAnet acceptance 1998, 2006

    - Client satisfaction surveys

    - Family (of client) satisfaction surveys

    - Staff satisfaction surveys

    - Satisfaction over time
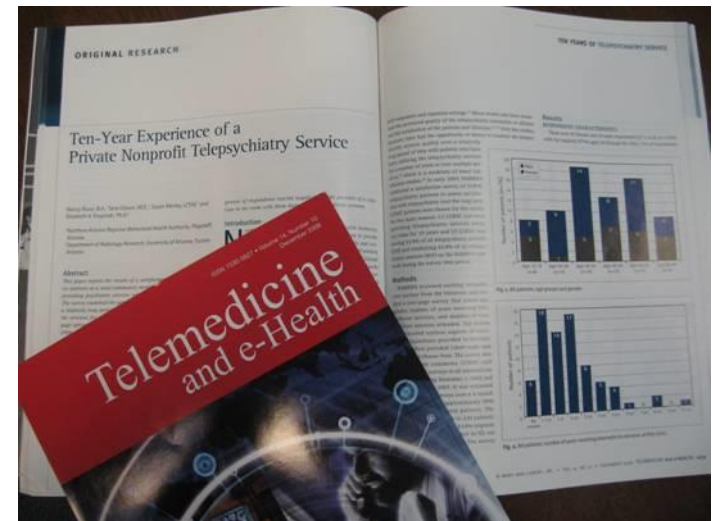
Telepsychiatry Benefits Realized by HCA (cont.)

- Specialty consults available; referring docs learn from specialists

- Psychiatric providers see more patients with the time they would otherwise spend driving, saving cost and stress

- Family involvement in treatment of remotely placed patients

- Psychodynamic advantage

Telepsychiatry Benefits Realized by HCA: Providers

- Improved staff efficiency, productivity, morale due to less travel time

- Training opportunities for clinicians
  - U of A Psychiatry Grand Rounds
  - Project ECHO

- Decreased professional isolation
  - Monthly Behavioral Health Medical Practitioners' meeting

- Better communication among clinicians, staff, psychiatric providers

- Impromptu meetings can be connected at will

LCBHC Clinical Services

Little Colorado Behavioral Health
Centers serving Apache County

Sara Gibson, MD, Psychiatrist

- 24 years of telemedicine: 24,000+ patient sessions as of 2020

- 99% of services via telemedicine since 1996

- Psychiatric Nurse Practitioners added 2005, from Colorado, New York, Wyoming, Arizona, Michigan

LCBHC Clinical Services

- Psychiatrist is in Flagstaff

  - yellow

- LCBHC serves remote, rural Apache County

  - purple

- Two clinical sites, "clinics"

  - St. Johns is 165 miles away (3 hours)

  - Springerville is 200 miles (3 hours, 20 min)
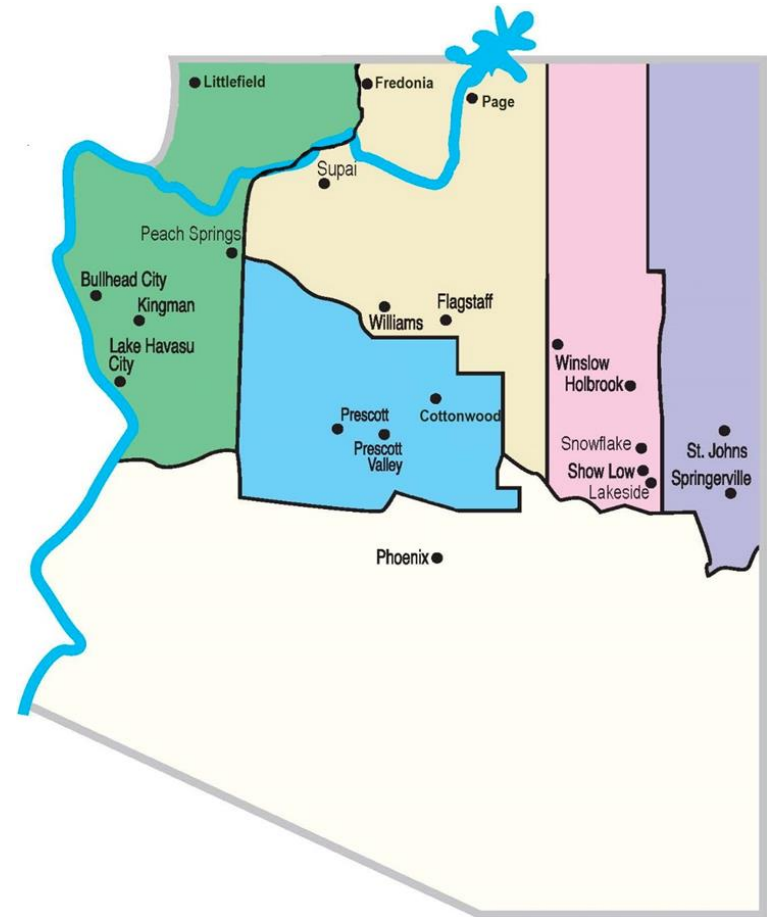
LCBHC Clinical Services

