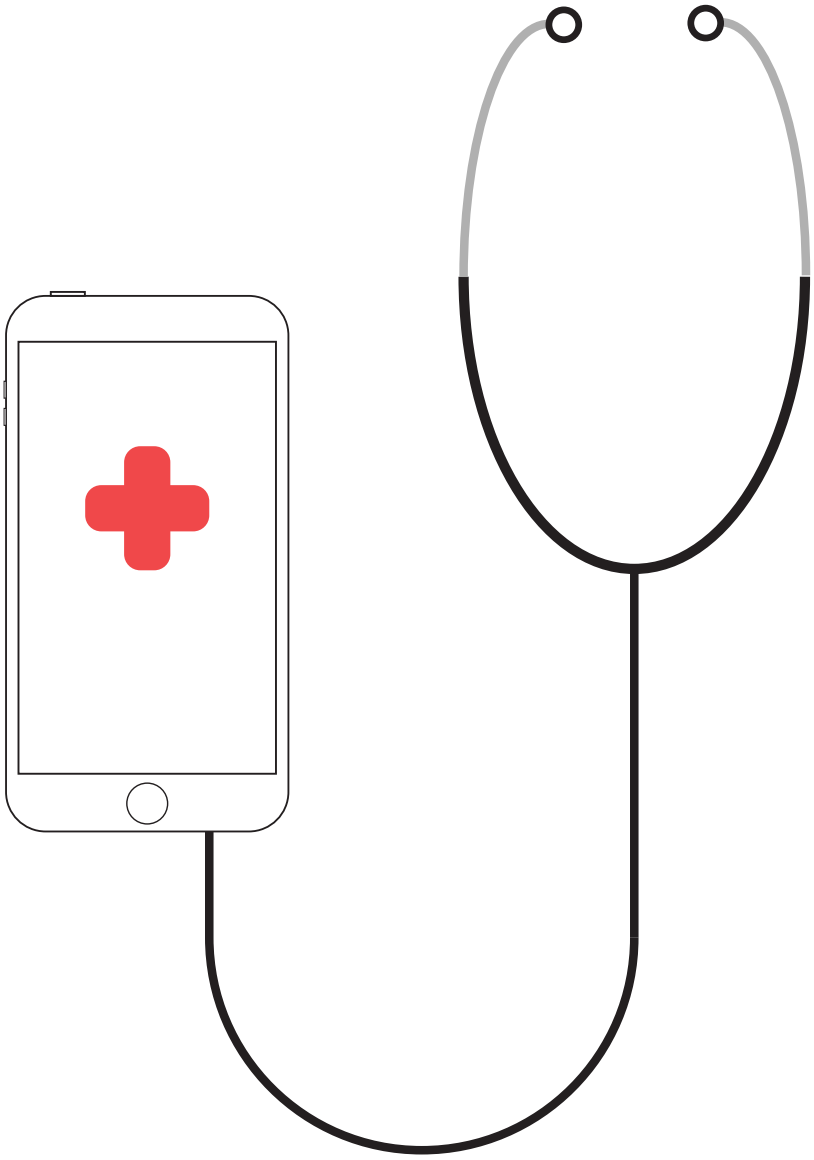

telemedicine primer

PCC

Pediatric EHR Solutions

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Introduction

The World Health Organization (WHO) defines telemedicine as:

> *"The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities."*

This Primer is meant to serve as a broad overview of telemedicine. From defining common terms and outlining broad themes, to detailing the how-to of coding and billing, the field of telemedicine will be addressed from all aspects. PCC's contribution to telehealth technology via our products, as well as a discussion of future industry trends are also included.

After reading this Primer, you will have a deeper understanding of telemedicine and the role it can play in your practice.

Definitions

Telemedicine

- Two-way, interactive clinical services.
- The delivery of remote clinical services such as assessment, diagnosis intervention, consultation, supervision, or sharing of information.
- The use of medical information exchanged from one site to another via electronic communication.
- Not a specific or separate specialty; any physician can use telemedicine.

Telehealth

- A broader term than telemedicine.
- In addition to clinical services, it also refers to non-clinical components behind the scenes such as telecommunication technologies, health records, IT systems.
- Provider trainings, continuing education, or administrative meetings that take place using telecommunication technologies.

ATA (American Telemedicine Association)

According to the ATA:

- Telemedicine visits have increased more than 50% since 2013.
- More than 15 million people used telemedicine in 2015.

According to a Medscape article, in 2014 up to 75 million e-visits were predicted in the U.S. and Canada combined. That number comprises 25% of the market for healthcare services.

Of the 600 million annual in-person PCP visits in North America, about half could have been addressed remotely via telemedicine.

Originating Site

The location of the patient at the time of service. Some examples include:

- Health Provider Shortage Area (HPSA)
- Provider's Office
- Rural Health Clinic
- Skilled Nursing Facility
- Community Mental Health Center

Distant Site

The location of the provider at the time of service.

Distance Restrictions

- Measured in miles.
- The minimum distance required between the patient and provider in order to qualify for telemedicine services.
- Services often not allowed beyond state borders unless physician is licensed in state where patient is.
- There is a trend to decrease or eliminate this requirement in the future.

Geography Restrictions

Payers may restrict telemedicine services based upon:

- Rural versus Urban settings.
- A defined population size.
- Being deemed a HPSA (Health Provider Shortage Area).

Synchronous Telemedicine

Real-time services, e.g. live video.

Asynchronous Telemedicine a.k.a. "Store and Forward"

The transmission of data from one site to another via a camera (or similar equipment) that records (stores) and sends (forwards) to another site for consultation purposes. Services are not rendered in real time. For example, a mom emails a photo of her child's rash to the pediatrician and later, the pediatrician emails back an assessment and treatment plan.

