

SILETZ COMMUNITY HEALTH CLINIC POLICY



Telehealth

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PART 20

COVID-19 Telehealth and Telemedicine Services to Patients

I. PURPOSE

The Siletz Community Health Clinic (SCHC) will offer and provide telehealth and telemedicine services to our population to improve access to care, facilitate chronic disease management and enhance patient engagement.

This policy will address licensure; establishment of the physician-patient relationship; evaluation and treatment; informed consent; continuity of care; referrals for emergency services; medical records; privacy and security of the patient records and exchange of information

II. POLICY FOR SCHC STAFF

A. For Medicare patients, as of March 31, 2025, the following telehealth guidelines apply to Medicare beneficiaries:

1. Geographic Restrictions

- a. Most telehealth services can be provided from any location in the United States, including the patient's home.
- b. Certain services, such as mental health and behavioral health, may still require the patient to be in a rural health clinic or federally qualified health center (FQHC).

2. Eligible Providers

All eligible Medicare providers, including physicians, nurse practitioners, physician assistants, and therapists, can furnish telehealth services.

3. Services Covered

- a. Most telehealth services that were covered during the COVID-19 pandemic remain eligible, including:
 - i. Medical consultations
 - ii. Chronic disease management
 - iii. Mental health and behavioral health services
 - iv. Physical therapy, occupational therapy, and speech-language pathology.

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4. Audio-Only Services

Audio-only telehealth services are permitted for patients who are unable or unwilling to use video technology.

5. Other Considerations

- i. The patient and provider must both be located in the United States.
- ii. Services must be provided using interactive, real-time telecommunications technology.
- iii. Medicare will continue to cover telehealth services provided through FQHCs and RHCs.

6. Expiration of Flexibilities

The current telehealth flexibilities, including the removal of geographic restrictions, are set to expire on March 31, 2025. After that date, telehealth services may be subject to more stringent eligibility requirements.

It is important to note that these guidelines may change in the future.

B. For patients enrolled in Oregon Medicaid Programs

Telehealth Visits for Oregon residents have the following requirements:

- 1. Real-time, interactive audio and video telecommunication system is used. Note: If the video cuts out at any point during the visit, the visit should be billed as a telephone encounter.
- 2. The provider can be located anywhere.
- 3. The patient can be located anywhere (the state in which the patient is located may require additional credentialing of the provider).
- 4. The service is medically necessary.
- 5. The service is safe and effective through video conferencing.
- 6. All telehealth platforms are HIPAA compliant.

C. For patients enrolled in private payer insurance that allow telehealth visits SCHC will provide telehealth visits via both telephone-only virtual check-in, and via audiovisual telemedicine.

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- D. All providers and staff will adhere to the recommended guidelines from CMS and Oregon Health Authority in regards to telehealth services.
- E. The patient must verbally consent to receive virtual check-in services, and this must be documented in the chart note. This is not limited to only rural settings. There are no geographic location restrictions for these visits.
- F. The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.

III. PROCEDURES

The following procedures are in place to assure training and compliance with telehealth requirements and best practice:

A. Establishing the Relationship

- 1. Verify the location and identity of the patient to the best extent possible.
- 2. Provide and validate your own credentials to the patient, i.e., medical license or other clinical qualifications.
- 3. Disclose communication and treatment methods to patients and obtain consent where appropriate.

B. Evaluation and Treatment

The standard of care for practicing telemedicine is the same as that of traditional medicine. Ensure that your evaluation, consultation, and prescribed treatment are all thoroughly documented in the patient's medical record or electronic health record (EHR). If, for any reason, you as a provider believe the evaluation, diagnosis or treatment will be too complicated for telemedicine, you must request an in-person appointment before any medical advice is given.

- 1. The licensed provider will document each occurrence of a health care service provided by telephone, or audiovisual telemedicine, including:
 - a. The location of the originating (patient) and the distant (provider) site.
 - b. The total time spent on virtual encounter, including documenting, reviewing records, and time spent with patient.
 - c. The mode of transmission of the telemedicine service (virtual check-in for telephone only).

