



## **Telehealth** Resource Centers



### Overview: **Key Issues in Specialty Consultation Telemedicine Services**

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## Specialty Consultation Telemedicine Services

Often the primary goal for a new telehealth program is the delivery of clinical services. This guide provides general information and guidance regarding issues of importance around patient services. It is not intended to serve as a “step-by-step” guide to service implementation. Every organization’s needs are unique and would require more in-depth discussions with your TRC staff to identify a complete implementation plan for your program. You are encouraged to contact staff directly if interested in that service.

While much of the information in this guide applies more specifically to the “traditional” interactive video technology-related services, the information provided is intended to be of general interest and often applicable regardless of the technology or specialty service being considered. Some services (i.e. emergency services) may have issues which require attention in addition to those referenced here.

The most important piece to remember is that this is about patient care and telehealth-related technology is simply another tool to be used to deliver quality services. Adhering to established standards and practices whenever possible is a good framework for service development and sustainability.

It is also important to remember that technologies and services will change over the years. The issues highlighted in this guide should be revisited regularly to maintain a consistent level of service quality and that your patients’ needs continue to be met.

*Permission is granted to utilize this information as is,  
or modify it to suit the needs of your organization.*

# Key Issues for Telemedicine Services

Planning a successful telemedicine service requires considerable preparation, prior to the point that any patients are actually seen. There are several issues that must be addressed in order to have a successful and sustainable program. This document is intended to serve as an overview of some key issues which can help make a hospital/clinic based telemedicine service successful. Keep in mind that these issues must be considered from both the referring and receiving points of the telemedicine experience.

## **It's About the Patient**

Always remember that telemedicine is about the delivery of care and services to the patient. The attractiveness of utilizing new technologies can be distracting. However, all the technology in the world will not make up for a patient who suffers or is dissatisfied because their needs were not addressed.

## **Building Relationships**

Establishing relationships and developing trust are keys to the success of telemedicine consults. Attention must be paid to this at all points of the patient event. This relationship starts with building support from the organizations' leadership to provide the financial and human resources necessary to build, support and sustain a program. Growing internal support continues by meeting with key departments within the organization to educate them on the telemedicine goals and process. As services are considered and then implemented, telemedicine requires supportive and solid relations with clinical staff, practitioners, and administrators at both ends of the service. For a program to be truly successful, relationship building must be an ongoing process.

## **Implementation**

Developing a thorough and complete implementation plan encourages the provision of a quality service and ensures that the standards of care are met. To determine the necessary steps, it is important to meet with key stakeholders such as IT, HIM, nursing, admissions, billing, scheduling, credentialing, etc. to obtain their input and to develop processes to meet their needs. Details count! Creating an implementation document and training manual with key steps identified can help to ensure a consistent implementation process and monitor the progress.

Telemedicine is the delivery of patient care and it should be incorporated as much as possible into existing practices, policies, and procedures to help comply with standards and encourage easier adaptation. After evaluating existing policies one can then address areas where additional policies and procedures are needed.

## **Services vs. Patients**

In conjunction with the process of implementation, it is equally important to coordinate the provision of the services with the patients who need them. Building awareness of the service is important, but making sure that the service is addressing a real need is even more so. Conducting a needs assessment at the various patient locations helps to identify the services which are needed by these organizations. This assessment can also help to establish a prioritized listing of services to be evaluated, planned and implemented.

It is equally important to do an evaluation of service capacity. There may be a high level of interest, coupled with a high level of need at the patient locations, but if the providers do not have space in their schedules to add patients (in-person or via telehealth) then it won't matter how much the service is wanted. Neither end of the patient service can make assumptions around availability and hope to be successful.

## **Recreate the in-person experience**

Programs that keep the patient's experience as their focus will likely have more success. It is important to understand the nuances of an in-person experience and replicate the telemedicine experience as much as possible for both patient and practitioner. Telemedicine equipment should be integrated into a clinical space so as to minimize its presence, allow for appropriate patient privacy and maximize the patient's attention on the practitioner. Also remember, telemedicine does not change the duty of confidentiality and compliance with HIPAA.