Billable Telemedicine

Some technology is technically considered to be telemedicine, but you would not necessarily bill for it. For example, sending a fax or an email is telemedicine, but you do not bill for sending a quick fax or email. You are simply doing it to enhance your quality of care.

Top 5 Themes and Trends in Telemedicine According to the ATA

1. Legislation

   Currently there are 31 states and Washington D.C. with laws in place stating that insurers have to cover telemedicine services. The trend is for more states to follow suit.

2. Telemedicine for Older Adults

   Chronic care services provided via telemedicine allow people to stay at home, rather than have to travel to see a provider or live in a residential care or assisted living facility.

3. Employer Adoption

   More and more, employers are starting to offer on-site health centers at the workplace that make use of telehealth technologies.

4. Technology Advancements

   Telehealth technology is improving all the time. For example, many doctors can now use mobile phone apps to communicate securely with their patients.

5. Medicaid Coverage

   In the past, only rural areas or areas that fell within specific mileage requirements (i.e. distance from a city) had telemedicine coverage. Now, 86% of states have statewide Medicaid coverage for telemedicine, and more coverage is being considered.

Where Are We Today?

An article from MedCity News states, "The global telemedicine market is poised to grow to $34 billion by 2020."

As stated at the American Telemedicine Association (ATA) 2016 Conference, there is "much progress, much work ahead in telemedicine."

The ATA grew from 8,500 members to 10,000 members within the past year.

17 states now have an "interstate medical licensure compact" whose aim is to help grant expedited licensure for physicians who want to practice telemedicine in multiple states.

Current Uses

Telemedicine has typically been used for services such as remote monitoring of patients. This can be particularly helpful for chronic care management of patients located:

- At home
- In rest homes
- In assisted living facilities

In these instances, clinical staff can implement a plan received by the physician via telecommunication. Additionally, telehealth can be used to coordinate care between agencies, or for transitional care management when a patient moves from a care facility back to their own home.

Specialty care often uses telehealth to connect a patient with a distant specialist. Remote clinician-to-clinician case consults are common as well. In primary care, telemedicine is usually more of a "care extender" used with the patient's current physician, rather than being an alternative to their own doctor. The future may bring changes with this however, as telehealth technology affords the opportunity to choose between traditional in-office or remote appointments.

What Counts As Telemedicine?

The American Telemedicine Association lists many examples of what qualifies as telemedicine. Sometimes telemedicine involves brand new technology, and sometimes it is as simple as an email or phone call. It can involve learning and utilizing something you never thought you would do, and sometimes it is the things you are already doing that you might not be billing for. Now that telemedicine is considered a separate service, it is important to note what falls under its umbrella and make sure you are billing for it.

Telemedicine can include:

- 2-way video (i.e. patient consults)
- Secure email
- Smart phone apps
- Transmission of still images
- Patient portals
- RPM (Remote Patient Monitoring)
- Wireless apps for consumers
- Nursing call centers
- Continuing medical education (i.e. remote seminar attendance for CME credit)
- Telephone calls
- Faxes
- Secure text messaging
- Remote triage assessment (to reduce hospital admissions)
- Secure videoconferencing for services such as:
    - Primary Care Physician (PCP) consult or evaluation
    - A Specialist Consult
    - Sharing of a diagnosis
    - Sharing of still images via:
        - Desktop
        - Laptop
        - Tablet
        - Smartphone

What's In It For Me? The Case For Telemedicine

According to the ATA, telemedicine brings many potential benefits to the healthcare industry including:

- Cost efficiency
- The ability to grow the practice without needing more office space or infrastructure
- Decreased travel costs for healthcare appointments
- Remote monitoring technology can keep patients at home and out of care facilities or the doctor's waiting room
- Remote visits free up providers' time for patients who absolutely need in-person visits
- Telemedicine services address potential gaps in care, such as post-surgical follow-ups
- Telehealth technology allows for timely diagnosis and support: rather than waiting for an in-person appointment, the issue can be addressed right away via telecommunication
- Productivity and efficiency are increased for physicians
- Telemedicine increases patients' access to care
- It fills the gap in areas where there is a shortage of providers
- It allows for access to specialists by expanding their geographic reach
- Telemedicine increases access to after-hours care, which is especially good for high-risk patients
- Travel stress is decreased for homebound patients or patients who have a long distance to travel to get to a provider
- Increased patient engagement: with increased access to healthcare, patients feel more empowered and demonstrate greater compliance with treatment plans
- Patient satisfaction increases
- Quality of care increases

Obstacles and Issues Around Telemedicine

Occasionally it can be a struggle for a practice to implement telehealth technology or to begin offering telemedicine services.

Examples of potential obstacles are:

- Lack of availability of the necessary technology
- Cost
- State or federal regulations
- Payer payment policies that offer no or low payment amounts
- Poor connectivity issues at the originating or distant site
- Lack of patient awareness around what services are offered
- Perception that there is not enough time to add telemedicine to an already full practice

Regarding the last point, in an article from MedCity News, Don Graf, National Director of Telehealth at United Healthcare offers the advice of trying to think of telehealth as a way to increase your capacity, rather than overwhelm your workload. He mentions that telehealth can be used for things like filling in the gaps when no-shows occur. That time can be filled with remote visits, phone calls, secure emails and the like. In that sense, telemedicine is not adding to the total workload, but instead is making use of time that would have otherwise been wasted.

Another issue with telemedicine is a potential loss of continuity of care. This is a risk if telemedicine is used in isolation as a patient's main mode of receiving care. If a patient jumps between multiple online providers and never establishes an ongoing relationship with a primary care provider, continuity of care steeply declines. Also, some national telehealth networks do not connect with a patient's primary pediatrician if they do have one, so information is not passed on or shared after the virtual appointment.

