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## Introduction

The use of telemedicine in pediatrics has become commonplace over the last several years and continues to gain significant momentum. A 2017 survey conducted by the Advisory Board revealed that 77% of patients want access to virtual care<sup>1</sup>, and that figure is expected to increase as the use of telemedicine technology expands and legislative progress provides greater access to virtual care for patients. To meet some of this demand, private insurers have been heavily promoting telemedicine with their own employed providers, retail-based clinics are piloting their own telemedicine services, and independent pediatricians are starting to adopt telemedicine into their practice to avoid further fragmentation of care.



As a result, The Children's Care Network (TCCN) has conducted research and interviews to create this "Telemedicine Playbook" in order to empower pediatricians to make decisions regarding their practices' foray into offering telemedicine visits. This resource guide will mainly be focused on telemedicine in a pediatric primary care practice for physicians and advanced practice providers rendering virtual care to their own established patients.

We welcome your feedback and hope that the enclosed information helps our members make confident decisions regarding telemedicine in their practices.

Email your comments to [contact@tccn-choa.org](mailto:contact@tccn-choa.org) or call 404-785-0101.

## Models of Telehealth

Telemedicine uses technology tools to enable physicians to expand access and meet patients' and parents' care needs outside of the typical in-person office visit. Telemedicine is still evolving and technological advances and the rise of sophisticated platforms and services have expanded the efficacy and ease of access to telemedicine services for both providers and patients.

Telehealth has historically had a broader definition that includes several applications such as tele-education, teleconsultation, tele-research, and telemedicine<sup>2</sup>. (**Appendix A**). Of these applications, telemedicine is the most widely used model. Telemedicine establishes links between providers and patients located off site. The demand for telemedicine is growing among the pediatric population and their families as patients seek access to more convenient models of care. Telemedicine encounters with established patients in a medical home setting also allows providers to have full access to patient history and medical records, which are a vital part of providing the appropriate level of care for patients. These types of visits can also be easily converted into an in-person follow up visit when medically necessary.

### *Avenues for Telemedicine*

Telemedicine within the primary care setting is typically provided in three main settings: in a patient's home, at school-when a child visits the school nurse for a condition and the nurse then establishes a telemedicine visit with a primary care pediatrician, or in another medical facility or office, where provider to provider consultation is conducted through telemedicine technology with the patient in the exam room. In all three settings, there are several considerations.

First, it is important to consider environmental factors when conducting your telemedicine visits. Virtual Encounters should ideally occur in a well-lit, secure area with minimal noise and outside distractions to facilitate a thorough examination and/or conversation with the patient.

The second consideration is the type of technology that will be used to conduct your visit. Telemedicine encompasses a wide range of tools and online platforms to help providers connect with their patients. The three most common avenues are called store-and-forward, remote patient monitoring and real-time<sup>3</sup>.

- **Store-and-forward telemedicine** is also often referred to as "asynchronous telemedicine". In this model, providers can share medical information with patients such as lab or radiology results, video or medical records with another physician or specialist using online tools. This format is similar to email in the messaging capability but includes enhanced security features to protect patient information and confidentiality.
- **Remote patient monitoring** allows specialists to monitor patients in real time. Expanded avenues using mobile apps or other connected tools allows providers to track a patient's vital signs and activities from a distance. Providers can easily access the patient's records and make assessments based on data. This model can often be seen for patients with high-risk and/or chronic conditions such as heart conditions, patients with diabetes, asthmatic patients or patients that were recently released from an inpatient setting.

- **Real-time telemedicine** involves the use of video conferencing software that allows providers and patients to be able to see and hear each other from an offsite location. Unlike the previous models, which are meant to supplement an in-person visit, real-time telemedicine can sometimes take the place of an in-person visits for certain situations. This model is popular among primary care physicians for diagnosing and treating acute illnesses such as the cold or flu, behavioral assessments and ADHD follow-ups, continued medication management for established patients, or lifestyle coaching for conditions like obesity.

Finally, the third consideration is how to integrate telemedicine visits into daily practice. Virtual visits can either occur during normal office hours, where a provider may conduct a telemedicine visit with a patient in their downtime between scheduled office visits, or set aside dedicated time for after-hours visits. For both types of visits, proper scheduling and workflow planning is key to avoid potential pitfalls. [The American Academy of Pediatrics \(AAP\)](#) has set forth several best practices outlining details on potential sites, key players involved in a telemedicine visit, and sample workflows to efficiently incorporate telemedicine into use.

## Legal and Regulatory Considerations

Before you step into telemedicine, it is important to be aware of the current state laws and professional regulations that govern rendering care through telemedicine technology. Georgia law defines “telemedicine” as “a form of telehealth which is the delivery of clinical health care services by means of a real time two-way audio, visual, or other telecommunications or electronic communications, including the application of secure video conferencing or store and forward transfer technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care by a health care provider practicing within his or her scope of practice as would be practiced in-person with a patient, and legally allowed to practice in this state, while such patient is at an originating site and the health care provider is at a distant site.”



