NEEDS ASSESSMENT

WHY IS IT IMPORTANT?

When developing a telehealth program, it is critical to understand the needs and motivation of the facility and its jail-involved individuals (JIIs) and how telehealth can meet those needs. Telehealth has a variety of applications. Identifying the specific telehealth services to offer should be based on your facility's context and JIIs' needs. Your facility should identify ways telehealth can address the needs of your facility and its JIIs.

ACTIONS TO TAKE

There are several actions to consider before telehealth implementation. These include identifying the facility's need for telehealth, assessing JIIs' current and potential medical needs, and understanding provider capabilities.

IDENTIFY YOUR FACILITY'S NEED FOR TELEHEALTH

Determine the purpose of the telehealth program at your facility and how it fits into your long-term goals. Some may be filling gaps in their current medical service, whereas others may be supplementing in-house services. Some common goals telehealth can accomplish include the following:

IMPROVING QUALITY OF CARE

❖ Telehealth can enhance care coordination for JIIs with chronic disease and reduce complications, improving JIIs' health and reducing costs.

❖ Telehealth can be used to triage JIIs with emergency needs before receiving face-to-face care. This allows physicians to provide better quality care once JIIs arrive at the clinic (Krsak et al., 2020; Rappaport et al., 2018; Sherwood et al., 2018).

MAXIMIZING EFFICIENCY

❖ Telehealth can be used to conduct in-house screenings (Sherwood et al., 2018) that aid in deciding whether a JII should be transferred to a facility with a higher level of care. Addressing needs onsite can eliminate unnecessary transfers.

❖ By eliminating unnecessary transfers, telehealth can mitigate the stress of transfers on JIIs' overall well-being (Muller, 2019).

FILLING GAPS IN CARE

❖ Telehealth can expand access to specialty care (Krsak et al., 2020; Young et al., 2014).
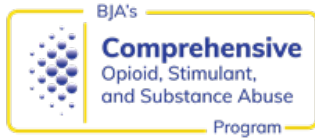
❖ For example, telehealth can help an offsite specialist direct an onsite clinician in conducting a physical exam.

STRENGTHENING WORKFORCE

❖ Many facilities have high workforce turnover, particularly for providers. If there are areas where it is difficult to obtain services in house, it might be beneficial to look to virtual services.

Confirming the purpose of the telehealth program will help when identifying which healthcare providers need to be involved in the telehealth program.

ASSESS JAIL-INVOLVED INDIVIDUALS' MEDICAL NEEDS

Identify the specific medical needs among JIIs in your facility. Knowing this will help select the proper services to meet JIIs' needs. Understanding the demographics of your JII population can help in identifying needs. For example, a population that is older and has a high incidence of diabetes may benefit from a telehealth intervention that includes a diabetes educator. Other demographic information to consider includes the following (Koivunen and Saranto, 2018):
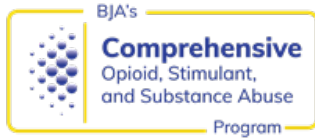
❖ Age

❖ Socioeconomic status

❖ Technology literacy

❖ Health literacy

❖ Cultural aspects (e.g., if a large number of people speak a language other than English)

❖ Underlying health conditions

❖ Chronic conditions

It is also important to consider the number and type of chronic and acute conditions in the populations to narrow services. Consider reviewing current and historic clinical records to understand your JIIs' specific needs. Some common clinical needs to consider include the following:

BEHAVIORAL HEALTH SERVICES

❖ If there is a gap between the availability of onsite mental health services and patient needs, telehealth may be used to reach specialists and address this issue (Bouknight et al., 2015; Waugh et al., 2015).

- ❖ For example, a population with high incidence of opioid use disorder may benefit from a telehealth intervention that includes behavioral health counseling.

PERIODIC HEALTH ASSESSMENTS

- ❖ Telehealth can be used to conduct regularly occurring checkups for preventive care and for ongoing management of chronic disease. Assessments, such as physicals, may be required at the point of intake and throughout the JIIs' stay (Swift et al., 2016).

MEDICATION MANAGEMENT

- ❖ JIIs requiring regular medication may benefit from telehealth (Sherwood et al., 2018). Because many JIIs enter with existing medication needs, offering management services via telehealth can promote continuity of care and prevent adverse outcomes (National Commission on Correctional Health Care, 2009).

TRIAGE OF ACUTE CONDITIONS

- ❖ Telehealth can be used to perform initial triage and avoid bringing JII patients to a hospital unnecessarily (Krsak et al., 2020). For example, if a JII is experiencing chest pain, a provider can assess their condition via telehealth to determine whether it is emergent and help determine the best location for transfer or if the condition can be treated onsite.

SPECIALTY CARE

- ❖ JIIs may need specialty care, such as urology or cancer treatment. Access to specialists may be limited, especially for rural jails. Offsite specialists can leverage telehealth to assess and treat JIIs directly or in coordination with an onsite provider (Batastini et al., 2020).

SUPPLEMENT TO IN-PERSON VISITS

- ❖ The use of telehealth can identify radiographic and laboratory tests to be completed before an in-person visit, minimizing travel for the JII patient and maximizing the effectiveness of the in-person visit (Sherwood et al., 2018).

In some cases, JIIs may require in-person physical examinations. Telehealth paired with an onsite provider can satisfy this need without transferring the patient to a medical facility.

❖ Consider including an onsite clinician, such as a primary care physician, nurse practitioner, or physician assistant who can conduct in-person examinations (Swift et al., 2016).

❖ For specialty care, telehealth can support an offsite specialist in providing direction to the onsite clinician in completing physical examinations (Sherwood et al., 2018).

❖ In some areas, such as behavioral health, an in-person provider may be beneficial for all patients. Consult your provider for direction on where in-person services may be needed (Batastini et al., 2020).

Surveying JIIs at your facility to determine their level of satisfaction with existing care will also help you identify any additional gaps in care or unmet needs.

UNDERSTAND PROVIDER CAPABILITIES

Once you determine the JIIs' clinical needs, you will need to ensure that your providers have the capacity to meet those needs.

❖ Understand what your current provider(s) offer and whether there are unmet needs. This will help determine whether your facility will contract with existing providers to offer virtual services or whether your facility will need to find additional providers.

❖ Find providers in the community who can fill any existing gaps.

 – Does the provider offer virtual visits? Do they have experience providing telehealth in jails?

