RED SIGNAL REPORT℠

June 2021

Solutions to Reduce Risks and Improve Patient Safety

SPOTLIGHT ON TELEHEALTH

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As medicine and technology continue to evolve, this report reviews the difference between telehealth and telemedicine; considerations for planning, developing, and implementing a telemedicine program from a risk management and liability perspective; and strategies for a successful visit.

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AUTHORS

Judy L. Klein, PA, CPHRM, FASHRM
Manager, Risk Management

Katherine A. Perry, CPCU, ARM
Director, Product Development

I. Introduction

The Red Signal Report℠ series is designed to help healthcare providers identify issues that affect risk management, patient safety, and quality outcomes. Although there is little debate about the value of virtual telemedicine visits to healthcare organizations, practitioners, and the patient community during these unprecedented times, taking a step back to consider key areas of potential exposure is essential to mitigate risk. This report provides insight into the use of telehealth and telemedicine, tips to help healthcare providers develop and implement a telemedicine program, and risk recommendations to help improve patient safety and reduce malpractice exposure.

II. Executive Summary

In response to the coronavirus pandemic, healthcare organizations across the country rapidly implemented, expanded, and adjusted the use of telemedicine to respond to the changing needs of patients, healthcare providers, and caregivers. Tele-triage has provided an important tool to improve management of the emergency department intake procedure, process arrivals at testing sites, and provide for medical screening before specialists' referrals. All of these uses help reduce exposure between patients and healthcare providers.

In-patient telemedicine has provided a means of care access during the coronavirus pandemic to tap into outside expertise when an internal resource was not on-site due to workforce preservation/quarantine. In addition, devices in patient rooms provide connectivity to patients while reducing healthcare provider exposure and helping to improve communication between providers, patients, and their family members.

Use of telemedicine as a modality to treat patients enables the screening and assessing of symptomatic at-risk patients and the continuation of on-demand care for patients. It can also be an efficient way to monitor patient care following a confirmed diagnosis.

From a regulatory perspective, Congress and federal agencies have worked to reduce barriers to providing telemedicine within the healthcare industry to enable increased access and efficacy of care during COVID-19. The Centers for Medicare & Medicaid Services also removed barriers so healthcare providers can be reimbursed for care provided via telehealth during the health crisis.

Telehealth is well positioned from technological, patient acceptance, and healthcare cost perspectives to transform how healthcare is delivered and accessed. Technological advancement is a driving factor of successful business operations, and healthcare is no different. Wearables, ingestible sensors, healthcare monitoring, and enabled communication have enhanced virtualized services and will become an integral part of the delivery of medicine moving forward.

III. The Difference Between Telehealth and Telemedicine

It is important to note that the terms telemedicine and telehealth are occasionally used interchangeably. However, telehealth is a broader term and refers to the use of technology to support healthcare from a distance for non-clinical services, such as education, while telemedicine is the actual practice of providing healthcare.

Definitions:

Telehealth encompasses the global provision of care through various platforms including remote monitoring to treat patients holistically. When paired with artificial intelligence, wearable devices, electronic medical devices, and value-based care metrics, advances in technology and innovation will drive a more personalized approach to medicine. Overall, capabilities to better interact with patients assists in maintenance of health and reduction in healthcare costs.

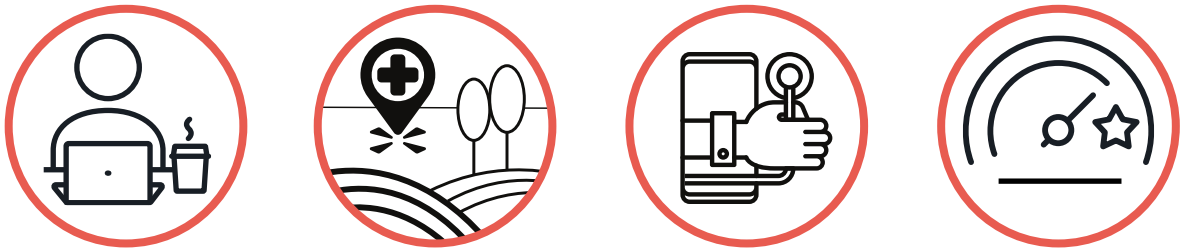
Telemedicine allows healthcare providers to evaluate, diagnose, and treat patients at a distance using telecommunication technology. This term refers generally to the delivery of healthcare through electronic or other technological means.