## **Patient Scheduling**

For telemedicine services where patient scheduling is used, the process can be somewhat complex as it can involve several different locations that need to coordinate for one patient appointment. For example a clinic physician may refer a patient to a specialist and the patient is then seen in another telemedicine facility such as the nearby hospital. During the implementation process with each specialist clinic and remote site it must be established how telemedicine appointments will be scheduled and who ultimately will be responsible for confirming with the patient. "One size does not fit all" as each clinic and remote site will have different resources and established processes.

Traditionally the scheduling of appointments has been a phone activity between all involved, but with the advent of electronic medical records and multi-site scheduling software, some of this may now be done electronically.

## **Infrastructure and Equipment**

A reliable, robust telecommunications network that conforms to HIPAA privacy and security regulations is necessary to provide a quality patient experience and to make sure that the needs of the provider are met. One must work closely with all facilities' IT departments to meet these goals and address any network restrictions (i.e. firewall issues) that may be in place. This includes ensuring EMR access for practitioners not on the same campus, and having any necessary business associate agreements in place.

The services to be provided will help guide the type of equipment that is needed. For example, if only mental health services are provided, then a computer based videoconferencing system may be sufficient. However, if a remotely controllable camera or a specific medical device is required to provide a service, then a traditional videoconferencing system may be needed. Also, make sure to consider any equipment compatibility issues. Before any purchase, visit with your organization's telehealth contact or the providers that are being considered for services regarding their infrastructure.

Over the years, many organizations have applied for grants and used Universal Service Funds to help with the costs of implementing telemedicine. These should be viewed only as budgetary support for a program and not as the sole foundation on which a program is built. Consideration must be made for on-going, long-term financial (read "annual budget") commitment at the organizational level.

## **Appropriate tele-presenter**

A competent tele-presenter (someone at the patient location assisting the practitioner) is often required to meet the needs of the patient and practitioner. In addition to their basic skills and training on proper equipment use, additional training may also be helpful or required, such as understanding the practitioner's examination process. When the tele-presenter is aware of the practitioner's expectations during a consult, he/she can anticipate what is needed and be prepared to act accordingly. The tele-presenter should have the opportunity to practice with the equipment on a routine basis. Fumbling with the equipment leads to decreased patient confidence and increased provider frustrations. Caution: Remember to adhere to the scope of practice of the tele-presenter's practitioner license.

## **Continuum of care**

Today's electronic medical records (EMR) make the transfer of information an easier process, yet not everyone uses the same EMR. The referring practitioner and the specialty practitioner must make sure that information is transferred and incorporated for a telemedicine consult just as it would be for an in-person visit. This includes completing any forms required by the specialty clinic at the telemedicine site and transmitting them to the specialist's clinic.

For clear coordination of care, one must detail specifically who will be responsible for scheduling follow-up testing, additional consults and coordination with other agencies. How this is handled will depend on the test requested and local resources.

## **Quality in Telemedicine**

As with all patient care services, quality needs to be monitored. Common threads through all performance improvement programs include reporting of customer complaints, adverse outcomes, and ongoing problem data gathering. Some additional suggestions include: number of consults conducted and estimating how many travel miles patients were saved, number of ancillary tests that were completed "in-house", patient transfers that were avoided because of a telemedicine consult, number of learning events attended.

Regardless of the size of your facility and the formality of the data kept, remember to share your success stories (even anecdotally).

## **Licensure**

The provider is currently required to be licensed in the state where the patient is located. The requirements for licensure for telemedicine may vary from state to state. One will need to check with each state medical board as some may require full licensure while others have adopted a licensure process specifically for telemedicine. Because licensure may take months to complete, it should be started very early in the implementation process.

