

PLEASE REVIEW

Use and Citation of Document Content

This document is a copy of the information in the *Washington State Medical Professional Telemedicine Training*. This document is meant to serve as a reference for:

1. Health institutions interested in developing their own “alternative” telemedicine training while remaining within Washington State training guidelines.
2. Health care professionals needing to review the information covered in the *Washington State Medical Professional Telemedicine Training*.

Review of this document alone is **NOT** meant to substitute for the Washington State telemedicine training requirement. To access the publically available training please visit the Training Page located on the [Washington State Telehealth Collaborative Website](#).

Please note: this content serves as a basic introduction to telemedicine definitions, licensing requirements, regulations and best practices for a wide range of health care professionals. Institutions are encourage to add or remove content to best serve their trainees.

Citations and Copyright

This document is meant to be used as a reference, and while institutions can use the language or examples for their own training, not all of the information needs to be included in order to be compliant with the law. Please review the Alternative Telemedicine Training Guidelines on the [Washington State Telehealth Collaborative Website](#) for required topics.

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HEALTHCARE PROFESSIONAL TELEMEDICINE TRAINING

WashingtonState
Telehealth Collaborative

ABOUT THIS TRAINING

This training serves as a basic introduction to telemedicine definitions, licensing requirements, regulations and best practices.

Telemedicine use cases, best practices, and privacy regulations can vary between clinical specialties and healthcare professions.

Healthcare professionals should refer to their licensing and regulating body for more information on the specific telemedicine guidelines and requirements for their specialty.

INTRODUCTION

In 2020, Washington State passed [SSB 6061](#) and made telemedicine training mandatory for all licensed, registered, or certified healthcare professionals providing telemedicine services. Physicians and Osteopathic physicians are excluded from the mandate, however they are encouraged to complete such training.

This training meets the requirement outlined in Washington State law. Trainees are expected to maintain a Certificate of Completion for record keeping. Fulfillment of this telemedicine training requirement includes: completion of this training, 80% pass rate of the training test questions, and maintenance of records that includes the Certificate of Completion that will be awarded following this training.

NOTE: Healthcare providers do not need to complete this training if their institution or organization has their own internal telehealth training that meets the Washington Telehealth Alternative Training Guidelines.

This training was developed by the Washington State Telehealth Collaborative and the Northwest Regional Telehealth Resource Center. Please direct questions or comments to the Program Contact listed on the [WA Telehealth Collaborative website](#).

LEARNING OBJECTIVES OF THIS TRAINING

At the completion of this telemedicine training the healthcare professional will be able to:

- Identify how telemedicine is defined in Washington State
- Describe regulating policies and scope of practice when providing telemedicine services
- Understand the necessary infrastructure before providing telemedicine services
- List practice considerations when providing telemedicine services
- Demonstrate knowledge of telemedicine practice, business, and compliance standards

OUTLINE OF TRAINING

Telemedicine 101

- Telehealth and Telemedicine
- Synchronous and Asynchronous Visits
- Modalities of Telehealth
- Originating Site and Distant Site Distinction
- Scope of Practice

Telemedicine Policy

- Licensing Requirements
- Credentialing & Privileging
- Coverage and Reimbursement
- Stark and Anti-kickback
- Ryan Haight Act 2008
- HIPAA Privacy and Security

Telemedicine Readiness

- Preparing for a Telemedicine Visit
- Standards of Care
- Determining Appropriateness of Telemedicine Visits
- Informed Consent, Telemedicine Liability
- Technical and Equipment Preparation, Emergency Outage Plan

Telemedicine Visit

- Interpreter Services
- Webside Manner
- Best Practice for Synchronous Visits
- Physical Examination
- Telemedicine Documentation

Readiness Check List and Summary

TELEHEALTH 101

In this module the learner will:

- Identify Washington State definition of Telemedicine and accepted telehealth definitions
- Discuss the distinction between synchronous and asynchronous visits
- Recognize the different modalities of care delivery by telehealth
- Describe the distinction between the originating site and distant site in telemedicine
- Identify where scope of practice resides in telemedicine practice

DEFINING TELEHEALTH AND TELEMEDICINE

The **terms *telemedicine* and *telehealth*** are often used interchangeably and definitions in the industry vary. Whether using the term “telemedicine” or “telehealth”, both terms can refer to the use of remote health care technology to deliver clinical services.

Telehealth is an umbrella term generally defined as the use of communications technologies **to provide health care related information and services from a distance** ([HRSA](#), [NIH](#), [ATA](#)).

