A Quick Start Guide to Telehealth

Due to the ongoing COVID-19 public health emergency, telehealth has become a safe method of delivering quality healthcare to the public. Social and physical distancing is effective in minimizing the transmission of the coronavirus and telehealth could be an essential tool in protecting our health care workforce. In addition, telehealth would limit the person-to-person contact that occurs in clinics and waiting rooms thus protecting non-COVID-19 patients who require care.

While there are other methods of telehealth available, the simple real-time, web-based video communication outlined in this guide is suitable for communicating and interacting with patients without having to meet face to face. In usual circumstances, telehealth would require a thoughtful and deliberate planning and implementation process. With the current events of COVID-19, however, providers are increasingly looking for ways to fast track telehealth services to meet the needs of their patients while following the guidelines presented by the CDC.

This Quick Start Guide provides health care providers with simple steps and considerations for conducting Real-Time Video Teleconferencing with patients in light of the current COVID-19 public health emergency.

What do you need to get started?

- **Services Determination** – determine which services and patients are most appropriate for telehealth.
- **Physical Space**: Pick a suitable location where the patient's privacy can be ensured, as well as, optimal lighting and sound. Avoid places where background noise, conversations, or echoes may interfere.
- **Technology and Equipment**: At a minimum, you and patient will need a device that allows for web-based video communication. Today's computers, tablets, laptops, iPads, and smart phones which are equipped with a camera/webcam, microphones, and speakers are suitable. Common video teleconference software that are in use in healthcare include Zoom and BlueJeans.
- **Staff**: The duties and responsibilities of your team members will need to be defined. Someone, usually called the 'telehealth coordinator,' should handle the scheduling, referrals, and other administrative duties with the patient. Since a big component of real-time video teleconferencing will be the technology and equipment, someone familiar with providing technical system and network support should also be available.

What would workflow look like?

It is important to outline what your process will look like. Have a detailed plan regarding what happens before, at the start, during, and at the end of your patient's virtual visit. Some considerations:

- **Before** – what information will you need from the patient and how will you get it?
- **At the Start** – introductions and simple explanations of what to expect of the virtual visit. Ensure that you and the patient are able to see and hear each other clearly, that the patient knows they may interrupt for any reason including when they are experiencing technical problems.
- **During** – keep it as similar to a face to face interaction possible.
- **At the End** – ask the patient if they have any questions and explain what they are to expect now after their virtual visit. Complete all required documentation.
- **Follow-up** – determine if the patient will need virtual follow-up care and monitoring.

What are the important legal considerations?

- **Reimbursement -** Hawaii State Law Act 226 (16) requires parity reimbursement for public (Medicaid) and private payors. §346-59.1; §431:10A-116.3; §432:1-601.5; §432D-23.5 "Reimbursement for services provided through telehealth shall be equivalent to reimbursement for the same services provided via face-to-face contact between a health care provider and a patient." A PBTRC Telehealth Reimbursement guide is also available on our website.

- **Patient Consent and Telehealth**: Providers should consider including telehealth consent language in routine patient consent forms. Sample language can be found here.

  The State of Hawaii does not have a law mandating consent for telehealth services regardless of third-party payer. Hawaii does have a requirement for consent before provision of medical services (HRS 671.3) but is silent on whether it has to be verbal or written. The content of the consent form should be reviewed by the provider's risk management team as necessary. Regardless as to how consent is given (verbal, written, electronic, etc.) it must be documented.

- **Liability and Malpractice** - Hawaii State Law Act 226 (16) – Malpractice carriers are required to provide coverage for telehealth. §671-7 Professional liability insurance; coverage for telehealth. "Every insurer providing professional liability insurance for a health care provider shall ensure that every policy that is issued, amended, or renewed in this State on or after January 1, 2017, shall provide malpractice coverage for telehealth that shall be equivalent to coverage for the same services provided via face-to-face contact between a health care provider and a patient."

- **Provider-Patient Relationship** – Patient-provider relationship may be established by video teleconference.

- **Privacy and HIPAA** : In under normal circumstances, telehealth services need to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which mandates protection of protected health information, as well as any state laws that regulate the privacy and security of health information.

  COVID-19 HIPAA Waivers The Office for Civil Rights (OCR) released a notice that health care providers subject to the HIPAA Rules may communicate with patients, and provide telehealth services, through remote communications technologies that may not comply with the requirements of the HIPAA Rules. OCR will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. OCR states **DO NOT USE** any public facing applications. Applications that must be **avoided**, include Twitch, TikTok, Facebook Live, etc. OCR does say that in a COVID-19 public health emergency providers can use **non-Public facing** applications and mention several applications, e.g., Facebook Messenger video chat, Face Time, Skype for Business, Updox, etc., but this is not a recommendation or endorsement of these applications. Providers are encouraged to notify patients of the risk of these third-party applications and should enable all available encryption and privacy modes when using these applications.

- **Licensure.** Under the Supplemental Emergency Proclamation issued on March 16, 2020, during the COVID-19 emergency period, the State of Hawaii will allow out-of-state physicians, osteopathic

physicians, and physician assistants who hold a current and active license, or those previously licensed in Hawaii but who are no longer current and active, to practice in Hawaii without a license, if:
- Their license has never been revoked or suspended; and
- They are hired by a State or County agency or facility or by a hospital (including related clinics, rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory)

Some Tips:
- ***Pre-test with your patients!*** *Prior to your patient's virtual visit, test to check the connectivity.*
- ***Have a back-up plan!*** *What will you do if the visit connection fails? Consider you and your patients' possible options and let them know before their virtual visit.*
- ***Evaluate and adjust!*** *After each virtual visit, document and evaluate what went well and what did not.*

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