



Telehealth Implementation **Playbook**



AMERICAN MEDICAL ASSOCIATION® TELEHEALTH IMPLEMENTATION PLAYBOOK

THIS AMA® TELEHEALTH IMPLEMENTATION PLAYBOOK

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“With the evolving COVID-19 pandemic and its impact on access to medical care, there is no better time to help physicians navigate and implement telemedicine into their practices and enhance their ability to care for patients. Through telemedicine, we can triage patients and help avoid unnecessary visits to health care settings, thereby reducing exposure to the COVID-19 virus and helping to keep our front lines safe, ensuring they have the resources needed to take on this immense challenge. The tools and guidelines being created now are already helping many to use telemedicine and will continue to help define its role at this moment, and shape the future of physician practice.”

—DR. RUSSELL LIBBY,
PEDIATRICIAN & BOARD MEMBER,
PHYSICIANS FOUNDATION

Telehealth & COVID-19

It is of paramount importance to keep physicians, health care workers, and patients safe amid infectious disease outbreaks such as the COVID-19 pandemic.

Telehealth has supported physical distancing efforts and helped to ensure that care continues to be provided to those who need it most by triaging low-risk urgent care and follow-up appointments while maintaining continuity of care, especially for chronic disease and

behavioral health patients who may require routine check-ins.

By reducing unnecessary visits to health care environments, we can curb the exposure to and transmission of infectious disease, while helping to keep our front lines safe and ensure they have the resources needed to take on this immense challenge. Telehealth has been particularly crucial throughout the current pandemic.

The American Medical Association is committed to supporting and advocating for physicians and practices throughout the COVID-19 pandemic. For the latest information

and updates on COVID-19 and the AMA's physician resources, visit the [COVID-19 Resource Center for Physicians](#).

In addition to this resource, if you are working to optimize and sustain telehealth in your practice, the American Medical Association also recommends visiting the [AMA Telehealth Quick Guide](#) resource and accessing the [AMA STEPS Forward™ Innovation Academy Telehealth Immersion Program](#).

Part 1: **Warm-up**

Before you embark on your telehealth implementation, it's important to understand what telehealth is and how it's impacting the world of health care. In this section of the Playbook, we'll define telehealth and explain how to use the resources included in this document.



Introduction to the Digital Health Implementation Playbook

Digital tools that enable new methods and modalities to improve health care, enable lifestyle change, and create efficiencies are proliferating quickly. Clinical integration of these tools is lacking. We want to change that.

At the AMA, we are committed to partnering with physicians to meet the changing landscape of health care. Recent research¹ found that physicians had four key requirements for the adoption of digital health in practice:

- Does it work?
- Will I receive payment?
- Will I be liable?
- Will it work in my practice?

In support of that pursuit, we have collaborated² with physicians, care team members, patients, and thought leaders to create the Digital Health³ Implementation Playbook Series.

WHAT IS A DIGITAL HEALTH IMPLEMENTATION PLAYBOOK?

Months of research compiled into a Playbook documenting the most efficient path to implementing a new digital health solution, including key steps, best practices, and resources to accelerate and achieve digital health adoption.

WHO IS THIS PLAYBOOK SERIES FOR?

This series is intended for those who believe in the importance of digital health and its role in helping deliver better care. Whether you are a physician, a care team member, a health care administrator, or a passionate advocate for the implementation of digital health technology, if you are looking for guidance to navigate the process and achieve scale, this series of Playbooks is for you.

WHY SHOULD I USE THE PLAYBOOKS?

Implementing digital health technology can be complicated and time-consuming. On average, it takes hospitals 23 months to go from identifying a digital innovation need to scaling a digital solution to meet that need⁴. The Playbook series has been designed with input from over 140 physicians, care team members, health care administrators, and digital health thought leaders to help health care organizations adopt change faster and more successfully.

WHEN SHOULD I USE THE PLAYBOOK SERIES?

Refer to this series of Playbooks whenever you are considering the implementation of a digital health solution. By adopting these solutions now, your organization can improve its ability to deliver on the Quadruple Aim of Healthcare, inclusive of Health Equity⁵.

WHERE CAN I USE THE PLAYBOOK SERIES?

The Playbooks are designed for care teams and administrators in medical practices of all sizes and areas of specialty. We have consulted with small private practices and large health systems, in rural and urban settings, with high-income and Medicaid-dependent populations. No matter where you are, you can use this Playbook as a guide to successfully implement digital health solutions in your practice.

Introduction to Digital Health Solutions



New technologies are fundamentally changing the way people interact with health care. Successful implementation of digital health technology will be imperative for improving patient outcomes and ensuring financial stability for health care practices.

The landscape of digital health technology is seemingly endless and spans from clinical workflow solutions and data management to population health and patient interaction tools. You've likely been exposed to or considered implementing a number of these solutions.

Despite the increasing prevalence of digital health, many health system leaders struggle to drive innovation in their organizations. They are looking for a better, more efficient path to scaled implementation,

but report that knowledge gained by other organizations and best practices is not readily available. This Playbook series is an effort to provide widespread access to institutional knowledge and best practices currently held by experts in the field.

The Playbook series will be updated to include new content over time. As the series evolves, it will provide helpful frameworks and resources for your practice related to specific digital health solutions.

This Playbook provides resources for the implementation of:

Telehealth

If you are currently interested in learning more about telehealth, you can find more resources at ama-assn.org/practice-management/digital/telehealth-resource-center-ama-policy-resources.

If you are interested in learning more about implementing digital health solutions, you can find other Playbooks in the Series at ama-assn.org/digital-health-playbook.

Introduction to Telehealth

For the purposes of this Playbook, we define telehealth as a digital health solution that connects the patient and clinician through real-time audio and video technology. It can be used as an alternative to traditional in-person care delivery and, in certain circumstances, can be used to deliver care such as the diagnosis, consultation, treatment, education, care management, and self-management of patients.

WHAT IS TELEHEALTH?

Telehealth, telemedicine and related terms generally refer to the exchange of medical information from one site to another through electronic communication. The Centers for Medicare and Medicaid Services (CMS) defines telehealth as a two-way, real-time interactive communication between a patient and a physician or practitioner at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment.

While telemedicine has historically referred to remote clinical services, telehealth can refer to broader services including:

Synchronous Telehealth

- Real-time, audio-video communication that connects physicians and patients in different locations. *Note: This definition is used for telehealth for CMS coverage and payment.*
- Real-time audio and telephone communications.

Asynchronous Telehealth

- Store-and-forward technologies that collect images and data to be transmitted and interpreted later.
- Online digital visits and/or brief check-in services furnished using communication technology that are employed to evaluate whether or not an office visit is warranted (via patient portal, smartphone).
- Interprofessional internet consultations between physicians and/or other qualified health care professionals to improve care coordination for patients by sharing verbal or written reports for further assessment and/or care management.

COMMON USES FOR TELEHEALTH INCLUDE:

FOLLOW-UP CARE	BEHAVIORAL HEALTH	OVERCOMING TRANSPORTATION BARRIERS
<ul style="list-style-type: none"> • Patients on treatment protocols who need close follow-up care and multiple visits to ensure compliance and manage medication • Care for chronic and complex conditions, including virtual consults on lab results, symptom triage, lifestyle management, and remote patient monitoring (RPM) check-ins • Post-operative wound care • Group education consults with prediabetic and diabetic patients on healthy eating, exercise, and wellness tips 	<ul style="list-style-type: none"> • Address shortages in local or on-site mental health services in rural or underserved populations by connecting patients to a specialist⁸ • For routine follow-ups with anxiety, depression, and ADHD patients who are adjusting to new medications • Routine virtual psychotherapy appointments 	<ul style="list-style-type: none"> • Access care from the convenience of the patient's home • For patients who face mobility barriers and lack a caregiver or assistance with transportation to the doctor's office • Urgent care for established patients with low-risk, infectious diseases, such as conjunctivitis or urinary tract infection • For long-term patients who are temporarily relocated out of state • Pre-orthopedic surgery preparation • Expand access to and expedite clinical trials

BENEFITS OF TELEHEALTH

Telehealth adoption allows health care providers to increase continuity of care, extend access beyond normal clinic hours, reduce patient travel burden, and help overcome clinician shortages, especially in rural and other underserved populations⁶, which ultimately helps health systems and physician practices focus more on chronic disease management, enhance patient wellness, improve efficiency, provide higher quality of care, and increase patient satisfaction⁷. It can also be used to help reduce the spread of infectious diseases.

BARRIERS TO TELEHEALTH

Although telehealth brings many benefits, we also recognize the barriers to adopting such technology, including inconsistent reimbursement models⁹; interstate licensure challenges¹⁰; legal and regulatory issues¹¹; concerns over security, privacy, and confidentiality¹²; lack of evidence about impact on health care costs, utilization, or outcomes¹³; concerns about impacts to clinical duty to provide safe and effective care (e.g., over-prescribing antibiotics in urgent care settings)¹⁴; and logistical space challenges¹⁵.

In 2016, the AMA conducted a study¹⁶ of physicians' motivations, current use of, and requirements for the adoption of digital health tools, including telehealth.

Our recent refresh of that digital health research indicated usage of telehealth has doubled from 14% in 2016 to 28% in 2019.¹⁷ Additionally, we saw the explosion of telehealth across the industry in response to the COVID-19 pandemic. While we continue to see expanded use increase, there is still work to be done in optimizing and scaling telehealth that works for patients, physicians, and care teams. Recognizing challenges still exist, this Playbook is designed to help you and your team overcome these barriers to adoption so you may experience the many benefits of telehealth for your care team, your patients, and the broader community.

“Implementing a telehealth program is a winding road at first. It takes a bit of patience and flexibility, but it’s well worth it, and the end of the road is satisfying for all involved.”

—DR. SARITA NORI,
DERMATOLOGY, ATRIUS HEALTH

“Behavioral health is a great use case for virtual care, and we look forward to expanding our tele-behavioral health offerings in 2020. It’s important for our organization to provide the best possible care to our patient population, and virtual visits provide another way for us to do so that enables us to meet patients and families where they are. Virtual care is a key component of our enterprise strategic plan in the coming years.”

—KELLY CROWN,
PROGRAM DIRECTOR, VIRTUAL CARE,
CHILDREN’S HOSPITAL
LOS ANGELES

“Technology has made improvements; however institutional understanding, reimbursement, and regulation challenges still exist. My goal for telehealth is for it to be more ubiquitous within health care delivery. While I have seen the need for years, I am living the need currently with aging parents who do not have the access to efficient telehealth services. With the aging of our society, telehealth is going to become more important for patients and their caregivers.”

—DR. BRENT WRIGHT,
ASSOCIATE DEAN FOR RURAL HEALTH
INNOVATION, THE UNIVERSITY OF
LOUISVILLE SCHOOL OF MEDICINE



Telehealth in Practice

CONTINUITY OF CARE

As telehealth vendors become more common and other urgent care settings grow in popularity, it's important to consider how this market may impact overall health outcomes by disrupting continuity of care. In order to stay competitive and maintain that continuity of care, it's increasingly important for physicians, practices, and health systems to consider implementing telehealth in their own environments.

Telehealth solutions allow clinicians to offer more convenient options for followup and urgent care cases to curb patient no-shows for in-person appointments or patients turning to one-off interactions in convenient, urgent, and third-party telehealth care settings. Although it's suggested patients follow up with their primary care physician after an urgent care or third-party telehealth visit, this often does not happen. By offering telehealth in their own practices, clinicians and health systems will be able

to provide an improved patient experience and continuity of care, and maintain a strong patient-clinician relationship.

The AMA is focused on helping confront the increasing chronic disease burden, especially preventing or managing diabetes, blood pressure, and substance use, and helping increase patient care and physician satisfaction by leveraging telehealth technology as an asset, not a burden.

Telehealth in Practice

UNDERSTANDING THE RULES

Licensure and reimbursement are two of the most common challenges to scaling telehealth in practice. Investing time in understanding some of the complexities of implementing telehealth early in the process could save time and resources later.

Interstate Licensure

Telehealth rules and regulations vary state to state. If your patient has out-of-state health insurance or wants to receive care outside of your state, make sure that you are meeting the state's guidelines where your patient is receiving care (e.g., reimbursement policies, clinician licensure). Below is a checklist of items for consideration before initiating telehealth in your practice:

- ✓ Include your legal and billing team as early in the process as possible to understand federal, state, and payer requirements and regulations
- ✓ Identify in which states your clinicians need to be licensed as well as in which states they are currently licensed
- ✓ Research interstate licensure, including the [Interstate Licensure Compact](#)
- ✓ Check with your malpractice insurance carrier to ensure you are covered to provide telehealth services

Path to Payment

Each health system and practice must determine the best reimbursement model for their system and patient population. A few common reimbursement models include:

- **BILL INSURANCE (E.G., PRIVATE, MEDICARE, MEDICAID):**

Although this model most closely reflects the existing patient experience, it's important to know that reimbursement rates vary by payer and there may be specific criteria your platform and/or use case must meet in order to be reimbursed.

- **OUT-OF-POCKET (E.G., \$50-\$100 PER TELEHEALTH VISIT):**

This model places a higher burden on patients and treats telehealth more like a luxury than a necessity, but it does allow it as an option if insurance reimbursement rates otherwise make telehealth a nonviable option.

- **FREE**

Although rare, some organizations choose to fund telehealth through grants or private endowment funds to help meet broader health system or community needs such as increasing access to care for rural or other underserved populations.

Practices that primarily plan to bill insurances should consider the following to ensure success:

- Understand ins and outs of CPT® codes, including modifiers and correct language to use (Appendix E.1)
- Research which payers do and do not cover telehealth
- Consider negotiating with individual payers regarding coverage and health outcomes

- Understand the geographic restrictions for an originating site as well as any restrictions on qualifications as a distant site
- Consider focusing your telehealth program on patients who use the primary payer at your practice, especially if they already cover telehealth

DOCUMENTATION IS CRITICAL TO REIMBURSEMENT

Be sure to document when your visit begins and ends to meet the length requirements for payer and/or state. Based on the requirements of coding and billing, keep a checklist for how you have to document in order to meet regulations. (Appendix E.1)

STAY UP TO DATE

Telehealth rules, regulations, and reimbursement rates are continuously evolving, so ensure your practice or organization is staying up to date with the latest information by checking your state's rules and regulations and the reimbursement rates and guidelines for the payers most commonly used at your practice. Below are some helpful links:

- The [AMA Advocacy Resource Center](#) provides materials for physicians and physician advocates focused on state telemedicine policies and issues.
- [Patient-physician relationship](#) – Learn more about the rules by state for establishing the patient-physician relationship via telehealth and telemedicine.
- The Federation of State Medical Boards provides [telemedicine policies by state](#).
- The Center for Connected Health Policy has various state-based resources including: [Telehealth policy and reimbursement by state](#) and the [state tracker](#) covering topics such as regulatory, cross-state licensing, and reimbursement

Disclaimer: Reimbursement-related information provided by the American Medical Association ("AMA") and contained within this Playbook is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA's Current Procedural Terminology (CPT®) manual ("CPT Manual") or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, or (iv) substitute for the professional judgment of the practitioner performing a procedure who remains responsible for correct coding.

The Path to Implementation

The following step-by-step process is intended to guide your practice through the implementation of a digital health solution.

As this is part of a Digital Health Implementation Series, the steps to implementation will likely remain the same throughout the series; however, each Playbook will focus on a different digital health modality.

The first six steps in **Part 2** are fundamental to the initial planning of a telehealth program, and the subsequent six steps in **Part 3** focus on more specific details of how to truly implement your telehealth program. While we have displayed these steps chronologically,

we know that the real world is not always straightforward. Use this process as a guide while understanding that:

- The order of steps may shift based on your practice or organization
- Some steps may overlap or may be executed simultaneously
- Some steps may take more or less time than others
- You may need to reiterate or circle back to an earlier step when expanding your program or if challenges arise

We recommend reading through the Playbook in its entirety before embarking on the path to implementation so you know what lies ahead. Then, once you've commenced the process in practice, refer to each step in **Part 2** and **Part 3** for best practices, checklists for success, and practice spotlight stories to guide you along your way.

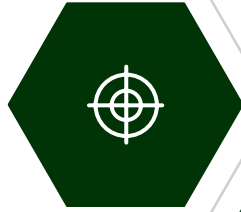


TIMELINE OF STEPS

PART 2

IDENTIFYING A NEED

What's the problem?



FORMING THE TEAM

Who needs to be involved and when?

DEFINING SUCCESS

What are we trying to achieve?



EVALUATING THE VENDOR

What's the right technology?

MAKING THE CASE

How do we get political and financial buy-in?



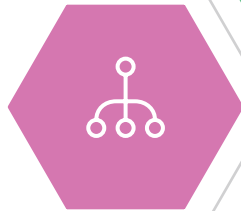
CONTRACTING

What's our expected timing, budget, and plan with our vendor?

PART 3

DESIGNING THE WORKFLOW

What will need to change to integrate this technology?



PREPARING THE CARE TEAM

Does everyone know what they need to do to make this successful?

PARTNERING WITH THE PATIENT

What does the patient need?



IMPLEMENTING

How does it work in practice?

EVALUATING SUCCESS

Did it work?



SCALING

What's next?

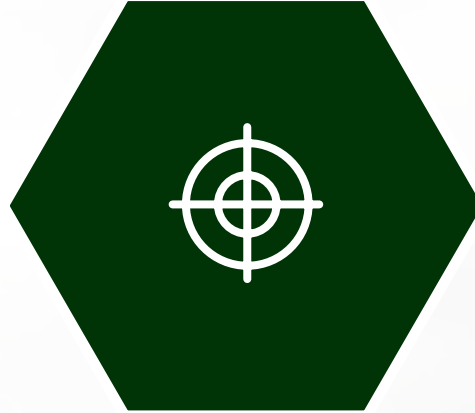
The background of the slide is a photograph of a large stadium, likely Camp Nou, with a green diagonal overlay on the left side. The stadium seating is visible, and there are banners for Nike and Estrella Damm. The sky is blue with some clouds.

Part 2: Pre-game

The following six steps will serve as the general foundation for planning for your telehealth program and will prepare you to embark on the more detailed steps outlined in Part 3, which will help you with practical implementation.



Step 1: **Identifying a Need**



Ground your telehealth implementation in a true need.

Telehealth became an industry necessity amid COVID-19 in 2020, aiming to minimize disease exposure and transmission, but it can also help address opportunities or challenges physician practices and/or health systems face on a regular basis. With that said, it is important to ensure this type of technology is aligned with organizational priorities. Specifically, with telehealth, it's also important to understand legal, regulatory, and financial implications as early on as possible to appropriately scope your program and avoid significant roadblocks in the future. Brainstorm a list of your organization's gaps in care—where you lose efficiency, where your staff encounters pain points, or where patients' health or satisfaction suffers.

Prioritize issues identified by front-line staff that align with your organization's strategic goals, and determine which can most likely be addressed by telehealth (revenue loss, disruption in continuity of care, low compliance, clinician shortages, and socioeconomic or geographical barriers to in-person visits). Many organizations start small, focusing on a target patient population, department, or clinical need, with an established plan to scale into other areas. The focus on need will help justify your effort with key stakeholders, sharpen your implementation strategy, and help you select the platform best suited to your practice's needs and workflow.



GOALS TO ACCOMPLISH DURING IDENTIFYING A NEED

-
- Solicit feedback from staff to identify the biggest pain points and opportunities that exist in your organization (Appendix A.1)
-
- Identify areas of opportunity from patients via satisfaction and/or experience survey responses and ensure that responses are reflective of the [diversity within your patient population](#)
-
- Prioritize your list of pain points and opportunities based on severity of need and fit with the strategic goals of the organization (Appendix A.1)
-
- Identify problems that are most likely to be resolved by a telehealth solution
-
- Select a problem that, if solved, would have the greatest value to your entire organization and patients
-
- Identify what type of telehealth service could be offered to solve this need (e.g., 1:1 follow-up care, connection to specialists, group education)
-
- Evaluate your organization's overall readiness for a telehealth solution ([consider using this tool](#))
-
- Envision the expected outcome(s) if that problem were addressed (Appendix A.2)
-
- Identify legal, regulatory, or financial restraints that could get in the way of solving this need (e.g., reimbursement, interstate licensure, data use, and ownership)
-
- Begin to establish a budget and funding source

WHY IDENTIFYING A NEED IS IMPORTANT

Prioritize resources by centering your initiative around a true organizational need.