## **Credentialing & Privileging**

Credentialing and privileging are required based upon the expectations of the facility where the patient is located. In a ruling that went into effect in July, 2011, CMS allows for a more flexible option for credentialing for telemedicine. This ruling, also followed by JCAHO, allows rural hospitals to rely on information provided by the "distant-site telemedicine entity" to base their credentialing and privileging decisions. Facilities still remain free to credential practitioners in their traditional

manner if desired. Since organizations can differ, it is important to confirm and follow the policies established by each location.

## **Patient Consent**

Patients have a right to be informed about their care and this is no different for telemedicine. The process for consent will be influenced by several issues: state regulations, local standards, service being implemented, facility policies, and payer requirements. It is important to work with the organization's legal counsel and compliance officer to insure that requirements are met.

## **Reimbursement**

Reimbursement remains a significant barrier to the growth of telemedicine.

**Medicare** does pay for some telemedicine services, but has several restrictions. These require the patient to be located in an eligible location; in an eligible facility; be seen by an eligible provider; and for an eligible CPT billing code. Medicare reimburses the facility where the patient is located a small "facility fee". This fee is adjusted regularly. "Store and forward" reimbursement is currently limited to Alaska and Hawaii. (Note: Check the resource section for the link to CMS details)

**Medicaid** reimbursement varies from state to state. Make sure to confirm the policies for each state served.

**Other Payers** - There is no single accepted standard for other payers. Many insurance companies understand the value of telemedicine and are leading their industry by reimbursing for a wide variety of telemedicine services. Check with the individual carriers to confirm coverage.

There are a growing number of states which have mandated "telemedicine parity". This means that a service provided by telemedicine technologies must be reimbursed at the same level as that same service provided in-person. It will be important to know if you will be providing services to one of those states.

**Alternative Payment Methods** - Additional payment models continue to be developed. Because of the challenges surrounding reimbursement, some organizations have simply established contracts with providers for the delivery of some patient services. It is expected that new payment models will continue to evolve over the next several years and these should be under continuous review.

## **Tools and Resources**

These tools and resources are intended to serve as a “starting point” for your telemedicine/telehealth program. They have been made available for your use and modification.

- 1. Implementation Guide*
- 2. Sample Policy – Clinical Telemedicine Services*
- 3. Job Description – Remote Site Coordinator*
- 4. Job Description – Clinical Coordinator*
- 5. Preparing for a Telemedicine Consultation – Provider Site*
- 6. Competency Skills Checklist*
- 7. Informed Consent – Sample Language*
- 8. Telemedicine Clinical Data Log*
- 9. Telemedicine Evaluation Form*
- 10. Recommended On-line Resources and Links*



## Sample Implementation Guide - Video Telemedicine Services

Task	Description	Responsible person/s	Status
<b>Relationship building</b>	Key people begin service concept development.	All	Ongoing
<b>Define scope of services and expectation</b>	Discussion to define expectations for the originating site and specialty healthcare provider. Shall be agreed upon prior to service implementation.		
<b>Assess Equipment Originating site Specialist site</b>	Requirements defined per specialty. Originating site assessed. Equipment budget established.		
<b>Licensure</b>	Healthcare providers must be licensed in the state where the patient is located.		
<b>Credentialing</b>	Physicians will be credentialed according to the originating facility's policy.		
<b>Implementation mtgs: Leadership Medical Staff Nursing staff Other depts.</b>	Obtain buy-in from key parties. Internal and external discussion to establish telemedicine implementation plan.		
<b>Protocol development Specialty provider Equipment procedures Originating site</b>	Incorporate into existing SOC as much as possible. Additional protocols developed as needed.		
<b>Training Initial training On-Going</b>	Competency based training event(s) for staff. On-going practice sessions to maintain competency.		
<b>Quality</b>	Outcome measures established.		
<b>Go live date identified</b>			
<b>Ongoing program management</b>	Program improvements. Ongoing communication.		

