

<b>Name of Policy:</b> Electronic Clinical Services <b>Policy Number:</b> 3364-101-03-10 <b>Approving Officer:</b> Chief Executive Officer, Chief Medical Officer <b>Responsible Agent:</b> Chief Administrative Officer <b>Scope:</b> University of Toledo Medical Center Ambulatory Services		 <b>Effective date:</b> <b>Original effective date:</b> 4/1/2020	
Key words: Prescriptions, Medications, Orders, Documentation, Authorization			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

**(A) Policy Statement**

Clinical services may be made available to individuals with an established and active relationship within the University of Toledo Medical Center through Telehealth, Telepsychology, Interactive Videoconferencing, or Virtual Check-ins (“Electronic Clinical Services”). Individuals must be deemed clinically appropriate for Electronic Clinical Services. [Electronic Clinical Services must meet the same standard of care required for in-person services under Ohio law.](#)

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**(B) Purpose of Policy**

To provide a description of Electronic Clinical Services, the process for providing such services, and the process for determining individuals who are appropriate for receiving such services. [Additionally, this policy ensures compliance with Ohio Revised Code \(R.C.\) 4743.09 and the State Medical Board of Ohio’s telehealth rules.](#)

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**(C) Scope**

This policy is applicable to UTMC and all clinics located on The University of Toledo’s campuses. [-Ohio rules apply to patients located in Ohio; outside-Ohio patients require compliance with their state’s laws.](#)

**(D) Definitions**

For the purposes of this policy, the definitions pertaining to electronic visits will be as follows:

- (1) **Telehealth:**<sup>1</sup> is the direct delivery of health care services to a patient via secure, [asynchronous and synchronous, interactive, real-time](#) electronic communication, [including real-time audio and video elements when required to meet the clinical standard of care. The technology used must be sufficient to meet the same standard of care as an in-person visit, in accordance with Ohio Revised](#)

<sup>1</sup> OAC 5160-1-18(A)(4); Telehealth Billing Guidelines <https://medicaid.ohio.gov/Portals/0/Resources/Publications/Guidance/BillingInstructions/TelehealthBilling.pdf?ver=2019-07-08-105111-487>.

~~Code 4743.09 and State Medical Board Telehealth rules, comprised of both audio and video elements.~~ The following are exclusions to Telehealth Services:

- (a) Email,
  - (b) telephone (voice only), communications that do not meet the full standard of care requirements for a bona fide telehealth visit
  - (c) facsimile transmission (fax),
  - (d) text ~~messages~~,
  - (e) Video with inadequate resolution ~~video~~,
  - (f) conversations between practitioners regarding a patient without the patient present either physically or via ~~secure, synchronous, interactive, real-time electronic communication, or approved telehealth technology~~
  - (g) written communication between the providers or between patients and providers.
- (2) **Telepsychology:**<sup>2</sup> The practice of psychology or school psychology as those terms are defined in divisions (B) and (E) of section 4732.01 of the Ohio Revised Code, including psychological and school psychological supervision, by distance communication technology such as but not necessarily limited to telephone, email, internet-based communications, and videoconferencing.
- (3) **Interactive Videoconferencing:**<sup>3</sup> The use of secure, real-time audiovisual communications of such quality as to permit accurate and meaningful interactions between at least two persons, one of which is a certified provider of the service being provided. This excludes telephone calls, images transmitted via facsimile machine, and text messages without visualization of the other person, i.e., electronic mail.
- (4) **Virtual Check-ins:**<sup>4</sup> Brief, services for patients with an established active relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours. Virtual check-ins are furnished through telephone or captured video or image. Telephone-only communication is not considered telehealth unless it meets the full standard of care and includes all elements of a bona fide visit.
- (5) **Active Patient:**<sup>5</sup> Within the previous twelve months, at least one in person, physical exam or assessment of the patient has been conducted by the practice or practitioner acting within the scope of their professional license.

#### (E) Procedure

- (1) The decision of whether to provide Electronic Clinical Services is ~~guided-based by~~ patient choice, appropriate clinical decision-making, and professional responsibility. Providers must ensure that the selected mode of care allows them to meet the same standard of care required for an in-person encounter and complies with all including the requirements for professional licensing, registration, and credentialing board requirements.
- (2) Prior to the initiation of Electronic Clinical Services, providers must make reasonable efforts to determine that patients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the patient.

<sup>2</sup> OAC 4732-17-01(H)(1).