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- d. For audiovisual platform, the template will state the third-party software for audiovisual communication.
 - e. Telehealth visit is defined as a patient encounter that is via the telephone only. There must be documented verbal permission from the patient, showing that patient agreed to have a telehealth visit versus a visit in the office. This visit requires audio capabilities.
 - f. Virtual visits are completed utilizing a tele video and audio program such as OTTO that is linked to the electronic health record, NextGen.
 - g. There must be documented verbal permission from the patient, showing that patient agreed to have a telehealth visit versus a visit in the office via the OTTO application.
2. Should a patient prefer a telehealth visit (phone only) then an appointment is made in NextGen as a telehealth visit.
 - a. Reception contacts patient at time of appointment.
 - b. Call sent to the provider team for intake information and verbal consent for a telephone only visit.
 - c. Call is forwarded to the provider.
 - d. SOAP is completed via the "Office Visit" type of note.
 - e. E&M for phone conversation only is chosen.
 - f. Chart note has an addendum as to how many minutes provider was with patient.
 3. Should a patient prefer a virtual visit the patient must have internet or smartphone capability.
 - a. Schedule a virtual visit (tele audio/video) via NextGen scheduling.
 - b. Utilizing patient's proper email address, the visit is scheduled via NextGen for the tele video/audio visit.
 - c. Patient is educated on how the technology works for either phone or OTTO visit.
 - d. Patient logs into the OTTO session. The patient answers all the HIPPA

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questions and agrees to this type of visit.

- e. Medical Assistant or RN joins the visit via audio and video. Completes check in process for purpose of visit.
- f. Provider joins via OTTO.
- g. Appointment completed with treatment plan reviewed with the patient.
- h. Office visit template utilized for SOAP.
- i. E&M entered for tele visit utilized with an addendum that clarifies how many minutes spent with patient.

C. Informed Consent

An informed consent process has been developed and is required for each telehealth visit.

1. The patient must be informed of the rare risk of breach of privacy through third party telecommunication vendors when performing an audiovisual telemedicine visit. SCHC allows use of third-party software for telemedicine visits and SCHC will notify patients of rare risk of breach of privacy using third party audiovisual vendors, and our good faith effort to protect patient privacy and protected health information, while providing necessary healthcare.
2. As part of patient safety before, during, and after the visit:
 - a. Patients will be verbally informed by providers, as part of the verbal informed consent, that at any point if the provider, or patient, makes a judgment that the patient needs to be seen in person to adequately address their medical concern, that they will be instructed to come in person to clinic, or emergency department if appropriate.
 - b. At the beginning of the telehealth visit, the virtual on-boarding staff (nurse or scheduler), or licensed healthcare provider will ask for the exact location of the patient, and call-back number of the patient, in case there is an emergency.
 - c. The patient will be advised to call back to the clinic general phone number, rather than any generic email address or generated dummy-phone number, if they have concerns after the appointment, or if the connection is lost during the telehealth visit.

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D. Continuity of care

Follow-up care should be readily available to the patient, either from the physician conducting telemedicine or a provider designated by the physician. If the patient-physician encounters are done exclusively using telemedicine, then all documentation must be accessible to the patient. Patients may also request that the information be provided to their other healthcare providers.

E. Referrals for emergency services

Physicians practicing telemedicine should establish an emergency plan that can be implemented when the information obtained (via telemedicine) indicates that the patient requires referral to an acute care facility. This could be an urgent referral to specialty services, referral to ER, or activation of 911 services.

F. Medical records

The medical record for telemedicine should be consistent with standards required for documentation in traditional medicine. Medical records for telemedicine should include copies of all patient-related electronic communications, laboratory tests and results, evaluations and consultations, prescriptions, records of past care and any instructions produced in connection with telemedicine.

G. Privacy and Security of the Patient Records and exchange of information

1. All applicable federal and state legal requirements for the privacy and security of medical records and health information should be met or exceeded. This includes compliance with HIPAA, HITECH, and state privacy, security, confidentiality and medical record retention rules and laws. All data transmitted by SCHC staff electronically (audio, video, written etc.) should be sent via use of encryption that meets current standards.
2. Devices used to transmit protected health information should have up-to-date security software to guard against cyber-attacks.

H. Disclosures and Functionality in Online Services

All services offered online, via telemedicine, should be clearly disclosed to the patient. SCHC telemedicine services include provider visits, mental health counseling, MAT provider visits, MAT 1:1 counseling sessions, MAT group sessions, Behavioral Health group sessions, A & D group sessions.

I. Prescribing

When prescribing via telemedicine, precautions should be taken to ensure patient safety in the absence of a traditional physical examination. Measures taken should guarantee

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patient safety through informed, accurate and error-prevention practices. Medications prescribed using telemedicine technologies should only include medications considered safe by the physician's state board. In addition, any medications prescribed must be done at the professional discretion of the medical provider. Healthcare providers who engage in telemedicine should have knowledge of the availability of medications in the patient's geographic location and the other providers caring for the patient. Caution should be exercised in prescribing medications that require close monitoring or that could lead to acute changes in a patient's condition, particularly if the patient is not near a health facility or healthcare provider.