Telehealth Integration and Optimization

Improve Patient Care Through Virtual Health Care Delivery

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How Will This Toolkit Help Me?

1. Identify types of telehealth services

2. Employ efficient telehealth workflows

3. Understand the impact of key regulations

Introduction

## Understand the Impact of Key Regulations

Before the COVID-19 pandemic, an aging population, geographic and sociodemographic disparities in access to care, and health care professional workforce shortages drove the desire for virtual care. With the COVID-19 Public Health Emergency (PHE), telehealth services became critical to ensure access to care, reduce patient and health care provider exposure to disease, protect vulnerable populations, conserve personal protective equipment, and improve clinical outcomes. As a result, the PHE and related federal and state waivers, executive orders, and legislation exponentially accelerated the adoption of telehealth. While the PHE may eventually expire, many practices have now experienced the benefits of telehealth. A recent American Medical Association survey revealed that 70% of physicians stated that their organization would likely continue using telehealth in the future.[1] Patient satisfaction rates with telehealth services are also high, and physicians concur that the patient experience is enhanced by telehealth.[1,2] However, the nationwide adoption and growth of telehealth led many practices to revert to the "doctor does it all" model of practice—an approach that is neither sustainable nor effective. This Toolkit and the related AMA STEPS Forward® Toolkit on Telehealth and Team-Based Care describe STEPS to successfully integrate and optimize telehealth in your practice with team-based care models and workflows in mind.

What Is Telehealth?

Telehealth is a broad term encompassing a range of technologies and modalities that enable clinicians to provide health care services from a distance. Figure 1 provides some useful definitions.

Figure 1. Virtual Health Care Delivery Methods Covered By Telehealth

Synchronous communication
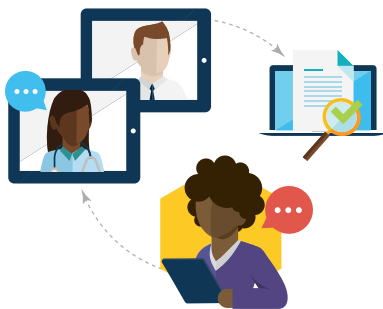
Real-time, audio-video communication between physicians, care teams, and patients.

This is what most people have come to think of as a typical telehealth "visit" in the era of COVID-19. Ideally, it employs a **team-based care model**, where a clinical team member (usually a medical assistant) is present—physically or virtually—with the physician either throughout or for portions of the virtual visit.

Example:
- HIPAA-compliant videoconferencing using patient portals or other applications (apps) on a computer, tablet, or mobile device

Note: Medicare waivers enabled the use of audio-only telephone services during the public health emergency (PHE); however, audio-only services have not otherwise been considered telehealth

Asynchronous communication
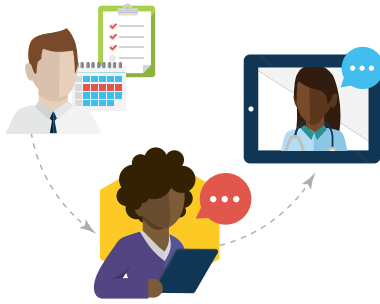
Communication between physicians, care teams, and patients outside of a synchronous interaction.

Examples:
- Transmission of medical information, including digital images, documents, and/or pre-recorded videos, to a clinician to evaluate a case outside of a real-time synchronous interaction

- Patient-initiated communication via patient portal messaging regarding a new health problem, with a telephone, secure text messaging, or email response from the clinician

- Virtual check-ins with established patients that do not meet the scope of a full medical visit

- Provider-to-provider asynchronous communications regarding a patient (eConsults)

Remote patient monitoring
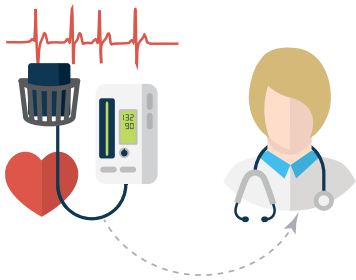
Communication of biometric data from a device to a clinician for review.

