

U.S. Department of
Homeland Security

United States
Coast Guard



Commandant
United States Coast Guard

US Coast Guard Stop 7907
2703 Martin Luther King Jr Ave SE
Washington, DC 20593-7907
Staff Symbol: COMDT (CG-112)
Phone: (202) 475-5173
Fax: (202) 475-5910

COMDTINST 6300.3A

22 JUL 2021

COMMANDANT INSTRUCTION 6300.3A

Subj: TELEHEALTH

- Ref:
- (a) Coast Guard Medical Manual, COMDTINST M6000.1 (series)
 - (b) Management Standards for Medical Coding of DoD Health Records, DoD Instruction 6040.42
 - (c) Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191
 - (d) Department of Defense, Telemental Health Guidebook, Version 2, June 2013
 - (e) Use of Imaging and Recording Devices in USCG Healthcare Facilities, COMDTINST 6010.6 (series) (FOUO)
 - (f) Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS), DoD M6025.13
 - (g) Title 42, Code of Federal Regulations, Section 482.12(a)(1) through 482.12(a)(7)
 - (h) Title 42, Code of Federal Regulations, Section 482.22(a)(1) through 482.22(a)(2)
 - (i) Department of Defense, Provision of Telemedicine at a Patient's Location, 03 Feb 2016
 - (j) Records & Information Management Program Roles and Responsibilities, COMDTINST 5212.12 (series)

1. PURPOSE. To establish policy and procedures for patient care using telehealth.
2. ACTION. All Coast Guard unit commanders, commanding officers, officer-in-charge, deputy/assistant commandants, and chiefs of headquarters staff elements who choose to employ telehealth shall comply with the provisions of this Instruction. Internet release is authorized.
3. DIRECTIVES AFFECTED. Telemedicine, COMDTINST 6300.3 is cancelled.
4. DISCUSSION. This revision to the Telehealth Instruction continues the ongoing efforts to provide Coast Guard patients with a means for obtaining readily accessible, high quality care using the Coast Guard's first telehealth platform. The telehealth program enhances access to medical care that can

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only be provided by the CG health services program. The Telehealth program is a means for engaging in effective and educational communication using a Health Insurance Portability and Accountability Act (HIPAA) secured tool. Due to the immediate need for a remote healthcare delivery tool, this Telehealth capability is being fielded to bridge the healthcare needs of the service while Electronic Health Records program components, e.g. MHS GENESIS, are being implemented.

5. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide operational guidance for Coast Guard personnel and is not intended to nor does it impose legally-binding requirements on any party outside the Coast Guard.
6. MAJOR CHANGES. This Instruction revision includes updates to the program, scheduling, and electronic tools for Telehealth.
7. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.
 - a. Commandant Office of Environmental Management, Commandant (CG-47) reviewed the development of this Instruction, and the general policies contained within it, and determined that this policy falls under the Department of Homeland Security (DHS) categorical exclusion A3. No further environmental analysis is necessary in accordance with the U.S. Coast Guard Environmental Planning Policy, COMDTINST 5090.1 (series).
 - b. This Instruction will not result in any substantial change to existing environmental conditions or violation of any applicable federal, state, or local laws relating to the protection of the environment. It is the responsibility of the action proponent to evaluate all future specific actions resulting from this policy for compliance with the National Environmental Policy Act (NEPA), other applicable environmental mandates, and the U.S. Coast Guard Environmental Planning Policy, COMDTINST 5090.1 (series).
8. DISTRIBUTION. No paper distribution will be made of this Instruction. An electronic version will be located on the following Commandant (CG-61) web sites: Internet: <http://www.dcms.uscg.mil/Directives/> and CGPortal: <https://cg.portal.uscg.mil/library/Directives/SitePages/Home.aspx>.
9. RECORDS MANAGEMENT CONSIDERATIONS. Records created as a result of this Instruction, regardless of format or media, must be managed in accordance with the records retention schedules located on the Records Resource Center CGPortal site: cg.portal.uscg.mil/units/cg61/CG611/SitePages/Home.aspx.

10. DEFINITIONS.

- a. Telehealth. Communication between patients and healthcare professionals via electronic, video, or audio means that allows virtual meetings and communications to occur from any location.
- b. Telemedicine. A subset of telehealth, telemedicine broadly refers to the remote delivery of clinical services. Common clinical services provided through telemedicine include:
 - (1) Primary care and related medical readiness services
 - (2) Mental and behavioral health services
 - (3) Military periodic health assessments
 - (4) Pharmacy consultation services
- c. Synchronous Communication. Interactive audio and video connections that transmit information and data between the Patient site and Provider site during the same time period. Examples of synchronous communication include telephonic periodic health assessments and nurse triage and a videoconference between a provider and a patient at home or at another healthcare facility. Synchronous communications also includes provider-to-provider patient consultations.
- d. Patient site. The location of the patient's assigned Primary Care Manager (PCM).
- e. Provider site. The location of the assigned provider for the telehealth appointment. This could be any CG or DoD Health Care Facility that the provider is assigned to.
- f. Referring site. The site where the referring provider works, the telehealth referral is generated, and submitted for processing.