The Commute!

Petrified Forest National Park
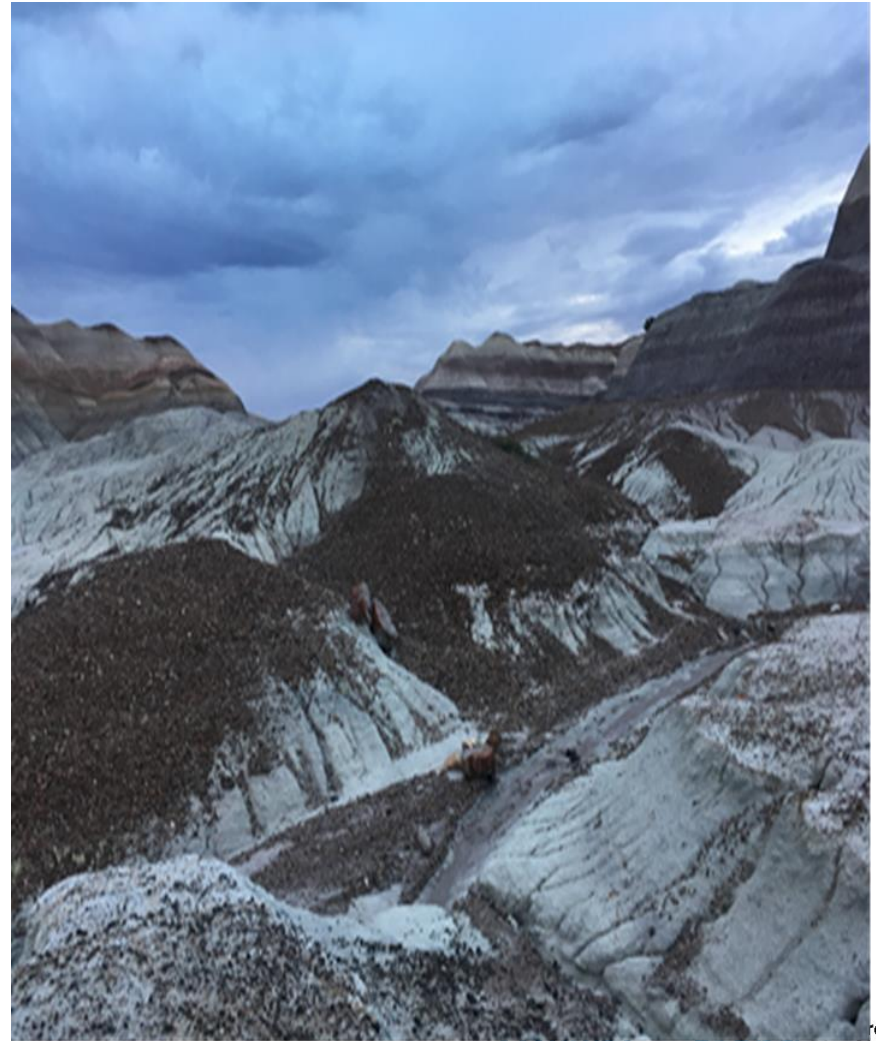
Telemedicine Quality of Care