Telemedicine often refers to the use of communications technologies **to provide clinical care**.

WASHINGTON STATE DEFINITION OF TELEMEDICINE

In Washington State telemedicine is defined as:

“Telemedicine is when a health care practitioner uses HIPAA-compliant, interactive, real-time audio and video telecommunications (including web-based applications) or store and forward technology to deliver covered services that are within his or her scope of practice to a client at a site other than the site where the provider is located.”

It does NOT include “the use of audio-only telephone, facsimile, or email.”

Sources: [RCW 70.41.020\(13\)](#), [WA Admin. Code Sec. 182-531-1730](#) (Accessed Sept. 2020).

SYNCHRONOUS TELEHEALTH MODALITIES

Synchronous refers to real time communication and interaction.



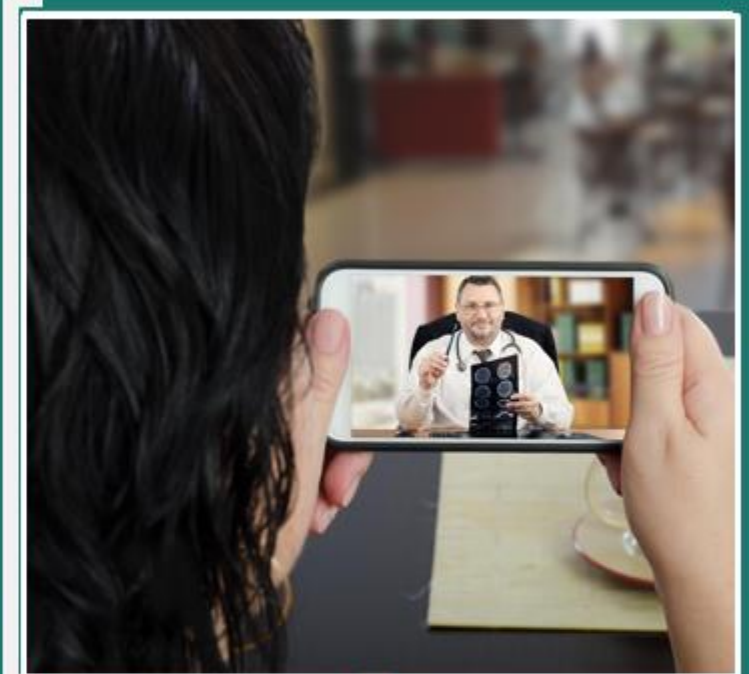
Live Video Visits

Two way live video link. It can be used between providers and patients or between providers



Education

Videoconferencing, streaming media, or webinars to communicate information to the community, continuing medical education, etc.



mHealth (mobile Health)

Includes mobile apps focused on video visits and/or transmitting/receiving personal health information intended for remote clinical care

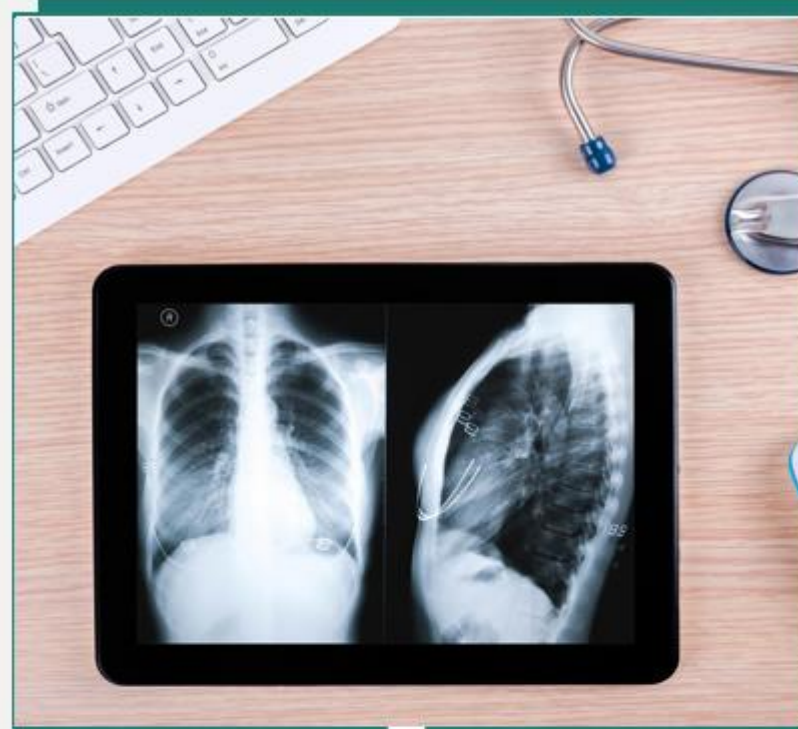
ASYNCHRONOUS TELEHEALTH MODALITIES

Asynchronous refers to communications or transmission of information to be reviewed at a later time.