Patients who have a primary care pediatrician may seek virtual care with someone else if their pediatrician is unavailable after hours, or if the patient is traveling. By offering after-hours telemedicine, or getting licensed in multiple states to accommodate traveling patients, issues like losing a patient visit to a national telehealth service can be alleviated.

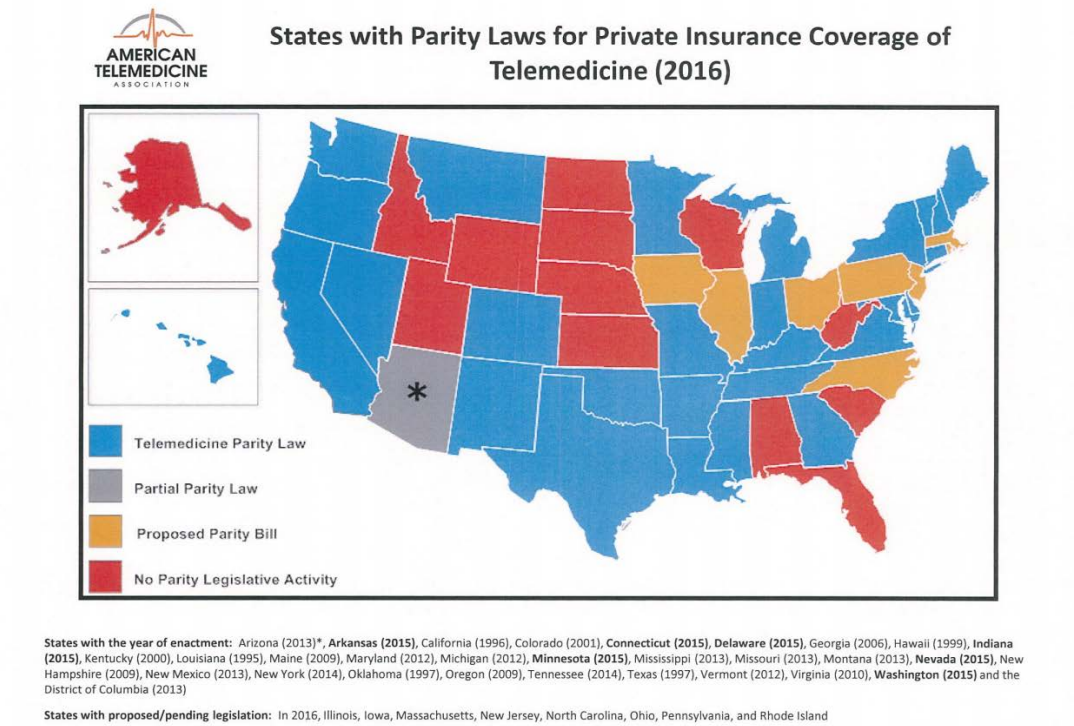
Getting Paid for Telemedicine

"Telemedicine provides care equal to in-person care and should be paid exactly as if the patient and doctor were in the same room." – AAP (American Academy of Pediatrics)

When it comes to billing and getting paid for telemedicine, there should be no distinction between services provided on-site versus those provided remotely. However, payment and coverage of telemedicine continues to be an obstacle. The best case scenario for payment would include:

- Statewide coverage for telemedicine
- Full parity for telemedicine
- No restrictions on:
    - Provider
    - Technology
    - Patient setting

The 2016 ATA Conference presented State Telemedicine Gaps Reports. The following are excerpts from those reports, highlighting the factors that influence payment.



States with the year of enactment: Arizona (2013)*, **Arkansas (2015)**, California (1996), Colorado (2001), **Connecticut (2015)**, **Delaware (2015)**, Georgia (2006), Hawaii (1999), **Indiana (2015)**, Kentucky (2000), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), **Minnesota (2015)**, Mississippi (2013), Missouri (2013), Montana (2013), **Nevada (2015)**, New Hampshire (2009), New Mexico (2013), New York (2014), Oklahoma (1997), Oregon (2009), Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2010), **Washington (2015)** and the District of Columbia (2013)

States with proposed/pending legislation: In 2016, Illinois, Iowa, Massachusetts, New Jersey, North Carolina, Ohio, Pennsylvania, and Rhode Island

Parity

Full parity means telemedicine services are covered and regarded as being equal to in-person services. One is not valued as less than the other. Partial parity means there are some limits to what is covered. Typical limitations are around geographic areas or particular services.

Facts about Parity

- Parity focuses on private payers, state employee health plans, and Medicaid
- 31 states and Washington D.C. have parity for private payers
- 22 states have artificial barriers to parity. Artificial barriers are things that limit or prevent a provider from getting paid for telemedicine. They can include geographic restrictions on where the patient or provider is located, or the type of telehealth technology allowed.
- 48 states have Medicaid programs with *some* coverage
- 26 states have *some* coverage for state employee health plans

Originating Site:

The originating site is the location of the patient at the time of service. 36 states say that home is the originating site. 18 states say that school can also qualify as an originating site. Sometimes the patient's location at the time of service is the deciding factor as to whether the service will be covered or not. 26 states *do not* use the patient's location as a condition for payment.