## **Sample Policy** **Any Facility, USA**

Policy Title: Assisting with a Telemedicine Patient General Exam

### ***Purpose:***

- To promote a quality telemedicine experience for the patient and practitioner
- To maintain the continuum of care

### ***Key components of a successful consult***

- **Attitude:** Demonstrate a positive attitude towards telemedicine
- **Assessment:** Appropriate assessment skills are necessary to meet the requirements of the consult
- **Anticipate:** Anticipate the practitioners needs, making the consult more efficient
- **Assist:** Assist with the examination at the direction of the specialty practitioner
- **Advocate:** Advocate for the patient and practitioner, seeking/ providing clarification when needed

### ***Transfer of Information:***

1. Transfer of information should follow your normal process. If your organization and the practitioner are on the same electronic medical record, (EMR) information can be accessed using the EMR.
2. If not on the EMR, information should be faxed as soon as the appointment is made to allow for chart development and review by the practitioner.
3. If the practitioner has specific forms that the patient would complete if they came to their office, these forms should be made available to the patient to complete at the rural site as well and faxed prior to the consult.
4. If the patient is originating from another organization verify that they will be providing the specialty practitioner's clinic the required medical information.

### ***Preparation:***

1. As needed, move the video equipment to the consult location. Position in the room to meet the requirements for the consult.
2. Turn the video unit on prior to the consult to be ready to receive a video call and allow for testing and troubleshooting if needed.

3. Prepare examination camera, stethoscope, and other telemedicine peripherals as indicated by the patient condition. Example: exam camera to visualize a wound
4. Check that all equipment required for the specialty is available. Example: reflex hammer, chart to figure BMI, monofilament, etc.
5. If the patient's chart is not available electronically, obtain the patient's medical record as available.

***Patient preparation:***

1. Patient should arrive 30 minutes before their appointment time for registration and preparation.
2. Register patient according to your facility's policy.
3. Assist patient to the telemedicine examination room.
4. An appropriate tele-presenter will need to be present to assist with the examination.
5. Explain the telemedicine process. It should be explained that this is an actual consult and that the tele-presenter will be assisting the practitioner with the examination. The patient should be encouraged to ask questions just like a traditional in-person consult.
6. Follow your facility's policy on informed consent for telemedicine.
7. Provide the patient with any specific forms that need to be completed prior to the telemedicine consult.
8. Obtain the patient's BP, TPR, height and weight, list of current medications and other assessments or information as required by the specialist. Record in EMR as soon as completed or be prepared to provide information to the specialty practitioner verbally or by fax.
9. Prepare patient for examination.
  - a. If necessary for proper viewing of condition, have the patient put on a patient gown
  - b. Properly place the patient for best visualization of patient condition.
  - c. Prepare stethoscope and exam camera for use as instructed by the practitioner.
  - d. Set video presets to assist with camera transitions.

### ***Procedure:***

1. The consult begins with the main camera focused on the patient and telepresenter. When the specialist and/or their staff appear on the video screen, introduce the patient and anyone else present in the room.
2. Assist with the patient examination at the direction of the consulting practitioner. This may involve performing basic and specific assessments under their direction; using the examination camera to view wounds, rashes, etc.; placing of the stethoscope to listen to heart, lung and bowel sounds; viewing of the lower extremities to assess edema; and more. The telepresenter should be positioned so as to not obstruct the view of the specialist while performing the exam. The specialist should be able to see the telepresenter's technique and the patient's responses to the assessment.
3. Advocate for the patient and practitioner seeking clarification and relaying information as needed. During the consult, the telepresenter should observe for clues that something may need to be repeated or clarified and also that the specialist is hearing the full intent of what the patient is saying. The telepresenter should also let the specialist know of any specific findings that were found during their assessment
4. After examination is completed, complete any procedures as needed (example, re-dressing a wound)
5. After the consult is completed, the specialist will review the plan of care with the patient and the telepresenter.
6. Provide discharge instructions to the patient as given by the consulting practitioner providing any clarifications as needed.

### ***Continuum of Care:***

1. Orders should be entered electronically into the EMR or faxed as needed.
2. Assist with scheduling any follow-up testing as needed.

