Ethical Issues in Providing Integrated Care and Technology

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Integrated Care Defined

- Assumes that whole person health is a shared community responsibility and can be achieved by eliminating barriers that result in silo-style provision of services(Mauer and Jarvis 2010)
- Behavioral health and medical providers working together to address the physical and behavioral health needs of clients

Integrated Care Settings

- Federally Qualified Health Clinics(FQHC), health homes, primary care offices with co-located behavioral health staff, reverse colocation-medical providers in behavioral health settings, school based clinics, specialty service settings(oncology, women's health, geriatric, etc.), EHR integration only

Relevant Resources

- Federal Law(HIPPA, 42 CFR Part 2)
- State Law(statutes, laws, licensing laws)
- Ethical Guidelines of providers
- Agency policies

HIPPA

- The baseline for determining privacy/rights and security policies and procedures
- Dictates the use, disclosure, and exchange of information policies in all forms of communication(electronic, oral, written)

42 CFR Part 2

- Federal Law that dictates the use, exchange, or release of information by any provider or entity identified as a program. A program is 1) an individual or entity (other than general medical care facility) who holds itself out as providing, and provides alcohol or drug abuse diagnosis, treatment or referral for treatment

42 CFR Part 2 cont.

- 2) An identified unit within a general medical facility which holds itself out as providing, and provides alcohol or drug abuse diagnosis, treatment or referral for treatment, or 3) Medical personnel or other staff in a general medical facility whose primary function is the provision of alcohol or drug abuse diagnosis, treatment or referral for treatment, and who are identified as such providers

Similarities in Ethical Codes

- Priority placed on client welfare and client rights/do no harm
- Provide services within scope of practice
- Prohibits dual/intimate or exploitive relationships
- Secures informed consent
- Protect client confidentiality

Similarities in Ethical Codes cont.

- Client self determination
- Be aware of own values and biases
- Continued professional education
- Deal effectively with unethical, illegal, or incompetent practice by colleagues

Ethical Codes

- Licensing laws and ethical guidelines vary by provider and by state
- Be aware of different discipline’s code of ethics at any level of the integrated care continuum(Robinson & Gould, 2013)

Ethical issues

- Confidentiality
- Informed consent to treat
- Exploitive, Dual, or multiple relationships
- Referrals
- Competency
- Termination/client abandonment
- Client record
- Technology

Confidentiality

- Disclosing limits of confidentiality(danger of harm, abuse etc.)
- Confidentiality during consultations
- Written authorization to release client information
- Communication between providers in Integrated care is allowed by HIPPA and 42 CFR Part 2(see handout) but there are restrictions and exceptions

Confidentiality

- Communication about a client between providers can be established without a fresh consent through the use of a Quality Service Organization Agreement(QSOA) or a Business Associates Agreement(BAA)(Hudgins et al, 2013)

Informed Consent

- Varies by state and discipline
- Obtain informed consent to treat with initial intake and revisit during any warm handoff/referral
- Providers are introduced in a way that reflects their role as a behavioral health provider and clarifies client expectation

Informed Consent

- Consents are understandable, client has capacity to consent, includes potential risks and benefits, identifies any non-standard procedures, and consent is appropriately documented
- Obtain written informed consent from clients before videotaping, audio recording, or permitting third party observation

Dual Relationships

- Relationships with clients including co-workers that impair professional judgement or increase risk of exploitation
- Practice policies may be adjusted for behavioral health services when practice staff are also clients

Referrals

- Obtaining other therapeutic services if the behavioral health provider is unable or unwilling for appropriate reasons to provide professional help
- Depends on the level of integration, the size of the practice, and availability of other services
- Practice policies

Competency

- Have knowledge of regulatory standards related to the scope of practice and licensure requirements of each staff
- Providers practice within their scope of competency
- Seek continuing education before expanding any areas of competence

Termination/Provider Abandonment

- Make reasonable arrangements for the continuation of treatment, if possible, when a client is not longer able to continue due to payment changes, discharge policies, or other practices or regulatory changes