### **Professional Regulations**

At a minimum, a physician, physician assistant, or nurse practitioner providing treatment and/or consultation recommendations via telemedicine to a patient in the state of Georgia must meet all of the following conditions noted in the Georgia Rules and Regulations (Section 360-3-.07)<sup>4</sup>:

- 1) All treatment and/or consultations must be done by Georgia licensed practitioners;
- 2) A history of the patient shall be available to the Georgia licensed physician, physician assistant or advanced practice registered nurse who is providing treatment or consultation via electronic or other such means;
- 3) A Georgia licensed physician, physician assistant or advanced practice registered nurse either:
  - a. Has personally seen and examined the patient and provides ongoing or intermittent care by electronic or other such means; or
  - b. Is providing medical care by electronic or other such means at the request of a physician, physician assistant or advanced practice registered nurse licensed in Georgia who has personally seen and examined the patient; or
  - c. Is providing medical care by electronic or other such means at the request of a Public Health Nurse, a Public School Nurse, the Department of Family and Children’s Services, law enforcement, community mental health center or through an established child advocacy center for the protection of a minor, and the physician, physician assistant or advanced practice registered nurse is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider’s standard of care; or
  - d. Is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider’s standard of care.

- 4) The Georgia licensed physician, physician assistant or advanced practice registered nurse providing treatment or consultations by electronic or other means must maintain patient records on the patient and must document the evaluation and treatment along with the identity of the practitioners providing the service by electronic or other means, and if there is a referring practitioner, a copy of this record must also be provided to the referring physician, physician assistant or advanced practice registered nurse;
- 5) To delegate to a nurse practitioner or to supervise a physician assistant doing telemedicine, the physician must document to the board that that the provision of care by telemedicine is in his or her scope of practice and that the NP or PA has demonstrated competence in the provision of care by telemedicine;
- 6) Patients treated by electronic or other such means or patient's agent must be given the name, credentials and emergency contact information for the Georgia licensed physician, physician assistant and/or advanced practice registered nurse providing the treatment or consultation. Emergency contact information does not need to be provided to those treated within the prison system while incarcerated but should be provided to the referring provider. For the purposes of this rule, "credentials" is defined as the area of practice and training for physicians, and for physician assistants and advanced practice registered nurses, "credentials" shall mean the area of licensure and must include the name of the delegating physician or supervising physician;
- 7) The patient being treated via electronic or other means or the patient's agent must be provided with clear, appropriate, accurate instructions on follow-up in the event of needed emergent care related to the treatment. In the case of prison patients, prison staff will be provided this information if the consult is provided to an inmate; and
- 8) The physician, physician assistant or nurse practitioner who provides care or treatment for a patient by electronic or other such means must make diligent efforts to have the patient seen and examined in person by a Georgia licensed physician, physician assistant or nurse practitioner at least annually.

**If you are providing care by telemedicine to one of your established patients, you should already meet the requirements listed above.** These rules do not prohibit a provider who is on call or covering for another provider from treating, consulting, and/or prescribing medications for a patient of that other provider.

Additionally, in Georgia it is considered unprofessional conduct to prescribe a controlled substance to a patient based solely on a telemedicine consultation with the patient or their guardian, and the prescription of controlled substances via telemedicine for treatment of pain or chronic pain is not authorized.<sup>4</sup> The prescribing requirements for telemedicine are governed by federal law under the Ryan Haight Act and require a provider to have conducted at least one in-person visit with the patient prior to prescribing a controlled substance.

## Malpractice Considerations

Telemedicine is gaining popularity among both providers and patients and opens up new avenues to give and receive patient care. There are many advantages for the primary care pediatrician in offering telemedicine services, one of which includes meeting parents' demands for care in a more convenient setting. However, telemedicine also presents unique challenges and malpractice considerations that should be carefully analyzed before implementing a telemedicine service within your practice.

### ***Standard of care***

Although telemedicine is delivered through an alternative delivery method, it is still subject to the same standard of care as an in-person visit. There should be no difference between what you would do in a typical in-person visit and the evaluation that is given through a telemedicine visit. In fact, in recent years there have been advances in the availability of peripheral devices to help providers diagnose patients digitally. However, not all conditions are suitable candidates for telemedicine. It is essential for the provider to carefully evaluate and define the scope of care for services that will be offered under telemedicine. The rule is simple: practice good medicine and use your best judgement.

### ***Patient relationship***

The patient-provider relationship is very important in telemedicine. The provider must satisfy the requirements in Georgia Rules and Regulations § 360-3-.07. To minimize risk, it is recommended to focus telemedicine on already established patients with a known medical history. If a provider were to see a new patient over telemedicine but does not expect to become that patient's primary care physician, there is a duty to the patient to provide clear communication explaining that the visit will be considered an episodic instance of care and does not establish a patient-provider relationship.