According to the American Telemedicine Association (ATA), "Telemedicine is the natural evolution of healthcare in the digital world."[1] The use of telemedicine – using various telecommunications technologies to "see" and treat patients – had its roots in improving access for patients in remote areas. Today, telemedicine programs exist in every state, providing care to patients through several modes and through subspecialties, including: home telehealth, teleradiology, teledermatology, telepharmacy, and telemedicine for behavioral health as well.

Telemedicine is a modality of delivering care that expands overall access to care; however, delivering care via telemedicine generally does not change the applicable standard of care, which is the same as for an in-person visit with a healthcare provider. While it may not always be possible to make a diagnosis during an initial telemedicine visit, telemedicine does serve as a means to gather actionable information to formulate a patient care plan and address the next steps to meet the patient's needs.

IV. Benefits and Types of Telehealth

Telehealth Benefits

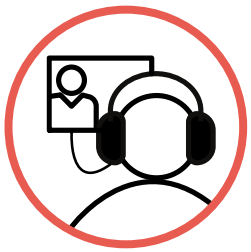


Convenience **Rural Access** **Disease Management** **Improved Quality**

In their entirety, telemedicine and telehealth provide increased practitioner/patient interaction to keep the patient population healthier. Increased access to care also results in more convenient opportunities for follow-up visits and therefore increases the likelihood of patients following practitioner recommendations, treatment plans, and instructions. Additionally, for patients with chronic health conditions, remote disease management increases patient control over their health and allows practitioners to take action quicker to maintain patient health. Patient outcomes may improve with technological advancements to monitor and care for those in need.

Types of Telehealth Interactions

Synchronous: Audiovisual



Synchronous interaction is the most well-known type of technology-based healthcare service. It includes any video call or live chat software that allows a healthcare provider to communicate with a patient in real-time or live. Consultation is conducted across distances using two-way, interactive software located in desktop or laptop computers, tablets, or other mobile devices such as smartphones.

Example: Live conferencing – two-way video conferencing between practitioner and patient

Asynchronous: Store and Forward

Asynchronous, or store-and-forward telehealth, involves specialized technology that allows a patient's data to be collected, stored in a secure cloud-based platform, and later retrieved by another treating provider.

Example: Collected data include a health history or medical images from X-rays or scans

Patient portals also fall under this category. A patient portal is a secure, online tool that gives patients convenient access to personal health information, such as: medical records, list of medications, immunizations, allergies, and diagnostic lab results. It can also incorporate secure email communications, including: requesting prescription refills, scheduling appointments, updating contact information, making payments, downloading initial visit forms, and viewing patient educational materials.

Example: Patient portal

Remote Patient Monitoring

Remote patient monitoring (RPM) enables providers to record and monitor a patient's health data remotely. It uses technological devices to get vital signs needed to monitor a patient's condition. RPM is usually recommended for patients with chronic diseases like diabetes, asthma, and cardiovascular illnesses. RPM allows for frequent monitoring in a cost-effective manner.

Example: Wearable devices

V. Risk Management: Planning, Developing, and Implementing a Telemedicine Program

While telemedicine offers many benefits, this nontraditional mode of delivery can expose the practitioner and an organization to liability. Healthcare practitioners and organizations must be careful to develop and implement a telemedicine program that not only provides quality care, but also minimizes risk to the patient and practitioner.

The following considerations provide insight from a risk management perspective to assist in planning, developing, and implementing a telemedicine program:

Understand State Laws and Licensure Requirements

In a traditional office visit, the patient and the practitioner are in the same state. In a virtual environment, this is not necessarily true. This means that the licensure requirements of multiple states may be relevant. State law may also dictate whether physician assistants and nurse practitioners can practice telemedicine across state lines. In addition to state licensing requirements, practitioners must also comply with applicable state and federal laws regarding telemedicine. Consultation with an attorney is essential as state and federal telemedicine laws and licensing requirements vary by state and continue to evolve.

