National **Family Planning** & Reproductive Health Association

Initiating Telehealth in Response to COVID-19: Initial Considerations and Resources

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The use of telehealth services can help ensure access to essential contraceptive services while at the same time limiting exposure to COVID-19 for both health care workers and patients. NFPRHA developed this resource to assist with the implementation of this important service. The following guidance is to support research and development of telehealth services. The considerations presented are not an exhaustive list but do represent key components of telehealth service delivery needed for implementation.

For health centers providing Title X-funded services, the Office of Population Affairs (OPA) has indicated that Title X services that would normally be provided in an office setting may be provided via telehealth for the duration of the COVID-19 public health emergency. These visits are to be counted as Title X visits for reporting purposes. This OPA guidance does not supersede any state or Medicaid guidance.

Checklist of Initial Telehealth Considerations

☐ Review current state laws & reimbursement policies for telehealth including waivers and changes in the context of COVID-19 public health emergency

☐ Identify options of sites eligible for telehealth as originating and/or distant sites

☐ Determine mode(s) of delivery to deploy

☐ Select strategies for dispensing medications following a telehealth visit

☐ Evaluate options for telehealth platform and/or vendor

☐ Determine provider licensing requirements for telehealth provision in the state(s) where provider(s) and patients are located

☐ Review requirements and process for patient consent for telehealth services

☐ Verify coverage for telehealth service provision with malpractice insurance provider

Get to Know Your State

Telehealth requirements and policies are largely state-specific. While the Centers for Medicare & Medicaid Services (CMS) has waived a number of federal requirements related to how telehealth is delivered, many apply only to Medicare. You must still comply with state regulations where your health center(s) are located and the policies of your payers. For many of the items outlined below, you will need to check on what your state requires and/or has waived in the context of COVID-19. Consider consulting with your state health department and/or state Medicaid office, as well as provider associations and networks, such as state or local primary care associations.

Current State Laws & Reimbursement Policies

The Center for Connected Health Policy (CCHP) tracks activities at a state level and provides helpful summaries. Here are two important resources for you to consult:

1. **CCHP's Interactive Map** – Click on your state and check on current laws and reimbursement policies (or in PDF report format).

2. **CCHP's Telehealth COVID-19 Related State Actions Page** – States are waiving many requirements and changes occur daily. It is essential that you also check CCHP's page to ensure you have the most up-to-date information.

Regional Telehealth Resource Centers

For more assistance, NFPRHA strongly recommends reaching out to the Regional Telehealth Resource Center (TRC) in your area for assistance and guidance. You can find your TRC by clicking on your state here.

Site Eligibility for Telehealth

States make individual determinations about what types of sites can provide and receive telehealth services. It is imperative that you determine what kinds of sites are eligible in your state and can be reimbursed. Check whether any requirements for originating or distant site eligibility have been waived. Below are key terms and considerations to understand in your state's context.

<u>**Originating Site**</u> = Patient's location where services are being received

- Direct-to-Patient model → the originating site is the patient's home or community setting
- Health Center-to-Health Center model → the originating site is the health center where the patient is physically located for the visit

Determine what types of locations are eligible to be originating sites. Check if there are geographic requirements, such as that the originating site must be in an area designated as rural (or whether such requirements have been waived).

<u>**Distant Site**</u> = Provider's location from where services are being provided

Determine whether your health center is eligible to be a distant site and/or whether a provider may deliver services from their home or another community setting that is not your health center. CMS has waived restrictions to allow distant site practitioners to deliver Medicare services from their home.

Modes of Delivery

Consider how you will deploy telehealth services. There are two primary modes of delivery that your health center is likely to consider:

Direct-to-Patient Model: Telehealth services are delivered directly to a patient in their home or community setting using telephone, video, or messaging technologies. Patients must have access to a device compatible with the delivery mode selected.

Useful strategy for:

- Limiting patient traffic and potential exposures in the health center either for those who are more vulnerable or for all patients
- Providing services when a health center is closed but a provider is available

Health Center-to-Health Center Model: Telehealth services are delivered to a patient at a health center by a provider who is in another health center. Both sites must have access to devices compatible with the mode of connection, such as computers with webcams and microphones.

Useful strategy for:

- Providing services when a health center is open but does not have a provider available on site
- Providing telehealth services to a patient who does not have the ability to connect to telehealth services at home (lack of internet access, no device, concerns about confidentiality, etc.)
- Providing services that require a patient to receive some portion of services on site, such as testing or treatment delivered by a nurse, but for which the provider does not have to be physically present

Strategies for Dispensing Medications Following a Telehealth Visit

If your health center typically dispenses medications or drugs to patients at the health center, you will need to determine what strategies you can use to dispense medications following a telehealth visit. Below are three options to consider:

1. **Mail** directly to the patient's home. You must determine if this is allowed by state law in the state(s) where your patients are located.

2. Use **"Curbside Pick-Up"** to dispense to patients without them having to enter the health center following a telehealth visit.

3. Submit a prescription to the patient's **local pharmacy**. For patients who are able to go to a pharmacy, consider sending a prescription for them to pick up.