### ***Communication and Informed consent***

Legal requirements for patient consent vary from state to state. Moreover, payer requirements can also differ payer to payer. In Georgia, there are no stated legal requirements to get patient consent specifically for telemedicine, but if you bill through Medicaid, it's required to have prior written consent on file in the patient's record.<sup>7</sup> Because of these differences, it is recommended to check into each individual payer needs when deciding to implement telemedicine within your practice. Although it may not be specifically required by law, it is still a telemedicine best practice to develop a clear mechanism to communicate and obtain patient consent. This can be done through the creation of a patient consent form that outlines these main aspects below:

- Inform patients of their rights when receiving telemedicine and the right to refuse treatment
- Patient responsibility when receiving telemedicine treatment- what is expected of them?
- Outline the potential benefits and risks of a telemedicine visit
- Provide a formal complaint or grievance process to resolve any potential issues that may arise as a result of a telemedicine visit
- Information on what to do in the case of a technology or equipment failure and provide a contingency plan

We also recommend developing policies on billing, scheduling and cancellation for telemedicine visits. Make sure to house the consent form on an easily accessible platform, for instance on a patient portal or included with other patient registration documentation. Please see **Appendix B** for a sample patient consent form included as an example in the DCH Medicaid Telemedicine Guidance.

### ***Documentation and Patient Privacy***

Documentation for a telemedicine visit should be the absolute equivalent in the degree of detail that you would normally provide for an in-person visit. The chart should also clearly show that the visit was completed over a telemedicine platform. If any peripheral tools were used, or if there was any outside assistance provided, for instance in the scenario of a school nurse helping to relay information to a primary care provider, all that information should also be included in the patient record. Another consideration to be aware of is the secure transmission of patient records from one entity to another. For instance, if records are being shared between a primary care office to an emergency department or specialist office. When deciding to get started with telemedicine, it is also a best practice to research state requirements around patient privacy and records and possibly create business associate agreements with any outside vendors to comply with applicable laws minimize risk exposure in the event of a data breach.

### ***Licensure***

Licensure requirements across state lines can be a challenging aspect of telemedicine. It is required for the provider to be licensed in the state in which the patient is receiving services and adhere to the applicable rules of that state regarding patient care. There are special licenses available for certain types of telemedicine services that allow providers to treat out of state patients, but it is up to the provider to research the licensure requirements and be knowledgeable about state laws.

### ***Liability Coverage***

The TCCN Malpractice Program covers telemedicine visits if the patient is a resident of Georgia and a patient of the practice providing the telemedicine services. Providers not participating in the TCCN Malpractice Program should check with their medical malpractice provider to determine whether telemedicine is included under their liability coverage. Some policies may exclude coverage for telemedicine. Likewise, it is also recommended to research the requirements regarding cyber liability coverage to help mitigate potential risk.

## Reimbursement for Telemedicine

The concerns of many providers stepping into telemedicine stem from making sure they can be reimbursed for telemedicine services through the insurance plans. In this section, we will provide information pertaining to the current reimbursement landscape as it applies to the state of Georgia and lay out our understanding of what is currently being covered by private payers and Medicaid.

### ***Self-Pay***

A telemedicine provider may choose to set a flat fee for a telemedicine visit if the patient is not using insurance to cover the visit. The amount is up to the discretion of the provider to fit the needs of their patients and practice.

### ***Coding for Telemedicine Visits***

If you are billing insurance, the claim for the telemedicine visit should utilize the same appropriate-level new or established E&M code used for an in-person office visit as well as the same applicable ICD-10 diagnosis codes. Third party consultants have recommended adding the 95 modifier (“Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System”) and place of service code 02 (“Telehealth”) to denote that it was a telemedicine visit. Please check with your payer agreements for specific requirements.



### ***Private Payer Telemedicine Reimbursement***

In 2019, Georgia revised the private payer parity law (to become effective as of January 1, 2020) known as the “Georgia Telehealth Act,”<sup>6</sup> which was meant to expand health benefit plan coverage for telemedicine services to mitigate healthcare access issues due to geography. Any health benefit policy that is issued, amended, or renewed shall include payment for services that are covered under such health benefit policy and are appropriately provided through telehealth in accordance with O.C.G.A. 43-34-31 and generally accepted health care practices and standards prevailing in the applicable professional community at the time the services were provided. The law requires health plans to reimburse on the same basis and at least at the rate that the insurer is responsible for coverage for the provision of the same service through telemedicine services as identical in-person services. Payment for telemedicine interactions shall include reasonable compensation to the originating or distant site for the transmission cost incurred during delivery of health care services. Providers should check with their payer partners regarding any reimbursement rate differences or coding requirements. It is also incredibly important to check for a specific plan’s eligibility prior to a telemedicine visit to avoid potential reimbursement issues.

It should be noted that private plans will often not reimburse for a telemedicine visit if it occurs the same day as an in-person office visit with the same provider for the same condition, or it occurs in the same 7-day period with the same provider for the same episode of care.