This practice also:

- Brings purpose and context to the project
- Forms the basis for program evaluation
- Helps crystalize buy-in from key stakeholders
- Incites long-term stability for the project

Identifying a Need



BEST PRACTICE

Look to your network.

Seek out colleagues within or at practices similar to yours who have previously counseled or executed the implementation of a telehealth program. Foster open communication with these advisors. If you are affiliated with another practice or health system, explore how they might support your implementation with existing programs and/or technology. Throughout the implementation process, rely on their experience and advice as you run into challenges.



AVOIDING A MISSTEP

Evaluate the financial implications of telehealth.

Determine if your organization or practice is financially ready for telehealth by starting to understand the cost of implementation and how telehealth could have a positive impact, whether that would be through reimbursement, improved patient experience, increased access for patients, or reduced no-show rates.



LARGE PRACTICE CALLOUT

Prioritization can be especially difficult for large organizations.

It is difficult when key decision-makers may not regularly interact with front-line staff. Seek feedback from care teams to avoid misalignment between the organization's strategic priorities and the day-to-day needs of staff and patients.

“Telehealth was a solution that we came up with because we wanted to be able to be there for the patients, for everyone.”

—IT TEAM MEMBER, PRIVATE HOSPITAL

QUICK TIP

Frame your need within a larger context.

Identify how telehealth intersects with your organization’s broader strategic goals around creating community and regional access, addressing health equity, and/or supporting emergency preparedness.

Practice Spotlight

Focus on resolvable issues.

Both patients and physicians build confidence in a new technology quickly if it works the first time they try it. This principle holds true for using telemedicine as a new modality. One way to launch a successful telehealth program that has the potential to build positive momentum and scale is to begin by focusing on a few chief complaints that providers agree will be easily resolved by a video visit. Those conditions, such as pink eye or certain rashes, can be triaged to telehealth by patient education or nursing telephone lines. As both patients and providers become accustomed to having their medical complaints resolved through telemedicine, the system can then grow the program by continuously adding additional chief complaints to the triage that will most likely be resolved by telehealth. In this way, both patients and providers can be confident that they can trust the telemedicine service to meet their needs.

—DR. SYLVIA ROMM, PEDIATRICIAN AND CHIEF INNOVATION OFFICER, ATLANTIC HEALTH SYSTEM

Step 2: Forming the Team



The success of any implementation depends on engaging the right people.

Telehealth implementation is a team effort that requires on-the-ground knowledge, open communication, and long-term commitment for success. While you won't need to directly engage all the teams right away, it's helpful to identify who will be on which teams and consider when and how different players will be involved (Appendix B.3). Roles and responsibilities will vary, depending on the size of your organization, but it is important to include perspectives from all departments that will be impacted by telehealth, including clinical, financial, administrative, IT, and legal champions. Consider organizing your key stakeholders into four teams: Core, Leadership, Advisory, and Implementation based on the criteria and responsibilities outlined in Appendix B.1.

Telehealth programs can take months to launch, so the kickoff meeting should gain stakeholder alignment on objectives, concerns, important dates, and approval protocols for the entire implementation process. A clear and thorough understanding of your organization's needs and internal processes will help you avoid missteps and ensure a smoother collaboration with your telehealth vendor for launch.

GOALS TO ACCOMPLISH DURING FORMING THE TEAM

- Identify the key members of your Core, Leadership, Advisory, and Implementation teams (Appendix B.1; B.2)
- Host a kickoff meeting to outline and communicate the responsibilities and time commitment required of each team member (Appendix B3; B.4)
- Discuss financial, IT, and legal considerations at kickoff meeting
- Set clear dates for Cross-Committee action on Selecting a Vendor, Making the Case, and First Implementation
- Set up regular meetings with your Core team
- Solicit input from your Implementation team
- Set key checkpoints with the Advisory team at least one month in advance to stay on schedule
- Pre-seed your program intent with key members of your Leadership team
- Set up weekly emails to make sure communication is open between teams and departments

WHY FORMING THE TEAM IS IMPORTANT

Having the right people involved upfront provides diverse perspectives.

These different viewpoints are critical to the planning and implementation of telehealth, as they help to:

- Anticipate barriers from all angles
- Facilitate buy-in
- Distribute workload
- Minimize workflow disruption during implementation

Forming the Team



LARGE PRACTICE CALLOUT

Find a home for telehealth within your organization.

Determine where telehealth will be housed within your organizational structure (e.g., part of IT, innovation, its own committee or task force) in order to establish an accountability framework, protect your budget and resources and avoid overlapping roles and responsibilities.



BEST PRACTICE

Keep the end user in mind.


The foundation of your implementation should be informed by the people you are designing for so the solution is tailored to suit their needs. Consider who will be most impacted by telehealth—including clinicians, care team members, patients, and support roles such as schedulers and billers—and solicit feedback early on. Ensure [diverse perspectives](#) are represented and considered throughout the implementation process.



AVOIDING A MISSTEP

Carefully consider who needs to be at the table.

It's possible to have too many players involved, which could slow down the process. Alternatively, missing a key person or role during the planning stages can result in rework or difficulties with developing buy-in.



“At a small practice, you couldn’t possibly do everything there is to do with just one person taking it on all themselves. Everybody has to have a part and share. They say ‘teamwork makes the dream work.’”

—LEAH, PHYSICIAN’S ASSISTANT,
CHICAGO ARTHRITIS, LLC

QUICK TIP

Pre-seed your idea with the Leadership team.

Use standing meetings or casual conversations to keep Leadership team members updated on your telehealth program. Share your intent, what organization-wide impact telehealth could have (e.g., increasing revenue, improving patient retention, expanding patient access, increasing the organization’s reputation for being innovative), and provide initial exposure to your implementation before seeking official approval to secure high-level sponsorship and increase buy-in potential.

Practice Spotlight

Clear roles and responsibilities ensure success as engaged teams shift throughout process.

When starting their telehealth implementation process, a Director of Nursing and the team at her hospital knew it was essential to have the right individuals on the core teams, even if each member’s engagement would flex throughout implementation. They found it important to include members representing risk management, safety, IT and biomed as well as physicians, administrative staff, the Chief Financial Officer (CFO), the Chief Information Officer (CIO), and representatives from the specialty in which the initial implementation will take place. Although each representative’s time and resource investment shifted throughout the process as sometimes all team members were needed while at others only certain parts of the team were needed, it was important to identify each of these key players early on and establish clear roles, responsibilities, and expectations.

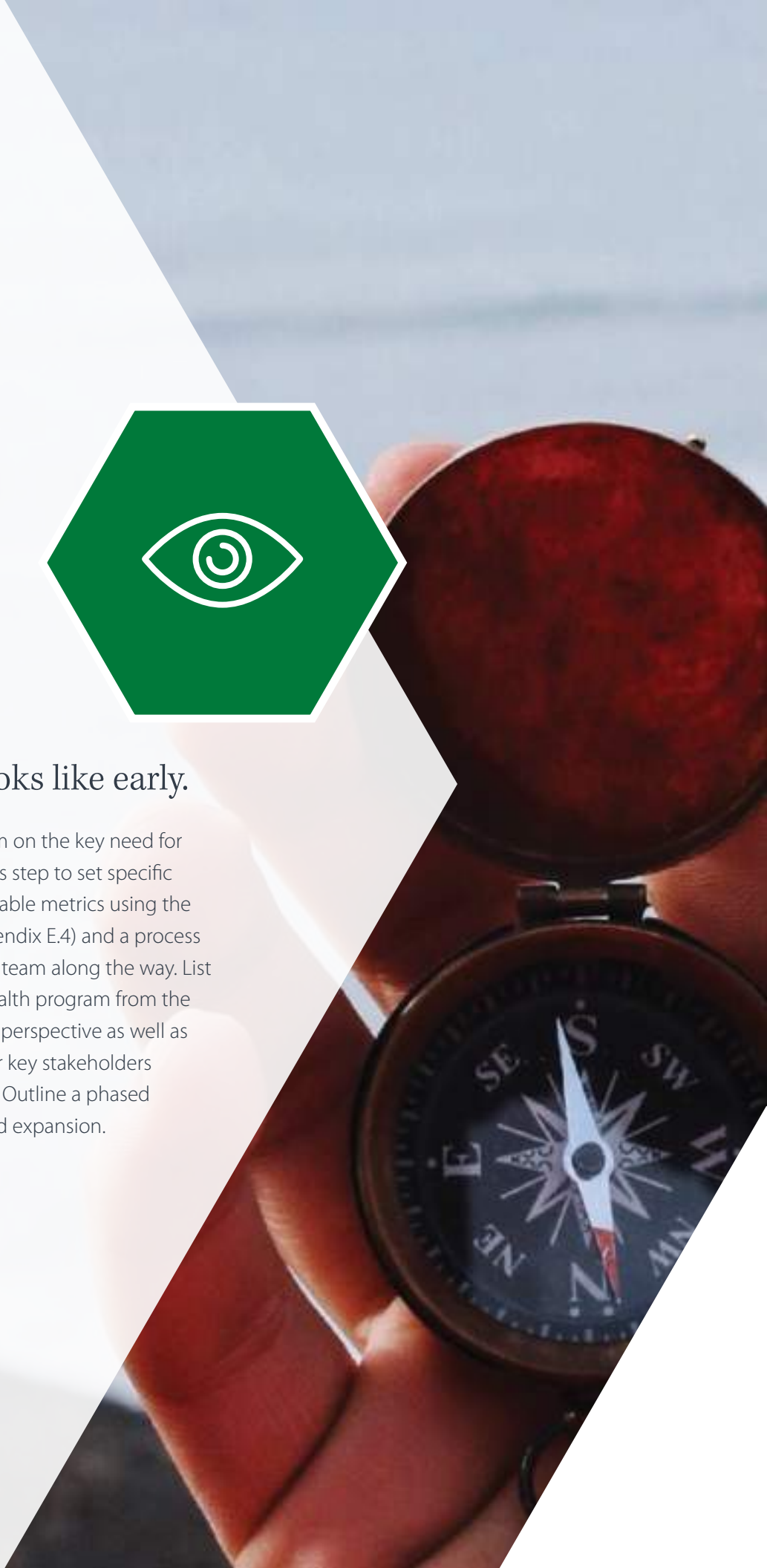
—DIRECTOR OF NURSING, HOSPITAL

Step 3: Defining Success



Define what success looks like early.

Once you're aligned with your Core team on the key need for telehealth and vision for success, use this step to set specific short- and long-term goals with measurable metrics using the [AMA Return on Health framework](#) (Appendix E.4) and a process for tracking your progress to guide your team along the way. List the anticipated benefits¹⁸ of your telehealth program from the patient, clinician, and Leadership team's perspective as well as the limitations already identified by your key stakeholders to form your initial definition of success. Outline a phased approach with endpoints for growth and expansion.



GOALS TO ACCOMPLISH DURING DEFINING SUCCESS

- List benefits of your telehealth program for patients, clinicians, and your organization as a whole
- Reground yourself in the financial, legal, and operational limitations your stakeholders have identified, especially reimbursement and interstate licensure limitations (Appendix E.1)
- Research the various ways the telehealth solution you are considering can deliver value for your practice or organization (Appendix E.4)
- Identify 3–5 goals that are most important for your entire practice or organization (e.g., continuity of care, reimbursable interactions, appointment compliance, patient satisfaction, physician satisfaction, access to care)
- Identify which metrics are most appropriate for assessing progress toward these goals
- Ensure each goal is S.M.A.R.T. (Appendix C.2)
- Set up a process or system to collect data and track progress against the goals (keeping in mind that vendors' platforms may have analytics capabilities)
- Establish specific checkpoints to collect data
- Set clear endpoint criteria to reevaluate as needed or to scale the program
- Plan for how and when you'll establish baseline metrics as a comparison point for your program's success
- Plan for how and when you'll evaluate success after initial implementation

WHY DEFINING SUCCESS IS IMPORTANT

Envisioning success brings clarity to the goal you are trying to achieve by using telehealth.

This helps:

- Set realistic expectations for your program
- Identify the right vendors
- Rally the team around a common goal
- Bring rigor to tracking metrics

Defining Success



BEST PRACTICE

Align your goals to the Quadruple Aim of Healthcare, inclusive of [Health Equity](#).

By focusing on health outcomes, improving the patient experience, reducing cost, and/or increasing clinician satisfaction, you will inevitably impact the end user, care team, and patient in a positive way. Consider ways telehealth can also help your practice address health inequities by expanding access and initiating partnerships across the community. These goals are also more likely to align with the strategic imperatives of your organization, which will be an advantage when seeking approval and resources later in the process. (Appendix C.1)



AVOIDING A MISSTEP


Establish a baseline.

Don't forget to define and document where you currently are across all success metrics before the implementation of your program. This will help you make the case for the program's success by demonstrating how telehealth has specifically contributed to your larger goals rather than only being able to highlight an increased number of telehealth appointments. Measuring true impact from the telehealth program will be nearly impossible without a clear understanding of your baseline.

QUICK TIP

Explore how digital health solutions fit into government programs.

See how digital health solutions (e.g., telehealth) could help your practice or organization meet the participation requirements for programs such as the Quality Payment Program (QPP), Merit-based Incentive Payment System (MIPS), and/or Alternative Payment Models (APMs).



“Having a vision for success helps with buy-in and budget from the organization’s leaders.”

—SHANNON VOGEL, DIRECTOR OF HEALTH INFORMATION TECHNOLOGY (HIT), TEXAS MEDICAL ASSOCIATION (TMA)

Practice Spotlight

Clearly defined success metrics ultimately help highlight program success.

When beginning their telehealth implementation, Angela and her colleagues at Privia Medical group knew it was important to clearly define success metrics so they could easily measure possible progress made with patients as well as the overall telehealth program’s success. The team agreed on defining success as improved outcomes, strengthened patient/physician communication, and increased compliance, which allowed them to clearly track success as they initially implemented telehealth with patients with cases such as ADHD medication checks, urgent care infectious disease cases, minor traumas, and patients with protocols needing close follow-up such as Lyme disease. Starting with a clear vision of success allowed the team to highlight improvements made with each metric and, ultimately, the telehealth program’s success.

—ANGELINA FARELLA, PEDIATRICIAN, PRIVIA MEDICAL GROUP

Step 4: Evaluating the Vendor



Evaluate possible vendors across key criteria that will enable your goals.

Many electronic health record (EHR) vendors have functionality that provides practices with the ability to facilitate telehealth visits. This is a great way to build your existing relationship and ensure seamless integration. If you do seek a new, outside vendor, go into the process with the intent of finding someone who will be a long-term partner and not just someone to execute a transaction. Select a shortlist of quality vendors by speaking with organizations or practices similar to yours or reaching out to your state medical association for recommendations. Alternatively, attending health care technology conferences like [HIMSS](#) (and local HIMSS chapters), [American Telemedicine Association](#), [HLTH](#), or [Rock Health](#); collaborating with a health care accelerator or incubator; or leveraging the AMA's Physician Innovation Network¹⁹ to connect with one of 1,500+ companies can expose you to possible vendors and practical solutions.

GOALS TO ACCOMPLISH DURING EVALUATING THE VENDOR

- Begin with your network, including asking for word-of-mouth referrals from experienced practices early on and researching third-party reviews
- Research potential vendors and talk with your EHR vendor for existing options that may be available through your existing technology infrastructure
- Build a Request for Proposal (RFP), clearly outlining the goals you identified in Step 3
- Send RFPs to vendors that most closely align to your goals
- Review RFP responses alongside key representatives from the Core and Advisory teams
- Ask for case studies and referrals
- Schedule live vendor demos with select members of the Core, Advisory, and Implementation teams
- Evaluate vendors across six critical factors: Business, Information Technology, Security, Usability, Customer Service, and Clinical Validation (Appendix D.1)
- Narrow your options to one or two preferred vendors to include in your pitch to leadership
- Use established criteria to make the evaluation process simple for leadership when Making the Case (Step 5)

WHY EVALUATING THE VENDOR IS IMPORTANT

Select a vendor who is worthy of a long-term partnership.

This ensures you will have:

- An expert resource always on hand in challenging situations
- Support throughout your implementation process, from start to finish (and beyond)
- A partner who is equally motivated as you to achieve a successful outcome

Evaluating the Vendor



BEST PRACTICE

Evaluate vendors across six key variables to find your best partner.

If you're struggling to identify a vendor that's right for you, consider engaging external resources, such as the American Telemedicine Association or your state medical association/society for support. Remember to incorporate legal feedback and security standards to make sure risk and liability are properly assessed (Appendix E.2) and reference the [AMA's Privacy Principles](#).

SELECTING A VENDOR GUIDE (Appendix D.2)

1. BUSINESS:

- Organizational overview—tenure, funding source, financial stability, affiliations, notable customers, etc.
- Impact to program ROI—product cost, business model, reimbursement rates, risk sharing, support payment program participation, etc.
- Expertise in offering telehealth to your specialty
- Knowledge of federal and private payer requirements
- Commitment to organizational diversity, equity, and inclusion

4. CUSTOMER SERVICE:

- Level of support available to practice during and after implementation—staff training, patient education, project management, data analysis and insights, etc.
- What technology does the patient need and does the vendor support this?
- Degree of technical support available to patients
- Access to existing procedures and templates

2. INFORMATION TECHNOLOGY:

- Ability to integrate with your current IT landscape, particularly your EHR system
- Cost, process, and timeline associated with integration and product updates
- Ability to capture data important to care team and patient²⁰
- Patient geolocation for licensure
- Customization capabilities
- Patient access to data
- Ability to maintain patient identity across platforms
- Biometrics/RPM integration capability
- Information blocking and interoperability requirements (as applicable)
- Impact analysis on your internet and local network usage

5. USABILITY:

- User experience of platform for patients and care team members
- Patient and care team engagement metrics
- Dashboard/workflow assimilation
- Multi-specialty application
- Platform launch process and timing
- Ease of billing/payout for patients and health systems/practices
- Diverse users considered in the development and design of the technology and user experience

3. SECURITY: (APPENDIX D.3)

- Supports compliance with HIPAA rules, such as willingness to sign a Business Associate Agreement (BAA)
- Third-party audits (SOC 2, HITRUST)
- Liability structure for managing potential security breaches
- User authentication and authorization
- Transparency on collected data use processes
- Local regulatory compliance (i.e., State Medical Board)
- In-platform consent capabilities

6. CLINICAL VALIDATION:

- Documented clinical outcomes
- Published peer-reviewed research
- Product and outcomes research includes patients from historically marginalized and minoritized populations

Evaluating the Vendor



AVOIDING A MISSTEP

Do your due diligence.

Don't rely on the sales pitch to provide all the information you need. Ask for case studies and referrals to support the pitch and ask to speak with the product engineers and existing customers to gain a realistic picture of the process to integrate this telehealth solution into your organization. While financial perks such as free trials are tempting, remember to look for a vendor worthy of a long-term partnership.



SMALL PRACTICE CALLOUT

Value-adds make a big difference for a small group.

If you are worried about not having the internal resources to support your implementation, talk with vendors about value-added services they may be able to provide, such as project management, staff and patient training, emergency IT support, patient engagement management, etc.



LARGE PRACTICE CALLOUT

Anticipate scale from the beginning of your project.

Discuss expectations about when and how you intend to scale your program. If you are hoping to scale a program to a large number of patients, consider whether vendors have the resources and infrastructure to support a large-scale rollout within your expected time frame.