Medicaid:

- There is a trend toward Medicaid allowing state-wide coverage, with no limitations around geography (i.e. rural areas only) or mileage (i.e. distance from provider).
- Under Medicaid, states have the option to decide whether or not to cover telemedicine services. If covered, they may choose to pay for all services, or just specific services.
- The federal Medicaid statute does not recognize telemedicine as a distinct service.
- Medicaid guidelines state that providers must practice within the scope of their State Practice Act. Some states require providers to be licensed in the state their patient is located if they are practicing telemedicine across state lines.
- Payment for services must satisfy federal requirements of efficiency, economy, and quality of care.
- States may pay the provider at the distant site and also pay a facility fee to qualifying originating sites other than the patient's home (e.g. hospital, doctor's office, rural health clinic, skilled nursing facility).
- Currently, Connecticut and Rhode Island are the only states with no Medicaid coverage for telemedicine.
- The other 48 states have varied coverage for telemedicine through Medicaid.
- For more information: https://www.medicaid.gov/medicaid/benefits/telemed/index.html

State Employee Health Plans:

These plans often have variations in coverage. Examples include:

- Covered services
- Payment methodologies
- Distance requirements
- Eligible patient populations
- Covered providers
- Authorized technology
- Patient consent

Medicare:

Medicare currently limits telemedicine services to rural HPSAs (Health Provider Shortage Areas), and certain originating sites. Some ACOs (Accountable Care Organizations) have been able to obtain a "telehealth waiver" that eliminates these requirements and therefore makes telemedicine more accessible for patients.

Medicare also requires the telemedicine services to be synchronous (i.e. provided in real time). You must use an interactive audio and video telecommunications system. Asynchronous care (i.e. not in real-time) is only allowed in Alaska and Hawaii at this time.

For more information including a list of HCPCS and CPT codes: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf

How Do I Code For Telemedicine?

PCC's coding expert Jan Blanchard shares that while there are billing codes for telemedicine, it can be difficult to get paid for those codes because of restrictions. For example, to get paid for a telephone call as a telemedicine service, the patient can't have been seen in-person by the provider for that condition within the previous 7 days or plan to be seen at the next available appointment. The thought is that the telephone call should resolve that particular issue, and not require an additional in-person appointment. If the problem does recur, an in-person appointment would be permissible as the telephone call did not actually resolve the issue. The reasoning behind this rule is that the phone call cannot be a follow-up appointment to recent face-to-face care, nor can it be triaging of potential future care. Why? Payers don't want to pay for telemedicine as an "add-on" service to something the patient already came in for or is about to come in for. They want to pay for telemedicine as its own isolated service.

Here are some examples of services that some PCC clients use telemedicine codes for:

- Prenatal and meet-the-practice visits.
- Mental health follow-up appointments for: anxiety, ADHD, depression, behavioral, and sleep issues. These appointments may require an in-person visit prior to establishing regular telehealth follow-ups.
- Most prescriptions may be electronically delivered to a designated pharmacy. Sometimes physical measurements such as weight, height, blood pressure and heart rate, or other required documentation will need to be taken at the patient site (originating site) before electronic prescriptions will be accepted.
- Medication review and refills.
- Asthma symptom review or review of specialist or emergency room visits.
- Allergies and anaphylaxis: medication review and refills, interval history, and review of specialist and/or emergency room visits.
- Skin disorders: appointments and medication refills for eczema, acne, and rash evaluation without systemic symptoms can take place via telehealth.
- Nutrition and obesity: evaluation and consultation.
- Conjunctivitis: evaluate and treat uncomplicated cases that do not have systemic symptoms.
- Concussion screening: determine if there is a need for an in-person office visit based upon certain criteria.
- Minor Trauma: evaluate bruises, sprains, or lacerations that may require surgical closure.
- Review records: labs, x-rays, consults.
- Travel: consultations.
- Adoption: consultations.
- Lactation: consultations and follow-ups.

Below are some examples of telemedicine codes you can use. Whether or not you get paid for these codes depends on the individual payer:

CPT Codes

Telephone Codes: 99441, 99442, 99443

Online Evaluation Codes:

- 99444: Online evaluation and management services provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the internet or similar electronic communications network.
- 98969: Online assessment and management service provided by a qualified nonphysician health care professional to an established patient or guardian, not originating from a related assessment and management service provided within the previous 7 days, using the internet or similar electronic communications network.

Note that you would not bill a telemedicine code for every instance of communicating with a patient via telephone or secure text message. For example, phone and text appointment reminders would not be a billable service. Back and forth discussion related to E/M care is billable however, under certain circumstances:

1. If the discussion was initiated by the patient's online inquiry
2. If the discussion is not directly related to a recent service and
3. If the discussion does not result in the patient receiving more direct care in the immediate future

Interprofessional/Internet Consult Codes: 99446, 99447, 99448, 99449

HCPCS Level II Codes (Healthcare Common Procedure Coding System):

- T1014: Telehealth transmission, per minute, professional services bill separately
- Q3014: Telehealth originating site facility fee

HCPCS Modifiers:

- GT: Via interactive audio and video telecommunication services
- GQ: Via asynchronous telecommunications system

2017 Coding Changes for Telehealth:

- New CPT manual symbol = ★ = Telemedicine eligible code
- NEW place of service code = 02 = Telehealth
- NEW Modifier 95 = Synchronous Telemedicine Service Rendered via a Real Time Interactive Audio and Video Telecommunications System
- Appendix P = CPTs that may be used for synchronous Telemedicine

Jan Blanchard discusses the importance of billing for telemedicine services when they are provided, despite the fact that insurance companies don't necessarily always pay for them. She says that payers' typical reason for not paying is "no one is doing telemedicine." They see the lack of claims as being indicative of a lack of services being rendered. Jan emphasizes that the way to change this paradigm is to start billing for services, even if you know they will not be paid. This shows the insurance company that you are providing these services, and if more providers join in, eventually a tipping point may be reached where payers will notice enough claims coming in that they will rethink their payment policies. Billing for CPT codes you know will not be paid means your write-offs will go up for a time, but that's ok. It's more important for payers to see that the codes are being billed. That is how policies change.

