

# Checklist: Creating a Defensible and Compliant Record of Virtual Care

## Compliance Measures

## Status

## Action Plan

### Basic Business and Operational Considerations

<b>A written protocol is created, which delineates acceptable uses of remote care technologies</b> , e.g., prescription refills, appointment scheduling, assessment, patient and specialist consultation, and education, among others.		
<b>A thorough, documented due diligence evaluation is conducted</b> of potential telemedicine and telehealth (TM/TH) partners, especially with regard to clinical and technical compatibilities.		
<b>A business associate agreement is signed with all TM/TH partners</b> , pursuant to HIPAA privacy rule requirements.		
<b>A record is maintained of TM/TH partners' contact information</b> , including business email addresses.		
<b>A "memorandum of agreement" is written</b> , reviewed by legal counsel and entered into with partner sites.		
<b>The memorandum is checked to ensure that it provides specific answers to key questions about the partnership arrangement</b> , including the following:		
• Who provides support staff?		
• Who pays for telecommunication connections?		
• Who supplies and maintains equipment?		
• What space is available for TM/TH encounters?		
• Who manages the billing process?		
<b>A TM/TH coordinator is designated and a job description written</b> , assigning the coordinator responsibility for providing administrative support for consultations/referrals, program functioning and system processes.		
<b>A written TM/TH procedure manual is developed</b> , which addresses a broad range of clinical processes that occur before, during and after consultations.		
<b>The procedure manual is reviewed by affiliated healthcare providers</b> to ensure that it conforms with practice guidelines issued by national associations.		
<b>Uniform referral and scheduling guidelines are drafted</b> and included in partnership agreements.		
<b>A formal policy for reserving TM/TH equipment and space is promulgated</b> , which includes a conflict resolution protocol.		
<b>A written protocol is instituted to guide the patient selection process</b> , which includes specific parameters for referral to TM/TH providers, such as patients who require the following types of treatment:		
• Chronic care management.		
• Acute, uncomplicated care.		
• Medication management.		
• Pre- and post-operative care.		
• Mental health therapy.		
• Nutrition services.		
• Specialty care referral.		

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<b>Basic Business and Operational Considerations (continued)</b>		
<b>A consistent patient registration process is implemented</b> for distant site facilities.		
<b>Formal procedures are established for patient testing and notification,</b> including documentation of test results and follow-up measures in the patient healthcare information record.		
<b>A procedure to escalate care in emergency situations is adopted,</b> which includes consulting with other providers, accessing backup technology for immediate use and arranging prompt in-person intervention if necessary.		
<b>Provider Fitness and Preparedness</b>		
<b>Licensure verification records are maintained</b> for physicians, nurse practitioners, physician assistants and other designated healthcare professionals (hereafter “providers”) involved in the delivery of virtual care.		
<b>TM/TH credentialing, privileging and peer review processes are developed for providers,</b> reflecting patient safety, jurisdictional and liability considerations.		
<b>Roles and responsibilities related to the provision of virtual care are clearly defined</b> by regularly updated formal policies, which are disseminated to different medical disciplines and staff levels.		
<b>Guidelines are adopted to ensure that TM/TH services are offered only when there is a professional relationship between the provider and the patient,</b> as defined by the following criteria, among others:		
• <b>Knowledge of the patient and the patient’s health status</b> through an ongoing personal or professional relationship.		
• <b>A previously conducted in-person examination</b> of the patient.		
• <b>Availability for appropriate follow-up care</b> at medically necessary intervals.		
• <b>Past treatment of the patient in consultation with another professional</b> who has an ongoing relationship with the patient.		
• <b>An on-call or cross-coverage arrangement</b> with the patient’s regular treating healthcare professional.		
<b>Providers are formally instructed and regularly informed that the same standard of care applies to both TM/TH services and in-person care,</b> and it is neither modified, enhanced nor reduced simply because a patient visit is conducted remotely.		
<b>Receipt of TM/TH-related policies and procedures is acknowledged in writing by providers,</b> who are tested on their comprehension, including how and when to do the following:		
• Schedule a consultation.		
• Arrange for a consulting room.		
• Set up necessary equipment.		
• Establish network connections.		
• Prepare and advise the patient and consulting provider, if applicable.		
• Document consultation findings.		
• Secure and back up required data.		
• Prepare reports of virtual care episodes.		

