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Telemedicine Self-Assessment Questionnaire – SAMPLE

Hospital Name: _____

Person Completing the Assessment: _____ Date: _____

Overview

Telemedicine is composed of three types of visits:

Traditional Telemedicine – Traditional telemedicine, also known as telehealth, is governed by the CMS Conditions of Participation. Telehealth services are provided using a hub and spoke model in which the patient is located at a spoke, which may be a hospital or clinic, and the consulting provider is located at a hub facility. The hub facility might be a hospital or a telemedicine entity, such as a remote diagnostic imaging interpretation service. The patient is located at the originating site and should be overseen by appropriate staff. A physician or advanced practice professional may or may not be present with the patient at the originating site, which will have prescribing implications that must be considered.

Virtual Visits – Virtual visits occur in real time over a secure virtual network using audio and video. Both the patient and provider will be using a computer with a webcam. On the patient side, the computer may be a desktop, laptop, tablet, or smart phone. The provider is usually in an office using a desktop or laptop computer.

e-Visits – An e-visit is an asynchronous text-based encounter, such as communicating with a patient by e-mail or text messaging or via a portal. These visit are not scheduled, but timelines for responses are established.

Depending on the organization, one or more types of telemedicine services may be used. Each of these models has risks, benefits, and unique considerations that must be managed to ensure patient safety. Using an enterprise risk management perspective, the checklist is divided into eight risk domains: Legal and Regulatory, Operational, Clinical, Human Resources, Financial, Strategic, Technology, and Hazard. Each domain will contain questions that are specific to all three telemedicine modalities and may include additional questions that are modality-specific. Links to pertinent resources are included as appropriate.

Legal and Regulatory Considerations

CMS – Traditional telemedicine services that qualify for Medicare reimbursement	Yes	No
1. Hospital - Services are compliant with the Medical Staff Telemedicine Credentialing Conditions of Participation located at 42 CFR §482.22(a).		
2. CAH or Hospital - A written agreement between the CAH or hospital and the distant site hospital or telemedicine entity is in place and addresses the following: • Responsibilities for both the distant site and the CAH or hospital; • Which site is responsible for credentialing distant site providers to service the CAH or hospital patients; and		

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CMS – Traditional telemedicine services that qualify for Medicare reimbursement	Yes	No
• The distant site hospital or telemedicine entity has an agreement for outside review of the quality of telemedicine services (for example with a Medicare Quality Improvement Organization or equivalent).		
NOTE: *See the CMS State Operating Manual, Appendix A for hospital-specific Conditions of Participation guidance (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf) and Appendix W for critical access hospital-specific Conditions of Participation guidance (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf).*		

HIPAA – Traditional telemedicine, virtual visits and e-visits	Yes	No
1. Telemedicine services are included in HIPAA Privacy policies and the Notice of Privacy Practices.		
2. Distant sites and telemedicine entities are evaluated to determine if a business associate agreement is necessary.		
3. Telemedicine technology is included in the HIPAA Security Risk assessment and policies.		
4. Telemedicine visits are conducted over systems that provide "end to end" electronic security, such as encryption.		
5. Telemedicine providers and support staff members have received HIPAA Privacy and Security Awareness training specific to the telemedicine services being provided.		

FCC Telephone Consumer Protection Act (TCPA) – applies to e-visits if text and phone messaging are used	Yes	No
1. E-visit text messages are complaint with the 2015 TCPA Omnibus Declaratory Ruling and Order (https://www.fcc.gov/document/tcpa-omnibus-declaratory-ruling-and-order).		
2. A specific written consent that addresses TCPA requirements is used for text message e-visits.		

State statutes – Traditional telemedicine, virtual visits, and e-visits	Yes	No
1. The type of telemedicine service(s) contemplated is (are) permissible/covered under state law.		
2. The providers who will be used to deliver telemedicine services are permitted to do so under state law.		
3. The providers who will deliver telemedicine services are licensed to practice medicine in the state where the patient is located (directly or by interstate compact).		
4. Telemedicine treatment, prescribing, and documentation comply with applicable state standards.		

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State statutes – Traditional telemedicine, virtual visits, and e-visits	Yes	No
NOTE: See the Center for Telehealth and eHealth Law (CTeL) Research Library for information on state specific telemedicine laws (http://ctel.org/library/research/). *The American Telemedicine Association has a State Policy Resource Center website with state-specific telemedicine policy updates (http://www.americantelemed.org/policy-page/state-policy-resource-center).*		

Operational Considerations – Traditional telemedicine, virtual visits, and e-visits	Yes	No
1. A needs assessment has been conducted and supports the type(s) of telemedicine services under consideration.		
2. A scope of service has been identified and documented for each type of telemedicine under consideration/in use. The scope of service includes: • The type of patient who will perform the services. • What type(s) of patients will receive services. • The clinical conditions, including severity, that will be covered by the service.		
3. The telemedicine policies and procedures include the following: • Definition of when the provider/patient relationship begins. • Provider credentialing (clinical and payer). • Management of privacy and security of telemedicine visits and protected health information. • Patient identification requirements. • Process for receiving and responding to patient messages. • Process for managing patient-provided health information. • Hours of operation, appointments, and scheduling. • Process for patient choice in provider assignment. • Informed consent for telemedicine services, including the process to follow when a patient refuses to provide consent. • Billing and payment. • Complaint and grievance handling. • Telemedicine clinical documentation expectations, including distant site, as applicable. • Archiving and retrieval of video, as applicable. • Quality measurement and monitoring.		
NOTE: The American Telemedicine Association Learning Center offers a number of Telemedicine Practice Guides that may be useful when developing policies and procedures (http://learn.americantelemed.org/diweb/start). Registration is required.		