Client Records

- Protection of Records
- Maintenance of Records
- Integration of information-notes to be integrated into the HER per HIPPA include diagnosis, status, treatment plan, and progress note(do not document or analyze the content of conversation(process note)

Client Records

- A progress not can include medication management notes, major events and topics discussed, interventions used, observations and assessment of status and plans for future, diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date

Protecting Client Privacy

- The most restrictive law/policy trumps all others in most cases
- With the addition of behavioral health services, policies related to the services may increase the level of privacy and security
- Complexity of policies often lessen the more integrated services are
- Cross training recommended prior to policy changes

HIPPA Privacy Rule and Provider to Provider Communication

- What information can be disclosed between treatment providers without a patient/legal guardian’s written authorization under HIPAA?
- Any pertinent clinical care information, including mental health treatment information except 1) the content of written psychotherapy notes and 2) SA records that are maintained by a licensed substance abuse program (42 USC § 290dd–2; 42 CFR 2.11).

HIPPA Privacy Rule and Provider to Provider Communication

- What constitutes psychotherapy note information that cannot be disclosed under HIPAA without a patient’s explicit consent?
- A psychotherapy note per HIPAA can only consist of a mental health professional’s written analysis of a conversation that occurred during a private counseling session that is maintained separately from the medical record.

HIPPA Privacy Rule and Provider to Provider Communication

- Can treatment providers who work in separate care systems communicate with each other about a shared patient?
- Yes. Treatment providers do not have to share the same employer or share the same electronic health record in order to disclose pertinent protected health information about a mutual patient without consent from the patient or parent provided they have a treatment or consultative role

HIPPA Privacy Rule and Provider to Provider Communication

- Does HIPAA allow for sharing treatment information via an electronic health record without written consent?
- Yes, but there are additional regulations around the security standards needed for protecting electronic health records

HIPPA Privacy Rule and Provider to Provider Communication

- Are there any other regulations that conflict with HIPAA communication allowances?
- Yes. Providers need to be aware that any state regulations that are more restrictive than the HIPAA rules will take precedence in those states
- clinical information obtained at a certified SA treatment center is subject to additional federal privacy rules, which at this time do not allow provider to provider communication without formal consent

Case Examples

- At his 13 yr. old well-visit, an adolescent (and his parent) tells his pediatrician that he is seeing a psychiatrist because of depression and he is doing better. The pediatrician contacts the psychiatrist to discuss medication and the pediatrician’s role in supporting the young man and his family

Case Examples

- A 13 year old boy is receiving depression treatment from a child psychiatrist, including both a fluoxetine prescription and counseling. The same boy is also having problems with recurrent pain for which he regularly sees his pediatrician, who has been prescribing a low dose of amitriptyline for that problem. Because of treatment plan overlaps, both treatment providers discuss and coordinate their care

Case Examples

- A 15 year old girl has just completed a well child check at her pediatrician’s office. It was noted that she had a blood pressure of 145/95 and pulse of 130. The pediatrician learns that she has recently started taking methylphenidate as prescribed by a child psychiatrist. Because high blood pressure may be a side effect of methylphenidate, the pediatrician contacts the child psychiatrist to discuss and coordinate care

Case Examples

- A 5 year old boy with significant behavior problems is being seen by a child psychiatrist. In the course of treatment, it becomes apparent that poorly skilled parenting practices at home are the main reason for his symptoms. The psychiatrist reaches out to the child's pediatrician to share this assessment and the behavior management advice that is being offered to the family

Recommendations

- Access legal council in policy development
- Know federal/state laws and ethics of staff
- Use the most strict client protection standards
- Cross train all providers
- Offer continuing training
- Define and communicate roles and credential of all staff
- Revise P&P’s

Recommendations

- Communicate/ask questions
- Avoid rigid application of rules, be flexible
- Keep clients/families at the center of decision making
- Promote the Mind/body connection (Runyan et al., p6 , 2013

References

- Health Insurance Portability and Accountability Act of 1996
- Hudgins, C., Fields,P.Y., Rose, S., & Arnault, S. 2013 Navigating the legal and ethical foundations of informed consent and confidentiality in integrated primary care, Family systems and health, 3(1) 9-19

