

TELEHEALTH

IMPLEMENTATION AND OPTIMIZATION GUIDE



The Mutual Insurance Company of Arizona (MICA) is pleased to offer you this Telehealth Implementation and Optimization Guide. This easy-to-follow reference is designed to help you:

- Plan for a telehealth program or implement program improvements with supporting policies and procedures and an appropriate platform vendor; and
- Maintain effective patient relationships throughout the life of the program.

Also included is an article about whether a physician can provide telehealth care to a patient that is located in another state at the time of the encounter.



ABOUT MICA

MICA's Risk Management Services department can address member's immediate medical professional liability questions and less urgent questions about daily operations. MICA members can call the Risk Management Hotline 800-705-0538 to schedule complimentary on-site or online education, professional liability risk assessments, and telephone or Zoom consultations. Risk management inquiries can also be emailed to rm_info@mica-insurance.com.

Not yet a MICA member? Learn more about the benefits of joining the leading medical professional liability insurance carrier in Arizona by visiting <https://info.mica-insurance.com/mpl>.

PREPARING YOUR PRACTICE FOR SUCCESS

The following steps can help ensure you have a sound strategy in place before embarking on a new telehealth program.



Make sure telehealth is right for you and your practice.

Will your patients easily adapt to this care model?

Are you fully aware of the financial implications?

- Is your practice familiar with reimbursement rates?
- Will telehealth financially make sense?

Do you have the resources to stay current on telehealth protocols and educate those providing care?



Determine whether you want to implement a short-term or temporary telehealth program or a long-term program to meet the needs of patients, physicians, and other members of the health care team.



Check with your medical professional liability insurance carrier to confirm telemedicine is covered in your policy.



Start building a cohesive practice team to achieve your telehealth goals.

For a smaller practice, this might include a physician, medical assistant or nurse, and someone from the front desk staff.

For a larger practice, you may want to include the practice administration professional, physicians and clinical staff, information technology (IT) specialists, and administrative or support staff.



Investigate platform options to determine ability to integrate with your electronic health record (EHR) and security systems. (For more details, see the following section, “Selecting a Vendor for Your Virtual Care Platform.”)

Has your technology platform provided satisfactory documented assurances of appropriate use and protection of protected health information under the Health Insurance Portability and Accountability Act (HIPAA)?

Do you have a Business Associate Agreement (BAA) for your technology vendor?

Have you and the practice’s business attorney reviewed the vendor’s contract for scope of duties and other terms, such as renewal and termination clauses?

Is your IT vendor or IT staff member part of the telehealth program implementation or improvement team?

Do you have an IT plan for data security? A data breach can be costly to the practice.



Iron out the logistics. Questions to ask yourself:

What is the workflow for practice processes, such as scheduling appointments for new or existing patients?

Who will workflow changes affect?

Do you have protocols established to determine if a visit should be in person or virtually?

Will you be utilizing virtual check-in, waiting room, check-out, etc.?

Will you conduct an equipment/technology check with the patient prior to the start of the appointment?

Do you have a plan to determine the patient's ability to participate, e.g., technical ability, cognition, language, etc.?

What's your backup plan for virtual appointment connection problems?



Develop an educational plan for all involved in the process.

Research online training courses for physicians, other members of the health care team, and office staff.

Familiarize yourself with state and federal laws and regulations, third party payor requirements, and professional medical society or organization guidelines for telehealth.

If possible, assign someone from your staff to regularly check on changes to telehealth laws and regulations, software programs, third party payor requirements, and professional medical society or organization recommendations, and report back to team members, as needed.

SELECTING A VENDOR FOR YOUR VIRTUAL CARE PLATFORM

Asking prospective vendors the following questions will help streamline the vetting process and ensure you are selecting the right platform.

How quickly does my practice need to implement a virtual care platform?

Do you need a vendor to accommodate a rapid implementation, or do you have time to investigate and contemplate your decision?

What are the platform capabilities?

Will the platform configure to your operations, such as scheduling, waiting room management, video examination, prescribing, discharge, and other aspects of your program? If the platform will not enhance current operations, do you have the human and financial resources to reconfigure workflow?