Remote Patient Monitoring (RPM)

RPM is the use of connected electronic tools, such as wearables, to record personal health and medical data in one location for review by a provider in another location, usually at a different time.



Store and Forward

Transmission of a recorded health history to a provider. This could include transmitted images or videos, or distant interpretation of diagnostic tests such as EKGs. This may also include eConsults with transmission of patient information between providers

WHAT IS AN ORIGINATING SITE AND DISTANT SITE?

In Telehealth, it is important to differentiate the location of the patient and the healthcare professional.

Distant Site refers to where the provider is located i.e. providing care from a distance.



Originating Site refers to where the patient is located i.e. where the visit is originating.

- Originating site may also be referred to as the hub site, specialty site, or referral site.

Examples:

- The patient is located in Spokane, WA. (**Originating Site**) while the health care provider is located in Tacoma, WA. (**Distant Site**).
- The provider is located in Oregon (**Distant Site**) while the patient is located in Portland, OR.. (**Originating Site**).

PRACTICE IS WHERE THE PATIENT IS

Healthcare professionals' practice is regulated by the practice laws in the state where the patient is located (originating site).



← Practice is HERE at Originating Site

TELEMEDICINE SCOPE OF PRACTICE

Scope of practice is regulated by the state a healthcare professional is licensed in.

Example: If a healthcare professional is located and licensed in Washington State but seeing a patient in Oregon State, that healthcare professional is obligated to be licensed in Oregon and adhere the Scope of Practice in Oregon.

All healthcare professionals are encouraged to check with their professional regulating bodies and federal agencies for up-to-date practice acts and licensure laws including those that pertain to telemedicine.

TELEMEDICINE POLICY & REGULATIONS

In this module the learner will:

- Discuss the state licensing requirements when providing telemedicine services
- Describe telemedicine requirements for institutional credentialing & privileging
- Identify resources for telemedicine coverage and reimbursement policies
- Summarize coding practices for telemedicine services
- Explain the Ryan Haight Act 2008 and requirements when prescribing controlled substances in telemedicine visits
- Recognize Federal Stark and Anti-kickback laws
- Summarize HIPAA Privacy and Security requirements when provide telemedicine services

WASHINGTON STATE LICENSING REQUIREMENTS

- Scope of practice when delivering healthcare services by telehealth may be defined by each licensing board and can vary between states.
- Healthcare professionals must be licensed in the state where the patient is located at the time of service.
- Healthcare professionals should refer to their licensing or regulating body for more details on scope of practice and licensing requirements.



NOTE: During a public health emergency, telehealth licensing policy may change temporarily altering a healthcare professional's scope of practice.

WASHINGTON STATE CREDENTIALING AND PRIVILEGING

Healthcare professionals who work on behalf of a healthcare agency, facility, institution or other, may be required to be credentialed and privileged to provide healthcare services, including telehealth services, within that entity.

In some cases, healthcare providers may qualify for proxy credentialing and privileging at another healthcare agency if formal relationships or affiliations exist between entities.

Healthcare professionals should check with their organizations to learn more about credentialing and privileging requirements.

Note: Hospital/clinic based credentialing is a different process than payer (insurance) credentialing.

For more information on licensing, credentialing, and privileging [please review these definitions](#).

MEDICARE AND MEDICAID and PRIVATE PAYER COVERAGE POLICY

The Center for Medicare and Medicaid Services, state Medicaid health plan administrators, and private payers do reimburse for telemedicine visits that meet certain requirements. These policies, provider fee schedules, and reimbursement vary and change.

For more information on policies you may visit:

- Medicare telehealth policies and laws [the Center for Connected Health Policy's page on National Policy.](#)
- Washington State's Medicaid telehealth policies and laws [the Center for Connected Health Policy's page](#)
- Washington States' coverage and reimbursement policies [Private Payer Policy in Washington State](#)
- For other states telemedicine coverage and reimbursement policies visit [Current State Laws and Reimbursement Policies](#)

TELEMEDICINE COVERAGE

While many insurers (Medicare, Medicaid, private payers, etc.) do cover telemedicine services, there is variability in coverage that frequently changes. It is recommended that all healthcare professionals inform themselves of covered services with the insurers they are contracted with.