## **Medicaid Telemedicine Policy and Reimbursement**

Medicaid reimbursement for telemedicine is more complicated and is evolving with new proposed policies. **Please note that Medicaid, including the Care Management Organizations (CMOs), currently does not reimburse for visits where the patient is in their home**, except for treatment of substance use disorder or a co-occurring disorder to an individual with a substance use disorder diagnosis as of July 1, 2019, but providers and lawmakers are examining the issue as demand continues to rise. Setting policies regarding Medicaid reimbursement has largely been left to the states, and Georgia Medicaid will reimburse for telemedicine when the service is “medically necessary, the procedure is individualized, specific, consistent with symptoms or confirmed diagnosis of an illness or injury under treatment, and not in excess of the member’s needs.”<sup>7</sup> However, below are requirements under Medicaid policy for telemedicine visits.

Eligible telemedicine services for Medicaid reimbursement:

- Office visits
- Pharmacologic management
- Limited office psychiatric services
- Limited radiological services
- A limited number of other physician fee schedule services (Refer to Appendix B of the Georgia Medicaid Telemedicine Guidance for a list of billable services and codes)

Medicaid will not reimburse for:

- Telephone conversations
- Emails or facsimile transmissions
- Unsecured webcam (ex: Skype) or cell phone video (ex: FaceTime) and do not meet HIPAA encryption compliance
- Store-and-forward messaging (asynchronous transmission of text and images between patient and provider)

Georgia Medicaid requires that a patient be located at one of the following eligible originating sites during the telemedicine visit:<sup>7</sup>

- Physician and Practitioner’s Offices;
- Hospitals;
- Rural Health Clinics;
- Federally Qualified Health Centers;
- Hospital-based or CAH-based Renal Dialysis Centers (Independent Renal Dialysis Facilities are not eligible originating sites);
- Skilled Nursing Facilities (SNFs);
- Local Education Authorities and School Based Clinics;
- County Boards of Health;
- Community mental health centers;
- A mobile stroke unit (only for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke provided in accordance with section 1834(m)(6) of the Act);
- The home of an individual (only for purposes of treatment of a substance use disorder or a co-occurring mental health disorder, furnished on or after July 1, 2019, to an individual with a substance use disorder diagnosis);
- Emergency Medical Services Ambulances; and
- Pharmacies.

**Again, Medicaid currently does not reimburse for visits where the patient is in their home**, except for treatment of substance use disorder or a co-occurring disorder to an individual with a substance use disorder diagnosis. Lawmakers are continuing to evaluate the expansion of telemedicine eligibility requirements as the use of the technology gains more traction nationally.

Additionally, the following conditions must be met for coverage of medically necessary services provided through a telemedicine visit:<sup>7</sup>

- 1) The referring provider must be enrolled in GA Medicaid and practicing within the state of Georgia. The provider must maintain an office, clinic, or other similar physician facility, which complies with local business and building license ordinances. (Refer to the Policies and Procedures for Medicaid and PeachCare for Kids, Part 1 Manual, Chapter 100, section 105, for General Conditions of Participation);
- 2) The Medicaid member must be present and participating in the visit;
- 3) The referring health care practitioner must obtain written consent from the eligible Georgia Medicaid member prior to rendering service. The consent must state that the member agrees to participate in the telemedicine-based service. Copies of this form should be in the medical record of both the originating and distant site providers. The consent form must include a description of the risks, benefits and consequences of telemedicine and be included in the member's medical record. Providers may utilize a consent form other than the one attached to this guide; however, it must, at a minimum, contain the same requirements, standards and information listed on the member consent form. (See Appendix B for an example of this consent form);
- 4) The referring provider must be the member's attending physician, practitioner or provider in charge of their care. The request must be documented in the member's record. The physician or practitioner providing the referral must provide pertinent medical information and/or records to the distant site provider via a secure transmission. Notwithstanding the foregoing, referrals for evaluation of physical, mental, or sexual abuse may be made by an appropriate agency or group, including but not limited to, law enforcement or social services agencies;
- 5) The referring provider must be requesting the opinion, advice or service of another provider for a specific medical problem, illness or injury;
- 6) The consulting provider must be an enrolled provider in Medicaid in the state of Georgia and must document all findings and recommendations in writing, in the format normally used for recording services in the member's medical records. Both the originating site and distant site must document and maintain the member's medical records. The report from the distant site provider may be faxed to the originating provider. Additionally, all electronic documentation must be available for review by the Georgia Department of Community Health, Medicaid Division, Division of Program Integrity and all other applicable divisions of the department;
- 7) All telemedicine activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA): Standards for Privacy of individual identifiable health information and all other applicable state and federal laws and regulations;
- 8) All services that require prior approval must be prior approved. The provider at the distant site must obtain prior approval when services require prior approval;
- 9) If the member is a minor child, a parent/guardian must present the child for telemedicine services and sign the consent form unless otherwise exempted by state or federal law. The parent/guardian need not attend the telemedicine session unless attendance is therapeutically appropriate;
- 10) The member retains the right to withdraw at any time;
- 11) All existing confidentiality protections and HIPAA guidelines apply;
- 12) The member has access to all transmitted medical information, with the exception of live interactive video (if there is no stored data of the encounter);
- 13) There will be no dissemination of any member images or information to other entities without written consent from the member.

