

Telehealth Essentials



Mid-Atlantic
Telehealth
Resource Center

ESSENTIAL #1: LEARN TELEHEALTH POLICIES



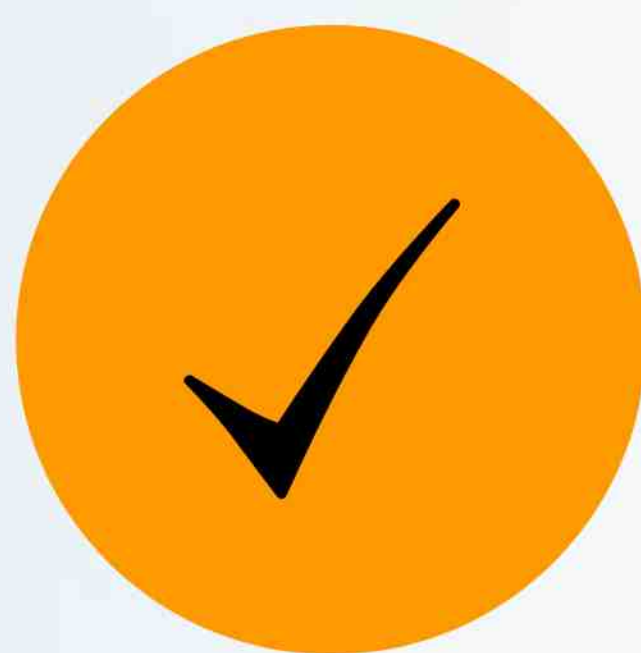
LAWS & REGULATIONS

Check for federal and state laws and regulations governing telehealth and reimbursement



PROFESSIONAL BOARDS

Check for professional license laws, regulations and guidance documents



PROFESSIONAL ETHICS

Check for professional ethics guidelines and standards



PRACTICE GUIDELINES

Check for professional practice guidelines



MODEL POLICY

Not seeing any of the above that apply to you? Take look at the FSMB Model Policy



CONSENT What do the different policies say about consent? Is it required? Are there specific required elements? Must it be in writing? Here are some key elements of consent to consider:

RISKS AND BENEFITS

- Discuss limitations (e.g., access to lab tests, peripheral devices, quality of audio/video). Disclose that you may not get enough information to make a clinical assessment. What will happen in these situations?
- Understand and discuss any limitations you might have with prescribing.
- Discuss the possibility of being disconnected. What is the expectation if this happens?
- Discuss your ability/inability to access their medical record/health history. What do you expect of the patient in terms of communication with you and then with their PCP if that isn't you? Will you provide them with the CCD (recommended!)?
- Discuss expectations regarding payment. Will you be filing claims or will they? If you are, they will need to consent to your providing information to a third party. Will they need to pay anything up front?
- Discuss expectations about continuity of care. Will they be able to reach you again for follow up? If so, how?



IDENTITY VERIFICATION

- If this is not an established patient/client that you would recognize, have the patient/client hold up a picture ID next to their face. You can do the same using your work ID badge (if you have one) or another form of ID and/or documentation of your credentials.

PRIVACY AND SECURITY

- Discuss security measures and limitations with the technology you are using.
- Disclose if anyone else is in the room with you and who will have access to information regarding this consult.
- Ask if the patient/client is by themselves in a private location and if anyone else is in the room with them or able to overhear your conversation. When feasible, ask the patient/client to pan the room with their camera.



LICENSURE & LOCATION As a general rule of thumb, you need to be licensed where the patient is physically located at the time of service.

ALWAYS ASK

- Don't assume that the patient is at home. If you don't know with certainty, ask at the start of **every** virtual visit!
- If you will be billing a third party, you will need this information. If their location address is not otherwise in your patient/client record, make a note of it.
- Remember that if the patient experiences an emergency/crisis when they are in the middle of a visit with you, if you don't have easy access to their physical address (a PO Box will not work), it will be impossible to contact first responders and have them deployed to the patient's location.



