



PHYSICIAN TOOLKIT

for Telemedicine

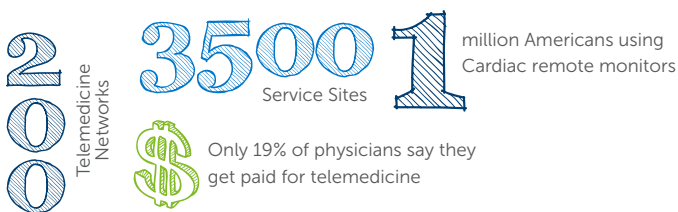
As telemedicine has become more widely accepted as an efficient and high-quality means to deliver healthcare by providers, payers and patients, maybe you, the physician, have finally decided to dip a toe in the water. Many physicians are becoming more open to treating and monitoring patients through telemedicine. Is it right for you and your practice? We hope this toolkit will help answer your basic questions, point you to excellent resources and give you a good introduction to telemedicine and all it can offer your career and your patients.

What is Telemedicine?

According to the American Telemedicine Association, the definition of telemedicine is the remote delivery of healthcare services and clinical information using telecommunications technology. This includes a wide array of clinical services using internet, wireless, satellite and telephone media.

Although telemedicine has been around for decades, the past few years have seen explosive growth as the technology has become more reliable and less expensive, payers have begun reimbursing for more services and most importantly, patients have become more accepting of telemedicine. By 2018, it is estimated up to 7 million patients will be using telehealth services, according to a report from IHS Technology.

Today there are...



Source: Academy of Integrative Health and Medicine

For the Future...



Source: Tractiva

Non-clinical video consultations will outnumber clinical consultations by 2019.

Source: Tractiva

How is the licensing, credentialing and privileging process handled?



For credentialing and privileging, each facility's bylaws will have its own specific requirements, as will the payers who ultimately reimburse you for telemedicine services. The credentialing and privileging process will require the same paperwork that is required for practicing medicine in the physical setting.



For licensing, the law is that you must be licensed in the state where the patient resides, not where you reside. The licensing process will hopefully soon become much easier for physicians in some states; the Federation of State Medical Boards (FSMB) Interstate Medical Licensure Compact has so far been enacted in 11 states, with other state legislations currently introducing the bill. Much like the similar Nursing Licensure Compact, the FSMB Multi-State Compact will make licenses more portable and help ensure more patients have access to care.

How Does Malpractice Insurance Work?

Telemedicine isn't necessarily a new thing, but little is known about whether or not telemedicine poses a higher risk in malpractice plans just because such little research has been done.

If you are providing telemedicine services through a staffing agency, your malpractice will most likely be covered. If you are buying your own policy, the Robert J. Waters Center for Telehealth and e-Health Law (CTeL) published the following questions for providers to ask their malpractice insurance provider to ensure their liability plan covers telemedicine transactions:

- ⚙ Does my liability insurance cover telemedicine services?
- ⚙ Do you cover all states that I am licensed in and provide telemedicine services?
- ⚙ Are there any technology standards or protocols that you recommend I follow?
- ⚙ Am I covered if there is a failure to use telemedicine when its use is alleged to be required under the applicable standard of care?
- ⚙ Are my policy limits adequate in each state? For example, if I practice in a state with a cap on damages, am I insured to the level of that cap?
- ⚙ What is your rating, by AM Best or by any comparable rating organization?

- ⚙ What has been your claims experience with distance care in my specialty in each state where I practice or plan to practice?
- ⚙ Do you offer a consent-to-settle clause? If so, is it offset by a “hammer” clause?
- ⚙ Do you offer any telemedicine-specific risk management advice?
- ⚙ Do you offer any premium discount if I take relevant CME or similar courses designed to reduce my risk, and therefore yours?

How Do I Get Paid?

Reimbursement measures for telemedicine are still patchy, although the environment is improving as more patients embrace it and more providers and payers see the efficiency and cost-improvements it can bring to healthcare delivery.

This year, CMS expanded the use of telemedicine services to Accountable Care Organizations (ACOs), giving millions of beneficiaries access to more services virtually.

In addition, 24 states now have telemedicine parity laws for private insurance, and Medicaid covers some telemedicine services in 48 states. For the latest state-by-state news on telemedicine legislation, visit the ATA's state legislation tracking matrix.