Platforms

Consider what platform will meet the needs of your health center and the mode of delivery you are seeking to implement. HIPAA compliance is a key concern, although requirements have been relaxed in the context of COVID-19. A list of available platforms for consideration, which is not exhaustive, is presented on the following page.

HIPAA Compliance
HHS has announced that the Office for Civil Rights (OCR) will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.

Check whether your state has also waived HIPAA compliance requirements for telehealth. If so, additional platforms such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype may be available channels for reaching patients with telehealth. Note, however, that public-facing video communication applications such as Facebook Live, Twitch, and TikTok, should not be used to provide telehealth. OCR encourages providers to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Business Associate Agreements
Under normal circumstances, health care providers enter into HIPAA Business Associate Agreements (BAAs) with vendors providing telehealth services to ensure privacy protections are in place for video communication, as well as any electronic protected health information (PHI) that may be generated and stored by the vendor (e.g. copies of written communications or documentation). A BAA is still recommended, although OCR has announced that, similar to above, they will not impose penalties against covered health care providers for the lack of a BAA with video communication vendors that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency. HHS provides guidance on BAAs, including sample BAAs, here.

Vendors to Consider
All of the platforms presented in the table on the following page offer HIPAA-compliant video connection. These can be used either to connect directly with a patient or to connect health centers. For more help in understanding and evaluating technology options and platforms, reach out to the National Telehealth Technology Assessment Resource Center (TTAC).

Selection of Telehealth Vendors to Consider

Platforms	Launching Implementation		Patients Join via		Pricing (as available)	Notes & Considerations
	Self-directed or Work with Vendor	Timeline	App	Web Browser		
Zoom	Self-directed	Immediate	✓	✓	Zoom for Healthcare from $200/month (includes a BAA)	Some organizations may already have access to these platforms if used for administrative purposes. They may be able to be repurposed for telehealth. Check that the particular product your organization has is a HIPAA-compliant option.
Pexip	Work with vendor	Unknown		✓	Unknown	
Polycom	Work with vendor	Unknown			Unknown	
Bluestream	Self-directed	Immediate		✓	Free	Patients receive a unique URL via email or text to video connect with provider.
Doxy.me	Self-directed	Immediate		✓	Free – Video calls are always free. Additional 'premium' features free for 30 days and then available for pay.	Patients use a link to video connect with provider.
eVisit	Work with vendor	Two weeks			Free subscriptions available through July 31, 2020.	
Vidyo	Work with vendor	Unknown			Free temporary licenses available.	
RingMD	Contact join@ring.md to learn how to join	Unknown	✓		Unknown – described as available 'at cost' on RingMD website.	A white-labeled version of RingMD's telemedicine app platform is available to providers affected by COVID-19.
SimpleVisit	Work with vendor	Seven business days		✓	From $150/month	Uses existing video technology on patient device (FaceTime, Google Hangouts, etc) to provide HIPAA-compliant video connection. All visits managed by a live coordinator who assists patients.
VSee	Self-directed	Immediate	✓	✓	From $49/month	Standard consent is integrated into platform. Patients receive a link via email to create an account and video connect with provider.

Connectivity

A major challenge to implementing telehealth can be connectivity and the ability of patients or receiving health centers to join video calls. For patients that do not have sufficient internet connection or enough data on their phone plan data to do a video visit, keep in mind that using a phone call (strictly audio connection) is the next best option and may be permissible under current regulations. In considering platforms, also note that some internet-based video call options will allow for just audio or to reduce the video feed while maintaining audio, when needed.

Provider Licensing

Historically providers must be licensed in the state where the patient is located when providing telehealth services. Efforts are being made to relax such requirements, as described below.

For Medicare: CMS has issued a temporary waiver to allow providers to deliver telehealth services to Medicare patients in states in which the provider is not licensed, as long as they have an equivalent license from another state.

For Medicaid: Waivers to address the needs of Medicaid patients must be requested by individual states. Many governors have relaxed licensure requirements related to physicians licensed in another state as a part of emergency declarations. Up-to-date information is available from your state board of medicine or department of health. In addition, the Federation of State Medical Boards is tracking this information.

Consent

Requirements related to patient consent for telehealth services vary by state. You can determine what your state requires by checking the CCHP pages referenced at the beginning of this document with current laws and policies by state. For example, some states require written consent for first-time patients, although this may be waived currently. This may impact which platform you choose to employ and/or whether you can serve new patients through telehealth.

Additionally, determine whether there are elements your state requires to be included in written or verbal consents, such as patient access to all information from the telehealth services, patient right to refuse telehealth services at any time, confidentiality protections, etc.

Determine how consent will be documented in the patient's medical record. This may involve collecting a consent form electronically through your platform. Or, alternatively, providers may obtain and document verbal consent at the beginning of a video encounter.

Malpractice

Check with your malpractice insurance provider to determine whether your malpractice insurance covers telehealth services.

Additional Resources

[AMA quick guide to telemedicine in practice](#)

[American Telemedicine Association COVID-19 News, Information & Resources page](#)

[Telehealth Etiquette Checklist (one-page)](#)

This document was prepared by the National Family Planning & Reproductive Health Association (NFPRHA). It is intended for informational purposes and does not constitute legal or financial advice or NFPRHA's endorsement of a specific product.

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