Examples:
- Blood pressure monitors

- Bluetooth-enabled digital scales

- Pulse oximeters

- Continuous glucose monitors

Six STEPS to Integrate and Optimize Telehealth in Your Practice

1. Create a Strategic Plan

2. Decide Which Types of Telehealth Services to Offer

3. Choose the Best Telehealth Platform for Your Practice

4. Understand Relevant Telehealth Laws and Policies

5. Develop Team-Based Telehealth Workflows

6. Assess and Optimize

1 Create a Strategic Plan

Strategic planning to integrate telehealth solutions is imperative in a small practice or a large hospital system. A successful telehealth program requires planning both clinical and non-clinical aspects of care delivery. Having a checklist handy can help you through the planning process. Stakeholders to involve in strategic planning include:

- Physicians

- Care team members (nurses, medical assistants, etc)

- Registration team members

- IT department

- Billing, legal, and compliance departments

- Risk management

- Marketing
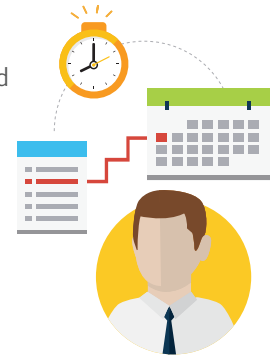
Whereas large hospital systems may have individuals dedicated to each of these areas, smaller practices can be equally successful by ensuring that managers maintain focus on these critical aspects of telehealth operations. As with all transformations, the support of a high-level leader is crucial to success.

Figure 2. Checklist for Telehealth Strategic Planning

Telehealth Strategic Planning Checklist
Identify a clinician champion Name(s): _____
Identify an administrative champion Name(s): _____
☐ Identify your practice's goals for telehealth integration ☐ Improve access ☐ Maintain continuity of care ☐ Increase market share ☐ Improve outcomes ☐ Reduce infectious disease exposures ☐ Other: _____ ☐ Other: _____
☐ Decide which types of services to offer (see STEP 2) ☐ Scheduled live visits ☐ On-demand live visits ☐ Asynchronous communication ☐ Remote patient monitoring
☐ Decide where physicians will be using telehealth ☐ Home ☐ Office or clinic ☐ Distant sites or facilities (separate credentialing or privileging could be required)

- [ ] Consider where patients might use telehealth
  - [ ] Home
  - [ ] School
  - [ ] Nursing or long-term care facilities
  - [ ] In the state where physician practices
  - [ ] Outside of the state where physician practices (separate licensing may be required)

- [ ] Identify a potential telehealth platform (see STEP 3)
  - [ ] Electronic health record (EHR)-integrated platform
  - [ ] Stand-alone platform

- [ ] Decide on the team-based telehealth model (see STEP 4)
  - [ ] Synchronous real-time support
  - [ ] Asynchronous support

- [ ] Decide who will staff the various models (see STEP 4)
  - [ ] Physicians
  - [ ] Nurse practitioners
  - [ ] Physician assistants
  - [ ] Clinical psychologists or social workers
  - [ ] Clinical social workers
  - [ ] Registered dietitians
  - [ ] Nurse-midwives
  - [ ] Supporting care team members (nurses, medical assistants, etc)

- [ ] Decide which non-clinical team members will be involved (see STEP 4)
  - [ ] Schedulers or registration staff
  - [ ] Billing and legal and compliance officers
  - [ ] IT team members
  - [ ] Quality team members

- [ ] Develop telehealth workflows (see STEP 4)
- [ ] Train clinicians, care team members, and staff on new workflows

- [ ] Decide on a payment model for telehealth services
  - [ ] Fee-for-service
  - [ ] Self-pay
  - [ ] Alternative payment models
  - [ ] Contracted models

- [ ] Notify liability provider about telehealth services
- [ ] Develop patient marketing and educational materials to assist patients using telehealth services

DOWNLOAD **Telehealth Strategic Planning Checklist (PDF)**
Use this checklist as a guide throughout the planning process.

DOWNLOAD **AMA Telehealth Implementation Playbook (PDF)**
For more tools, strategies, and tactics for implementing telehealth in your practice, check out the AMA Telehealth Implementation Playbook.

2 Decide Which Types of Telehealth Services to Offer

Determine as a practice what types of services you will offer via telehealth. Though many ambulatory settings implemented telehealth in 2020 to address the COVID-19 pandemic, its use is no longer limited to COVID-related circumstances. Practices can use telehealth for new and established ambulatory and inpatient encounters. Other telehealth services payable under the Medicare Physician Fee Schedule include*:

- Emergency department visits
- Observation visits
- Nursing facility visits
- Diabetes management visits
- Mental health counseling
- Advance care planning
- Psychological and neuropsychological testing Therapy visits (eg, PT and OT)
- Endstage renal disease (ESRD) monthly services
- Transitional care management (video required)
- Medicare annual wellness visit (video required; note that the Welcome to Medicare Visit (G0402) is not on the list of approved Medicare telehealth services)

* Current as of August 2, 2022. Please note this list is subject to change along with the Public Health Emergency; refer to CMS for the most up-to-date fee schedules.