## Vendor Information and EHR Capabilities

The telemedicine space has seen quite a few changes in the last several years with an influx of new and existing vendors stepping in to offer virtual visits. Highlighted below are a few of the more prominent telemedicine vendors that are partnering with community physicians to offer virtual services to their patients. The fees for these products usually include a monthly subscription fee per physician and may include a per-visit charge. Please note that HIPAA guidelines require that any telemedicine visit be conducted over a secure channel of communication and you must have a Business Associate Agreement in place with the party storing your patients' electronic data detailing the methods for protecting that data.<sup>8</sup>

These are the most common features available in telemedicine platforms:

- High quality HIPAA-compliant live video
- Simple scheduling
- Automated appointment reminders
- Practice-branded web application and communications
- Patient mobile apps
- Telemedicine eligibility verification
- Fee schedule customization
- Patient payment collection
- Built-in e-prescription capabilities
- Standalone use or with an integrated EHR

Below is a list of some of the more prominent telemedicine vendors with selected publicly available information from their respective websites. There is a variety of other telemedicine vendors to choose from that may have different capabilities. TCCN is not recommending any particular vendor, as vendor selection depends on each practice's specific needs. To determine which platform is right for your practice, visit the vendor website for more information and request a demo once you have narrowed down your options.

### [AmericanWell](#)

- One of the largest telemedicine companies; makes compatible peripherals such as otoscopes and stethoscopes available for parents to purchase

### [Anytime Pediatrics](#)

- Pediatric-focused telemedicine solution; can route patients to another local pediatric provider of your choice if you are unavailable

### [Chiron Health](#)

- Offers Chiron Reimbursement Guarantee up to \$50 in case the patient's eligibility is verified, the claim is denied, and Chiron is unable to get it resolved

### [Doxy.me](#)

- Low-cost telemedicine solution with a variety of essential basic features

### [eVisit](#)

- Provides a wide array of materials to help providers make the most out of offering telemedicine

### [ExamMed](#)

- Atlanta-based telemedicine company; offers product customization to fit provider functionality needs

### [SnapMD](#)

- Platform designed to emulate a physical visit workflow; high level of integration capabilities



## EHR Integration

Many practices use electronic health record systems that already have built-in integration with a telemedicine application that allows the physician to seamlessly update their medical records. EHR integration is not necessary to offer virtual visits; providers can use a stand-alone system and keep their EHR and telemedicine application open at the same time so that documentation in the EHR can be done while conducting the visit on a second screen. Telemedicine vendors continue to integrate with additional EHR systems, so please check with the vendor for the most current information if you have questions about your EHR.

EHR	Compatible Telemedicine Platforms and Capabilities
AdvancedMD	<ul style="list-style-type: none"> <li>Offers AdvancedTelemedicine product, integrates with Doxy.me and SnapMD</li> </ul>
Allscripts	<ul style="list-style-type: none"> <li>Integrates with Chiron Health, Doxy.me, SnapMD, and Vidyo</li> </ul>
athenahealth	<ul style="list-style-type: none"> <li>Integrates with Chiron Health, Doxy.me, ExamMed, and SnapMD</li> </ul>
Cerner	<ul style="list-style-type: none"> <li>Integrates with AmericanWell, Doxy.me, ExamMed, SnapMD and Vidyo</li> </ul>
Centricity	<ul style="list-style-type: none"> <li>Integrates with Doxy.me, ExamMed and SnapMD</li> </ul>
eClinicalWorks	<ul style="list-style-type: none"> <li>Integrates with healow TeleVisits, Doxy.me, ExamMed, and SnapMD</li> </ul>
Epic	<ul style="list-style-type: none"> <li>Integrates with AmericanWell, Doxy.me, ExamMed, Vidyo, and others</li> <li>Patient visits accessible via MyChart</li> </ul>
Greenway	<ul style="list-style-type: none"> <li>Integrates with Chiron Health, Doxy.me, ExamMed, and SnapMD</li> </ul>
Kareo	<ul style="list-style-type: none"> <li>Integrates with Chiron Health, Doxy.me, and SnapMD</li> </ul>
Office Practicum	<ul style="list-style-type: none"> <li>Integrates with Anytime Pediatrics, Doxy.me, eVisit, and SnapMD</li> </ul>

## Other Video Conferencing Options

Each of the platforms listed below, while not built exclusively for telemedicine, allow for two-way sharing of video and audio that have encryption protocols. Patients and providers can also share their screens or other content pertinent to a virtual visit.

- [Zoom for Telemedicine](#)
  - Integrated into current technology and workflows
  - Connectivity for point-of-care devices
- [Cisco Expressway](#)
- [WebEx](#)
- [Adobe Connect](#)
- [Skype for Business](#)

## Implementing Telemedicine in Your Practice

As you consider the use of telemedicine in your practice, it is important to evaluate your practice's readiness. Before offering telemedicine visits to your patients, it might be helpful to consider the following questions.