Coverage of telehealth services can depend on:

- The healthcare professionals' services
- Specialty
- Where the patient and the provider are located
- Accepted services by insurance providers
- Modality of care delivery

TELEMEDICINE REIMBURSEMENT

What determines reimbursement for delivering services by telehealth?

Reimbursement for health care services including those by telehealth are determined by the agreement between healthcare professionals and the insurer and reimbursement is subject to negotiated rates.

TELEMEDICINE REIMBURSEMENT RESOURCES WASHINGTON STATE and BEYOND

Washington [Senate Bill 5385](#) requires private payers to reimburse for synchronous live video visits at the same rate as in-person services, **if those services are covered by the insurer.**

- The bill includes some flexibility on store and forward coverage and negotiated rates, please refer to the bill for more information.

Telemedicine Reimbursement Resources

- [Medicaid Provider Billing Guide and Fee Schedule](#)
- Medicare: [CMS Physician Fee Schedule](#) and [Regulations and Guidance for all healthcare services.](#)

DOES TELEMEDICINE REIMBURSEMENT INCLUDE A FACILITY FEE?

In some cases a facility fee may be charged, and depends on the originating site (patient location).

These originating sites may charge a facility fee:

- Hospitals
- Rural health clinic
- Federally qualified health center
- Physician's or other health care provider's office
- Community mental health center
- Skilled nursing facilities
- Renal dialysis centers (excluding independent dialysis centers)

(Source: [SB 5385](#))

CODING FOR TELEMEDICINE SERVICES



Healthcare professionals who bill for outpatient telemedicine services for reimbursement by health insurers should know the following:

- Use the appropriate CPT or HCPCS code for the professional service provided
- Some insurers require certain CPT codes for specific services provided
- A modifier “95” should also be used to identify the encounter as a telemedicine visit
- Some insurers may use a “GT” modifier instead of the “95” modifier
- Many insurers require a “GQ” modifier be used to designate the provision of asynchronous services
- Use a Place of Service (POS) “02” code to identify that you provided the telemedicine service from a distant site
- All claims submitted for reimbursement by insurers should include: **the right CPT or HCPCS code + the right telehealth modifier + the right POS code**

NOTE: Insurers that cover telemedicine services have different rules and preferences for coding telemedicine services. Health care professionals are encouraged to be familiar and comply with all their contracted insurer coding preferences.

PRESCRIBING CONTROLLED SUBSTANCES AND THE RYAN HAIGHT ACT 2008

The Ryan Haight Act of 2008 regulates online prescriptions of controlled substances and is enforced through the DEA.

Healthcare providers cannot prescribe scheduled substances online UNLESS...

- The provider and patient have had at least one in person medical evaluation
- Prescription was issued for a legitimate medical purpose acting within the usual course of professional practice
- Prescription is obtained from a DEA registered pharmacy

NOTE: Prescribers may be required to confer with their state Prescription Monitoring Program (PMP) before writing prescriptions for controlled substances and are encouraged to comply with such local statutes.

STARK AND ANTI-KICKBACK LAWS

- Stark and Anti-Kickback laws prohibit physician “self referral.”
- Telemedicine practice is included in these laws prohibit referring a Medicare or Medicaid patient to an entity where that physician works and/or family has a financial relationship or interest.
- State regulations can differ from the [Federal requirements](#). Review your state’s anti-kickback laws to avoid issues.

HIPAA PRIVACY AND ePHI SECURITY

HIPAA security and privacy regulations apply to Telemedicine as with face-to-face care. Communication between a provider and patient, or between providers, that contains electronic Protected Health Information (ePHI) should be conducted through secure, encrypted technology which meets [HITECH](#) and HIPAA standards. This includes, but is not limited to, email, SMS, and video visits.

NOTE: Telemedicine encounters should NEVER be recorded.

Telehealth programs involving a third party who will store ePHI, are required to have a Business Associate Agreement (BAA).

NOTE: HIPAA guidelines may change during a Public Health Emergency.

For more information please visit:

- [HIPAA Security Rule Summary Page](#)
- [Security Rule Guidance Materials](#)

When using tablets, laptops, or mobile devices to conduct telemedicine visits, additional security measures may be needed to protect patient health information. For more information, please review [these security guidelines created by HealthIT.gov](#).

