


<b>Name of Policy:</b> <u>Electronic Clinical Services</u> <b>Policy Number:</b> 3364-101-03-10 <b>Department:</b> Ambulatory Services <b>Approving Officer:</b> Chief Operating Officer, UTMC <b>Responsible Agent:</b> Senior Administrative Director-Clinic Operations <b>Scope:</b> The University of Toledo and all of its campuses	  <b>Effective Date:</b> 04/01/2023 Initial Effective Date: 04/2020		
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input checked="" type="checkbox"/> Minor/technical 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.

**(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.

**(C) Scope**

This policy is applicable to UTMC and all clinics located on The University of Toledo’s campuses.

**(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, synchronous, interactive, real-time electronic communication comprised of both audio and video elements. The following are exclusions to Telehealth Services:
  - (a) Email,
  - (b) telephone (voice only),
  - (c) facsimile transmission (fax),
  - (d) text,
  - (e) 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

<sup>1</sup> OAC 5160-1-18(A)(4); Telehealth Billing Guidelines  
<https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-18>

- (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.
- (5) **Active Patient:**<sup>5</sup> Within the last 3 years, 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 based on patient choice, appropriate clinical decision-making, and professional responsibility, including the requirements for professional licensing, registration, and credentialing boards.
- (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.
- (3) 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. . 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;

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<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).

- (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.
  - (b) A notation that the patient has been informed of their right to withdraw consent at any time
- (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,
- (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 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.
- (8) 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.
- (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) Clinicians will follow relevant state and federal laws and regulations concerning Electronic Clinical Services.
- (11) 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 period.

<p><b>Approved by:</b></p> <p>/s/ _____ Date _____ Marci Cancic-Frey PT DPT MBA Senior Admin Director-Clinic Operations</p> <p>/s/ _____ Date _____ Christine Stesney-Ridenour FACHE Chief Operating Officer-COO</p> <p><i>Review/Revision Completed By: Administration</i></p>	<p><b>Review/Revision Date:</b> 03/01/2023</p>
<p><b>Policies Superseded by This Policy:</b></p>	<p><b>Next Review Date:</b> 03/30/2026</p>