### ***What conditions do I feel comfortable treating over a virtual visit?***

Telemedicine is an incredibly useful tool, but it can have limitations when it comes to providing clinically appropriate care. Consider the types of office visits that you feel comfortable conducting over telemedicine. Many physicians use telemedicine primarily to monitor behavioral health conditions such as ADHD and depression, which might be a good way for your practice to start using the technology. As you grow more familiar with the process, there are opportunities to expand your telemedicine services as you deem appropriate. What you decide to treat via telemedicine is an entirely individual decision.

Other providers have also used telemedicine for the following:

- Developmental screenings
- Medication management
- Otitis media (please note that this will require a digital otoscope peripheral)
- Skin rashes and minor dermatological care
- Follow-up visits

The provider should also be mindful of the regulations around prescribing and principles of antibiotic stewardship. Less experienced providers may need to be limited to a more restricted set of virtually treatable conditions until they gain more clinical experience. The [American Telemedicine Association](#) has developed [telemedicine-specific guidelines](#) for pediatric behavioral health, dermatology, burn care, proper lighting, and eye contact which can be found on their website.

The American Academy of Pediatrics and American Medical Association have not released specific guardrails around what cases should or should not be treated via telemedicine but reiterate that any treatment via telemedicine should be within a provider's scope of practice and level of comfort.<sup>9 10</sup>

### ***How much revenue will telemedicine visits need to generate to make them worthwhile for my practice?***

To see the potential financial impact telemedicine can have on your practice, it is helpful to create a model for what you predict your revenue could be. You should also take into account that you may be substituting some in-person visits with telemedicine visits.

Net revenue formula:

$$\text{Average Expected Per Visit Revenue} \times \text{Number of Visits} - \text{Cost of Telemedicine Platform} = \text{Net Revenue}$$

For example, if you collect \$50 per visit for self-pay, and you pay \$300 each month to use the telemedicine platform, you would need to conduct at least six telemedicine visits each month to break even, and then additional visits would generate net revenue. If you conducted 15 visits each month at that rate, your net revenue would be \$450 a month. Once you have an idea of what you can expect to be reimbursed from private insurance, you can incorporate that into your revenue projections as well.

$$(\$50 \text{ per visit} \times 15 \text{ visits}) - \$300 = \$450$$

If you have multiple providers in your office and plan to implement telemedicine in phases, you can estimate your projected revenue this way:

Month	Expected Telemedicine Visits Per Month	Expected Revenue (at \$50 Per Visit)	Platform Cost (\$300/Provider/Mo.)	Net Revenue Per Month
January	10	\$500	(\$300) (1 provider)	\$200
February	20	\$1000	(\$300) (1 provider)	\$700
March	35	\$1750	(\$600) (2 providers)	\$1150
April	50	\$2500	(\$600) (2 providers)	\$1900
May	75	\$3750	(\$900) (3 providers)	\$2850

If you are replacing some of your in-person visits with telemedicine visits while adding additional visits, you can model the difference in revenue this way:

Month	In-Person Visit Revenue Replaced (at \$50 per visit)	Expected Telemedicine Visits Per Month	Expected Revenue (at \$50 Per Visit)	Platform Cost (\$300/Provider/Mo.)	Revenue Difference Per Month
January	(\$250) (5 visits)	10	\$500	(\$300) (1 provider)	(\$50)
February	(\$500) (10 visits)	20	\$1000	(\$300) (1 provider)	\$200
March	(\$1000) (20 visits)	35	\$1750	(\$600) (2 providers)	\$150
April	(\$1500) (30 visits)	50	\$2500	(\$600) (2 providers)	\$400
May	(\$2500) (50 visits)	75	\$3750	(\$900) (3 providers)	\$350

### ***Are there other services I currently provide that I can transform into a telemedicine visit?***

There may be things that you are doing in your practice outside of an office visit that you can turn into a reimbursable telemedicine visit. Parents may regularly send you pictures of rashes or other dermatological conditions, or call the office to evaluate whether they need to bring their child in for an urgent visit. These are potential opportunities for you to leverage telemedicine to have higher-quality remote communication with your patients.

## ***Are my patients seeking more convenient care?***

If your patients are going to the nearest urgent care or retail-based clinic because they are not able to come into your office during your normal office hours, or if parents are having difficulty getting off of work to bring their child to see you during the day, telemedicine can help you keep your patients within their medical home. Implementing telemedicine may lead to higher patient satisfaction in general due to reduced time spent traveling and waiting in your office, reduced school and work absenteeism, and increased access to care.

## ***How will I schedule my telemedicine patients?***

You will need to determine if you are going to offer virtual visits only during the evening, at scheduled times during normal office hours, offer designated “open” telemedicine time for first-come, first-serve calls, or some combination of these. You will also need to decide whether telemedicine visits will be scheduled through your office or via the telemedicine application.

## ***What process changes might I need to implement in my office?***

Your staff may need additional instruction on how to properly submit claims for telemedicine visits and help you manage your schedule. Identify administrative staff that can help you manage your telemedicine workflow.



