

## Guidance for Conducting Assessments and Interventions via Telephone

The Ontario Ministry of Health and Long Term Care has allowed the use of temporary K-codes by either televideo or telephone during the Covid-19 pandemic. CAMH made a number of changes to the recently approved TeleMental Health Policy to enable CAMH clinicians to provide initial consultation, assessment, and intervention (individual and group) via Ontario Telemedicine Network (OTN) or Webex platforms, including direct-to-patient homes.

While the directive at CAMH remains to provide televideo-based care as an equivalent to in-person care, there may be circumstances where patients/ clients decline televideo-based care (e.g., severe anxiety, blindness), or do not meet the necessary technology requirements. **In these cases telephone-based care will be allowed for 1:1 assessment and interventions.** Group-based telephone care is not permitted.

Considerations in the provision of telephone-based consultation and care:

Making the determination to provide consultation via telephone:

- This determination will be made by individual clinicians.
- Consult with the Head of your program if you need support making this determination
- The use of telephone for first time consultation merits greater consideration, as less information is available via telephone to support an initial assessment and examination
- It is the clinician's responsibility to determine the suitability of the patient to receive care via telephone (consider mental status, capacity to consent, safety)
- If you have concerns about the appropriateness of telephone-based care, and the person is unable / unwilling to receive televideo-based care, you can recommend that they attend the Emergency Department, if the care is urgent or essential, or follow-up with their referring provider.

Consent for telephone-based consultation and care:

- Patient/ client must understand the benefits and risks associated with receiving telephone care
- Document consent in the patient chart – the template for televideo (virtual care) consent can be used and modified
- This consent can be withdrawn at any time

Patient Identification during a telephone appointment:

- This is much more difficult to verify without being able to see a government-issued ID over video
- For first-time consultations, or for patients unknown to you, a greater degree of

caution should be used.

Consider the following options for verifying identity via telephone:

- ✓ Have the person/ client televideo to show government-issued ID prior to the phone call;
- ✓ Have the client send a copy of their government-issued ID prior to the appointment (e.g., health card number, driver's licence), then at the appointment have them read the number aloud over the phone
- ✓ Have the client say aloud their name and date of birth and verify in chart or on referral

#### Privacy:

- The same considerations apply as with televideo-based assessment
- Ask the client to ensure that they are in a private space and that they are the only ones on the phone line.
- Inform the client/ patient that recording of the phone call is not permitted by any party without written consent, and assure them that you are not recording
- They should remain in the same location for the duration of the appointment (i.e., not in a moving vehicle)
- Ensure that your own telephone number is blocked and that you are in a quiet, private space, free from interruptions

#### Safety

- Inform the client that if you have any concerns about their safety or the safety of others that you will do any/ all of: call emergency medical services; contact their emergency contact; contact their referring provider.

#### Certification under the Mental Health Act:

- Telephone-based assessment is not a barrier to Form 1 certification, provided you receive enough information to make an assessment of certifiability, including direct assessment of the patient/ client and available collateral information.
- Please see appended guidance document "Covid-19 and the Mental Health Act," which is also available on Insite.

#### Documentation:

- Consent should be obtained and documented in the consult or encounter note
- In the ICare menu select telephone consultation for appointment type, and also try to specify this in the body of the note, including steps to verify identity.

#### Tracking:

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- For clients who refuse or have barriers to televideo assessment, and who request a telephone appointment, please send an email to [allison.crawford@camh.ca](mailto:allison.crawford@camh.ca) indicating MRN + Program + Reason for telephone consultation (specify if unable or unwilling to have appointment via televideo). Note any barriers/ challenges.
- This information will be used to improve the quality of our virtual mental health care, in particular the health equity of our service.

This guidance may also be referenced in the more comprehensive Guidelines for Virtual Clinical Visits that may be found, along with any updates, at:

<https://www.porticonetwork.ca/documents/242369/0/CAMH+WebEx+Privacy+Guidance+v5+3.18.20/105d0f04-54fc-4d55-b647-79505916ccbc>