

- I. Purpose
 - a. To connect patients with quality providers for HIV, mental health, and PrEP services
 - b. Maintain the continuum of care; put a note here regarding Texas Board
- II. Scope of Work Requirements for Providers Using Ryan White and State Services Funds to provide Telemedicine Services:
- III. Definitions
 - Telehealth is the provision of healthcare remotely by means of telecommunication technology. This process of connecting physicians with patients for medical care expands healthcare to areas underserved especially in primary care and mental health care
 - Telemedicine and telehealth are mostly interchangeable terms, although telehealth is a broader term encompassing varied technologies to remotely improve the health of patients. Telemedicine is more specific to a practitioner working with a patient in real-time
 - There are four main types of telehealth services including: Live Video-Conferencing, Asynchronous Video (AKA Store-and-Forward); *Remote Patient Monitoring (RPM)*; and *Mobile Health (mHealth)*
 - A typical telemedicine visit that is live video-conferencing which connects the practitioner to the patient in real-time
 - Originating Site is where the patient goes to receive care. Callie Clinic proper is the originating site for telemedicine.
 - Presenter or Tele-Presenter is a person at the Originating Site with the client:
 - Who works with the patient to meet the needs of the patient/practitioner relationship
 - There is no specific licensure requirement in the State of Texas, the distant site provider usually determines the skill set needed to present a client
 - As per Texas law, a presenter is not required for mental health visits
 - Telemedicine Provider is the clinician who interviews the patient and is responsible for patient assessment and treatment. The provider must be licensed to prescribe medication in Texas and can be:
 - A physician (Medical Doctor or Doctor of Osteopathy)
 - Physician Assistant (PA)
 - Nurse Practitioner (NP)/Advanced Practice Nurse (APN)
 - The provider must provide the originating site with documentation after the encounter.
- IV. Staffing a Telemedicine Clinic: This is a suggestion, but the type of client base and technology may determine exact staffing needs:
 - a. Technology consultant: This could be the clinic Information Technology contact but should be familiar with telehealth platforms, business agreements, federal confidentiality guidelines and the interoperability of the clinic's electronic_medical record and the telehealth platform. Familiarity with telemedicine device interoperability and software is recommended
 - b. Billers: This person should be familiar with the required codes for various third-party payers. For training and resources related to this see resources in DSHS Telehealth Guide

- c. Presenter: See definitions but in some smaller sites this person also does the clinic scheduling, performs medical/social history/vital signs and or medication reconciliation
 - d. Quality management person: For many programs this person will help assess the value of telemedicine services in terms of things like: Cost, patient satisfaction, outcomes and cost aversion (i.e. emergency room visits or travel costs)
 - e. Telemedicine provider: See definition, there is a certification course for Texas providers for more information go to: <https://texla.sitebuild.org/contact/>
 - f. Candidates for Telemedicine Services: Each site will need to discuss with the Telemedicine Provider and the team the type of services the clinic can provide below are some examples with some considerations:
 - i. Newly diagnosed with HIV:
 - i. For Ryan White funded clients receiving care in Texas, refer to the Texas Department of State Health Services Eligibility Policy, <https://dshs.texas.gov/hivstd/policy/policies/220-001.shtm>
 - ii. Since in many cases a newly diagnosed client may require a hands-on physical assessment by the HIV medical provider, a newly diagnosed client may not be the best candidate for telemedicine services
 - ii. Agencies that see newly diagnosed clients:
 - i. Where a physical exam/assessment is needed usually have another medical provider (MD/DO) on staff who can do the assessment to include a mid-level provider (NP, APN or PA
 - ii. For newly diagnosed clients, in many cases the client has been given a standard set of labs in advance so that the results are available to the Medical Provider during the visit, for specific required labs, refer to the 2020 DSHS Outpatient Ambulatory Health Services standards of care, <https://www.dshs.state.tx.us/hivstd/taxonomy/>
 - g. New PrEP: The type of client that is seen by telemedicine is up to the provider, for example if the client can get vital signs from another site and typically will get a lab slip for required labs for PrEP clinical requirements see: <https://dshs.texas.gov/hivstd/prep/forproviders.shtm>
 - h. HIV follow-up: In most cases these are typically medically stable clients who are seeing the provider to follow up on the plan of care and or lab results
 - i. PrEP follow-up: Refer to provider regarding the optimal candidates
- V. Patients who should be seen in person (Recommendation only based on the Callie Clinic in Sherman Texas 2019 Protocol):
- HIV patients in need of physical exam
 - Sick visits
 - Sexually transmitted infection visits
 - Pain management

