Telemedicine

Evaluating Virtual Care From a Risk Management Perspective

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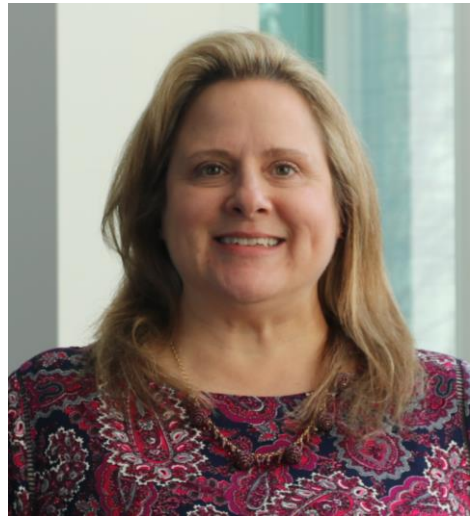
Speaker bio



Laura Nordberg, RN, MBA, JD, CPHRM, Senior Patient Safety & Risk Consultant, MedPro Group (Laura.Nordberg@medpro.com)

As a senior patient safety and risk consultant for MedPro Group, Laura Nordberg identifies issues and solutions pertinent to risk management and patient safety for insureds.

Laura is an attorney and a registered nurse. As a registered nurse, she has cared for patients in acute renal, medical/surgical, high-risk obstetrics, labor and delivery, surgery, critical care, and ambulatory care settings. As an attorney, Laura was a malpractice defense attorney in private law practice, representing hospitals and healthcare providers.

In her most recent position before MedPro Group, Laura was the assistant counsel for continuing care at Trinity Health. During her 22-year tenure at that health system, Laura served as a claims manager and loss prevention/control director, where she focused on risk assessment and risk modification programs for physicians, hospitals, and post-acute care providers.

Laura obtained a Bachelor of Science degree in Nursing at Oakland University and a Master's of Business Administration from Michigan State University. She earned her Juris Doctor from Wayne State University. She is a member of the Indiana and Michigan Societies for Healthcare Risk Management (ISHRM and MSHRM), the American Society for Healthcare Risk Management (ASHRM), and the American and Michigan Bar Associations.

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Objectives

At the conclusion of this program, participants should be able to:

- Define telemedicine, including its history and methodologies
- Identify the benefits of telemedicine
- List the types of technologies used in telemedicine
- Discuss the risk issues and risk-reduction strategies related to telemedicine
- Understand the medical professional liability (MPL) claims experience and trends to date associated with telemedicine
- Explain the process to prepare for, conduct, and document a telemedicine appointment
- Understand the landscape of telemedicine before and after the novel coronavirus disease 2019 (COVID-19) pandemic

Definition and semantics

Telemedicine refers to the practice of medicine using technology to deliver care at a distance.

Telemedicine services involve medical information exchanged from one site to another via electronic communication.

Information exchange in telemedicine can take place in real time, or information can be forwarded and analyzed at a later time.

The terms “telemedicine” and “telehealth” sometimes are used interchangeably. However, in some instances, “telehealth” also is used to refer to nonclinical services, such as training and continuing education.

American Academy of Family Physicians. (n.d.). *Telemedicine and telehealth.* Retrieved from www.aafp.org/practice-management/health-it/telemedicine-telehealth.html; MedPro Group. (2019). *Risk Q&A: Telemedicine/telehealth.* Retrieved from www.medpro.com/documents/10502/3019648/Q_A_Telehealth-Telemedicine.pdf

History of telemedicine

Aboriginal people of Australia: Message sticks

Circa 1500: Flags flown by ships/ports

1700s: Case presentations to prominent physicians

1800s: Specimens sent to physicians

1861-1865: Telegraph during U.S. Civil War

1920: Short-wave radio by ships at sea and in rural areas (e.g., Norway and Alaska)

1920s: Doctors use radio signals to generate a one-dimensional image of patient

1924: “Teledactyl” — Dr. Hugo Gernsback proposes to use radio waves to operate a robotic hand to examine patients

1948: Radiology images sent via telephone lines for 24 miles in Pennsylvania

Circa 1960: Closed-circuit TV between Nebraska Psychiatric Institute and Norfolk State Hospital

1963: Radio-wave-based telemetry for postoperative cardiac monitoring by anesthesia personnel

Bashshur, R. L., & Shannon, G. W. (2009). The genesis of telemedicine. In *History of Telemedicine: Evolution, Context, and Transformation. Healthcare Informatics Research* (pp. 131-154). New Rochelle, NY: Mary Ann Liebert, Inc. https://doi.org/10.4258/hir.2010.16.1.65; doxy.me. (2019, May 28). The history of telemedicine. Retrieved from https://doxy.me/en/blog/2019/05/history-of-telemedicine-2/

History of telemedicine (continued)

1964: AT&T releases first picturephone

1967: Boston Logan Airport opens medical station where APP sends information to Massachusetts General Hospital 2.7 miles away using microwave circuit

1972: NASA and Indian Health Services project with Papago Indian Reservation (Arizona)

1973: Mobile phones invented (Motorola)

1989: U.S. telehealth aid to Armenia following earthquake

1992: IBM creates first smartphone

1993: American Telemedicine Association founded

1999: Centers for Medicare & Medicaid Services (CMS) begins limited reimbursement for some telemedicine services provided to rural, underserved areas

2001: First remote telesurgery completed

2011: Majority of U.S. citizens own a smartphone

2012: Telestroke programs established

2020 (August): CMS releases new Proposed Rules

Patient care settings

Acute care

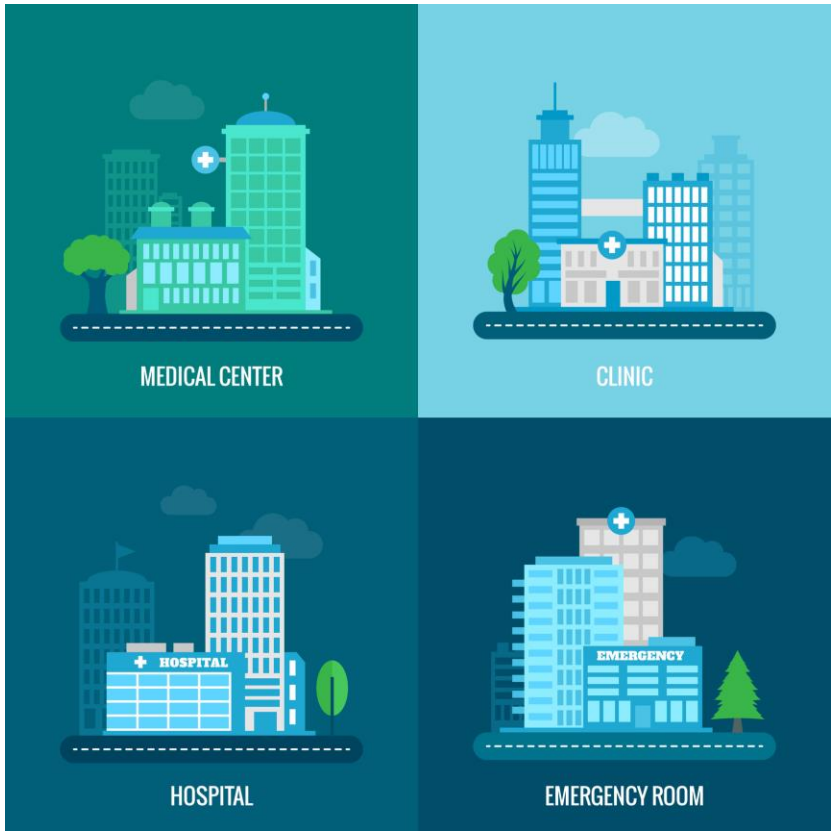
- Allergies, asthma, and sinus issues
- Arthritis pain
- Colds, sore throat, bronchitis, and flu
- Diarrhea
- Infections and insect bites
- “Pink eye,” rashes, dermatitis
- Minor sports injuries
- Sprains and strains
- Urinary tract infections

Chronic care

- Hypertension
- Asthma
- Congestive heart failure
- Chronic obstructive pulmonary disease
- Diabetes

