

# CORONAVIRUS **RISK ALERT** #2

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## General Office Procedures

**Patient notifications:** Consider contacting all patients prior to their appointments and ask that they not come into the office under the following circumstances:

- If they are symptomatic – fever, cough, runny nose, difficulty breathing
- If they believe they may have been exposed to coronavirus
- If they (or perhaps also family members) have recently traveled to certain countries – China, Iran, South Korea, Italy, Japan, Hong Kong

Make certain that this is also told to new patients scheduling their first appointments. Patients should be told that those with apparent symptoms will not be allowed in the office.

**In the office:** Post a sign (with the information described above) on the door to your office and perhaps inside as well. If available, have disinfecting wipes and hand sanitizer available. Wiping down of surfaces should be done frequently.

**Remote access to information:** As mentioned in our first alert, ensure you have the ability to access patients in the event your office closes, and patients can access you.

## Be Alert for Phishing

Unfortunately criminals have already seen the coronavirus as an opportunity to breach systems' security to access patient information. To manage the risks associated with an increase in phishing activity, keep these points in mind:

- Be wary of emails with coronavirus in the subject line, unless it is from a known sender
- Consider ignoring coronavirus emails from

unknown senders and seeking information directly from the CDC website or WHO website.

- Be aware that there is a large amount of "internet click bait" on websites offering information or fake articles about the coronavirus.

## More on Telepsychiatry

We support the use of telepsychiatry, particularly for current continuity of care when in-person visits are inappropriate. Unfortunately, we do not know the extent to which, if any, the regulators will relax the significant regulatory issues related to telemedicine. For an overall view of the standard requirements, please see the attached "Telepsychiatry Checklist."

One issue worth repeating here is the need to have a HIPAA-compliant telemedicine platform. A vendor that stores your patient information, for any period of time, needs to provide you with a Business Association Agreement (BAA), promising to protect the confidentiality and security of your patient information. You should avoid using social video-conferencing, such as free Skype, since Microsoft will not provide a BAA. Similarly, some vendors that charge a fee may not provide a BAA with the lowest-price plan. For example, you have to pay more to Zoom to get a BAA.

Consider looking for telemedicine-specific platforms. While we cannot endorse or recommend specific platforms, we do know that there are several reasonably priced telemedicine platforms, and some even have a free plan for solo practitioners (that does include a BAA). Two that we are aware of – but are not endorsing or recommending – are:

- VSee<sup>i</sup>
- Doxy.me<sup>ii</sup>

There are likely others out there. When considering a free service, knowing that free is not a sustainable

business model, you may want to ask the vendor what the catch is. For example, are they selling aggregated data?

## Educational Resources and Guidelines

The ACCME has compiled various education resources that can be accessed here<sup>iii</sup>.

In terms of guidelines, the ones we are currently aware of address medical offices that are seeing and treating patients with suspected coronavirus. The CDC has compiled various resources, including<sup>iv</sup>:

- Information for healthcare professionals
- Information for keeping workplaces safe

## Employer Issues

You may have employment questions. Many of the questions you and your employees may be asking are covered by the law firm of McDermott, Will & Emory's list of questions and answers from the employers perspective<sup>v</sup>.

This resource may be a good starting point; specific employment questions may need to be answered by your practice's attorney.

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- I. [www.vsee.com/pricing](http://www.vsee.com/pricing)
  - II. [www.doxy.me/pricing](http://www.doxy.me/pricing)
  - III. <https://www.accme.org/coronavirus-resources>
  - IV. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
  - V. [www.mwe.com/insights/coronavirus-faqs-for-us-employers/#should-we-take-additional-precautions-if-so-what-proactive-steps-can-and-should-we-take-to-keep-our-workplace-healthy-and-safe](http://www.mwe.com/insights/coronavirus-faqs-for-us-employers/#should-we-take-additional-precautions-if-so-what-proactive-steps-can-and-should-we-take-to-keep-our-workplace-healthy-and-safe)



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# TELEPSYCHIATRY CHECKLIST

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- I have reviewed my state's law on telemedicine, including, but not limited to:
  - In-person examination requirements
  - Prescribing requirements
  
- If a patient will be treated in a different state:
  - Licensure
    - I am licensed in the patient's state
    - OR
    - I have confirmed in writing with the licensing board in the patient's state that a license in that state is not required
  - Law
    - I have reviewed the law on telemedicine in the patient's state, including, but not limited to:
      - In-person examination requirements
      - Prescribing requirements
  
- I am using HIPAA-compliant equipment
  - If the equipment vendor stores any patient information, I have a Business Associate Agreement from the vendor
  
- I understand that services are considered rendered at the patient's location, not my location
  
- I understand that the standard of care for telepsychiatry services is the same as for in-person visits
  
- I understand that this treatment modality is not appropriate for all patients and I engage in careful patient selection
  
- I require patient identification at the first session

- I confirm patient location at the start of every session
  
  - I obtain informed consent to the use of telepsychiatry, in addition to informed consent to treatment
  
  - If I am prescribing, I am complying with:
    - State law in my state and, if different, state law in the patient's state
    - Federal law, if prescribing controlled substances, by:
      - Having a DEA registration in each patient's state
      - Seeing patient one time in person prior to prescribing controlled substances

OR

  - Qualifying for one of the DEA's very limited exceptions to the one in-person visit rule
- 
- I provide appropriate patient monitoring, including follow-up on testing ordered
- 
- I provide appropriate follow-up care
- 
- I maintain appropriate documentation of all sessions
- 
- I have contingency plans for:
  - Clinical emergencies – including contact information for local authorities in the event of a crisis
  - Technical failures

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