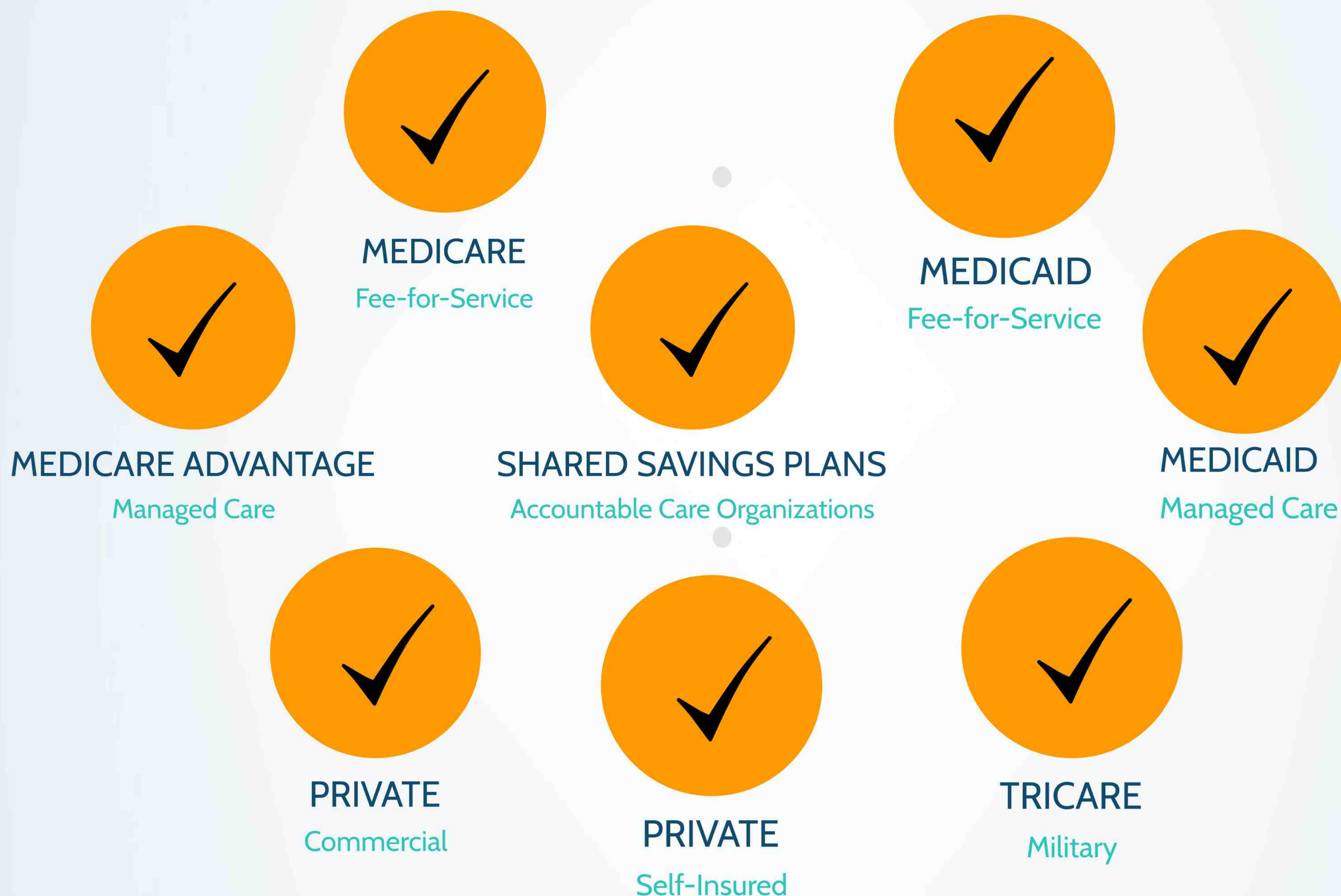
STANDARD OF CARE & LIABILITY

KEEP IN MIND

- The "Standard of Care" does not change simply because you are providing a telehealth visit. If you are uneasy with rendering an opinion or making a diagnosis because you don't have adequate information, then don't do it.
- "Standard of Care" is not the same as ideal or perfect care, but typically refers to the customary practice of similar care providers. In other words, based on the information you were given, would the clinical judgement of similar providers have been the same as yours?
- Many insurance companies include coverage for telehealth, but not all. It is a good idea to contact your carrier to verify. If it isn't included, see if a rider can be added to your policy at little or sometimes no additional cost.