An important aspect when evaluating a vendor is making sure that your patient data is your patient data, and is no way about to be sold, used, de-identified, anonymized, and packaged off to somebody else.

—CLINT PHILLIPS, FOUNDER AND CEO OF MEDICI

QUICK TIP

Test technology with a patient advocate, member of a patient advisory board, or staff member unfamiliar with the project.

Technology may be too complicated if your test users cannot operate the equipment or process on their own without the help of vendor training.

Practice Spotlight

Filter vendors by compliance with your state's regulations.

Kristen spent over six months researching the right telehealth vendor for her small endocrinology practice, primarily to serve non-urgent established diabetic patients to help give them quality medical advice and quality medical care in a convenient manner. Kristen consulted with other medical offices and health organizations, began with a simple Google search, and narrowed her options down from 50 to five companies, using legal compliance as the first and foremost basis of her criteria. She contacted COPIC, the Colorado insurance malpractice company, who informed her team that their telehealth partner must support compliance with HIPAA rules and provide a teleconsent, that the patient signs to consent to receive telehealth each visit. By understanding legal restraints early on, Kristen was able to set her practice up for success.

—KRISTEN S, PHYSICIAN ASSISTANT,
ENDOCRINOLOGY PRACTICE

Step 5: Making the Case



Compile the content you've gathered into a Leadership team proposal.

Gaining buy-in from your Leadership team is a key element of long-term success for your telehealth program. Without broader buy-in, it can be challenging to source the resources and prioritize the time needed to make implementation successful. As you build your telehealth program proposal, be sure to share the problem you've identified, how telehealth can solve that problem, can deliver value, and is aligned with organizational goals. Additionally, you'll want to outline what success looks like and the metrics you will use to keep the team informed of progress. You will also introduce which vendor is most suited for the job based on the initial evaluations and how partnering with them will deliver a positive Return on Health (ROH) for the organization.

WHY MAKING THE CASE IS IMPORTANT

Making the case is integral to getting your organization or practice on board.

Communicating your vision opens up the opportunity to:

- Gain valuable input to improve your program
- Secure funding
- Obtain program sponsors to champion the success of your program throughout the organization as you scale

GOALS TO ACCOMPLISH DURING MAKING THE CASE

- Clearly define resources needed to move forward with this implementation (funds, additional staff, additional bandwidth, political support, official approval, etc.)

- Estimate the budget required to obtain the resources to implement your program including vendor services, equipment, marketing, education, EHR integration, additional personnel resources, etc.

- Estimate the value your solution will contribute to the organization if goals are achieved achieved using the [AMA's Return on Health framework](#) (Appendix E.4)

- Calculate the ROH of your implementation considering the budget and value you've estimated

- Align your implementation with organizational objectives/goals to justify why this is a priority

- Research coding and payment available for your chosen digital health solution (Appendix E.1) and assess your liability and risk (Appendix E.2)

- Reach out to malpractice insurance carrier to ensure proper coverage

- Compile all necessary information in a proposal to the key decision-makers to obtain approval and resources to support your implementation. Below are a few examples of how organizations are using the Return on Health framework to "make the case:"
 - Virginia Commonwealth University Health—[Telepsychiatry during COVID-19](#)
 - Ochsner Health—[Hypertension digital medicine program](#)
 - Massachusetts General Health—[Teleneurology and telestroke](#)
 - Cityblock Health—[Complex care coordination](#)

Making the Case



BEST PRACTICE

Use storytelling to engage others in your initiative.

Different decision-makers will have varying priorities and interests. Take time to consider what will be most motivational to your organization. Emphasize the ROI metrics that will resonate with your stakeholders. Look for opportunities to share your passion and drive excitement around the project by sharing personal stories that led you to want to implement telehealth in practice, and leverage your patients or a patient advisory board to strengthen your proposal with stories of how telehealth would impact their lives.



AVOIDING A MISSTEP

Lean into how you'll overcome reimbursement and licensure challenges.

Although it may be easy to skip over challenging topics like reimbursement models, interstate licensure, and state-specific laws and regulations, including information in your proposal about how you'll address and work within these challenges shows leadership that your team is realistic about both the benefits and challenges of implementing telehealth.



SMALL PRACTICE CALLOUT

Don't skip this step even if official alignment isn't necessary.

In a small practice, you may not need to pitch to a board of directors or your CEO for approval. However, thoroughly evaluating budget and ROI against your objectives will help determine the impact telehealth will have on your practice. Thinking through key business elements of your project helps you strengthen your plan and increase your probability for success.

QUICK TIP

Explore all opportunities for funding.

Come to leadership with a plan for how to fund the project, highlighting various options including those beyond traditional funding through reimbursements. That could include creative external funding sources, such as government grants, accelerator sponsorships, or community support. Practices should also inquire about discounts and freebies with vendors. For internal funding, consider where there is room in the budget and what departments might be willing to pitch in and discuss current opportunities for reimbursement with your practice or organizational payer contracting team.

“Telehealth can help boost revenue for our physicians by turning on-call hours into billable time, attracting new patients, reducing no-shows, and even reducing overhead for physicians who decide to switch to a flexible work-from-home model for part of the week.”

—CHAD, ADMINISTRATOR,
INTERNAL MEDICINE PRACTICE

Practice Spotlight

Standardize and simplify the decision-making process for senior leadership.

Getting buy-in was essential to a successful telehealth launch at a federally qualified health center, so the Head of Behavioral Health needed to make the case to the Vice President of Medical at her organization as well as the rest of the executive board. With the aim of improving behavioral and psychiatry services for underserved and rural populations, she used evidence-based metrics to demonstrate that telehealth has promising outcomes. The Head of Behavioral Health’s core telehealth committee of three interviewed different telehealth vendors and created a cost-benefit analysis of each, narrowing it down to three bids. She created a clear matrix that compared her key areas of evaluation across the three vendors: the services they offer, the cost, how they rate on policies and procedures, how they rate on customer services, and references that the organization could check. Each vendor was invited to give a demonstration to the executive board. With a clear, organized plan, the Head of Behavioral Health’s senior leadership was able to make a cogent decision on the right telehealth partner for their organization.

—HEAD OF BEHAVIORAL HEALTH,
FEDERALLY QUALIFIED HEALTH CENTER

Step 6: Contracting



Lay the groundwork for a successful long-term vendor relationship.

Think beyond financial considerations to align on expectations for how you'll work together and communicate. Discuss the level of support or training you'll expect from them as your partner, and think creatively about where they can provide additional value or share the risk with your organization. Ensure your negotiations and agreed parameters are clearly captured in key legal documents that protect both you and your existing EHR vendor or new partner.



GOALS TO ACCOMPLISH DURING CONTRACTING

- Secure any remaining approvals within your organization to proceed with contracting
- Negotiate terms (financial investment, customer support, additional services, upgrade schedule, success metrics, etc.)
- Document clear and measurable definitions of success for your working relationship and the initiative at large
- Identify the timeline for the current contract and outline when terms will be renegotiated
- Clearly outline the plan to scale your program, and align on any relevant contingency plans
- Work with your legal, financial, procurement, or IT teams as necessary to get the new contract signed or existing contract updated (Appendix F.1)

WHY CONTRACTING IS IMPORTANT

A strong contract underpins a successful long-term relationship by providing:

- Aligned expectations
- Written, agreed-upon terms to hold each party accountable
- Legal protection for you and your vendor

Disclaimer: This document is for informational purposes only. It is not intended as medical, legal, financial, or consulting advice or as a substitute for the advice of an attorney or other financial or consulting professional. It does not address all possible legal and other issues that may arise with the acquisition of a health information technology product or service. Each health care organization is unique and will need to consider its particular circumstances and requirements, which cannot be contemplated or addressed in this Playbook. A health care organization should seek legal counsel from an experienced attorney whenever it proposes to enter into a legally binding agreement.

Contracting



BEST PRACTICE

Think about your contract as a “Path to Commitment.”

If your original contract only covers an initial rollout of your solution, spend time talking with your vendor about what that larger contract will look like when you are ready to expand. Your scaling plan should consider each partner’s financial investments, timing considerations, and success metrics. Clear expectations upfront will help build a healthy, long-term partnership. If for some reason the relationship is not successful, make sure you have a clearly defined exit plan built into your contract to protect your practice from unnecessary risk.



AVOIDING A MISSTEP

Understand who has access to your patients’ data.

Many practices don’t realize that a digital health service might be low cost or free because the vendor’s business model is based on aggregating and selling patients’ data. Ensure you are aware of the vendor’s privacy practices, intended data use, and your access to the data. Consult with your legal team and clarify how video, audio, and other data are being captured and stored by the vendor and who has access. Ensure the vendor is willing to sign a HIPAA Business Associate Agreement (BAA).



SMALL PRACTICE CALLOUT

Explore external resources.

If you don’t have an internal legal and/or compliance team, you may want to invest in obtaining input from a compliance or legal expert. Some state medical associations/societies may be able to provide support. Otherwise, securing outside legal counsel is recommended.



QUICK TIP

Negotiate beyond finances.

While your contract obviously needs to lay out the financial terms of the deal, you may also be able to negotiate for the inclusion of additional services and future upgrades. Ask about ways your vendor can provide support pre- and post-implementation (training, tech support, workflow design collaboration, data analysis, project management, etc.).

Practice Spotlight

Ensure easy access to data collection when contracting to save time later when evaluating success.

Rather than waiting until the end of initial implementation to secure access to data needed to support your key success metrics, David Cooper of Xealth finds it's best to ensure ongoing access to this data upfront when building out your vendor contract. This way, your team is not held back waiting on data access when they are trying to measure success and show your Leadership team how the telehealth program performed.

—DAVID COOPER, MANAGER,
STRATEGIC PARTNERSHIPS, XEALTH

Part 3: Game Time – Telehealth

As you move from planning to implementation, your path will require even more detail specific to how the telehealth technology will integrate into your practice. The remaining steps focus on the unique details to consider, including the development of modified or new workflows, preparing care teams and patients, and how to measure success and expand the program.





Step 7: Designing the Workflow



Document an updated workflow for telehealth visits.

Telehealth appointments will likely require an adjusted workflow to ensure that you are [offering a positive experience for both your patients and care team](#). Daily logistics such as your physical workspace arrangement, appointment scheduling procedure, staff time, and communication may have to be altered to integrate telehealth into your organization. Consider how to incorporate telehealth appointments with the least amount of workflow disruption, especially at first, to help seamlessly introduce the technology to your practice. Seek to understand the preferences and needs of both patients and clinicians, such as the times of day that may work best for them and what types of barriers they may have to engaging in a telehealth visit, to ensure your workflow accounts for these details.

GOALS TO ACCOMPLISH DURING DESIGNING THE WORKFLOW

- Engage the Implementation team to provide input on workflow design
- Solicit feedback from a diverse group of patients to understand their needs, times of day that may work best for appointments, and barriers they may have to engaging in a telehealth visit
- Document your existing clinical and administrative workflow and identify where updates may be necessary (Appendix G.1)
- Identify updated procedures, such as patient and case identification, appointment scheduling, patient training, appointment logistics, consent, platform assistance, and billing
- Ensure care will still be provided in a fully legally compliant way (e.g., follows fraud and abuse laws, privacy standards, and other applicable legal requirements)
- Define clear triage protocols for when a telehealth appointment is appropriate (Appendix G.3) and ensure the clinic staff and scheduling teams are trained to distinguish when it is an acceptable alternative to an in-person appointment
- Identify what support clinicians and staff will need to effectively complete a telehealth visit¹⁸
- Assign clear roles and responsibilities for any new actions necessary for integration (Appendix H.1)
- Document a new workflow that incorporates necessary changes
- Partner with your vendor to identify opportunities for efficiency (e.g., patient communication, rooming, etc.) based on your team's needs
- Engage your IT team and/or vendor to understand how to best integrate your workflow into your EHR and establish a plan for emergency tech support
- Develop resources to support and socialize the new workflow (written procedures for each department, communication templates)
- Create a proper environment that will support successful telehealth visits (e.g., strong Wi-Fi connection, sufficient internet bandwidth, quiet/private space, clear video of clinician) (Appendix G.4)
- Conduct internal telehealth test visits
- If you've introduced new technology, make sure you conduct a [HIPAA Security Risk Assessment](#)
- Collect patient and staff feedback and iterate as necessary

Workflow Design

WHY DESIGNING THE WORKFLOW IS IMPORTANT

Telehealth is a new way for practices to interact with patients.

A clear workflow is vital to ensure everyone understands their role and how to maximize the value of telehealth through procedures that:

- Set clear patient and provider expectations
- Ensure telehealth is used for clinically relevant purposes and adheres to licensure, policy, and reimbursement requirements
- Streamline the patient experience
- Preserve the patient-clinician relationship

BEST PRACTICE



Ensure your workflow addresses the entire telehealth life cycle.

Partner with your clinical champions to determine how best to update your workflow. Remember to incorporate legal feedback and security standards to make sure risk and liability are properly assessed. Then, when adapting your organization-specific workflow, consult the Workflow Design Checklist in Appendix G.1 for specific considerations.

1 BEFORE THE VISIT

Patient Engagement and Education:

- Identifying patients likely to need additional support and developing a plan to set them up for success
- Educating patients on the offering
- Setting expectations for use
- Educating on proper appointment standards

Scheduling Protocols:

- Identifying appropriate clinical use cases
- Determining when/how telehealth visits will fit into the schedule
- Updating the EHR scheduler
- Identifying triage questions for scheduling appointments
- Ensuring clinicians are only providing care in states where they are licensed
- Ensuring telehealth is covered in clinicians' liability insurance

2 DURING THE VISIT

- Handling patient intake, "rooming" patients
- Supporting patient and clinician troubleshooting
- Setting up the exam room
- Communicating with patients

3 AFTER THE VISIT

- Knowing codes available for telehealth
- Integrating CPT® codes and appropriate modifiers into the EHR
- Sharing visit summary and follow up care

Workflow Design



AVOIDING A MISSTEP

Identify proper documentation protocol.

To ensure [patient access to records](#), reimbursement for telehealth visits, and ultimately gain buy-in for future scaling, focus on consent and proper documentation in the EHR system when preparing your staff.

- Ensure you are able to capture and record any necessary patient signatures and consents including practice privacy notices, etc.
- For relevant CPT® codes for telehealth visits, see Appendix E.1

Practice Spotlight

Visualize the workflow with all stakeholders to ensure all perspectives are included and aligned.

When Designing the Workflow for a telehealth integration through T.J. Samson Regional Health and the University of Louisville, Dr. Brent Wright found it important to share the vision for the program, then focus on listening to key members of the team including administrative staff, clinical staff, physicians, technology leads, administration stakeholders, and patients. He also found it helpful to diagram the workflow so everyone was visually aligned on the process as well as to update the workflow regularly with team members' advice.

—DR. BRENT WRIGHT, ASSOCIATE DEAN FOR RURAL HEALTH INNOVATION AT THE UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE

See Appendix G.2.

“A good workflow makes the process easier on all stakeholders (patient, physician, supporting staff). Making sure that all parties know their role is important for smooth workflow as well and increases the chance for successful telehealth visits with satisfied patients who should have better clinical outcomes.”

—SHANNON VOGEL, DIRECTOR OF HEALTH INFORMATION TECHNOLOGY FOR TEXAS MEDICAL ASSOCIATION

QUICK TIP

Incorporate staff feedback to determine your appointment scheduling strategy.

Work with your administrative and clinical staff to determine when is best to host telehealth visits. This could be throughout the day, during specific clinic hours, or potentially after-hours if you have the staffing capacity. Discuss how telehealth will be demarcated in your daily schedule and how the care team will be notified.

Step 8: Preparing the Care Team



Thorough workflow and technical training lead to successful telehealth integration.

Getting the rest of your team or practice up to speed on your telehealth vision, technology, and workflow is critical to a smooth rollout. Consider schedulers, physicians, physician assistants, nurse practitioners, and other members of the care team who have not been part of the implementation thus far but will be using telehealth at the go-live date. Provide technical training on the telehealth platform, new workflow procedures, triage protocols, and patient education materials. To help your team feel prepared, be mindful of their existing responsibilities and discuss expectations honestly and openly¹⁸. Ensure everyone knows their role and responsibility for utilizing telehealth to achieve the success metrics outlined in Step 3 (Defining Success).

GOALS TO ACCOMPLISH DURING PREPARING THE CARE TEAM

- Talk with your vendor about available training support
- Identify staff leads who can develop, position, and socialize training materials
- Identify “superusers” who can act as ongoing trainers for other staff and physicians, especially as you scale
- Develop (or source from your vendor) written and/or video training materials (scripts, guides, reference documents) that staff can use and refer to for technical aspects of training and on how to conduct virtual visits
- Schedule training session(s)
- Plan for how and when training will be refreshed/reviewed as needed
- Educate staff on the new workflow, clinical protocols, and operation of the telehealth platform
- Include telehealth training for new hires
- Train staff to educate patients (see Step 9: Partnering with the Patient for tools)
- Conduct internal telehealth test visits
- Provide a process/opportunity for staff to provide ongoing feedback to optimize workflow
- Develop a process for onboarding new staff in the event of turnover

WHY PREPARING THE CARE TEAM IS IMPORTANT

Successful implementation of telehealth is a team effort.

Your team will serve on the front line, promoting telehealth and engaging patients, so it is important for them to know their role and responsibilities within the implementation (Appendix H.1).

Proper staff preparation ensures:

- Staff understands the importance of the program and is motivated to participate
- Staff understands their key responsibilities in achieving aligned success metrics
- New procedures are understood, correctly followed, and documented
- Staff is prepared to impart both the key benefits of and guidelines for using telehealth with patients

Preparing the Care Team



AVOIDING A MISSTEP

Give clarity and structure to care team roles.

Clearly designate roles and responsibilities so that physicians are focused on clinical tasks and not the administrative aspects of telehealth visits. If there is a lack of clarity about who should be responsible for a task, proactively gain team alignment or else it may not get accomplished consistently.¹⁸ Gather input from staff when creating these roles, and be open to further optimizing your workflow to address ongoing relevant feedback and concerns from members of the care team.



BEST PRACTICE

Start with your most enthusiastic clinicians and staff.


Although all staff should be educated on and given the opportunity to participate in the initial telehealth implementation, starting with your most enthusiastic staff will help build successful data and case studies to help encourage other less-enthusiastic staff to participate in future scaling efforts.



SMALL PRACTICE CALLOUT

Many vendors provide resources for staff training and support.

When bandwidth is limited, consider partnering with your telehealth vendor to provide virtual or in-person educational sessions and training materials for end users at your organization.



“We were kind of thrown into it without knowing a lot about it, and then we found out as we backed up that our front desk had to be very involved, our billing department had to be involved, our billers actually had to do research before we saw the patients to find out if they actually have a telehealth benefit. And then when we got the patients in, we had to show them how to use it, how to have consent forms. So then when you get into it, there’s a lot of things that need to happen.”

—MARYANNE, NURSE PRACTITIONER,
PRESBYTERIAN ST. LUKE’S
MEDICAL CENTER

Practice Spotlight

Equip clinicians and staff for implementation with hands-on training.

An operations manager and her team at an academic hospital leveraged both in-person and online training to ensure care team members and staff felt empowered to use the telehealth platform. First, they hosted in-person, position-specific (e.g., physicians vs. administrators) training to help team members understand the basic function and features of the platform they would each use. Then, they hosted online training with similar content but also featured quizzes throughout to help team members learn to do specific skills such as schedule an appointment or actually lead a telehealth appointment via the platform. Overall, this multi-step training process, grounded in the platform itself, allowed team members to become comfortable with the technology across multiple touchpoints before implementing it with patients.

—OPERATIONS MANAGER, AN ACADEMIC HOSPITAL

QUICK TIP

Appoint a staff “superuser” to provide ongoing training and support.