11. RESPONSIBILITIES.

- a. Director of Health, Safety and Work-Life, (CG-11).
 - (1) Ensures that the Coast Guard Professional Review Committee (PRC) provides oversight on telehealth credentialing and privileging requirements, in accordance with Reference (a).
 - (2) Ensures appointing and scheduling processes are managed to clearly identify telehealth visits.
 - (3) Ensures auditing of local coding of telehealth visits to ensure compliance with Reference (b).
 - (4) Ensures that the involved patient and provider address the following prior to engaging in telehealth services:

- (a) Alternate communication procedures are established and tested in the event that telehealth communications terminate unexpectedly.
- (b) Patients and providers are provided with a secure and private setting.
- (c) Arrangements have been made for appropriate clinical support, including access by local emergency services, should the need arise.
- (d) The facilities and providers meet applicable current practice guidelines of the American Telemedicine Association.

b. HSWL Service Center

- (1) Develops appointment scheduling and triage procedures or other means for accessing telehealth.
- (2) Defines procedures for patient intake, follow up care, and care documentation.
- (3) Provides Internal Classification of Diseases 10 (ICD10), Current Procedural Terminology (CPT), Evaluation and Management (E&M), and Healthcare Common Procedure Coding System (HCPCS) coding guidance.
- (4) Provides procedural and management guidelines for incoming and outgoing telehealth referrals.
- (5) Creates procedures for and enforces compliance with privacy, confidentiality, and informed consent requirements.
- (6) Monitors and manages movement of telehealth technology inventory.
- (7) Ensures practice management procedures account for sensitive situations, such as mental and behavioral health services provided through telehealth.
- (8) Develops and standardizes telehealth training programs.
- (9) Ensures processes are in place that validate Coast Guard Provider sites are appropriately credentialed and privileged.
- (10) Develops procedures for managing unexpected emergencies that may arise during the telehealth encounter.
- (11) Designs pre-appointment telehealth equipment testing procedures and develops contingencies should telehealth technology fail during appointment.
- (12) Documents and records performance of telehealth technology.

(13) Identifies metrics for monitoring telehealth performance in collaboration with Commandant (CG-11), including patient experience, utilization, production, and quality metrics.

c. Patient Site

- (1) Is familiar with the technology to be used, is capable of establishing a telehealth connection, and perform basic first line troubleshooting.
- (2) Utilizing the authorized Telehealth tool (see Enclosure 1), ensures the completion of clinical forms, retrieval and transfer of necessary records or documentation to the provider prior to the visit.
- (3) Orients the patient on the nature of the telehealth encounter, obtains any required informed consent, and answers any questions the patient may have about the service.
- (4) Informs the patient of all personnel who will see their image or shared screen during the telehealth encounter and lets them know that the encounter transmission is secure and not being recorded (if this is the case).
- (5) Provides administrative oversight to ensure overall effective management of clinical care, including the scheduling of follow-up visits or facilitating referrals.

d. Provider Site

- (1) Is familiar with the technology to be used, is capable of establishing a telehealth connection, and perform basic first line troubleshooting. A secure, robust network connection is essential regardless of a provider's and patient's geographical or physical location.
- (2) Collaborates with the Patient/referring site on patient treatment and follow-up care.

12. TELEHEALTH USES.

a. Situations appropriate for telehealth include:

- (1) Medication management for established patients;
- (2) Provider-to-provider and interdisciplinary consultation;
- (3) Medical board evaluations (depending on evaluation type);
- (4) Ongoing evaluation and management of new or established stable patients by providers of any specialty where all necessary information for appropriate care can be obtained remotely;
- (5) Individual psychotherapy for International Classification of Diseases (ICD-10) and Diagnostic and Statistical Manual of Mental Disorders (DSM-5) conditions;

(6) Evaluation, diagnosis, and treatment of behavioral health disorders and neuropsychological disorders, including cognitive testing and lab review;

(7) Case management services.

b. Situations and cases that may not be appropriate for telehealth include:

(1) Cases in which the patient requires urgent treatment and stabilization;

(2) Cases in which a physical exam is essential to establishing a diagnosis;

(3) Assessment following restraint or seclusion;

(4) Cases in which the patient and/or provider are not comfortable communicating remotely;

(5) Patients who are acutely violent, unstable, or impulsive;

(6) Patients who are severely decompensated due to delirium, intoxication, medication toxicity, or medication interaction necessitating immediate hospitalization;

(7) Patients requiring involuntary commitment due to immediate risk for suicide or who pose an immediate danger to others (note: some states do not legally acknowledge telehealth evaluations for this purpose);

(8) Patients with whom news should be shared in person (e.g., a positive Human Immunodeficiency Virus (HIV) result); and

(9) Individuals who have hearing, visual, or cognitive deficits limiting their ability to communicate coherently via telehealth.