<sup>3</sup> OAC 5122-29-31.

<sup>4</sup> <https://www.medicare.gov/coverage/virtual-check-ins>.

<sup>5</sup> OAC 5160-1-18(A)(1).

In addition, patients who participate in Electronic Clinical Services will have a Personal Safety Plan on file, as appropriate.

- (3) Only UTMC approved Electronic Clinical Services platforms may be used. It is the responsibility of the provider to ensure that any entity or individuals involved in the transmission of the information guarantee that the confidentiality of the information is protected. The services will be provided in a controlled environment where there is a reasonable expectation of privacy and absence from intrusion by individuals not involved in the patient's direct care. When the patient chooses to utilize videoconferencing equipment at a site that is not arranged by the provider (e.g., their home or that of a family or friend) the provider is not responsible for any breach of confidentiality caused by other individuals present at the site.
- (4) Prior to the initiation of Electronic Clinical Services, the clinical provider must inform the patient of the benefits and limitations of using Electronic Clinical Services. The licensed provider must obtain informed consent from the patient or his or her guardian. Written consent is the preferred format for consent; however, verbal consent from the patient or his or her guardian may be accepted but shall be witnessed by a third party from the clinical team. In the event of extenuating circumstances, verbal consent alone is accepted. The verbal or written consent must be documented in the patient's medical record, including the following elements:
- (a) A description of the risks, benefits, and consequences of Electronic Clinical Services to include but not limited to;
- (i) The possibility of technology failure and alternate methods of service delivery;
- (ii) Mechanism in which connection will be re-established should connection be lost during the delivery of service;
- ~~(iii)~~ When Electronic Clinical Services are deemed ineffective by the clinician or patient, services will be made available face-to-face, as appropriate.
- ~~(iii)~~ (iv) A statement that the patient understands how to obtain emergency assistance during the session and that the emergency response depends on accurately reporting their physical location.
- (b) A notation that the patient has been informed of their right to withdraw consent at any time and that the provider will deliver care consistent with the in-person standard of care. The patient must also be informed that if the provider determines this standard cannot be met through telehealth, the encounter will transition to an in-person visit as appropriate.
- (5) The provider shall provide the patient written information on how to access assistance in a crisis, including one caused by equipment malfunction or failure
- (6) At the start of an Electronic Clinical Services session the following will occur:
- (a) Two patient identifiers will be used to ensure identity of patient,
- ~~(b)~~ The physical location (street address and city) of the patient and phone number to contact the patient should virtual connection be lost,
- ~~(b)~~ (c) The provider will obtain and document the patient's consent to the communication modality (e.g., audio-video or audio-only), in accordance with CMS Medicare billing rules
- (7) For pharmacologic management, prescribing may be contemplated, but the provider must implement measures to uphold patient safety in the absence of traditional physical examination. Prescribing medications, in-person or via Electronic Clinical Services, is at the professional discretion of the provider. The indication, appropriateness, and safety considerations for each

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Electronic Clinical Services encounter prescription must be evaluated by the provider in accordance with current standards of practice and consequently carry the same professional accountability as prescriptions delivered during an encounter in person. However, where such measures are upheld, and the appropriate clinical consideration is carried out and documented, providers may exercise their judgment and prescribe medications as part of Electronic Clinical Services encounter.

i. All prescribing via Electronic Clinical Services must comply with Ohio telehealth prescribing requirements, including restrictions on remote prescribing of controlled substances and allowances for prescribing non-controlled medications without a prior in-person examination only when telemedicine criteria are met.

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(8) As mentioned throughout this policy, the the clinical provider determines when an in-person visit is needed for reasons including but not limited to completing a physical exam, clinical suspicion of imminent danger to self and/or others, poor network connection, etc.

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(9) All staff and clinical care providers involved in the operation of the system and provision of services will demonstrate competency in the system's operation. Such training will be provided to the provider and patient prior to the encounter.

(10) Electronic Clinical Services encounters must be documented and signed (closed) in the patient's electronic medical record within 24 hours of the encounter.

(11) Clinicians will follow all relevant state and federal laws and regulations concerning Electronic Clinical Services.

(12) Deviations from this policy may occur during periods of public health and safety concerns and emergencies, at which time executive orders will be followed during the corresponding time period. Any deviations that fall outside public health or safety emergencies, for which applicable federal or state executive orders and regulatory flexibilities apply, must be escalated to the Privacy Officer or Compliance Department for review and any necessary follow-up or remediation.