Blanchard goes on to stress that whether you advocate for yourself in this way or not, others are actively engaged in the process. Therefore, when payer policies change, they change for all practices in a geographic area. When that happens, if you don't have denials on file, you can't retroactively appeal them. Getting paid is not the only reason to submit a claim. It is also important to submit claims in order to have a trail of denials to use to promote policy change and to use for retroactive payment when the policies do change.

Telemedicine and Pediatrics

Pediatricians often provide telemedicine services for free because they are responding to the need at hand without emphasizing fiscal outcomes. 30 years ago, pediatricians saw patients after-hours out of necessity due to severe illness. Immunizations ended that and turned many after-hours calls into appointments based on convenience and not necessity. Now, after-hours care is often the result of PCMH requirements. After-hours triage via telemedicine can reduce emergency room admissions, as well as alleviate the need for in-office appointments, thereby freeing the pediatrician's schedule for things like well visits. However, pediatricians sometimes provide triage via telehealth technology without billing for it.

Telemedicine can seem new and confusing. Since getting paid for telemedicine is not guaranteed, it can be difficult to motivate yourself to start billing for it. It is good to remember that in many instances, billing for telemedicine is the only way to get paid for services you are currently rendering without reimbursement.

Here are some steps you can take to get started with telemedicine:

- Look into coding and develop an understanding of how to code for telemedicine.
- Understand what is legal in the states where your patients live. Know the state regulations.
- Think of telemedicine as an enhancement to how you practice, and not a complete change or overhaul to how you practice.
- Remember the importance of the telephone codes. There are probably many times a day when you speak to a patient on the phone. When you use these codes, you can get paid for the time you spend providing care over the phone.

Telemedicine in the pediatric setting is helpful for any instance where discussion dominates care. It is great for having ongoing conversations which describe the patient's behavior and experience in order to establish patterns. For example, patients with conditions such as ADHD, bedwetting, headaches, or who are diabetic would benefit from telemedicine services with their pediatrician. The first three are issues where checking in with the physician remotely would work just as well as coming into the office. With diabetic patients, telehealth technology such as a remote glucometer that reports directly into the EHR could be useful.

Another way telemedicine could benefit a pediatric practice is by extending mental health care to patients who go away to college. Remote appointments would allow for continuity of care rather than having them get set up and established with a brand new provider at school.

Telemedicine and Schools

There are growing opportunities to bring telemedicine into elementary and high school settings. Articles from MedCity News and Parents.com provide details on this spreading trend:

Benefits of Telemedicine in School Settings:

- Fills gaps due to staffing shortages
- Increased access to care in HPSAs (Health Provider Shortage Areas)
- Convenience factor in both urban and rural areas:
    - Reduces need for ER visits
    - Limits time out of school to go to doctor's office
    - Provides faster service: no waiting until after school or until there is an opening at the doctor's office
- Opportunity to access specialists outside your local area if necessary
- Provides an opportunity to educate kids about cultivating healthy habits

Who Provides the Service?

Often, local school staff will connect to a remote nurse. Alternatively, a school nurse will connect to a remote physician. One way to get started is having the pediatrician go to the school in person for an initial exam and to establish a care relationship. After that, an onsite nurse checks in with students and transmits vitals and other necessary information back to the pediatrician via telehealth technology. Sending information back to the physician via fax or email are billable activities if the content is treatment related and significant enough to warrant billing for. Telephone calls with the pediatrician can also be a part of school-based telemedicine and should not affect the allowed number of visits per year as there is typically not a visit limitation on sick visits. If a local pediatric office is working with the school, many times the child will be able to be seen remotely by their own pediatrician. If another telehealth provider is treating the child, common practice is for a report to get sent to the child's primary care pediatrician detailing the appointment.

What Technology Is Used?

Many schools will have a "telemedicine cart" that includes:

- Webcam that provides secure video conferencing between the school and the treating provider
- Electronic otoscope for remote viewing of the eardrum (for diagnosing ear infections)
- Digital stethoscope for relaying heart and lung information

What Is Telemedicine Good at Diagnosing and Treating at School?

Telehealth technology helps with a variety of issues. Common examples include:

- General health
- First Aid
- Rashes or other skin issues
- Strep tests
- Ear Infection Diagnoses
- Vision Screenings
- Chronic Condition Management (i.e. asthma or diabetes)
- Mental Health Diagnosis and Treatment (i.e. ADHD or Autism)

Getting Paid for Telemedicine Services in Schools

Depending on the state, Medicaid and private payers will pay some or all of the costs.

Alternatively, providers could choose to set a flat fee and have patients pay out of pocket per school-based appointment.

Providing telemedicine services to one or more schools can be a good way to augment your practice's income and expand your patient base.

How is PCC Addressing Telemedicine?

"Telemedicine will help build what some are calling 'Medicine 2.0'"-John Canning, PCC President and Founder

PCC knows that telemedicine is rapidly becoming an integral part of healthcare. While we don't see it completely replacing the face-to-face pediatrician/patient relationship, we believe it to be an important enhancement to care.