For primary care ambulatory visits, Table 1 gives examples of the types of visits to consider for telehealth vs in-person. *This list is not comprehensive or definitive and should be adapted to your specific practice.*

Table 1. Examples of Visit Types Appropriate for In-Person vs Virtual Primary Care Visits

	Visit type	
	In-person	**Virtual**
General considerations	• New patients • Patients without virtual visit capability	• Established patients • Skilled nursing home patients
Acute or follow-up visits	• Evaluation of select higher-risk acute problems (eg, chest pain, abdominal pain, headache) or problems needing a physical exam (eg, musculoskeletal complaints) • Hospital or Emergency Department follow-ups for more complex problems • Follow-up of prior virtual visit for the same problem without improvement	• Evaluation of select lower-risk acute problems (eg, rash, urinary tract infection, symptoms of respiratory infection, including COVID-19) • Follow-up for mental health conditions (eg, depression, anxiety, insomnia, or attention deficit hyperactivity disorder) • Follow-up for chronic conditions with home monitoring or pre-visit labs (eg, hypertension with home monitoring, diabetes, hypothyroidism, or hyperlipidemia) • Hospital or Emergency Department follow-ups for more straightforward problems

Well visits	• Adult annual physical exam for patients with more complex care needs • Pediatric visits, especially if immunizations are needed • Medicare Annual Wellness Visit (AWV) with additional concerns	• Medicare AWV without additional concerns • Adult annual physical exam for patient with less complex care needs or college students/snowbirds who are out of town (with the caveat of any restrictions in place on practicing across state lines)

DOWNLOAD

In-Person or Virtual Visit? (PDF)
A guide with considerations to help you and your team determine whether an in-person or virtual visit is warranted.

For specialties outside of primary care, many specialty societies have developed practice guidelines to identify appropriate telehealth cases, such as telehealth standards in oncology, telepsychiatry practice guidelines, telestroke guidelines, etc. You can find a list of specialty societies and linked telehealth guidelines on the Mid-Atlantic Telehealth Resource Center (MATRAC) website by clicking the "Specialty and Setting Specific Guidance Documents" tile.

3 Choose the Best Telehealth Platform for Your Practice

Choosing or switching to a telehealth platform that suits your practice needs is essential. As you evaluate telehealth platforms or vendors, think about the following questions related to privacy and security, logistics, and patient support and usability.

• **Privacy and security questions:** Will the vendor ensure compliance with HIPAA privacy and security requirements? How does the vendor protect personal health information (PHI)?