### ***Documentation:***

1. Document according to your facility's policy. Add the names of those present during the consult.

## Job Description - *Clinical Coordinator*

Be responsible for developing and enhancing clinical telemedicine applications. This includes, but is not limited to, consulting with rural partner sites to determine and to assess their clinical needs and requirements; establishing and documenting proper procedures and policies regarding telemedicine consultations; and training personnel involved. Regular travel within the region is expected.

### **DUTIES AND RESPONSIBILITIES**

1. Serve as primary liaison with primary care physicians and their staff.
2. Assist and work with other clinicians to conceptualize and develop clinical telemedicine/telehealth applications.
3. Promote the awareness of telemedicine usage/applications among the nursing community and allied health professionals within the organization and the region.
4. Develop/Manage/Coordinate clinical efforts within the organization and at rural partner sites by exhibiting sensitivity to the needs and concerns of the clinical staff and assisting in the resolution of problems as well as uncovering possible opportunities.
5. Train partner site nurses, physicians, and care extenders to perform clinics., assist clinicians during consultations when necessary.
6. Be familiar with issues/concerns that may arise around patient billing.
7. Be involved with educational programming and help lead participants to begin clinical programming.
8. Participate in appropriate documentation of usage, satisfaction, and other relevant statistical information.
9. Travel to partner sites to promote clinical services of rural clinicians.
10. Work in cooperation with the telemedicine staff to develop appropriate guidelines and policies/procedures.
11. Be knowledgeable on telehealth-related public policy issues.

## **Job Description -** *Remote Site Coordinator*

The Site Coordinator serves as the prime contact person at the remote (patient) service location. This person serves as an advocate for telemedicine within the facility, coordinates the actual use of the equipment by various interested parties (education, patient services, administration) as appropriate, assures proper policies and procedures are in place locally, assists with data collection and evaluation activities at the local facility, and coordinates with other staff to assure Medical Staff requirements are met.

### **DUTIES AND RESPONSIBILITIES:**

1. Be an advocate of telehealth services within the facility/ organization/clinic.
  - Possess a positive attitude towards technology.
  - Assists in recognizing possible uses for interactive video within the facility
2. Coordinate the installation of telehealth equipment.
  - Help determine what rooms should be wired for education, meeting and physician consultation use and how this will be completed.
  - Coordinates with IT or local tele-communication provider
3. Develop/Coordinate a scheduling system/procedure to schedule telehealth equipment usage.
  - Has working knowledge of facility's room scheduling system and how to coordinate telehealth events
  - Receives requests and arranges room and equipment to meet needs
4. Develop a system to prepare the necessary equipment prior to a telehealth event. (clinical, educational or administrative)
  - Schedules necessary equipment as required for event
  - Assures that required staff are properly trained on the use of equipment.
5. Instructs participants on use of the equipment and advises regarding appropriate courtesy during telehealth conferences and events.

Examples: How to mute and un-mute and adjust volume.

6. Assist in solving problems that may occur during a telehealth event.

- Has working knowledge of how to properly use the equipment
- Can perform basic troubleshooting
- Knows resources to contact for additional help.

7. Assures appropriate policies and procedures are in place.

- Policies and procedures pertinent to facility are developed
- Suggested policies: scheduling a education event, scheduling a clinical consult, informed consent, promoting patient confidentiality/privacy, procedural policies, etc.

8. Develop a system to provide for educational presentations and meeting requirements.

- Coordinates with local staff or requestor and event provider to assure that appropriate staff are informed of the event, (poster, mailings, e-mail, etc) and handouts available
- Assure that a member present can operate all necessary equipment
- Adheres to acceptable video conferencing etiquette and instructs event attendees on the same
- Has required sign in sheets, evaluations and handouts available for presentations are required

9. Complies with required standards.

- Complies with facility policies on infection control, safety, orientation, confidentiality, security, competency, etc

