

Therefore, at the time this was written (September, 2020) providers have the ability to use services such as Facetime, Google Hangouts, or Zoom. However, when assessing a video platform it is essential to consider performing a comprehensive risk assessment. While there is not a specific process or guidance as to how to perform a comprehensive risk assessment. HHS states it must include:

- “Identify and document potential threats and vulnerabilities;
- Assess current security measures;
- Determine the likelihood of threat occurrence;
- Determine the potential impact of threat occurrence;
- Determine the level of risk; and
- Finalize documentation.”

Additionally, a comprehensive risk assessment can include questions for the telehealth vendor including questions asking

- Does it encrypt data?
- Does it audit and monitor its systems?
- Does it have a named information security officer?
- Does it have privacy and security policies in place?

Liability and malpractice

Medical liability and malpractice is an additional concern when starting telehealth services. There are many aspects of malpractice that are helpful to investigate prior to initiating care. Specifically, whether you as a provider are covered and protected by your malpractice insurance to deliver telehealth services. Contact your insurance carrier or broker and ask about their coverage for telehealth. Questions regarding coverage of medical malpractice, lack of informed consent, and privacy or security breaches are important items to discuss with your broker. Additionally, if you are a practice owner inquire whether your employees or contractors will need separate coverage beyond what you provide.

Practitioner privacy

While it is not legally binding for practitioners to keep their personal information such as phone numbers, email, and or usernames confidential from patients it is an important consideration to make while delivering services. Clinicians are encouraged to evaluate the type of relationship they would like to have with patients. If you are comfortable with a patient approaching you via text or informal means it may be best to share your personal contact information. However, if you would rather patients call your office or not directly contact you it is best to keep your information private. Current trends include keeping phone numbers, emails, and personal contact information confidential. The use of a separate patient designated phone number or utilizing Google Voice helps maintain practitioner privacy confidential. It is generally accepted to provide patients with an email address. Email addresses are usually shared with patients, but this does not need to be a personal internal email rather than a patient designated address. Lastly, since many practitioners will be delivering services from the comfort of their home it's important to remember that patients will have a small insight into their personal living space. It is recommended to select a private room to hold services but be mindful that personal styling decor and home life can be a factor.

Documentation

Documentation becomes very important for telehealth visits. Since practitioners can not perform hands-on assessments, telehealth evaluations are increasingly dependent on subjective patient reporting to make clinical decisions. Make sure to document what patients report, objective findings, and include in your assessment the reason for your clinical judgment based on these findings.

Licensure requirements

Both practitioners and patients must be located, at the time of treatment, in a state that the practitioner holds an active license. While patients and clinicians can be in separate states during the delivery of services they must be located in a state where the practitioner holds a license. Compact licensure is new legislation that provides clinicians privileges in multiple states. Check your local laws to see if your state is eligible for compact licensure.

Patient satisfaction

Without in-person interactions with patients, it can be harder to develop patient rapport. Pay close attention to patient satisfaction and track NPS metrics. According to Medbridge7 there are five key factors in developing rapport with a patient during telehealth appointments.

- Maintain good eye contact - Keep your camera located where you are looking at the patient. Don't consistently look off to the side or up towards your monitor as it can be distracting for patients.
- Maintain professional appearance - As mentioned previously it is important to keep professional appearances. Do not take appointments in a hoodie or casual clothing and be mindful of background distractions.
- Maximize your set up - Make sure to use a quiet space, good camera angle, fast internet connection, and seamless video conference platform. Pay special attention to the patient's ability to clearly see the video image presented, avoid backlighting or dark spaces to conduct telehealth appointments.
- Leverage technology - While telehealth appointments can be difficult to build patient rapport practitioners can also leverage the use of technology to better serve patients. Consider providing patients with links to pictures and videos while explaining patient education and provide home exercise program videos. Lastly, these patients are excellent candidates to enroll in the use of apps and web-based applications such as MedBridgeGo which can track progress with corrective exercises and vital patient data.
- Use established face to face communication - Each clinician should pretend that the patient they are seeing via telehealth is in their office right in front of them. Use the same engaging face to face communication skills via video conference. Clinicians should perform active listening, refrain from interrupting patients and be empathic towards patient concerns.

Payment

The easiest and fastest way to being paid is through a cash-based practice. However, this often results in fewer patients that can afford or utilize services. Insurance reimbursement is dependent on specific state laws and specific practice guidelines. While these laws are changing at an alarming rate it is important to note that trends are emerging that payers are covering telehealth services.