- Studies demonstrate that telepsychiatry is equivalent to in-person

for:

- Assessment

- Diagnoses

- Therapeutic alliance

- Treatment adherence

- Clinical outcomes

Telemedicine Quality of Care

- Standard is for EQUAL quality of medical care as in-person
  - American College of Physicians recommends that telemedicine be held to the same standards of practice as if the physician were seeing the patient in person

- Telemedicine is an Evidence-Based Practice
  - PubMed currently has over 34,000 published literature on Telemedicine with 2,073 on the efficacy of Telemedicine and 239 on the efficacy of telemental services
  - Journal - Telemedicine and e-Health

Telemedicine Quality of Care

- Medical professional is responsible for getting whatever information is needed to justify their medical decisions (regardless if a consult is telemedicine or in-person)

Telemedicine Quality of Care

ANY services -- not just those delivered via telemedicine --

-must be "clinically appropriate" (medically necessary).

-must be provided in accordance with standard of care: all other standards, regulations, rules, and quality performance measures must apply.

Telepsych Quality of Care

- exam features that can be obtained for psych patients using video-conferencing: alertness, distressed?, grooming, dysmorphic features for the HEENT section, speech fluency & speed, neurologic findings such as tics/ tremors/ altered gait/ nystagmus, flushed or pale skin, rashes, review of vital signs, etc in addition to the Mental Status Exam (which can be documented in the physical exam section of a note as part of the psych system).

Why Telepsychiatry? (Quality)

- Improve quality of care (yes!)

    - Psychodynamic advantage

    - Emergency assessments available immediately

    - Decreased hospitalizations due to increased access to care:

        - 2012: Veteran's Administration VA due to outpatient care

        - Texas due to emergency room psychiatric consultations

        - BH Hospitalizations dropped from over 11 days inpatient before telemed was available to 6.5 the year after telemed started in Apache county alone (1997)

Why Telepsychiatry? (Quality)

- More providers are available
  - ✓ Those licensed in AZ but living out of state can provide patient services

- Improved recruitment (broader pool of providers) and retention of psychiatric providers
  - ✓ Can live where they choose
  - ✓ No travel burnout
  - ✓ Happier psychiatrists

- Provider recruitment:
  - Improve provider satisfaction and safety
    - ✓ Driving is Dangerous
    - ✓ Green! CO_2 savings
  - ✓ Increased provider continuity (can remain in their local community)

RISK MANAGEMENT

- **System Compliance program, training**
  - Highest risks are in billing for Federal programs (Medicare and Medicaid). Follow Federal and OIG guidance and update topics
  - False Claims Act...a disallowed site can cost $23,000 per claim! FTF, technology, provider and patient locations, provider contracts
  - 60 Day Overpayment Rule

Healthcare is CARE

COVID-19 PANDEMIC

- National call for SOCIAL DISTANCING...but
  - Mental Health: a second epidemic

PHYSICAL DISTANCING

+

TELEHEALTH

=

SOCIAL CONNECTION

TELEHEALTH IN-HOME STANDARDS AND GUIDELINES

- **The standard of care via telehealth is the same as it is in person**
- You **can** establish a provider-patient relationship via telehealth
- You must have proof of identity (POI)
  - Previous contact counts as POI
  - Members can show their driver's license, or other picture ID
  - Providers can show their name badge
  - If the session is by phone, have the member verify their date of birth
- Member attests to privacy
  - Ask the member if they are in a private, safe environment to conduct the session
- Provider **MUST** know the location of the patient during the session ICE (In Case of Emergency)
  - Having the patient's medical record available is a telehealth standard of care, and will include the patient address ICE

