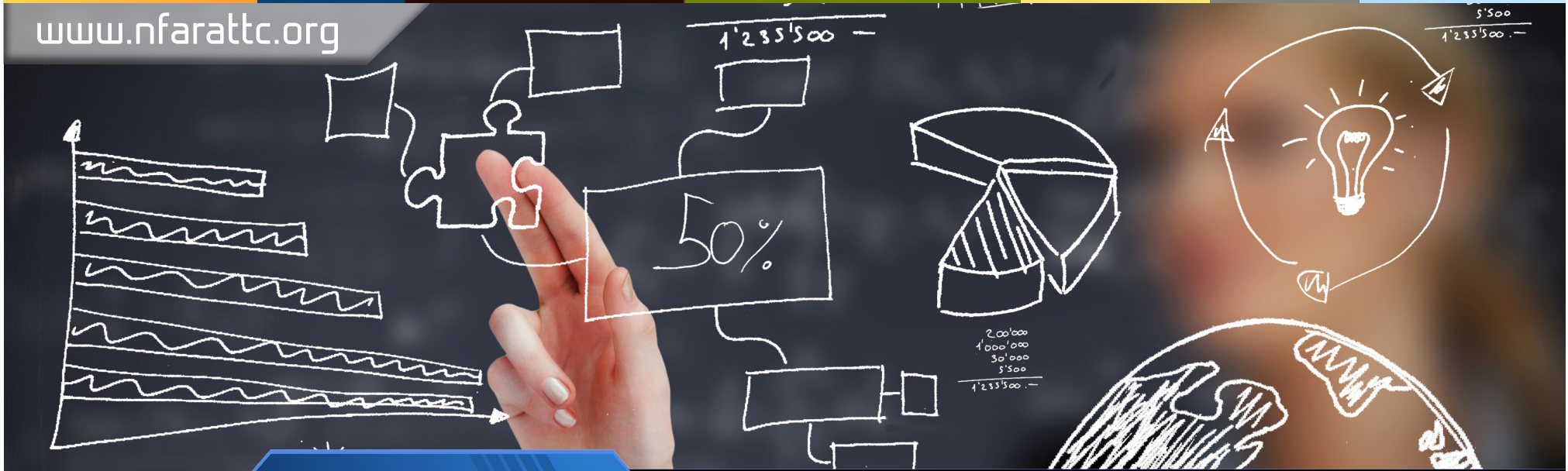# Telehealth Capacity Assessment Tool

National Frontier & Rural
ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

TCAT

Is your Agency ready for Telehealth?

Telehealth

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ATTC Addiction Technology Transfer Center Network
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Telehealth CAPACITY ASSESSMENT TOOL (TCAT)

www.nfarattc.org

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Introduction

The rapid evolution of technology is increasing the capacity to deliver healthcare services, including mental health and substance abuse treatment and recovery, using computers and web-based mobile devices. These telehealth technologies offer new delivery models that allow providers to extend client services far beyond their current reach. There are several forces driving the increased use of telehealth, including new innovations in technology, a growing body of evidence showing the efficacy of providing services using telehealth technologies, increasing levels of consumer acceptance and vendor interest, and an emerging regulatory framework promoting its use. Some of the most promising advancements in the delivery of behavioral health services through telehealth technologies are in rural communities where access to traditional services is often very limited.

The successful implementation of a telehealth technology program requires attention to the interplay between organizational, technical, regulatory, financial, clinical, and social factors, and how organizations manage this interplay through effective change processes. To facilitate these processes, the National Frontier and Rural Addiction Technology Transfer Center (NFAR-ATTC) has designed this **Telehealth Capacity Assessment Tool (TCAT)** to help behavioral health organizations: 1) measure their capacity in accordance with these factors; 2) identify capacity building needs and plan for development in strategic areas; and 3) monitor and evaluate the impact of their capacity building efforts.

Purpose of the TCAT

The TCAT is designed to help organizations assess their readiness to adopt telehealth technologies. The initial step in the assessment process is to determine organizational readiness. The readiness assessment phase may be as simple as leaders in the organization completing the TCAT to ensure that critical areas have been considered, or as complex as a formal facilitated process among the organization's key personnel, Board of Directors, and other stakeholders. By using the TCAT, organizations can identify their strengths and weaknesses—where they are meeting essential components and where they do not—as well as define activities that can strengthen the organization's ability to refocus programs and continually improve the quality of their telehealth technology efforts. In addition, the TCAT can be used as a measurement tool over time to allow the organization to assess its increased competency and capacity in the areas that support using telehealth technologies.