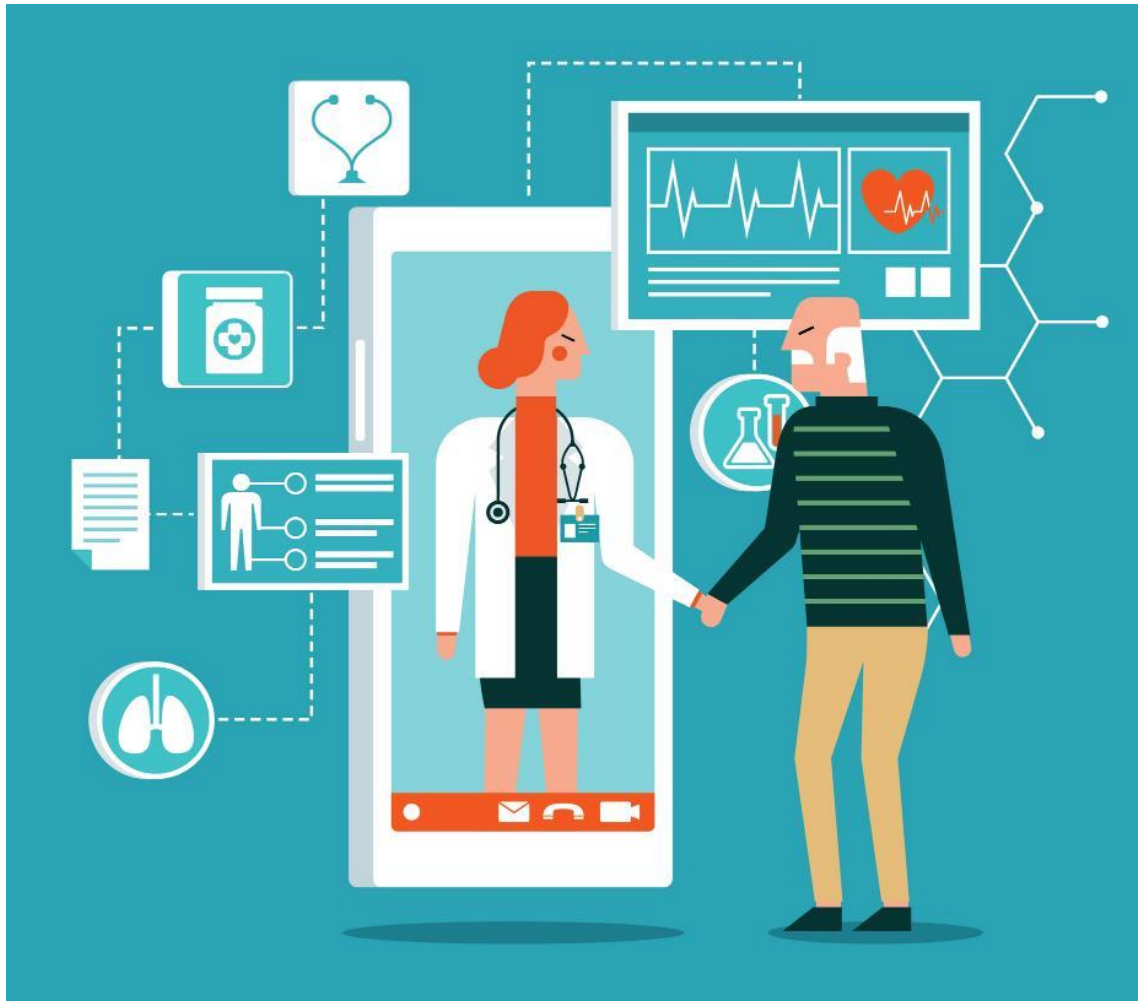
Both acute and chronic care

- Anxiety
- Depression



Benefits of telemedicine

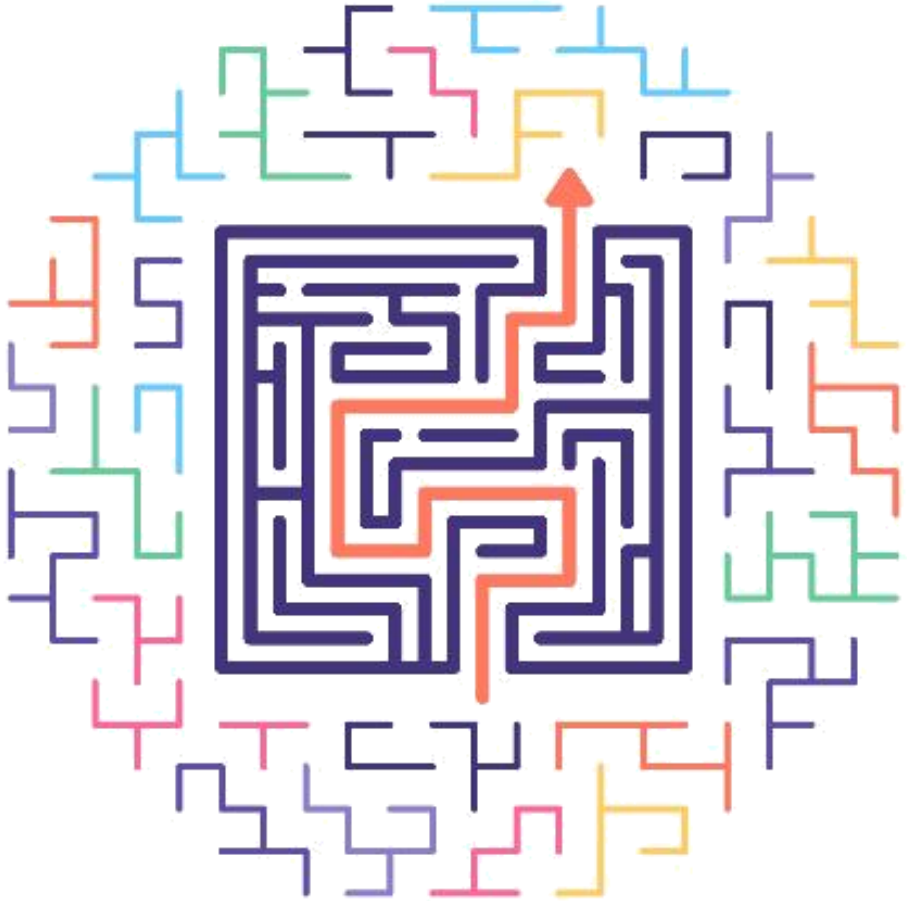
- Improved access to care
- Cost efficiency
- Improved quality
- Infection prevention
- Convenience
- Patient satisfaction
- Care continuity
- Remote monitoring
- Expanded diagnostic capabilities
- Reduced emergency department use
- Improved overall care



Medical News Today. (2020, April 20). Telemedicine benefits: For patients and professionals. Retrieved from www.medicalnewstoday.com/articles/telemedicine-benefits; Alvandi, M. (2017, March). Telemedicine and its role in revolutionizing healthcare delivery. *The American Journal of Accountable Care, 5*(1), e1-e5; The John A. Hartford Foundation & the National Committee for Quality Assurance. (2014, July 25). Transforming primary care: What Medicare beneficiaries want and need from patient-centered medical homes to improve health and lower costs. Retrieved from https://www.johnahartford.org/images/uploads/resources/NCQA-Hartford_Langston_Slides.pdf

Telehealth barriers

- Digital divide
- Physical exam limitations
- Patients who have visual impairment, hearing loss, or cognitive disabilities
- Patients who have limited English proficiency (in the absence of interpreter services)
- Sustainable business models
- State law variations (e.g., licensure requirements)
- Reimbursement (post-COVID-19)
- Start-up costs
- Internet access and device availability
- Patient/provider use of technology



Not a one-size-fits-all solution

Telemedicine might not be appropriate for:

- Patients who have severe symptoms
- Certain protocol-driven procedures
- Aggressive interventions
- Emergency situations
- Conditions that require in-person examination

The determination to use telemedicine should be based on the clinician's judgment and depend on each patient's clinical situation.

Types of telemedicine technologies

- Videoconferencing
- Store-and-forward imaging
- Patient monitoring centers
- Mobile health (mHealth) technologies
- Internet e-health patient services or professional education
- Robotic services (monitoring, tele-stroke, surgery, etc.)
- Wearable health technology

Information Transmission

Telemedicine providers use various methods to send and receive data, including landline phones, internet technologies, wireless communications, virtual private networks, and more.

Telehealth claims experience

National telemedicine claims data

Of the 94,228 total claims in the PIAA data sharing project (DSP) during the period from 2004–2013, a total of only 196 claims were linked with telephone treatment.

Of those 196 reported claims, 56 resulted in some form of claim payment.

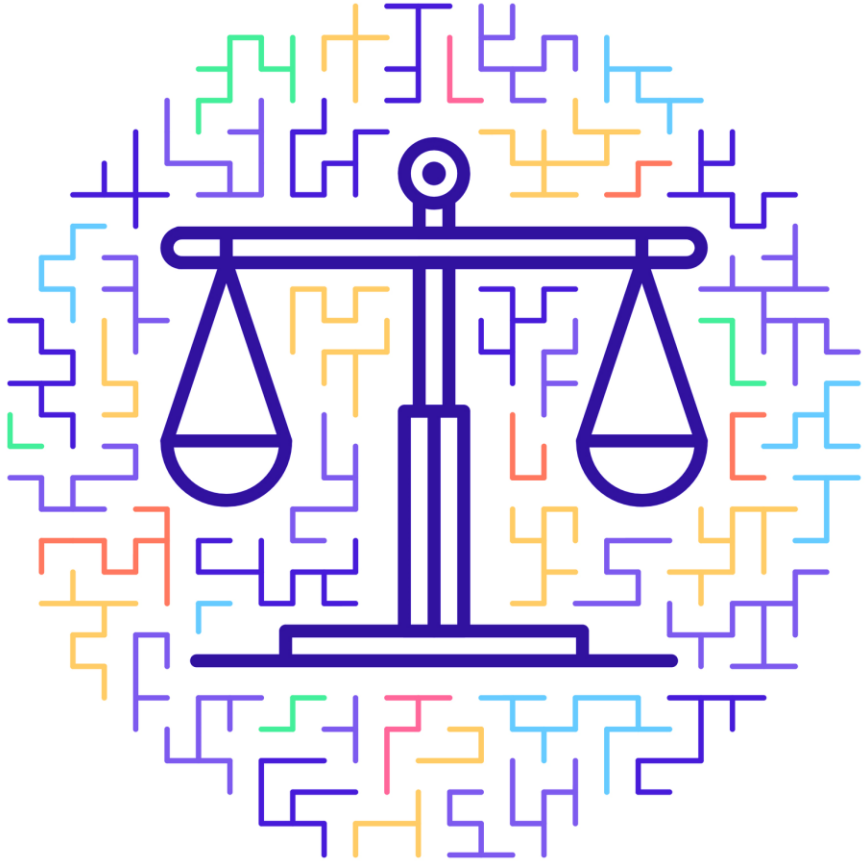
The total indemnity loss related to telephone treatment was $17M compared with $8B for the total of all MPL losses in the DSP.

