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TELEMEDICINE/TELEHEALTH BEST PRACTICES (PART 3)



The telemedicine expansion was an immediate reaction to the COVID-19 pandemic, and virtual visits are projected to expand even after the pandemic subsides. While telemedicine regulations, restrictions, and practice will continue evolving, many of the fundamental changes instituted during the pandemic are here to stay.

As the telemedicine boom continues, best practices for provider engagement and examinations are emerging. Before the pandemic, many providers were unfamiliar with telemedicine and how to best optimize the technology. “Precision in the approach and delivery of the telemedicine patient encounter is essential”.¹

TELEMEDICINE BEST PRACTICES:

Licensure Requirements-Providers should know what State the patient is physically located in when they connect to provide care and ensure they are licensed to practice in that particular State. COVID treatment waivers have likely expired. A provider could risk disciplinary actions from State licensing boards if all requirements are not followed, as well as be subject to potential criminal liability related to practicing without a license. Please refer to [Center for Connected Health Policy \(CCHP\)](#) or [FSMB Requirements for Telehealth](#) to check cross state licensure requirements.

Consent-The consent process should be both written and verbal.

- It is recommended that providers consider including a clause in the consent form as to venue and choice of law, stating that should litigation occur it must be filed in the State where the provider's primary practice resides and is primarily licensed to practice (i.e., Michigan or Ohio for the majority of MPIE insureds) unless barred by the State (such as in North Carolina and Montana as addressed in the most recent Facets Newsletter). This clause may or may not prevail in the event of litigation, however, it may result in beneficial defense strategies.

Technology-The American Medical Association encourages the physician practice to “create a proper environment that will support successful telehealth visits.”²

- Ensure the technology from the patient’s perspective is conducive to a telemedicine visit.
 - Consider offering support staff that may engage the patient before the provider visit to ensure a successful and confidential virtual connection.
- Confirm that the patient’s device is fully charged.
- Develop a contingency plan prior to the initiation of the visit.
 - Should there be a technology failure for the provider or the patient, secure an alternative means of communication before the start of the telemedicine visit.

TELEMEDICINE BEST PRACTICES (CONT.)

Professionalism-The provider's physical environment, equipment, and professional attire are key considerations when conducting a telemedicine visit".²

- Ensure the provider is in a secure and professional environment to protect a patient's privacy.
- Providers should maintain the same level of professional attire as worn when providing in-person care. When possible, the provider should wear an identification badge visible to the patient.
 - Lighting is important.
 - Avoid sitting with the back to a window. Backlighting from windows or a chandelier can be distracting and take away from the details of the provider's face.
 - If possible, direct light from behind the camera onto the provider's face and not from the side or back.
- Sound can also be a distraction to patients.
 - Be cautious when conducting telemedicine visits in rooms with hardwood floors, as there can be reverberations with the audio.
 - If there are others in the patient's home, request background noise be kept to a minimum.
 - Consider muting the microphone when listening so that the patient is not distracted by the sounds of the keyboard.
 - Using an accessory microphone may improve audio quality.
- Consider the angle and position of the camera.
 - Generally, two feet from the subject looks best on most webcams.
 - Ideally, focus the camera at the provider's eye level so eye contact can be maintained.
 - One of the least attractive camera angles of the face is from down below, looking up at the nostrils.
- The background is equally as important.
 - Be thoughtful and deliberate about what's in the background during the patient visit.
 - Bookshelves should be free from clutter, and family photographs should be kept to a minimum.
 - Patients should not be distracted by anything in the background of the provider.
 - Use a virtual background when feasible.
- Communication
 - "Telemedicine requires the expansion of physicians' communication competencies as most of the literature on telehealth omits to mention the need for telehealth communication competencies."³
 - Account for the lag when communicating over an internet connection. Speaking slowly, clearly, and giving pauses allows for the patient to respond when questioned.
 - "Interpersonal communication involves more than words; also, key are intonation of voice, facial expression, body language, and capacity to accurately "read" emotions in others and to respond effectively."⁴ Perfecting the provider's "web-side" manner is crucial for a successful telemedicine visit.