TELEHEALTH IN-HOME STANDARDS AND GUIDELINES

- Providers **MUST** know what emergency services are available for the patient (911 doesn't work out of area):
  - Behavioral Health Crisis Line: 1-877-756-4090
  - Police (where the patient is located) phone number
    - This link provides advice how to contact emergency services in a different location: https://www.verywellhealth.com/calling-911-for-someone-in-another-state-1298353
  - EMS (that covers the area the patient is located)
  - Hospital (closest to the patient)
  - Support person (someone the member has identified as a support)
  - Know if there is a firearm in the home
  - Have a safety plan in place (who to call, what to do)

ARIZONA MEDICAID=AHCCCS CONSENT INFORMATION

- During the COVID-19 emergency, providers delivering services through telehealth and telephonic means *can* obtain verbal consent and verbal treatment plan agreements

- Providers may also document the member's/guardian's verbal consent and verbal agreement in the Electronic Medical Record (EMR)
  - It will not be necessary to gather *retroactive* signatures once the COVID-19 emergency period ends, provided the documentation is in the EMR
  - Eg: document "Informed consent was provided for new medication, the client consented verbally, no signature obtained due to COVID-19 transmission concerns."

- Note in the record if the session was provided by telehealth (synchronous audio/video), telephone, or in person

KEY CMS (MEDICARE) INFORMATION

Clinicians can now provide more services to beneficiaries via telehealth so that clinicians can take care of their patients while mitigating the risk of the spread of the virus. Under the public health emergency, all beneficiaries across the country can receive Medicare telehealth and other communications technology based services wherever they are located. Clinicians can provide these services to new or established patients. In addition, providers can waive Medicare copayments for these telehealth services for beneficiaries in Original Medicare.

https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

• A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients (CPT codes 99441-99443)

Allowable Medicare Telehealth Codes can be found at:

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Doctor-Patient Relationship

- Hilty et al., Primary Psychiatry, Sept 2002

    - Literature review reported no major impediments to the development of the doctor-patient relationship in terms of communication and satisfaction.

    - Variety of settings, patients, practice styles, sites complicate objective assessment of telepsychiatry's impact

Rapport

- Good rapport leads to therapeutic working alliance.

- There is evidence that patients quickly adapt and establish rapport with their teleprovider.

  - Ghosh 1997

  - Simpson 2001

Rapport

Minimize technological interface to improve rapport

- ***High quality technology***

- User-friendly

- Zoom to life-size

- Use solid blue background (affect recognition

- Eye contact - camera angle or alternate gaze

- Live, interactive

- Avoid picture-in-picture at patient end

- Another human present at clinical site

Therapeutic Alliance

Due to high satisfaction by providers and increased access for patients, the opportunity exists for long-term doctor patient relationship, increasing therapeutic alliance and improving patient outcomes.

Telemedicine Clinical Challenges

- Sensory deprivation
  - ✓ Smell (alcohol, hygiene, pheromones)
  - ✓ Touch (handshakes, therapeutic)
  - ✓ Visual impairment
  - ✓ Energy sense, "real presence," auras

- Participant anxiety

- Provider resistance (new paradigm of technology)

- Coordination between two systems

Patient Dynamics by Diagnosis

- Basic Principle: Distance increases sense of safety, decreases olfactory flooding, prevents touch

    - Social anxiety

    - Agoraphobia

    - PTSD

    - Other anxiety (panic)

    - Psychosis

TELEHEALTH WORKS!

REACH OUT! Therapy matters, not the electronic interface…even telephonic

- Dennis CL, Grigoriadis S, Zupancic J, et al. Telephone-based nurse-delivered interpersonal psychotherapy for postpartum (IPT) depression: Br J Psychiatry. 2020 Apr;216(4):189-196. doi: 10.1192/bjp.2019.275

- At 12 weeks, 10.6% of women in the IPT group and 35% in the control group remained depressed with the IPT group 4.5 times less likely to be clinically depressed

- Nurse-delivered telephone IPT is an effective treatment for diverse urban and rural women with postpartum depression and anxiety that can improve treatment access disparities.

