**Telemedicine Clinical Guidelines**

**When to use telemedicine**

While many conditions not on this list can be treated via telemedicine, these conditions are an especially good fit for telemedicine: Allergies and asthma, Chronic bronchitis, Conjunctivitis, UTIs, Low back pain, Otitis media, Rashes, Upper respiratory infections, Diabetes, Hypertension, Mental illness/behavioral health, Prevention and wellness services.

Telemedicine should not be used for any condition where an in-person exam is required because of severe symptoms, certain protocol-driven procedures, or aggressive interventions. Also, for a medical emergency patients should go to the ER or call for emergency service providers.

Healthcare providers should use their professional judgement to decide when telemedicine is appropriate.

**When to prescribe**

Prescribing is acceptable for live-video telemedicine sessions, where the visit can substitute for an in-person exam. Prescribing is also ok for telephone consultations, as long as the provider has a pre-existing relationship with the patient.

**Informing the patient**

Before the first telemedicine visit, providers should explain to patients how telemedicine works (when service is available, scheduling, privacy etc), any limits on confidentiality, possibility for technical failure, protocols for contact between virtual visits, prescribing policies, and coordinating care with other health professionals. Everything should be explained in simple, clear language.

**Set-up the right space for telemedicine visits**

Healthcare providers should create a dedicated space for telemedicine visits to ensure privacy, proper lighting and audio, and avoid interruptions. When possible, providers should place their camera on a level stand and position the camera at eye-level.

**Create a contingency plan for emergencies and referrals**

Establish a plan for emergencies and communicate it to the patient before the visit. Make sure to have all information on hand for referrals and request transfers.

**Patient Management and Evaluation**

Always interact with the patient in a culturally competent way, in the language familiar to that patient. If the patient cannot understand because of language barrier, telemedicine should not be used.

It is up to the healthcare provider to use professional judgment to determine when telemedicine is appropriate for the patient case, and when it is not. Also, the patient evaluation should be based on the patient’s medical history and access to their medical record whenever possible.

To guide these decisions, the provider should create clinical protocols which include the condition to be treated (with ICD code), scope of that condition that can be treated using telemedicine, guidelines required to diagnose (when is telephone sufficient, vs. live video), documentation needed to properly assess the patient’s condition, parameters for when the condition can be treated and cannot be treated, and guidelines for when prescription can be done. While this section provides basic, overall guidelines for practicing telemedicine, it’s best practices for the healthcare provider to create more detailed protocols for each condition they intend to treat.

Needed information to diagnose includes:

* Identifying information
* source of the history
* chief complaint
* history of present illness
* associated signs & symptoms
* past medical history
* family history
* personal and social history
* medication review
* allergies
* detailed review of symptoms
* provider-directed patient self-examination (including mobile medical devices if needed)

**Quality Assurance**

Healthcare providers should do regular quality checks on telemedicine services to identify any potential risks and failures (such as with equipment or connectivity, and patient or provider complaints).

**Billing**

Providers should inform patients of their cost for service before the visit, whenever possible.

In general, follow the same standards as in-person medical services

Providers should continue to follow the standards they would for any in-person medical visit. For instance, they should practice by the same code of ethics, comply with security guidelines of HIPAA, provide proper documentation to the patient’s primary care provider, follow their licensing and credentialing guidelines.