What the TCAT Assesses

The TCAT considers capacity as a function of various factors that enable an organization to work towards its desired telehealth technologies solutions. Capacity is viewed as the ability of individuals, organizations, or organizational units to perform specific functions effectively, efficiently, and sustainably. For the purposes of the TCAT, capacity building is an evidence-driven process of strengthening the abilities of organizations and individuals to deliver the desired telehealth services, and continue to improve and develop over time. Having an established plan helps ensure that capacity continues to develop in strategic areas.

The TCAT emphasizes important factors in **six key domains** that have been shown in previous research to complement and reinforce each other, and together combine to enhance the implementation, quality, integrity, sustainability, and impact of telehealth initiatives. (See references in Appendix 1). The six domains assessed by the TCAT are defined below.

1. **Organizational Readiness** evaluates the extent to which the organization has engaged in a formal strategic planning process to identify a need for telehealth services, obtain stakeholder and employee buy-in and engagement, and the organization's competency in change management.

2. **Technology** measures the extent to which the organization has investigated the types and features of various telehealth technologies, assessed the quality of the organization's current technology infrastructure, and implemented plans for acquiring the telehealth technology delivery system that is best suited to providing client services.

3. **Regulatory and Policy** evaluates the extent to which the organization has policies in place to address technology security practices, patient protection and security of data, organization and practitioner licensure requirements, liability, and other regulatory issues.

4. **Financing and Reimbursement** considers the extent to which the organization has conducted cost/benefit analyses, investigated the requirements for reimbursement, and examined the feasibility of the organization using Medicare, Medicaid, other government funders, or commercial/private insurance as payors for their telehealth technology services.

5. **Clinical** looks at how the proposed telehealth initiative aligns with the organization's belief in what it does, how it delivers services and to what type of client base; its clinical service goals and cultural responsiveness; and the referral mechanisms utilized.

6. **Workforce** addresses issues related to the motivation, comfort level, and preparation of employees who will be using the telehealth technologies to deliver client services, as well as the implementation of organizational training and support to ensure ongoing staff competency and sustainability of services.

How to Use the TCAT

The TCAT can be used by any behavioral health organization interested in planning, designing, and monitoring implementation of telehealth technology services. The assessment tool should be completed by as many people within the organization as possible to help prevent bias in either a positive or negative direction. Likewise, a participatory environment should be created that is equitable and where all staff feel comfortable contributing their opinions without feeling that they are being steered toward a particular outcome. The process is most conducive to positive outcomes when the individuals completing the TCAT are familiar with how the organization functions in all or most of the six capacity assessment domains.

As noted earlier, the level of formality of the assessment process depends on the organization's needs and culture. No matter how extensive the review, the TCAT is a critical component of a successful telehealth technology initiative. The TCAT includes worksheets for documenting responses to important readiness statements and a summary template that can be used to discuss the proposed program with stakeholders and decision makers within the organization. There should be a clear understanding of the purpose of the TCAT and the following three-step process that will be used to help organizations assess their readiness to adopt telehealth technologies.

Step 1. Use the TCAT to assess telehealth technology capacity and guide discussions

Step 2. Gather evidence through a review of telehealth technology materials and current organization resources

Step 3. Develop a Capacity Strengthening Plan

After completing the entire three-step process, organizations will be able to take action to increase their telehealth capacity in a systematic and evidence-based approach.

Step 1. Assessing Telehealth Capacity

The first step in the assessment process is to rate the organization on each of the six capacity domains using the TCAT. This should be a 'blind' assessment, meaning that each individual should base their assessment on what they know about the organization as it relates to each of the six domains. Each readiness item will be assessed using the following 6-point scale: **0 = Don't Know/Not Applicable; 1= No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5= Yes, in place**. As indicated on the assessment sheets, the the total score for each domain component should be calculated and entered on the Domain Scoring Summary. The mean score for each domain can then be calculated and used to visualize the organization's overall readiness for implementing telehealth. [See the section on scoring the TCAT that follows the six capacity domain scoring sheets.]