Telephone treatment claims thus represented only about 0.21% of all MPL losses.

The average indemnity loss was also lower for telephone treatment — $303,691 compared with $328,815 for all MPL claims within the DSP.

Malpractice claims experience

- Limited information
- Increased utilization
- May involve acts of commission or omission
- May involve numerous defendants
- Potential for vicarious liability
- Potential for miscommunication
- Provider–patient relationship

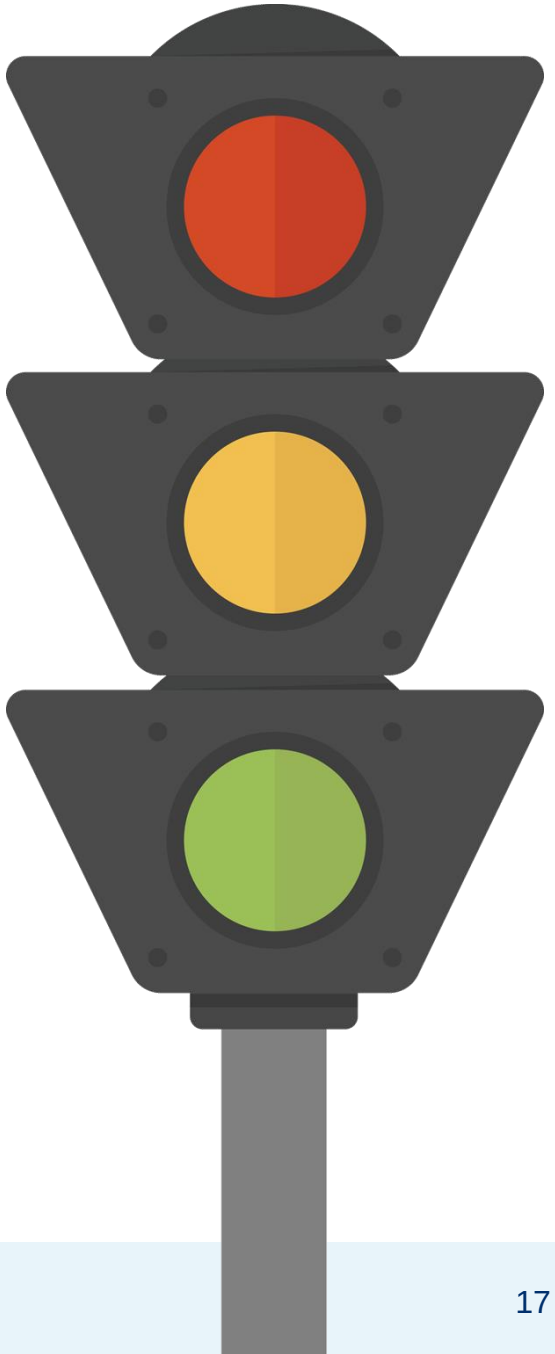


Liability issues

Telemedicine: LIABILITY ISSUES

Telehealth/Telemedicine Malpractice Cases to Date: Allegations

- Incorrect **interpretations of images from** home or remote and miscommunication of timeliness of "**stat" reading (radiology)**
- **Failure to communicate presenting symptoms** to a remote examining neuro-radiologist and resulting failure to diagnose
- **Incorrect interpretation** of remote reading of **EFM strips**
- Failed **telepsychiatry** communications
- Incorrect diagnosis of bacterial meningitis from a **pharmacy kiosk**
- Systemic **failure of a device/app** that monitored patient blood sugar resulting in hypoglycemic shock to one patient
- NP **incorrectly prescribed medication from a kiosk encounter** due to patient's weight changing significantly
- Patient **suicide immediately** after telepsychiatry encounter



crico | strategies

Risk management considerations

When does the doctor-patient relationship begin?

Is the technology reliable? How about image quality?

Do you understand federal regulations and individual state regulations?

Have you considered these issues: licensing, online prescribing, credentialing, informed consent, and privacy?

Does your professional liability carrier cover telemedicine services?

How is jurisdiction determined? (Note: Jurisdiction usually is determined by the patient's location.)

Case Study

Case study

Elderly patient had a fall and was experiencing back pain.

The patient's family contacted his PCP for a telemedicine visit.

The PCP had one of the patient's family members examine the patient.

The doctor advised the patient to go to the hospital or come to the office.

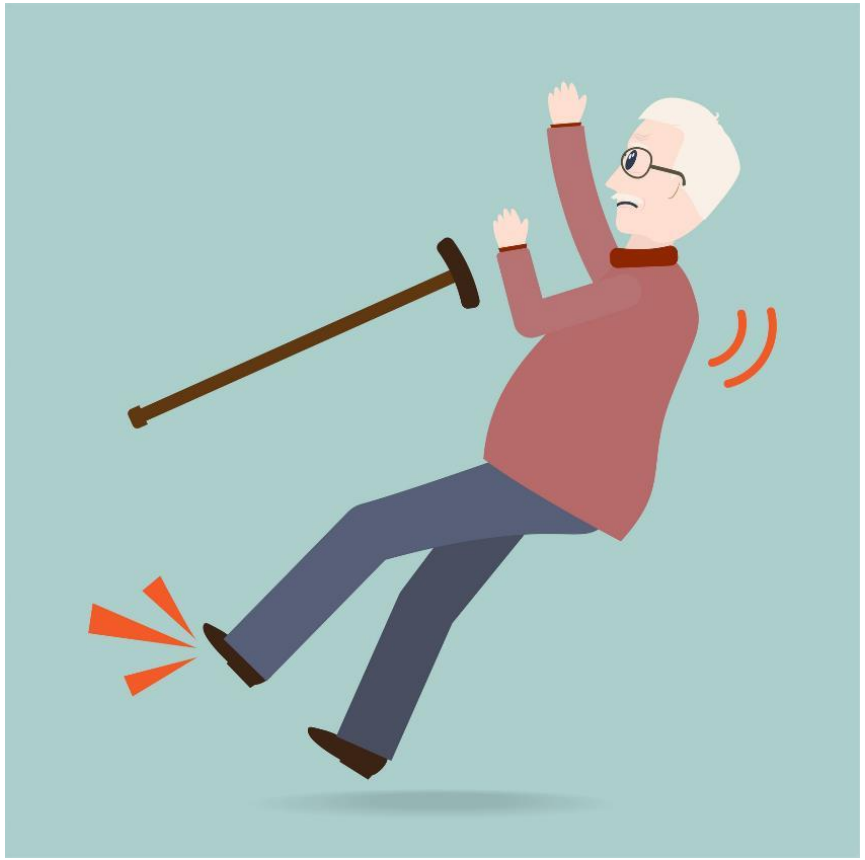
The patient refused because of COVID-19 fears.

Over the course of a week, the patient had two more telemedicine visits, but the fall was not discussed.

The PCP did not have adequate documentation about the fall, the assessment, and no corresponding documentation regarding follow-up.

The patient presented to the ED 1.5 weeks after first T/M visit with incontinence and paralysis.

Allegation: delay in diagnosis of cauda equina syndrome.



Questions for case study analysis

What is our potential liability for important information or changes in condition that are missed during the subsequent telehealth visits?

What types of risk mitigation strategies are recommended to avoid this outcome?