 – What services can the provider offer? Do they provide specialty care via telehealth? Note that service capabilities may vary between providers (Batastini et al., 2020).

❖ Determine whether it is necessary to contract for a provider for telehealth services.

 – Keep in mind that not all types of care can be provided via telehealth (Swift et al., 2016). The provider should have a clear sense of which services they can offer remotely, which will require in-person treatment, and how to manage JIIs' care across locations.

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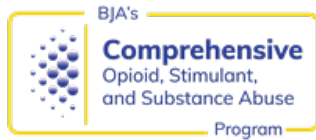
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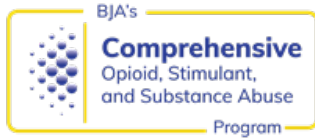
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TELEHEALTH EQUIPMENT SELECTION

WHY IS IT IMPORTANT?

When selecting equipment for a telehealth program, it is important to choose equipment that offers the needed functionality and supports quality health care delivery to jail-involved individuals (JIIs).

> For more information on assessment of JII needs, see the **Needs Assessment Tip Sheet**.

ACTIONS TO TAKE

Evaluate your facility's equipment needs. It is also important to consider the compatibility and usability of the selected equipment.

HARDWARE NEEDS

Hardware needs comprise the physical telehealth equipment (e.g., monitors, video cameras, headphones, hotspots, "smart" medical devices used by JIIs during their telehealth appointments). Once hardware needs are identified, it can sometimes be more cost effective to lease equipment as opposed to purchasing it outright (Rappaport et al., 2018).

SOFTWARE NEEDS

Software needs comprise the programs needed to operate the telehealth equipment (e.g., videoconferencing platforms that connect JII patients to their providers). If a telehealth platform is purchased from a vendor, it is important to confirm which software capabilities are provided by the vendor and which are add-on features.

COMPATIBILITY

Ensure that the hardware and software are compatible with the jail facility's current systems (Binder et al., 2018).

❖ If preexisting or recently acquired hardware or software is not compatible with the facility's current system, confirm a plan for data sharing.

❖ If the jail facility supports in-person health care visits with JIIs, create a process for securely sharing information between telehealth and in-person providers.

- Outline where information from each type of visit will be stored and how it can be accessed.
- Try to limit the number of times providers or other users need to switch between systems.

●●●
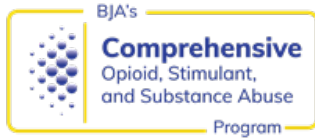
- If your jail facility purchases or leases hardware and/or software from different vendors, ensure that the devices can seamlessly integrate to avoid disruption of visits or additional costs incurred by re-purchasing new equipment.

Example

Before purchasing noise reduction microphones or headphones, check with your telehealth vendor to ensure that the hardware is compatible with the vendor's telehealth platform.

USABILITY

Ensuring usability is also a key component of equipment selection (Brewster et al., 2014).

- Training will need to be provided to jail facility staff and JIIs to ensure that they are comfortable with the equipment. However, if the hardware or software is cumbersome, staff or JIIs might find the technology burdensome.

> For more information on staff training and JII engagement, see the **Stakeholder Engagement Tip Sheet**.

- Consider the system features in relation to the population of JIIs who will use the telehealth technology.

Example

If a needs assessment confirms that those JIIs eligible for telehealth services and/or correctional facility staff are not comfortable with technology, you may need a telehealth vendor that provides a straightforward patient interface.

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BENEFITS

WHY IS IT IMPORTANT?

Quantifying the nonmonetary benefits you expect to achieve will help you set the goals of your telehealth program. Keep in mind that the nonmonetary benefits will take time to achieve as the jail-involved individuals (JIIs) and providers begin using telehealth programs.

ACTIONS TO TAKE

Identify anticipated benefits based on the services you plan to provide. Benefits can be to the facility, JIIs, or both.

REDUCE EMERGENCY ROOM VISITS

Example

Colorado county jails were able to demonstrate triaging of urgent/emergent acute conditions, which resulted in a reduced number of visits to the emergency room (Deslich et al., 2013).

REDUCE STIGMA

Example

Offering telehealth services in jails can reduce the stigmatic experience of bringing a JII to a health care facility wearing JII clothing and having security escorts.
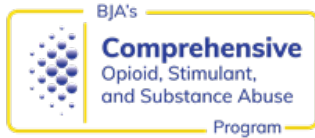
INCREASE ACCESS TO CARE

Example

The U.S. Army Correctional Facility (CORFAC) successfully increased access to care to JIIs located in the U.S. Army's European Theater (Swift et al., 2016). Previously, JIIs would have limited access to a single provider who was available onsite only once a week. The telehealth clinic was available Monday through Friday, with appointments being made in as little as 1 day.

INCREASE ACCESS TO NECESSARY SPECIALISTS

Example

The use of telehealth helped address the shortage of psychiatry services in jails and provided access to a larger pool of providers for the California Department of Corrections and Rehabilitation (Kaftarian, 2019). The telepsychiatry program now serves approximately 30 correctional facilities across California.

IMPROVE TREATMENT RETENTION AND MEDICATION ADHERENCE

Example

One study estimated that medication compliance for urologic care in jails with telehealth management was high, at 91% (Sherwood et al., 2016).

IMPROVE HEALTH OUTCOMES

Example

Having access to multiple providers to treat mental health issues has demonstrated improved outcomes among JIIs (Deslich et al., 2013). Telehealth can open access to larger mental health treatment teams, such as psychiatrists, psychologists, and psychiatric nurses.

IMPROVE PROVIDER AND PATIENT SATISFACTION

Example

Providers and inmates were satisfied with their respective telehealth experiences at the CORFAC, knowing there was a contingency plan for local emergency services if required (Swift et al., 2016).
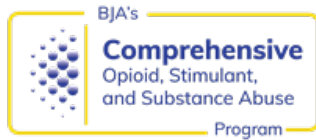
REDUCE SAFETY RISKS

Example

Survey respondents at a correctional facility reported that using telehealth addressed concerns about transporting JIIs to hospitals unnecessarily (Krsak et al., 2020). Telehealth can improve public safety because a significant proportion of escapes happen during transportation to and from hospitals.

INCREASE SAVINGS

❖ Optimization of Provider and Staff Time

Example

Telehealth consultations have not completely replaced face-to-face visits with providers but have increased efficiency and effectiveness of providers' appointments with JIIs by triaging complaints (Sherwood et al., 2016, 2018).