TELEMEDICINE READINESS

In this module the learner will:

- Summarize how to prepare for a telemedicine visit
- Identify telemedicine standards of care
- Recognize when telemedicine visits are appropriate versus an in-person visit
- Discuss how required informed consent for telemedicine services may be administered
- Describe considerations for malpractice liability insurance for telemedicine services
- Discuss the technology and equipment requirements and best practices for telemedicine services
- State what should be included in an Emergency Outage Plan in case of disconnection

PREPARING FOR A TELEMEDICINE VISIT

A successful telemedicine program requires establishing internal structures and processes before the first visit. This section offers guidance and resources to help answer the following questions.

- Are there telemedicine standards of care? What type of visits are appropriate for telemedicine?
- Is informed consent required for telemedicine visits?
- What technology and platform should be used? Considerations for troubleshooting if something goes wrong.
- Duty to provide translation services.

STANDARDS OF CARE

Many national and state healthcare professional organizations have issued guidance on telemedicine standards of care for their professions. The [American Telemedicine Association](#) is a professional organization dedicated to creating standardized resources for telemedicine, however access to their resources often requires membership.

Other healthcare professional organizations have developed guidelines as well. For example, the American Academy of Ambulatory Care Nursing created a [Telehealth Nurse Practice Scope and Standards of Practice](#).

The [Washington Medical Quality Assurance Commission](#) outlines the following **telemedicine standards for physicians**.

- Same standard of care as in person
- Physician-patient relationship must be established
- Informed consent
- An appropriate history and evaluation must precede the rendering of any care
- The practitioner is responsible for knowing the limitations of telemedicine care

Please connect with the relevant association to learn about telehealth standards of care for your profession.

WHEN IS TELEMEDICINE APPROPRIATE?

The decision of when telemedicine is an appropriate modality of care is determined by the treating healthcare professional. Here are some considerations when determining if a telemedicine visit is appropriate.

1

What information do I need?

Ask yourself what information is needed to make a diagnosis or therapeutic decision.

2

Does it require a physical exam?

Patients can collect some physical data on their own, or with the help of a family member. Certain telemedicine encounters can be facilitated at the originating site through the use of trained tele-presenters.

3

Should I schedule an in-person visit?

If a telemedicine visit would not supply adequate information, more information is still needed, or the patient's safety is at risk, an in-person appointment is needed.

Collaborate with your colleagues on when to change to in-person care to help ensure consistency across your organization.

INFORMED CONSENT

No special consent is required for a telemedicine visit. However, just as patients consent to be seen and treated in traditional healthcare delivery settings, patients should consent prior to being seen via telemedicine.

- Consent for care by telemedicine can be written, included in the general consent to care document, or verbal.
- Some insurance companies require a separate informed consent for store and forward services.

Best practice for informed consent for telemedicine includes:

- Reasonable understanding by all parties of the technologies utilized
- Understanding of their capabilities and limitations
- A mutual agreement they are appropriate for the circumstances.

TELEMEDICINE LIABILITY CONSIDERATIONS

Telemedicine is not always included in malpractice liability insurance. Before providing telemedicine services, healthcare professionals should:

- Confirm with their malpractice liability insurance carrier that services provided via telemedicine, including in other states, is covered
- Determine if they also have cyber liability coverage to protect against data breaches and hacking
- Determine if additional coverage needs to be purchased

TECHNOLOGY & EQUIPMENT

What equipment do I need to conduct a telemedicine video visit?

To get started you will need:

A HIPAA compliant video platform	
A stable internet connection	<ul style="list-style-type: none">• Sufficient bandwidth to allow transmission of media (audio, video, & images)• HealthIT.gov has a list of recommended internet speeds for different healthcare facilities.
A device with a screen	<ul style="list-style-type: none">• Two screens may be helpful for viewing medical records during the visit
A webcam or camera	<ul style="list-style-type: none">• Some screens may be equipped with camera• Some specialties may require higher resolution images than others - i.e. dermatology
Audio and microphone capability	<ul style="list-style-type: none">• Consider headphones with a built in microphone for privacy and convenience

For more guidance on technology and other telehealth modalities such as remote patient monitoring, the **National Telehealth Technology Assessment Resources Center (TTAC)** has created a series of [in depth toolkits](#).