Domain 1. Organizational Readiness	
0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	

Component 1. Planning	Score
1.1 A formal strategic planning process has taken place in the past year.	
1.2 A specific behavioral health service to be delivered using telehealth technologies has been identified.	
1.3 Key persons in the organization have knowledge of the types of telehealth technologies that are available.	
1.4 Examples and evidence of effective telehealth technologies used in similar contexts have been identified.	
Total - Component 1	

Component 2. Engagement and Buy-In	Score
2.1 Staff and other stakeholders have been involved in the planning process.	
2.2 The organization used a process to engage community stakeholders in providing feedback about the telehealth initiative.	
2.3 The organization has identified potential collaborators.	
2.4 The telehealth initiative has the support of the organization's Board of Directors.	
2.5 The telehealth initiative has the full support of executive leaders and other senior administrators in the organization.	
2.6 External and internal champions have been identified for the telehealth initiative.	
2.7 Regular lines of communication have been established to keep stakeholders well-informed of the progress.	
2.8 A marketing plan is in place.	
Total - Component 2	

Component 3. Change Management	Score
3.1 Staff have been involved in selecting the technology, setting policies, and drafting evaluation measures.	
3.2 The organization has past successes with instituting programs that have required complex change processes.	
3.3 Change leaders have been selected to take responsibility in key areas.	
3.4 Multi-layer change teams are in place (technical; clinical; administrative).	
3.5 An implementation plan that clearly identifies anticipated changes, along with budget considerations and needed resources has been created to facilitate the change process.	
3.6 A feedback mechanism has been developed for both employees and clients/patients to comment on telehealth technology service provision challenges, concerns, successes, and setbacks.	
Total - Component 3	

Domain 2. Technology	
0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	

Component 1. Gathering Information about the Telehealth Technology Vehicle	Score
1.1 The types of telehealth technology have been examined, including a comparison of the features of each device/technology.	
1.2 The organization has determined what clinical needs have to be met using the telehealth technology strategy.	
1.3 The technical feasibility of the chosen strategy has been considered, such as ease of use by staff and clients/patients.	
1.4 The organization has determined if the use of telehealth technology is relevant to its existing and/or growing needs.	
1.5 The organization has determined how the workflow will need to be changed to successfully implement telehealth technology.	
Total - Component 1	

Component 2. Technology Infrastructure	Score
2.1 The organization has the proper facilities (location; size; supporting equipment) to implement telehealth technology.	
2.2 The integration or interoperability of the telehealth technology with other organizational systems has been considered.	
2.3 The quality of the Internet connection and bandwidth are appropriate for the proposed service delivery technology.	
2.4 The hardware and software required for the proposed service delivery are readily *available*.	
2.5 The hardware and software required for the proposed service delivery are readily *affordable*.	
Total - Component 2	

Component 3. Testing	Score
3.1 The service delivery technology/device has been purchased and tested.	
3.2 The service delivery technology/device will meet the organization's needs for delivering client/patient services.	
3.3 Information about next steps has been disseminated to those impacted by the decision to implement telehealth technology.	
Total - Component 3	

Component 4. Planning for Implementation	Score
4.1 The organization has determined when and how the telehealth technology equipment will be installed.	
4.2 A structure and training program is in place for educating both staff and clients/patients on using the telehealth technology.	
4.3 A formal plan is in place to ensure that staff and clients/patients are kept current on their understanding of the telehealth technology and how user-basedtechnical problems will be handled.	
Total - Components 4	

Domain 3. Regulatory and Policy	
0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	
Component 1. Credentialing, Licensing, and Privileging	**Score**
1.1 State practitioner licensing requirements necessary to implementing telehealth technologies have been determined related to	
1.1a. where the client/patient is located (originating site).	
1.1b. where the practitioner is located (distant site).	
1.1c. difference in requirements between "consulting" practitioner and "primary" practitioner.	
1.2 Originating and distant site requirements have been identified.	
1.3 The telehealth technology practices have been evaluated for conformity to state professional regulatory standards and laws.	
1.4 Provisions are in place that allows delivering telehealth technology services in other states or jurisdictions.	
Total - Component 1	
Component 2. Protected Health Information	**Score**
2.1 The chosen telehealth technology practices conform to patient health protection laws (HIPAA; 42 CFR-Part II).	
2.2 Additional authorization and security requirements to access Electronic Protected Health Information (ePHI) (security safeguards to deactivate access; activity log; identify security breach) have been developed.	
Total - Component 2	
Component 3. Organizational Policies	**Score**
3.1 Existing policies, standards, and procedures are in place to deal with liability issues related to delivering services using telehealth technologies.	
3.2 The organization has determined that existing policies, standards, and procedures are in place to handle reimbursement issues related to delivering services using telehealth technologies.	
3.3 A written procedure manual for using telehealth technology is in place.	
3.4 A mechanism or routine practice that keeps the organization abreast of changes in national and state laws governing the delivery of telehealth technology services is in place.	
Total - Component 3	