Telemedicine can:

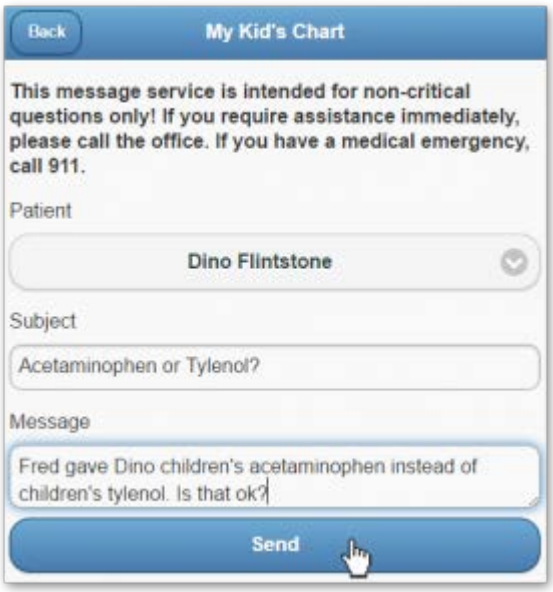
- Strengthen the doctor/patient relationship by facilitating easier communication between the patient or parent and pediatrician.
- Allow families to have access to their doctor on their schedule and not just the doctor's schedule.
- Increase pediatricians' availability for mental health care. More frequent and shorter appointments provided weekly via telehealth technology can negate patients having to wait for an hour-long appointment just once every 6 months due to a doctor's full schedule for in-office appointments.
- Shift the bulk of entering chart information to the patient from the doctor. Through patient portals, patients have the opportunity to enter much of their own health history and demographic information.

PCC's Current Telemedicine Tools

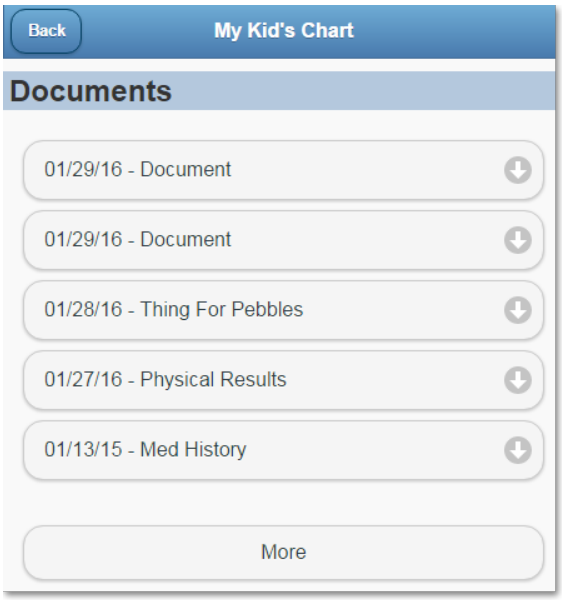
PCC is currently addressing telemedicine through a two-pronged approach: My Kid's Chart, also known as the Patient Portal, and pocketPCC.

The Patient Portal

This tool allows patients to access their chart information, and to send and receive messages with their pediatrician.



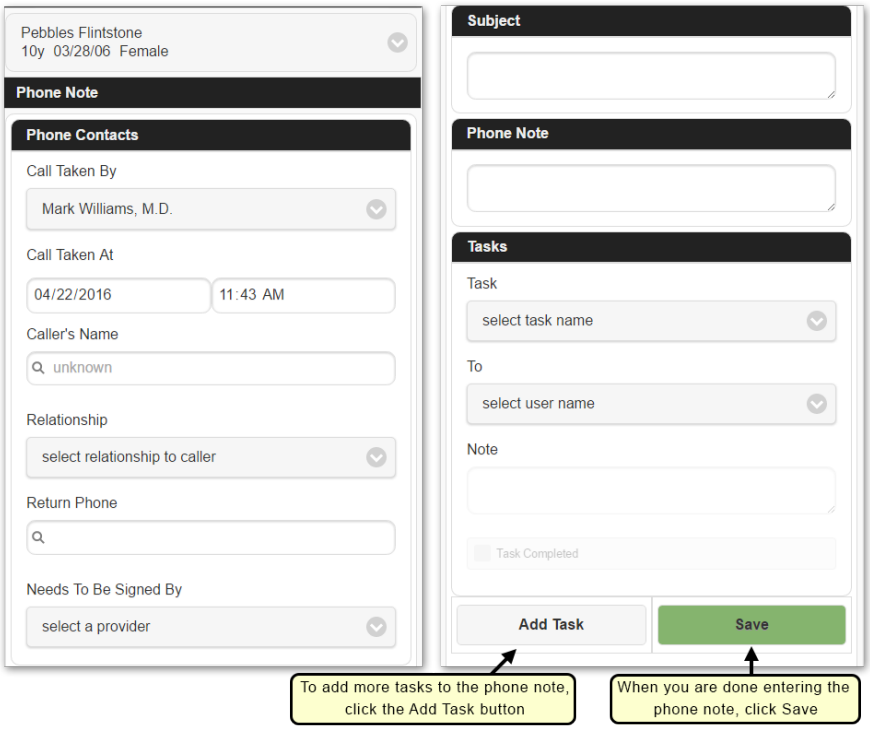
Pediatricians can also make documents available to patients and families via the portal.



