

June 8th “Getting Started in Telemedicine” Webinar Questions

1. It seems like Telemedicine is here to stay, however a lot of insurance companies have given a cut of date for reimbursement. They are not going to pay this forever.

You can find a summary of telehealth policy changes to Medicare, Medicaid, and private coverage for telemedicine during Covid-19 and federal policy changes here: <https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>. This is a living document that Center for Connected Health Policy (CCHP) updates as new information and policies become available in response to the evolving situation. Several states, including Washington, enacted permanent laws ensuring telehealth parity (both coverage and payment).

2. Do you use the standard referral process, or do you use a process that identifies the process as telemedicine?

At UW Medicine we took our standard referral process for in-person visits and viewed it through a telemedicine lens to see what adjustments needed to be made.

We have 3 main pathways referrals and appointments are processed: 1) clinic directed – where the clinic decides to schedule an appointment with the patient’s approval; 2) Contact Center directed – where a central group of schedulers manage referrals received from clinics and schedule with the patient; or 3) patient directed – where patients can schedule appointments themselves.

For each of these pathways we had to ensure that the referred to providers were privileged to provide telemedicine, and that they were set up with the appropriate infrastructure to enable a successful telemedicine visit. Our goal is to have as few roadblocks to having a telemedicine appointment as possible, and to have the process be as similar to our in-person process as possible. But, because of the privileging and infrastructure requirements, we had to create a referral process specific to telemedicine. As telemedicine becomes solidly integrated into everyday operations across UW Medicine, we can revisit having a separate referral process.

3. I have several trans patients who live outside of WA in underserved areas, and travel to Washington to see me in clinic. Can I see them via telemedicine if they are not in WA/ do those rules still apply?

This is an area of rapid change. Prior to COVID-19, you had to be licensed in the state where the patient was at the time of the telemedicine visit. However, many states have *temporarily* relaxed these requirements. You can find a resource for state specific questions related to telemedicine licensure requirements here:

<https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>. This is updated to include modifications by state and territory in Covid-19 response, including citation links. This can be found on [CCHP’s Telehealth Policy](#) site as well.

4. How much training is needed before granting privilege for practicing telemedicine?

The amount of training required, and type of training, can vary by state. [This basic training](#), developed by the WA Telehealth Collaborative, can serve as a baseline training for most telemedicine clinical use cases. It is a ~30 min video.

5. Will these slides be available after the presentation?

Yes, once HRSA reviews and approves the slides they will be posted online for your review.

6. Can we get that permission regarding HIPAA regulations in writing somehow?

You can review Health & Human Services’ (HHS) *Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency* here: <https://www.hhs.gov/hipaa/for->

[professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html](https://www.hhs.gov/professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html). This is an official announcement from HHS outlining relaxed enforcement of HIPAA, allowing providers to use some non-HIPAA compliant communication platforms during Covid-19 response.