

CLINICAL PROTOCOLS - TELEMEDICINE

A. Purpose

- a. To connect patients with quality providers for HIV, mental health, and PrEP services
- b. Maintain the continuum of care

B. Background

- a. Callie Clinic has long-served disenfranchised individuals with medical services. Yet the medical care has become more complex and requires specialists with heavy experience to achieve quality care. These specialists are not always available in rural areas. The state of Texas has recognized the need for more specialty care by endorsing telemedicine services with certain restrictions. These services allow physicians and other practitioners to provide medical services at sites distant from their residence.

C. Definitions

- a. 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 and is the term used at Callie Clinic.
- b. 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). Only live video-conferencing services are offered at Callie Clinic which connects the practitioner to the patient in real-time.
- c. The Originating Site is where the patient goes to receive care. Callie Clinic proper is the originating site for telemedicine.
- d. Callie Clinic serves a geographic area and a low-income population, both designated as a Health Professional Shortage Area (HPSA) by Health Resources and Services Administration (HRSA).
- e. The Presenter or Tele-Presenter is a person at the Originating Site who works with the patient to meet the needs of the patient/practitioner relationship.
- f. Provider is the clinician who interviews the patient and is responsible for patient assessment and treatment. The provider must be a physician, PA or NP licensed in the state of TX. The provider must provide the originating site with documentation after the encounter.

D. Patients who are candidates for Telemedicine Service

- a. New HIV diagnosis
- b. New PrEP
- c. HIV follow-up
- d. PrEP follow-up
- e. Ryan White recipients in need of mental health evaluation/treatment

E. Patients who should be seen in person

- a. HIV patients in need of physical exam
- b. Sick visits
- c. STI visits
- d. Title X patients needing an exam
- e. Pain management

F. Procedure

- a. Candidates for Telemedicine should be scheduled with a telemedicine visit in EMR
- b. All candidates should consent to the telemedicine visit and document this in writing
- c. 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.
- d. Staff will perform interview, obtain vitals, and verify medications as done for an in person visit. Staff will verify the consent is obtained.
- e. Review the lighting, placement of camera and speakers.
- f. Presenting staff will connect with the practitioner with an encrypted, HIPAA-compliant connection.
- g. Presenting staff can stay for the visit or leave the room based on patient's preference.
- h. Should an unexpected exam be needed, contact the nurse practitioner.
- i. Practitioner will interview the patient, counsel, prescribe and document the encounter in the EMR. Practitioner will instruct patient about follow-up appointments, vaccines, and labs. The specialist will review the plan of care with the patient and presenter and document the encounter labeling it as a telemedicine visit.
- j. Presenting staff will obtain a patient satisfaction survey after disconnecting the telemedicine visit. This will be done annually.

G. Key components of a successful telemedicine program

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

H. Security

- a. Medical privacy and confidentiality issues extend to telemedicine. 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. Patient-centered

- a. 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.
- b. 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.

J. Coding

- a. Telemedicine services are billable events. Standard E&M codes are used according to CMS guidelines. 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 HCFA 1500 to 02. These coding requirements can change from time-to-time but these are current but not exhaustive:

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

K. Reference

Telemedicine Consent Form – see PPM 631-A

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