

Quick Check: TELEHEALTH CARE



Completing this checklist can help you minimize potential liability risks associated with telehealth care. For any “No” response, consider updating your process.

	Yes	No	Notes
Medical Liability			
1. Practice plans and/or changes are communicated to the practitioner’s liability insurance carrier or agent/broker.			
Legal/Regulatory/Licensing Considerations			
2. The practitioner is licensed in the state where the practitioner practices.			
3. The practitioner is licensed in the state where the patient is located <i>at the time of the visit</i> . (Note: The practice of the profession occurs where the patient is located at the time of the telehealth visit.)			
4. The practitioner abides by federal requirements and state-specific practice requirements in the state where the patient is located.			
5. The practitioner is appropriately supervised if required for that role’s specific scope of practice.			
Security and Privacy			
6. Telehealth technologies comply with federal (HIPAA Privacy and Security Rule) and state privacy laws.			
7. Business associate agreements are required and reviewed by legal counsel.			
8. A security risk assessment is conducted.			
9. Patient images are sent via secure, encrypted applications (instead of standard texting applications on mobile devices).			
10. Patient images are stored on secure, encrypted applications (instead of on personal mobile devices). (Note: Images of children may be subject to specific regulations related to privacy and sharing. Particular care should be taken to provide confidentiality and appropriate chain of custody of images, especially for photo documentation in cases of child abuse.)			
11. All data is encrypted on and from all devices, communication systems, and applications.			
12. A video record retention plan is in place.			
13. The practitioner and patient/parent or legal representative are in a quiet, private, and well-lit location during telehealth encounters.			
14. The practitioner verifies the ID of all persons present on the patient’s end, and the patient/parent or legal representative notifies the practitioner of anyone who enters or leaves the encounter.			
15. The practitioner terminates the visit and/or refers the patient to another location if either party is unable to maintain an appropriate level of privacy during the encounter.			
Technology			
16. The telehealth platform is integrated into or interoperable with the EHR.			
17. Telehealth session(s) include a technology check and instructions for troubleshooting given to both practitioner and patient/parent or legal representative.			

	Yes	No	Notes
Maintaining the Standard of Care			
18. All practitioners providing telehealth services have completed telehealth-specific training and demonstrated competency.			
19. All practitioners function within their scope of practice.			
20. All practitioners follow evidence-based practice standards and guidelines.			
21. All practitioners are credentialed and privileged to provide services in accordance with local, state, and federal regulations at both the jurisdiction (site) in which they are practicing as well as at the jurisdiction (site) where the patient is receiving care.			
22. Practitioners provide clear and effective communication during the telehealth visit.			
23. The practice has guidelines for determining the types of patients who are appropriate for telehealth visits.			
Establishing the Practitioner-Patient Relationship			
24. The practitioner verifies and authenticates the patient's location.			
25. The practitioner verifies the patient/parent or legal representative using two patient identifiers.			
26. The practitioner discloses and validates identity and applicable credentials (photo ID is visible). (Note: An appropriate relationship has not been established if the identity of the practitioner is unknown to the patient.)			
27. The practitioner maintains a professional appearance (such as a white lab coat).			
28. The practitioner obtains consent from patient/parent or legal representative after disclosures regarding telehealth delivery and treatment models or limitations.			
Evaluation and Treatment			
29. The evaluation and treatment provided during telehealth encounters meet the same standard of care as in-person encounters.			
30. The practitioner determines if the telehealth encounter is appropriate for diagnosis and management of specific clinical conditions.			
31. The practitioner obtains and documents the relevant clinical history prior to providing treatment (this includes prescribing).			
32. For adolescent telehealth visits, the practitioner has discretion to ask the parent or legal representative to leave the room during the confidential portions of the history and physical examination as directed by state-specific guidelines for minor confidentiality. If the patient requests that the parent or legal guardian be present during the visit, this information is documented in the patient record.			
33. The practitioner follows up on diagnostic studies, test results, and consultations and shares information with the patient, family as requested or permitted, patient-centered medical home (PCMH), and primary practitioner.			
34. The practitioner uses a standardized screening tool when available to evaluate various conditions.			
35. The practitioner uses age-specific guidelines for telehealth visits.			
36. All telehealth services include a triage plan to assess if the encounter is suitable for the capabilities of that telehealth service, and a mechanism is in place to convert to an in-person visit or refer the patient to another practitioner if telehealth is determined not to be appropriate at any point during the encounter.			
37. In an emergency, the telehealth practitioner (if safe and feasible) stays online with the patient until transfer of care can be given to the team assuming care.			