References

- Mauer, B., & Jarvis,D. 2010 The business case for bidirectional integrated care. Reitz, R., Common, K., Fifield, P., & Stiasny, E. 2012 Collaboration in the presence of an electronic health record. Family systems and Health, 30(1) 72-80

References

- Runyan, C., Robinson, P. & Gould, D. 2013 Ethical Issues facing providers in collaborative primary care settings; Do current ethical guidelines suffice to guide the future of team based primary care? Families, Systems, and Health 3(1) 1-8
- SAMHSA Applying the substance abuse confidentiality regulations 42 CFR Part 2

Use of Technology: Ethical Issues

- Compliant with all relevant laws for the delivery of services via technology
- Determine that the mode of delivery is appropriate, taking into account the client's intellectual, emotional, and physical needs
- Inform client of potential risks and benefits
- Ensure security of communication medium
- Deliver services after appropriate education, training, and/or supervised experience with the technology

Examples

- Telemedicine-assessment, therapy
- E-mail-logistics versus treatment
- Phone-consultation, assessment, treatment
- Computer assisted care-assessment, psychoeducational, treatment

Tele-Health, Tele-psychiatry, Telepsychology

- The provision of services using telecommunication technologies including e-mail, video conferencing, telephone, and internet chat
- APA Guideline for the Practice of Telepsychology adopted 7/31/13

APA Guidelines for The Practice of Telepsychology

- Guidelines are informed by relevant American Psychological Association (APA) standards and guidelines, including the following: *Ethical Principles of Psychologists and Code of Conduct* (“APA Ethics Code”) (APA, 2002a, 2010), and the Record Keeping Guidelines (APA, 2007)

APA Guidelines for The Practice of Telepsychology

- legal requirements
- ethical standards
- telecommunication technologies
- intra- and interagency policies
- Other external constraints
- demands of the particular professional context

APA Guidelines for The Practice of Telepsychology

- compliant with laws and regulations that govern independent practice within jurisdictions and across jurisdictional and international borders, the law and regulations may differ between the two jurisdictions
- maintain and enhance understanding of the concepts related to the delivery of services via telecommunication technologies

Competence

- Psychologists who provide telepsychology services strive to take reasonable steps to ensure their competence with both the technologies used and the potential impact of the technologies on clients/patients, supervisees or other professionals
- psychologists utilizing telepsychology aspire to apply the same standards in developing their competence in this area

Standards of Care

- Psychologists make every effort to ensure that ethical and professional standards of care and practice are met at the outset and throughout the duration of the telepsychology services they provide

Informed Consent

- Psychologists strive to obtain and document informed consent that specifically addresses the unique concerns related to the telepsychology services they provide. When doing so, psychologists are cognizant of the applicable laws and regulations, as well as organizational requirements that govern informed consent in this area

Confidentiality of Data and Information

- Psychologists who provide telepsychology services make reasonable effort to protect and maintain the confidentiality of the data and information relating to their clients/patients and inform them of the potentially increased risks to loss of confidentiality inherent in the use of the telecommunication technologies, if any

Security and Data Transmission

- Psychologists who provide telepsychology services take reasonable steps to ensure that security measures are in place to protect data and information related to their clients/patients from unintended access or disclosure

Disposal of Data, Information and Technologies

- Psychologists who provide telepsychology services make reasonable efforts to dispose of data and information and the technologies used in a manner that facilitates protection from unauthorized access and accounts for safe and appropriate disposal

Testing and Assessment

- Psychologists are encouraged to consider the unique issues that may arise with test instruments and assessment approaches designed for in-person implementation when providing telepsychology services

Inter-jurisdictional Practice

- Psychologists are encouraged to be familiar with and comply with all relevant laws and regulations when providing telepsychology services to clients/patients across jurisdictional and international borders

E-Mail: Ethical Issues

- Security
- Logistics only
- Boundary crossing risks

Phone: Ethical issues

- Assessment
- Crisis
- Routine follow up
- Brief intervention
- Therapy

Computer Assisted Intervention

- Assessment
- Psycho-education
- Treatment with or without therapist

Questions

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