## Steps to Successfully Implement Telemedicine Within Your Practice <sup>11 12</sup>

After you have asked yourself the preceding questions and determined your practice's readiness to offer telemedicine services, there are many implementation resources to help you get started. Each implementation plan will be customizable and is dependent on various practice factors such as practice size, patient population and provider bandwidth. We have outlined below a basic roadmap and best practice tips to consider when implementing telemedicine.

### ***Step One: Define Your Strategy and Goals***

In this step you will do some brainstorming to develop the overall vision for integrating telemedicine within your practice. You may want to outline what benefits telemedicine will bring to your practice and its positive impact on factors such as expanding access, increasing revenue or increasing patient satisfaction. In essence, how does telemedicine fit into your overall business strategy for your organization and how big of a role will it play? You should also define the scope of practice and outline what services your practice feels comfortable offering over the telemedicine platform. Not all conditions are suitable to be treated over telemedicine, so it is important to define your scope from the onset. Likewise, as you develop your implementation plan it is a good idea to lay down some initial goals that telemedicine will help to achieve. These goals should be measurable so you can later compare the change from before and after telemedicine implementation. An example of some measurable goals can include how much additional revenue you expect to earn, what percentage decrease you expect to see in no-shows or cancellations, and how many more visits per day you hope to conduct.

### ***Step Two: Form Your Team <sup>13</sup>***

Implementing telemedicine within your practice will likely require some changes in current processes and workflow and will impact not only the providers, but also front office, billing and business services staff like marketing, among others. Forming a small cross-functional team is key to getting a wide range of input as you form your implementation plan. Within the team, designate one person to serve as the main point of contact and project manager to both champion the project and keep the momentum going as you move through subsequent steps.

### ***Step Three: The 3 R's: Rules, Regulations, and Reimbursement***

Telemedicine is still evolving, and state laws and regulations are frequently changing along with this evolution. Be aware of Georgia state laws and requirements around patient consent and scope of practice, as well as the documentation required by payers. Before moving forward, make sure you have a clear understanding of these three areas and work on building a contingency to protect against potential risk arising from telemedicine practice.

## ***Step Four: Select Your Telemedicine Vendor***

There are various factors to consider when choosing a telemedicine vendor. Questions to consider include the financial cost of using a particular platform over another, ease of use, security, technology capabilities, technical support, and whether the system will integrate with your practice EHR if you choose to do so. Another consideration could be the amount of impact a specific vendor or platform will have on your day-to-day practice workflow.

## ***Step Five: How will you Integrate Telemedicine into your Current Workflow and Maximize Use?***

Within this context it makes sense to do an analysis of how often you expect to use telemedicine and develop a strategy to support this. The implementation strategy can be tailored to fit the needs of your individual practice and you may choose to use all or just some of the services that telemedicine vendors offer. For example, perhaps you use a vendor for their technical platform and support but prefer to do billing and scheduling within your EHR. Secondly, in this step you will be building the initial roadmap for your telemedicine strategy. It is important to put details on how your practice will support the use of telemedicine into daily practice and how your workflow will change. Keep in mind that if the strategy strays too much from your current workflow or is too disruptive, there may be difficulty in making it stick. You may also want to consider outlining general standard care processes to guide providers and staff on how to navigate between telemedicine technology with traditional in-person processes. This could include information on how to bill for a telemedicine visit or detail on proper documentation.

## ***Step Six: Complete the Technology Implementation and Integration into Practice***

Integrating telemedicine with your EHR is entirely optional, but if you decide to move forward with integration you will need to work with your telemedicine vendor to make sure that the platform is successfully integrated with your EHR system. Trial runs and additional testing are recommended to uncover any potential hiccups and to find available solutions. If necessary, you may also want to consider upgrading supporting technologies such as high-speed internet access and online security safeguards or purchasing extra equipment like additional monitors or dedicated work space to facilitate telemedicine use. You will also need to make a concerted effort to train all staff and providers who will use the new telemedicine platform so that they are comfortable using the system before moving onto the next step.

## ***Step Seven: Marketing and Feedback***

Get the word out to patients that you are now offering telemedicine visits. This can be done in a number of ways; you may want to post signs throughout the office, send an announcement to a distribution list, update a section on your practice website, or have staff mention it to patients as they come in for visits. Start small, perhaps by opening up a few slots for patients initially interested in trying telemedicine. As you embark on your telemedicine journey, also solicit feedback from both patients and staff on likes and dislikes of the telemedicine platform and experience and ask for suggestions to improve.

## ***Step Eight: Evaluate and Adjust***

Congratulations! Once you reach this step you have successfully implemented telemedicine within your practice. As we mentioned in step one while we were creating our goals, this is the time to check in and see how your experience is measuring up against your initial vision. Are you getting the results you wanted? If not, you may want to adjust your strategy to find additional ways you can improve. This is a continuous process and should be re-evaluated as your practice becomes increasingly sophisticated with telemedicine to ensure you are maximizing success of the program.