SAMPLE WORKFLOW FOR A TELEMEDICINE VISIT

Once the patient has been checked in by intake staff, handoff to the provider should occur. When the provider is in a secure and private environment:

- Reiterate consent by explaining telemedicine's risks and benefits and obtain verbal consent.
 - The American Telemedicine Association recommends the following be included in the telemedicine informed consent:⁵
 - Potential benefits, constraints, and risks of telemedicine.
 - Types of conditions best treated in a remote visit.
 - Potential for an equipment or technology failure.
 - How to receive follow-up care in the event of technology failure.
 - The patient's right to stop a telemedicine visit.
 - The patient's responsibilities during a telemedicine visit.
 - The process for filing a complaint or grievance as a result of a telemedicine visit.
- Venue and choice of law clause (as per above).
- Ensure that the patient is appropriate for a telemedicine visit and, if not, be prepared to reschedule the patient to another day and time or an in-person visit.

Perform the clinical exam:

- If the patient is new to the practice or provider, the provider should introduce themselves and confirm the patient's identity.
- Discuss the purpose of the visit and set the patient's expectations for the visit.
- Determine who is in the room with the patient. Family members or other parties can be asked to leave the room if appropriate.
 - Encourage the patient to move to a private location where others nearby cannot overhear the details of the patient encounter.
 - Evaluate for the appropriateness of a chaperone:
 - Follow the same policy for chaperone utilization as for an in-person visit.
- Assure the patient that their information will be secure and confirm that they have the necessary privacy.
- Discuss the telemedicine visit to establish the patient's expectations.
- Obtain the patient's health history when appropriate.
 - Encourage the patient to keep their medications, or a list of their medications, close by to ensure appropriate medication reconciliation.
- Maintain the same standard of care as an in-person visit.
- Medical record documentation:
 - Medical record documentation must be as thorough as an in-person patient encounter.
 - Record the mode of service delivery/technology utilized, any technical difficulties, the provider, and patient physical locations.
- Obtain as much clinical data as possible. Consider having the patient using an iPhone or Apple Watch to obtain clinical information like vital signs.
 - Explore options for using peripherals for clinical assessment, diagnostic testing, and clinical treatment at a distance. Determine if the patient has access to equipment such as blood pressure cuffs, thermometers, etc.

At the end of the visit:

- Provide a plan for the patient, set up any referrals needed.
- Send notes to the patient, just as you would after an in-person visit.

RESOURCES

1. Reeves JJ, Ayers JW, Longhurst CA. Telehealth in the COVID-19 Era: A Balancing Act to Avoid Harm. J Med Internet Res. 2021 Feb 1;23(2):e24785. doi: 10.2196/24785. PMID: 33477104; PMCID: PMC7857524.
2. AMA Telehealth Playbook, <https://www.ama-assn.org/system/files/2020-04/ama-tele-health-playbook.pdf>. American Medical Association. Accessed September 24, 2021.
3. L. S. van Galen, C. J. Wang, P. W. B. Nanayakkara, K. Paranjape, M. H. H. Kramer & J. Car (2019) Telehealth requires expansion of physicians' communication competencies training, Medical Teacher, 41:6, 714-715, DOI: 10.1080/0142159X.2018.1481284.
4. McConnochie KM. Webside Manner: A Key to High-Quality Primary Care Telemedicine for All. Telemed J E Health. 2019 Nov;25(11):1007-1011. doi: 10.1089/tmj.2018.0274.Epub 2019 Jan 16. PMID: 30648924.
5. ATA's Quick-Start Guide to Telehealth During a Crisis, <https://info.americantelemed.org/covid-19-resources-quickstart-guide-landing>. American Telemedicine Association. Accessed August 28, 2021.

If you are an employed provider of a healthcare system and have questions on this subject, please consult your organization's risk management department for advisement as to system policy or protocol.

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