Risk management

Major areas of concern

State licensing board regulations

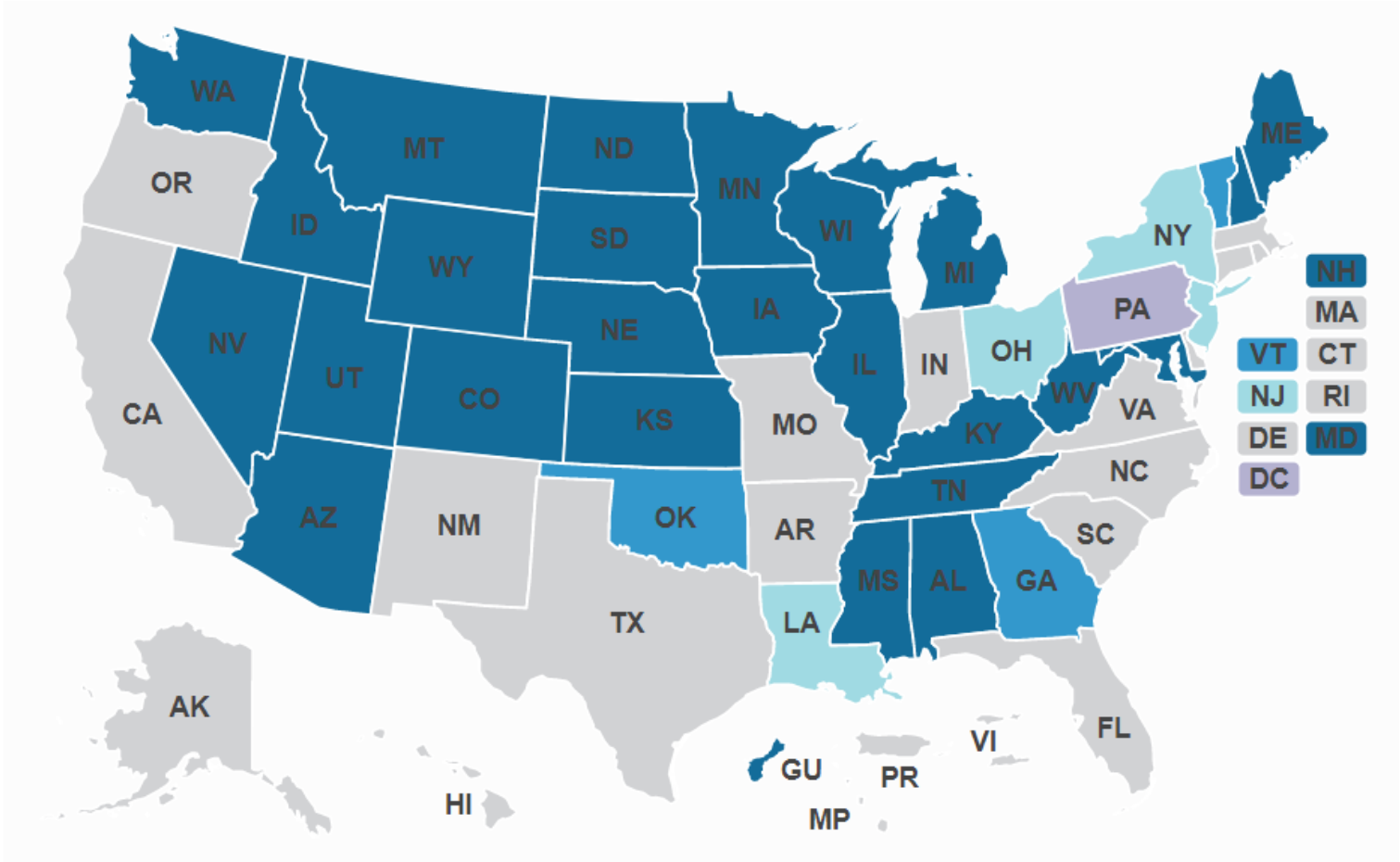
Each state has its own statutes and regulations associated with clinical practice and the delivery of healthcare.

States might:

- Require full licensure for telemedicine practice.
- Offer an abbreviated telemedicine licensing process.
- Allow licensed out-of-state doctors to provide telemedicine services within the state without obtaining a state-specific license (often with limitations).
- Participate in an interstate compact that allows providers to have one license that is viable in participating states or sets forth an expedited licensure process in participating states.

Providers must be cognizant of the laws and regulations in their states and the states in which their patients are receiving services.

The Interstate Medical Licensure Compact



Insurance regulations

Common Directives and Requests

- Orders to expand telemedicine services to all covered services under health insurance plans
- Mandating that requirements on use of telemedicine services be no more restrictive or less consumer-friendly than in-person requirements
- Prohibiting the requirement of a previous patient-provider relationship
- Reimbursement for telemedicine services at the same rate as in-person visits
- Requiring the inclusion of mental health services through use of telemedicine
- Authorizing physicians to practice telemedicine across state lines
- Allowing providers in quarantine to practice telemedicine
- Prohibiting cost-sharing (i.e., co-pays, deductibles, and co-insurance payments), particularly for COVID-19 related illnesses and balance billing
- Including short-term limited duration plans and limited benefit plans among the insurers that must provide coverage for telemedicine service
- Closely review eligibility language in your individual policy

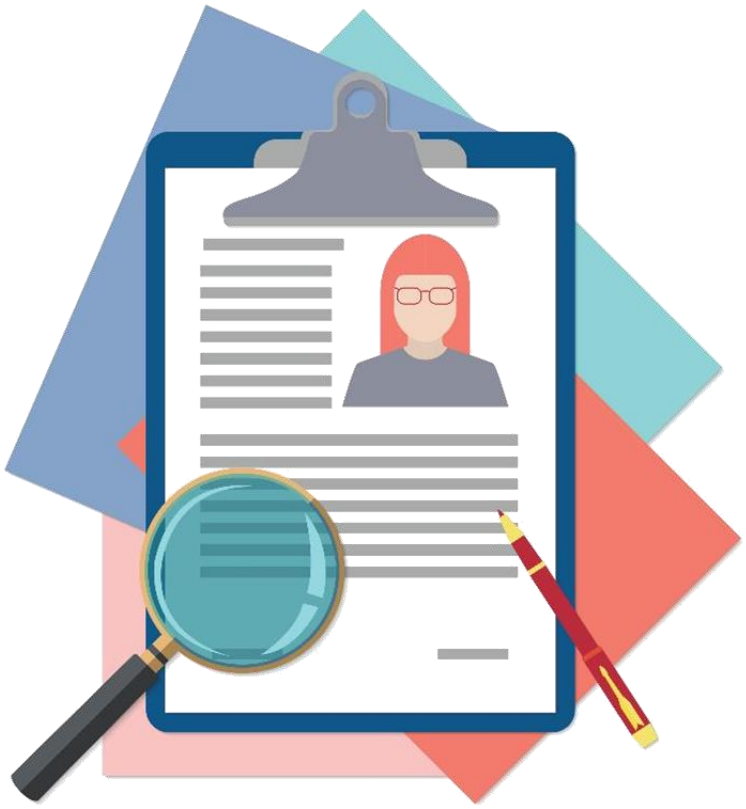
Clyde & Co. (2020, May 1). COVID-19 insurance: US insurance regulators require increased access to telemedicine. Retrieved from www.clydeco.com/en/insights/2020/05/covid-19-insurance-us-insurance-regulators-require

Credentialing and privileging

Credentialing and privileging are essential for both traditional care and telemedicine.

Facilities must exercise the same level of due diligence in their screening and selection processes for telemedicine providers as they do for onsite providers.

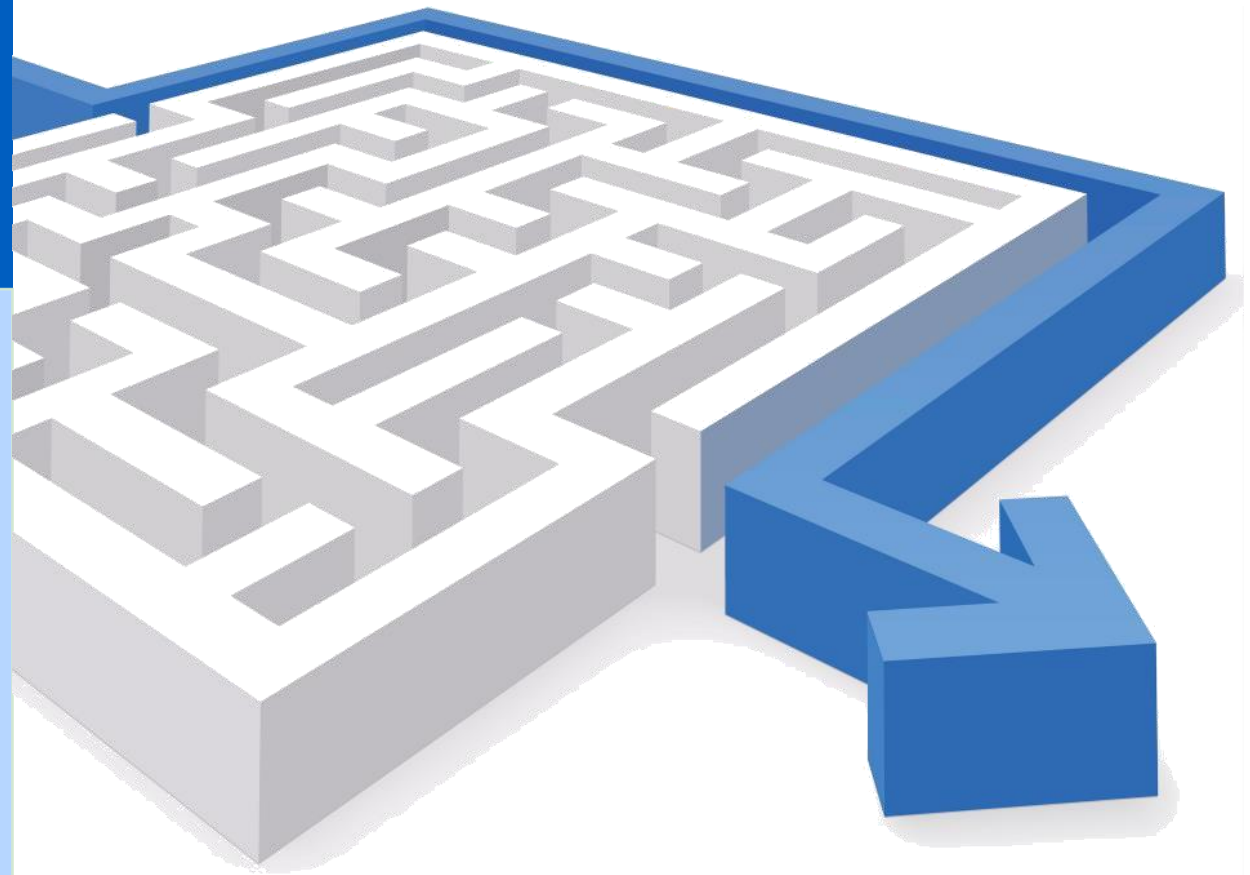
Credentialing and privileging must ensure that telemedicine practitioners are legally allowed to provide care to the specified patient population, and that they are qualified for the scope of services requested.