Has the vendor provided satisfactory documented assurances of appropriate use and protection of protected health information under HIPAA?

Is the platform compatible with your EHR? Data security protocols?

Is the vendor willing to sign a Business Associate Agreement (BAA)?

When is the platform vendor's tech support staff available?

Is the vendor knowledgeable about federal and state telehealth laws?

Will the vendor provide training and educational materials for patients and the practice?

How does the vendor handle platform updates and do they charge additional fees for updates?

MINDING YOUR “WEBSITE” MANNERS

Your website manner during virtual interactions is critical to establishing and maintaining positive relationships. Good website manner may foster rapport with patients, lead to better clinical outcomes, and decrease the risk of medical professional liability claims.



Make a good first impression.

- Introduce yourself and anyone else present for the virtual appointment to the patient.
- Confirm the identity of the patient to avoid embarrassing mix-ups.
- Make sure you are well-groomed and professionally dressed.



Strive to make your patients feel comfortable and confident in the quality of telehealth care.

- Confirm patients can clearly see and hear you at the beginning of the telehealth appointments, and encourage them to inform you if at any time they're having trouble seeing or hearing you.
- Ask patients if they are in a private setting to discuss their care.
- Ask patients if they have anyone else in the room with them, acknowledging the others who are present and documenting their presence in the medical record.
- Encourage patients to describe what they're experiencing.
- Explain that you are happy to answer any questions they may have at any time or clarify anything they don't understand.
- Summarize treatment and follow-up expectations at the end of the visit and ask patients if they have any final questions.



Always practice proper etiquette.

- Do not eat, drink, or chew gum during the visit.
- Avoid interruptions from calls or staff whenever possible.
- If interrupted for an emergency, let the patient know the interruption is care-related and you or a staff member will get back to them as soon as possible.



Create a virtual office that minimizes distractions and maximizes clear communication between you and your patient.

- Adjust lighting for virtual appointments to avoid glare or appearing to be sitting in the dark.
- Situate yourself in a room or office that blocks out surrounding noise from staff, family members, pets, ringing telephones, opening and closing doors, etc.
- Consider and address other potential background distractions, such as people walking by windows or glass doors.
- Ensure the camera is stationary and positioned so you are at eye level in the center of the screen.



Thoroughly document the telehealth appointment and need for follow-up.

ARE YOU LICENSED WHERE YOUR PATIENT IS LOCATED?

Jeanne Varner Powell, JD
Senior Legal Risk Management Consultant

MICA members and practices have over a year of clinical telemedicine experience under their belts, but still have questions about the maze of legal, regulatory, and reimbursement requirements. Federal and state regulators have relaxed, waived, or modified telemedicine requirements during the pandemic, especially during shut-downs. As enforcement of these regulations resumes, practices and clinicians should review their telemedicine processes to ensure compliance.

VARIATIONS ON A THEME

One of MICA members' most frequent telemedicine questions has many variations, but can be summarized as whether a physician or advanced health care practitioner licensed and located in one state can provide telemedical care to a patient in another state at the time of the encounter.

ILLUSTRATING QUESTIONS ABOUT THE PATIENT'S LOCATION



Dr. Acton (licensed and practicing in Arizona) has an established patient, Jenny, who lives in Arizona and is on a 3-day business trip in New Hampshire. Jenny wants a telemedicine appointment while she is away.



Dr. Bonet's (licensed and practicing in Utah) long-time pediatric patient, Jimmy, resides with his mother in Utah. Jimmy is visiting his father in North Dakota for the summer. Jimmy's mother requests a telemedicine appointment while Jimmy is in North Dakota and his mother is in Utah.



Dr. Camara's (licensed and practicing in Arizona) established patient, Ann, lives in Michigan but spends winters in Arizona. Ann wants Dr. Camara to continue treating her via telemedicine during the months she is in Michigan.



Nevada-based nurse practitioner Divata has taken care of a pediatric patient for many years. The patient and her family are in California for a week-long vacation. The mom asked for a video visit for assessment and treatment of a rash on the patient's arm.