Domain 4. Financing and Reimbursement	
0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	
Component 1. Financing	**Score**
1.1 A cost/benefit analysis of using telehealth technology has been conducted.	
1.2 Equipment needs have been determined for originating and distant sites [e.g., client homes and non-hospital-based facilities.]	
1.3 The ongoing costs (line and operating costs, maintenance, etc) have been determined.	
1.4 Scenarios have been developed to determine reimbursement and usage rates needed to cover costs and ongoing expenses.	
1.5 The organization has determined the return on investment (ROI).	
Total - Component 1	
Component 2. Reimbursement	**Score**
2.1 The organization has investigated which covered services can be delivered by telehealth technologies and reimbursed by Medicare, Medicaid, other government payers, and commercial carriers.	
2.2 The organization has investigated the allowable billing codes that can be used in order to be reimbursed by Medicare, Medicaid, other government payers, and commercial carriers for services delivered via telehealth technologies.	
2.3 The organization investigated the client eligibility requirements that must be met in order to be reimbursed by Medicare, Medicaid, other government payers, and commercial carriers for services delivered via telehealth technologies.	
2.4 The organization investigated the provider/practitioner/facility requirements that must be met in order to be reimbursed by Medicare, Medicaid, other government payers, and commercial carriers for services delivered via telehealth technologies.	
Total - Component 2	

Domain 5. Clinical

0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	
Component 1. Delivering Clinical Services	**Score**
1.1 The telehealth technology aligns with the organization's vision/mission statement and serves its designated client population.	
1.2 The telehealth technology supports the organization's clinical goals and philosophy of care delivery.	
1.3 Issues of cultural responsiveness have been considered in the design of the telehealth technology practices.	
1.4 Staff are appropriately credentialed and trained to deliver client services via telehealth technologies.	
1.5 A standard and consistent method of record keeping for telehealth technology service delivery has been developed.	
1.6 Procedures are in place to ensure patient protection and confidentiality.	
1.7 A referral system is in place between the organization and other community agencies to link clients/patients to services.	
Total - Component 1	

Domain 6. Workforce

0 = Don't Know/NA; 1 = No, never considered; 2 = No, but have considered; 3 = Yes, in progress; 4 = Yes, nearly completed; 5 = Yes, in place	
Component 1. Developing the Workforce	**Score**
1.1 Adequate and dedicated human resources for implementing telehealth technologies have been identified.	
1.2 Roles and responsibilities specific to delivering telehealth technology services have been clearly defined for each staff position.	
1.3 There is a willingness among staff to implement telehealth technology.	
1.4 There is general level of comfort among clinical staff regarding the use of telehealth technology to deliver client/patient services.	
1.5 Plans are in place to train staff on using the telehealth technology, including ongoing support to increase their confidence and competence in the new mode of service delivery.	
1.6 Educational sessions have been provided to raise staff awareness and support for implementing telehealth technology.	
Total - Component 1	

Domain Scoring Summary	Scores	
Domain 1. Organizational Readiness		
Component 1. Planning		
Component 2. Engagement and Buy-in		
Component 3. Change Management		
Sub-total - Components 1 - 3		
(Divide Sub-total by 18) Overall Domain 1 Score		
Domain 2. Technology		
Component 1. Gathering Information about the Telehealth Technology Vehicle		
Component 2. Technology Infrastructure		
Component 3. Testing		
Component 4. Planning for Implementation		
Sub-total - Components 1 - 4		
(Divide Sub-total by 16) Overall Domain 2 Score		
Domain 3. Regulatory and Policy		
Component 1. Credentialing, Licensing, and Privileging		
Component 2. Protected Health Information		
Component 3. Organizational Policies		
Sub-total - Components 1 - 3		
(Divide Sub-total by 12) Overall Domain 3 Score		
Domain 4. Financing and Reimbursement		
Component 1. Financing		
Component 2. Reimbursement		
Sub-total - Components 1 - 2		
(Divide Sub-total by 9) Overall Domain 4 Score		
Domain 5. Clinical		
Component 1. Delivering Clinical Services		
Sub-total - Component 1		
(Divide Sub-total by 7) Overall Domain 5 Score		
Domain 6. Workforce		
Component 1. Developing the Workforce		
Sub-total - Component 1		
(Divide Sub-total by 6) Overall Domain 6 Score		

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Scoring Summary

Tallying and averaging the scores for each domain will provide a baseline from which the organization can build and begin planning changes regarding the implementation of telehealth technologies. After calculating the component sub-totals and overall domain scores, the team should use the following scoring guide to evaluate the scores, noting those areas that need strengthening or require technical support. This information will be used to develop a strengthening plan. The results can serve as the situational baseline for the organization. The TCAT can be used again, after capacity strengthening activities are implemented, to determine whether telehealth readiness supports, skills, and policies have improved.