Credentialing by proxy

Offered by CMS and The Joint Commission

- Permits the healthcare facility receiving the telemedicine services (known as the “originating site”) to rely on the credentialing and privileging processes of the entity providing the services (known as the “distant site”)
- Certain requirements must be met, including a written agreement between the two parties.



Privacy/security

Transmission of electronic protected health information (ePHI) for telehealth services must comply with HIPAA and HITECH standards, as well as any relevant state laws (same duty as in-person care).

Safeguards must be in place at every point in the process (originating site, transmission medium, distant site). Examples of safeguards include:

- Data encryption.
- User authentication.
- Password security.
- Patient verification technologies.
- Protected wireless networks.
- Data tracking and auditing.

Providers must be aware of approved vs. nonapproved technologies for telehealth.

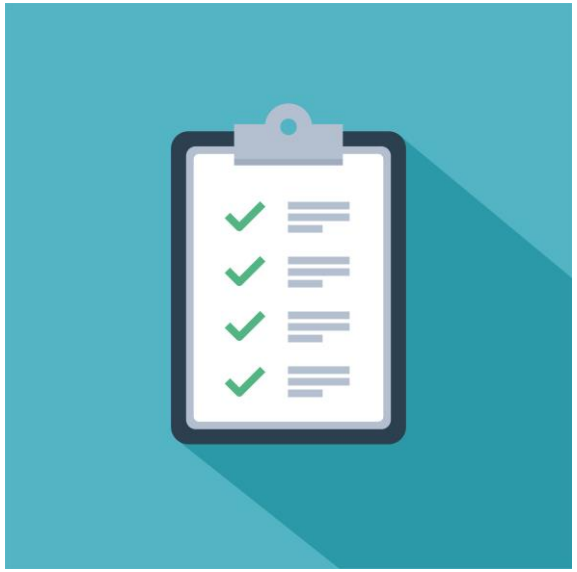
Organizations should have policies/protocols for confidentiality, including: encryption, passwords, anti-virus protection, and contingency plans for when devices are lost or stolen.

Informed consent

The informed consent process should be documented in the patient's health record.

Telemedicine-specific considerations:

- Types of visits permitted (state law)
- Names of all involved healthcare providers, as well as credentials and location
- Description of the telehealth service that will be performed and the technology that will be used
- Alternative options for treatment and care
- Plan for ongoing care (and who is responsible)
- Security/privacy safeguards
- Risks associated with use of telehealth services (e.g., technical problems, equipment failure, power outage)
- Contingency plan in case of emergency/malfunction



Online prescribing

- Provider–patient relationship
- Adequate physical exam
- Accuracy of patient history
- State licensing board requirements
- Federal regulations
- Opioid prescribing
- Prescription refills

Reimbursement

Medicare

- Restrictions on types of services and geographic location

Medicaid

- The service must be medically necessary

Commercial Payer

- Review applicable payer contracts

"Steady, we have to catch them in the right mood. Alright, now! Fire those reimbursement requests over!"

CartoonCollections.com

Telemedicine technology and vendors

Managing technology

Are you documenting any technical problems? What are the standards for documentation? How about event reporting?

Are you documenting the mode of service delivery, or has your organization created a policy establishing the approved modes of delivery?

Does your technology include time stamps to account for different time zones?

Do you have a contingency plan if you lose internet connection and/or power?

Are you recording patient encounters?

Are you capturing telehealth patient appointments in the electronic health record (EHR)?

Do you understand and educate patients about the limitations of technology?

Do you follow a policy for communicating critical lab/X-ray findings? Follow up for labs/consultations ordered but not completed?

Technology topics for your internal team

Objectives

- “Right now” or “right fit” leadership philosophy
- Integration with other systems
- Imaging quality
- Documentation quality/quantity
- Privacy/security
- Smartphone or app availability
- Video storage capability

Financing options

Readiness for use (“out of the box”)

Potential to customize

Frequency of upgrades

Interoperability

Reports/auditing

- Quality metrics
- Event reporting

Topics to discuss with the telemedicine technology vendor

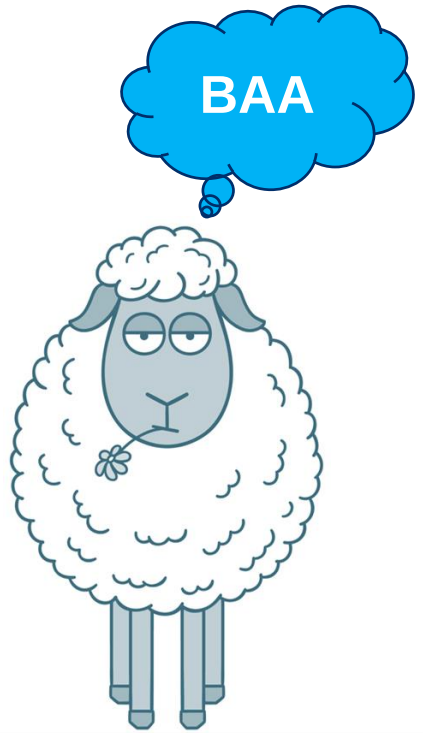
- Pricing models
- Virtual waiting room
- Three-way collaboration capability (providers, family)
- Sandbox with access
- Demo with a live interpreter or sign language provider
- Demo of transcription in multiple environments
  - Within the telemedicine application
  - In conjunction with an EHR system that already has transcription
  - In conjunction with a free-standing transcription application (e.g., Dragon)
- Customer references
  - Medical societies
  - Practices of similar size, specialty, location
- Confirmation of which data files can be exchanged with your EHR

Topics to discuss with the telemedicine technology vendor

- Import/export capabilities related to telehealth visit documentation with the EHR, printer, or patient portal
- Integration with other applications and third-party websites (e.g., health information exchange and payers)
- Read-only option when the contract expires, or if there is activity related to mergers, divestitures, and acquisitions
- Connectivity with biometric devices (e.g., scales and blood pressure machines)
- Function independently of app or portal
- Built-in solution to capture patient reviews or satisfaction survey
- Reports and auditing
- Advanced features
  - Front and rear camera support
  - Screen sharing
  - Annotation or closed captioning
  - Text chat

Telemedicine vendor contracts

- Is the vendor considered a business associate (BA) per HIPAA standards?
- Has a business associate agreement (BAA) been established in addition to the services agreement?
- Can the BA demonstrate HIPAA and HITECH compliance?
- Where does the BA house or store data?
- Who owns the data?
- Is notice required prior to data destruction?
- Does the agreement allow the vendor to subcontract?
- Have the parties negotiated who carries liability for breaches?
- How long does the contract last?
- Can documentation be accessed in read-only mode?
- How can the contract and BAA be dissolved?



Recommendation: Have legal counsel review all contracts and BAAs.

Patient care operations and workflow

Practice readiness

- Is your practice specialty amenable to telemedicine?
- Are you licensed and credentialed to provide telemedicine services?
- Will the telemedicine services provided be reimbursed?
- Do you have an appropriate distant site provider selected (if applicable)?
- Does your professional liability insurer cover telemedicine practice?
- Do you have secure technology to use for telemedicine?

Patient readiness

- Will the availability of telemedicine help your patients?
- Are your patients good candidates for telemedicine?
- Have your patients consented to receive telemedicine services in accordance with state law requirements?
- Do you already have established provider–patient relationships with patients receiving telemedicine services?
- Are your patients eligible to receive telemedicine services (e.g., based on their conditions, provider technical skills, hardware availability and third-party payer requirements)?

Environment and experience

Physical environment

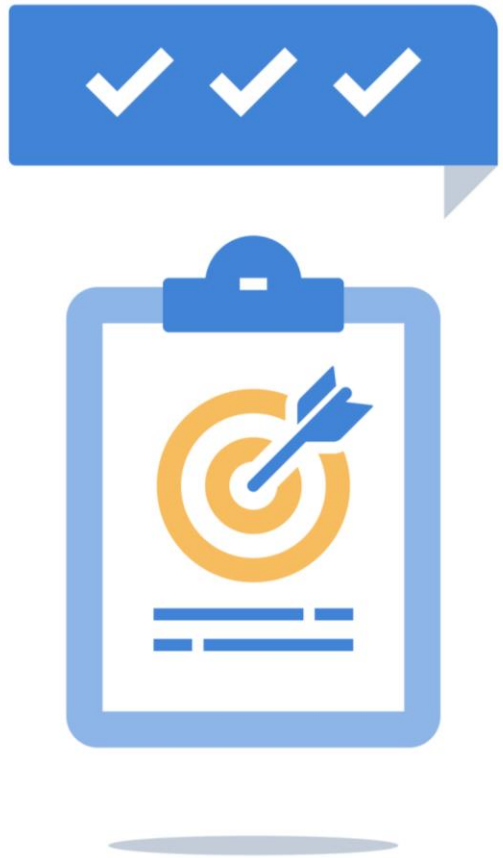
- Does the space where you conduct telemedicine visits offer privacy?
- Does the space have adequate lighting, and can you see and hear clearly?
- Are you able to minimize interruptions?
- Do you have ready access to information, tools, and records?

