

Emergency Telemedicine

Standard operating procedures and workflow changes for telehealth visits

With today's national emergency, ChronWell has looked for different options that streamline traditional telehealth and can help you build a plan for this national emergency, NOW. We found that eVisit has put together a well-documented guide for Telehealth.

<https://evisit.com/resources/what-is-telemedicine/>

We have also found that material from the New England Journal of Medicine. Specific to telehealth can also be helpful. <https://www.nejm.org/doi/full/10.1056/NEJMSr1503323>

Additionally, we found that this document from Care Innovators can help you better understand the workflow, and suggest as you define your process, you refer to it as an example. <https://www.careinnovations.org/wp-content/uploads/workflow-Chapa-de-and-Riverside-Indian-Health-Feb-2018.pdf>

From eVisits section 9 of the guide:

While the industry is still a long way from a standard set of established guidelines for telemedicine, the American Telemedicine Association has put together guidelines for a [range of specialties](#) based on a survey hundreds of research study. What are the clinical, technical, and administrative guidelines a medical practice needs to put in place when they're adopting telemedicine? Beyond the minimal legal requirements of that state, what are telemedicine best practices?

Based on over 600 studies, the AMA has put together a comprehensive set of guidelines for professionals using telemedicine in primary and urgent care – a field that is quickly adopting telemedicine to expand basic healthcare access. Here are some of the basic protocols and rules a primary care or urgent care facility should put into place when starting their telemedicine program.

When to use telemedicine

While many conditions not on this list can be treated via telemedicine, these conditions are an especially good fit for telemedicine: [Allergies](#) and [asthma](#), [Chronic bronchitis](#), [Conjunctivitis](#),

UTIs, Low back pain, Otitis media, Rashes, Upper respiratory infections, Diabetes, Hypertension, Mental illness/behavioral health, Prevention and wellness services.

Telemedicine should not be used for any condition where an in-person exam is required because of severe symptoms, certain protocol-driven procedures, or aggressive interventions. Also, for a medical emergency patients should go to the ER or call 911.

Healthcare providers should use their professional judgement to decide when telemedicine is appropriate.

When to prescribe

Prescribing is acceptable for live-video telemedicine sessions, where the visit can substitute for an in-person exam. Prescribing is also ok for telephone consultations, as long as the provider has a pre-existing relationship with the patient.

Informing the patient

Only some states have actually regulations requiring healthcare providers to get patients' informed consent to use telemedicine. However, this is always good practice, whether or not your state requires it. Before the first telemedicine visit, providers should explain to patients how telemedicine works (when service is available, scheduling, privacy etc), any limits on confidentiality, possibility for technical failure, protocols for contact between virtual visits, prescribing policies, and coordinating care with other health professionals. Everything should be explained in simple, clear language.

Set-up the right space for telemedicine visits

Healthcare providers should create a dedicated space for telemedicine visits to ensure privacy, proper lighting and audio, and avoid interruptions. When possible, providers should place their camera on a level stand and position the camera at eye-level.

Create a contingency plan for emergencies and referrals

Establish a plan for emergencies and communicate it to the patient before the visit. Make sure to have all information on hand for referrals and request transfers.

Patient Management and Evaluation

Always interact with the patient in a culturally competent way, in the language familiar to that patient. If the patient cannot understand because of language barrier, telemedicine should not be used.

It is up to the healthcare provider to use professional judgment to determine when telemedicine is appropriate for the patient case, and when it is not. Also, the patient evaluation should be based on the patient's medical history and access to their medical record whenever possible.

To guide these decisions, the provider should create clinical protocols which include the condition to be treated (with ICD code), scope of that condition that can be treated using telemedicine, guidelines required to diagnose (when is telephone sufficient, vs. live video), documentation needed to properly assess the patient's condition, parameters for when the condition can be treated and cannot be treated, and guidelines for when prescription can be done. While this section provides basic, overall guidelines for practicing telemedicine, it's best practices for the healthcare provider to create more detailed protocols for each condition they intend to treat.

Needed information to diagnose includes:

- Identifying information
- source of the history
- chief complaint
- history of present illness
- associated signs & symptoms
- past medical history
- family history
- personal and social history
- medication review
- allergies
- detailed review of symptoms
- provider-directed patient self-examination (including mobile medical devices if needed)
- Quality Assurance

Healthcare providers should do regular quality checks on telemedicine services to identify any potential risks and failures (such as with equipment or connectivity, and patient or provider complaints).