- Scores of 4 to 5 indicate a very high degree of readiness for the telehealth initiative, with a very low likelihood of problems with implementation.

- Scores of 3 to 3.99 indicate a moderate to high degree of readiness for the telehealth initiative, with a low likelihood of implementation issues.

- Scores of 2 to 2.99 indicate an adequate beginning level of readiness for the telehealth initiative, suggesting that some subscale components need to be improved for successful implementation.

- Scores of 0.5 to 1.99 generally indicate a low degree of readiness for the telehealth initiative, suggesting that implementation would likely be problematic at this time.

- **NOTE:** Perfect or near perfect positive or scores of "0" may indicate a response bias rather than the respondents' true perceptions about the system's implementation.

Step 2. Reviewing Materials

The goal of Step 2 is to use current telehealth technology and organization resources to develop a Capacity Strengthening Plan (Step 3). After completing the TCAT process in Step 1, the scores for each domain should be examined for the purpose of identifying areas that indicate a less than adequate degree of organizational readiness to implement client services using telehealth technologies. Once identified, it will be helpful to gather information on ways to address those deficiencies. For example, if the TCAT results show that the organization does not have the technology capacity to deliver client services using telehealth, looking at current resources on how to develop that infrastructure will provide information on the type of equipment, Internet access, and room setup needed to move forward with planning for telehealth implementation.

Listed below are resources that provide information on various aspects of the TCAT domains. Additional resources to help guide the review and planning process are available on the National Frontier and Rural ATTC website at www.nfarattc.org.

Resources

1. Telemental Health Guide www.tmhguide.org
    - Resources for clinicians and administrators on developing, funding, sustaining, and marketing

2. American Telemedicine Association (ATA) http://www.americantelemed.org/
    - Telemental health standards and guidelines, and training (e.g., webinars)

    - ATA. (2013). Practice guidelines for video-based online mental health services. Retrieved from http://www.americantelemed.org/practice/standards/ata-standards-guidelines

        - Offers clinical, technical and administrative guidelines for providing services via real-time videoconferencing

    - ATA. (2009a). Practice guidelines for videoconferencing-based telemental health. Retrieved from http://www.americantelemed.org/practice/standards/ata-standards-guidelines

        - Information on applications of telemedicine, telemedicine operating procedures, clinical and technical specifications, and administrative considerations

    - ATA. (2009b). Evidence-based practice for telemental health. Retrieved from http://www.americantelemed.org/practice/standards/ata-standards-guidelines

        - Presents evidence for using telemental health services for mental health evaluations, continuing mental health care, and special populations

3. National Telehealth Policy Resource Center http://telehealthpolicy.us/state-laws-and-reimbursement-policies
    - Provides a listing of current and pending state-by-state telehealth laws, reimbursement, and Medicaid program policies

4. Telemental Health Institute http://telehealth.org/
    - Addresses regulations and policies related to telemental health, such as states mandating private insurance payer reimbursement for telehealth; provides training through courses and webinars

5. Center for Connected Health Policy www.cchpca.org
    - Provides policy support for the use of telehealth technologies through research, planning and technical assistance

6. Health IT http://www.HealthIT.gov/mobiledevices
    - Information for providers and professionals, patients and families, and policy researchers and implementers on the use of health information technology. Tips on how to keep clients health information secure when using mobile devices

7. HHS Office for Civil Rights http://www.hhs.gov/ocr/privacy/index.html
    - A resource for understanding HIPAA statutes and rules

8. Telemental Health Ethical Codes for Counseling Associations
    - The Association for Addiction Professionals (NAADAC) http://www.naadac.org/index.php

    - National Board of Certified Counselors (NBCC) http://www.nbcc.org/

- American Counseling Association (ACA) http://www.counseling.org/

- American Mental Health Counselor Association (AMHCA) http://www.amhca.org/

- American Association of Marriage and Family Therapy (AAMFT) http://www.aamft.org/iMIS15/AAMFT/

- National Association of Social Workers (NASW) http://www.naswdc.org/

- National Council of State Boards of Nursing (NCSBN) https://www.ncsbn.org/index.htm