Privacy and Security

Ensure that appropriate privacy and security measures are in place. Portal risks may include breaches of confidentiality and information security and inappropriate patient use. Additionally, telemedicine can make practitioners vulnerable to malware attacks and hacks. Password-protected screensavers, encryption, and other safety measures can help keep information safe, while unsecured devices and systems, such as cellphones, laptops, and email, can result in security weaknesses. Practitioners should adhere to applicable state and federal privacy laws, including HIPAA and the Security Rule as required.

Informed Consent

Oral and written informed consent are advised when providing remote care. The informed consent discussion should include:

- Disclosure of information about the telemedicine system.
- Potential risks and benefits of telemedicine.
- Equipment and technology limitations.

The practitioner who is ultimately responsible for patient care should obtain oral and written informed consent from the patient prior to the telemedicine encounter. Both the patient and the practitioner should agree that telemedicine is appropriate and understand that they have the ability to stop treatment at any time. Many states require that practitioners obtain informed consent from patients before virtual visits begin. The document should define for the patient what telemedicine is, including its benefits and limitations, and outline both the practitioner's and the patient's responsibilities as part of a virtual visit. Providers should consult with an attorney as to any state-specific informed consent requirements.

Telemedicine Limitations

While telemedicine offers a viable medium of care, it does have limitations. It is important to have a program in place that outlines which conditions can be treated remotely and which require in-person visits. Practitioners should implement a process and plan for when and how to escalate a telemedicine visit to a face-to-face visit.

Telepharmacy

Telepharmacy presents a challenge for practitioners, pharmacists, and patients, all of whom potentially could reside in different states. Prescribing for patients during telemedicine encounters may or may not be appropriate. However, if a telemedicine encounter can provide sufficient patient information, prescribing may be appropriate. An established relationship between a practitioner and patient can also be one factor to bear in mind when considering whether to prescribe during encounters that are not in-person.

Organizations may allow patients to request prescription refills via a portal, however, no prescribing or refills should be authorized through the portal. Practices using portals should define what constitutes appropriate use. Consider developing policies and procedures and educating staff members and patients regarding appropriate portal use. Providers should consult with an attorney to understand any requirements under applicable state and federal laws relating to prescribing in a remote setting, such as the Ryan Haight Online Pharmacy Consumer Protection Act.

Medical Record Documentation

Appropriate documentation of a virtual encounter in a patient's healthcare record is imperative and must be as thorough as any other encounter, with all medical and legal standards of care observed. All verbal, audiovisual, and written communication must be documented in the healthcare record. Additionally, it is important to document any linked sites, the mode of service delivery or technology used, any technical difficulties, your physical location and the patient's physical location, and all patient-related electronic communications, such as lab/test results. Mechanisms should ensure the patient's clinical record is available during and prior to a visit and that time is taken to update the patient's history.

Availability of Interpreters

Just like in-person visits, it is important for practitioners to offer language interpreter services during telemedicine visits. For example, enabling video remote interpreting (VRI) through a telemedicine platform allows access to medically qualified interpreters who are specially trained as remote interpreters. There are companies that specialize in providing medically qualified interpreters who have expertise in communicating with patients virtually.

Technology and Equipment

Whether patients receive care in a hospital, a doctor's office, or a home environment, liability risks will always exist with technology and equipment. Telemedicine involves the transmission of medical data by electronic signal from one site to another. As a result, the potential exists for problems with audio and video transmission and/or with computer screen resolution and system incompatibility. Equipment malfunction or failure can distort an image or information and lead to inappropriate patient care, thereby exposing the practitioner and facility to liability risk. A back-up plan that allows patient care in the event of an equipment malfunction is advised as part of an effective risk management plan.

Suitable resources are required to manage networks, hardware, and software. These resources should include installation and maintenance, as well as protocols for troubleshooting and replacement. Security management must incorporate firewalls and ensure privacy protections are in place. Providers and organizations should evaluate their cybersecurity risk, including consultation with outside professionals as necessary.