Example

Researchers found that the asynchronous telepsychiatry model is more cost effective than a synchronous model when delivering telepsychiatry services to treat depression in JIIs (Barrera-Valencia et al., 2017). Direct costs used in estimation were technology platform, connectivity, human resources, and consumables. Potential reasons for increased cost in the synchronous model are higher professional time due to the duration of the consultation and more complex infrastructure.

Example

One study estimated that national implementation of telehealth programs in correctional facilities could save over 583,000 visits and over $270 million each year, saving almost 75% of total visits and almost 60% of current annual cost (Sherwood et al., 2018).

Example

Researchers studying the cost effectiveness of providing teledermatology services found that the cost was approximately half the cost of face-to-face dermatology visits (Zarca et al., 2018).

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COSTS

WHY IS IT IMPORTANT?

Before implementing telehealth, you should consider several types of costs you may incur. Costs will vary based on the specific telehealth services you are providing, but it will be helpful to think about the startup costs, recurring costs, and any maintenance costs related to your telehealth program's infrastructure.

You will also want to explore ways to fund your telehealth program before implementation. The payer reimbursement and requirements are continuously changing, so it will be important to stay informed of the latest information.

ACTIONS TO TAKE

IDENTIFY COSTS

Some categories of infrastructure costs to consider when planning for a telehealth program in a jail include the following:

- ❖ Facility Costs
  - Construction, renovation, or repair of space that will be used for telehealth visits
  - Utilities
  - Maintenance (Mateo et al., 2019)
- ❖ Equipment Costs
  - Furniture and fixtures (Mateo et al., 2019)
- ❖ Staffing/Human Resources Costs

  See the **Needs Assessment** and **Staffing Tip Sheets** for more information.

  Telehealth programs in jails require staff with critical roles and responsibilities. It will be essential to identify what types of human resources your program will need based on your telehealth program's goals and other needs. Human resources in a telehealth program may include the following:
  - Correctional staff
  - Clinic staff
  - Provider specialists

> **Example**
>
> Before working with telehealth providers, review the type of contract or service agreement that you will need in place before the provider can begin seeing patients. Some telehealth provider agreements include information on reimbursement expectations and cost sharing for telehealth equipment between the facility and the telehealth provider.

❖ Technology Costs

- Computers, cameras, phone service, internet, and videoconferencing equipment (Mateo et al., 2019)

> **Example**
>
> When selecting medical devices to use for telehealth programs, consider costs of purchasing versus leasing equipment (Rappaport et al., 2018; Zarca et al., 2018).

- Exam room equipment, devices, and installation

> **Example**
>
> Your equipment costs will vary based on the services you decide to provide. Highly specialized services will often require additional equipment. Some devices used by teleophthalmology include secure, web-enabled digital ophthalmoscopes or retinal cameras. Telecardiology programs may require electronic stethoscopes and an electrocardiogram that integrates telecommunication devices and digital pulse oximetry.

- Software licensing and yearly upgrades (Rappaport et al., 2018)
- Data storage and secured servers (Zarca et al., 2018)

> **Example**
>
> Researchers studying the cost effectiveness of providing teledermatology services found that main costs were associated with subscriptions for software and storing data in secured servers (Zarca et al., 2018).

- Technical support

> **Example**
>
> When selecting telehealth software, check to see how many licenses are made available and any associated annual upgrade costs.
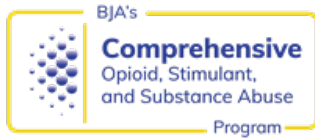
UNDERSTAND REIMBURSEMENT AND REQUIREMENTS FROM PAYERS

You will want to know your payer's reimbursement and requirements before implementing your telehealth program. You may want to ask these questions:

❖ What services are reimbursed? Do some services receive higher reimbursement?

❖ What are the requirements for reimbursement (e.g., care setting, special coding requirements, coding identifiers, documentation requirements)?

❖ Are some things not reimbursed?

❖ Are particular identifiers needed for billing?

EXPLORE EXTERNAL SUPPORT

Many telehealth programs in jails have been implemented in collaboration with state or federal agencies, universities, and other research organizations that study the impacts of providing telehealth services to jail-involved individuals (JIIs). External support should not be exclusively relied on to develop and sustain a telehealth program, given that these types of support may be awarded for a limited period focused on implementation or be subject to other changes over time.

Example

The University of Kentucky received an $8.8 million grant from the National Institutes of Health's (NIH's) National Institute on Drug Abuse to create the Kentucky Women's Justice Community Opioid Innovation Network (WJCOIN) (NIH Research Portfolio Online Reporting Tools, n.d.). WJCOIN is testing and studying a videoconference–based telehealth solution to connect female JIIs to community-based treatment and services before they are released.
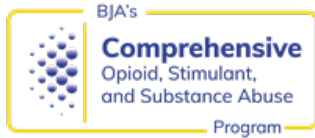
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LEGAL CONSIDERATIONS

WHY IS IT IMPORTANT?

The legal considerations surrounding the use of telehealth are continuously changing. Consequently, identifying new legal considerations and remaining compliant require a continuous cycle of evaluation.

ACTIONS TO TAKE

It is vital to confirm and remain updated on which policies and regulations apply to your telehealth implementation.
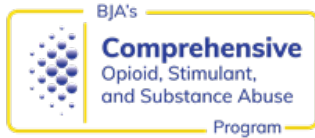
REVIEW LAWS AND REGULATIONS

Evaluate the telehealth program as you would any new service at your jail facility—what are the protocols that guide delivery? Where could staff members or providers be held liable?

> **Professional Organizations That Might Have Resources**
> - State-based correctional associations
> - Southern States Correctional Association
> - American Correctional Association
> - American Jail Association
> - National Commission on Correctional Health Care
> - American Telemedicine Association

- ❖ Check for state-specific guidelines; these may exist across services.

- ❖ Consider reaching out to professional organizations to inquire about telehealth laws and regulations that are applicable to your jail facilities.

- ❖ Consider informed consent. In a jail facility, implied consent to receive treatment by the jail-involved individual (JII) cannot be assumed (Pont et al., 2018). Implied consent can be assumed only if the JII is made aware of their right to refuse (Pont et al., 2018).