TECHNOLOGY BEST PRACTICE GUIDELINES

Having a robust technology plan goes beyond getting a webcam. Healthcare professionals can ensure a smooth and positive telemedicine experience by following these practice guidelines:

1	Identify what hardware and internet connection speed is needed	2	Learn or develop protocol when there are technical issues including basic troubleshooting for your platform
3	Identify how to securely access patient health information during visit if needed	4	Develop Emergency Outage plan in case of disconnection
5	Identify how to access language services during the visit if needed	6	Practice troubleshooting and become comfortable with the equipment prior to the visit
7	Test equipment to make sure there are no issues, preferably with IT support present	8	Create resources for patients on how to connect and make them available in different languages

TESTING EQUIPMENT

Test audio and video equipment and video platform before first visit. Including microphone, camera, how to join, what to do if you or your patient is disconnected etc.

Lighting is important: Too much and your face will be washed out, too little and patients will not be able to see you at all!



Downward glance and poor lighting



Back lighting



Side lighting

EMERGENCY OUTAGE PLAN IN CASE OF DISCONNECTION

Unanticipated outages or downtime can happen and it is important to have a plan in case you are disconnected.

- Secure an alternative way to reach the patient and emergency contact in case the visit is disconnected. This alternative method of contacting the patient will support a quick pivot to phone support for patients and ability to reschedule appointment if necessary.

NOTE: All downtime policies and procedures may apply and should be developed and tested to fit the needs of the organization.

(Sources: [ASHRM, Telemedicine Risk Management Strategies](#), [HIMSS 16 Conference, Lesson Learned and Best Practices from Rural Telemedicine.](#))

THE TELEMEDICINE VISIT

This section primarily focuses on best practices and protocol for video visits as this is one of the most common modalities for telehealth today.

In this module the learner will:

- Describe the State and Federal Interpreter Services requirements for telemedicine visits
- Identify “websites manner” considerations when conducting a telemedicine visit
- Describe best practices for synchronous telemedicine visits
- Discuss considerations and techniques for telemedicine physical examination
- Summarize what should be included when documenting a telemedicine visit

INTERPRETER SERVICES

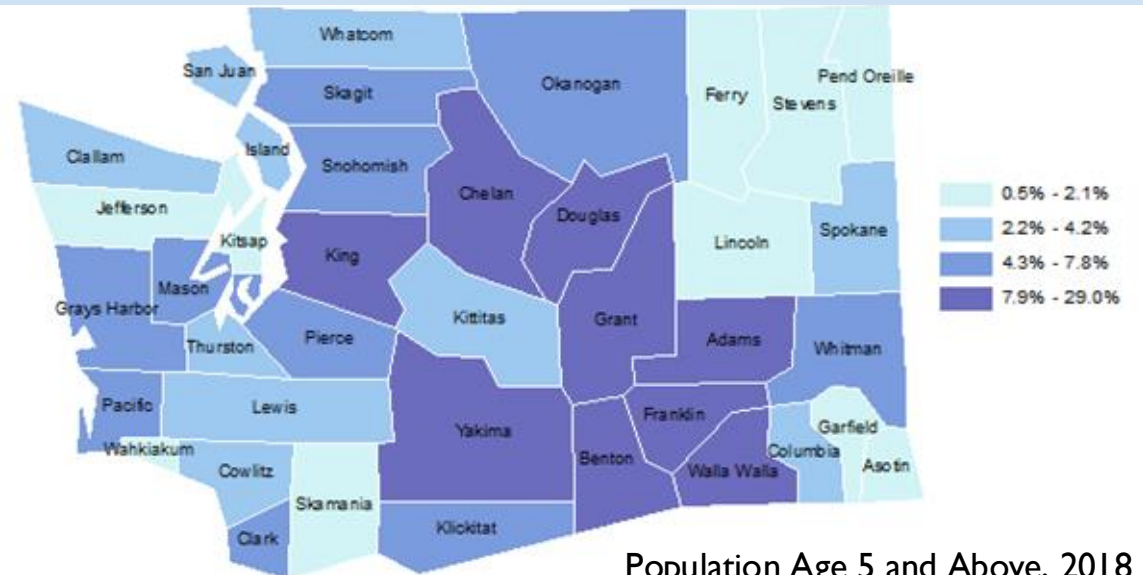
Telemedicine is subject to the same language access and disability requirements as in person healthcare services.