VI. Quality Metrics for Telemedicine

It is important to monitor and evaluate telemedicine programs and healthcare providers who provide these services as part of a facility's overall quality improvement program.

Using data to measure the performance of a telemedicine program provides information to guide further development of services or can highlight specific areas needing improvement.

The National Quality Forum recommends measuring the quality of telemedicine in the following four areas[2]:

- Access: Patient access to care.
- Financial Impact: Cost to patients and their care team.
- Experience: Patient and clinician experience.
- Effectiveness: Clinical and operational systems.

Accreditation programs in telemedicine are also available to validate high-quality performance. As an example, the American Telemedicine Association endorsed a first telemedicine accreditation program (TAP), developed by the ClearHealth Quality Institute (CHQI). For more information, visit americantelemed.org and select "Accreditation."

VII. Risk Management Strategies for a Successful Virtual Visit

Telemedicine provides an extremely convenient mode of healthcare delivery for all parties involved and can greatly benefit patients who otherwise might not visit a healthcare provider. During the COVID-19 pandemic, remote visits proved to be essential lifelines, both for patients who feared they had COVID, and for those needing help with non-COVID acute or chronic conditions. However, just as with any other healthcare tool, "learning the ropes" is essential to patient safety. Practitioners must make every effort to give patients the same care and attention during a telemedicine visit that they would during an in-person visit. Without the opportunity to conduct a physical exam, it can be easier for practitioners to miss information during a virtual visit that could lead to patient harm and lawsuits.

Legal experts predict that the volume of virtual care lawsuits will increase as telemedicine becomes an increasingly common way for patients to access healthcare. In addition, many in the medical malpractice field anticipate claims similar to those that may be expected for in-person care, including:

- Incorrect diagnosis.
- Incorrect interpretation of an image.
- Miscommunication with the patient.
- Inadequate assessment, testing, or procedures.
- Medication/prescribing errors.
- Failure to ensure that the patient understood the diagnosis or recommended treatment.
- Failure to provide an interpreter, if required.

Essentially, almost any cause of action that can be brought in relation to care offered in a standard setting can apply to telemedicine visits.

TELEMEDICINE CASE STUDY & LESSONS LEARNED

As of the writing of this report, Coverys has not experienced a significant number of claims resulting from this modality of care. This may change as the utilization of telemedicine increases. As noted above, many telemedicine exposures are similar to those for in-person care. However, there are certain characteristics of telemedicine that have created new exposures, including the geographic separation of the patient and provider as well as the use of technology. Below is an example of a telemedicine case scenario involving a diagnostic error. It is offered as a learning opportunity to reflect on existing and new exposures and to provide insight into key opportunities to mitigate risk.

Virtual Visit Diagnostic Error

A patient called a telehealth service and explained to the triage intake person of a problem with his eye and described his symptoms. The patient was asked to download a picture of his eye via cellphone and was advised a physician would call him back. Within the hour, the patient received a call back from an infectious disease physician. The physician was not able to download or view the patient's eye photo. The patient described having redness and irritation of his right eye and denied pain, discharge, or sensitivity to light. The physician diagnosed viral conjunctivitis and prescribed prednisolone acetate eye drops. The patient administered the eye drops as instructed and began to experience pain. The next morning, the redness in the patient's eye worsened, and he experienced discharge from the eye. Subsequently, the patient was seen by an ophthalmologist and was diagnosed and treated for a corneal ulcer infection and blurred vision.

A lawsuit was filed alleging failure to appropriately diagnose and treat a corneal ulcer infection resulting in loss of vision.

Missed Opportunities to Mitigate Risk:

Following are missed opportunities to mitigate risk based on the case study outlined above.

- **Clinical judgment:** The decision to prescribe prednisolone in the absence of a physical examination. **Misalignment of specialist based on chief complaint:** The patient was seen by an infectious disease specialist when referral to an ophthalmologist at the time of intake triage was indicated.
- **Technical issue:** The physician was unable to download and view the photo of the patient's eye and therefore unable to visualize the problem. A photo was required to assess the patient's condition.
- **Failure to convert telemedicine visit to in-person exam:** An in-person visit should be held if a thorough assessment cannot be accomplished virtually.