This person should have an advanced understanding of the telehealth solution and updated workflow to support physicians, advanced practice providers, and staff as needed.

Step 9: Partnering with the Patient



Strategically engage patients to maximize the impact of telehealth.

Telehealth visits can only truly be successful when patients are empowered and able to use them. Ensure that they are prepared through a patient-centered approach to engagement and education. As you plan to tell patients about the program, ensure you are prepared to answer questions about appropriate use, how to schedule, accessing the platform, and appointment expectations, and communicate a clear value proposition (Appendix A.2) at multiple touchpoints in order to drive awareness and excitement.



GOALS TO ACCOMPLISH DURING PARTNERING WITH THE PATIENT

- Develop (or source from your vendor) a wide variety of patient educational materials to support different learning styles (Appendix I.2)
- Finalize patient eligibility criteria for engaging in a telehealth appointment (Appendix G.3)
- Program final patient eligibility criteria into scheduling algorithm
- Market the eligibility criteria to patients with use cases best suited to be addressed using telehealth
- Finalize training protocols and educational materials for patients to participate in telehealth appointments
- Ensure you are prepared to initiate workflow for telehealth appointments

WHY PARTNERING WITH THE PATIENT IS IMPORTANT

Telehealth relies on patient interest, access and engagement.

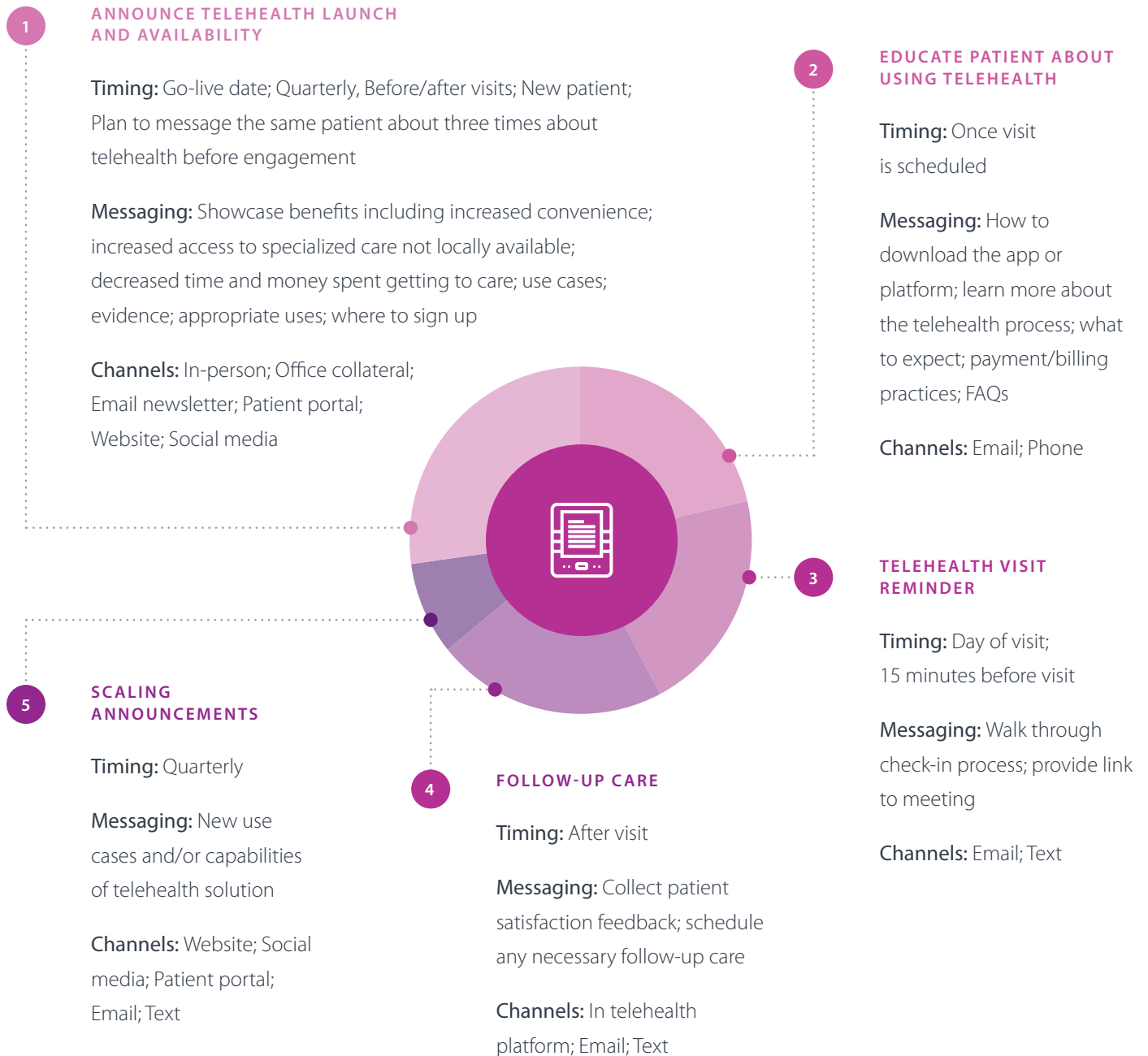
Thorough preparation is vital to ensuring that patients:

- Are aware of telehealth appointments and the proper use of them
- Have access to and are confident with the technology
- Show up prepared for their appointment
- Feel empowered to troubleshoot issues they encounter

Partnering with the Patient

PATIENT EDUCATION FLOW

A telehealth implementation is only successful when patients are aware of the options, are empowered to use it, and appropriately interact with the platform. Below is a five-step outline of how to educate patients about telehealth and keep them engaged.



QUICK TIP

Make telehealth an inclusive technology for your patients.

To ensure [inclusive access](#) and a [positive experience](#) for all of your patients, be sure to consider:

TECH ACCESS:

If your patients may have challenges accessing technology (i.e., rural area, lack of technology, slow connectivity), identify community-based resources and places that they may be able to leverage technology to facilitate a telehealth visit.

LANGUAGE BARRIERS:

If you do not speak the same language as your patient, plan to have a translator present on your telehealth visit. This could be on-site with the physician or ability to dial in a third party from the telehealth platform.

TECH SAVVINESS:

Consider having a care team member host a practice session with those patients that may need additional help leveraging the technology prior to their telehealth visit.

CAREGIVERS:

For patients with caregivers, be sure to communicate to all important parties that telehealth is an option. Look for technology that enable the integration of a third party into virtual visits as needed.



BEST PRACTICE

Partner with patients at multiple touchpoints.

Although there may be one role responsible for patient education, relying solely on that person may not lead to the best program outcomes. Instead, inform and educate about telehealth at multiple touchpoints (e.g., patient portal announcements, front-desk reminder, TV screens throughout office, email newsletter reminders, etc.), leveraging talking points about how this will benefit patients (Appendix I.1). This helps build awareness and drive engagement.

AVOIDING A MISSTEP

Don't forget to set expectations.

Patients must have clear expectations for the appointment (Appendix I.3) to ensure repeat use and success of the program long term. Ensure patients are aware of:

- Cost expectations: help patients understand the value of paying for virtual services and encourage them to check with their insurance ahead of time to ensure telehealth services are covered (Appendix A.2)
- Dynamics of the interaction (e.g., visit length, often a more focused visit)
- Logistical expectations (e.g., strong Wi-Fi connection, private environment, ability for doctor to see them clearly)

Partnering with the Patient

Practice Spotlight

Use multi-touchpoint patient education to empower patients to use telehealth.

In preparation for Partnering with the Patient, Kristen put together an educational communication toolkit to introduce patients to telehealth and help them feel comfortable using it. This toolkit included a general education handout she created to introduce all patients to telehealth including (1) what

telehealth is, (2) what type of visits are and are not appropriate for telehealth, (3) what patients need for a successful appointment, (4) how to connect to an appointment, and (5) a short overview of consent. She also leveraged resources from her vendor including an overview brochure to promote telehealth in the waiting room and a document sent to patients after scheduling an appointment further outlining how to check in for an appointment.

—KRISTEN S, PHYSICIAN ASSISTANT,
ENDOCRINOLOGY PRACTICE

Practice Spotlight

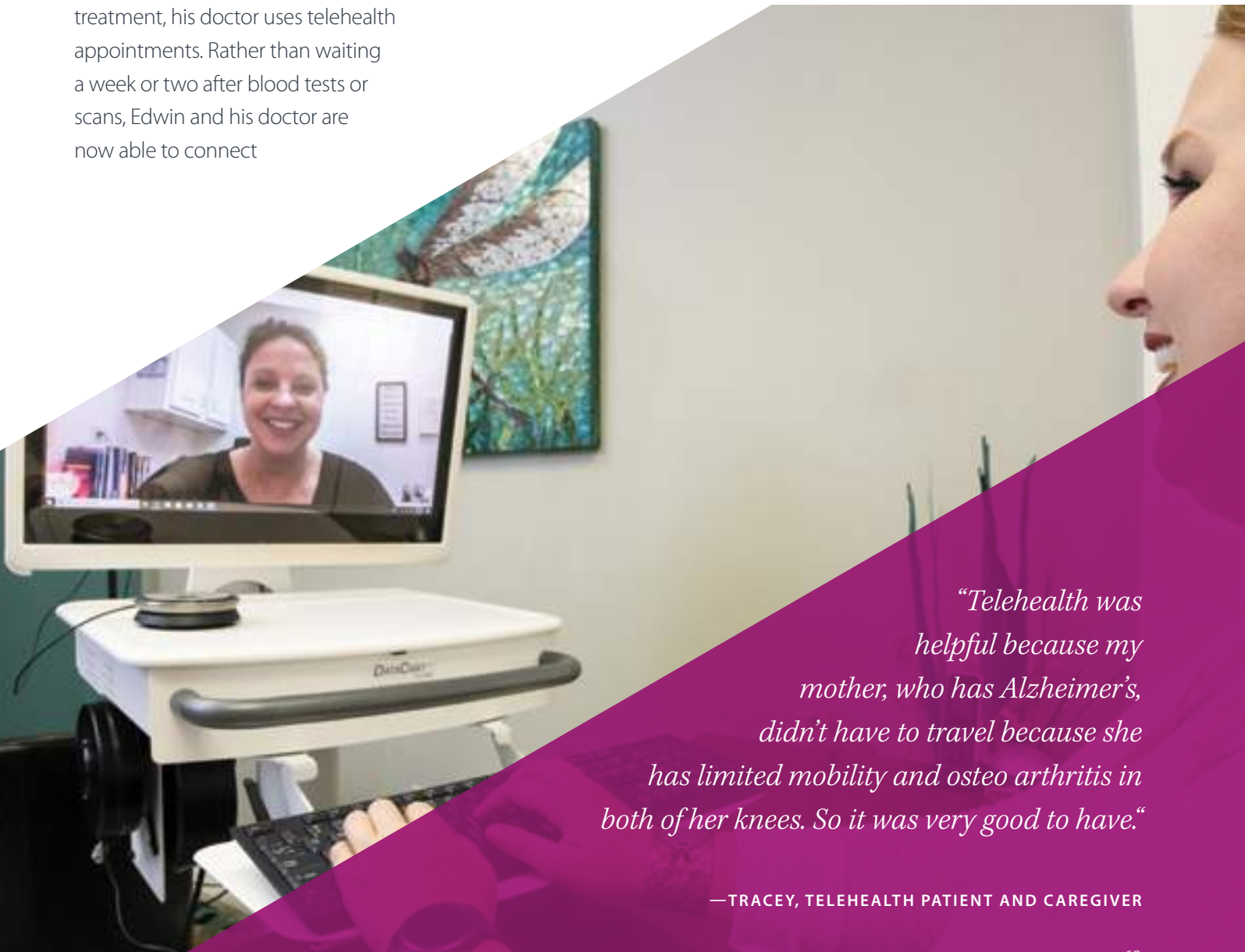
Telehealth allows patients with chronic conditions greater convenience, swifter management response, and increased engagement in care.

In order to cut down on the number of in-person visits and decrease time between testing and taking action for Edwin's lung cancer and COPD treatment, his doctor uses telehealth appointments. Rather than waiting a week or two after blood tests or scans, Edwin and his doctor are now able to connect

via telehealth appointments a day or two after testing, allowing them to make better, faster adjustments to medication to deal with the many side effects associated with treatment. Often, when Edwin had these conversations with his doctor during the same appointment as treatment, he was more focused on just getting through treatment than asking questions about medication changes.

Now, with a separate telehealth visit not tied to treatment, Edwin feels more willing and able to ask questions, ultimately helping him feel more engaged in his care.

—EDWIN, TELEHEALTH LUNG CANCER AND COPD PATIENT



“Telehealth was helpful because my mother, who has Alzheimer’s, didn’t have to travel because she has limited mobility and osteo arthritis in both of her knees. So it was very good to have.”

—TRACEY, TELEHEALTH PATIENT AND CAREGIVER

Step 10: **Implementing**



Launch your telehealth program and execute your plan.

Put your new workflows to the test. Particularly with telehealth, you'll focus your energy on scheduling appointments, supporting clinicians and patients as they start using the technology, and ensuring a path to payment. You'll also need to monitor the impact of your program by tracking your key success metrics. Ensure you collect feedback from staff and patients and iterate as necessary.

GOALS TO ACCOMPLISH DURING IMPLEMENTING

- Officially launch the program with some initially scheduled patient visits
- Be prepared to support patients with any scheduling or technical issues during the visit
- Be prepared to support physicians and care team members with technical issues during telehealth visits
- Ensure your patient intake flow is working as intended in your workflow design
- Solicit post-visit feedback from staff and patients; adjust procedures as necessary
- Ensure you are tracking key success metrics outlined in Step 3 (Defining Success)
- Evaluate how documentation and billing procedures are working; adjust as necessary

WHY IMPLEMENTING IS IMPORTANT

This is the payoff for all your hard work!

During this initial implementation, you'll finally see telehealth in action. Celebrate the work that has gone into the process thus far and recognize how this phase will allow you to:

- Better understand and communicate with your patients about their condition and care remotely
- Increase care convenience for improved continuity of care for existing patients
- Increase access to care for underserved patient populations
- Demonstrate success to justify scaling the program

Implementing



BEST PRACTICE

Don't take shortcuts because you're working within a smaller scope.

Design the initial implementation of telehealth as if you were launching it full scale across your organization, including fully updating your workflow and ensuring quality care by initiating a quality assurance program (check out Practice Spotlight for QA program inspiration). Although it may take more planning upfront, it will ease the expansion of your program in the future.



AVOIDING A MISSTEP

In the beginning, allow for extra time for telehealth appointments.

Although telehealth appointments should ultimately help better utilize appointment times, ensure you have extra time for telehealth visits early in your initial implementation. This leaves time to troubleshoot technology glitches and get comfortable with this new way of interacting with patients.

Practice Spotlight

Include a quality assurance program during implementation to delivery high-quality care.

At the time they first implemented their dermatology telehealth program, a Stanford study highlighted gaps in the quality of telemedicine. To avoid gaps in care, and because they were evaluating lesions, Dr. Sarita and her team at Atrius Health decided to put into place a quality assurance program based on the British National Health Service's (NHS) Quality Assurance program to be sure that their diagnostic accuracy was high. Dr. Sarita and the team of seven dermatologists meet quarterly to evaluate anonymous telehealth cases together and correlate their assessments to validate the accuracy of their diagnoses. Her team, thus, optimized their clinical workflow and eligibility criteria to ensure a high-quality standard of care for future telehealth visits and to protect the reputation of their practice.

—DR. SARITA NORI, DERMATOLOGY, ATRIUS HEALTH

We have a number of inspiring patient success stories, for example: one of our providers had a virtual visit with a family with a child with Autism. While this patient had been cared for by Children's Hospital Los Angeles (CHLA) providers for years, this was the first time the patient was calm and cooperative during the visit. Being at home allowed the patient to feel comfortable in a familiar environment, so he participated more in the visit, he showed the provider around his room, his toys, and they really bonded on a more meaningful level.

—KELLY CROWN, PROGRAM DIRECTOR,
VIRTUAL CARE AT CHILDREN'S
HOSPITAL LOS ANGELES

QUICK TIP

Ensure patients can consent to care in platform.

In order to avoid first-time issues with using a telehealth platform, it can be helpful for patients to be able to consent to telehealth care on the platform itself. That way, patients can use the platform even if they haven't been to the office since the launch to sign consent forms.

Step 11: Evaluating Success



Determine the success of implementing telehealth by revisiting your goals.

Focusing on the key success metrics you identified in Step 3 (Defining Success), relevant data points you've collected will allow you to determine whether you've achieved success. In addition to hard metrics, such as number of patients seen via telehealth, reduction in no-shows, and/or clinical outcomes, remember to consider qualitative metrics, such as how telehealth has impacted patient and staff satisfaction and compliance with treatment as a result of access, convenience, and continuity of care. If you haven't hit your goals, determine if this is due to an issue with the telehealth technology, patient engagement, or the organizational implementation. Then, look for opportunities to restructure the program for improvement. If you are achieving success, compile your most compelling data to justify scaling your program for greater impact.

GOALS TO ACCOMPLISH DURING EVALUATING SUCCESS

- Gather data used to track your key success metrics (Appendix J.2; J.3)
- Collect feedback from your Implementation team (Appendix J.1)
- Determine your success by comparing this data to the pre-implementation baseline
- If failing to meet goals, revisit your process to identify hurdles to success; rework and iterate as necessary
- If succeeding, gather compelling success metrics into an expansion proposal
- Consult your Core and Leadership teams to determine the program's future
- Align on goals for next iteration or phase of the program

WHY EVALUATING SUCCESS IS IMPORTANT

Validate your program's success to secure its future.

In order to determine the next step for your program, you have to know how it's performing. Use the [AMA Return on Health framework](#) (Appendix E.4) and data collected throughout pre and post implementation to highlight impacts to patient outcomes and access, patient and clinician satisfaction, finances, operational measures, and equity to determine:

- Next steps to scale the program to expand benefits of telehealth to more patients, conditions, specialties, etc.
- How to rework the program to better perform against key metrics
- The most persuasive measures to justify continued or expanded funding



Evaluating Success

QUICK TIP

Centralize feedback.

Have a centralized platform for collecting feedback such as sending the patient to a survey at the end of a telehealth visit.



BEST PRACTICE

Clinical success can be slow to measure.

It may take six months or longer to prove the clinical results of your program. In the meantime, lean on more immediate measures of success, such as staff and patient satisfaction, utilization rates, and reimbursements received so far to confirm if the program is having an impact. With telehealth, patient engagement with the technology can be a key metric that patients like the program and feel it offers a tangible benefit.



AVOIDING A MISSTEP

Evaluate beyond the number of patient visits.

Although this can be a sign of patient interest, it may not tell the full story of whether your initial implementation is a success or not. In order to highlight success and gain further buy-in for scaling, ensure your metrics provide a holistic picture of patient and clinician experience (Appendix J.2; J.3), health outcomes, operational efficiencies, access, financial impacts, and health equity. The AMA Return on Health research provides [real-world case studies](#) and [illustrative scenarios](#) as examples.

“I feel this [telehealth] has ensured success with some complicated patients who need to remain compliant on protocols or to tweak medications, supplements, intercurrent illnesses, or those with new onset symptoms. This allows for improved outcomes, better patient/physician communication, and better compliance.”

—ANGELINA FARELLA, PEDIATRICIAN,
PRIVIA MEDICAL GROUP

Practice Spotlight

Clearly defined success metrics allow for a clear picture of telehealth impact.