	Yes	No	Notes
Informed Consent Includes			
38. Verification of the ID of the patient and parent/legal representative and the ID of the practitioner (including credentials).			
39. Documentation specifying the services and activities that will be provided during the telehealth visit.			
40. Permission to forward patient information to a third party.			
Patient Records and Telehealth Documentation Include			
41. Start and end times and the duration of the visit.			
42. Patient-related communications, test results, evaluations, consultations, immunization history, past records, and instructions.			
43. Mode of telehealth used (telephone, telehealth platform), patient's location (home, vehicle), consent discussion, and patient-provided information (vital signs, home monitoring).			
44. Visit summary provided to the telehealth patient that includes visit findings, treatment plan, and follow-up instructions.			
45. Information that is accessible to the patient, practitioner, specialists, and PCMH.			
46. Information that complies with all state-specific laws and regulations on telehealth documentation or patient record content.			
Prescribing			
47. The prescriber follows guidelines, standards of care, and all federal/state/local regulations (including checking state prescription drug monitoring programs).			
48. The prescriber's contact information is included to facilitate the prescriber/patient/pharmacist relationship.			
49. Unless clinically indicated, the prescriber avoids prescribing narcotics or lifestyle drugs.			
50. Clinical indication for medications is documented in the patient record.			
Written Policies, Procedures, and Clinical Guidelines Include			
51. Patient conditions, presentations, and services appropriate for telehealth.			
52. Documentation, maintenance, and transmission of records of telehealth encounters.			
53. Steps to maintain patient privacy during telehealth care and in storing and sharing patient information.			
54. Staff roles and responsibilities for telehealth care, processing messages, and after-hours communications.			
55. Plans that outline convenient access and periodic updates to telehealth policies, procedures, and guidelines.			
56. Plans for converting telehealth care to in-person and/or a higher level of care.			
57. Closed-loop process for managing laboratory and diagnostic tests.			
58. Closed-loop process for managing referrals.			
59. Downtime/technology failure plan.			

	Yes	No	Notes
Billing and Payment			
60. Third-party payer contracts have been reviewed for telehealth payment requirements and policies.			
Patient Preparation			
61. Evaluation is conducted prior to scheduling telehealth care to determine whether technology assistance is needed and available in the patient's home or through family resources.			
62. Determination is made about whether the patient requires accommodations for vision/hearing/language.			
63. Telehealth patients are given the opportunity to schedule a telehealth practice session(s) prior to their first visit. The sessions include a technology check and process Q&A.			
64. The system includes a virtual waiting area for patients.			
65. A mechanism exists for the practitioner to message the patient in the virtual waiting area.			
Risk Management			
66. Adverse events are timely reported to the facility or practice risk manager or designee and investigated (including using a root cause analysis).			
67. Patient complaints are acknowledged, investigated, and followed up with the patient/parent or legal guardian in a timely manner.			
Quality			
68. Practitioner satisfaction with telehealth is periodically measured and addressed.			
69. Patient satisfaction with telehealth is periodically evaluated and addressed.			
70. Telehealth quality metrics are measured and monitored.			

The Doctors Company Resources

- Articles, Videos, Education: Telehealth at thedoctors.com/articles/telehealth
- Education: *Risk Management Fundamentals for the Practice Manager* at thedoctors.com/practicemanager
- Form: Sample Telehealth Informed Consent at thedoctors.com/sampleconsentforms

Additional Resources

- National Consortium of Telehealth Resource Centers at telehealthresourcecenter.org/
- Stanford Medicine Pediatric Telehealth at med.stanford.edu/pediatric-telehealth

For additional guidance, contact the Department of Patient Safety and Risk Management at **800.421.2368** or by email at patientsafety@thedoctors.com.