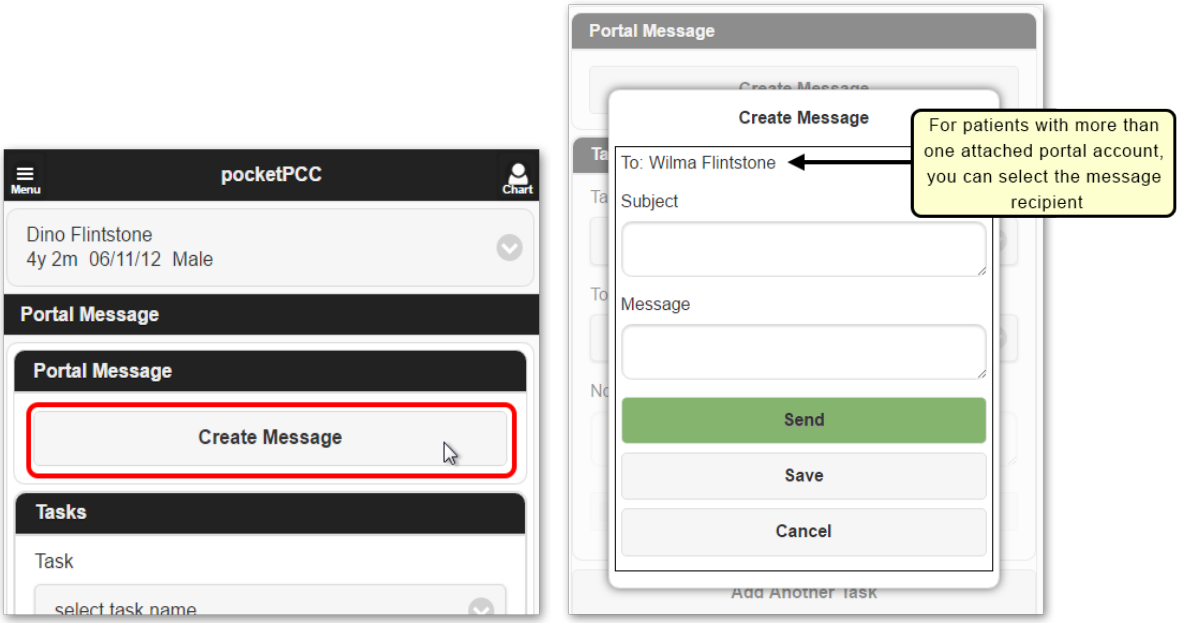
pocketPCC

This tool for mobile phones allows pediatricians to:

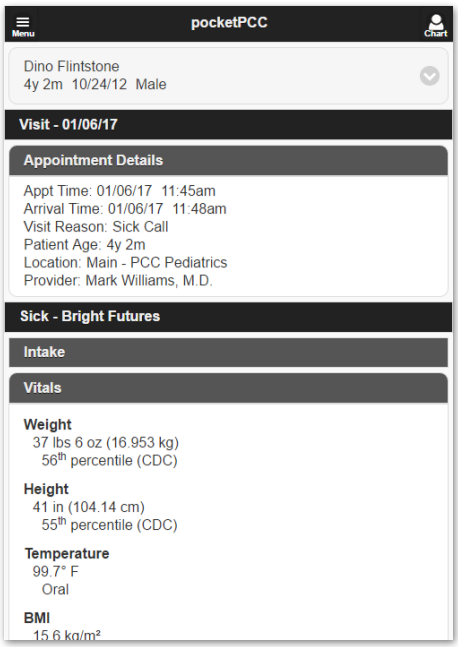
- Chart a patient phone encounter on a smart phone:



- Send and receive secure messages to and from the Patient Portal using pocketPCC. This allows for secure email exchanges within the portal, rather than sending emails outside the portal:



- Any physician using pocketPCC can go into a patient's chart and view visit notes from any past visit:



- Additionally, PCC is moving toward a secure video option for pocketPCC, and in the future pocketPCC should be able to document a video encounter.

On a related note, PCC's EHR makes it easy to reissue claims. This is an important feature for resubmitting claims when payer policies around telemedicine change. As described earlier in the billing and coding section, it is prudent to bill for telemedicine services even if they are not paid by a particular payer. That way if the payer policies change in the future, you have denials on file that you can retroactively bill for.

All of the above options should help to increase PCC clients' use of telemedicine. In 2015, only two units of telemedicine codes were billed for all PCC clients. Of those, only 50% were paid. That means only 1 telemedicine code got paid for all of 2015. Increasing your knowledge of coding, billing, state and federal regulations, and how to use all the technology PCC provides should help you further your use of telemedicine and thereby increase your practice's revenue.

A Note About Secure Text Messaging

Secure text messaging is considered a telehealth technology. It is not something that is typically billed for, although it is frequently used for things such as appointment reminders. PCC offers this via Notify, which is a secure text messaging service provided by West (formerly TeleVox).

In order to securely text patients, you need to have:

- A secure sign-on
- Encrypted messages
- Delivered and read receipts
- Date and time stamp
- Customizable message retention time
- A specific contact list for people who are authorized to receive and record orders

Note that standard smartphone texting applications are not secure and do not comply with the above requirements.

What Does the Future Hold?

Telemedicine continues to grow as a service within private and group practices. Moving into the future, the establishment of Virtual Physician Networks is a trend to watch. These are large networks of national telehealth providers. Examples of these include:

- MDLIVE in Sunrise, FL
- American Well in Boston, MA
- Teladoc in Dallas, TX
- CareClix in Tyson's Corner, VA
- First Stop Health in Chicago, IL
- Doctor on Demand in San Francisco, CA
- Global Med in Scottsdale, AZ
- Carena in Seattle, WA
- Interactive MD in Boca Raton, FL
- Online Care Group in Newbury Park, CA

These networks are particularly good for videoconferencing. Many of them are sponsored by insurers, health plans, employers, hospitals, and physician groups.

For some physicians, joining a national network like the ones listed above can serve as a supplement to their daily work, allowing them to take on extra employment without giving up their private practice.

Why Consider Joining a National Telehealth Network?

- Supplement office income.
- Earn a similar rate to an office visit at your own practice.
- See up to 6 patients per hour (10 minutes per appointment).
- Flexible schedule: set your own schedule and work anywhere from a short time period to a full day. Just log in and show up online when you have availability to see patients. Work from home or on a mobile device if you want to add hours outside your normal practice hours.
- Help increase the quality of care for patients by seeing them sooner, treating them remotely, and helping them to receive prescriptions more quickly.
- It's easy. With major networks, all the back-office tasks such as insurance eligibility and copay checks, credit card processing, and claims submission are automated so you just see patients without the administrative tasks. You are paid via electronic bank deposit right away. Malpractice coverage is included.