State and Federal regulations require the provision of interpreter services, including American Sign Language, in telemedicine visits, via video or audio, when caring for Limited English Proficient patients. All patient facing materials must be translated and made available to the public to ensure equal access to care.

Top 5 Non-English languages spoken in WA:

1. Spanish
2. Chinese
3. Vietnamese
4. Korean
5. Russian

Percent in Households where English is Spoken less than "Very Well"



WEBSITE MANNER

Telemedicine is a mode of delivery, not a special treatment or different service.

Telemedicine visit guideline:

- Clinical services delivered through telemedicine are professional visits and should have high presentation quality

Professional courtesies for face-to-face visits apply to telemedicine video visits

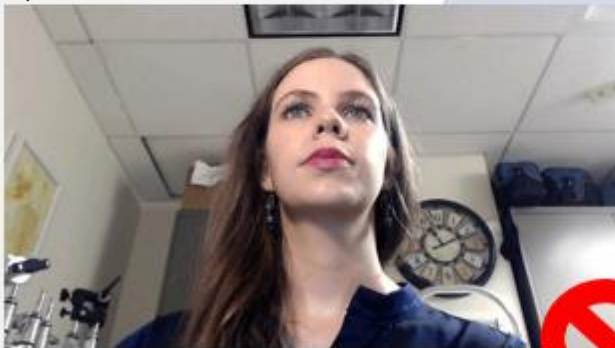
- Show your professional identification badge as part of your introduction
- Present yourself professionally with attention to office layout, surrounding equipment, and dress
- Introduce all parties in the room at both sites prior to the visit and list all participants in the documentation for the telemedicine visit

WEBSITE MANNER - PRESENTATION QUALITY

Telehealth presentation quality is critical and an often overlooked, professional issue

- **Have your badge visible and dress professionally**
- **Check your webcam angle**, to ensure you are pictured straight on and your eyes naturally look into your camera

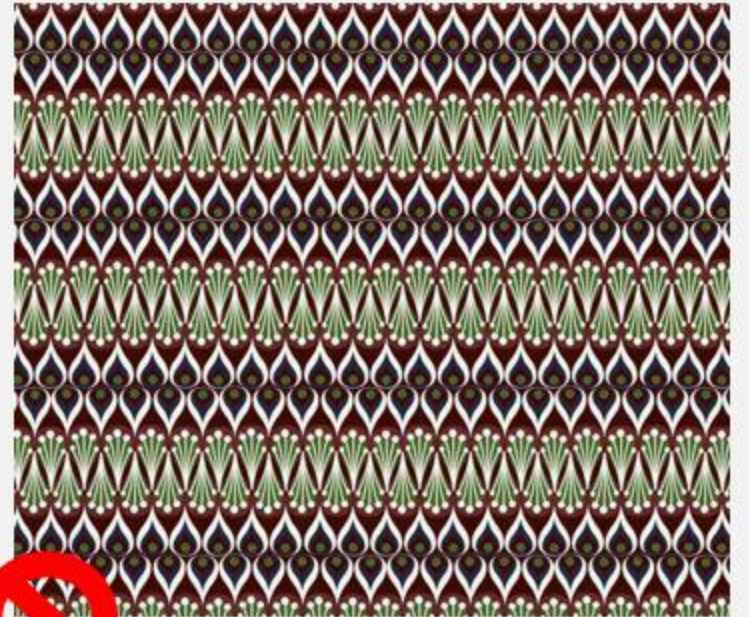
- Don't look down at the patient, try for eye to eye
- If you can see ceiling tiles, your camera is angled too high and needs to be adjusted



WEBSITE MANNER - PRESENTATION QUALITY

RE

- **Provide a simple background behind you**
- **Avoid clutter**
- **Minimize background noise**

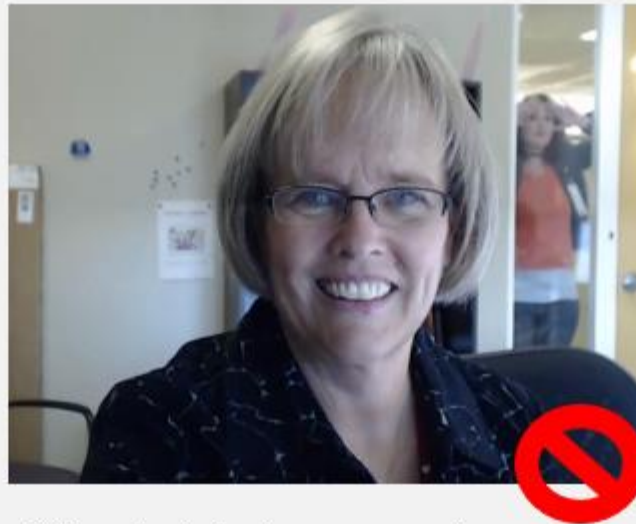


WEBSITE MANNER

- **Everyone in the telemedicine rooms in both the originating and distant sites should be on screen, identified as essential to the visit, and introduced.**
- **The visit should be conducted in a location that ensures patient privacy.**