TELEHEALTH & SUBSTANCE USE DISORDER

- It is very important to _maintain the person in treatment_ and _minimize_ relapse during this time of national and community confinement and crisis

- Telehealth is an _evidence based_ practice therapy modality for SUD.

  - Both group and individual

  - Video is ideal but audio-only should not be a barrier to care. REACH OUT!

  - Here is a SAMHSA training and Technical Assistant Tipsheet:

    https://www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf

  - Here is a tipsheet on treating Opioid Use Disorder via telehealth:

    https://custom.cvent.com/10D3BAE39269457884C1D96DE1DF8D8D/files/c0f35116b188481b80df828b2 26e90c1.docx

  - Eg: document "Due to COVID-19 transmission concerns, session was done in patient's home; so vitals, PHQ, GAD, urine drug screen, and SOWS not done. " and/or "Suboxone Rx for 2 weeks to minimize pharmacy COVID-19 transmission"

"Acceptability of Telepsychiatry in American Indians" Telemed J E Health 2008;14:461-465

Shore JH, Brooks E, Savin D, Orton H, Grigsby J,Manson SM. American Indian and Alaska Native Programs, University of Colorado at Denver and HSC, Aurora, CO.

- 53 American Indian Vietnam Veterans assessed both FTF and by telehealth

- Interviewers were also interviewed and compared to the corresponding participant.

- Telepsychiatry well received & comparable to Face to Face in:

  - Patient comfort

  - Satisfaction

  - Cultural acceptance

  - Participants more satisfied than interviewers perceived

  - Found video acceptable & presented opportunity to increase access

Rural Cultural Competence

- Yellowlees P, Marks S, Hilty D, Shore JH.

- "Using e-Health to Enable Culturally Appropriate Mental Healthcare in Rural Areas." Telemed J E-Health 2008;14:486-491

- Office of Rural Mental Health Research

  - ORMHR convened a workshop at NIMH with the Center for Reducing Health Disparities at UC Davis. Reviewed literature concerning culture and e-mental health, defined major issues and barriers to the provision of care in rural areas.

Rural Cultural Competence (cont)

- Rural areas have increased barriers to culturally appropriate mental healthcare

- E-mental healthcare can reduce health disparities due to these barriers if take into account while planning:

  - Poverty

  - Ethnic minority populations

  - Geographical isolation

  - Specific cultural factors

  - Language

  - Need more research

Rural Cultural Competence

- Rural Issues
  - Firearms
  - Confidentiality & disclosures in small communities
  - Know local substance abuse issues
  - Know local resources
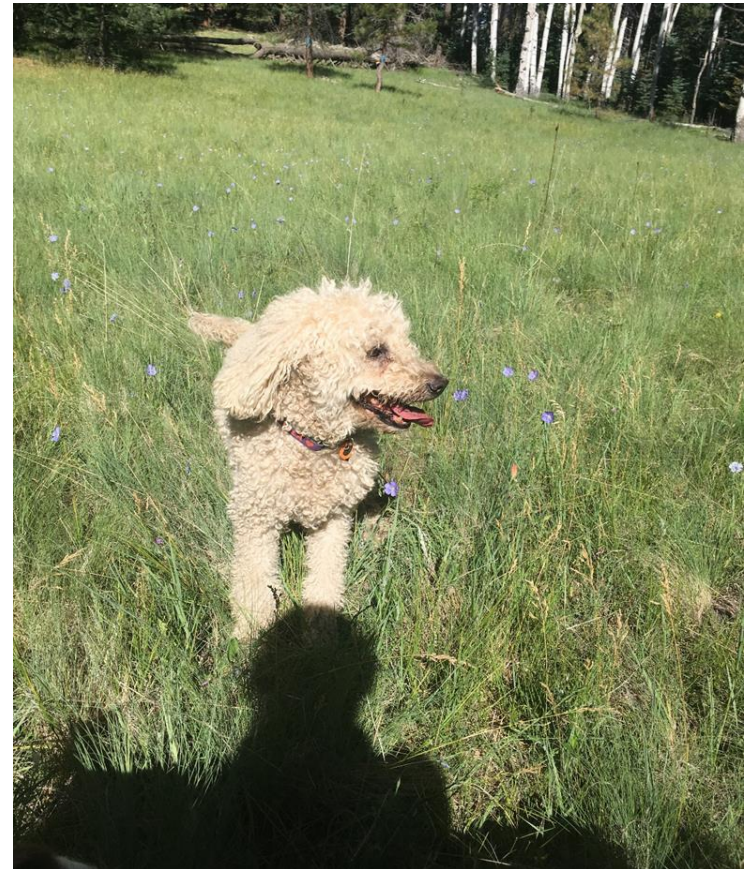
Guidelines for Tele-Success!