Key strategies to support successful virtual visits, improve patient care, reduce risk, and mitigate claims:

Plan, prepare, and collaborate.

Organizations and practices need to take the time to develop thoughtful protocols for virtual care. This will reduce variation between practitioners and specialties so they can provide a high-quality experience for patients. This includes developing standards outlining what types of patients and conditions can safely be managed virtually versus those that are better suited for in-person visits. Additionally, it is important to set boundaries by deciding what "office hours" will be, especially if practitioners are working from home.

Practice, practice, practice.

Ensure there is a secure, well-designed telemedicine platform that has clinical workflows integrated into the system and allows for real-time access to patient data. Avoid using non-secured, public-facing communication platforms that may result in privacy breaches. Once a system is in place, it is important for staff members to learn how to use the system and practice launching patient interactions to verify that everything functions as expected. Everyone on the healthcare team needs to be on the same page and

equally familiar with workflows, protocols, individual responsibilities, forms, checklists, and technical details. Practitioners employed by a healthcare system should follow the organization's established policies and procedures relating to telemedicine.

Get the word out.

Let patients know that telemedicine visits are available to them, and advise of potential limitations due to the specifics of their health history and conditions. Educate patients about how the process works, billing management, equipment requirements, things they can do to prepare for their visit, and what to do if they encounter an issue during the telemedicine visit. Patients need to be aware that a telemedicine visit is private and cannot be viewed by anyone else on the internet.

Do a dry run.

It is helpful to have a staff member conduct a "dry run" with the patient prior to the actual medical consultation with the practitioner. To ensure that the patient's equipment is operational, verify that the patient understands how to operate the computer or smartphone, and answer any questions the patient may have about the process. Ted James, MD, MHCM, medical director and vice chair, Beth Israel Deaconess Medical Center/Harvard Medical School, advises providing a telemedicine checklist (as noted below) to patients in advance to set expectations and allow them to better prepare for the visit.[3]

Sample items for a patient telemedicine checklist:

- Prepare a list of questions for the healthcare provider.
- Find a quiet place for the virtual visit.
- Ensure adequate lighting to allow for clinical assessment.
- Test equipment before the visit.
- Consider having someone with you to help you or take notes, if needed.
- For technical difficulty, call [insert phone number].
- Have an alternate means of contact ready (e.g., email, phone).
- Have medical information available.
- Have a pen ready to take notes and write down the treatment plan.

Put your best face forward.

Ensure appropriate front lighting so the patient can see their practitioner's face clearly. A light source behind the camera helps illuminate the face, whereas a window or other lighting behind an individual can throw their face into shadow. Sit close enough to the camera so that the screen is filled, and avoid showing the table or desk between the practitioner and the screen, if possible. Further, it is important to maintain eye contact by looking directly into the camera as often as possible while assuming a relaxed posture and facial expression. Avoid fidgeting or shifting in one's chair. Smiling, leaning in, and nodding when appropriate helps put the patient at ease, as does being friendly, warm, and approachable.

Be professional.

Practitioners are advised to dress as they would for an in-person visit. Wearing a badge or a white coat with their name on it is advised. Do not eat or drink beverages while on camera. Ensure there is nothing in the background that may be construed as unprofessional or that could distract the patient. Further, safeguard patient privacy by conducting the visit in a private setting with the door closed, and turn off the ringer on any device that might interrupt the visit. Choose a neutral background or use a privacy screen or a "virtual background," if one is available.

Streamline the process.

Review the patient's chart before the virtual visit begins to avoid having to look up information during the interaction. Using a dual monitor can make it easier to access the EHR or document the encounter in real time. Inform the patient of any need to look away from the screen, for example, to check an EHR entry or other document.

Get things rolling.