- ❖ Review processes around online prescribing (also known as e-prescribing) (Center for Connected Health Policy, n.d.). It is also important to consider policies around the use of telemedicine to prescribe controlled substances (Diversion Control Division, 2018).

When should a provider prescribing controlled substances (e.g., medication-assisted treatment for opioid use disorder) register with the U.S. Drug Enforcement Administration?

"The remote Practitioner engaged in the practice of telemedicine must be registered with the DEA in the state where they are physically located and in every state where their patient(s) is (are) physically located" (Diversion Control Division, 2018).

STATE LICENSURE

Telehealth providers typically deliver services to patients who are in their same state (Crane, 2014); however, state licensing requirements vary. Most states require providers to be licensed in the originating site's state, and some require (if across state lines) the provider to be licensed in the patient's state (Office of the National Coordinator for Health Information Technology, n.d.). It will be important to check with your telehealth vendor or provider to confirm the location of providers who will be providing services to JIIs in relation to the jail facility.

CREDENTIALING

If providers at your jail facility will be delivering telehealth services to other jail facilities, you will need to consider the credentialing requirements of those individual facilities. Inquire with other facilities about whether delegated credentialing (National Practitioner Data Bank, n.d.) is an option.

What is delegated credentialing?

"Delegated credentialing occurs when a health care entity gives another health care entity the authority to credential its health care practitioners" (National Practitioner Data Bank, n.d.).
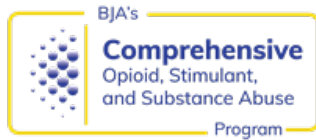
STAY UPDATED

Once legal and regulatory requirements have been confirmed, establish a method to keep up with changes. The pandemic has rapidly altered the telehealth landscape (Haque, 2020). During this period of change, it is important to monitor updates and adjust your telehealth program as needed.

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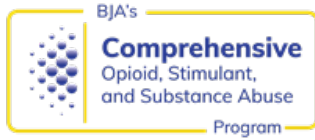
MANAGING DATA TO ENSURE PRIVACY AND SECURITY

WHY IS IT IMPORTANT?

Securing data and safeguarding patient privacy can result in more effective communication between patients and providers (Nass et al., 2009). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law created to protect the disclosure and privacy of patients' sensitive health information (Centers for Disease Control and Prevention, 2018). Alongside HIPAA, there are also federal and state-specific patient privacy laws (Office of the National Coordinator for Health Information Technology, 2018). Consequently, it is vital to consider the regulatory compliance of data management practices before implementing a telehealth program.

> **What information is covered by HIPAA for jail-involved individuals (JIIs)?**
>
> "Although HIPAA may apply to inmate's medical records, the privacy of health information about individuals in pretrial release, probation, or on parole is not protected by HIPAA" (Bizzell, 2003).

ACTIONS TO TAKE

Ensuring that JIIs' data are not compromised requires management of internal and vendor-hosted data.

MANAGE DATA

Questions to consider for the management of internal documents include the following:

- ❖ Are internal documents paper based, electronic, or both? What are the security protocols for these data?

  - – How are paper documents handled and stored?
  - – How are electronic documents secured?

- ❖ Which jail facility staff need to have access to JII health data (Majersik et al., 2017)? If they do need access, what level of access do they need?

- ❖ How are these data accessed? How are staff made aware of these processes?

- ❖ What is the protocol for securely sharing the health-related data of JIIs with other organizations to promote care coordination?

- ❖ Are JII health data kept separate from other JII records?
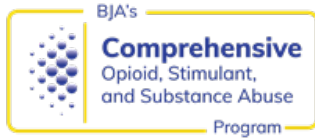
SELECT AND MANAGE VENDORS

Questions to consider when selecting a telehealth vendor and during the ongoing relationship include the following:

❖ Does the telehealth vendor have a standard business associate agreement (BAA)? (A BAA helps to ensure that HIPAA requirements are upheld by all who have access to the information [U.S. Department of Health and Human Services, 2019])

❖ What privacy and security policies are in place?

❖ How does the vendor store patient information (Wicklund, 2018)? Will the method of information storage be altered in any way because the information belongs to JIIs?

❖ How does the vendor ensure compliance with state and federal regulations such as HIPAA privacy and security rules?

❖ What happens to the JIIs' data if the vendor goes out of business?

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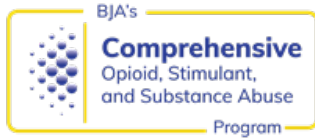
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PHYSICAL SPACE CONSIDERATIONS

WHY IS IT IMPORTANT?

The physical space in which the patient and provider are located has the potential to establish the patient's confidence (Heath, 2020) and enhance the quality of the visit.

ACTIONS TO TAKE

Preparing physical space for telehealth implementation in jails involves identifying and addressing physical space requirements, ensuring that jail facility staff can manage the space, and confirming that jail-involved individual (JII) patients can safely be moved to and remain in the space.

IDENTIFY PHYSICAL SPACE BEFORE TELEHEALTH IMPLEMENTATION

Characteristics of the space to consider include the following:

❖ **Privacy and Confidentality.** Try to limit the number of jail facility staff and other JIIs sharing the room. However, if multiple people need access to the same space, headphones can be used during the telehealth appointment to preserve confidentiality (Kaftarian, 2019). Screens or partitions can also be used to reduce background distractions and prevent others (who are uninvolved in the JII's care) from seeing the monitor.

❖ **Safety and Security.** It is vital to balance patient confidentiality with safety and security (Kaftarian, 2019). It should first be feasible for facility staff to individually escort JIIs to the space where their telehealth appointment will occur (Batastini et al., 2020). If institutional policies mandate that the JII cannot be left alone in an enclosed space, headphones can be used to prevent others from overhearing the conversation (Batastini et al., 2020; Kaftarian, 2019). If the JII can be alone in an enclosed space, ensure that it is feasible for jail facility staff to monitor the JII through a window or by using a video camera.

  – Monitoring the JII is important, not only for safety and security reasons, but also to ensure that the JII is using the telehealth equipment appropriately.
  – If a JII may not be escorted anywhere, the device will be delivered to them. In this case, there may need to be multiple spaces across the facility.

Example

If an iPad is used for a telehealth encounter, monitoring the JII during the appointment ensures that the iPad is used for telehealth purposes only.