10. Develops a system to provide for clinical applications as appropriate.

- Establishes with appropriate department procedure for clinical consults
- Provides equipment training
- Assures competency of staff assisting with consult
- Provides requested equipment and peripherals
- Promotes patient privacy and confidentiality
- Assures that required documentation is completed

11. Coordinates with staff to assure Medical Staff requirements are met
  - Coordinates credentialing of consulting physician as necessary
  - Has the Informed Consent available for patient to sign
  - Assist nursing as necessary with coordinating for the clinical process
12. Assists in data collection, evaluation, reporting and performance improvement activities as they apply to telehealth
  - Maintains required logs
  - Provides required data on a timely basis
  - Assures completion of participant evaluation forms as requested
  - Reports complaints to appropriate facility
  - Provides other data and information as requested for grants reports and system evaluations
11. Be knowledgeable on telehealth-related public policy issues.



## **Preparing for a Telemedicine Consultation - SAMPLE Provider Site Process**

### ***Arranging a consultation***

- Contact (appropriate telehealth network contact) at (###-XXXX) and the patient site clinical telemedicine coordinator to establish a date and time
- Coordinate with patient telemedicine site to establish consult date and time. Place on provider's schedule according to your policy.
- Contact patient with date and time
- Is insurance pre-authorization required?
- Mail to patient any intake questionnaires required. An option may be to provide to each referring location with "packets" from your clinic of the required forms to be completed at the time of the consult.
- If patient information is not available by EMR, has information transferred according to your policy.

### ***Day before consult***

- Verify that the appropriate information has been obtained from the patient and referring practitioner if not available by EMR.

### ***Day of consult***

- Access patient chart and review information
- Conduct consult
- Enter orders electronically or fax any follow-up orders
- Send any educational materials as indicated by the practitioner to the patient
- Send results of consultation to referring practitioner according to your policy

# Sample Competency Checklist



## Competency Skills List - Video

Name:

**How competency met:**

- |                              |                           |          |
|------------------------------|---------------------------|----------|
| a. Observation/Demonstration | c. Computer training/test | e. Other |
| b. Video/test                | d. Self Study/Test        |          |

Skills/Topic	Date valid	How met	Signature of valuator
States additional steps to promote security, privacy, and patient rights in a telemedicine consult 1. Encrypted video 2. Identifies those present during a consult and their role 3. Pt can stop consult at anytime without loss of right to future care			
Prepares interactive video unit for use: 1. Prior to consult time moves equipment to room and positions for best patient viewing 2. Plugs in electrical outlet and network port 3. Turns video unit on 4. Place microphone for best audio pick-up			
Prepares patient for consult 1. Provides patient education on telemedicine process 2. Complies with facility informed consent process 3. Has patient put on gown as needed 4. Properly positions patient for best viewing 5. Conducts patient assessment as required for remote provider and prepare patient for exam (example removes dressing for viewing of wounds, etc)			
Demonstrate proper use of video equipment 1. Places a video call 2. Change near/far end camera control 3. Demonstrate pan/tilt/zoom camera control 4. Display/non-display of picture in picture (PIP) 5. mute/unmute and adjust sound 6. Establish and use presets 7. Change camera sources to show exam camera, otoscope, etc 8. Disconnects video call			
Examination Camera: 1. Attached to video unit according to procedure 2. Turns on power			