Patient experience

- Do you dress in professional attire during patient appointments?
- Are you organized, informed, and engaged?
- Do you practice empathy and active listening?
- How is your “webside” manner?

Before the telemedicine visit

- Consider people, process, environment, and equipment.
- Recruit your team first.
- Determine equipment/technology/software/EHR/patient portal.
- Front-end load information via the patient portal (chief complaint, vitals, blood glucose levels).
- Review problems list and current medication list.
- Review last two prior visits.
- Review recent diagnostic tests, test results, consultations ordered, consultative reports. Track outstanding orders.
- Consider a “dry run” for new patients, providers, or team members. Practice your greeting and your exit.
- Consider a pre-appointment reminder call and/or email.
- Engage interpreter service or other assistants as needed.



At the outset of the telemedicine visit

Plan and prepare your greeting. Consider use of a virtual waiting room.

Greet the patient and confirm the patient's identity.

Verify that the patient can see and hear you.

Confirm the patient's readiness and consent for the appointment.

Assess the patient's location and level of privacy.

Identify healthcare providers and staff, ask if anyone else is present with the patient, and document the response.

Observe the patient's surrounding environment.

During the telemedicine visit

Engage completely with the patient and avoid disruptions and distractions.

Assess the patient’s ability to focus and engage.

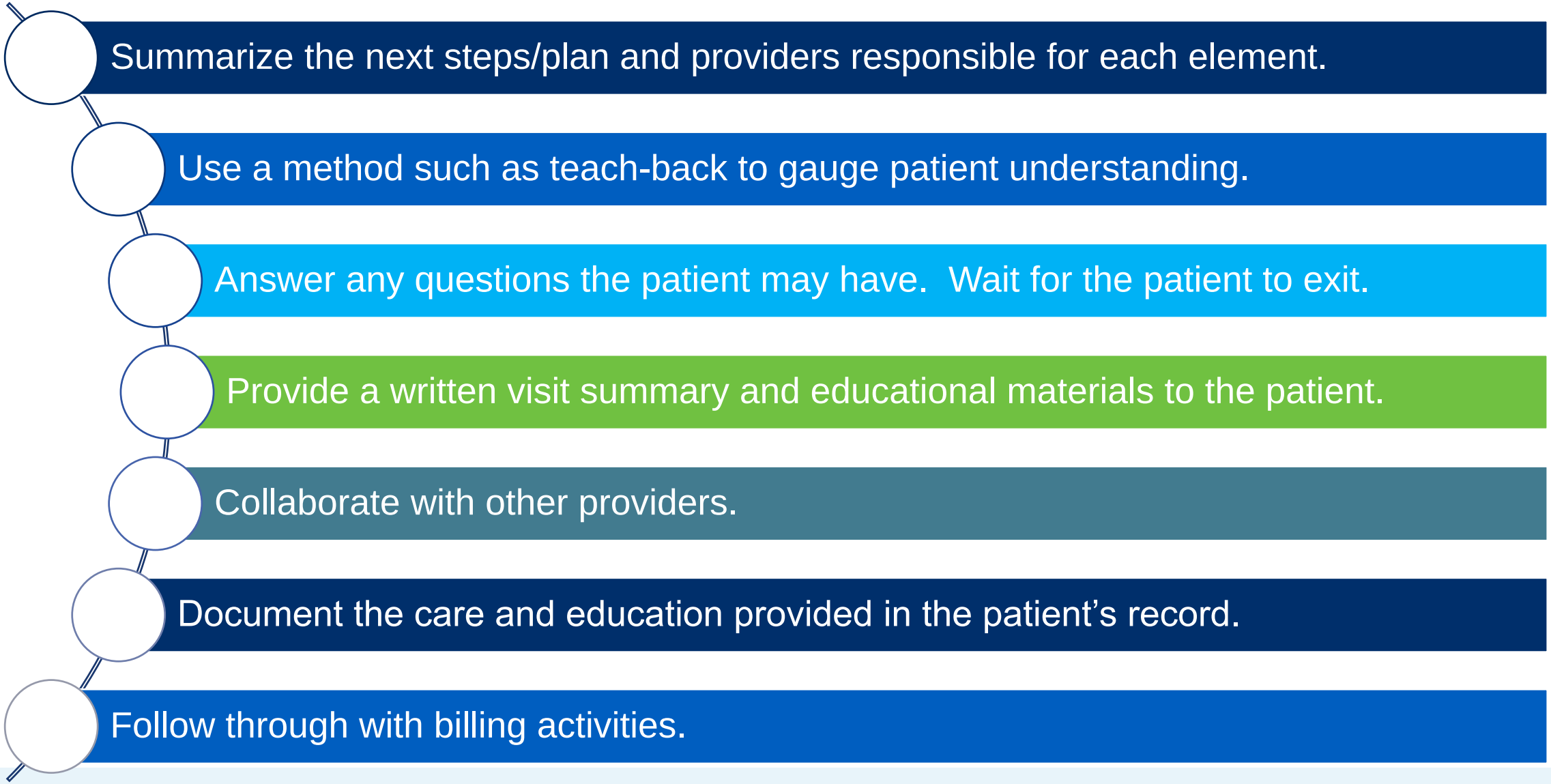
Remove your mask if possible.

Look into the camera, not into the patient’s eyes on the screen.

Consider the use of closed-captioning or annotations

- Patient characteristics
- Provider characteristics

After the telemedicine visit



How to conduct a telemedicine visit

- Confirm the patient's identity in accordance with your practice's policy (photo ID is best).
- Confirm the patient's readiness and consent for a telemedicine visit.
- Establish the purpose/topic of the visit.
- Establish connection through approved technology.
- In general, conduct a telemedicine visit as you would an in-person visit.
- Complete the verbal exchange of data (e.g., vital signs, blood sugar readings, weight, height).
- Discuss diagnosis, recommendations, treatment plan, and progress toward goals.
- Answer any questions that the patient might have.
- Provide a telemedicine visit summary to the patient.
- Document the telemedicine visit in the health record.
- Send notification to the primary care provider (PCP), if applicable.
- Process for billing, as permitted by payers.

American Medical Association. (2015, October 7). Telemedicine: Connect to specialists and facilitate better access to care for your patients. AMA STEPSForward. Retrieved from https://edhub.ama-assn.org/steps-forward/module/2702689

Documentation for a telemedicine visit

CMS allows for reimbursement at the same rates as face-to-face encounters as long as the same documentation standards are met.

Per CMS, reimbursement is based on time rather than physical examination.

Documentation should include:

- A note that the visit occurred via telemedicine.
- Provider name and license-based role (physician, nurse practitioner, podiatrist, etc.).
- Names and roles of all other participants present.
- Length of time of visit, and note that more than 50% of the encounter was spent on counseling/coordinating care.
- Differential diagnosis, active diagnosis, prognosis, risks, benefits of treatment, instruction, compliance, risk reduction, and coordination of care with other providers.
- Confirmation of patient identity and patient consent.
- Physical locations of provider(s) and patient.
- Mode of service delivery.
- Biometric data.
- A statement of risk (most patients will meet a “moderate risk”).
- Any technical problems experienced.

For chronic health conditions, consider using a template documentation format (e.g., Ask Me 3).

Documentation for a telemedicine visit (continued)

Telemedicine provider assessments should:

- Include 4-level history of present illness (HPI).
- Include 10+ complete review of systems (ROS).
- Include all three: past, family, and social history (PFSH).

Documentation on telemedicine orders should include:

- Review/order of clinical lab tests.
- Review/order of imaging studies.
- Review/order of medical tests (e.g., pulmonary function, ECG, echocardiogram, etc.).
- Review/summary of old records.

Other documentation should include any unusual events (e.g., medical emergency, power outage, unable to complete the visit).

Changes post-COVID-19

Mass telemedicine

WALL STREET JOURNAL

The Doctor Will Zoom You Now

The pandemic lockdown is proof of concept for mass telemedicine.

(April 26, 2020)

The Editorial Board. (2020, April 26). The doctor will zoom you now: The pandemic lockdown is proof of concept for mass telemedicine. Wall Street Journal. Retrieved from https://www.wsj.com/articles/the-doctor-will-zoom-you-now-11587935588

Post-COVID-19 telemedicine changes

Licensing regulations

- National emergency declared on March 13, 2020.
- Federal licensing regulations waived to permit out-of-state physicians to treat patients via telemedicine.