❖ Connectivity. The jail facility needs to have sufficient bandwidth (Wicklund, 2018) to promote reliable use of the technology and a consistent connection between the JII patient and their provider. It is recommended to evaluate connectivity throughout the facility and to test the equipment connectivity in a trial session before the initial clinical session (Batastini et al., 2020).

– Hotspots are a potential solution to boot connectivity throughout the facility.

❖ Quality Lighting. Lighting in the physical space should be sufficient but not produce a glare or make it challenging to see (Heath, 2020; James, 2016) the JII. Consider using a light source that reduces shadows and allows for natural clarity.

❖ Background Noise. Although a room might be shared with other JII patients, ensure that background noise is limited (Heath, 2020), so all parties can be adequately heard. You may find that noise reduction microphones or headphones are necessary to ensure that audio and conversation are clear. Otherwise, scheduling of telehealth appointments might need to be staggered to reduce noise.

❖ Sufficient Size. The space needs to allow sufficient room for any necessary telehealth equipment while also allowing the JII patient to sit comfortably at an appropriate distance from the monitor or camera (Maunder et al., 2018).

> For more information on telehealth equipment, see the **Telehealth Equipment Selection Tip Sheet**.

– If the JII will not be holding equipment (e.g., an iPad or monitor) during the telehealth encounter, ensure enough space for the device to be independently supported in front of the JII.
– If in-person interpretation services required, ensure sufficient space/workstations for both the interpreter and JII.

IDENTIFY EMERGENCY PROTOCOLS

Characteristics of emergency protocols include the following:

❖ Protocols for Unexpected Events. It is necessary to prepare for unexpected events (e.g., lockdowns, staff absences, or connection issues) (Wicklund, 2018). Having the necessary protocols in place will assist jail facility staff in addressing and resolving unexpected events.

❖ Communication Between Jail Facility Staff and the Provider. Given that the provider and JII patient are colocated, having a protocol to support
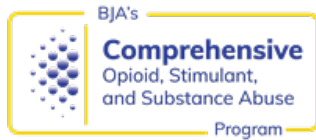
communication between the health care provider and facility staff is necessary to maintain patient safety, the safety of other JIIs, and the safety of facility staff.
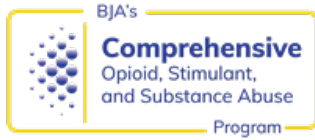
❖ Onsite Emergency Contact. Identify an onsite emergency contact who is available to address medical emergencies should they arise during the telehealth visit (Wicklund, 2018).

Example

If a provider is engaging with a JII patient through telehealth, and the patient begins to experience a medical emergency or demonstrate dangerous behavior, there needs to be a way for the provider to alert jail facility staff or identify the onsite emergency contact.

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SCHEDULING AND WORKFLOW

WHY IS IT IMPORTANT?

With the involvement of multiple stakeholders, telehealth programs require an efficient scheduling system and comprehensive workflow. Scheduling will ensure that jail-involved individuals (JIIs) receive care in a timely manner, guarantee staff availability, and promote overall satisfaction with the program. Defining workflows will ensure that each encounter runs smoothly and efficiently.

ACTIONS TO TAKE

Your facility should consider several types of actions before and during telehealth implementation. These include creating a scheduling framework, developing streamlined workflows, and devising contingency plans.

CREATE A SCHEDULING FRAMEWORK

COORDINATE A REGULAR SCHEDULE OF CLINICAL SERVICES

- ❖ Consider any scheduling restrictions at your facility, such as mealtimes, cell counts, lockdowns, and medication distribution (Batastini et al., 2020).
- ❖ Maintain a reserved block of time in case unforeseen circumstances arise (Batastini et al., 2020).
- ❖ Ensure that all JIIs receive required care under relevant regulations, in addition to care as needed.

> **Example**
>
> Regulations may require JIIs to receive intake medical screenings and periodic health assessments. See the **Legal Considerations Tip Sheet** for more information on laws and regulations.

- ❖ Designate staff to oversee scheduling and coordination.

IMPLEMENT A SCHEDULING SYSTEM

- ❖ Leverage existing scheduling systems at your facility, from the provider, or from an outside vendor.
- ❖ Harmonize scheduling systems at the facility and the provider organization, so both schedules are updated simultaneously (or designate staff to update them). If an interpreter is needed, make sure they are available.

❖ Identify necessary requirements for each visit and ensure that they are documented (e.g., previous laboratory work).

Example

Facilities and provider sites may use internal scheduling systems that limit access to only their onsite staff. Facility and provider scheduling staff should use a common scheduling tool to automate and streamline the scheduling process.

DEVELOP STREAMLINED WORKFLOWS

Telehealth workflows include a variety of stakeholders. It is essential to create a workflow from initial referral to termination that works for your staff and the provider. If your facility already conducts telecommunications for JIIs, such as legal proceedings, you may be able to merge workflows. Some common administrative workflow elements to consider include the following (Batastini et al., 2020):
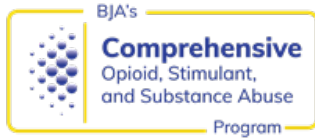
❖ Creating procedures for initiating referrals

❖ Communicating new referrals with the provider

❖ Securely transmitting paperwork between facilities

❖ Assigning clients to counselor caseloads

❖ Supervising facility and clinical staff

❖ Managing wait lists

❖ Tracking patient contacts and treatment progress

❖ Documenting incidents

❖ Exchanging treatment materials

❖ Making secondary referrals to other partners

Key telehealth encounter workflows include the following (Mateo et al., 2019):

❖ Connecting features of the telehealth devices

❖ Deciding where to place the camera, screen, and speakers or headphones

❖ Recording encounters, if applicable

❖ Conducting operational checks with the provider and interpreter (if applicable) before an encounter

❖ Ensuring safety and security of JIIs and staff, while maintaining privacy

❖ Bringing JIIs to and from the designated space for telehealth visits

For more information on safety and security, see the **Physical Space Considerations Tip Sheet**.

● ● ●

Document each of these workflows into standard operating procedures (SOPs) (Batastini et al., 2020). SOPs can be used or adapted to train staff or provide information to JIIs. See the **Stakeholder Engagement Tip Sheet** for more information about providing training and education.

DEVISE CONTINGENCY PLANS

If an emergency or unusual event occurs at any point during a telehealth encounter, contingency plans should be in place to guide staff. Your facility should coordinate with offsite providers to develop and harmonize technical and clinical contingency plans.

