

Telemedicine Questionnaire

Name: _____

Policy Number: _____ Date: _____

If you use or plan to use telemedicine in your clinical practice, please complete Part 1 and Part 2 or 3.

Definitions

Telemedicine: Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' clinical health status (American Telemedicine Association).

Telehealth: The American Telemedicine Association (ATA) defines telehealth as technology-enabled health and care management and delivery systems that extend capacity and access.

Teleradiology: The ability to obtain images in one location, transmit them over a distance, and view them remotely for diagnostic or consultative purposes (News Medical, 2018).

Telecardiology: The use of telecommunications to achieve remote diagnosis and treatment of heart disease (News Medical, 2018).

Telepsychiatry: The use of electronic communication and information technologies to help meet patients' needs for convenience, affordable, and readily accessible mental health services (American Psychiatric Association, 2018).

Part 1 – General

1. Identify what services you want to provide via telemedicine: _____

2. How will you perform telemedicine?
 - Telephone
 - Email
 - Remote monitoring
 - Videoconference
3. What system or vendor is used to provide telemedicine service? _____
4. Are Social Workers, Nurse Practitioners, or Physician's Assistants utilized in the practice? Yes No
In what role? _____
5. Will you provide treatment recommendations via text or email? Yes No
6. List the states where telemedicine services will be provided (i.e., where the patient is located (originating site):

7. List the states where you are licensed: _____
8. Do you evaluate and treat patients in the state you reside? Yes No
9. In what state do you reside when providing telemedicine services? _____
10. A process is in place to escalate care when appropriate? Yes No
11. Are you knowledgeable of state regulations governing telemedicine in the states where you are licensed? Yes No
If yes, please explain: _____
12. Will you bill any third-party payor for telemedicine? Yes No

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If yes, are you aware of their requirements for payment? Yes No

13. Please indicate where you will use telemedicine:

- Your private practice
- Contractually with another organization
- As an employee

14. If you will contract with or be employed by an organization, please list the entities where you will use telemedicine: _____

a. If contracting, does the contract contain a hold harmless or indemnification clause? Yes No

b. If contracting, does the contract require each party provide evidence of medical professional liability coverage and limits on an annual basis? Yes No

15. Identify the manner in which patients access your services:

- Self-referred
- Referred
- Assigned
- Other (please specify): _____

16. Type of patients to be seen via telemedicine:

- New patients
- Established patients
- Referrals/consultations
- Patients in controlled environments (e.g., prisons, jails, etc.)
- Other (please specify): _____

17. Is there an informed consent process for telemedicine? Yes No

Describe: _____

If yes, please attach a copy of the informed consent form used in your practice.

18. Who is responsible for record retention? _____

19. How is documentation accomplished and accessed? _____

20. Is the patient able to opt-out of telemedicine? (able to opt for in-person care) Yes No

21. Are you in a private location when practicing telemedicine? Yes No

22. Is your data encrypted at rest? (Encrypted at rest versus in transit; a Meaningful Use requirement) Yes No

23. Is any data sent outside the United States? Yes No

24. Will any records be shared with Health Information Exchanges, Health Information Networks, and/or Regional Health Information Organizations? Yes No

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Part 2 – Teleradiology or Telecardiology

1. What examination/images are interpreted via teleradiology or telecardiology? _____

2. Describe the process of conveying emergent and urgent findings: _____

Part 3 – Telepsychiatry

1. Will you provide telepsychiatry for emergency department patients? Yes No
2. What is the average duration of the telepsychiatry session? _____
3. Do you plan to see your telepsychiatry patients in person at any point in time? Yes No
At what point? _____
4. Will any clinical staff be physically present with the patient during the telepsychiatry sessions? Yes No
5. What is the communication process and frequency with other members of the treatment team?

6. How do you manage crises related to your telepsychiatry patients?

7. Do you have permission to practice in all settings where you will see patients via telepsychiatry? Yes No
For example, if you are consulting with a hospital or nursing home, are you credentialed and privileged at that facility for telepsychiatry?
8. What types of patients do you, or will you see via telepsychiatry?

9. Services Provided:
Evaluation and management _____ %
Monitoring _____ %
Prescribing medication _____ %
Medication management _____ %
Psychoanalysis _____ %
Behavioral therapy _____ %
Other psychotherapy _____ %
Other (please specify) _____ % _____
10. Are there any mental health diagnoses in which telepsychiatry will not be used? Yes No
Describe: _____