- Center for Telehealth & e-Health Law (CTeL) http://ctel.org/

  - Licensure requirements for physicians and nurses; rulings on credentialing and privileging; information on Medicare and Medicaid reimbursement; and policies on private insurance payment

9. Centers for Medicare & Medicaid Services (CMS): http://www.cms.gov/
   - Information on e-health and records, fee schedules, billing, and reimbursement of telemental health services

10. CMS. (2012). Telehealth Services. Retrieved from http://cms.meridianksi.com/kc/pfs/pfs_lnkfrm_fl.asp?lgnfrm=reqprod&function=pfs
    - A fact sheet regarding sites, services, billing, and payment of telehealth services.

11. Rural Assistance Center: http://www.raconline.org/amirural/
    - Use to determine if a treatment facility is rural according to federal eligibility criteria.

12. HRSA http://www.bhpr.hrsa.gov
    - Data Warehouse: http://datawarehouse.hrsa.gov/hpsadetail.aspx

      - Aids in determining if treatment facility is in an area that qualifies as a Health Professional Shortage Area

13. Mental Health HPSA Designation Criteria http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/mentalhealthhpsacriteria.html
    - Provides all of the criteria used to determine a health professional shortage area

14. National Conference of State Legislature (NCSL) http://www.ncsl.org/issues-research/health/state-coverage-for-telehealth-services.aspx
    - A listing of whether Medicare or private insurance reimbursement is required for each state

15. Medicaid Telemedicine: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html
    - A source of Medicaid telemedicine definitions; guidelines for providers and facilities; and information on reimbursement.

After reviewing the above external resources, it is recommended that the organization examine the status of its currently available internal resources. For example, going back to the previous illustration regarding a low TCAT score on technology capacity, it could be helpful to look at the organization's current telephone service, Internet provider/broadband connection capacity, and computer hardware/software resources to determine the type and extent of the changes that would need to be made in order to have the technology capacity to implement telehealth services. By comparing the information gathered from the internal resource 'inventory' to what was learned from the external review will help inform the planning process.

Step 3: Developing a Capacity Strengthening Plan

The Capacity Strengthening Plan template in this section provides a convenient format that can be used by organizations to detail needed actions and support current activities. This Capacity Strengthening Plan follows the domains and components of the TCAT. It can be used to capture information about gaps that were identified through the TCAT assessment, prioritize strategic areas for strengthening, identify the resources that can be brought to bear on the initiative, develop action strategies, and monitor results. Organizational change teams are encouraged to conduct these activities through the lens of this capacity strengthening framework. Capacity planning can be conducted before the telehealth technology is adopted, reviewed through implementation, and used to monitor progress in key domains.

TCAT Gap Identified	Internal/External Resources	Planned Actions	Priority/When?	Person(s) Responsible	Results
Organization Name:			**Date last edited:**		
Domain 1. Organizational Readiness					
Component 1. Planning					
Component 3. Change Management					

TCAT Gap Identified	Internal/External Resources	Planned Actions	Priority/When?	Person(s) Responsible	Results
Organization Name:			**Date last edited:**		
Domain 2. Technology					
Component 1. Gathering Information about the Telehealth Technology Vehicle					
Component 2. Technology Infrastructure					
Component 3. Testing					
Component 4. Planning for Implementation					

Organization Name:			Date last edited:		
TCAT Gap Identified	**Internal/External Resources**	**Planned Actions**	**Priority/When?**	**Person(s) Responsible**	**Results**
Domain 3. Regulatory and Policy					
Component 1. Credentialing, Licensing, and Privileging					
Component 2. Protected Health Information					
Component 3. Organizational Policies					

Organization Name:			Date last edited:		
TCAT Gap Identified	**Internal/External Resources**	**Planned Actions**	**Priority/When?**	**Person(s) Responsible**	**Results**
Domain 4. Financing and Reimbursement					
Component 1. Financing					
Component 2. Reimbursement					

TCAT Gap Identified	Internal/External Resources	Planned Actions	Priority/When?	Person(s) Responsible	Results
Organization Name:			**Date last edited:**		
Domain 5: Clinical					
Component 1. Delivering Clinical Services					

TCAT Gap Identified	Internal/External Resources	Planned Actions	Priority/When?	Person(s) Responsible	Results
Organization Name:			**Date last edited:**		
Domain 6: Workforce					
Component 1. Developing the Workforce					

Appendix 1. References

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