TECHNICAL

> For more information on technical considerations, see the **Telehealth Equipment Selection Tip Sheet**.

- ❖ Identify alternative communication channels if telehealth devices fail (Mateo et al., 2019).
- ❖ Ensure access to technical support at the patient and provider sites (Swift et al., 2016).
- ❖ Develop protocols for encountering technical issues during operational checks or telehealth encounters.
- ❖ Incorporate the technical contingency plan into staff and provider training (Mateo et al., 2019).

Technical issues during telehealth encounters can decrease satisfaction and acceptance among patients (Batastini and Morgan, 2016; Deslich et al., 2013). Having contingency plans in place to promptly address technical issues will reduce disruptions in care and build confidence among JIIs.

CLINICAL

- ❖ Ensure access to local emergency medical services (Swift et al., 2016).
- ❖ Have onsite clinical staff poised to respond to emergencies (Mateo et al., 2019).
- ❖ Develop a protocol for identifying and responding to clinical emergencies.
- ❖ Involve role-playing scenarios in staff training procedures (Mateo et al., 2019).

Jail staff and health care professionals commonly express concerns about liability, responsibility of care, and safety and security (Woods et al., 2019). Informing all staff of contingency plans can mitigate these concerns and ensure that they can respond appropriately during emergency situations.
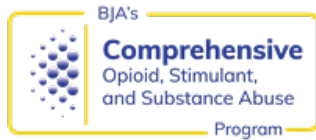
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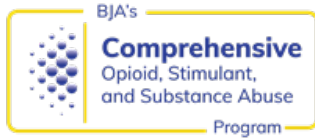
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STAFFING

WHY IS IT IMPORTANT?

Telehealth programs rely on a variety of staff. Identifying necessary roles will guide you in organizing existing staff and hiring new ones if needed. Clearly defining responsibilities will ensure that all staff understand their contribution to the telehealth program. This is especially important because onsite staff will work closely with offsite providers to ensure that encounters are safe and productive.

ACTIONS TO TAKE

Identifying key staff and defining their roles and responsibilities will ensure that your workforce can successfully implement a telehealth program.
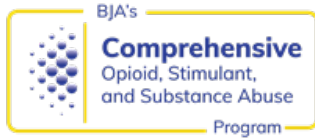
IDENTIFY KEY STAFF

Key staff may include but are not limited to the following:

- ❖ Onsite emergency contact for each jail-involved individual (JII) (Batastini et al., 2020)

- ❖ Onsite and offsite medical staff (Kaftarian, 2019; Llerena et al., 2018; Swift et al., 2016)

- ❖ Security personnel

- ❖ Technical support (Mateo et al., 2019; Swift et al., 2016)

- ❖ Administrative staff (communications, scheduling, compliance)

- ❖ Interpreters, if needed

- ❖ A champion to lead the effort and engage staff

Example

Larger jails (100 or more JIIs) may experience a high volume of virtual visits. It may be beneficial to appoint a staff member to schedule and facilitate all virtual visits. This staff member may require additional training and can serve as a champion for the telehealth program. See the **Staff Engagement Tip Sheet** for more information on training and identifying a champion.
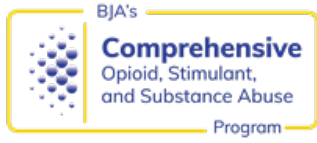
DEFINE STAFF ROLES AND RESPONSIBILITIES

You may find it helpful to develop a staffing structure with roles and responsibilities for the telehealth program:

❖ Work with the medical staff to determine what onsite support is needed to carry out telehealth services (Swift et al., 2016).

❖ Assess the costs related to staffing structure.

❖ Outline the responsibilities of each role in a document that is easily accessible and understandable to staff (can be incorporated into a training manual or existing policies and procedures).

❖ Identify any changes in roles and responsibilities.

❖ Create a reporting structure for each role if different from what already exists (Woods et al., 2019).

❖ Identify any potential workforce gaps (e.g., number of staff or technical expertise).

Security personnel commonly express concerns about role conflict—balancing the responsibility to maintain safety while also addressing JIIs' health needs (Woods et al., 2019). Clearly defining the role of security personnel and providers in balancing JIIs' safety and health will mitigate these concerns and build confidence among staff.

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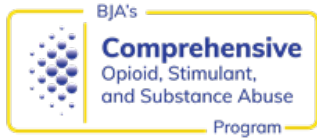
TELEHEALTH ASSESSMENT PLAN

WHY IS IT IMPORTANT?

Understanding the impact of telehealth requires a continuous process of evaluation and improvement/optimization. This can confirm the decision to keep, remove, or expand telehealth services to better meet jail-involved individuals' (JIIs') needs. An assessment of telehealth services to reach implementation and institutional goals can also be valuable in securing the buy-in of leadership and other stakeholders.

ACTIONS TO TAKE

Assessing your telehealth implementation involves identifying the goals you wish to accomplish, assess progress toward those goals, share the results of your assessment, and act on the results.

IDENTIFY THE GOALS OF THE TELEHEALTH IMPLEMENTATION

Confirm what your telehealth implementation will accomplish.

- ❖ How many JII patients are you trying to reach? What type?

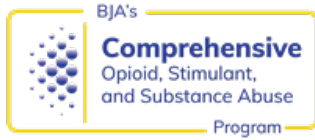- ❖ What services are you trying to make more accessible for JII patients?

ASSESS PROGRESS TOWARD GOALS

Characteristics of telehealth review include the following:

- ❖ Collaborate with facility leadership and your telehealth vendor (if available) to identify a process for reviewing telehealth sessions.

- ❖ Seek regular feedback. Obtaining ongoing feedback from jail facility staff and JIIs can improve potential shortcomings during telehealth implementation (Krsak et al., 2020).

- ❖ Confirm and routinely discuss how jail facility staff and JIIs perceive telehealth.

- ❖ Develop internal processes to ensure that telehealth services are being offered to all eligible JIIs.

- ❖ Develop internal processes to ensure that telehealth equipment is being used as intended and to its full capacity.

Example

If a telephonic stethoscope has been purchased, is it being routinely and correctly used?

Consider these factors in a telehealth assessment:

- ❖ **Technical Performance.** Technology needs (Rappaport et al., 2018), vendor alignment, and usability (Wicklund, 2018).