<ul style="list-style-type: none"> <li>3. Perform white balance</li> <li>4. Demonstrates function of “ref” and “fre” button</li> <li>5. Adjusts zoom for proper presentation of affected area</li> <li>6. Select and change lens as needed</li> <li>7. Adjusts zoom for proper focus of affected area</li> <li>8. Performs exam at the direction of the healthcare provider</li> </ul>			
<p>Stethoscope:</p> <ul style="list-style-type: none"> <li>1. Set up stethoscope according to procedure</li> <li>2. Position patient for auscultation</li> <li>3. Properly uses stethoscope to decrease interference</li> <li>4. Places chest piece for auscultation according to healthcare providers directions</li> </ul>			
<p>Otoscope:</p> <ul style="list-style-type: none"> <li>1. Connects to video unit as needed</li> <li>2. Turn unit on as needed</li> <li>3. White balance</li> <li>4. Adjust light intensity as needed</li> <li>5. Focuses prior to use</li> <li>6. Perform exam at the direction of the healthcare provider</li> </ul>			
Documents telemedicine consult according to facility procedure			
Cleans telemedicine equipment according to facility policy			
<p>Performs basic troubleshooting according to appropriate procedure</p> <ul style="list-style-type: none"> <li>1. Verify correct set- up of equipment</li> <li>2. Checks cables securely inserted into correct port</li> <li>3. Reboots</li> <li>4. States process for obtaining additional troubleshooting help</li> </ul>			
<p>Quality and data gathering</p> <ul style="list-style-type: none"> <li>1. Reports patient complaints and adverse outcome according to facility process</li> <li>2. Collects additional data as required</li> </ul>			

**NOTE:** Copies of forms are available through gpTRAC.

## **Telehealth Consent -** *In Practice*

An informal survey of regional telehealth programs indicated there is not an established regional standard when it comes to “patient consent” for telehealth/telemedicine services.

The process for obtaining proper patient consent differs by healthcare organization more so than by state borders. Each healthcare organization must determine the process that is best for their organization by identifying that which fits best with their established traditional processes, makes the most sense for their patients and is least concerning for their legal advisors.

### **Summary:**

It was found that there are, in general, three different methods in use in the area of patient consent.

1. Some organizations have determined that a separate and unique patient consent form is needed in order to best meet the needs of patient consent for telehealth services. (sample language is included)
2. Some entities have simply included a line or paragraph within the organization’s general patient consent form explaining that telehealth/telemedicine technologies may be utilized in their care.
3. Some organizations have determined that telehealth/telemedicine technologies and services are already assumed within the already established patient consent process/form and do not delineate telehealth services specifically.

## ▶ Telehealth (Full) Consent - Sample Language

I understand that my health care provider \_\_\_\_\_ (provider's name) wishes me to have a telemedicine consultation with \_\_\_\_\_ (consultant's name). This means that I and/or my healthcare provider or designee will, through interactive video connection, be able to consult with the above named consultant about my condition.

My healthcare provider has explained to me how the telemedicine technology will be used to do such a consultation. I understand there are potential risks with this technology:

1. The video connection may not work or that it may stop working during the consultation.
2. The video picture or information transmitted may not be clear enough to be useful for the consultation.
3. I may be required to go to the location of the consulting physician if it is felt that the information obtained via telemedicine was not sufficient to make a diagnosis.

The benefits of a telemedicine consultation are:

1. You may not need to travel to the consult location.
2. You have access to a specialist through this consultation.
3. Other: \_\_\_\_\_

I give my consent to be interviewed by the consulting health care provider. I also understand other individuals may be present to operate the video equipment and that they will take reasonable steps to maintain confidentiality of the information obtained.

I understand that a limited physical examination will take place during the videoconference and that I have the right to ask my healthcare provider to discontinue the conference at any time. I understand that some parts of the exam may be conducted by individuals at my location at the direction of the consulting health care provider.

I authorize the release of any relevant medical information about me to the consulting health care provider, any staff the consulting health care provider supervises, third party payers and other healthcare providers who may need this information for continuing care purposes

I hereby release \_\_\_\_\_ (local facility name), its personnel and any other person participating in my care from any and all liability which may arise from the taking and authorized use of such videotapes, digital recording films and photographs.

I have read this document and understand the risk and benefits of the telemedicine consultation and have had my questions regarding the procedure explained and I hereby consent to participate in a telemedicine visit under the conditions described in this document.

