Welcome to the Telehealth ECHO Confidentiality, Privacy & Etiquette

The session will start in less than 15 minutes





Funding

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- For educational and quality improvement purposes, we will be recording this video-session
 - By participating in this clinic you are consenting to be recorded –
 we appreciate and value your participation
- If you have questions or concerns, please use the chat or email shanna.peters@kansasaap.org





Housekeeping

- This session will be recorded for educational and quality improvement purposes.
- Please do not provide any protected health information (PHI) during any ECHO session.
- IT Trouble? Chat with Amy Trollinger or email amy.trollinger@kansasaap.org

Please turn on your video!
Please enter your name and organization in the chat box.
Introduce
Yourself

Please mute your microphone when not speaking.

Microphones

5 min: Introduction 25 min: Lecture 5 min: QI Review 20 min:

Case/Discussion 5 min: Close

Agenda





Today's ECHO Faculty

- Kathy Farrell, MD, FAAP
- Kristen Stuppy, MD, FAAP





Confidentiality, Privacy & Etiquette

Kathy Farrell MD, FAAP, FSHM







Disclosures

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in this CME activity
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Public Health Emergency: Key Benefits

- Flexibility on provider location
- Medicaid patient may be at home
- Enhance Telephone Payment rates
- Created structure for State Licensure waivers
- Expanded CPT 148 new codes, expanded provider roles therapist, counselor, Speech language
- Video platform HIPAA nonenforcement, more flexibility in choosing platform

- PHE Expiration Impact
- Medicaid video visits and Telephone care dependent on State-by-State action
- Providers may be need to be on site/in office
- Many services delivered by Allied Health become non-reimbursed
- Telephone care as alternative to video platform would no longer be permitted
- Many flexibilities will expire when State waivers no longer dependent on PHE





Confidentiality

- Use HIPAA Compliant Platform
- Keep personal information private and secure, and have patient give Telemedicine consent prior to AV visit over network
- Ensure when exchanging patient informationplatform ideally HIPAA compliant and encrypted to avoid misuse of Patient information or identity theft
- Ensure only those appropriate on patient side to see and hear visit present and secure provider surrounding.











Health Data Privacy



Secure environment to avoid breech of confidentiality, and inform patient the area is secure

- Move camera around room and let them know if equipment used is HIPAA secure
- All individuals present on both sides introduce themselves and determine if acceptable for them to be present

Wait for patient to hang up first and ensure call hung up after visit, mute audio when not speaking





Set up Visit for Success

Checklist:

- What equipment you need? Video capability via Laptop, Smartphone, Tablet or Desktop Computer
- Ensure device fully charged and connected to Internet/Wi-Fi
- If trouble with technology.... List how to get IT support

Determine which staff members will obtain cc/vitals/medication list:

- Understand reason for visit? New or worse symptoms, what makes better/worse?
- Any vital signs are helpful to collect, weight, temperature, all medications, vitamins and supplements in original containers readily available

Take photo of rash, area of irritation, or sore throat and send to HIPAA encrypted platform. Do not send photos via text.

Position yourself to be centered on screen, to see entire head and face and a view from the shoulders up if possible.





Have Pen and Post a Note

I can't hear you, is your audio muted? Please nod if you hear me. I can't see you, is your camera on?

Let's disconnect and reconnect. I will call you on your cell phone to troubleshoot logging in.

Am I speaking too loud or too soft?







Webside Manner

- Empathy, eye contact into the camera is the most important
- Provide motivational interviewing, lean in, nod, smile, eye contact, start with small talk to break the ice
- How to read body language, try timing and pacing and purposeful word choice
- Mute microphone/when encounter not in progress-be sure to instruct patient to hang up, and then provider ensure everyone disconnected at end of visit





Etiquette

- Introduce yourself
- Smile and Wave
- Inform Patient you may be taking notes (avoid amplified keyboarding, tapping pen or paper shuffling). Mute microphone/camera
- Appearance-consider dress for the part, white coat (avoid busy patterns, jewelry distractions and have badge or name visible on screen
- Lock office door(avoid outside noise kids/pets/patients, clutter, no eating, no fidgeting behaviors, ensure adequate lighting). Post sign on outside door Telemedicine visit in Progress. Silence pager/phone, and keep phone out of sight. Inform patient if using Speakerphone.
- Be aware of nonverbal and verbal communication
- · Start visit on time





Telemediquette ('tela 'medeket) noun: the art and science of developing Telemedicine protocols for technology used to communicate medical information at a distance

- Lighting-not too dark, no backlighting/no windows that will silhouette you and look like a dark monster
- Audio-ability to quickly turn off/mute outside noise, pets, music, cell phone, watch paper shuffle, keyboarding, or setting down coffee mug as all amplified
- Background-simple uncluttered, ideally flat latex paint with no doors, windows or distractions
- Frame up a nice, head on view of your face and shoulders
- NO eating during the visit
- · Focus on patient not technology
- "Don't be a vidiot" don't do anything you would find embarrassing blow nose etc. you wouldn't normally do when communicating in person

Major J. Using telemediquette to make your telemedicine encounters effective. *Ariz Telemed Prog.*Available at: https://telemedicine.arizona.edu/blog/using-telemediquette-make-your-telemedicine-encounters-effective. Published November 17, 2016. Accessed October 21, 2018.