Clinical Considerations – Traditional telemedicine, virtual visits, and e-visits	Yes	No
1. For **traditional telemedicine and virtual visits,** the provider workspace is private,		

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Clinical Considerations – Traditional telemedicine, virtual visits, and e-visits	Yes	No
soundproof, and has a door to prevent unexpected entry of staff members during telemedicine visits.		
2. Informed consent is obtained for telemedicine services and includes: - Any state-specific requirements. - Patient identification. - The names and credentials of providers and staff members who will be involved in providing telemedicine services. - Patient rights, including the right to stop or refuse treatment by telemedicine. - The type(s) of telemedicine service(s) being provided and the technology that will be used. - Potential privacy and security risks and measures taken to reduce the risks. - Technology-specific risks, such as interruption of the audio/video link, poor transmission quality, and/or electronic tampering. - Permission to bill insurance, as applicable. - Instructions for alternative care in case of an emergency or technology malfunction.		
3. A formal process addresses patient expectations regarding telemedicine encounters, such as a practice brochure that includes: - The scope of services. - Prescribing policies. - Billing practices, such as fee schedule if the visits are private pay and co-pays if the visits are billed to a third party payer. - Responsibility/expectations for communication with the patient's primary care physician. - Follow-up procedures.		
4. Evidence-based guidelines have been developed for the conditions that will be treated by **virtual and e-visits.**		
5. Documentation guidelines have been developed and include: - Location of the provider (name of practice/facility, town, and state) and patient (physical address where patient is during the visit), as required to address licensing, patient safety, and billing requirements. - How and where to document the type of telemedicine visit, names of providers, staff members, and others present. - Expectations regarding documentation of informed consent. - Disposition of patient-provided health information. - Disposition of electronic communications between patient and provider. - Expectations of visit documentation, such as: - Relevant history		

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Clinical Considerations – Traditional telemedicine, virtual visits, and e-visits	Yes	No

o Medical evaluation
    o Diagnosis
    o Treatment recommendations
    o Prescription(s), as applicable
    o Lab and test results
    o Post-visit instructions
    o Recommended follow-up
    o Patient-related electronic communications
 	
NOTE – Telemedicine treatment and documentation are held to the same standard as traditional visits.		

6. Emergency plans have been developed and are appropriate to the type(s) of telemedicine service(s) being provided. For example:
 	
  • **Traditional telemedicine** – how the provider and/or clinical staff members at the originating site will respond to technical difficulties or a medical emergency.
  • **Virtual visit** – how the provider will deal with technical difficulties and the process for recommending that the patient seek alternative services.
  • **e-Visit** – include a notice that e-visits are not appropriate for urgent or emergent visits and to call 911.		

7. Quality measures have been developed and the responsibility for collecting and monitoring data has been assigned. Sample quality measures include:
  • Clinical documentation review.
  • Evidence-based protocol compliance.
  • Treatment utilization rates.
  • Patient satisfaction.
  • Provider satisfaction.
  • Technology up time, number of interrupted or incomplete visits by month.		

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Human Resources – Traditional telemedicine, virtual visits, and e-visits	Yes	No
1. Providers and staff members who will participate in telemedicine visits receive training specific to their role in the following: • Direct and supportive patient care. • Use and troubleshooting of the technology and medical devices associated with each type of telemedicine service provided. • Documentation of telemedicine services.		
2. Providers and staff members are evaluated for competencies regarding their role in providing telemedicine services upon hire, when new services are added, when policies change, and annually.		
Financial – Traditional telemedicine, virtual visits, and e-visits	**Yes**	**No**
1. The insurance portfolio has been reviewed for including telemedicine. In particular: • Medical Professional Liability • Cyber Liability • Billing and Regulatory Coverage		
2. Billing and payment procedures have been revised to include telemedicine services.		
3. Billing and collections staff members have been educated regarding their role in telemedicine accounts.		
Strategic – Traditional telemedicine, virtual visits, and e-visits	**Yes**	**No**
1. If the organization has a website, the following have been assessed: • The content is accurate and does not make promises that cannot be kept or statements that cannot be objectively proven. • Provider lists are current and providers are identified appropriately. For example, advanced practice professionals are differentiated from physicians. • Contact information is current and includes the physical address, phone numbers, and/or email addresses. • The Notice of Privacy Practices document is current and linked to the site. • Patient educational materials are approved by the providers and the organization owns the information or has written permission to post the information. • A disclaimer is prominently posted on the educational pages of the website, advising both patients and non-patients that the website is (a) intended to provide general healthcare information, not medical advice, and (b) is NOT intended to take the place of one's own physician. • Signed authorizations have been obtained for the use of all photographs which depict identifiable patients.		

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Technology – Traditional telemedicine, virtual visits, and e-visits	Yes	No
1. The equipment selected for use has high quality video and audio capabilities.		
2. Data capture and transmission equipment is appropriate for the modality used.		
3. All devices used to provide telemedicine services have up-to-date operating systems and security software.		
4. Downtime plans have been developed that address technology problems and how to communicate with the other site and/or patient in the event of an equipment failure.		
5. System back-ups occur on a routine basis and are tested periodically to ensure that system recovery can be achieved.		
Hazard – Traditional telemedicine, virtual visits	**Yes**	**No**
1. Telemedicine has been proven to be an invaluable tool following weather-related disasters. Consider partnering with local emergency planning agencies to participate in large scale disaster planning and be prepared to provide assistance.		

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