13. SYNCHRONOUS TELEHEALTH TECHNOLOGY AND EQUIPMENT. Telehealth technology must ensure patient privacy and security are consistent with HIPAA, Reference (c), and all DoD and Coast Guard Information Assurance requirements. If telehealth is to take place internationally, the provider and/or organization providing the service must ensure that the privacy laws of that country are understood and followed. Additional requirements for connectivity and use of internet, hardware, and equipment are available in Reference (d). Telehealth equipment and work space(s) will be configured in accordance with MIL STD 1472 (series) and must be suitable for a medical environment (IEC 60601-1 - Medical Electrical Equipment). Telehealth communications equipment will be usable by assigned personnel with no more than a brief on-line training session or a simple job aid. As per Reference (e), use of personally owned imaging and recording devices to take images or make recordings of patients, patients' families, or human remains, or to otherwise facilitate any other communication or conveyance of HIPAA- protected health information in healthcare facilities is prohibited.

14. CREDENTIALING AND PRIVILEGING.

- a. The Patient site may choose to rely on the credentialing and privileging determinations of the Provider site to make local privileging decisions. This is known as “privileging by proxy,” and decisions must incorporate applicable telehealth standards as identified in Reference (e) to include requirements of the Patient site to make final privileging decisions. These modifications are conditional on the following:
 - (1) The Patient and Provider site facilities are accredited by an accrediting entity designated by Commandant (CG-11).
 - (2) The Provider site is privileged, able to provide the identified services and is authorized to provide telehealth services. The Provider site must request of the Patient site, permission to use the provider’s current privileges to provide care to patients in the Patient site. The request and a privileging decision must be appropriately documented at the Patient site. The Provider site facility must provide, at a minimum, a copy of the provider’s current list of credentials, privileges, and proof of HIPAA training.
 - (3) The Patient site facility has evidence of periodic internal reviews of the Provider site practitioner’s performance of these privileges and receives such performance information, including all adverse events resulting from telehealth services, for use in the periodic appraisals.
 - (4) The Patient site will transmit performance information, including adverse event information and complaints from patients, other providers or staff to the Provider site for use in periodic performance reviews of the provider.
 - (5) The privileging authority of the Patient site may choose to use the ICTB or other credential transfer mechanism approved by Commandant (CG-11) as a source to rely upon the credentialing and privileging determinations of the Provider site.
 - (6) If the Provider site is not an MTF, or otherwise does not have access to the ICTB or other credential transfer mechanism approved by Commandant (CG-11), its medical staff credentialing and privileging process and standards must at least meet the standards in References (g) and (h). Only DoD and TRICARE Network providers will be used as healthcare providers for CG telehealth.
- b. The use of a Patient or Provider site that is not a Coast Guard clinic, MTF or VA medical facility, but is a Coast Guard vessel, non-medical fixed Coast Guard location, DoD mobile telehealth platform approved by Assistant Secretary of Defense for Health Affairs (ASD(HA)) (including a patient’s home, see Reference (i)) is permissible unless restricted by Commandant (CG-11) and/or Commandant (CG-6).

15. PRIVACY, CONFIDENTIALITY, AND INFORMED CONSENT.

- a. Synchronous telehealth visits may be recorded on government furnished property; recordings will not be made on personal devices.
- b. Consent for traditional face-to-face care does not necessarily extend to a clinical telehealth visit. For telehealth visits, informed consent must be completed prior to providing such services. The informed consent will be documented on the SF-600 and should include the following:
 - (1) Nature of clinical telehealth and what it entails;
 - (2) Risks and benefits of telehealth;
 - (3) That two sites are participating in the patient's care, unless the patient is at home;
 - (4) That security measures have been taken to ensure compliance with HIPAA and protect patient privacy;
 - (5) That they may be recorded;
 - (6) That there are policies and procedures in place in case of a technical breakdown or clinical emergency; and
 - (7) That the patient has been informed that they have the right to refuse clinical telehealth and retain the option of receiving face-to-face care.

16. RECORDS MANAGEMENT. Records created, as a result of this Instruction, regardless of media and format, will be managed per References (j) and (a).

