

Alaska Native Medical Center

Telemedicine Procedure #500-23B

Referring Policy: Provision of Care, Treatment and Services (Continuum of Care) Policy #500

1. Purpose:

To outline practices to follow when providing healthcare services using telemedicine technologies with patients and healthcare personnel.

2. Scope:

Alaska Native Medical Center (ANMC) accredited campus staff who deliver or support the delivery of healthcare using telemedicine technology and methods.

3. Definitions:

- 3.1. Telemedicine means the practice of medicine using electronic communications, information technology or other means between a licensee in one location, and a patient in another location with or without another healthcare provider. Generally, telemedicine is not an audio-only, telephone conversation, e-mail/instant messaging conversation or fax. It typically involves the application of secure videoconferencing or store and forward technology to provide or support healthcare delivery by replicating the interaction of a traditional, encounter in person between a provider and a patient (Federation of State Medical Boards or FSMB).
 - 3.1.1. Telemedicine is a tool or system for delivery of health care and is not a separate medical specialty.
- 3.2. Telemedicine Technologies means technologies and devices enabling secure electronic communications and information exchange between a licensee in one location and a patient in another location with or without an intervening healthcare provider (FSMB).
- 3.3. Provider site (Distant site) refers to the site at which the physician or other licensed practitioner delivering the service is located at the time of service via telecommunication systems.
- 3.4. Patient site (Originating site) refers to the location of the patient at the time of service via a telecommunications system. A tele-presenter may facilitate the delivery of this service and provide support to the patient and/or provider during the visit as needed.
- 3.5. Tele-presenter is an individual, located at the patient originating site that provides support to the patient and the telemedicine consulting provider, in completing the physical examination and/or telemedicine activity.

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4. Modes of delivery:

(American Telemedicine Association, 2020)

- 4.1. Synchronous (real time) telemedicine means an exchange of information regarding a patient occurring in real time (example: live video visit).
- 4.2. Asynchronous (store and forward) telemedicine means an exchange of information regarding a patient that does not occur in real time, including the secure collection and transmission of a patient's medical information, clinical data, clinical images, laboratory results, or a self-reported medical history (ANMC example: sending a store and forward case requesting a telemedicine consult).
- 4.3. Remote patient monitoring means the remote monitoring of a patient's vital signs, biometric data, or other objective or subjective data by devices, which transmit such data electronically to a healthcare practitioner.

5. AFHCAN refers to the HIT Telehealth Department. Originally, the term stood for Alaska Federal Health Care Access Network (per original grant), and continues to be used to refer to the store and forward software and/or telehealth carts.

6. Standards:

All health care standards apply to telemedicine that are used when assessing and treating a patient on-site.

7. Procedure:

7.1. Administrative Guidelines

7.1.1. Documentation and Consent

7.1.1.1. Information and images captured and maintained within telemedicine software systems are part of the legal health record.

7.1.1.2. Medical record documentation policies apply to the information retained in the telemedicine software. Examples include:

7.1.1.2.1.1. ANMC Records Management and Retention Policy #1003

7.1.1.2.1.2. ANMC Health Information

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Services Policy #1000

- 7.1.1.2.1.3. ANMC Privacy and Security of Protected Health Information (Personally and Individually Identifiable Information) Policy #1001
- 7.1.1.3. Documentation to include:
<http://manuals.medicaidalaska.com/tribal/tribal.htm>,
https://manuals.medicaidalaska.com/docs/dnld/Update_COVID-19_Telehealth_FAQs_20211103.pdf);
- 7.1.1.4. Method (e.g. live video, store and forward, etc.)
- 7.1.1.5. Identify where the patient and provider are physically located (home, clinic, etc.)
- 7.1.1.6. Start and Stop times (if applicable)
- 7.1.1.7. Documentation that supports the full definition of the procedure code(s) billed as per any encounter. Also provide the following:
 - 7.1.1.7.1.4. For store and forward list any images or other data reviewed as well as who requested the consultation.
 - 7.1.1.7.1.5. For video list who provided vital signs or other assistance as applicable.
- 7.1.1.8. Statement regarding informed consent for the following:
 - 7.1.1.8.1.6. Security and type of connection
 - 7.1.1.8.1.7. Applicable risks and benefits of encounter
 - 7.1.1.8.1.8. All persons present in room at provider and patient sites

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7.1.1.8.1.9. Any additional required consent (e.g. specific behavioral health requirements)

7.1.2. Patient Rights and Privacy

7.1.2.1. Patient rights are the same with telemedicine as they are in any other patient encounter.

7.1.2.2. Verify your identity to patient and verify patient's identity.

7.1.2.3. Videoconferencing privacy will be ensured. Available options include: audio muting, video muting, virtual room locks and participant monitoring.

7.1.3. Credentialing and Privileging

7.1.3.1. Providers must be licensed in/abide by the guidance of the state and country in which the patient is located at the time of the telemedicine visit.

7.1.3.2. Telemedicine credentialing is not required when delivering care directly to the patient's home or other non-healthcare facility via telemedicine as long as licensing requirements referenced in Section 7.1.3.1 are met.

7.1.3.3. Providers delivering care by telemedicine to a non-ANMC healthcare site will be credentialed and privileged to deliver telemedicine care at the patient site. This can be done in the following ways:

7.1.3.3.1.10. Telemedicine Credentialing Agreements cover multiple ANMC providers for the delivery of care using telemedicine technology as agreed to by partner healthcare facilities. Providers authorized to deliver care under these agreements will be listed under the Schedule 1 list of providers, maintained by the ANMC Medical Staff Office.