\_\_\_\_\_  
Patient/Legal Representative    Relationship    Date/time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date/time



# Telemedicine Evaluation Form

## Telemedicine Evaluation Form (version 2.3)

TM Patient Evaluation Form-UofMn

Patient ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

*This section to be completed by medical staff personnel*

Clinic Site (your location): \_\_\_\_\_

Specialty Requested: Derm Cardio Psych Ortho Endo Gastro Neuro Pulm Other

Type of Payer: Medicare Self-Pay Work-comp BCBS Medicaid Capitated Commercial

Patient's Status: #1 Inpatient Outpatient At Home Nursing Home

Patient's Status: #2 New Established Global

*This section to be completed by Telemedicine patient or patient's guardian*

Thank you for participating in our Telemedicine Clinic. The information you provide to us will better assist our program and its success, as well as, help us in identifying ways to improve the existing system.

1. How many hours did you &/or your family miss from work or school, including drive time, to be at the Telemedicine clinic? \_\_\_\_\_ How many hours would you &/or your family have missed if you had to go to the specialist's office \_\_\_\_\_?

2. Approximately how many miles did you travel to use the Telemedicine facility? \_\_\_\_\_

3. How satisfied are you with today's clinic? (Questions 3-10 please circle the most appropriate answer)

Highly Satisfied Satisfied Not Satisfied Highly Dissatisfied

4. Overall, how satisfied are you that today's medical clinic met your current healthcare needs?

Highly Satisfied Satisfied Not Satisfied Highly Dissatisfied

5. How did you feel during today's Telemedicine visit?

Very comfortable Relaxed Tense Very Uncomfortable

6. Would you use the Telemedicine system again? If no, feel free to comment on the back of this form

Yes Not Sure No

7. Would you have preferred to see the physician in person today?

Yes Not Sure No

8. If necessary, would you drive to the Twin Cities to see the physician you saw today in clinic?

Yes Not Sure No

9. How long would you be willing to wait for an appointment to see today's Telemedicine physician in person?

One Day One week One Month More than One Month

10. How satisfied are you with the nursing staff and their knowledge?

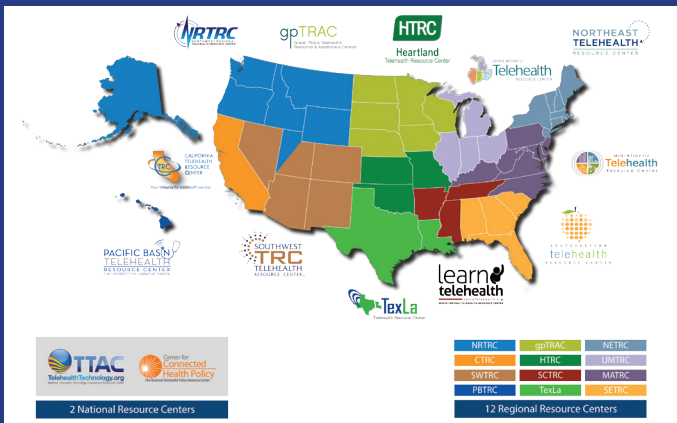
Highly Satisfied Satisfied Not Satisfied Highly Dissatisfied

Please feel free to make any additional comments on the reverse side of this form. The Fairview-University Telemedicine program is trying to expand to more areas within Minnesota to provide high quality health care and convenient access for all the communities we serve. Thank you for using our services today and we hope you had a most satisfying experience.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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<b>Telehealth Resource Centers</b> Access to all regional and national telehealth resource centers	<a href="http://www.telehealthresourcecenters.org">www.telehealthresourcecenters.org</a>
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<b>American Telemedicine Association</b>	<a href="http://www.americantelmed.org">www.americantelmed.org</a>
<b>National Rural Health Association</b>	<a href="http://www.ruralhealthnet.org">www.ruralhealthnet.org</a>
<b>Federal Register</b>	<a href="https://www.federalregister.gov/">https://www.federalregister.gov/</a>
<b>Centers for Medicare and Medicaid Services</b> -Medicare Learning Network  -Regulations and Guidance	<a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctshst.pdf">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctshst.pdf</a>  <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals">cms.gov/Regulations-and-Guidance/Guidance/Transmittals</a>



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