• What will the vendor do in the event of a security or data breach?
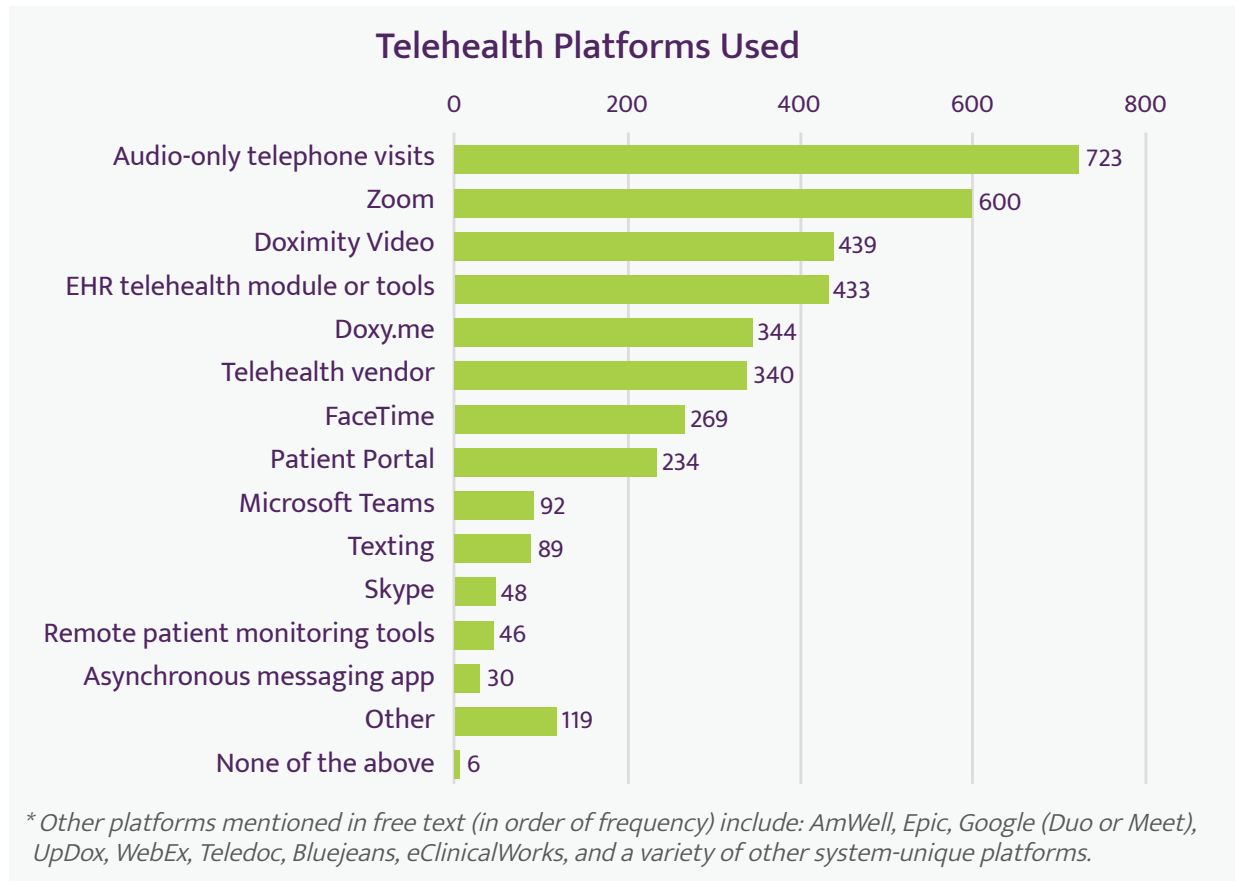
Logistical questions:

- Can the platform be embedded into your existing EHR, and what are potential obstacles to integration?
- Does the platform support mobile device access?
- Does the platform support remote examination tools?
- Is medication reconciliation integrated into the platform?
- Can patients consent to receive telehealth directly on the platform?
- Does the vendor support language interpretation?
- Can a caregiver, scribe, trainee, or others join the conversation?
- Does the vendor offer an enterprise solution, or is the service provided as a peruser license?

Patient support and usability questions:

- Do patients need to download an app for virtual visits?
- Must the patient access the platform via a patient portal, or can a link be shared directly with the patient?
- What are the minimum bandwidth requirements for patients? (eg, some telehealth platforms can support video conferencing as low as 600 Kbps)
- Will the platform enable the patient to test their audio and video before connecting with the clinician?
- Is there a waiting room feature?
- Does the platform permit direct scheduling by patients?

A recent American Medical Association survey (PDF) shows the various telehealth platforms that physicians are using (Figure 3).

Figure 3. Surveyed Physicians Report Using a Variety of Telehealth Platforms

Telehealth Platforms Used

Platform	Value
Audio-only telephone visits	723
Zoom	600
Doximity Video	439
EHR telehealth module or tools	433
Doxy.me	344
Telehealth vendor	340
FaceTime	269
Patient Portal	234
Microsoft Teams	92
Texting	89
Skype	48
Remote patient monitoring tools	46
Asynchronous messaging app	30
Other	119
None of the above	6

*Other platforms mentioned in free text (in order of frequency) include: AmWell, Epic, Google (Duo or Meet), UpDox, WebEx, Teledoc, Bluejeans, eClinicalWorks, and a variety of other system-unique platforms.

The AMA Telehealth Implementation Playbook (PDF) has additional details about choosing a platform in "Step 4: Evaluating the Vendor" (page 32).

Q&A

How can I ensure equity of access via telehealth?

Consider your patients' connectivity sources and any language barriers they may face. Ask yourself: Do your patients have smartphones or Wi-Fi in the home? Do they need to go to a library or school for internet access, and do they have transportation to those locations? Will the patients need translators? These may be essential factors to remember when choosing whether to use telehealth and which telehealth platform meets the needs of the patient population your practice serves. Leveraging telehealth services can help expand access to care for patients that reside in remote or rural areas and/or have transportation challenges.