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<b>Provider Fitness and Preparedness (continued)</b>		
<b>Educational and professional development requirements are specified in writing</b> , including participation in pilot programs, as well as familiarity with clinical protocols, equipment capabilities and documentation requirements.		
<b>Providers and staff members are tested for general computer proficiency</b> , as well as knowledge of software applications and device features and connectivity, and records are maintained of testing results.		
<b>Providers are trained on an ongoing basis in virtual care protocols</b> , including proper documentation practices.		
<b>Staff members are trained in incident reporting</b> , and adverse TM/TH occurrences are tracked and trended for quality improvement purposes.		
<b>Technical Safeguards</b>		
<b>Organizational standards and technical specifications are developed</b> to promote safe and effective delivery of care, covering such areas as bandwidth, interoperability, verification of data transmission, equipment maintenance and on-site technical support.		
<b>A private and secure computer network is maintained</b> to protect patient confidentiality and the integrity of data exchanged between sites and providers.		
<b>Equipment and software are catalogued by make, model and serial number</b> , and are tested for functionality and interoperability prior to use.		
<b>Warranties on all TM/TH equipment are filed for easy reference</b> , as are all equipment maintenance records.		
<b>A system is created to swiftly inform staff of technical glitches</b> – such as a disconnection with a remote site during a consultation – that may affect clinical outcomes.		
<b>Privacy and Security Provisions</b>		
<b>All TM/TH policies and procedures are reviewed periodically</b> for compliance with extant regulations relating to patient privacy.		
<b>Rules are established regarding the virtual consultation process and environment</b> , including the following, among others:		
<ul style="list-style-type: none"> <li>• <b>TM/TH sessions are scheduled in a suitable clinical setting</b> that offers both seclusion and professional amenities, when possible.</li> </ul>		
<ul style="list-style-type: none"> <li>• <b>Consulting spaces are identified by clearly visible signs</b>, indicating that a private patient session is in progress.</li> </ul>		
<ul style="list-style-type: none"> <li>• <b>Appropriate security measures are implemented during the transmission process</b>, including such critical functions as authentication, patient identification, data control and tracking, and Wi-Fi protected access.</li> </ul>		
<b>Measures are taken to protect the confidentiality of patient information</b> , including the following, among others:		
<ul style="list-style-type: none"> <li>• Electronic privacy safeguards, such as use of passwords and/or encryption.</li> </ul>		
<ul style="list-style-type: none"> <li>• Physical site security.</li> </ul>		
<ul style="list-style-type: none"> <li>• Securing of store-and-forward images and other patient records.</li> </ul>		
<ul style="list-style-type: none"> <li>• Confidentiality agreements for all personnel involved in TM/TH, including vendor staff.</li> </ul>		

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**Privacy and Security Provisions (continued)**

**Providers are trained to comply with HIPAA, CMS, CDC and other state and federal regulations and guidelines** relating to protection of patient privacy and confidentiality.

**A policy is adopted prohibiting use of personal email accounts for the exchange of protected patient health information,** and mandating use of network-based accounts or secure, facility-approved messaging applications.

**Clinical Documentation and Recordkeeping**

**A standard method of collecting and storing TM/TH information is implemented** at both originating and distant sites, if applicable.

**TM/TH documentation formats are standardized** and integrated with electronic patient health information records.

**Virtual care encounters are thoroughly documented,** including, but not limited to, the following information:

- Patient name and identification number.
- Originating facility's name.
- Distant facility's name, if applicable.
- Registration information (i.e., patient identification number and provider assignment) at distant site, if applicable.
- Date of service.
- Referring provider's name, if applicable.
- TM/TH provider's name.
- Type of evaluation to be performed.
- Informed consent form and signature.
- Diagnosis/impression of providers.
- Recommendations for further treatment.

**A formal process is established for obtaining and documenting patients' informed consent for TM/TH services,** encompassing the following information, per the [Federation of State Medical Boards](#):

- Patient identification, including name and date of birth.
- Names, credentials, organizational affiliations and locations of physician and/or other healthcare professionals involved in the visit.
- Name and description of the recommended procedure.
- Potential benefits and risks of the procedure.
- Possible alternatives, including no treatment.
- Risks of declining the treatment/service.
- Confirmation that patient understands and accepts remote care delivery mode.
- Contingency plans in the event of technical problems during the procedure.
- Explanation of how care is to be documented and accessed.
- Security, privacy and confidentiality measures to be employed, as well as extent of risk to privacy notwithstanding such safeguards.
- Names of those responsible for ongoing care.
- Reiteration of the right to revoke consent or refuse treatment at any time.
- Consent of patient to forward patient-identifiable data to a third party.

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**Quality Improvement**

<p><b>A formal TM/TH quality improvement program and review process is implemented</b>, which tracks the following quality of care indicators, among others:</p>		
<ul style="list-style-type: none"> <li>• Equipment or connectivity failures.</li> </ul>		
<ul style="list-style-type: none"> <li>• Number of attempted and completed visits.</li> </ul>		
<ul style="list-style-type: none"> <li>• Average waiting times.</li> </ul>		
<ul style="list-style-type: none"> <li>• Patient and provider satisfaction with virtual patient encounters.</li> </ul>		
<ul style="list-style-type: none"> <li>• Patient or provider complaints related to virtual visits.</li> </ul>		
<p><b>Outcome metrics are decided upon to monitor and assess the clinical quality and efficiency of virtual care encounters</b>, including the following:</p>		
<ul style="list-style-type: none"> <li>• Patient complication and morbidity rates.</li> </ul>		
<ul style="list-style-type: none"> <li>• Provider compliance with performance criteria, including productivity and patient satisfaction levels.</li> </ul>		
<ul style="list-style-type: none"> <li>• Diagnostic accuracy.</li> </ul>		
<ul style="list-style-type: none"> <li>• Adherence to evidence-based clinical protocols.</li> </ul>		
<ul style="list-style-type: none"> <li>• Referral rates.</li> </ul>		
<ul style="list-style-type: none"> <li>• Cost per case.</li> </ul>		
<ul style="list-style-type: none"> <li>• Delays in accessing consultations, referrals or specialty practitioners.</li> </ul>		
<p><b>Outcome findings are reported to the Quality Improvement Committee (QIC)</b> on an ongoing basis.</p>		
<p><b>Written guidelines are developed for auditing TM/TH practitioners</b> and sharing internal review information – including virtual care-related adverse events – with established quality improvement and risk management programs.</p>		
<p><b>TM/TH-related policies, procedures and staff training efforts are reviewed every six to 12 months</b>, with revisions based upon incident report findings and assessment of the program’s overall safety, effectiveness and efficiency.</p>		
<p><b>Regular equipment testing and maintenance is performed and documented</b>, including post-installation testing and pre-session calibration, as well as ongoing quality checks of audio, video and data transmission capabilities.</p>		
<p><b>Routine audits of equipment and software functionality are conducted</b>, and reports are prepared for the QIC.</p>		

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