Begin with introductions, including the location where the visit is conducted, and request that the patient do the same. Acknowledge anyone else who may be in the room with the patient. Ask if the patient can see and hear well and if they have any questions before the medical portion of the visit begins. Offer an interpreter if one is statutorily required or requested by the patient. Ask the patient to advise if they require something to be repeated or clarified at any point during the visit.

Obtain informed consent.

Let the patient know that informed consent is required for care delivered via telemedicine (see example below) and for any medical tests or treatment that may be offered. Explain the benefits, risks, and alternatives, and document the patient's understanding and agreement. Consider state requirements regarding written consent. Consider having the patient sign the appropriate forms during an in-office visit, or mail/email the forms so the patient can complete and return them prior to their first virtual visit.

Things to cover when obtaining informed consent to a telemedicine visit according to the American Telemedicine Association:[4]

- The potential benefits, constraints, and risks of telemedicine.
- The types of cases that are appropriate (or inappropriate) for a remote visit.
- The potential for an equipment or technology failure that could result in an incomplete or inaccurate diagnosis.
- How to receive follow-up care or help in the event of a technological breakdown or an unforeseen outcome.
- The patient's rights, including the right to stop or refuse treatment during a telemedicine visit.
- The patient's responsibilities during a telemedicine visit.
- The process for filing a complaint or grievance to resolve any ethical concerns or other issues that might arise as a result of telemedicine.

Address privacy concerns.

Disclose that all reports resulting from the virtual visit will be part of the patient's medical record and that the patient is entitled to all confidentiality protections guaranteed under HIPAA and other federal and state privacy and security laws. Make the patient aware that despite privacy and security measures, such as data encryption and authentication protocols, privacy risks are possible. Assure the patient that the practice strives to appropriately secure their privacy and keep their medical information confidential.

Set the agenda.

Ask the patient about their concerns, preferences, and treatment goals. If the patient's "to-do" list is long, help them to set priorities for the current visit and offer a follow-up visit(s) to take care of the rest. Restate the agenda to ensure patient clarity with respect to what will be discussed during the current visit.

Listen before speaking.

Listen carefully to what the patient says and try not to interrupt. Allow an extra beat after the patient has finished speaking to make sure they have finished their thought. Utilize active listening skills; summarize what concerns have been stated and ask clarifying questions before responding.

Assess your patient carefully.

Use remote assessment techniques—such as checking the appearance of a lesion, watching the patient ambulate, or asking a caregiver to take the patient's pulse—to obtain more information on the patient's status. Consider the possible root causes of the patient's complaints and order any tests required to make a definitive diagnosis. Ensure that any potential complications of a chronic illness are considered and attended to. When available, ask for recent and real-time data from remote monitoring devices, including information provided by fitness watches, mobile health apps, glucose meters, and heart and blood pressure monitors.

Develop and communicate a treatment plan.

Repeat the treatment plan and confirm next steps to the patient. Ensure patient understanding on what the plan is moving forward including whether additional testing, referral to a specialist, or a follow-up visit is needed.

Say goodbye.

At the end of the visit, ask the patient if there are any additional concerns, thank them for their time, and provide contact information. Remind the patient that they can find their after-visit summary in the patient portal if one is available to them. The after-visit summary should include:

- Medication adjustments and prescriptions including the amount, dosage, frequency, and number of refills.
- An outline of any actions that will be taken by the practitioner.
- An outline of any actions that the patient has agreed to take.
- Guidance on what potential problems the patient should watch for.
- Instructions for getting answers to any additional questions or concerns.

Document the details.

Thoroughly document the visit including the fact that it was a tele-visit, your physical location and the patient's physical location, and what took place. Ensure that the necessary patient consent or refusal forms are included in the patient's chart.

Follow up.

Make sure the patient is aware of the necessary follow-up steps. Use a system that will prompt review of test results or medical imaging that have been ordered. If a referral to a specialist or another practitioner has been provided, use a system to prompt review of notes and any test results from that specialist's visit with the patient. Connect with the patient to discuss the implications and next steps of results and consultations. If no immediate action is warranted, ensure that the practitioner or a staff member will check on the patient periodically and assess if another virtual visit is indicated or an in-person appointment should be scheduled.