LOCATION AND LICENSURE ANSWERS

When the patient is out of state, even temporarily, the answer is always the same. Physicians, advanced health care practitioners, and other licensed health care professionals have always had to comply with federal and state laws as well as state licensing requirements where the care is received—known as the originating site. In the examples above, the clinicians are not located or licensed in the state where the patient is located. Each state licensing agency oversees and

disciplines the professionals it regulates. A physician providing care to a patient in Nebraska is subject to the rules and regulations of the Nebraska medical board, and if the physician is not properly licensed in Nebraska, the physician may be practicing medicine in Nebraska without a license and subject to discipline.

An Arizona-licensed and -located clinician treating an Arizona resident visiting Nebraska could also be subject to other Nebraska laws and court rules. Should the patient file a medical professional liability lawsuit in Nebraska, the Arizona physician may be required to defend a lawsuit there.

RISK SOLUTIONS

THE PATIENT'S LOCATION

Physicians, advanced health care practitioners, and practices should prepare now for patient requests for out-of-state medical care by considering the workflows for appointment scheduling, telephone triage, and telemedicine appointments. For telephone triage and telemedicine encounters:

- before a clinician begins a telemedicine appointment or a telephone triage call, confirm the patient's physical and geographic location and document in the medical record; and
- screen for the patient's anticipated geographic location during scheduling;
- if the patient's physical location is inappropriate, e.g., driving or steering a car, and the patient cannot immediately relocate, e.g., pull over and park, staff should reschedule the appointment.

As part of telemedicine appointment workflows, staff should also confirm:

- the patient or representative provided their informed consent for the telemedicine appointment and their consent is documented;
- intake forms or questionnaires are completed;
- the practice provided instructions for connection problems; and
- if appropriate, reasonable accommodations are in place for patients with disabilities.

INTERSTATE MEDICAL LICENSURE

Another consideration for workflows is the Interstate Medical Licensure Compact, in which member states have agreed to streamline and expedite licensure for out of state physicians. Physicians must have a full, unrestricted medical license in a Compact member-state. Physicians may designate that state as their State of Principal License (SPL) if one of the following applies:

- the physician's primary residence is in the SPL;
- at least 25% of the physician's medical practice occurs in the SPL;
- the physician is employed to practice medicine by a person, business, or organization located in the SPL; and
- the physician uses the SPL as the state of residence for U.S. federal income taxes.

In addition to meeting the SPL requirements, physicians applying for licensure through the Compact must not have a history of licensure disciplinary actions, a criminal history, a history of controlled substance actions against their license, or a license currently under investigation.

The Compact does not actually issue a single interstate medical license. Instead, participating states issue individual licenses. Physicians can select multiple Compact member states where they wish to be licensed, but only need to complete one application. Member states include Alabama, Arizona, Colorado, Georgia, Idaho, Iowa, Illinois, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, North Dakota, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia, Wisconsin, and Wyoming.

Between April 2017 and August 2021, the Compact licensed 23,321 physicians. Details about eligibility, participating states, application, renewal, and costs (an initial non-refundable fee for the Compact and then the individual cost of a license in each state) are available on the Compact's website. Under the compact and under state law, medical care is provided and received where the patient is physically located.

ASSISTANCE AND RESOURCES

Many of the state public health emergency orders that temporarily waived telehealth licensing requirements have ended. Others are on the verge of expiring. As a result, physicians, advanced health care practitioners, and practices should consider their workflows and licenses before patients call for out-of-state care.

For state-specific telehealth and licensing information, consult these resources from the Federation of State Medical Boards and Center for Connected Health Policy:

- Telemedicine Licensure Policies – Board by Board Overview

- State-by-State-Listing of Waivers and Other Modifications of Telehealth Requirements in Response to COVID-19

- COVID-19 Cross-state Licensing Page

- Professional Requirements Cross-state Licensing Page

MICA's Risk Management Consultants remain available to answer calls and e-mails about telehealth. Call the Risk Management Hotline at 800.705.0538, or email rm_info@mica-insurance.com. MICA members should contact their insurance agent or MICA Underwriting customer service representative about practicing telemedicine under the MICA medical professional liability policy. Call 602-808-2111 or (877)215-MICA to speak to a MICA customer service representative.

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