## Tips and Best Practices

Conducting visits via telemedicine will require some additional preparation and steps to provide a high-quality experience for both the patient and provider. These are some tips and best practices recommended by some of our member pediatricians who have experience with implementing telemedicine in their practice.

### ***Before the Visit*** <sup>14</sup>

- Develop instructions to provide to new telemedicine patients at an in-person appointment and/or via the practice website
  - Verify which internet browsers are compatible with your telemedicine platform and inform your patients prior to any visits which browser(s) they will need to use
- Create an EHR template for telemedicine visits to optimize the flow of documentation
- List the conditions that are eligible for a telemedicine visit on the practice website
- If during triage the provider believes that the evaluation, diagnosis, or treatment is too complicated to render via telemedicine, the provider should request an in-person visit before providing any additional medical advice
- Have the patient complete any needed documentation, especially if monitoring their medication, via the patient portal or practice website prior to the visit
- Obtain an insurance verification and collect the copay or visit fee prior to starting the visit
- Test the webcam and microphone before conducting your first visit of the day
- The provider should position their webcam at eye level to maintain as much eye contact with the patient as possible

### ***During the Visit***

- Require that the patient be in a location with a solid internet connection; use of mobile data may result in low video quality or choppy audio
  - Failed and unsuccessful transmissions may not be reimbursed by insurance
- The patient should be in a well-lit and quiet location, especially if conducting any kind of physical examination
- When confirming that the patient is using the correct medication, have them hold up the medication rather than having them describe it
- At the end of the visit, be sure to explain any next steps to the patient before signing off

### ***After the Visit***

- Make sure that any notes from the visit, or information collected through a live chat function, are carried over to the EHR
- Provide the patient with an opportunity to give their feedback on the telemedicine visit to increase patient satisfaction

## Conclusion

We hope that the information included in this guide is useful as you evaluate your path forward with telemedicine. The implementation of this technology in pediatrics is a promising development which, if used correctly, will help to strengthen the pediatric medical home and further TCCN's mission of providing high quality care and expanding the availability of that care to the children we all serve. TCCN will continue to evaluate ways to support our member providers who want to make the most of using telemedicine in their practice.

If during your use of telemedicine, you have additional suggestions that would help your fellow pediatricians, please let us know so that we can share that information as appropriate. Thank you for reading, and for your continued support of TCCN.

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## APPENDIX A: Telehealth Models

- Tele-education can be delivered through varied avenues including A/V links, viewing live streaming video, or viewing stored educational material. Tele-education programs have several benefits that allows physicians to stay current on emerging medical topics and maintain continuing education requirements in a convenient setting. Tele-education also helps to foster shared learning between academic and community based physicians, which promotes the dissemination of new ideas improved practice techniques.
- Similarly, tele-research involves the dissemination and translation of research conducted in an academic setting to the primary care office. Common uses for tele-research can include sharing results and outcome on research topics for specified medical conditions or targeted patient populations. Tele-research has proven to be an easy and effective way to foster collaboration between different physician groups and can help bridge the gap between academia and primary care providers.
- Teleconsultation involves utilizing online or video conferencing tools to help providers from one site, typically a primary care office or urgent care clinic, have access to expanded expertise from physicians that are not physically on site. This application works well for both acute and chronic disease management and can also increase access to subspecialty care for traditionally underserved populations. Teleconsultation can occur in both inpatient and outpatient settings and offers access to specialized care with minimal need for travel, thereby benefitting both the patient and their families.

## APPENDIX B –Telemedicine Consent Form (*From Georgia Medicaid Example<sup>7</sup>*)

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GA MED ID#: \_\_\_\_\_

1. **PURPOSE:** The purpose of this form is to obtain your consent to participate in a telemedicine consultation in connection with the following procedure(s) and/or service(s):  
\_\_\_\_\_
2. **NATURE OF TELEMEDICINE CONSULT:** During the telemedicine consultation:
  - a. Details of your medical history, examinations, x-rays, and test will be discussed with other health professionals through the use of interactive video, audio, and telecommunication technology.
  - b. A physical examination of you may take place.
  - c. A non-medical technician may be present in the telemedicine studio to aid in the video transmission.
  - d. Video, audio and/or photo recordings may be taken of you during the procedure(s) or service(s)
3. **MEDICAL INFORMATION & RECORDS:** All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient-identifiable images or information for this telemedicine interaction to researchers or other entities shall not occur without your consent.
4. **CONFIDENTIALITY:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation, and all existing confidentiality protections under federal and Georgia state law apply to information disclosed during this telemedicine consultation.
5. **RIGHTS:** You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
6. **DISPUTES:** You agree that any dispute arriving from the telemedicine consult will be resolved in Georgia, and that Georgia law shall apply to all disputes.
7. **RISKS, CONSEQUENCES & BENEFITS:** You have been advised of all the potential risks, consequences and benefits of telemedicine. Your health care practitioner has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. All your questions have been answered, and you understand the written information provided above.

I agree to participate in a telemedicine consultation for the procedure(s) described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by someone other than the patient, indicate relationship: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_