When implementing their telehealth program, Children’s Hospital Los Angeles (CHLA) clearly outlined measures of success including reduced wait times for visits, decreased absenteeism from school and from work, reduced clinic no-show rates, reduced risks and barriers associated with transporting medically complex patients to CHLA for visits, and improved provider satisfaction through offering alternative care delivery models and new approaches to medical practice. In order to measure the performance of their program, they then defined key success metrics to measure when Evaluating Success. Those defined metrics included but were not limited to:

- Virtual visit volume
- Number of providers trained and using virtual care services
- Number of additional appointments available as a result of virtual visits
- Patient satisfaction with virtual visits
- Provider satisfaction with virtual visits
- Reduced no-show rates for clinic visits
- Reduced absenteeism from school and work for patients and parents
- Improved utilization of clinic space and resources
- As applicable, achievement of established standard of care recommendations (e.g., ADA guidelines for visit frequency for diabetes patients)
- As applicable, development of new and innovative virtual care models for specific patient populations

By defining success criteria and metrics early, CHLA was able to clearly and more easily measure overall telehealth program impact when evaluating success.

—KELLY CROWN, PROGRAM DIRECTOR OF VIRTUAL CARE,
CHILDREN’S HOSPITAL LOS ANGELES

Step 12: Scaling



As you scale, focus on growing smart, not fast.

Leverage your success metrics to position your program for expansion. Consider other areas telehealth can improve your practice. Is there a new patient population you'd like to reach? Another department or location? Once you identify your target for expansion, circle back to Step 7 (Designing the Workflow). Evaluate possible workflow changes to accommodate a larger program, then proceed through the remainder of the steps, modifying your program as needed.



GOALS TO ACCOMPLISH DURING SCALING

- Resolve any improvement opportunities identified in the initial implementation
- Socialize the success of the telehealth program throughout your organization to generate enthusiasm
- Select your next scaling prospect (i.e., more patients, different visit type, new specialty, etc.)
- Budget and secure financing for growth, depending on your vendor contracting model
- Negotiate the next phase of your partnership with your vendor
- Adjust workflows to account for program growth
- Retrain staff or train new staff to account for program growth
- Engage new patients
- Continue tracking key success metrics for ongoing impact

WHY SCALING IS IMPORTANT

Don't allow your initial implementation to die or lose momentum.

Use the momentum gained with telehealth implementation to:

- Apply initial implementation learnings to continuously improve the program
- Improve management of other patient populations and conditions
- Ensure continuity of care
- Improve organizational performance against quality and patient satisfaction metrics
- Increase access to care

Scaling



BEST PRACTICE

Streamline administrative tasks.

Telehealth can be used for a variety of conditions and patient populations. Prevent creating siloed programs requiring similar yet separate resources. Instead, standardize telehealth across your organization. Consider designing a common assessment to gauge patient and case fit with telehealth, developing training templates that can be customized rather than created from scratch and socializing billing and documentation best practices.



AVOIDING A MISSTEP

Plan to scale from the beginning.

A scaling plan should be considered upfront, before the program even goes live. In order to be ready to scale when the time comes, it's best to consider what other populations, conditions, and specialties may benefit from telehealth should the initial implementation prove successful.



“It can be challenging getting everyone on board, especially some doctors, but all new things take time to accept. To help, we brought in other groups that have implemented telehealth and listened to their stories.”

—DR. JAY C, DERMATOLOGY,
PRIVATE PRACTICE

Practice Spotlight

Leverage internal champions to build excitement for scaling.

A team at an urban children’s hospital leveraged internal telehealth champions who were telehealth superusers to help build excitement about the program’s success, optimize the program for scaling, and train staff that were part of the new scaling efforts. Rather than letting staff new-to-telehealth stumble on their own, they were trained by the most enthusiastic and knowledgeable physicians, nurse practitioners, and other care team members, which helped set not only the staff but also the overall scaling effort up for success.

—TELEHEALTH IMPLEMENTATION TEAM MEMBER,
AN URBAN CHILDREN’S HOSPITAL

QUICK TIP

Socialize success to gain further buy-in.

Leverage a physician champion and the metrics featured in your [Return on Health framework](#) to highlight initial implementation success to help gain buy-in from skeptical parties who may prevent telehealth from scaling to more practices, departments, use cases, and patient populations. Enthusiastically socializing success may help you scale faster.



This Playbook series is a living document that will be updated to include new content over time.

As the series evolves, it will provide helpful frameworks and resources for your practice related to specific digital health solutions. We look forward to your feedback, welcome your shared stories about implementing telehealth, and ask for your input on what digital health solutions should be featured next! Contact us at digital.health@ama-assn.org. If you are currently interested in learning more about our AMA digital health initiatives, you can find more resources at the AMA's digital health website (<https://www.ama-assn.org/delivering-care/digital-health-leadership>).



Thank you to the following organizations for their generous contribution of time and expertise, without which this Playbook would not be possible.





Part 4: **Post-game – Resources**

The following resources have been developed to support your telehealth implementation based on the steps detailed in this Playbook. These resources include additional information, helpful tables and charts, and downloadable worksheets and tools that you can print out or modify to suit your practice's needs.



Resources Table of Contents

APPENDIX A / IDENTIFYING A NEED

- A.1: Idea Intake & Prioritization Form
- A.2: Value Propositions

APPENDIX B / FORMING THE TEAM

- B.1: Team Structure Framework
- B.2: Team Structure Worksheet
- B.3: When to Engage Your Teams
- B.4: Telehealth Kickoff Meeting Agenda

APPENDIX C / DEFINING SUCCESS

- C.1: Identifying Measures of Success for a Telehealth Program
- C.2: S.M.A.R.T. Goals Overview

APPENDIX D / EVALUATING THE VENDOR

- D.1: Selecting a Vendor Guide
- D.2: Vendor Information Intake Form
- D.3: Cybersecurity 101: What You Need to Know

APPENDIX E / MAKING THE CASE

- E.1: Navigating Digital Medicine Coding & Payment
- E.2: Digital Medicine Liability and Risk: What You Need to Know
- E.3 AMA Return on Health Framework

APPENDIX F / CONTRACTING

- F.1: Key Financial and Legal Documents

APPENDIX G / DESIGNING THE WORKFLOW

- G.1: Key Considerations When Designing a Telehealth Workflow
- G.2 Telehealth Workflow Example
- G.3: Defining Guidelines for Appropriate Telehealth Use
- G.4 Telehealth Visit Etiquette Checklist

APPENDIX H / PREPARING THE CARE TEAM

- H.1: Telehealth Clinical Roles and Responsibilities

APPENDIX I / PARTNERING WITH THE PATIENT

- I.1: Telehealth Patient Education Flow
- I.2: Telehealth Patient Introduction
- I.3: Patient Take-home Prep Sheet

APPENDIX J / EVALUATING SUCCESS

- J.1: Lessons Learned Worksheet
- J.2: Clinician Experience Survey
- J.3: Patient Experience Survey

Idea Intake & Prioritization Form



Use this worksheet to gather feedback from your staff and care team members to identify, review, and prioritize concrete areas where your organization could improve, especially through the use of telehealth.

INTAKE OF STAFF AND CARE TEAM FEEDBACK

What areas are most frustrating about your job?

How might you address one of these opportunity areas if given the resources to do so?

What types of non-billable tasks do you find yourself spending the most time doing?

What are current areas of opportunity for telehealth at your practice? List all areas of opportunity below.

In what areas are patient satisfaction scores suffering the most?

What might be key barriers or challenges to pursuing this these telehealth opportunities?

What specific types of patients might benefit the most from using telehealth? What specialty or types of clinical needs might benefit most?

Idea Intake & Prioritization Form (Cont.)



NEEDS PRIORITIZATION BY TELEHEALTH LEAD

Now, looking at all your staff and care team feedback, prioritize your areas of opportunity based on pain points and your organization's strategic priorities.

Select one area of opportunity (e.g., patient population, department) that aligns with your organization's strategic priorities.

How might you use telehealth to address this opportunity area if given the resources to do so? (Be specific about the patient population and specialty on which you will focus.)

What are the legal, regulatory, or financial restraints that need to be considered for this type of telehealth solution?

What will success look like?

Value Propositions



As you identify a need for telehealth at your organization, you may be faced with apprehension or skepticism.

While the decision ultimately comes down to what your team and leadership think is best for the practice or organization, below are audience-specific reasons telehealth might be a worthwhile investment.

VALUE FOR PATIENTS

- Save time and money spent on commuting to doctor's office for in-person care
- Remove transportation barriers (traffic, distance, immobility) from accessing care
- Make seeing medical providers easier and more convenient
- Increase access to communication with the care team
- Help manage chronic conditions from the comfort of the home
- Increase access to specialized care that's typically unavailable in rural or underserved areas
- Reduce risk of spreading or contracting contagious disease

VALUE FOR CLINICIANS

- Improve continuity of care: Keep patients within their medical home
- Deliver care more efficiently
- Improve patient outcomes
- Improve chronic condition care
- Better serve patients who would otherwise have limited access to care
- Formalize extended or frequent patient communications and provide compensation to physicians for these services
- Improve data quality through real-time symptom tracking
- Reduce burnout through efficiency and diversifying practice
- Coordinate care between specialists and PCPs in rural or underserved areas

VALUE FOR CARE TEAM MEMBERS

- Bring efficiency to wait times, overcrowding, and scheduling
- Increase in-person visits for patients who need to be seen in-person and route patients who do not need to be physically examined to telehealth care
- Improve patient satisfaction and retention
- Provide the ability to practice at top of your license

VALUE FOR ORGANIZATIONAL LEADERSHIP

- Introduce a new revenue stream with expanded access to care
- Help fulfill quality measures
- Improve efficiency
- Improve chronic condition care
- Improve patient retention and loyalty
- Reduce no-shows or cancellations
- Contribute to community outreach goals
- Expand patient base through access and referrals
- Increase data-driven care
- Increase perception of organization as innovative

Team Structure Framework



Although every organization may have their own team needs, below is the suggested team organizational structure for your telehealth implementation.

It's possible that one person may sit on multiple teams. For example, a Core team member may also be on the Implementation team, or a Leadership team member may also be on the Advisory team. When selecting team members, be sure to ensure diversity in perspectives by selecting team members with different backgrounds and experiences.

CORE TEAM	LEADERSHIP TEAM	ADVISORY TEAM	IMPLEMENTATION TEAM
<p>The team responsible and accountable for putting together the plan and driving the project forward day to day</p> <ul style="list-style-type: none"> Clinical Representative(s) (physician, nurse, etc.) Administration Representative(s) (practice manager, administrator, scheduler) Information Technology or Information Security Representative(s) Project Manager(s) Payor Contracting Priority Department Representatives 	<p>High-level decision-makers who authorize key decisions and provide budgetary approval and whose alignment is important for wide-scale success</p> <ul style="list-style-type: none"> Board of Directors C-suite Executives Practice Owners/ Partners 	<p>A group of advisors for the Core team to consult for perspective and guidance and who ensures the team's decisions and leadership proposals are strategically sound</p> <p>End Users:</p> <ul style="list-style-type: none"> Practicing care team members Patient Advisory Board/Patients/ Caregivers <p>Organizational Navigation:</p> <ul style="list-style-type: none"> A program sponsor Retired Leadership team members Benefactors 	<p>Close-to-the-ground teams in impacted departments who will be informed of the plans and ultimately carry out the day-to-day process of implementation</p> <ul style="list-style-type: none"> Nurse Manager Additional Priority Department Representatives Billing/Coders Schedulers Superuser to provide on-the-ground technical support Information Technology or Information Security Representative(s)

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Team Structure Worksheet



Use this worksheet to establish who is a part of each of your teams.

Write in your team members' names on the lines under the appropriate team below. You can use this worksheet to remind yourself of the important players throughout your implementation process and to schedule meetings accordingly.

CORE TEAM	LEADERSHIP TEAM	ADVISORY TEAM	IMPLEMENTATION TEAM
<p>The team responsible and accountable for putting together the plan and driving the project forward day to day</p>	<p>High-level decision-makers who authorize key decisions and provide budgetary approval and whose alignment is important for wide-scale success</p>	<p>A group of advisors for the Core team to consult for perspective and guidance and who ensures the team's decisions and leadership proposals are strategically sound</p>	<p>Close-to-the-ground teams in impacted departments who will be informed of the plans and ultimately carry out the day-to-day process of implementation</p>

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When to Engage Your Teams



Below is a chart to help you understand when to engage each team across the steps in the telehealth implementation process.

	CORE	LEADERSHIP	ADVISORY	IMPLEMENTATION
1 / Identifying a Need	✓		✓	✓
2 / Forming the Team	✓		✓	
3 / Defining Success	✓		✓	✓
4 / Evaluating the Vendor	✓		✓	✓
5 / Making the Case	✓	✓	✓	
6 / Contracting	✓	✓		
7 / Designing the Workflow	✓			✓
8 / Preparing the Care Team	✓			✓
9 / Partnering with the Patient	✓		✓	✓
10 / Implementing	✓			✓
11 / Evaluating Success	✓	✓		✓
12 / Scaling	✓	✓		

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Telehealth Kickoff Meeting Agenda



Use this meeting agenda to guide your telehealth kickoff discussion with key stakeholders from your Core, Leadership, Advisory, and Implementation teams.

- What is telehealth? Share definition (p. 10) and common use cases (p. 11)**
- Hypothesis sharing for telehealth need and anticipated use case at your organization**
 - Supporting materials: survey results, academic articles, internal statistics
- Costs, requirements, considerations (Legal and Compliance, Finance)**
 - Capital and staffing costs
 - Professional license requirement
 - Policy on prescribing medication
 - Reimbursement policy (Federal/State Medicare, Medicaid, Private)
 - Legal compliance (privacy standards, fraud and abuse laws)
 - Professional liability insurance
 - Billing and revenue cycle considerations
- Assign teams (Core/Leadership/Advisory/Implementation), roles, and responsibilities**
 - Discuss expectations, communication styles, opportunities, and concerns
- Project calendar:** six-month timeline with key milestones and stakeholder actions
- Approval process protocol**

Identifying Measures of Success for a Telehealth Program



A helpful way to organize the goals for your telehealth program is to organize success criteria by the Quadruple Aim of Healthcare, inclusive of [Health Equity](#).

Specifically, think about how telehealth will improve health outcomes, health equity, patient experience, and provider satisfaction while also reducing costs. The AMA Return on Health framework (Appendix E.4) can also be helpful in identifying areas where telehealth can provide value.

In doing so, your implementation is more likely to deliver value to the organization, result in a positive ROI, and set you up for success when Making the Case in Step 5.

Below are some specific areas of value to consider when you and your organization are defining the success of your implementation.

HEALTH OUTCOMES	PATIENT EXPERIENCE	REDUCED COSTS	PROVIDER SATISFACTION
<p>Improved:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health outcomes <input type="checkbox"/> Continuity of care <input type="checkbox"/> Compliance with standards of care <input type="checkbox"/> Insight about population health <input type="checkbox"/> Quality of life <input type="checkbox"/> Medication management <p>Reduced:</p> <ul style="list-style-type: none"> <input type="checkbox"/> ER visits <input type="checkbox"/> Complications <input type="checkbox"/> Admission Rates 	<p>Improved:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient satisfaction <input type="checkbox"/> Patient engagement <input type="checkbox"/> Patient retention and loyalty <input type="checkbox"/> Convenience of care <input type="checkbox"/> Care plan compliance <input type="checkbox"/> Safety <input type="checkbox"/> Access to care <p>Reduced:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wait time to receive care 	<p>Reduced:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cancellations/ No-Shows <input type="checkbox"/> Labor costs <input type="checkbox"/> Cost per case <input type="checkbox"/> Costs due to readmission penalties <input type="checkbox"/> Non-reimbursable care <input type="checkbox"/> ER visits <p>Improved:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient reach 	<p>Reduced:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Burnout <input type="checkbox"/> Turnover rate <input type="checkbox"/> Appointment length <p>Improved:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continuity of care <input type="checkbox"/> Efficiency of care delivery <input type="checkbox"/> Care team/patient communication

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S.M.A.R.T. Goals Overview



Developing S.M.A.R.T. goals sets you and your team up for success during your digital health implementation.

<p>S</p> <p>SPECIFIC</p> <p>Who, What, Where, When, Why, Which</p>	<p>M</p> <p>MEASURABLE</p> <p>From and To</p>	<p>A</p> <p>ATTAINABLE</p> <p>How</p>	<p>R</p> <p>RELEVANT</p> <p>Worthwhile</p>	<p>T</p> <p>TIMELY</p> <p>When</p>
<p>Define the goal as much as possible with no ambiguous language.</p>	<p>Can you track the progress and measure the outcome?</p>	<p>Is the goal reasonable enough to be accomplished? How so?</p>	<p>Is the goal worthwhile and will it meet your needs?</p>	<p>Your objective should include a time limit. "I will complete this step by month/day/year."</p>
<p>WHO is involved, WHAT do I want to accomplish, WHERE and WHEN will it be done, WHY am I doing this (reasons, purpose), WHICH constraints/requirements do I have?</p>	<p>How much, how many, how will I know when my goal is accomplished?</p>	<p>Make sure the goal is not out of reach or below standard performance.</p>	<p>Is each goal consistent with other goals you have established and does each goal fit with your immediate and long-term plans?</p>	<p>It will establish a sense of urgency and prompt you to have better time management.</p>

Source: <http://www.newfoundbalance.com/new-year-new-goals/>

Disclaimer: This document is for informational purposes only. It is not intended as medical, legal, financial, or consulting advice, or as a substitute for the advice of an attorney or other financial or consulting professional. Each health care organization is unique and will need to consider its particular circumstances and requirements, which cannot be contemplated or addressed in this Playbook.

Selecting a Vendor Guide



There are many factors to consider when evaluating and selecting a telehealth vendor.

Use the criteria below to guide your evaluation of each vendor under consideration, so you can make a comprehensive and informed decision when selecting a partner.

On the following pages, you will find a sample Vendor Information Request Form, which can be sent directly to your vendor or used as a guide to create your own form.

1. BUSINESS:

- Organizational overview—tenure, funding source, financial stability, affiliations, notable customers, etc.
- Impact to program ROI—product cost, business model, reimbursement rates, risk sharing, support payment program participation, etc.
- Expertise in offering telehealth to your specialty
- Knowledge of federal and private payer requirements
- Commitment to organizational diversity, equity, and inclusion

4. CUSTOMER SERVICE:

- Level of support available to practice during and after implementation—staff training, patient education, project management, data analysis and insights, etc.
- What technology does the patient need and does the vendor support this?
- Degree of technical support available to patients
- Access to existing procedures and templates

2. INFORMATION TECHNOLOGY:

- Ability to integrate with your current IT landscape, particularly your EHR system
- Cost, process, and timeline associated with integration and product updates
- Ability to capture data important to care team and patient²⁰
- Patient geolocation for licensure
- Customization capabilities
- Patient access to data
- Ability to maintain patient identity across platforms
- Biometrics/RPM integration capability
- Information blocking and interoperability requirements (as applicable)
- Impact analysis on your internet and local network usage

5. USABILITY:

- User experience of platform for patients and care team members
- Patient and care team engagement metrics
- Dashboard/workflow assimilation
- Multi-specialty application
- Platform launch process and timing
- Ease of billing/payout for patients and health systems/practices
- Diverse users considered in the development and design of the technology and user experience

3. SECURITY: (APPENDIX D.3)

- Supports compliance with HIPAA rules, such as willingness to sign a Business Associate Agreement (BAA)
- Third-party audits (SOC 2, HITRUST)
- Liability structure for managing potential security breaches
- User authentication and authorization
- Transparency on collected data use processes
- Local regulatory compliance (i.e., State Medical Board)
- In-platform consent capabilities

6. CLINICAL VALIDATION:

- Documented clinical outcomes
- Published peer-reviewed research
- Product and outcomes research includes patients from historically marginalized and minoritized populations

Vendor Information Intake Form



Keep in mind that many EHR vendors offer telehealth capabilities. If you are using your EHR vendor as your telehealth provider, you may have already covered some of these questions in your original implementation.