- BE A CHAMPION!

- Telehealth is as good as the people

- No apologies! Providers can be proud of providing exceptional service.

- Use Motivational Interviewing to increase success

- Therapy groups, substance use groups, individual therapy all evidence based efficacy via telehealth visual and audio only (telephonic).

Guidelines for Tele-Success!

- A new system must have a local champion. Local staff sell the program.

- Telehealth is only as good as the people

- The local program is the key to successful telehealth

- Must have full support capacity locally

Barrier: Technology

"THE DIGITAL DIVIDE" (review):

Broadband, Internet lack

Patient Training

Data for video or phone

    provide tablet or phone with data

Barrier: Technology

The digital divide is also a legitimate concern. But we should acknowledge that we haven't even proposed a solution to this problem. For example, we could use an empty retail space in a shopping mall to create a neighborhood telemedicine center with fast internet and reliable audio/visual hardware.

Jack West, MD, Medscape editorial

Barrier: Technology

The user experience is bound to improve beyond the rushed versions thrown into the marketplace last year. The team-based approach of well-functioning clinics can be replicated in a virtual clinic setting. Technological and administrative changes may have to be permanently adopted. For example, routinely providing assistance to help less tech-savvy patients in a virtual waiting room could reduce the risk for aborted virtual visits.

Jack West, MD, Medscape editorial

Barrier: DIGITAL DIVIDE

WE ARE JUST BEGINNING!

Great example: school bus technology center on the Navajo Nation for kids to attend school in their car.

Guidelines

American Telemedicine Association (ATA) Guidelines on Telemental Health (Currently being updated)

- <u>2014</u>: Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions

- <u>2013</u>: Practice Guidelines for Video-Based Online Mental Health Services

- <u>2009</u>: 2 papers

  - ✓ Practice Guidelines for Videoconferencing-Based Telemental Health

  - ✓ Evidence-Based Practice for Telemental Health

  - ✓ HCIC's Sara Gibson MD and ATP's Nancy Rowe were on original workgroup/contributors

American Telemedicine Association (ATA) Guidelines:

- Primary Care

- Urgent Care

- Children

- Telemental Health

Guidelines

American Association of Child & Adolescent Psychiatry (AACAP) Practice Parameter for Telepsychiatry with Children and Adolescents, *December 2008* No absolute contraindication to or indication for the initial evaluation to be in person vs televideo

Emergency Guidelines for Telepsychiatry

Shore, JH, Hilty, DM, Yellowlees, P. General Hospital Psychiatry, 2007:29, 199-206

American Psychiatric Association

Guidelines

The [Substance Abuse and Mental Health Services Administration](#) (SAMHSA) and its [National Mental Health and Substance Use Policy Laboratory](#) recently released a new evidence-based resource guide titled, *[Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders](#)*