- a. Each patient telehealth visit must be transferred to a SF-600 at the provider's earliest convenience for inclusion into the patient's medical record until Electronic Health Records program, e.g. MHS GENESIS, is implemented.
- b. Documentation of telehealth visit will be completed in the Electronic Health Record, e.g. MHS GENESIS, once implemented.

17. EMERGENCY PROTOCOLS. Emergency protocols should include the following:

- a. The Provider site should have a secondary method for immediately contacting the patient and staff at the Patient site in case of equipment failure, lost signal, or dropped call;
 - (1) A trusted secondary form of communication must be documented in each patient's profile to reach the patient in the event of lost connection.
- b. The Patient site should always be on call as a point of contact to manage patient emergencies that occur while telehealth care is being delivered, provide on call telehealth care afterhours; and

- c. Both sites should have immediate access to emergency contact numbers that can respond to the Patient site in the event of an emergency (e.g., local law enforcement, facility security, emergency medical response teams). If the patient is undergoing telehealth at home or outside of a Coast Guard clinic, then local emergency contact numbers should be recorded and accessible to the Provider site in the event of an emergency.

18. FORMS/REPORTS. The forms Referenced in this Instruction are available in USCG Electronic Forms on the Standard Workstation or on the Internet: <https://www.dcms.uscg.mil/forms>; CG Portal <https://cgportal2.uscg.mil/library/forms/SitePages/Home.aspx>. Standard Forms may be found here: <https://www.gsa.gov/portal/forms/type/TOP>.

19. REQUESTS FOR CHANGES. Units and individuals may recommend changes by writing via the chain of command to:

COMMANDANT (CG-112)
ATTN OFFICE OF HEALTH SERVICE
US COAST GUARD STOP 7907
2703 MARTIN LUTHER KING JR AVE
SE WASHINGTON DC 20593-7907

/DANA L. THOMAS/
Rear Admiral, U. S. Coast Guard
Director, Health, Safety and Work-Life

Encl: (1) TELEHEALTH-COAST GUARD CARE ANYWHERE

Enclosure (1) TELEHEALTH- COAST GUARD CARE ANYWHERE

1. Activation of the Coast Guard Care Anywhere account does not change a member's primary care enrollment. This tool allows Coast Guard providers to support eligible patients throughout their AOR while minimizing the need for travel. Other benefits of Telehealth include:
 - a. Broader outreach of specialized services by providers including mental health.
 - b. Maximizes use of provider staff to support more remote areas.
 - c. Aids providers in doing more with limited resources.
 - d. Reduces the overall cost of care by providing greater access to CG resources.
 - e. Improves patient accessibility to care.
 - f. Provides less exposure to illness for patients and providers.
 - g. Increases patient options in seeking care.
 - h. Enhances provider flexibility to facilitate a healthy work life balance.
 - i. Improves member readiness, especially in remote locations.
 - j. Enables patients to manage non-emergent health conditions at home, reducing unnecessary clinic and urgent care visits. Earlier access to medical advice through telehealth can reduce the need for hospital admissions.
 - k. Allows patients to stay where they are, leveraging their personal support network.
2. The primary goals of the Telehealth system are to provide:
 - a. A HIPAA compliant video conferencing system that meets Department of Defense (DOD) and federal cybersecurity standards to supplement face-to-face patient meetings.
 - b. A virtual space where patients securely await and engage in their health care appointments.
 - c. Reports to assess system efficiencies by analyzing system usage, appointment durations, patient's wait times and call drop statistics.
 - d. An ability for patients and providers to use mobile devices, such as tablets and mobile phones.
 - e. The scheduling of patient appointments based on health care provider availability.
3. USCG Enrollment Process for Patients:
 - a. Patients will receive "Welcome" invitation emails and text messages to activate their Coast Guard Care Anywhere account.
 - b. The email invitation will originate from USCG at:
noreply@viimail.net, Subject- Activation of Coast Guard Care Anywhere (Telehealth) Account. The following text is the body of the email: "This email is not spam, this invitation is to activate your CG Telehealth Account in Coast Guard Care Anywhere. If you have any questions please contact your servicing Coast Guard Clinic within your District. Welcome [Patient First Name], To finish creating your account with Coast Guard Care Anywhere, click the link button below. For technical support call 877-70-GUARD or 877-704-8273. Activate Account Link / Button."
 - c. Patient will also receive a text message from (202) 417-3338 welcoming members to finish creating their Coast Guard Care Anywhere (Telehealth) account. Within the body of text members will find the following link using Google Chrome:
<https://virtualhealth.viinetwork.net/welcome/0e4dcdb6-2915-4c0c-b530-dfb35ab2c7f>.