VI. Sample Telemedicine Procedures (Courtesy of the Callie Clinic in Sherman Texas)

- a. Scheduling: Candidates for telemedicine should be scheduled with a telemedicine visit in EMR
- b. Consent:
 - i. All candidates should consent to the telemedicine visit and document this in writing, or if a verbal consent is obtained it is documented in the patient's medical record. Ideally if the consent can be emailed or sent to the client by mail so the client has a copy
 - ii. If the client has a primary care provider may want to consider obtaining the client's consent to share the telemedicine visit information to assist with continuity of care
- c. Equipment Status Checks:
 - Presenting staff will confirm telemedicine equipment is in working order the day before a visit
 - If equipment cannot be functional, the visit should be rescheduled
 - Review the lighting, placement of camera and speakers for examples/samples of guides for room set-up and lighting see:
 - <https://www.ruralhealthinfo.org/toolkits/telehealth/4/resources-needed>
 - <https://www.healthit.gov/sites/default/files/playbook/pdf/telehealth-startup-and-resource-guide.pdf>
 - <https://www.nrtrc.org/education-article-62>

Medical Practitioner (typical activities may include)

- Interview the client, counsel, prescribe and document the encounter in the Electronic Medical Record (EMR)
 - Documentation of the visit and standards of care for an in-person visit will be followed
 - Instruct patient about follow-up appointments, vaccines, and labs
 - A specialist will review the plan of care with the patient and presenter and document the encounter labeling it as a telemedicine visit
- d. Clinical Staff/Presenting Staff
 - Will perform interview, obtain vitals, and verify medications as done for an in person visit and verify the consent is obtained
 - Connect with the practitioner with an encrypted, HIPAA-compliant connection
 - Can stay for the visit or leave the room based on patient's preference
 - Should an unexpected hands-on physical exam, palpation, auscultation or assessment be needed, contact the: MD/DO, APN/FNP or PA in the clinic
 - Obtain a patient satisfaction survey after disconnecting the telemedicine visit. This will be done annually
 - If a client satisfaction survey indicates that the client would prefer an in-person appointment with the provider, the client will be scheduled for this type of follow-up on-going visits
 - f. Security
 - Medical privacy and confidentiality issues extend to telemedicine, for specific guidance for Ryan White clients see: <https://dshs.texas.gov/hivstd/policy/security.shtm> or

http://www.tmhp.com/Manuals_PDF/TMPPM/TMPPM_Living_Manual_Current/2_Telecommunication_Srvs.pdf

- Telemedicine clinicians have the same responsibility to protect patients' medical records and health information as confidential
- These electronic files must be stored with the same precaution and care as paper documents
- No audio or visual recording will occur.

I. Key components of a successful telemedicine program

a. Patient-centered:

- i Always remember that telemedicine is about the delivery of care and services to the patient. The attractiveness of new technologies can be distracting. However, all the technology in the world will not make up for a patient who suffers or is dissatisfied because their needs were not addressed
- ii It is important to understand the nuances of an in-person experience and replicate the telemedicine experience as much as possible for both patient and practitioner. Telemedicine equipment should be integrated into a clinical space to minimize its presence, allow for patient privacy and maximize the patient's attention on the practitioner

b. The 5 A's:

- Attitude: Demonstrate a positive and supportive attitude towards telemedicine
- Assessment: Appropriate assessment skills are necessary
- Anticipate the practitioner's needs, make the consult efficient
- Assist with the examination at the direction of the specialist
- Advocate for the patient and practitioner, seeking and providing clarity

J. **Coding**

- Telemedicine services are billable events. Standard Evaluation and Management (E&M) codes are used according to Centers for Medicare and Medicaid Services guidelines, see <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf>
- Modifiers are added to E&M codes to indicate a telemedicine encounter for most carriers, but Medicare requires the Place of Service (POS) to be changed on the CMS Health Care Financing Administration (HCFA) 1500 to 1502 Care Claim Form
- ***These coding requirements can change from time-to-time and these codes are just examples; please refer to your carrier to obtain the correct encounter codes***

Aetna	Modifier GT or 95
BCBS	Modifier 95
Cigna	E&M 99444
Humana MCR	POS 02
Humana Commercial	Modifier 95 or GT or POS 02
Humana MCD	Modifier 95
Medicaid	Modifier 95
Medicare	POS 02
Ryan White	NA
United	Modifier GT

Sources:

Voskuhl, G, Callie Clinic, November 2019 (Protocol from Callie Clinic and interview)
 Texas Telehealth Resource Center, *A Roadmap for Rural Telemedicine*, 2019