BUSINESS INFORMATION

Company Name and Corporate Structure (LLC, B-Corp, C-Corp, etc.):

Company Category:

- | | |
|---|--|
| <input type="checkbox"/> Population Health | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Clinical Decision Support | <input type="checkbox"/> Patient Education/Self-Care |
| <input type="checkbox"/> Medical Device | <input type="checkbox"/> EHR Interoperability |
| <input type="checkbox"/> Big Data/Analytics | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Personalized Medicine/Precision Medicine | |
-

Company Size and Stage of Development:

Current Number of Customers:

Current State of Financial Viability:

In a few sentences, describe your company and your main value proposition:

What differentiates you from your competitors?

Do you have a commitment to diversity, equity, and inclusion? If yes, can you share your formal statement of commitment?

Vendor Information Intake Form (Cont.)



INFORMATION TECHNOLOGY

Does your product directly integrate with our EHR or do we need to copy/paste patient information from your dashboard to our EHR? If we have the option, how much more does EHR integration cost?

What changes will I need to make to my health IT network to accommodate software or hardware to support your service? What impact will your service have on my network's performance and internet speed?

In a few sentences, walk us through your process of integrating with organizations' existing technology (EHR, PACS, etc.).

What types of customization features exist?

Do patients have access to their personal data?

- Yes
- No

How do you manage connectivity issues? What backup plans are in place should we experience a connectivity issue/downtime?

Vendor Information Intake Form (Cont.)



DATA SECURITY/PRIVACY

Please provide documentation of:

- Compliance with HIPAA rules where applicable
- HIPAA Business Associate Agreement (BAA)
- Any possible third-party audits, including SOC 2 or HITRUST
- Results of penetration testing

How will your product keep my patients' information private—both in my office and at the patient's home?

Are patients able to provide consent on your platform before each visit? If not, what is the process that you recommend for this?

How will your product ensure that my patients' information is securely transmitted?

How does your service manage user authentication and authorization?

What privacy and security safeguards are included with your service, i.e., cloud-hosted services? Will your company assist me in conducting a HIPAA Security Risk Assessment? (Note that privacy and security safeguards are required by HIPAA.)

Vendor Information Intake Form (Cont.)



DATA SECURITY/PRIVACY (CONT.)

What process do you have in place to mitigate cyberthreats, i.e., attacks on the software your products run on?

What process is in place for updates, security patches, and ongoing maintenance?

If my patients have privacy and security questions, who should they contact?

Who else owns or will have access to my patients' data? Is it collected and/or shared in a hub or repository? Is data sold, used for marketing, or used to generate revenue (e.g., used to develop new product offerings, services, or train algorithms)?

What process is available to export patient data if I choose to discontinue using your telehealth technology service?

How do federal regulations around information blocking and patient access impact your company? For instance, are you a Health IT Developer of Certified Health IT or Health Information Network/Health Information Exchange as defined by the Office of the National Coordinator for Health IT (ONC)?

Vendor Information Intake Form (Cont.)



CUSTOMER SERVICE

Please select which of the following services you provide:

- Pre-launch support
- Staff training
- Staff support
- Patient training
- Patient support
- Data analysis

Help us understand what each of these services specifically entail.

If there is an emergency issue while conducting a visit with patients, who do we contact and how?

Do any of these services cost extra beyond a basic package? If so, which services?

Please provide 1–3 references of current users we can contact to learn more about your customer service.

Vendor Information Intake Form (Cont.)



USABILITY

In what form are we able to view and analyze telehealth visit data?

Do you have representation of all demographic groups comprising your target population or community involved in formal user/participatory design opportunities such as patient and family/caregiver advisory groups, patient and family/caregiver design councils, user research, usability testing, etc.?

Do you offer a process or functionality to review how telehealth visits went for patients or the care team? What does that look like?

If applicable, can your program be run on any device, or is it device-specific?

- Software is device-specific
- Software can be run on multiple devices

Please list devices:

We will need to test the front- and back-end user experience with our internal team. Are you able to provide a demo for our team?

- No
- Yes

Please list who to contact to set up a demo: _____

Vendor Information Intake Form (Cont.)



USABILITY (CONT.)

What does the sign-in process for a telehealth visit on your platform look like for patients and clinicians?

Describe what the process might be like for your platform going live with my organization. How long will it take?

Do you provide billing and/or payment functionality for patients and/or clinicians on your platform? How does it work?

Are there any other unique functionality features on your platform that I should be aware of?

Vendor Information Intake Form (Cont.)



EFFICACY

Describe the significant problem your company is trying to address.

How does your product or service address the problem?

Have you conducted a review of the demographics of the patient populations included in the clinical research used as the evidence base for your solution to ensure efficacy and safety for all demographic groups within your target audience?

Have you meaningfully engaged and incorporated recommendations from a representative group of target users and stakeholders in solution design, prototyping, and testing?

Vendor Information Intake Form (Cont.)



EFFICACY (CONT.)

Do you have data demonstrating that your solution generates positive health outcomes and patient/user experience and does no harm among and at the intersection of all demographic groups within your target audience?

Please provide 1–3 case studies demonstrating results either below or in an attachment.

Our goal is to *(insert your specific goal(s))*, which we're measuring by *(insert key measurement(s))*. How will your company help deliver on our goal(s)?

Is there any additional information you would like to provide that is not already included in this application?

Please submit any supporting documentation that you feel would be beneficial (Executive Summary, Pitch Deck, Company Website, Demo Video)

Cybersecurity 101: What You Need to Know



The AMA's researchⁱ on cybersecurity indicates that physicians are increasingly recognizing the importance of good cyber hygiene in their practices.

The increased industry focus on digital health technology, including telehealth, underscores the need for practices to consider how they will keep their patients' protected health information (PHI) private and secure. Generally, once outside data is incorporated into the patient's electronic medical record, it becomes PHI. Physicians are responsible for the privacy and security of PHI under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

WHAT YOU NEED TO KNOW ABOUT CYBERSECURITY ATTACKS:

- Cybersecurity is not just a technical issue; it's a patient safety issue.
- 4 out of 5 physiciansⁱⁱ have experienced some form of cyberattack.
- While inappropriate employee use and disclosure of PHI (e.g., inappropriate sharing or selling of patient information) are more of a concern among large health systems, phishing and viruses are the most common types of cyberattacks in small practices.

WHAT YOU NEED TO KNOW ABOUT HOW CYBERSECURITY CAN AFFECT YOUR PRACTICE/ORGANIZATION:

- Cyberattacks can cause interruptions in practice operations, compromised electronic health records (EHR) security, and direct threats to patient well-being.
- 2 out of 3 physicians have experienced downtime of up to four hours because of a cyberattack; 1 in 10 have experienced downtime of up to two days.

WHAT YOU NEED TO THINK ABOUT WHEN IMPLEMENTING TECHNOLOGY:

- Your practice's health information technology (health IT) networkⁱⁱⁱ is comprised of several different components, and it is important to consider all of them when figuring out how to securely implement new technology. For example, not only are your practice's internet connection and EHR part of your network but also things like copiers, telephones, and practice management systems. You must also consider how a new telehealth solution will impact your health IT network, especially if outside your current EHR vendor. Physicians need to look at their networks holistically to ensure that all the "entry" and "exit" points for information coming in and out of the practice are effectively protected.
- Only 20% of small practices have internal security officers, so they typically rely on health IT vendors for security support. Physicians should understand basics about cybersecurity^{iv} so that they are well informed enough to ask vendors the right questions. Such knowledge will help to equip physicians with the autonomy they need to confidently implement new technologies into their practice.

Cybersecurity 101: What You Need to Know (Cont.)



WHAT YOU NEED TO KNOW ABOUT REGULATION:

- While evaluating whether or not to implement telehealth technology in your practice, consider whether it would be appropriate to conduct or update a HIPAA security risk assessment.^v
- Additional protections, in addition to HIPAA compliance, may be considered. Information might come into your practice through medical devices and patient apps. HIPAA may not apply to medical device manufacturers or patient apps, so physicians must be extra diligent when evaluating how to incorporate information from those sources.
- Medical devices, like computer systems, can be vulnerable to security breaches, potentially impacting the safety and effectiveness of the device. Medical device manufacturers and health care facilities should take steps to ensure appropriate safeguards.
- The U.S. Food and Drug Administration (FDA) does not conduct cybersecurity premarket testing for medical devices.
^{vi} Testing is the responsibility of the device manufacturer. Manufacturers are responsible for remaining vigilant about identifying risks and hazards associated with their devices, including risks related to cybersecurity. They are responsible for putting appropriate mitigations in place to address patient safety risks and ensure proper device performance.

ⁱAmerican Medical Association. Medical cybersecurity: A patient safety issue. Retrieved from <https://www.ama-assn.org/delivering-care/patient-support-advocacy/medical-cybersecurity-patient-safety-issue>

ⁱⁱAmerican Medical Association Wire. (2017). 8 in 10 doctors have experienced a cyberattack in practice. Retrieved from <https://www.ama-assn.org/practice-management/sustainability/8-10-doctors-have-experienced-cyberattack-practice>

ⁱⁱⁱAmerican Medical Association. (2017). Protect your practice and patients from cybersecurity threats. Retrieved from <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/government/advocacy/network-security.pdf>

^{iv}American Medical Association. (2017). How to improve your cybersecurity practices. Retrieved from <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/government/advocacy/cybersecurity-improvements.pdf>

^vAmerican Medical Association. HIPAA security rule & risk analysis. Retrieved from <https://www.ama-assn.org/practice-management/hipaa/hipaa-security-rule-risk-analysis>

^{vi}U.S. Food & Drug Administration. FDA Fact Sheet: The FDA's Role in Medical Device Cybersecurity. Retrieved from <https://www.fda.gov/downloads/MedicalDevices/>

Disclaimer: This document is for informational purposes only. It is not intended as legal, financial, or consulting advice, or as a substitute for the advice of an attorney or other financial or consulting professional. It does not address all possible legal and other issues that may arise with the acquisition of a health information technology product or service. Each health care organization is unique and will need to consider its particular circumstances and requirements, which cannot be contemplated or addressed in this Playbook. A health care organization should obtain the advice of an experienced attorney whenever it proposes to enter into a legally binding agreement.

Navigating Digital Medicine Coding & Payment



**Author's Note: The AMA is dedicated to supporting physicians and practices on the front lines as the country faces COVID-19. The resource below is based on coding and payment policies that were in place before the pandemic; however, we recognize that there has been an expansion of telemedicine coverage for Medicare, Medicaid, and commercial payers. Please visit the Telemedicine Quick Guide for the latest updates and information: <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>.*

INTRODUCTION

Determining whether there is coverage and payment for digital medicine services and technologies that you want incorporated into your practice will require research and planning. This resource is designed to highlight several digital medicine services covered and paid separately by Medicare on the Physician Fee Schedule (Medicare Part B). Commercial health insurers and government health care programs may have very different coverage policies as well as different payment. However, both commercial and state Medicaid programs are influenced by Medicare's policies, so it is anticipated that other health insurers will expand coverage as well.

AMA DIGITAL MEDICINE PAYMENT ADVISORY GROUP

Coding and payment for digital medicine is a work in progress, but significant gains have been made in 2018 as Congress and the Centers for Medicare & Medicaid Services (CMS) have authorized coverage of a number of digital medicine services and modalities beginning January 1, 2019. The Digital Medicine Payment Advisory Group (DMPAG) plays an important role by recommending clinical validation literature to support coverage of a number of the new digital medicine modalities and proposing coding changes to the CPT Editorial Panel that have resulted in new codes for Digital Medicine services. The DMPAG, convened by the AMA, includes a diverse cross-section of leading experts who identify barriers to digital medicine adoption and propose comprehensive solutions for coding, payment, and coverage while also identifying clinical validation literature and evidence.

OVERVIEW OF DIGITAL MEDICINE SERVICES AND PAYMENT

This resource will provide information on the digital medicine services summarized below. Commercial and private payer coverage will vary, so it will be important to do your research on your practice's payer mix and proactively identify those that may cover some or all of these services. Engage team members who oversee payer contracting and leverage them to initiate conversations with payers over digital medicine coverage.

- Telehealth visits
- Online digital visits
- Remote evaluation of pre-recorded patient information
- Remote physiologic monitoring
- Remote therapeutic monitoring
- Interprofessional internet consultations
- Telephone evaluation and management services

Navigating Digital Medicine Coding & Payment (Cont.)



TELEHEALTH VISITS

Synchronous audio/visual visit between a patient and clinician for evaluation and management (E&M).

CODE*	DESCRIPTION
CPT® Code 99202-99205 POS 02 for Telehealth (Medicare) Modifier 95 (Commercial Payers)	Office or other outpatient visit for the evaluation and management of a new patient
CPT® Code 99211-99215 POS 02 for Telehealth (Medicare) Modifier 95 (Commercial Payers)	Office or other outpatient visit for the evaluation and management of an established patient

*A list of all available codes for telehealth services can be found here: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Medicare pays for telehealth on a limited basis: when the beneficiary receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

Check with your payer to determine the appropriate Place of Service (POS) code for your telehealth visits. The AMA is aware that some commercial payers are requiring the use of POS 02 – Telehealth (the location where health services and health-related services are provided or received through a telecommunication system).

ONLINE DIGITAL VISITS

These services are the kind of brief check-in services furnished using communication technology that are employed to evaluate whether or not an office visit or other service is warranted. When the check-in services are furnished prior to an office visit, then the Medicare program considers them to be bundled into the payment for the resulting visit, such as through an evaluation and management (E/M) visit code. However, in cases where the check-in service does not lead to an office visit, then there is no office visit with which the check-in service can be bundled. Therefore, Medicare will cover and pay for such services to the extent these are medically necessary and reasonable.

Navigating Digital Medicine Coding & Payment (Cont.)



ONLINE DIGITAL VISITS (CONT.)

CODE	DESCRIPTION
CPT® Code 99421	Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days: 5–10 minutes
CPT® Code 99422	11–20 minutes
CPT® Code 99423	21 or more minutes
CPT® Code 98970	Qualified non-physician health care professional online digital assessment and management, for an established patient, for up to seven days, cumulative time during the seven days: 5–10 minutes
CPT® Code 98971	11–20 minutes
CPT® Code 98972	21 or more minutes
HCPCS Code G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment: 5–10 minutes of medical discussion

Additional coverage requirements for use of HCPCS Code G2012 include:

- Advance patient content: Practitioners must obtain advance consent for the service and document in the patient's record.
- This service is only covered for established patients.
- The technology that can be used by the patient includes real-time, audio-only telephone interactions and synchronous, two-way audio interactions that are enhanced with the video or other kinds of data transmission.
- Telephone calls that involve only clinical staff cannot be billed using this code.

Navigating Digital Medicine Coding & Payment (Cont.)



REMOTE EVALUATION OF PRE-RECORDED PATIENT INFORMATION

CMS has created a service code to support remote evaluation of recorded video and/or images submitted by an established patient.

CODE	DESCRIPTION
HCPCS Code G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

Additional coverage requirements for use of this code include:

- Advance patient content: Practitioners must obtain advance consent for the service and document in the patient's record.
- This service is only covered for established patients.
- Services may involve pre-recorded, patient-generated still or video images and may be used to determine whether or not an office visit or other service is warranted.
- Follow-up with the patient could take place via phone call, audio/visual communication, secure text messaging, email, or patient portal communication and must be compliant with HIPAA.
- Service is distinct from the virtual check-in service in that this service involves the practitioner's evaluation of a patient-generated still or video image transmitted by the patient and the subsequent communication of the practitioner's response to the patient.

Navigating Digital Medicine Coding & Payment (Cont.)



REMOTE PATIENT MONITORING

Effective January 1, 2018, Medicare began coverage and payment for the collection and interpretation of physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional (CPT® Code 99091). Effective January 1, 2019, coverage and payment were made available for remote physiologic monitoring codes, and on January 1, 2022, coverage and payment were made available for remote therapeutic monitoring codes.

CODE	DESCRIPTION
CPT® Code 98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
CPT® Code 98976	Device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
CPT® Code 98977	Device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
CPT® Code 98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
CPT® Code 98981	Each additional 20 minutes (List separately in addition to code for primary procedure)
CPT® Code 99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment. (Initial set-up and patient education of monitoring equipment)
CPT® Code 99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (Initial collection, transmission, and report/summary services to the clinician managing the patient)
CPT® Code 99457	Remote physiologic monitoring treatment management services, clinical staff/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month: first 20 minutes
CPT® Code 99458	Each additional 20 minutes (List separately in addition to code for primary procedure)

Navigating Digital Medicine Coding & Payment (Cont.)



Additional coverage requirements for use of this code include:

- Advance patient consent: Practitioners must obtain advance consent for the service and document in the patient's record.
- 30-day reporting period: Billing limited to once in a 30-day period.
- Use with other services: Billing is permitted for the same service period as chronic care management (CCM) (CPT® codes 99487–99490), transitional care management (TCM) (CPT® codes 99495–99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492–99494).
- CPT® codes 99457 and 99091 may not be billed together for same billing period and beneficiary.

SELF-MEASURED BLOOD PRESSURE (SMBP)

Home blood pressure monitoring.

CODE	DESCRIPTION
CPT® Code 99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
CPT® Code 99474	Separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient
CPT® Code 99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days)

Navigating Digital Medicine Coding & Payment (Cont.)



TELEPHONE EVALUATION AND MANAGEMENT SERVICE

CPT® codes to describe telephone evaluation and management services have been available since 2008. Relative values are assigned to these services. **Medicare still currently considers these codes to be non-covered.** However, private payers may pay for these services.

CODE	DESCRIPTION
CPT® Code 99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment: 5–10 minutes of medical discussion
CPT® Code 99442	11–20 minutes of medical discussion
CPT® Code 99443	21–30 minutes of medical discussion

INTERPROFESSIONAL INTERNET CONSULTATION

Interprofessional Internet Consultation codes have the potential to enhance quality and coordination of care while overcoming the persistent shortages of medical specialists. Medicare provides coverage and payment for the following codes:

CODE	DESCRIPTION
CPT® Code 99446	Interprofessional telephone/internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional: 5-10 minutes of medical consultative discussion and review
CPT® Code 99447	11–20 minutes of medical consultative discussion and review
CPT® Code 99448	21–30 minutes of medical consultative discussion and review
CPT® Code 99449	31 minutes or more of medical consultative discussion and review

Navigating Digital Medicine Coding & Payment (Cont.)



INTERPROFESSIONAL INTERNET CONSULTATION (CONT.)

CODE	DESCRIPTION
CPT® Code 99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional: 30 minutes

Additional coverage requirements for use of this code include:

- Advance patient consent: Practitioners must obtain advance consent for the service and document in the patient's record.

ADDITIONAL RESOURCES

The AMA's Advocacy Resource Center provides materials for physicians and physician advocates focused on state telemedicine issues including private insurance payment policies. [Click here](#) to access the AMA Chart of Telemedicine Coverage Laws for Medicaid and private payers.

**This guide will be updated over time to reflect changes in additional guidance that CMS is expected to provide for these highlighted services. All questions concerning CMS requirements should be addressed to the relevant Medicare contractor in your region. In addition to this guide, consider reviewing the [National Consortium of Telehealth Resource Centers](#) and the utilizing resources from the [Telehealth Resource Center](#) in your region.*

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Digital Medicine Liability and Risk: What You Need to Know



When adopting any new technology, you will need to understand and assess your liability and risk. Some common legal risks and liability questions associated with digital medicine may include but are not limited to:

- Medical liability
- Licensing
- Consent
- Privacy and security

Considerations to assess in order to understand potential liability and attempt to mitigate risk when implementing digital health solutions may include but are not limited to:

- Check to see whether or not your malpractice carrier covers digital health practices under your current policy. Some carriers may require disclosures of these practices to receive coverage.
- Know your federal and state laws around various types of digital medicine. Different states may have different definitions, statutes, regulations, sub-regulatory guidance, or case law as it relates to the licensing, practicing digital health, and consent. States may differ as to whether you need to have an established physician-patient relationship prior to performing telemedicine (and potentially other digital health solutions) and may also have different requirements for informed consent related to telemedicine and telehealth.
- Determine whether you will need to update any informed consent forms to comply with new and modified telehealth laws. All conversations with patients regarding digital health solutions should be an open, two-way discussion about the benefits, risks, alternatives, and potential consequences in choosing to use (or not) digital health solutions.
- Digital health solutions can be negatively impacted

by loss of internet or power, software incapability, interrupted or slow internet transmissions, and more. Delays in care without proper backup plans can result in serious consequences to patients. To assess and balance potential liability, it's beneficial to have a plan in place in case the digital health solution fails and to discuss the plan and alternatives with patients. This topic may also be addressed in contracting with the digital health solution vendor.