Not everyone is within the frame



Glass behind user creates a privacy concern



Insufficient privacy in work area

BEST PRACTICE FOR LAUNCHING A TELEMEDICINE VISIT

When initiating a synchronous video visit you should:

- Welcome the patient, introduce yourself, outline the session, and provide an explanation of the procedure and equipment
- Ask the patient for **a phone number** to call back in case you get disconnected
- Obtain consent if you haven't already done so
- Identify those at each site - ask if the patient is alone. If not, confirm the patient is comfortable proceeding with visit.
- Ask the patient **to confirm where they are physically located at the time of the visit**, to ensure you are in compliance with licensing requirements

If you need to bring other providers into the visit, make sure to obtain permission from the patient first and confirm appropriateness of sharing confidential information if others are in the room.

CONDUCTING A PHYSICAL EXAM

Depending on the patient complaint and condition, a physical exam may be required to obtain clinical data to provide safe and responsible care and determine the diagnosis.

It is possible to obtain some physical examination data through:

- Strategic observation
- Strategic use of the camera
- Use of devices commonly found at home such as a flashlight
- Enrolling patient/family to assist in gathering data or follow instructions for physical examination and describe/report findings
- [The Telehealth Ten: A Guide for a Patient-Assisted Virtual Physical Examination](#) and [Old Dominion University \(ODU\) Playlist](#) may be helpful in developing these skills.

**If the healthcare professional is unable to collect sufficient information,
the patient should be sent for an in-person appointment**

DOCUMENTING A TELEMEDICINE VISIT

- Documentation of the full visit is required when providing telehealth services using the same standards of documentation practice as in-person visits
- **It is best practice to provide a telemedicine statement in the visit documentation.**
- The telemedicine statement should include type of visit, location of the healthcare professional and the patient and identify anyone else who was present for the visit

Sample statement:

“This visit was conducted via live, face-to-face, video teleconferencing. I was in [location] and patient was in [location] with [anyone else, family members, RN, etc].”

TELEMEDICINE READINESS CHECKLIST

- ✓ Define your clinical service and understand your scope of practice and standards of care
- ✓ Identify which technology to use
- ✓ Are you licensed in the state where your patients will be located?
- ✓ Do you need to be credentialed or privileged at the originating site?
- ✓ Be informed on coverage requirements for services you are providing
- ✓ Create and practice an efficient workflow for your patient encounter, including how to connect to a translator if needed
- ✓ Practice using your technology
- ✓ Know who to call for help in case of technical difficulties
- ✓ Have an emergency outage contingency plan
- ✓ Check with your liability carrier to ensure telemedicine services are covered

SUMMARY

Healthcare professionals providing services by telemedicine services should:

- Comply with state licensure requirements and scope of practice where the patient is located
- Comply with State and Federal practice and telemedicine policies
- Determine if credentialing and privileging to provide telemedicine services at the originating and distant site is necessary
- Determine coverage criteria for telemedicine services with all insurers they are credentialed with before telemedicine services are provided
- Understand when it is appropriate to provide healthcare services by telemedicine

SUMMARY Continued

Healthcare professionals providing services by telemedicine services should:

- Ensure their practice and technology are compliant with current security and privacy requirements
- Adhere to technology best practice including emergency outage plans
- inform themselves on the many professional considerations when providing telemedicine services
- Be aware of the informed consent in their institution and that it includes telemedicine services
- Ensure their liability coverage includes services provided by the telemedicine services they will provide
- Be aware of coding and billing practices for telemedicine visits
- Ensure the documentation of the visit upholds the same quality as a face-to-face visit

THANK YOU FOR COMPLETING THE WASHINGTON STATE TELEHEALTH TRAINING!

If you have any questions or issues regarding the training, please reach out to the contact listed on the [Washington State Collaborative website](#). If you encountered technical issues on the training platform, please contact the [Northwest Regional Telehealth Resource Center](#).