The Federal Communications Commission may be able to provide some patients with device or bandwidth support via its Affordable Connectivity Program.

4 Understand Relevant Telehealth Laws and Policies

Any care delivery model your practice implements must conform to all federal and state laws and standards related to billing, privacy and security (including HIPAA), informed consent, medical licensure, credentialing and privileging, prescribing, quality reporting, and liability. The Health Resources & Services Administration (HRSA)-funded Center for Connected Health Policy offers resources to assist practitioners with state-specific and federal policies impacting telehealth practice. You may also find relevant Medicaid and Children's Health Insurance Program (CHIP) telehealth policies in a toolkit (PDF) and supplement (PDF) published by CMS.

Q&A

Who can bill for telehealth services?

During the Public Health Emergency (PHE), all health care providers eligible to bill Medicare are eligible to bill for telehealth services.[3] These include*:

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse-midwives
- Clinical nurse specialists

- Clinical psychologists
- Clinical social workers
- Registered dietitians or nutrition professionals
- Certified registered nurse anesthetists

Eligibility to bill Medicare for telehealth services is subject to change after 151 days following the sunset of the PHE.

Current as of August 2, 2022. Please note this list is subject to change along with the Public Health Emergency; refer to CMS for the most up-to-date fee schedules.

What should I know about privacy and security?

Physicians must comply with HIPAA and state law privacy and security requirements, including when providing telehealth. During the Public Health Emergency, the Office of Civil Rights (OCR) issued a waiver of enforcement discretion against health care providers who, in good faith, utilized non-HIPAA compliant applications to connect with their patients. States may have additional HIPAA privacy and security laws, so the federal waiver does not eliminate risk for physicians. There are now many virtual care platforms and video-based technologies that comply with HIPAA. The OCR waivers are expected to sunset along with the Public Health Emergency.

What should I know about informed consent?

Physicians must obtain informed consent before delivering telehealth services. Always check the specific requirements in your state. You can find examples of consent forms available for download from the Mid-Atlantic Telehealth Resource Center by clicking on the "Best Practices for Conducting a Telehealth Visit" tile.

What should I know about medical licensure?

States regulate the practice of medicine within their own boundaries. According to most state requirements, physicians providing telehealth services must be licensed in the state where the patient is located. During the PHE, some states have offered special telehealth licenses or temporarily waived licensure requirements to allow physicians to practice across state lines. The Interstate Medical Licensure Compact (IMLC) created expedited licensing processes for licensed physicians seeking to practice in multiple states within the IMLC while retaining state medical board disciplinary authority. As of June 2022, 35 states plus Washington DC and Guam have joined the IMLC. You can check to see if your state is participating using the IMLC's interactive map. Some states offer other models of expedited licensure, including licensure by endorsement or reciprocity. Another resource is the Federation of State Medical Boards (FSMB) list of policies by state (PDF).

One exception current as of June 2022 is the Veterans Health Administration (VA), which does not require state-by-state licensing for its health care providers. Advanced practice providers (APPs) should check with their state licensing board regarding licensure policies, as they may differ from those for physicians.

What should I know about credentialing and privileging?

Most institutions require credentialing (to verify a physician's credentials) and privileging (to authorize a clinician's scope of permitted practice) for compliance reasons. The Centers for Medicare and Medicaid Services issued a memorandum describing telemedicine credentialling and privileging for hospitals and critical access hospitals (PDF). It states that organizations can rely upon the credentialing and privileging decisions of a distant-site hospital or telemedicine entity with which they have a written agreement that meets Medicare requirements.

Can controlled substances be prescribed via telehealth?

In concordance with the Ryan Haight Act of 2008, one cannot prescribe Schedule IIV controlled substances without a prior in-person visit. However, the Public Health Emergency allowed exceptions. Under the PHE, DEA-registered practitioners may issue prescriptions for controlled substances for new patients in compliance with certain conditions, including conducting the evaluation using an audio-visual, real-time, 2-way audio, interactive communication system.

Are telehealth and inperson visits reimbursed in the same way?

Guidance from the Medicare Physician Fee Schedule states that Medicare telehealth visits will be paid at the same rate as in-person visits when office E/M codes are used (99202-99215, with modifier GT) until 151 days following the sunset of the PHE. At the state level, for Medicaid and commercial insurance plans, most states mandate coverage of telehealth services. However, rates vary and telehealth pay parity (to in-person visits) by these plans remains problematic for some practices. Practices and physicians need to understand Medicaid and commercial payer policies in the state in which they practice. The Center for Connected Health Policy provides a good state-by-state resource for service and pay parity policies

What if the patient does not have access to video technology?