- Protect yourself and your organization/practice during the contract process with your future vendor partner. Some contract provisions that relate to liability include but are not limited to:
 - **Indemnity clauses** - The clause, among others, addresses and apportions certain risks between contracting parties. It often specifies under what conditions each party must compensate the other party for intentional or unintentional harms, claims, or other liabilities. You may be able to manage your potential risk by limiting your overall or total liability to a manageable amount through a specific dollar cap, the amount of your investment, or other ways.
 - **Choice of Law Provision** - This clause dictates what state, federal, or international laws the contract operates under. Make sure you are comfortable with the jurisdiction chosen.
- Technology has increased connectivity and collaboration in all facets of the health care delivery systems, so particular attention should be paid to the cybersecurity practices at your organization as well as with your future digital health vendor.

In all situations, however, you should obtain legal advice from an experienced attorney whenever you are entering into a legally binding agreement.

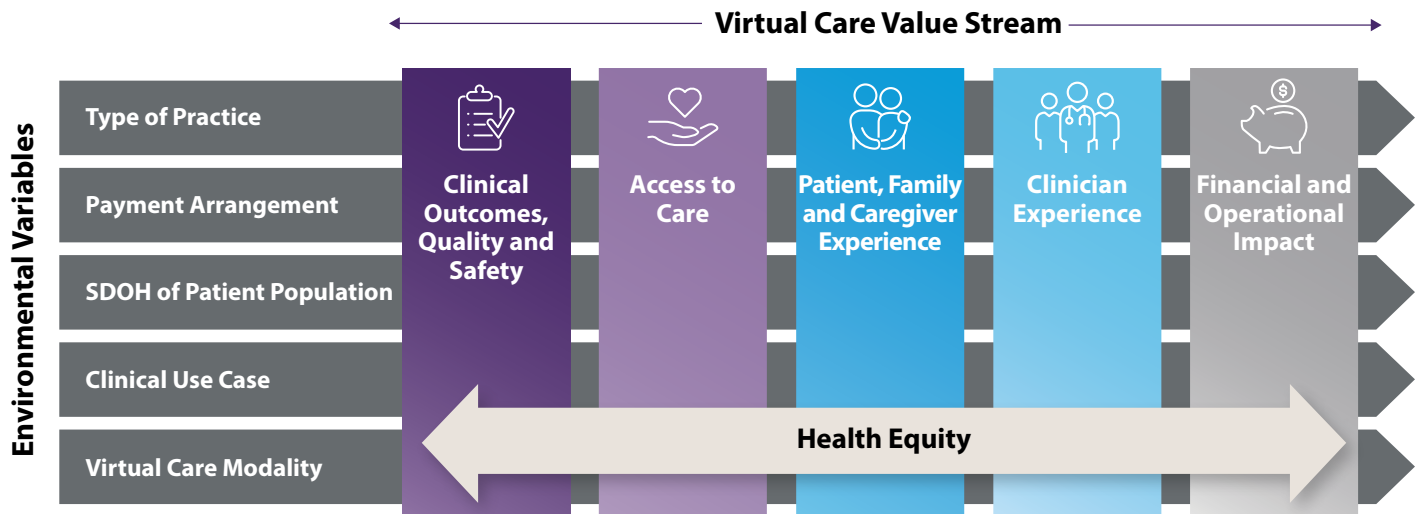
Disclaimer: This document is for informational purposes only. It is not intended as medical, legal, financial, or consulting advice, or as a substitute for the advice of an attorney or other financial or consulting professional. It does not address all possible legal and other issues that may arise with the acquisition of a health information technology product or service. Each health care organization is unique and will need to consider its particular circumstances and requirements, which cannot be contemplated or addressed in this Playbook. A health care organization should seek counsel from an experienced attorney whenever it proposes to enter into a legally binding agreement.

AMA Return on Health Framework



The American Medical Association’s “Return on Health” framework was designed to articulate the value of digitally enabled care that accounts for ways in which a wide range of virtual care (telehealth) programs can increase the overall health and generate positive impact for patients, clinicians, payors and society. The integration of new digital health solutions into digitally enabled care models offers the potential to address the quadruple aim in a new era of high access, high quality, lower cost and high experience care.

The framework outlines the value streams to consider when you and your organization are defining, measuring, and evaluating the success of your implementation.



Additionally, it is important to account for and understand the environmental factors impacting your program including:

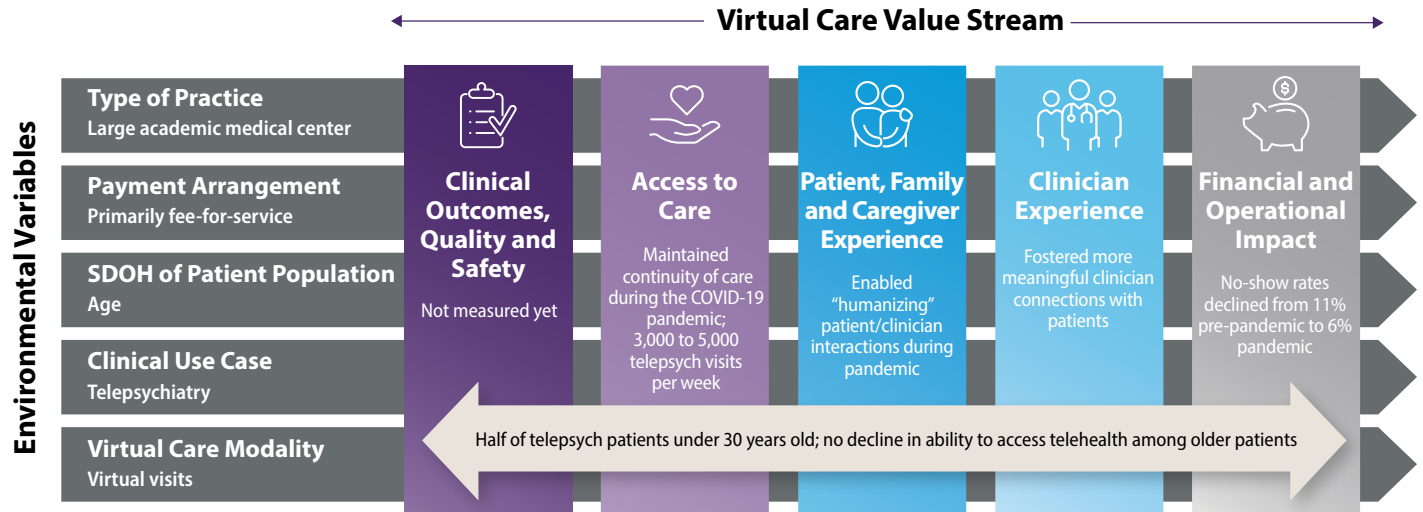
- Type of practice
- Payment models
- Virtual care modality
- Clinical use case
- Social determinants of health for patient population

Consider leveraging the framework to organize the metrics your practice or organization choose in Step 3—Defining Success. Below are several examples of how other health care providers and practices have measured the success of their virtual care programs in practice, helping to garner additional support and funding to optimize, sustain, and scale.

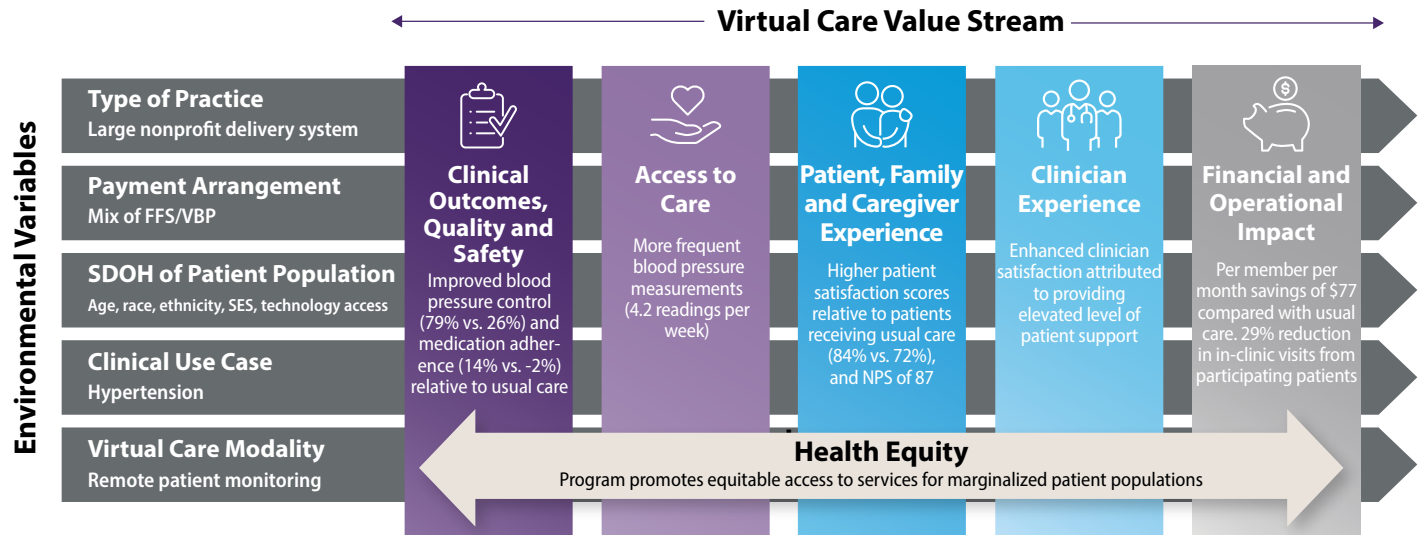
AMA Return on Health Framework (Cont.)



CASE STUDY #1 VIRGINIA COMMONWEALTH UNIVERSITY HEALTH—TELEPSYCHIATRY DURING COVID-19



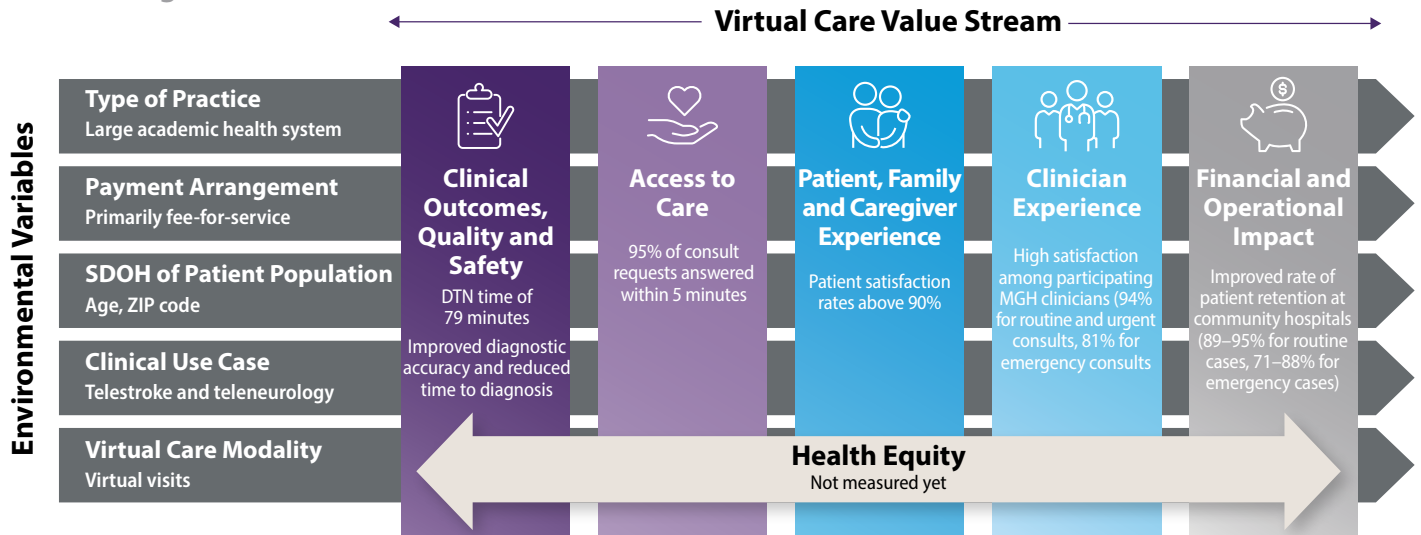
CASE STUDY #2 OCHSNER HEALTH—HYPERTENSION DIGITAL MEDICINE PROGRAM



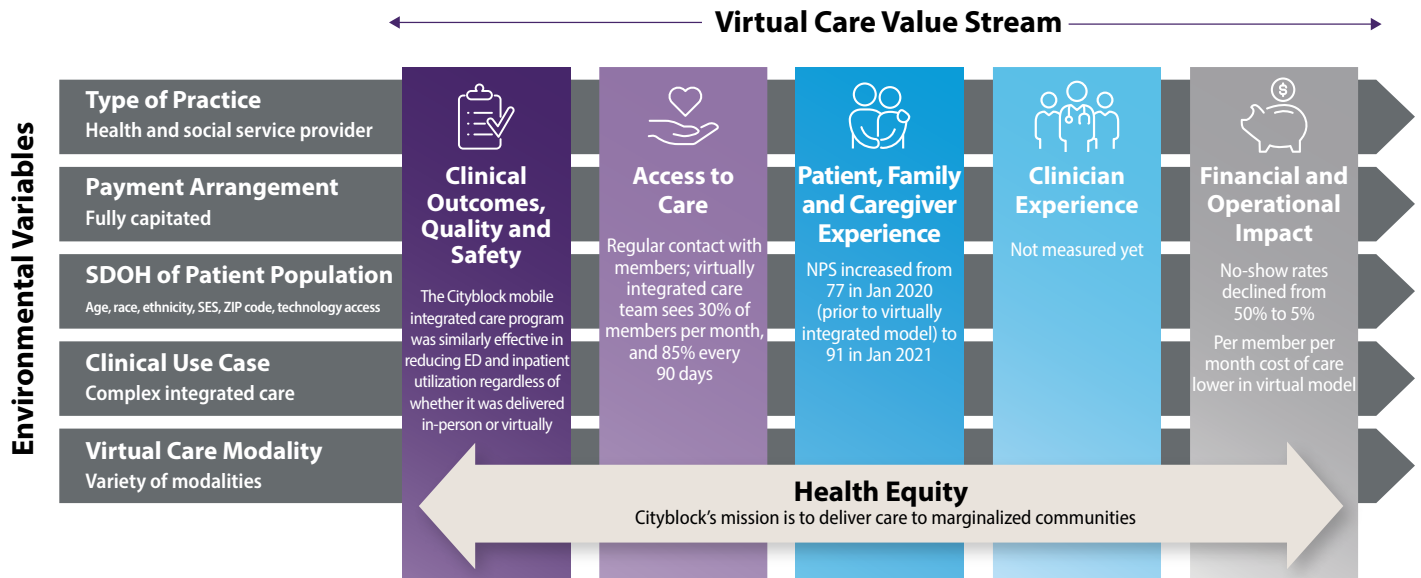
AMA Return on Health Framework (Cont.)



CASE STUDY #3 MASSACHUSETTS GENERAL HEALTH—TELENEUROLOGY AND TELESTROKE



CASE STUDY #4 CITYBLOCK HEALTH—COMPLEX CARE COORDINATION



Key Financial and Legal Documents



Below is a list of key financial and legal documents that may be necessary for your contracting process.

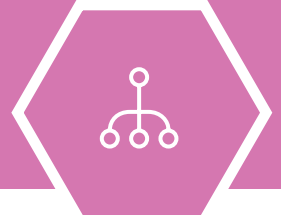
LEGAL DOCUMENTS

- ❑ **Business Associate Agreement:** An agreement ensuring all entities associated with the business who will interact with private health information are compliant with HIPAA rules. This agreement also outlines liability should a data breach occur.
- ❑ **Master Service Agreement:** A contract outlining the business relationship as a whole, specifically the terms that will oversee future transactions and agreements, thereby simplifying future negotiation processes.
- ❑ **Scope of Work/Price Quote:** A contract outlining the details of the specific work to be done, including timing, expectations, key deliverables, and payment terms.
- ❑ **Purchase Order:** A document outlining the types, quantities, and prices for products and services a buyer is purchasing.
- ❑ **Financial Audit Reports:** Documents outlining the financial health of the organization.
- ❑ **Confidentiality Agreement/Non-Disclosure Agreement:** A document outlining the confidential information and documents to be shared with the vendor but not with any third parties.
- ❑ **W-9 Form:** A tax form used to record a vendor's tax identification number for proper income reporting at the end of the year.

VALIDATION DOCUMENTS

- ❑ **IT Security and Risk Assessment:** An assessment of the vendor's security and data processes.
- ❑ **510(k) Clearance:** Authorization from the FDA that a device is safe and effective or at least "substantially equivalent" to what is already on the market.
- ❑ **Liability Insurance:** Protects the insured should they be accused of wrongful practices resulting in bodily injury, medical expenses, and property damage, as well as the cost of defending lawsuits related to such claims.
- ❑ **Medical Licenses for Practitioners:** Documentation from your health care organization to your vendor, documenting your practitioners' ability to practice medicine and utilize digital health solutions.
- ❑ **Third-party Audit:** An auditing report to provide validation of compliance with HIPAA rules and data security practices, e.g., HITRUST.

Key Considerations When Designing a Telehealth Workflow



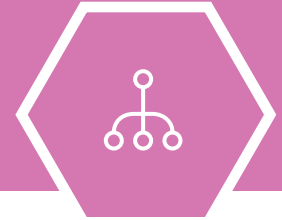
Although each practice or organization's workflow may look different, there are key questions and criteria to keep in mind when building a telehealth-inclusive workflow.

Below are the key questions and criteria to keep in mind:

GENERAL CONSIDERATIONS

- How will the telehealth technology integrate with the EHR if it isn't through your existing EHR setup?
- How will clinicians document telehealth visits?
- How will telehealth visits fit into the clinic/clinician schedule?
- Where will telehealth visits take place in the clinic (e.g., administrative office, specific exam room)?
- How do patients first hear about telehealth? (e.g., from health care practitioner (HCP) during appointment, read in waiting room, read on website, email announcement)
- How do patients learn more about telehealth? (e.g., designated staff, website, email)
- How do patients register for telehealth?
- What reimbursement model makes most sense for your practice (e.g., bill insurance, flat fee for patient)?
- Who will keep track of developing reimbursement policies?
- Are the appropriate codes available in the EHR system?
- Do the care team members know what documentation is required for telehealth billing?

Key Considerations When Designing a Telehealth Workflow (Cont.)



PRE-VISIT

Identification

- How will eligible patients be identified for telehealth appointments?
- How do patients know if they and/or their case is eligible for a telehealth appointment? (e.g., digital triaging of patients to in-person or telehealth)
- What workflows and resources do we need to support patients with barriers to accessing telehealth including limited digital literacy or limited English proficiency?
- When there is coordination between providers, how will information exchange occur?
- How do we ensure the clinician is licensed in the patient's state?

Education

- What type of preparation education is needed? (e.g., how to download and use platform, visit expectations)
- Who educates the patient on telehealth?

Communication

- How will patients be reminded of appointments?
- Who sends appointment reminders?
- Who will field patient questions?
- How are appointments scheduled? (e.g., time blocks vs. throughout the day; digitally vs. manually)
- How will you ensure eligible and interested patients are covered?