Medicare reimbursement

- Extended Medicare coverage for telemedicine services.
- Clinicians reimbursed at the same rate as in-person visits for more than 135 additional telemedicine services.

Payer coverage

- Some insurance companies expanded coverage for telemedicine visits.
- Allowed providers to be reimbursed for various services during the pandemic.

Drees, J. (2020, April 23). Telehealth during the COVID-19 pandemic: What's different & what has stayed the same for clinicians. Becker's Hospital Review. Retrieved from www.beckershospitalreview.com/telehealth/telehealth-during-the-covid-19-pandemic-what-s-different-what-has-stayed-the-same-for-clinicians.html

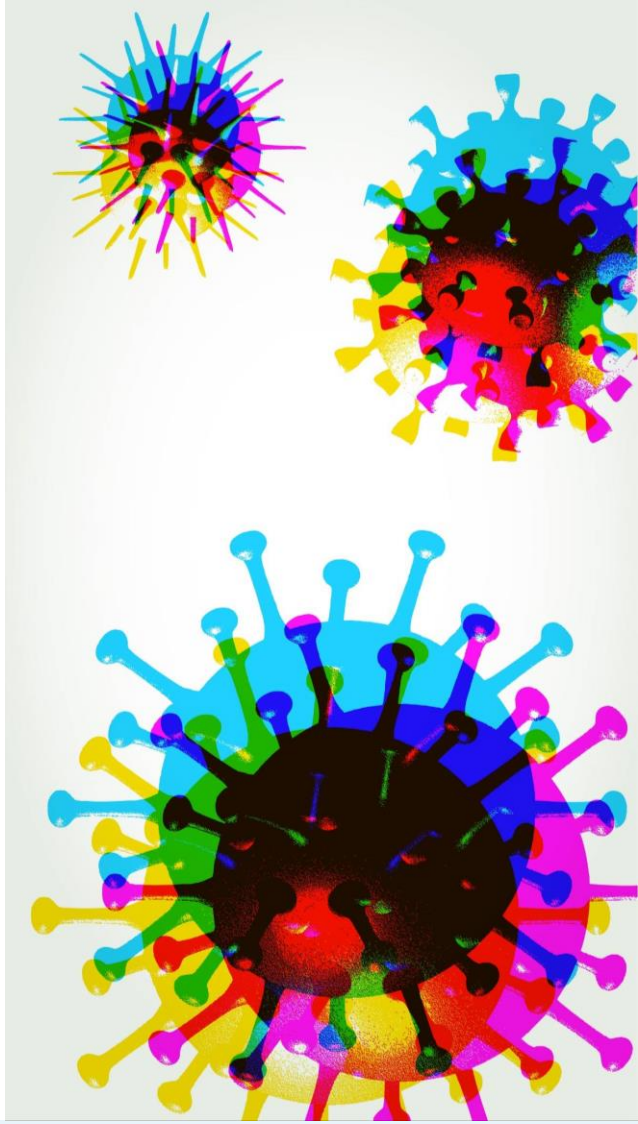
Post-COVID-19 telemedicine changes (continued)

New telemedicine platforms

- HIPAA enforcement actions and assessment of penalties relaxed in March 2020.
- Use of platforms such as FaceTime, Zoom, and Skype to perform telemedicine services permitted.

Increase in virtual care

- Some hospitals and health systems transitioned thousands of providers to telemedicine platforms to care for non-COVID-19 and COVID-19 patients.
- Merritt Hawkins report found that 48% of physicians are treating patients via telemedicine, up from 18% in 2018.



Drees, J. (2020, April 23). Telehealth during the COVID-19 pandemic: What's different & what has stayed the same for clinicians. *Becker's Hospital Review.* Retrieved from www.beckershospitalreview.com/telehealth/telehealth-during-the-covid-19-pandemic-what-s-different-what-has-stayed-the-same-for-clinicians.html

Some things changed, some stayed the same

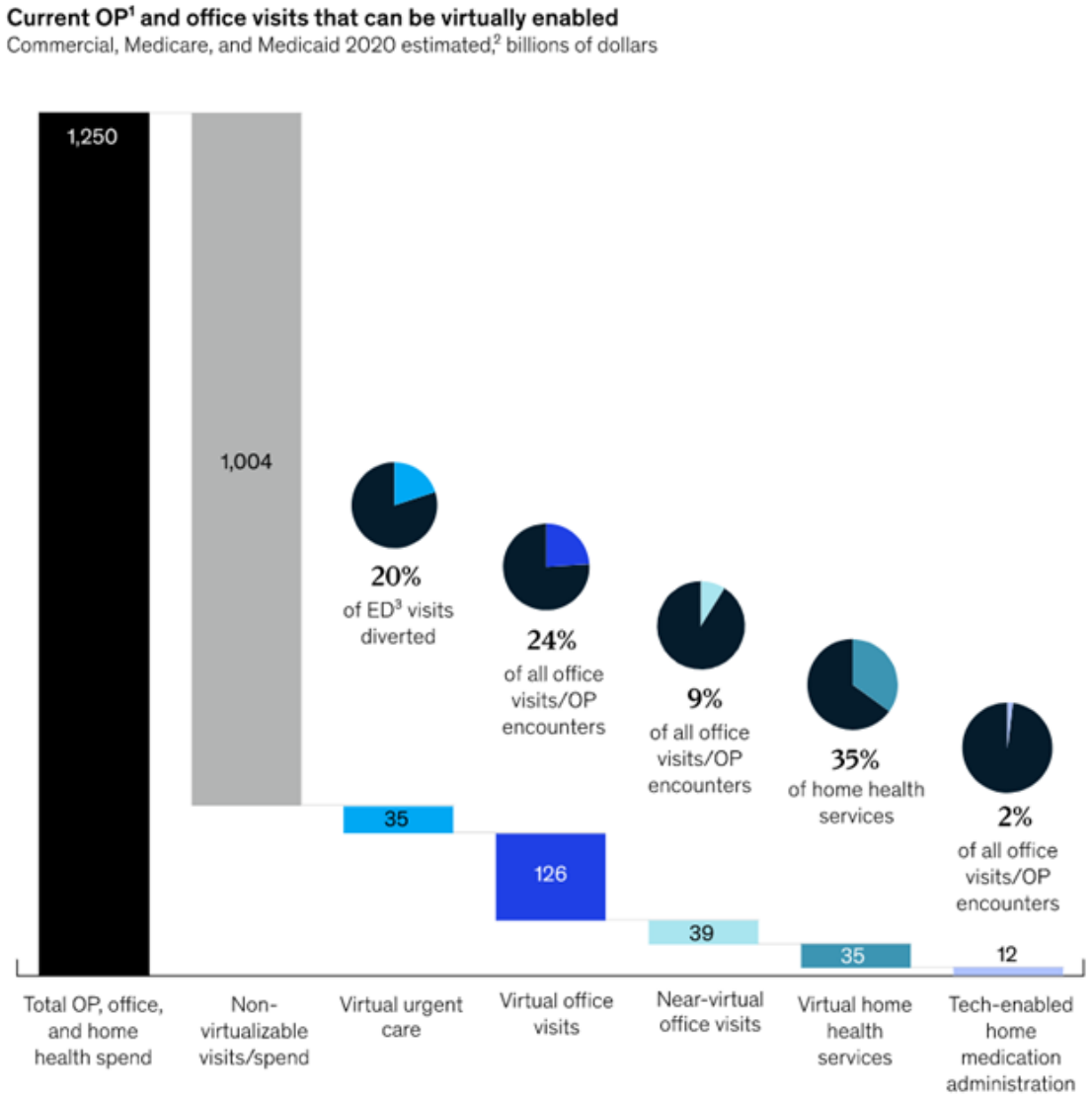
Clinical documentation	Documentation of patient care, clinical decision-making, informed consent, and treatment are still essential components of sound risk management. Clinicians should consider developing standardized documentation templates within the EHR for telemedicine services.
Relationship building	Despite the digital divide, patient engagement through verbal and nonverbal communication is still essential to the provider–patient relationship.
Healthcare Inequities	Patients located in areas without broadband access, or patients who cannot afford technology, are at a disadvantage. Almost 35 million Americans do not have internet access, which restricts them from participating in telehealth services.