Requirements to Join

- Experience in your field
- Board certification in your specialty
- Possess good communication skills and bedside manner
- Pass a background check for any malpractice suits or disciplinary actions
- Need to be licensed in each state that patients are in and follow state-specific law around videoconferencing and remote communication.
- Go through your specific telehealth network's training on how to use telehealth technology

Trends with National Telehealth Networks

Some national networks are looking to create private versions of their software for PCMH practices or ACOs to use privately with their own patients. An example of a network trying this is Well Point.

National telehealth networks are looking to expand to include pediatricians rather than just having general primary care physicians. This is an opening and opportunity in the industry that pediatricians can take advantage of.

The American Medical Association (AMA) passed Resolution 234: Telemedicine Encounters by Third Party Vendors. This resolution initiates the development of model legislation that would require telemedicine vendors to coordinate care with the patient's medical home and existing treating physician(s). For example, a national telehealth network would have to provide a copy of the patient's medical report to their primary care doctor per the patient's consent. Additionally, a valid physician/patient relationship would have to be established before services were rendered, and the standard and scope of services would have to be of the same quality and caliber as when provided in-person.

Additional Resources

American Telemedicine Association: Explore the ATA's website for an array of information on all aspects of telemedicine.

State Telemedicine Gaps Reports: These reports from the American Telemedicine Association identify and compare state telemedicine policies for things like reimbursement and physician practice standards.

Interstate Medical Licensure Compact: Expedited licensure that allows qualifying physicians to practice in multiple states is hopefully coming soon. Visit this site to stay informed on updates and implementation of this compact.

CMS Info Sheet on Telehealth Services

Bibliography

"About Telemedicine." American Telemedicine Association. 2016. Accessed January 9, 2017. http://www.americantelemed.org/about/about-telemedicine.

American Well. "Why ACOs are Hot for Telehealth." MedCity News. May 11, 2016. Accessed January 9, 2017. http://medcitynews.com/2016/05/acos-hot-telehealth/?utm_campaign=ATA 2016&utm_source=hs_email&utm_medium=email&utm_content=29688674&_hsenc=p2ANqtz-9laUBFzwcur2SYV5Ghf4qpR-c5yQDYTGldjA4XY_Qy_BrwXePkyIM8XfLd_BzrriXRZjvOuwlfMPm53XulpgNRXrSvew&_hsmi=29688674.

Antall, Peter, MD. "5 Reasons to Practice Telehealth." Physicians Practice. June 3, 2016. Accessed January 9, 2017. http://www.physicianspractice.com/health-it/5-reasons-practice-telehealth.

Blanchard , Jan, CPC. "ATA Telemedicine Conference." E-mail message to author. May 18, 2016.

Blanchard , Jan, CPC. "Telemedicine." E-mail message to author. June 15, 2016.

Blanchard , Jan, CPC. "Code Question." E-mail message to author. July 14, 2016.

Blanchard , Jan, CPC. "Telehealth question." E-mail message to author. December 24, 2016.

Blanchard , Jan, CPC. "Telehealth question." E-mail message to author. December 28, 2016.

Chesanow, Neil. "Virtual Visits Benefit Physicians as Well as Patients." Medscape. September 25, 2014. Accessed January 9, 2017. http://www.medscape.com/viewarticle/832190.

Francis, Anthony, MD, JD. "Is This a Real Doctor-Patient Relationship?" Medscape. March 1, 2012. Accessed January 9, 2017. http://www.medscape.com/viewarticle/759163.

"Home." Home - ATA Main. Accessed January 9, 2017. http://www.americantelemed.org/.

"Interstate Medical Licensure Compact." License Portability. 2017. Accessed January 9, 2017. http://www.licenseportability.org/.

Ripton, JT, and Peter Scott. "Saving and Increasing Money through Telemedicine." Physicians Practice. June 10, 2016. Accessed January 9, 2017. http://www.physicianspractice.com/health-it/saving-and-increasing-money-through-telemedicine.

Sklar, Hallie Levine. "Telemedicine in Schools." Parents. Accessed January 17, 2017. http://www.parents.com/health/doctors/telemedicine-in-schools/.

"State Policy Resource Center." American Telemedicine Association. Accessed January 9, 2017. http://www.americantelemed.org/main/policy-page/state-policy-resource-center.

"Telehealth Care and After Hours Care." American Academy of Pediatrics. 2017. Accessed January 9, 2017. https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/telehealth-care/Pages/default.aspx.

"Telehealth Services Fact Sheet." December 2015. Accessed January 9, 2017. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsht.pdf.

"Telemedicine for Medicare Patients FAQ." American College of Emergency Physicians. April 29, 2016. Accessed January 9, 2017. https://www.acep.org/Physician-Resources/Practice-Resources/Administration/Financial-Issues-/-Reimbursement/Telemedicine-for-Medicare-Patients-FAQ/.

Versel, Neil. "As school nurses disappear, telemedicine fills in gaps." MedCity News. May 18, 2016. Accessed January 17, 2017. http://medcitynews.com/2016/05/school-nurses-telemedicine/?rf=1.

Versel, Neil. "How to tell when someone doesn't 'get' telemedicine." MedCity News. May 17, 2016. Accessed January 10, 2017. http://medcitynews.com/2016/05/doesnt-get-telemedicine/.

"What is telehealth?" HealthIT.gov. January 9, 2017. Accessed January 9, 2017. https://www.healthit.gov/telehealth.

"What is Telehealth?" American Academy of Pediatrics. 2017. Accessed January 9, 2017. https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/What-is-Telehealth.aspx.

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