TITLE: TELEHEALTH QUALITY OF CARE

CATEGORY: TELEHEALTH

NUMBER:

EFFECTIVE DATE: APRIL 16, 2020

POLICY:

CHC will provide our patients with the option of telehealth visits when appropriate. These visits will be conducted over an interactive platform, providing both audio and video (when at all possible). While a telehealth visit has no capabilities of a full physical exam, the remaining portions of the visit will be of the highest quality, comparable to an in-person visit in one of our offices.

SCOPE:

This policy and the following procedures apply to all patients and staff requesting, or engaged in, telehealth services through CHC.

PROCEDURES:

1. Licensure, privileges and credentialing
    a. CHC telehealth visits are considered to be of the same nature and process as in-person office visits, minus the physical presence of the patient.
    b. Only CHC providers who are fully licensed and qualified to see patients in CHC offices are permitted to provide CHC telehealth visits.
    c. All CHC providers are credentialed and privileged by the same process, documented in policy, regardless of whether or not they provide telehealth services.
    d. CHC providers will not perform telehealth services until they are approved by CHC to perform telehealth services.
    e. All providers must have sufficient training before approval.
    f. APRN providers must have agreements in place authorizing telehealth services before approval.
    g. PA providers must have scopes of practice in place, approved by SC LLR before approval.
2. Patient-provider relationship
    a. A patient-provider relationship in most cases will be required before a telehealth visit will be conducted. This relationship is best formed during a physical, face-to-face visit. The primary exception to this rule is a CHC fill-in provider taking the place of the patient's usual provider who is unavailable at the time.

   b. New patients will be allowed a telehealth visit only when it is medically necessary as the first visit and an in-person visit to the office will be forthcoming in a short period of time. Examples would be a patient who is acutely sick with URI symptoms but otherwise generally healthy, or a more complex patient who is in need of refills of maintenance medications before being able to come in to the office for an appointment. These patients would be expected to have an in-person office visit within two months of the new patient telehealth visit.
   c. Only one patient per telehealth visit will be allowed. The visit is for one patient only and if a family member or other individual within the household also desires a telehealth visit, that individual will have to schedule the visit separately, through normal scheduling procedures.
   d. The patient must be present during the telehealth visit. If the patient requires the services of guardians or care-takers, or is a child, then the parent, guardian or care-taker may speak and represent the patient, but the patient must be available and present for the visit.
3. Documentation
   a. As stated previously, CHC considers telehealth visits comparable to in-office visits, minus the physical presence of the patient. As such, documentation standards are the same for telehealth visits as they are for in-office visits.
   b. An electronic record of the visit will be stored permanently in the patient's chart, in the electronic health record (EHR).
   c. The documented note will contain: a chief complaint (reason for the visit); vitals (as best can be obtained virtually, possibly by patient report or demonstration, e.g. home blood pressure cuff or scale); objective physical findings as applicable (again limited by virtual visit, but constitutional findings, mental state, visual objective findings can be documented accurately); an assessment of the patient's medical problems, acute or chronic; and a plan describing the medical decision-making, as applicable, to the assessment.
   d. If applicable, clinical staff who enter information into the chart will document in the normal fashion such that name and timestamp data will be documented and recorded.
   e. Providers will be able to order future orders, should there be a need for the patient to have procedures or tests done immediately or in the near future, such as routine lab tests and vaccinations.
   f. Providers will complete the documentation and sign the EHR note in the exact same manner as an in-office visit.
   g. Evaluation and management (level of service) codes and Current Procedural Terminology (CPT) codes will be entered in the same manner as an in-office visit and submitted to payers, if applicable, in the usual manner by established procedures.
4. Staff protocols

a. Dependent on the location and the situation, staff will contact the patient by phone to confirm the telehealth visit, similar to in-office visits.
b. Shortly before the visit, staff will contact the patient again to ensure the patient is ready and available for the visit. This call will help ensure the patient has successfully installed the appropriate software on smartphone and/or computer for the visit.
c. Clinical staff will connect with the patient either by telephone or by interactive video to collect data for the visit and ensure the patient is available for the provider.
d. Electronic or verbal consent will be obtained before the visit with the provider starts, so that the patient has the opportunity to understand and agree to the limitations, risks and benefits, and cost (if applicable, that patient may be responsible for co-payments or co-insurance).
e. Patient will be asked by provider to identify themselves by citing their name and date of birth.
f. All staff and providers contacting patient by interactive video will be professionally appearing, with appropriate lighting to the face for identification. This is true whether the interaction occurs from the medical office or from a provider's home or other location.
g. Backdrop of the video will be appropriate, secure, and free of distracting images.
h. Background noise will be eliminated to the maximum extent possible.
i. All video interactions will be in a private location where no other individuals would be able to see or hear the interaction, or where the patient with the appointment could hear or see any information about another individual.
j. Should video connection suddenly fail, then the staff member or provider should immediately call the patient on the phone to continue, or conclude, the visit.

5. Quality
    a. All telehealth services must be deemed medically appropriate and necessary by the provider. Should a telehealth visit be deemed inappropriate or not medically necessary by the provider, the provider will document the visit as such and submit a no-charge level of service code for the visit.
    b. Security and confidentiality is fully addressed in the Telehealth Security and Confidentiality policy and procedure.
    c. All telehealth visits will include at least a problem-focused history and straightforward medical decision-making, as defined by the current version of the CPT manual.
    d. Telehealth visits will be included in regular peer review activities.
    e. Telehealth visits will be included in regular productivity and RVU utilization reporting.
    f. Telehealth visits and results from those visits will be included on regular monthly clinical quality reporting.

g. Telehealth visits will be included in routine supervising or collaborating physician chart reviews, in the case of PAs and APRNs.
h. Patient complaints or grievances resulting from a telehealth visit would follow the exact same process as any other patient complaint or grievance, as defined by policy.

6. Patient safety
    a. If at any time during the telehealth visit the patient is perceived to be in danger, or suffering an acute medical emergency, the staff or provider will remain on the telehealth connection while other staff members call the appropriate authorities.
    b. Should there be a known or suspected domestic violence situation or similar risk, the provider will establish safety and crisis protocols with the patient during the initial contact, e.g. a safe word that results in call to authorities.

Policy creation date April 14, 2020