ESSENTIAL #2: LEARN REIMBURSEMENT RULES



IT'S COMPLICATED One of the reasons why there hasn't been widespread adoption of telehealth until now is because of the complexity of the reimbursement landscape.

A FEW TIPS

- Take a look at your patient profile by payer type. You won't be able to learn it all, but this will help you know where to focus your time and effort.
- Medicare Fee-for-Service (FFS) rules are the same nationwide, while Medicaid FFS rules are different for each state.
- Medicaid and Medicare Managed Care and Shared Savings Plans have a lot of freedom to incorporate telehealth pretty broadly into their program designs, but are not required to do so. Rules vary between plans and programs.
- Private payer laws vary by state. Some states mandate parity in coverage, or payment or both for telehealth. Others have no mandates so it is up to the carrier what telehealth services they will/won't cover.



ESSENTIAL #3: FIGURE OUT YOUR TECHNOLOGY NEEDS



WHAT PROBLEM(S) AM I
TRYING TO SOLVE?

Is this a temporary stopgap
measure or a longer term model?



WHAT IS MY PROGRAM
MODEL?

Has this been done successfully
elsewhere?



WHAT IS MY IDEAL
WORKFLOW?

What is needed for a good patient
and provider experience?



TECHNOLOGY REQUIREMENTS

Determine your technical specifications **AFTER** figuring out the answers to the above three questions!

A FEW THINGS TO CONSIDER

- What kind of bandwidth will I and my patients/clients be able to access?
- What will I do if something fails? Do I have technical support on staff or will I need it from the vendor?
- Will I need to integrate more than one type of technology and will it need to interface with my EMR?
- What kind of budget do I have for both one time purchases and ongoing maintenance, upgrades and refreshes?
- What features are "must haves" and what are "nice to haves"?



SECURITY AND PRIVACY

Technology alone can **NOT** make you HIPAA compliant!

A FEW THINGS TO ASK A VENDOR (POTENTIAL BUSINESS ASSOCIATE)

- Which of the 18 identifiers of PHI would your company be capable of accessing?
- May I view the results of your last HIPAA compliance audit?
- What administrative, physical and technical safeguards do you have in place?
- Would you be willing to sign OUR BAA?



ESSENTIAL #4: TAKE TIME TO PLAN AND TEST



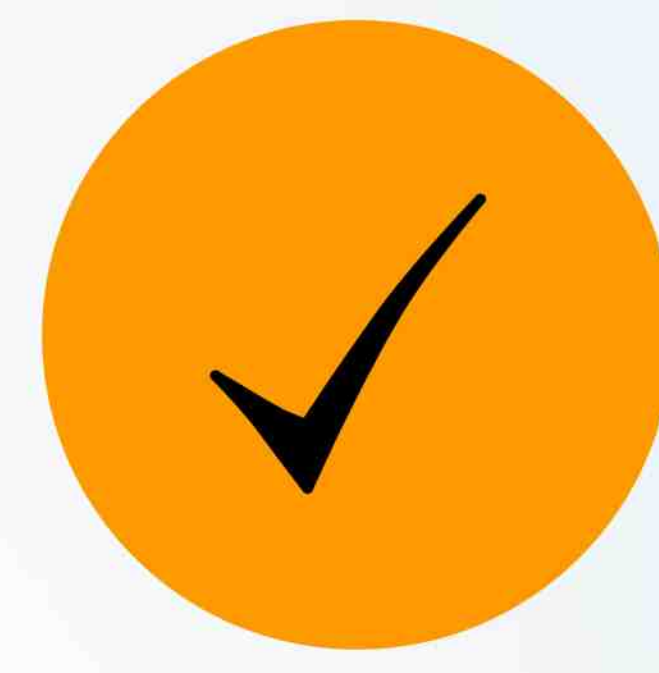
DON'T PLAN ALONE - BE INCLUSIVE

Engage **EVERYONE** in your office that it will impact, from your front desk to your billing person to your IT person to your clinicians