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- 7.1.3.3.1.11. Providers apply independently for telemedicine credentials and privileges at partner healthcare facilities. This application and approval process is an arrangement made between the individual provider and those facilities.
 - 7.1.3.4. Telemedicine-specific credentialing and privileging does NOT authorize providers to deliver care on-site at non-ANMC healthcare sites.
 - 7.1.4. Training
 - 7.1.4.1. Telehealth training will be standardized across ANMC where appropriate.
 - 7.1.4.2. Clinical departments are responsible for ensuring employees that use or assist others with telemedicine are trained and have documented competency.
 - 7.1.4.3. Clinical departments are encouraged to access resources and training from the HIT Telehealth Department.
 - 7.1.5. Quality Improvement and Performance Management
 - 7.1.5.1. HIT Telehealth provides e-mail, telemedicine and telephone options for staff feedback and conducts surveys and interviews with staff.
 - 7.1.5.2. HIT Telehealth will work to expand and improve telehealth services and technologies by collaborating with administrators, telehealth providers and staff.
 - 7.1.5.3. Clinical care issues will be escalated to the appropriate Service Chief or Tribal Health Organization point of contact.
 - 7.1.6. Devices and Equipment
 - 7.1.6.1. Both the provider and patient site should use diagnostic-level high quality imaging (video and/or still cameras as

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clinically appropriate for the intended application), audio, and related data capture and transmission equipment that is appropriate for the telehealth clinical encounter, and which meet existing practice-specific guidelines.

- 7.1.6.2. In the event of a technology fault or failure during live visits, the provider clinic will contact the patient's clinic or patient by another method to determine the follow up plan.
- 7.1.6.3. Maintenance and supplies for telemedicine equipment are the responsibility of the organization that owns the equipment.
- 7.1.6.4. Adherence to manufacturer guidance and federal and state regulations are the responsibility of the organization who owns the equipment.
- 7.1.6.5. HIT and clinic staff may pre-test connections as needed to ensure quality connection, including those directly in patient homes with patient request/permission.
- 7.1.7. Data Privacy and Security
 - 7.1.7.1. All telemedicine data transmission will be encrypted.
 - 7.1.7.2. Users will adhere to appropriate corporate IT Security Standards applicable to the use of computing devices and software.
 - 7.1.7.3. Protected health information will be stored only in the legal health record.
 - 7.1.7.4. Patient video sessions will not be recorded.
- 7.1.8. Health Professionals shall:
 - 7.1.8.1. Abide by the same standards of care used to assess and treat a patient on site.
 - 7.1.8.2. Ensure care requirements can be met via telemedicine (if not, schedule in person).
 - 7.1.8.3. Health professionals may elect NOT to provide

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telemedicine services if they believe they cannot meet the care needs for the visit. Examples include incomplete medical records, poor quality of video, audio or other electronic communications that interferes with assessment, level of care need is higher than what telemedicine can provide, etc.

- 7.1.8.4. Strive to deliver care in the most patient-centric manner.
- 7.1.8.5. Recognize that a telehealth encounter establishes a provider-patient relationship (American Telemedicine Core Guidelines, 2021).
- 7.1.8.6. Know what to do in case of an emergency during video appointments.
- 7.1.8.7. Provide care consistent with all applicable regulatory, licensing, credentialing and privileging, malpractice and insurance laws and rules for their profession at the site of their practice and at the site where the patient is receiving care.
- 7.1.8.8. Acquire the education and training needed to ensure competency in telemedicine delivery.
- 7.1.8.9. Accommodate all privacy and confidentiality concerns. Ensure highest possible level of videoconferencing privacy to include both physical and virtual protection.
- 7.1.8.10. Obtain and document consent per “Consent” section of this procedure plus ensure patient knows they can stop the visit at any time; and
- 7.1.8.11. Adhere to infection control policies and procedures for equipment used in gathering patient data as applicable (otoscopes, stethoscopes, etc.)

References:

1. Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine, April 2014, Federation of State Medical Boards (FSMB)
2. American Telemedicine Association (October 2018) Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions.

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[Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions - ATA \(americantelemed.org\)](#) accessed May 20, 2021

3. American Telemedicine Association (September 2020) Standardized Telehealth Terminology and Policy Language for States on Medical Practice. [ATA- Medical-Practice-10-5-20.pdf \(americantelemed.org\)](#) accessed May 20, 2021
4. <https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html> (accessed November 29, 2021)
5. <https://telehealth.hhs.gov/providers/> (accessed November 29, 2021)
6. https://manuals.medicaidalaska.com/docs/dnld/Update_COVID-19_Telehealth_FAQs_20211103.pdf (accessed November 29, 2021)
7. ANMC/Corporate Policies and Procedures
8. Telemedicine Procedure FAQ:
http://share.home.anthc.org/cbss/ecs/_layouts/PdfForms/PdfFormRender.aspx?file=/cbss/ecs/Helpful%20Documents/Telemedicine%20Procedure%20Changes_Provider%20FAQs%2012.15.21%20FINAL.pdf&Source=http%3A%2F%2Fshare%2Ehome%2Eanthc%2Eorg%2Fcbss%2Fecs%2FSitePages%2FHome%2Easpx&DefaultItemOpen=1&DefaultItemOpen=1

Authority to Approve	ANMC Executive Management Team
Approval Date	12/13/2021
Effective Date	12/13/2021
Supersedes	10/19/2015
Responsible for Review	Chief Ethics and Compliance Officer
Related Policies, Procedures, Etc.	Health Information Management, Security Management, Continuum of Care, Medical Staff Management
Search Terms	HIPAA, privacy, security, health information, patient, medical record, PHI, ePHI, breach, ISSO, CIO, business associate, BAA, risk, vulnerability, business critical data, computer, upgrades, insurance, violation, deviation, corrective action, audit, Data Use Agreement, Data Sharing Agreement