Implementing these strategies into a telemedicine practice can help make virtual visits more enjoyable, efficient, and effective for both the practitioner and their patients.

Telemedicine Training Programs

Clinicians should be comfortable using a telemedicine platform and operating equipment efficiently before communicating with patients. Virtual visits require a different skillset than in-person visits and patience is necessary.

Practitioners who deliver virtual care should take advantage of certification and/or training programs addressing technology use and equipment, limitations of virtual visits (e.g., audio, visual, service interruptions, and when to direct the patient to an in-person visit/care), "bedside" manner, and camera/visual presence.

There are a variety of organizations which offer training in virtual telemedicine, including the American Telemedicine Association (AmericanTelemed.org), the American Medical Association (AMA-Assn.org), as well as several university programs located around the country.

VIII. Summary

As medicine continues to merge with technology, there is little debate about the value of telemedicine visits to healthcare organizations, practitioners, and the patient community. Convenience, access to care, improved patient engagement, and quality outcomes are some of the compelling arguments to offering virtual services. Telemedicine risks can be managed with careful planning and consideration of the risks as outlined in this report. Taking a step back to consider key areas of potential exposure is essential to ensure a quality program that mitigates risk and decreases liability.

IX. Telemedicine Resources

Coverys offers an array of telemedicine resources to help mitigate risk and improve patient safety. They can be accessed from the links below. (Links below were accessed on May 3, 2021.)

Coverys Resources:

Articles

- Professional & Interpersonal Boundaries in Telemedicine
- Telemedicine and COVID-19: Managing the Risk
- The Wearable Revolution: Opportunities & Risks

Tools

- Telemedicine: Chapter from the Coverys Risk Management Healthcare Facility Manual
- Telemedicine Self-Assessment Questionnaire – Sample
- Telemedicine Consult – Sample Form
- Telemedicine Visit Using a Nonpublic Application – Interim COVID-19 Sample Form

Webinar

- From Zero to 100 mph: COVID-19, Telemedicine, & Value-Based Care

Med-IQ® Resources:

Med-IQ is a Coverys company. For more information, visit Med-IQ.com.

- Video: Clinical & Legal Perspectives of Telemedicine
- Q&A from Video Listed Above: Questions from Clinical & Legal Perspectives of Telemedicine
- Web-based Education Courses:
    - Virtual Care: The New Frontier
    - PHI: Appropriate Access and Digital Distractions
    - Telehealth Risk Management: FAQs and Practice Strategies

Additional resources are available from the following organizations:

American Telemedicine Association: Offers a wide range of discipline-specific telemedicine practice guidelines as well as core standards, assessment, and outcome measures.

Federation of State Medical Boards: Provides model policy for guidance to medical boards for regulation of the appropriate use of telemedicine technologies in the practice of medicine.

Interstate Medical Licensure Compact: Provides information about state license reciprocity and expedited licensure for qualified providers wishing to practice in multiple states.

Center for Connected Health Policy: A resource for telehealth-related laws and regulations.

Center for Telehealth and e-Health Law (CteL): Provides information on credentialing, sample agreements between originating and distant sites, and checklists.

American Medical Association: This national organization provides resources to providers relating to the delivery of medicine, educational resources, and practice management. Specifically related to telemedicine, they offer the AMA Quick Guide to Telemedicine.

American Hospital Association: This national organization provides resources to hospitals, healthcare networks, and their patients and communities. Specifically related to telemedicine, they offer a Telehealth Resource Site with sample telemedicine-related forms. https://www.aha.org/telehealth

National Consortium of Telehealth Resource Centers: Provides resources to assist providers in developing a telehealth program.

Centers for Medicare and Medicaid Services (CMS): CMS oversees many federal healthcare programs. They offer a provider telehealth and telemedicine toolkit.

Various medical specialty associations offer telemedicine resources, including:

- American College of Physicians
- American Academy of Family Physicians
- American Psychiatric Association
- American College of Radiology
- American College of Emergency Physicians
- American Academy of Pediatrics

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This information is intended to provide general guidelines for risk management. It is not intended and should not be construed as legal or medical advice.

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