DEVELOP CLEAR WRITTEN PROTOCOLS

Define all roles and responsibilities



PILOT TEST

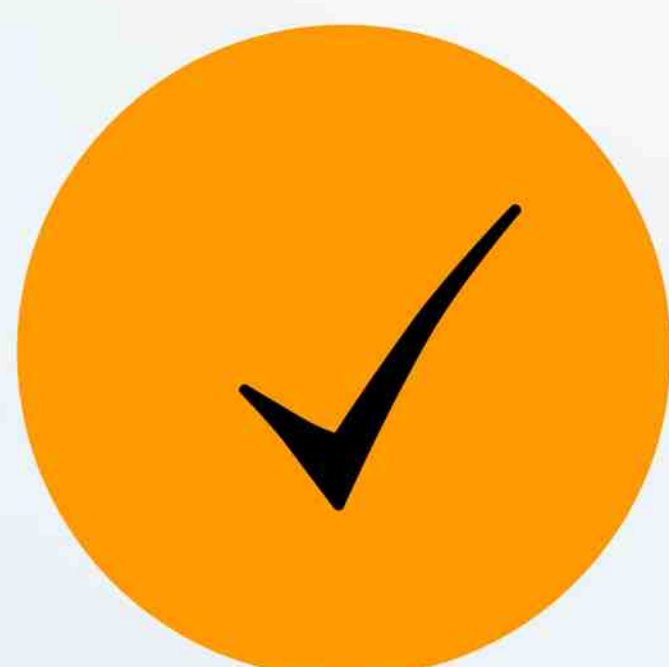
Recruit some friends, family members, staff and colleagues and test every aspect of your protocol. Get feedback, refine and improve.



WHAT GOES IN A PROTOCOL?

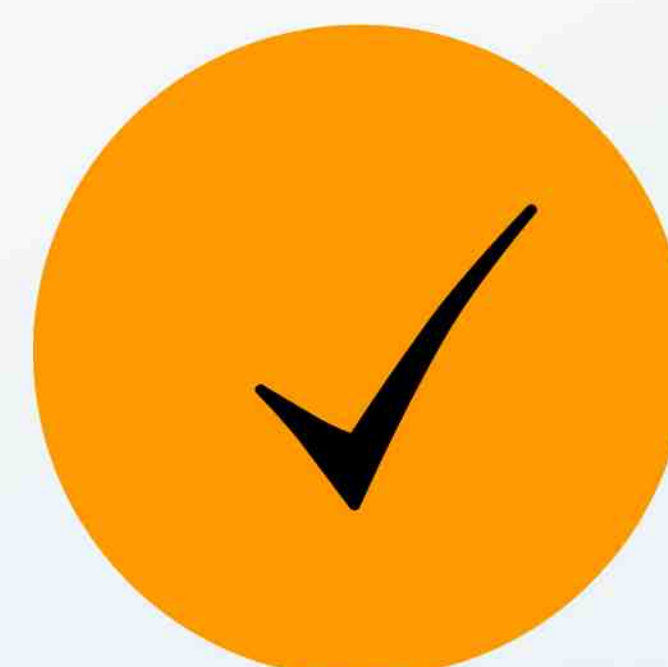
A FEW THINGS TO CONSIDER

- How do I let my patients know about this service? How do they initiate or schedule a visit?
- Who is responsible for setting up and testing the equipment and providing the patient instructions?
- What information will I need about the patient before my visit? Who will get this information and how?
- What should happen if there are technical difficulties? Who should contact whom?
- What procedures must I have in place in case of an emergency? a need for a prescriptions? a need for a referral?
- What happens at the end of a consult? Who will document? What will be documented? What information will I communicate and to whom about the visit? Who will do the billing?



TRAIN, TRAIN AND RETRAIN

Make sure everyone knows their roles and responsibilities. Make it hard to fail!



JUST DO IT!

Don't let the perfect be the enemy of the good!