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf

SAMSHA GUIDELINE

- https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf
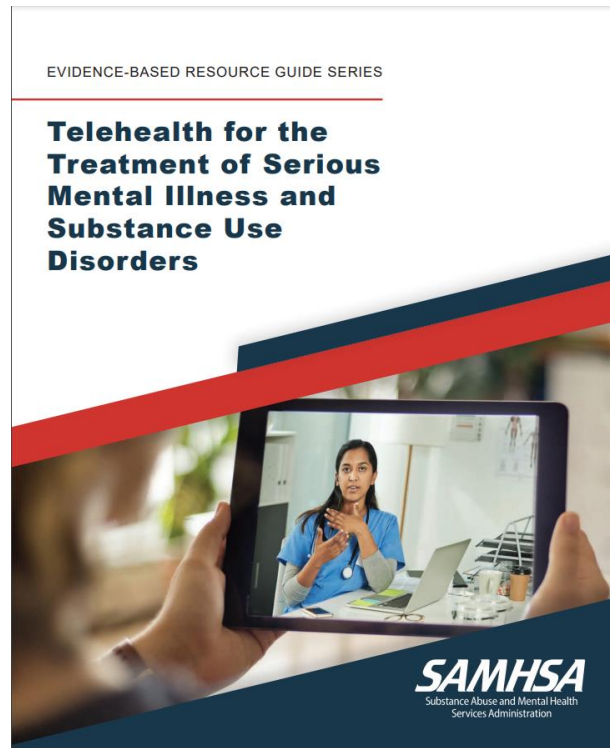
Guidelines

"Best Practices in Videoconferencing-Based Telemental Health"

- Jay H. Shore, MD, MPH,[1,2] Peter Yellowlees MD, MBBS,[3] Robert Caudill, MD,[4] Barbara Johnston, MSN,[5] Carolyn Turvey, PhD,[6] Matthew Mishkind, PhD,[1] Elizabeth Krupinski, PhD,[7] Kathleen Myers, MD, MPH,[8] Peter Shore, PsyD,[9] Edward Kaftarian, MD,[10] and Donald Hilty, MD[11]

- TELEMEDICINE and e-HEALTH
  - VOL. 24 NO. 11 2018

Guidelines

"Best Practices in Videoconferencing-Based Telemental Health"

The American Telemedicine Association (ATA) and The American Psychiatric Association (APA) guideline update on the development, implementation, administration, and provision of telemental health services.

Guidelines: Arizona Specific

Arizona Medical Board Substantive Policy Statement #12 (on "Internet Prescribing" which is not telemedicine nor e-prescribing, but these are defined and telemedicine reviewed on p 3-4.)

Arizona Revised Statute 32-1421(B)

Arizona Parity: in 2014 enacted law SB1353 parity for private insurers to cover telemedicine. Also added naturopath, psychology, distance counseling, and dentistry. New parity proposals 2019

Arizona SB1353 that codifies the allowance of telemedicine to be used in lieu of a physical exam and to establish the patient-physician relationship for the purpose of internet prescribing.

AHCCCS Coding Policy and Allowable codes
https://azahcccs.gov/PlansProviders/MedicalCodingResources.html

Resources

- Telehealth Resource Centers
  http://www.telehealthresourcecenter.org/

    - ***Southwest Telehealth Resource Center***

    - https://southwesttrc.org/

- CTEL Center for Telehealth and e-Health Law

    - http://ctel.org/

- Center for Connected Health Policy
    - https://www.cchpca.org/

Resources

- Centers for Medicare & Medicaid Services: www.cms.hhs.gov

- Telehealth Resource Centers http://www.telehealthresourcecenter.org/

  - ***Southwest Telehealth Resource Center***

  - https://southwesttrc.org/

- CTEL Center for Telehealth and e-Health Law

  - http://ctel.org/

Associations

- American Telemedicine Association (ATA)

- www.americantelemed.org

- Special Interest Groups (SIGs) inclu
    - ✓ Telemental Health
    - ✓ Technology
    - ✓ Business & Finance
    - ✓ Home Telehealth & Remote Monitoring
    - ✓ mHealth
    - ✓ Emergency Preparedness & Response