DAY OF/DURING VISIT

Administrative

- How will patients "check in" for their appointment?
- Who will get patients set up on the platform (e.g., "room" them)?
- How will patient consent be obtained and stored?
- Who ensures the HCP's room is set up? (e.g., clean, quiet, Wi-Fi working)
- Who troubleshoots with the patient and/or HCP?
- How many people need to be ready to answer patient and/or HCP questions?
- How does the handoff to the provider take place?

Clinical

- Which care team member(s) is providing virtual care?
- What is the record-keeping workflow? (e.g., codes and modifiers to include in note)
- What are the protocols for telehealth patients?

POST-VISIT

Clinical

- How are prescriptions or follow-up tests ordered?
- How is the care plan entered?

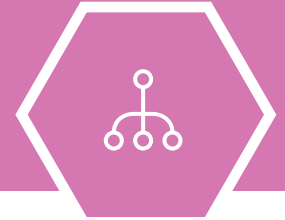
Administrative

- When and how will patient follow-up be conducted?
- How often are patients expected to have an in-person visit and how is that communicated to patients?
- How is feedback collected?

Managing Coding and Billing

- Who will verify insurance eligibility and manage authorization?
- How is payment collected?
- Who will manage reimbursement paperwork?
- Who will track reimbursement status?
- Who will work with insurance companies to ensure billing is correct?
- Who will follow up on rejected reimbursements?

Telehealth Workflow Example*

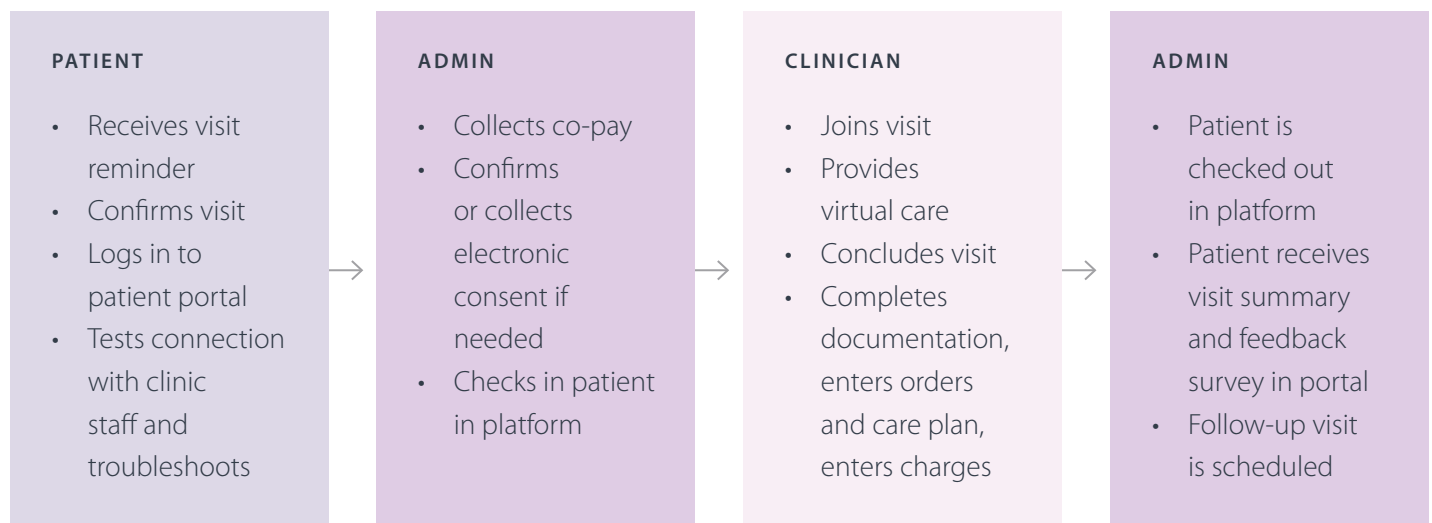


Your telehealth workflow will vary depending on your organization, type, size, and structure. The example provided below illustrates an effective clinical telehealth workflow that involves a coordinated effort between the patient, administrative team, and clinician.

SCHEDULING FIRST TELEHEALTH APPOINTMENT:



DAY-OF/DURING VISIT :

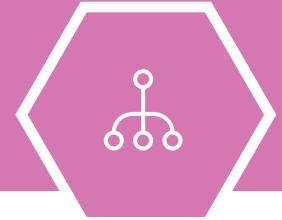


*For illustrative purposes only, not to be interpreted as advice specific to your organization.

**Telehealth visits can be offered as an option but should ultimately be up to the patient if they want to visit that way.

Source: CHLA

Defining Guidelines for Appropriate Telehealth Use



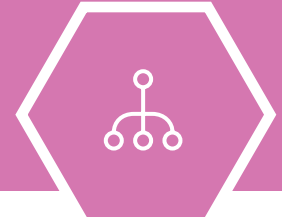
Telehealth can be a helpful way to provide care to patients remotely; however, it likely won't be appropriate to use in every situation.

Below are some common examples of conditions or visit types where other physicians and practices have found telehealth appropriate vs. where an in-person visit was more appropriate. However, you should use your judgment when determining the appropriateness of telehealth based on developed protocols and the specific conditions of the individual patient.

COMMON USE CASES FOR TELEHEALTH	TELEHEALTH IS NOT APPROPRIATE FOR
<ul style="list-style-type: none"> <input type="checkbox"/> Appointments with existing patients <input type="checkbox"/> Prenatal visits <input type="checkbox"/> ADHD, Anxiety, Depression, toddler behavioral, and sleep (follow-up and medication management) <input type="checkbox"/> Asthma follow-up and medication management (not when having acute symptoms or wheezing) Children on high-dose inhaled steroids may need to be seen in the office to monitor growth <input type="checkbox"/> Allergy evaluation/medication management <input type="checkbox"/> Eczema, acne evaluation, and medication management and follow-up <input type="checkbox"/> Any other medication management not requiring a physical exam <input type="checkbox"/> Simple conjunctivitis (pink eye) without fever <input type="checkbox"/> Minor trauma screening (lacerations, abrasions, animal bites) <input type="checkbox"/> Follow-up for dietary guidance <input type="checkbox"/> Review of lab, X-ray, and consultation reports <input type="checkbox"/> Surgery follow-up <input type="checkbox"/> Foreign travel (may require a vaccination visit) <input type="checkbox"/> Foreign adoption (review of records prior to adoption) <input type="checkbox"/> Lactation 	<ul style="list-style-type: none"> <input type="checkbox"/> First-time appointments <input type="checkbox"/> Anytime a physical exam is needed <input type="checkbox"/> When patient is experiencing a symptom outside the bounds of your clinical protocols for telehealth visits (e.g., fever, difficulty breathing, vomiting, confusion, agitation, or other abnormal mental states, etc.)

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Telehealth Visit Etiquette Checklist



This checklist is intended for clinicians and care team members who will be hosting the telehealth visit to ensure that the professional standards of in-person care is maintained in a virtual environment.

The list below is not exhaustive but rather some key considerations to make when preparing to conduct telehealth visits.

TELEHEALTH VISIT ETIQUETTE CHECKLIST

- Environment**
 - Ensure privacy (HIPAA)
 - Clinically appropriate exam room location, size, and layout
 - Avoid background noise
 - Adequate lighting for clinical assessment
- Equipment**
 - Desktop computer vs. tablet
 - High-speed internet
 - Web camera
 - Microphone
 - Dual screens for EHR documentation note taking
 - RPM dashboard (if using)
 - Headphones
- Dress**
 - The same level of professional attire as in-person care
- Communication**
 - Turn off other web applications and all notifications
 - Review patient complaints and records before beginning call
 - Adjust webcam to eye level to ensure contact
 - Narrate actions with patient (If you need to turn away, look down to take notes, etc.)
 - Verbalize and clarify next steps, such as follow-up appointments, care plan, prescription orders
 - Pause to allow transmission delay
 - Speak clearly and deliberately
 - Choose empathetic language
 - Use non-verbal language to signal that you are listening

Telehealth Clinical Roles and Responsibilities



Use this as a resource to understand how different members of the care team may contribute to your telehealth program and for suggestions on how to optimize their roles by ensuring physicians and staff are maximizing utilization of their licenses.

Keep in mind—the entire care team can generate excitement with the patient and encourage engagement!

PHYSICIAN/PROVIDER

- Let patients know telehealth is an option in your practice
- Be familiar with the conditions and situations that are appropriate for a telehealth visit
- Be able to access and navigate the telehealth technology platform and conduct a visit
- Appropriately perform, document, and bill for telehealth visits
- Conduct medical decision-making for necessary follow-up care

The roles below may differ based on your practice resources and staffing model:

NURSE/CARE MANAGER

- Be familiar with the conditions and situations that are appropriate for a telehealth visit
- Provide patient education
- Set expectations for telehealth appointments, including appropriate use of telehealth and what they'll need as patients to participate in a successful telehealth visit

MEDICAL ASSISTANT (MA) OR PATIENT CARE TECH (PCT)

- Ongoing care management of patients including supporting care coordination, patient outreach, and any necessary follow-up to ensure engagement as needed
- Let doctor know when a patient has “checked in” for a telehealth appointment (if platform does not include this feature)
- Be familiar with the conditions and situations that are appropriate for a telehealth visit
- Educate patients on telehealth expectations
- Support patient troubleshooting related to platform pre-visit and during visit
- Let doctor know when a patient has “checked in” for a telehealth appointment (if platform does not include this feature)

FRONT DESK STAFF/SCHEDULER

- Be familiar with the conditions and situations that are appropriate for a telehealth visit

PRACTICE MANAGER

- Schedule telehealth appointments as appropriate/based on protocols
- Know how to appropriately schedule telehealth visits in the doctor's schedule
- Understand patient benefits at the time of scheduling and registration to set financial expectations with patients
- Support MA or PCT with troubleshooting issues with the platform/technology
- Create and run reports on metrics for success
- Monitor patient and provider feedback
- Interface between care team and administrative needs to achieve success (i.e., IT, supply chain, etc.)
- Understand all revenue aspects of the process including scheduling, registration, and billing
- Know how to submit and reconcile EOB

Telehealth Patient Education Flow



A telehealth implementation is only successful when patients are aware of the option, are empowered to use it, and appropriately interact with the platform.

Below is a five-step outline of how to educate patients about telehealth and keep them engaged.



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Telehealth Patient Introduction



The messaging below is intended to serve as a guide for introducing telehealth offerings to patients.

Consider incorporating messaging into practice marketing and communications and featuring it on your patient portal or in newsletters, emails, and SMS.

We are now offering telehealth services!

(Clinic/health system name) is now offering telehealth visits as an additional way to interact with you.

What is telehealth?

For the purposes of this Playbook, we focus on telehealth, a digital health solution that connects the patient and clinician through real-time audio and video technology. It can be used as an alternative to traditional in-person care delivery, and, in certain circumstances, can be used to deliver care such as the diagnosis, consultation, treatment, education, care management, and self-management of patients.

Benefits of telehealth include:

- No transportation time or costs
- Reduced wait time
- More detailed and personalized care compared to a telephone call

(Include a statement about data encryption, storage, privacy, and HIPAA compliance.)

What types of visits can telehealth be used for?

Telehealth is best suited for interactions with established patients who do not require a physical exam or lab work.

Examples would be insulin adjustments, review of continuous glucose monitoring data, dietary counseling, and follow-up after a medication change.

What types of visits are not appropriate for telehealth?

Telehealth is not suited for physical examination and lab testing.

Examples of services that require in-person evaluation include A1C testing every three months, acute illness evaluation, or new problems.

Telemedicine cannot be used for new-patient evaluations.

What is needed to connect for an online appointment?

You will need a video camera, microphone, headphones (optional), and strong internet connection. *You will need to use Chrome, Firefox, or Safari browser if using a computer. You may also use Android or Apple iOS cellular phone devices. (Update as needed for your platform.)*

At your appointment time, you will access the portal by *(include platform-specific instructions)*.

Consent to treat you via telehealth

You will need to sign a telehealth consent form prior to your visit, allowing our office to conduct a telehealth appointment.

Patient Take-home Prep Sheet



Below is a sample take-home prep sheet for patients who opt to try telehealth.

Customize the information to reflect the services you offer, and make this sheet available at checkout and/or in your patient portal.

Telehealth is:

Telehealth is a digital health solution that connects the patient and clinician through real-time audio and video technology. It can be used as an alternative to traditional in-person care delivery, and, in certain circumstances, can be used to deliver care such as the diagnosis,

consultation, treatment, education, care management, and self-management of patients.

Who is telehealth for?

All established patients who have access to and are willing to use technology for a visit with their physician or advanced practice provider. Patients must also meet clinical protocols that allow for a telehealth visit.

When should I use telehealth?

When you need to contact your health care provider about personal health information, lab results, prescription management, follow-up care, or urgent care that may not need a physical, in-person exam.

Why other patients like telehealth:

1. **More convenient:** Care when you need it, from the comfort of your home. No travel costs or hassles.
2. **Better patient experience:** No waiting rooms or long queues. Less risk of spreading or contracting infectious disease.

Who will pay for virtual visits?

- Many insurance companies and employer-sponsored health plans will pay. Contact HR or your health insurance advocate to verify that telehealth is covered under your plan.
- Patients often choose to pay out of pocket. Contact us about our flat-fee option.

WHAT DO I NEED TO DO TO PREPARE?

- Register for telehealth in our patient portal and follow the instructions for our telehealth platform sign-up
- Make sure you have a desktop or laptop computer or a tablet or smartphone with a good-quality camera and microphone
- Internet speed of at least 384 kps; Wi-Fi is preferred
- A private space with limited background noise and good lighting
- Double check your camera for clarity

WHAT SHOULD I EXPECT IN MY FIRST APPOINTMENT?

- You may have to verify your name, contact information, and location and show a government-issued photo ID
- You will be informed about privacy and confidentiality laws, including cybersecurity
- You will be asked to consent to receive telehealth care
- Your encounter with your provider will be as similar as possible to a typical in-person visit
- Our care team will be able to help arrange follow-up care, prescription orders and schedule your next appointment.
- You will be asked to fill out a quick patient feedback form at the end of the visit to help us improve our telehealth experience

Lessons Learned Worksheet



This worksheet can be used to gather feedback from your Implementation team following the initial rollout of telehealth to identify lessons learned and opportunities for improvement as you plan to scale across your practice or organization.

What were the strongest and weakest aspects of your implementation?

Were you surprised by unanticipated challenges or resistance from physicians, staff, and/or patients?

Were the teams you assembled engaged? Did any one individual become an unexpected champion for telehealth?

What was the team's attitude toward the implementation/process? Has anything changed from pre- to post-implementation?

Was the care team prepared for the implementation of telehealth?

If not, where did implementation break down and what caused the failure?

How can this be corrected as you scale?

Lessons Learned Worksheet (Cont.)



Was there additional knowledge and/or gaps revealed during the initial implementation?

Were there any unanticipated patient barriers?

Were any health IT barriers revealed?

Did telehealth increase workload or streamline it?

What actions will you take next? Are there any adjustments needed prior to scaling?

What were your key takeaways from your initial implementation that you can apply to in your expansion?

What is needed to solidify support for expansion (i.e., request additional funding, improve key metrics, project full organizational benefits, etc.)?

Notes

Clinician Experience Survey



Professional satisfaction is a core piece of the Quadruple Aim and should be an element of how your team evaluates the success of your telehealth program.

The sample survey below can be used to periodically check in with clinicians providing telehealth visits, assess their experience, and identify any ongoing challenges or additional support needs.

TELEHEALTH EVALUATION FORM – CLINICIAN

1. Do you believe telehealth is helping deliver high-quality care to your patients for the following purposes?
 - Yes No
2. What types of visits do you offer to your patients through telehealth? Check all that apply:
 - Acute care (rash, cough)
 - Chronic disease management (asthma, migraines)
 - Preventative care (preventative care, screening)
 - Hospital or ED follow-up care
 - Care coordination
 - Medical management
 - Mental/behavioral health
 - Other _____
3. How often do you have time scheduled specifically for delivering care through telehealth?
 - Time scheduled every day
 - Time scheduled at least once a week
 - Time scheduled at least once a month
 - Time scheduled at least yearly
 - No time specifically scheduled for telehealth
4. How has your use of telehealth impacted the following in your practice? (Use scale: Worse/Same/Better)
 - Health of my patients _____
 - Safety of my patients _____
 - Timeliness of care for my patients _____
 - Patient and family centeredness of care for my patients (patient experience) _____
 - Equity in access among my patients (more access to care for hard-to-reach patients) _____
 - Equity in health of my patients _____
 - Costs of care for my patients _____
 - Financial health of my practice (i.e., reduced no-show rates, helps me meet quality measures) _____
 - Satisfaction with my work minute-to-minute _____

Clinician Experience Survey (Cont.)



Sense of accomplishment from my work _____

Feeling of connectedness with patients _____

Improved continuity of care (i.e., my patients seeing me vs. retail option) _____

5. What, if any, technical issues do you or have you encountered with telehealth visits? Check all issues that apply:

- Video not working at all
- Video stopped working in the middle of the visit
- Video working but inadequate for what I needed to look at
- Audio not working at all
- Audio stopped working in the middle of the visit
- Audio working but inadequate for what I needed to hear
- Had problems connecting to service
- Resorted to telephone call
- Others _____
- I did not encounter any technical issues (exclusive)

6. What existing challenges did you or do you still have related to telehealth?

- Lack of reimbursement
- Licensure
- Technology challenges for my patient population (i.e., access to Wi-Fi, internet connection, etc.)
- Low patient engagement
- Lack of implementation support
- Other (with free text) _____
- I do not have any challenges related to telehealth (exclusive)

7. Overall, how would you describe ease of use for telehealth in your practice?

- It was simple to implement and use telehealth in my practice
- It was easy to learn to use telehealth in my practice
- I have become productive quickly using telehealth in my practice

8. How do you anticipate the proportion of patient encounters you provide through telehealth to change in the upcoming year?

- Increased telehealth use
- Same amount of telehealth use
- Decreased telehealth use

Patient Experience Survey



Patient experience is a core piece of the Quadruple Aim and should be an element of how your team evaluates the success of your telehealth program.

The sample patient experience survey below can be deployed immediately following telehealth visits. Some vendors may have the capability to host a survey on their telehealth platform.

TELEHEALTH EVALUATION FORM – PATIENT

1. This is the first time I have seen the clinician via a telehealth appointment.
 - Yes No
2. If telehealth were not available for my problem today, I would have...
 - Driven to see the clinician
 - Visited a private urgent care or convenient care location
 - Used a third-party telemedicine platform (e.g., Teladoc)
 - Not gone to see any clinician
3. The biggest benefit of telehealth for today's appointment is...
 - Saving time on transportation
 - Saving money on transportation
 - Not having to take significant time off of work
 - Not having to arrange child care in order to see my doctor
 - Making it easier to see my doctor
 - Increasing access to specialized care not in my local area
 - Other (please specify) _____
4. The clinician was able to address my problem via the telehealth appointment.
 - Strongly Agree Agree Don't Know Disagree Strongly Disagree
5. Overall, I was satisfied with today's encounter.
 - Strongly Agree Agree Don't Know Disagree Strongly Disagree

Comments or Suggestions?

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- ³ Digital health encompasses a broad scope of tools that engage patients for clinical purposes; collect, organize, interpret and use clinical data; and manage outcomes and other measures of care quality. This includes, but is not limited to, digital solutions involving telemedicine and telehealth, mobile health (mHealth), wearables (e.g., Fitbit), remote monitoring, apps, and others.
- ⁴ AHA & AVIA Digital Innovation Survey Executive Report. Retrieved from http://connect.healthforum.com/rs/734-ZTO-041/images/AVIA_AHA_Report_vF.pdf
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