10 Telemedicine Etiquette Tips

- High Quality webcam, speakers and microphone and platform with reliable software solution and strong internet on both sides to be able to see and hear without pixels or muffled stutter
- Set the webcam at eye level. Discussing patient's concerns, dx, tx more professional and engaging when you make eye contact.
- Set up a professional space. No distractions, pets, music, clutter, or other people interrupting visit. Patients only feel comfortable and secure if they feel their privacy is protected. Clean quiet space looks more professional on video. Check what is in patient's field of vision. Diploma? Sit at desk/table as angle on couch, lying down isn't flattering.
- BE PUNCTUAL. Set up notification system ready to be seen. Avoid waiting room jail. Send notification I am reviewing your chart, ready to be seen.
- 5. DRESS THE PART. Dress professionally, add white coat.

- Read your patient's complaint and have their chart ready beforehand. Being prepared makes appt more productive, efficient saving time for you and your patient.
- Engage your patient. When talking maintain eye contact by looking straight into the webcam rather than at their face online. Nodding, and asking the right questions keeps them engaged. Remember even when not speaking you can still be seen onscreen.
- Communicate when you have to look away from the screen, to take notes let them know you are listening but need to document the appointment, and that they have your attention
- Keep lag time in mind. Not all software and Internet connections are equal. Wait 2 seconds to begin speaking to allow patient's last words to come through on your end.
- Be clear with any post-appointment instructions.
 Rx, Follow-up guidance and when to return, contact if symptoms change.

lafolla T. 10 Telemedicine etiquette tips to deliver professional care. eVisit. Available at https://blog.evisit.com/10-telemedicine-etiquette-tips-deliver-professional-care. Published 2015.





References:



- Gustin, T. S., Kott, K., & Rutledge, C. (2020). Telehealth Etiquette Training: A Guideline for Preparing Interprofessional Teams for Successful Encounters. Nurse Educator, 45(2), 88-92
- Hollander, J. E., & Carr, B. G. (2020). Virtually perfect? Telemedicine for COVID-19. New England Journal of Medicine, 382(18), 1679-1681
- Kaplan, B. (2020). Revisiting Health Information Technology Ethical, Legal, and Social Issues and Evaluation: Telehealth/Telemedicine and COVID-19. International journal of medical informatics, 104239
- Kassamali, B., Haddadi, N. S., Rashighi, M., Cavanaugh-Hussey, M., & LaChance, A. (2020). Telemedicine and the battle for health equity: Translating temporary regulatory orders into sustained policy change. Journal of the American Academy of Dermatology, 83(6), e467-e468.
- Mars, M. (2020). Medicolegal, ethical, and regulatory guidelines pertaining to telehealth. In Fundamentals of Telemedicine and Telehealth (pp. 297-303). Academic Press
- Laskowski, E. R., Johnson, S. E., Shelerud, R. A., Lee, J. A., Rabatin, A. E., Driscoll, S. W., ... & Terzic, C. M. (2020, August). The telemedicine musculoskeletal examination. In Mayo Clinic Proceedings (Vol. 95, No. 8, pp. 1715-1731). Elsevier.





- Wood M. Telemedicine to attract 7M patient users by 2018—12 statistics on the thriving market. Becker's Health IT CIO Report.
 Available at https://www.beckershospitalreview.com/healthcare-information-technology/telemedicine-to-attract-7m-patient-users-by-2018-12-statistics-on-the-thriving-market.html. Published October 5, 2016. Accessed November 21, 2018.
- 8. Rienitis H, Teuss G, Bonney AD. Teaching telehealth consulting skills. Clin Teach. 2016;13(2):119–123. Cited Here
- Miller EA. The technical and interpersonal aspects of telemedicine: effects on doctor-patient communication. J Telemed Telecare. 2003;9(1):1–7.
- American Telemedicine Association. A concise guide for telemedicine practitioners: human factors quick guide eye contact. Available at http://hthu.net/site/wp-content/uploads/2017/07/Eye-Contact-Quick-Guide.pdf. Published February 2016
- Edelson C. Virtual bedside manner: connecting with telemedicine. pediatric EHR solutions. Available at https://blog.pcc.com/virtual-bedside-manner-connecting-with-telemedicine. Published February 6, 2017. Accessed October 21, 2018.
- Wicklund E. Do doctors have the right 'bedside manner' for telehealth? MobiHealthNews. Available at https://www.mobihealthnews.com/news/do-doctors-have-right-bedside-manner-telehealth. Published November 3, 2014. Accessed October 21, 2018.
- Iafolla T. 10 Telemedicine etiquette tips to deliver professional care. eVisit. Available at https://blog.evisit.com/10-telemedicine-etiquette-tips-deliver-professional-care. Published 2015. Accessed November 21, 2018.
- Shore JH, Yellowlees P, Caudill R, et al. Best practices in videoconferencing-based telemental health April 2018. Telemed eHealth. 2018;24(11):827–832.







Case Presentation

Dr. Marta Edmonds, Great Bend, KS

- Is there a better time of year to implement telehealth in my clinic?
 - Summer offers fewer illnesses and more availability of teens/college students to come in office, but can also offer a more relaxed time to start a new adventure.
- How does telehealth impact opportunities for vaccines?





