

FAQ – Frequently Asked Questions

What is telehealth?

Telehealth is the use of technology to deliver health care at a distance. It can be as simple as a telephone call or as complex as biometric device interfacing and monitoring. In many cases, however, telehealth falls somewhere in the middle; allowing audio and visual interaction to connect patients with providers.

Starting a telehealth clinic should be given the same consideration as opening a new service line. A clinic location, patient scheduling, billing, diagnostic capabilities, local pharmacies, documentation, etc. are all items that deserve attention when determining benefit and workflow. We would love to partner in exploring the possibilities with you.

Who benefits from telehealth?

Patient benefits	Provider benefits	Hospital/Clinic/Community benefits
<ul style="list-style-type: none">• Timely treatment close to home• Reduced travel time• Access to world-class treatment• Improved quality of care• Convenience and flexibility of care	<ul style="list-style-type: none">• Specialty consults to help make decisions about care• Input from world-class specialists without travel• Educational opportunities and mentoring• Increased efficiency• Improved patient outcomes	<ul style="list-style-type: none">• Hospital/Clinic will perform many diagnostics (revenue that may have been lost to another facility)• Consultation with specialty physicians without having to hire a full clinic staff• Hospital/Clinic can obtain revenue from a facility fee on each visit• Referrals may be made to other specialists within the network• Prescriptions will be routed to the community pharmacy

Where is the patient seen?

The patient is seen in a designated room(s) at your facility. It is important that this room be clean and prepared for the patient (just as any other clinic room). We want to leave a great impression so that patients keep coming back to you for additional services! Our dedicated team can provide guidance on how to set up the room to best optimize the patient experience.

What equipment is needed?

In an ideal telehealth consultation, the workflow and equipment will remain as consistent as possible with a face-to face visit with a specialist.

The majority of our specialty consultations can be completed using a monitor, a computer, and a camera transmitted securely to/from our specialty providers. Some additional devices may be needed based on specialty. These may include: Digital stethoscope, Otoscope, Ophthalmoscope, or a total exam camera.

You mentioned a secure connection?

Whenever patient information is being transmitted, and a telehealth visit would fall within this category, it is of utmost importance to conform to HIPPA privacy and security regulations. Some items that will need to be addressed are not only the video conference itself, but also access to electronic health records, printing, etc. Investigation will need to go into available bandwidths, firewalls, and connectivity. Our network team can help guide on a solution that meets everyone’s needs.

This sounds complicated, do we need staff?

Yes, ongoing staff involvement will be needed. We want to maximize the patient experience. To do this, staff will be needed for some/all of the following:

- Scheduling
- Room Set up
- Patient Check In
- Vital Signs/Weight
- Patient Support/Education
- Assisting the patient with follow up appointments and/or referrals/tests

This means that an RN, CNA, and/or MA will be needed in clinic on days where patients are being seen.

Remember, the telehealth visit should be as close in experience to a face-to-face clinic visit as possible!

How are patients scheduled?

Great question! This varies by site and specialty. However, a common practice is for your site to schedule to patient just as you would if accepting for a regular clinic visit, but using a Telehealth encounter type. About 1-2 weeks prior to the visit, the list of scheduled patients is sent to our specialty coordinator who then gets the patient logged scheduled into our system. This allows your team to check the patient in—eliciting a facility fee—and our specialist to consult with the patient—eliciting the provider fee.

Will patients still need to see a specialist in person?

Possibly, but that is determined on each patient's unique needs. The ultimate goal of telemedicine is to allow patients to receive care close to home, rather than care that requires long-distance travel.

What about billing?

The normal process is for the provider to bill the professional fee, as would be the case in an in-person visit. In many situations, telemedicine services are considered covered services. Additionally, under Medicare, a small facility fee is allowed for the patient location as described by HCPCS code Q3014. Additional revenue may be obtained through performance of ancillary diagnostic services such as labs and radiology tests.

The patient/physician is in a different state, does that matter?

If the patient and the physician are in different states at the time of the telemedicine connection, the physician must be licensed in the state where the patient is located and receiving the telemedicine services.

How are physicians credentialed?

In an effort to make use of telehealth services as quickly as possible, we strongly encourage the use of credentialing by proxy. You may need to check your hospital by-laws to ensure this is possible, and/or initiate the process to do so. Credentialing by proxy allows your hospital/clinic to privilege a telemedicine provider based on the credentialing and privileging decisions of the distant site hospital, therefore eliminating the unnecessary repetition of credentialing efforts.

Benefits of Credentialing By Proxy:

- Takes 4-6 weeks (vs. 3-4 months with traditional credentialing)
- Avoids overburdening a site hospital's credentialing staff
- Allows for the efficient addition of providers and implementation of new services