- ❖ **Volume.** Number of telehealth encounters, number of attempted (unsuccessful telehealth encounters), number of eligible telehealth encounters, and number of JIIs in and out of the facility.

- ❖ **Acceptance from Providers, Jail Facility Staff, and JIIs.** Level of engagement, satisfaction with telehealth (Rappaport et al., 2018; Swift et al., 2016), and JII preference (Swift et al., 2016).

- ❖ **Quality of Care.** Encounters able to meet JIIs' expectations (Swift et al., 2016).

- ❖ **Workflow and Processes.** Integration of telehealth into preexisting facility activities, physical space needs, safety and security needs, need for additional in-person staff to support telehealth visits (Batastini et al., 2020), and risk management (Woods et al., 2019).

> For more information on workflow considerations, see the **Scheduling and Workflow Tip Sheet**.

- ❖ **Financial Performance.** Startup costs, maintenance costs, resource management (Woods et al., 2019), medical personnel costs (Nacci et al., 2002), and escort and transport costs (Nacci et al., 2002).

- ❖ **Ongoing Assessment.** Regular assessment of goals and progress toward goals; routinely review if changes are needed.

SHARE ASSESSMENT RESULTS

Share the results of your telehealth assessment with jail facility leadership and staff to demonstrate program value and impact and to confirm areas of future changes.

ACT ON ASSESSMENT RESULTS

- ❖ Technical Performance
  - – Making software and hardware changes
  - – Upgrading bandwidth to support a more seamless connection between the provider and JII patients
  - – Coordinating with vendors as needed
- ❖ Training
  - – Confirming additional or refresher trainings that can be provided to jail facility staff

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❖ Acceptance from Providers, Jail Facility Staff, and JIIs

   – Identifying whether telehealth implementation has increased facility staff members' workload

> For more information on staff training and engagement of providers and JIIs, see the **Stakeholder Engagement Tip Sheet**.

   – Identifying ways to improve JII patients' experience and reengage them as needed

❖ Workflow and Processes

   – Confirming whether the telehealth implementation disrupted preexisting jail facility schedules

   – Updating workflows and/or the physical space to improve safety and security

❖ Financial Performance

   – Cost saved around transport of JIIs (Rappaport et al., 2018)

> For more information on financial assessment, see the **Costs Tip Sheet**.

   – Cost saved on medical personnel and consultations (Nacci et al., 2002)

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STAKEHOLDER ENGAGEMENT

WHY IS IT IMPORTANT?

Implementing a successful telehealth program will require buy-in from leadership, staff, and jail-involved individuals (JIIs). Leadership and staff should feel confident in the program and have the tools they need to smoothly transition to new operations. Providers should be properly equipped and supported by onsite staff. JIIs should feel comfortable in this new care setting and assured that their medical needs will be met. Stakeholder engagement efforts to facilitate buy-in alongside operational changes can ensure a smooth transition to telehealth care.

ACTIONS TO TAKE

Your facility should consider several types of actions before and during telehealth implementation. These include educating staff, JIIs, and providers on how the program will work; determining their initial concerns; and facilitating regular communication. All parties should feel comfortable voicing questions about the program.

TRAIN AND ENGAGE STAFF

Providing initial and ongoing training to all staff will help ease concerns about the demands of telehealth and ensure that the program is carried out effectively. Specific areas of training include the following:
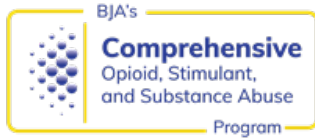
TECHNOLOGY

- ❖ How to use telehealth equipment

- ❖ How to troubleshoot technical issues (Swift et al., 2016)

> For more information on technical considerations, see the **Telehealth Equipment Selection Tip Sheet**.

- ❖ What users (JIIs, staff, and providers) should expect when operating telehealth equipment

WORKFLOW

- ❖ Typical flow of a telehealth session (Maryland Health Care Commission [MHCC], n.d.)

> For more information on workflows, see the **Scheduling and Workflow Tip Sheet**.

- ❖ Reporting and support structure

- ❖ Regulatory and compliance issues and strategies for addressing them (e.g., whether there are documentation requirements for telehealth encounters) (MHCC, n.d.)

Although initial training is key, ongoing engagement efforts with staff will ensure the long-term success of your program. Following are some key engagement activities to consider:

❖ Assess staff needs.
  – Before initiating the telehealth program, survey staff on their level of knowledge and comfort with technology to determine the extent of training necessary.
  – Create an ongoing communication channel for staff to ask questions and voice concerns.
  – Provide opportunities to assess competency with using technology to target training for staff who might need additional training (MHCC, n.d.).

❖ Provide training in a variety of formats.
  – Telehealth vendors may offer educational programs, so take advantage of those and make them available to staff (MHCC, n.d.).
  – Facilities can conduct mock telehealth visits to train and engage staff in a visit that closely resembles a live telehealth session (Batastini et al., 2020; MHCC, n.d.).
  – Include synchronous (real-time) trainings, such as instructor-led seminars, and asynchronous trainings, such as interactive videos, that can be taken when staff have time.
  – Ensure that trainings are available online and on paper.
  – Consider uploading training videos directly to telehealth devices for easy access.

❖ Create opportunities for ongoing education.
  – Designate people staff can contact for additional questions or requests for training before, during, and after implementation (MHCC, n.d.).
  – Ensure that ongoing and periodic education is available (MHCC, n.d.).
  – Establish resources that staff can use to practice with the technology frequently (MHCC, n.d.).
  – Solicit ongoing feedback (Krsak et al., 2020).

INFORM AND ENGAGE JAIL-INVOLVED INDIVIDUALS

Telehealth may be unfamiliar to some JIIs, which may make them resistant to the program (Kaftarian, 2019). Informing and engaging JIIs about telehealth can help mitigate initial
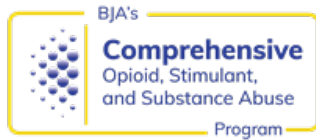
resistance. JIIs are more likely to respond positively when they understand how the program works and how to use the technology (Batastini and Morgan, 2016; Kaftarian, 2019). The first step is to consider your JII population in context by assessing the following:

EXPERIENCE WITH TECHNOLOGY

- ❖ Do JIIs have previous experience using technology and the internet? Do JIIs have access to similar technologies in your facility (Kaftarian, 2019)?
- ❖ Do JIIs trust technology? Do they have privacy concerns (MHCC, n.d.)?
- ❖ Have the JIIs had a bad experience with telehealth in the past (Krsak et al., 2020)?