What Kind of Technology Should I Expect?

The most basic connection required for a telemedicine encounter is a camera, computer monitor and a microphone or telephone connection. Just like cars, you can have an economy model up to the finest, state-of-the-art technology available. Interoperability and connectivity to an Electronic Health Record (EHR) system is important. Many EHRs, such as Epic, have been focusing on improving connectivity to make documenting patient encounters and adding notes easier.

The ATA annually publishes a [Telemedicine Buyers Guide](#) if you'd like to see a sampling of the sorts of technology available.

Is There Training Available?

Training options vary, depending on specialty or who you partner with to provide virtual consultations. Almost all technology providers offer training and technical support to ensure that clinicians are comfortable with the equipment. The ATA has recently begun offering certification for online

patient consultations to qualifying organizations that meet its standards for consumer-facing patient consults. Practice guidelines are also available through the ATA and many medical specialty associations. See the end of this document for links to those guidelines.

What Does a Doctor Visit Actually Look Like?





So when it comes time to have that first virtual patient visit, what should you expect?

Most physicians find that building a relationship with patients is just as easy, if not easier, than in face-to-face encounters. Many innovative healthcare models, such as the Patient Centered Medical Home, use telemedicine as a way to make monitoring patient health, especially for sicker patients, easier and more convenient for both the clinicians and the patient. Some physicians find that it helps them focus even more on the patient.

When it comes to preparing for your first virtual consults, the most important part is having a clear understanding of the expectations of the facility in which you are working.

A good analogy would be painting a room. Painting is easy itself. Most of the prep work is the hard part. Prep work takes place weeks before you are ever approved to give an encounter. You should focus on EMR training, learning a facility's policies and familiarizing yourself with the staff you will be working with.

Tips for ensuring great telemedicine encounters for you, the facility and the patient include:

-  Make sure that you are in an environment where you aren't going to be interrupted. Think about how you will be presenting yourself, how you will look and sound to a patient.
-  Make sure the patient is comfortable. Always ask the patient if they've met a doctor virtually before. If they haven't, smile and wave and ask them to do the same. It relaxes them to crack a joke.
-  Ask the staff to make sure the equipment is set up and connected before the connection with the physician is made. This saves a lot of time for the physician and a lot of frustration for the patient.
-  Do some training or trial runs. It's important that your presentation skills don't interfere with treating the patient.

Are Patient Outcomes the Same?

More and more studies are being completed that show how effective telemedicine is at expanding access to care, monitoring patients with chronic conditions, building a coordinated care network and improving efficiency while lowering costs. The ATA has collected and summarized many of these studies, estimated with more than 12,000 citations, on its website.

Patients seem more relaxed and comfortable with the visits, especially younger patients who probably consider themselves “digital natives.” Most of Virtual Medical Staff’s early patient surveys have showed that patients felt they received the same or a higher level of quality from a virtual encounter as they did from face-to-face encounters with a physician.

How Do I Document Patient Encounters?




In most settings, Electronic Health Record (EHR) system connectivity will be needed to document notes from a virtual visit, so integration and remote log-in privileges for an organization’s EHR will be required. This is vital for building a continuous patient record and also for billing. It is also important to note that HIPAA compliant is the same with virtual encounters as it is in face-to-face encounters, so be sure to protect your patient’s personal information. Only send personal health information (PHI) via an encrypted, HIPAA-complaint means of transmission.

Telemedicine and Your Career

As telemedicine continues to expand, and more physicians become interested in it, it’s important to think about the impact it may have on your career. Telemedicine can help you obtain a more balanced life, as well as help physicians and facilities expand their services to patients.

Resources to Learn More

Want more information? The following resources will give you a more in-depth view on the practice of telemedicine. If you are interested in telemedicine opportunities, please contact one of our recruiters today.

-  [ATA Telemedicine Toolkit](#)
-  [ATA State Licensure Update May 2015](#)
-  [Practice Guidelines](#)

- ⚙ American Academy of Child and Adolescent Psychiatry Telehealth Guidelines
- ⚙ American Psychiatry Association Telepsychiatry Guidelines
- ⚙ ATA Practice Guidelines

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