

# CONVERTING FROM AN OFFICE TO A HOME-BASED TELEPSYCHIATRY PRACTICE

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At the onset of the pandemic (before it even was a pandemic!) many psychiatrists made the decision to only see patients remotely. Some – particularly those in large metropolitan areas where the risk of exposure was great – decided to conduct telepsychiatry sessions from their homes. They quickly geared up and began seeing patients. HHS assisted by waiving certain regulations involving the practice of telemedicine as did many states. As time has passed and looking into the future, many have realized an unexpected benefit of seeing patients via telemedicine and are in the process of closing their offices and converting to telemedicine only. If you are one of these people and have not already fully transitioned to a telepsychiatry practice, the following is a list of things you may wish to consider.

- What will your address be?
  - Can you list a PO Box as your address?
    - › Verify with licensing boards, DEA, healthcare plans, Medicare / NPPES, etc.
  - If a PO Box is not allowed and you must provide your home address:
    - › Will it be published?
    - › What will appear on EOBs?
    - › Must you list it on claim forms?
- Who needs to be notified about your practice changes/relocation and where must your address changes be made?
  - Licensing boards
  - Patients
    - › How will you do this?
      - Word of mouth
      - Letter
      - Email
      - Social media postings
    - › Does your state have specific notice requirements?
    - › Do the insurance companies with whom you contract have requirements?
  - DEA
  - Malpractice insurance companies
  - Health insurance companies
  - Ancillary providers who may need new supervisor due to your lack of proximity
  - Workers' compensation insurance
  - Property insurance
  - Professional social media sites, e.g., Psychology Today, Zocdoc
  - Vendors
    - › EHR
    - › ePrescribing
    - › Office supplies
    - › Drug reps
  - Banks/credit card companies
  - Post Office
  - Phone company
  - Business fax

- Internet service provider
- Landlord
- Electric company
- Water company
- Gas company
- Journals/subscriptions
- Professional memberships
- Prescription pads (if you will still be using them)
- Converting to your home-based telepsychiatry practice
  - Create an outgoing message regarding closure if you have a landline in office
  - Make arrangements for disposal of drug samples
    - › See DEA requirements for destruction of controlled substances  
[https://www.deadiversion.usdoj.gov/21cfr\\_reports/surrend/index.html](https://www.deadiversion.usdoj.gov/21cfr_reports/surrend/index.html)
  - Return leased equipment e.g., copiers – Remember to wipe copier of all PHI which remains on hard drive prior to disposal, sale, or return to vendor
    - › See HHS' recommended resource, FTC's Copier Data Security  
<http://business.ftc.gov/documents/bus43-copier-data-security>
    - › See \$1.2 million enforcement action against a Covered Entity for failing to remove PHI from a copier  
<http://www.hhs.gov/ocr/privacy/hipaa/enforcement/examples/affinity-agreement.html>
  - Consider medical record storage (See RM-0150 Retaining and Discarding Psychiatric Records)
    - › Medical record storage facilities
      - Carefully review contracts (See RM-258 Medical Record Storage Company Agreements)
      - If you are a HIPAA-covered entity, you must have a Business Associate Agreement with storage facility
    - › Home storage
      - Records should be inaccessible to others
      - Protected from fire and flood
  - Revamp practice forms
    - › Consider making these available online and fillable
    - › If not, how will they be transmitted?
      - Patient portal
      - Encrypted email
    - › Developing consent to treatment via the use of telepsychiatry
  - Determine how to get paid
    - › Many payment apps are not HIPAA-compliant, e.g., PayPal, Zelle, etc.
    - › Request a credit card to be kept on file
      - You will need written agreement outlining under what circumstances the card may be charged with patient's signature
  - Consider your current patient population/new patient selection
    - › Can you treat the same conditions remotely?
    - › Can you manage certain patients remotely?
  - Set up your workspace at home
    - › Find space set off from main family areas for patient privacy
    - › Ensure good lighting for sessions
      - Avoid backlighting as this will create a shadow on your face

- > Take steps to minimize background noises that may be amplified on microphones, for example air conditioners or outside traffic noises
- > Consider the background that will be captured on the camera
  - Do not display anything you would not have displayed in your regular office, e.g., family photos or other personal items
- > Obtain necessary equipment
  - HIPAA-compliant platform will likely be required once PHE has expired
  - Printer
  - ePrescribing capability
  - Scanner
  - Copier
  - Fax
  - Additional monitor to view electronic records during session?
  - Web camera?
  - Headphones?
  - Separate phone line?
  - Ethernet vs home wireless connection?
- > Consider whether you will need to have the ability to borrow space if an in-person visit is needed
  - When PHE is over and in-person visit is required under federal controlled substances law
  - When in-person visit is required for telemedicine treatment under state law (may or may not be associated with controlled substances)
  - When payers require telemedicine patients to be seen in-person
  - When patients clinically need an in-person appointment
- If you plan to see patients located outside of your home state:
  - Ensure you have met all licensure requirements in the patient's state
  - Understand that when the PHE is over, you will be required to have a DEA registration in both your state and the patient's state, if different
  - Become familiar with laws of all practice states
    - > Telemedicine
    - > Prescribing
    - > Medical practice
      - Reporting duties
      - Record retention
      - Termination
      - Documentation of telemedicine encounter
      - CME requirements
      - Etc.

Compliments of:



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