Technology limitations can be a significant issue for patients who are older in age, do not own a device with video capability, do not have broadband access, or who are uncomfortable with video technology. In these cases, telephone visits can be useful in allowing access to medical care for this segment of the patient population. The Current Procedural Technology (CPT®) Editorial Panel recently approved a new audio-only modifier (93). During the PHE period (until 151 days after the sunset of the PHE), "audio-only" visits can be billed as telehealth encounters, but note that video is required for CMS reimbursement for certain visit types, such as the Medicare Annual Wellness Visit and Transitional Care Management. Furthermore, the Welcome to Medicare Visit (G0402) is not on the approved Medicare telehealth services list.*

*Current as of August 2, 2022. Please note this list is subject to change along with the Public Health Emergency; refer to CMS for the most up-to-date fee schedules.

5 Develop Team-Based Telehealth Workflows

Telehealth workflows should parallel existing in-person workflows as much as possible and utilize team-based care principles. Care team members should be actively involved in patient rooming, documentation, and follow-up. Before the physician sees the patient for the virtual visit, care team members can:

- Ask patients for vitals

- Perform medication reconciliation

- Enter the chief complaint

- Add other elements of the History of Present Illness (HPI) and past history

- Set the agenda

- Troubleshoot any technical issues

The related AMA STEPS Forward® Toolkit on Telehealth and Team-Based Care provides detailed workflows based on staffing levels and other practice resources available.

Physicians should determine how best to integrate telehealth into their schedules. For example, they can choose to schedule telehealth visits along with in-person visits throughout the day or set aside a block of time, or even a full day, for only telehealth visits. However you decide to integrate telehealth into your practice, set patient expectations accordingly. Just as with in-person visits, physicians may run late from their prior visit or, conversely, they may be ready to call a little bit earlier than scheduled.

The AMA Telehealth Implementation Playbook (PDF) has additional details and guidance on designing telehealth workflows and preparing patients and team members (pages 46-63).

Q&A

How can clinicians be trained in telehealth?

For many, on-the-go training was necessary during the early days of COVID-19. More recently, some organizations have developed telehealth competencies to train medical students, residents, nursing students, and other practitioners. Physicians and teams can find examples of a telehealth competencies toolkit (PDF) developed by the Association of American Medical Colleges.

Is there a "telehealth etiquette"?

This tip sheet on telehealth etiquette (PDF) for physicians and care team members can help ensure that the same professional standards are met during telehealth visits as in-person visits.

6 Assess and Optimize

As with any change in process, the following strategy will help you on the road to success:

• Start with a pilot

• Engage champions and early adopters

• Capitalize on and communicate successes internally

• Get frequent feedback on inefficiencies and opportunities for improvement

Track performance, clinical, and financial metrics The AMA Telehealth Implementation Playbook (PDF) has additional details and guidance on implementing, evaluating and scaling successes for telehealth integration (pages 64-75).

Conclusion

Telehealth is an actively evolving part of modern health care delivery that is here to stay. While many practices and organizations around the country had no choice but to hastily implement telehealth due to the COVID-19 pandemic, it is important to reassess and optimize telehealth models and workflows. By doing so, your practice can improve patient access, satisfaction, and continuity of care, while enhancing care team well-being and increasing revenue.

AMA Pearls

• The physician cannot do it alone: team-based care principles are just as essential in telehealth as in in-person medicine

• Progress, not perfection: continue to gather feedback and improve upon telehealth workflows as your team adapts

• Don't forget to set expectations for your patients; this is a change for them, as well

Further Reading

Journal Articles and Other Publications

• American Medical Association, Manatt. Return on Health: moving beyond dollars and cents in realizing the value of virtual care. 2021. Accessed June 27, 2022. https://www.amaassn.org/system/files/amareturnonhealthreport.pdf

• American Medical Association. Telehealth implementation playbook. Accessed June 28, 2022. https://www.amaassn.org/system/files/amatelehealthplaybook.pdf

- Association of American Medical Colleges. Telehealth competencies across the learning continuum. March 2021. Accessed June 28, 2022. https://store.aamc.org/downloadable/download/sample/sample_id/412/