Example

JIIs who express discomfort with or distrust in technology or who have had negative experiences with telehealth in the past may not be suited for virtual treatment and thus may require more training (Batastini and Morgan, 2016; Krsak et al., 2020). On the contrary, JIIs who are familiar with technology through using it for court proceedings or release coordination may require less training.

ATTITUDES TOWARD TELEHEALTH

- ❖ Do JIIs feel confident that telehealth is as useful as in-person care (Kaftarian, 2019)? Are those with existing needs willing to switch to telehealth? Are those without existing needs comfortable seeking care if the need arises?

By understanding the JII population's experiences and attitudes, you can determine the level and type of education required. For example, if your JII population is technically savvy, you will need to provide less education about technical aspects than if they were not used to technology. Acceptance of telehealth is dose dependent, meaning that the more often JIIs are exposed to the program, the more they will accept it (Swift et al., 2016). Providing initial and continuous efforts for education and engagement will help drive acceptance over time.

KEY INFORMATION TO INCLUDE

- ❖ The telehealth service being offered, why it is useful, what they will see that is different from and the same as the current state, and how they will benefit (MHCC, n.d.).
- ❖ Explain and/or demonstrate proper use of technology before initiation (Batastini and Morgan, 2016).
- ❖ If your telehealth program is designed to supplement regularly scheduled in-person visits, communicate this clearly. JIIs will be more accepting of the program if they know that telehealth will not replace in-person visits (Batastini et al., 2020; Sherwood et al., 2018).

EDUCATION AND ENGAGEMENT MATERIALS

❖ Allot time before the initial telehealth visit to explain the procedure to JIIs. It may be beneficial to develop instructional videos that can be uploaded to telecommunication devices and are accessible to JIIs.

❖ Make sure staff have a clear understanding of the program, so they can answer any questions JIIs may have.

❖ If many of your JIIs speak a language other than English, offer training materials in additional languages or provide accessible translation services.

❖ Solicit ongoing feedback (Krsak et al., 2020).

SUPPORT AND ENGAGE PROVIDERS

Telehealth providers are instrumental to a successful telehealth program. They will interact regularly with facility staff and JIIs. Efforts should be made to ensure that they are smoothly integrated into the facility workforce and supported in their role.

❖ Develop a trusting relationship between your facility staff and telehealth providers (Batastini et al., 2020; Kaftarian, 2019).

❖ Emphasize the provider's key role as a member of the care team (Kaftarian, 2019).

❖ Empathize with the barriers and frustrations providers and staff may encounter when working with JIIs (Batastini et al., 2020).

❖ Communicate regularly with telehealth providers to ensure that they feel supported and receive sufficient collateral information (Kaftarian, 2019).

❖ Solicit ongoing feedback from telehealth providers (Krsak et al., 2020).

Engaging with providers early can be beneficial when implementing a telehealth program. Providers may have existing telehealth infrastructure that can support your program and guide your selection of technology, communication platforms, and workflows.

IDENTIFY INNOVATORS AND CHAMPIONS

Implementing telehealth at your facility takes time, dedication, and buy-in from all staff. As with any change, before implementing telehealth, it is important to consider staff perspectives. Having someone to champion telehealth and discuss its value with JIIs and staff is of paramount importance. The champion should support telehealth throughout the process of planning, implementation, and use.

- ❖ Pinpoint key staff who may be well positioned to serve as champions.

  > For more information on staff roles, see the **Staffing Tip Sheet**.

  - – Champions should have authority and be well respected by JIIs and jail staff.

  - – Champions must be approachable, so staff and JIIs feel that they can ask questions, share concerns, and elicit feedback.

  - – If your facility has staff who will organize and facilitate telehealth sessions, they could be effective champions.

  - – Onsite clinicians who are assisting with telehealth encounters may also serve as champions.

  - – Champions must be able to speak to the benefits of telehealth for staff (e.g., improved safety) and the facility (e.g., reduced transfers).

- ❖ Once you have identified champions, work with them to outline their roles and help identify who will help them do the following:

  - – Communicate goals with staff.

  > To identify key ways champions can facilitate buy-in, see the **Scheduling and Workflow Tip Sheet**.

  - – Help counter resistance to change.

  - – Garner excitement, so staff can share that excitement with JIIs.

  - – Help set expectations with staff and share how telehealth can benefit JIIs and the facility.

  - – Work with offsite partners, like providers, to develop relationships.

  - – Review implementation and use on an ongoing basis and recommend changes that optimize telehealth implementation and use. Changes may include adding to telehealth offerings, modifying the workflow, and offering refresher trainings. As clinicians or jail staff gain positive experience with the program, encourage the champion to share these stories. Concrete examples of how the program improved workflow or helped a patient can create buy-in.
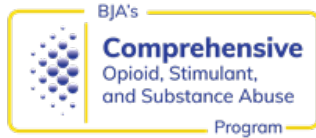
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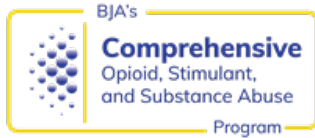
TELEHEALTH RESOURCES

WHY IS IT IMPORTANT?

These additional resources can help guide your telehealth implementation.

READINESS & IMPLEMENTATION GUIDANCE

- Telehealth Resource Center
- Checklist for Initiating Telehealth Services [PDF]
- The California Telehealth Resource Center Telehealth Program Developer Kit [PDF]
- Maryland Health Care Commission Telehealth Readiness Assessment Tool
- US Dept. of Justice - Implementing Telemedicine in Correctional Facilities [PDF]
- American Health Information Management Association Telemedicine Toolkit [PDF]

TELEHEALTH ASSESSMENT

- The National Telehealth Technology Assessment Resource Center
- Lexicon of Assessment and Outcomes Measures for Telemental Health [PDF]

POLICY GUIDANCE

- Center for Connected Health Policy
- Use of Telemedicine While Providing Medication Assisted Treatment (MAT) [PDF]
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)

PROFESSIONAL ORGANIZATIONS

- Southern States Correctional Association
- American Correctional Association
- American Jail Association
- National Commission on Correctional Health Care
- American Telemedicine Association