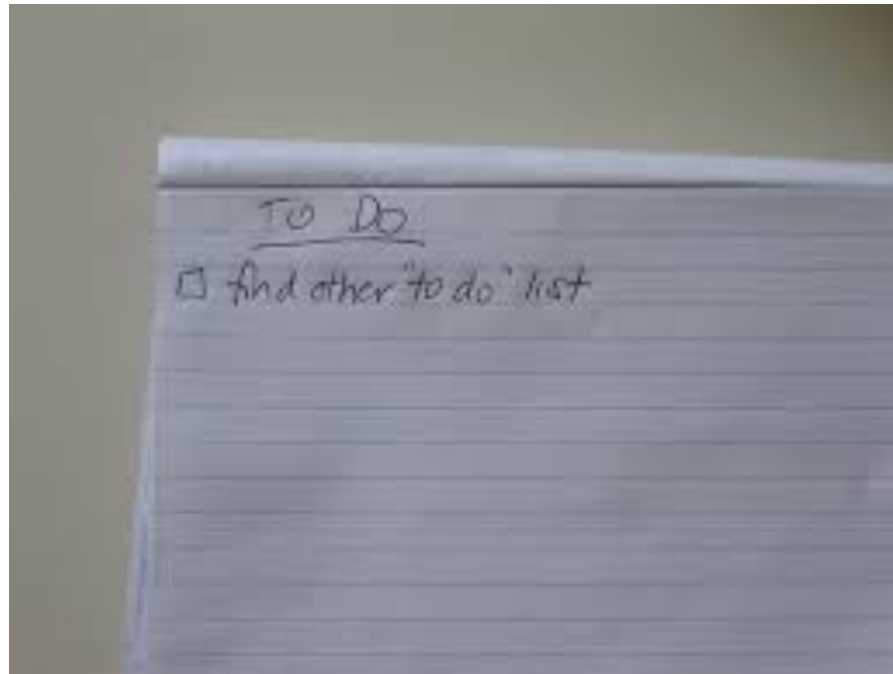# COVID-19
Telemedicine Implementation ECHO

Protocols and Patient Population Planning

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So you want to keep your telemedicine program…

A deep dive on all of these areas will require more time than is available in a single session. We will take a look at each of these different topics in subsequent sessions as resources permit.

- High level protocols and patient population planning

- Technical requirements
  - Video software
  - Patient & provider hardware
  - EHR & patient portals
  - Document sharing options beyond HER
  - Pharmacies & Prescription Drug Monitoring database

- Reimbursement
  - Patient payor mix
  - Billing systems
  - Credentials/licenses to be able to bill

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It's time for protocols

Question 1- Which patients?

Factors to consider:
- Continuing patients vs. new patients
- Does the technology the patient has matter?
  - Payment (telephone vs. video)
  - Home vs. other locations
- Should it be different for different diagnosis?
  - Testing
  - Frequency
- Patients that have prescription for controlled substances (DEA)

Question 2-Does this change?

Would there ever be a time when you should terminate or adjust the telemedicine services with a patient? Factors to consider:

- If a patient's condition changes (improving vs. declining) & what is the limit
- If a patient doesn't show up for telemedicine visits
- If a patient will not follow the guidelines for telemedicine appointments
  - Type of location
  - Geography
- If you suspect a patient isn't being honest
- Emergencies

Question 3: Who does what?

Factors to consider:
- Is there more than one provider in the practice? If so, do they simply use telemedicine for their current patient group or do they provide cross-coverage and evening/weekend call this way?
- Are there providers with different licenses and certifications within the practice?

  If so, who is responsible for what actions in a visit? Are visits shared by more than one provider?

Question 3: Who does what? II

Factors to consider:

- Are there delegation protocols in place for in-person patient visits within the clinic? If so, will these stay the same for telemedicine?
  - Sub consideration: what if there is an emergency? How will contacts be made when help is necessary?
- Are there prescriptive authority agreements in place? If so, will these stay the same for telemedicine?
- How will supervision be conducted and documented, if that is necessary?

Now the application

Steps

1. Create a protocol document recording every thing you decided. This will be the guidelines.

2. Think about how you will relate this information to the patient. They will need to understand who is eligible and what the expectations on their side will be, as well as what they can expect from you.

3. Plan some training, and possibly some trial runs with your new processes if at all possible.

4. Who else do you need to inform about these possible changes and protocols?
◦ Internet Provider
◦ Pharmacies
◦ Other providers that you co-manage or refer patients with
◦ Health Insurers
◦ Malpractice Insurance

Resources

HRSA: https://www.hrsa.gov/library/telehealth-resource-centers

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

Texas Medical Board: http://www.tmb.state.tx.us/faq

Texas Prescription Monitoring Program:

https://txpmp.org/?gclid=EAIaIQobChMItcDU-p3X6QIVjobACh3vrAaBEAAYASAAEgJvCvD_BwE