- Centers for Medicare & Medicaid Services. List of telehealth services for calendar year 2022 (ZIP). Updated June 17, 2022. Accessed June 27, 2022. https://www.cms.gov/files/zip/listtelehealthservicescalendaryear2022updated06172022.zip

- Centers for Medicare & Medicaid Services. State Medicaid & CHIP telehealth toolkit: policy considerations for state expanding use of telehealth. COVID-19 version. Accessed June 28, 2022. https://www.medicaid.gov/medicaid/benefits/downloads/medicaidchiptelehealthtoolkit.pdf

- Centers for Medicare & Medicaid Services. State Medicaid & CHIP telehealth toolkit: policy considerations for state expanding use of telehealth. COVID-19 version: supplement #1. December 6, 2021. Accessed June 28, 2022. https://www.medicaid.gov/medicaid/benefits/downloads/medicaidchiptelehealthtoolkitsupplement1.pdf

- Center for Medicare & Medicaid Services. Telehealth for providers: what you need to know. March 2021. Accessed June 28, 2022. https://www.cms.gov/files/document/telehealthtoolkitproviders.pdf

- Center for Medicare & Medicaid Services. Telehealth: what you need to know for your family. March 2021. Accessed June 28, 2022. https://www.cms.gov/files/document/c2ctelehealthpatienttoolkitdigital508c.pdf

- Federation of State Medical Boards. U.S. states and territories modifying requirements for telehealth in response to COVID-19. Updated June 15, 2022. Accessed June 28, 2022. https://www.fsmb.org/siteassets/advocacy/pdf/stateswaivinglicensurerequirementsfortelehealthinresponsetocovid19.pdf

Videos and Webinars

- Hopkins K. Telehealth and team-based care: the shift to telemedicine and navigating potential pitfalls. American Medical Association YouTube page. Posted December 11, 2020. Accessed July 19, 2022. https://www.youtube.com/watch?v=QLDbJCjmFVA

- Jerzak J. Telemedicine and team-based care: how to engage support staff to implement team-based care in telemedicine. American Medical Association YouTube page. Posted October 29, 2020. Accessed July 19, 2022. https://www.youtube.com/watch?v=kElozl7cxIU

Websites

- American Medical Association. AMA's Return on Health: telehealth framework for practices. Accessed June 27, 2022. https://www.amaassn.org/practicemanagement/digital/amasreturnhealthtelehealthframeworkpractices

- American Medical Association. AMA Telehealth Immersion Program. Accessed June 28, 2022. https://www.amaassn.org/practicemanagement/digital/amatelehealthimmersionprogram

- American Medical Association. AMA telehealth policy, coding & payment. Accessed June 24, 2022. Last modified June 17, 2022. Accessed June 27, 2022. https://www.amaassn.org/practicemanagement/digital/amatelehealthpolicycodingpayment

- American Medical Association. AMA telehealth quick guide. Accessed June 30, 2022. https://www.amaassn.org/practicemanagement/digital/amatelehealthquickguide

- American Medical Association. COVID-19 telehealth guidance. Accessed June 30, 2022. https://www.amaassn.org/topics/covid19telehealthguidance

- American Medical Association. CPT® Appendix T and Modifier 93: audio-only medical services. Accessed June 28, 2022. https://www.amaassn.org/practicemanagement/cpt/cptappendixtandmodifier93audio-onlymedicalservices

- American Medical Association. Telehealth resource center: research findings. Accessed June 30, 2022. https://www.

amaassn.org/practicemanagement/digital/telehealthresourcecenterresearchfindings

- American Medical Association. Telemedicine: providing safe care during coronavirus pandemic (CME). Accessed July 18, 2022. https://edhub.amaassn.org/course/281

- Center for Connected Health Policy (CCHP) website. Accessed June 28, 2022. https://www.cchpca.org/

- Center for Connected Health Policy (CCHP). Private payer: parity. Accessed June 28, 2022. https://www.cchpca.org/topic/parity/

- Centers for Medicare & Medicaid Services. List of telehealth services. CMS.gov. https://www.cms.gov/Medicare/MedicareGeneralInformation/Telehealth/TelehealthCodes

- Centers for Medicare & Medicaid Services. Telehealth. Last modified December 10, 2021. Accessed June 28, 2022. https://www.cms.gov/Medicare/MedicareGeneralInformation/Telehealth

- Federal Communications Commission. Affordable Connectivity Program. Updated May 9, 2022. Accessed June 28, 2022. https://www.fcc.gov/acp