Drees, J. (2020, April 23). Telehealth during the COVID-19 pandemic: What's different & what has stayed the same for clinicians. *Becker's Hospital Review.* Retrieved from www.beckershospitalreview.com/telehealth/telehealth-during-the-covid-19-pandemic-what-s-different-what-has-stayed-the-same-for-clinicians.html

Telehealth visit data

22 health systems

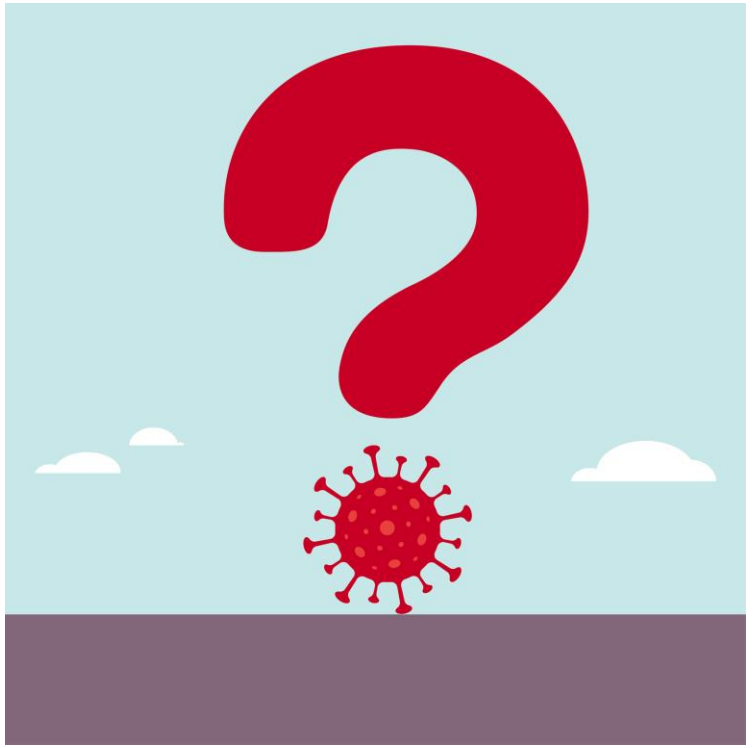
- Hypertension: 56,633
- Hyperlipidemia: 36,819
- Anxiety: 30,301
- Diabetes: 30,210
- Pain: 28,093
- Depression: 22,830
- Sleep disorder: 20,406
- Drug therapy: 19,252
- Asthma: 16,017
- Cough: 15,188



Dyrda, L. (2020, June 15). 10 most common telehealth visit diagnoses during the pandemic — Hypertension is No. 1. *Becker's Hospital Review.* Retrieved from www.beckershospitalreview.com/telehealth/10-most-common-telehealth-visit-diagnoses-during-the-pandemic-hypertension-is-no-1.html; Bestsennyy, O., Gilbert, G., Harris, A., & Rost, J. (2020, May 29). Telehealth: A quarter-trillion-dollar post-COVID-19 reality? McKinsey & Company. Retrieved from www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality#

Post-COVID-19 risks

- Increase in patient volume
- Increase in complexity of patients
- Increase in scope of services provided
- Increase in new technology (home lab testing, otoscopes)
- Business leadership and workforce models (e.g., supervision of nonphysician providers)
- Patient expectations
- New specialties, such as “Virtualists”, “Distance Medicine”
- Limited ability to do a complete exam (e.g., pediatrics)
- Reimbursement concerns
- Anticipated claims



Risk management strategies for telemedicine

Know federal and state laws and regulations.

Stay informed regarding changes in regulations and standards of care.

Ensure practitioners are properly credentialed.

Implement patient selection criteria and standardized clinical protocols.

Ensure technology and equipment used are functional and properly maintained and serviced.

Assess privacy and security risks.

Educate telehealth providers and staff.

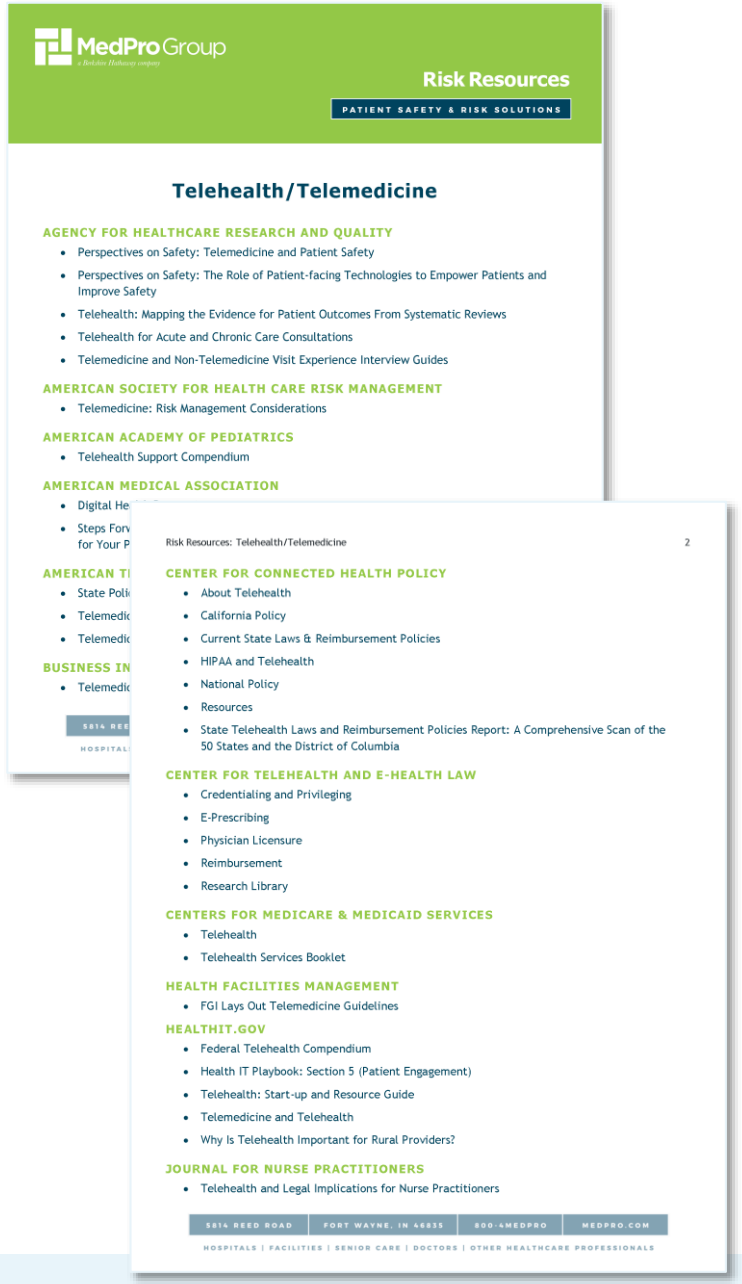
Include telehealth events in your incident reporting, and evaluate telehealth activities as a part of your quality improvement program.

Resources: MedPro Group

www.medpro.com/dynamic-risk-tools

Resource Lists

Telehealth/Telemedicine



MedPro Group

Risk Resources

PATIENT SAFETY & RISK SOLUTIONS

Telehealth/Telemedicine

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

- Perspectives on Safety: Telemedicine and Patient Safety
- Perspectives on Safety: The Role of Patient-facing Technologies to Empower Patients and Improve Safety
- Telehealth: Mapping the Evidence for Patient Outcomes From Systematic Reviews
- Telehealth for Acute and Chronic Care Consultations
- Telemedicine and Non-Telemedicine Visit Experience Interview Guides

AMERICAN SOCIETY FOR HEALTH CARE RISK MANAGEMENT

- Telemedicine: Risk Management Considerations

AMERICAN ACADEMY OF PEDIATRICS

- Telehealth Support Compendium

AMERICAN MEDICAL ASSOCIATION

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Risk Resources: Telehealth/Telemedicine 2

CENTER FOR CONNECTED HEALTH POLICY

- About Telehealth
- California Policy
- Current State Laws & Reimbursement Policies
- HIPAA and Telehealth
- National Policy
- Resources
- State Telehealth Laws and Reimbursement Policies Report: A Comprehensive Scan of the 50 States and the District of Columbia

CENTER FOR TELEHEALTH AND E-HEALTH LAW

- Credentialing and Privileging
- E-Prescribing
- Physician Licensure
- Reimbursement
- Research Library

CENTERS FOR MEDICARE & MEDICAID SERVICES

- Telehealth
- Telehealth Services Booklet

HEALTH FACILITIES MANAGEMENT

- FGI Lays Out Telemedicine Guidelines

HEALTHIT.GOV

- Federal Telehealth Compendium
- Health IT Playbook: Section 5 (Patient Engagement)
- Telehealth: Start-up and Resource Guide
- Telemedicine and Telehealth
- Why Is Telehealth Important for Rural Providers?

JOURNAL FOR NURSE PRACTITIONERS

- Telehealth and Legal Implications for Nurse Practitioners

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HOSPITALS | FACILITIES | SENIOR CARE | DOCTORS | OTHER HEALTHCARE PROFESSIONALS

Telehealth and disability resources

Telehealth & Telecare Aware: http://telecareaware.com/

Telehealth & “Telemental Health” for Patients with Vision Loss (Lighthouse Guild): www.lighthouseguild.org/newsroom/telehealth-telemental-health-for-patients-with-vision-loss/

Telerehabilitation for People With Low Vision (The Cochrane Database of Systematic Reviews): www.ncbi.nlm.nih.gov/pmc/articles/PMC4140242/

Avery Telehealth Partners With GuildNet To Provide Members With Chronic Conditions Telehealth Kits (Avery Telehealth): https://averytelehealth.com/avery-telehealth-partners-with-guildnet-to-provide-members-with-chronic-conditions-telehealth-kits/

Rural Healthcare Pilot Clinic: Low Vision Clinical Video Telehealth (Optometric Education): https://journal.opted.org/articles/Volume40_Number1_Fall2014-EducatorsPodium2.pdf

Can Telemedicine Work for Low Vision Rehabilitation Patients? (Women in Optometry): www.womeninoptometry.com/where-we-practice/article/can-telemedicine-work-for-low-vision-rehabilitation-patients/

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