Section 4: Summary

Telehealth services come with an extensive list of compliance and special considerations. When rendering services remember to collect the necessary legal paperwork for patients including past medical history, consent, and functional outcome measures.

Additionally, special attention should be given to patient privacy and HIPPA compliance when selecting appropriate EMR services and virtual video conference platforms. Furthermore, clinicians should be careful with their exposure to malpractice and legal issues, make sure to contact your insurance provider to inquire if you are covered to render telehealth services and check if there is any special documentation or licensure requirements. Lastly, focus on patient satisfaction with services, utilize technology and telehealth to better patient outcomes and perform active communication to engage patients.

Section 4: Key Concepts

- Patients need to complete forms regarding past medical history, consent, and functional outcome measures.
- It can be challenging to keep patient privacy confidential during telehealth appointments, give special attention to the privacy and HIPPA compliance of EMR services and video platforms.
- Clinicians should investigate their exposure to malpractice claims and check to make sure their insurance covers performing telehealth services.
- Clinicians need to check their state licensure and maintain licensure in the same state as the patient receives services.

Section 4: Key Terms

- **Past medical history:** Information collected, usually via survey, about patients' medical past.
- **Consent form:** A waiver that the patient signs to agree to partake in services acknowledging the risk of treatment.
- **Compact licensure:** Privileges to expand a practitioners licensure to multiple states where legislation allows.

Section 4: Case Study

Dr. Chan is a physical therapist performing telehealth from his home office for a patient that is on vacation in Europe. He lives with his wife and infant child. Dr. Chan has difficulty connecting with his patient over the HIPPA approved patient portal and decides to use Facetime to connect with them. At the same time, his wife enters his home office

to change their child's diaper in a clear view of the patient. The patient is clearly offended by Dr. Chan's actions and suggest they reschedule their appointment.

- Identify the compliance violations Dr. Chan has committed
- How could Dr. Chan correct these violations?

Section 4: Personal Reflection Question

Physical therapists are increasingly dealing with insurance denials of services which leads many of them to switch to cash-based practices. Is it ethical for physical therapists to have cash-only practices? What are the downstream impacts of this on the profession?

Self Learning Activities (optional)

Practice a telehealth appointment with a friend or family member. If possible evaluate a real musculoskeletal disorder they have been having. Pretend as if they are an actual patient by sending them all the pre-visit paperwork and taking them through a complete evaluation and documenting your findings.

- Write down the aspects of the visit that were difficult or need practice.
- Make a list of things you need to improve.

References

1. Private Practice Section, American Physical Therapy Association. (2019, October). Telehealth FAQ (Frequently Asked Questions). American Physical Therapy Association. <https://ppsapta.org/userfiles/File/Telehealth%20FAQ.pdf>
2. HENO. (2020, April 7). Top Seven Physical Therapy EMR Reviews of 2020. <https://www.heno.io/physical-therapy-emr-reviews/>
3. Smith, J. (2020, May 15). FAQ: What PTs, OTs, and SLPs Are Asking About Telehealth and Crisis Management Strategy. WebPT. <https://www.webpt.com/blog/post/faq-telehealth-and-continuity-strategies-for-pts-ots-and-slps-during-crisis/#list-anchor-disclaimers-and-consent-forms>
4. Pollard, J. S., Karimi, K. A., & Ficaglia, M. B. (2017). Ethical considerations in the design and implementation of a telehealth service delivery model. Behavior Analysis: Research and Practice, 17(4), 298-311. <http://dx.doi.org/10.1037/bar0000053>

5. Elliot, T. Yopes, M., Direct-to-Consumer Telemedicine, The Journal of Allergy and Clinical Immunology: In Practice, Volume 7, Issue 8, November–December 2019, Pages 2553 <https://doi.org/10.1016/j.jaip.2019.06.027>
6. Dehghani, M. Tumer, M., A research on effectiveness of Facebook advertising on enhancing purchase intention of consumers. Computers in Human Behavior, Volume 49, August 2015, Pgs 597-600 <https://doi.org/10.1016/j.chb.2015.03.051>
7. Parsons, A. (2020, June 5). 5 Tips for Building Rapport with Telehealth Patients. MedBridge Blog. <https://www.medbridgeeducation.com/blog/2020/06/5-tips-for-building-rapport-with-telehealth-patients/>



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