- Interstate Medical Licensure Compact. Information for physicians. Accessed June 28, 2022. https://www.imlcc.org/informationforphysicians/

- Maryland Health Care Commission. What is the Telehealth Readiness Assessment tool? Accessed August 2, 2022. http://mhcctelehealthtool.herokuapp.com/

- MidAtlantic Telehealth Resource Center (MATRAC). MATRC telehealth resources for COVID-19 toolkit. Accessed June 28, 2022. https://www.matrc.org/matrctelehealthresourcesforcovid19/

- National Consortium of Telehealth Resource Centers website. Accessed June 28, 2022. https://telehealthresourcecenter.org/

- Office of the Assistant Secretary for Preparedness & Response, US Department of Health and Human Services. Renewal of determination that a public health emergency exists. April 12, 2022. Accessed June 28, 2022. https://aspr.hhs.gov/legal/PHE/Pages/COVID-1912Apr2022.aspx

- Telehealth.hhs.gov. For providers. Accessed June 28, 2022. https://telehealth.hhs.gov/providers/

- US Department of Health and Human Services. Public health emergency declaration. Last reviewed November 26, 2019. Accessed June 28, 2022. https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx

- US Department of Health and Human Services. Public health emergency declarations. Last reviewed May 9, 2022. Accessed June 28, 2022. https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

- US Department of Health and Human Services, Office for Civil Rights. Notification of enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency. Last reviewed January 20, 2021. Accessed June 28, 2022. https://www.hhs.gov/hipaa/forprofessionals/specialtopics/emergencypreparedness/notificationenforcementdiscretiontelehealth/index.html

- US Department of Justice Drug Enforcement Administration, Diversion Control Division. COVID-19 FAQ: telemedicine. Accessed June 28, 2022. https://www.deadiversion.usdoj.gov/faq/coronavirus_faq.htm#TELE_FAQ

- USAC Affordable Connectivity Program website. Accessed June 28, 2022. https://www.affordableconnectivity.gov/

Ways To Share Your Experience

- Physicians Grassroots Network. Help measure the value of telehealth. Accessed June 30, 2022. https://physiciansgrassrootsnetwork.org/shareyourstory

Related AMA STEPS Forward® Content
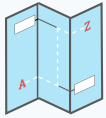
Playbooks and Toolkits

Saving Time Playbook (PDF)

Telehealth and Team-Based Care Toolkit

Patient Portal Optimization Toolkit

Sharing Clinical Notes With Patients Toolkit

EHR Inbox Management Toolkit

Podcasts

Telemedicine Is a Team Effort

Listen on Spotify | Listen on Apple Podcasts

Telemedicine and Team-Based Care

Listen on Spotify | Listen on Apple Podcasts

Training Medical Assistants as "Encounter Specialists"

Listen on Spotify | Listen on Apple Podcasts

Sharing Clinical Notes With Patients

Listen on Spotify | Listen on Apple Podcasts

Success Stories

• Success Story: Quick Pivot to Telemedicine in Primary Care

• Success Story: Robust Teledermetalogy Program Prepared Permanente for COVID-19 Telehealth Transformation

• Telemedicine Case Report: University of Virginia Health System

Webinars and Videos

• Introduction to the AMA Telehealth Immersion Program

• Telehealth and Team-Based Care: The Shift to Telemedicine and Navigating Potential Pitfalls

• Telehealth and Team-Based Care: How to Engage Support Staff to Implement Team-Based Care

• Telehealth Vendor Evaluation, Selection, and Contracting

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References

1. American Medical Association. 2021 telehealth survey report. 2022. Accessed June 30, 2022. https://www.amaassn.org/system/files/telehealthsurveyreport.pdf

2. Patient satisfaction with virtual care. Americantelemed.org. May 18, 2021. Accessed June 20, 2022. https://www.americantelemed.org/wpcontent/uploads/2021/05/Patientsatisfaction1.pdf

3. Policy changes during COVID-19. Telehealth.hhs.gov. Accessed June 22, 2022. https://telehealth.hhs.gov/providers/policychangesduringthecovid19publichealthemergency/

About the AMA Professional Satisfaction and Practice Sustainability Group

The AMA Professional Satisfaction and Practice Sustainability group is committed to making the patient–physician relationship more valued than paperwork, technology an asset and not a burden, and physician burnout a thing of the past. We are focused on improving—and setting a positive future path for—the operational, financial, and technological aspects of a physician's practice. Learn more.