

**Sample Clinic Telemedicine
Policies and Procedures**

Department:	Policy Description: Telemedicine Patient Selection
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Purpose: Telemedicine provides patients located in rural areas with timely access to specialist care via real-time television/video communication.

Policy: Patients in need of specialty care, as determined by their primary care provider, will be referred to telemedicine services provided at the affiliated hub/specialist site.

Procedure: Providers at the spoke/patient site will use their clinical judgment in selecting patients for the telemedicine service. Patients who would otherwise be referred to an outpatient appointment with a traditional specialist are welcome to utilize the telemedicine service. If a patient is in a crisis situation and in need of emergency services, the same emergency procedure should be followed as was in place prior to the launch of the telemedicine program.

Patients who do not have insurance coverage for telemedicine services can be referred to the service if they agree to pay for the service out-of-pocket.

If the provider at the spoke/patient site determines that one of his or her patients could benefit from telemedicine services, the provider will:

- 1) Discuss the service with the patient or legal guardian and obtain their consent.
- 2) Put the patient in contact with the front desk staff who will issue the patient the *Telemedicine New Patient Packet*.
- 3) Complete a telemedicine referral authorizing the appointment. Refer to telemedicine referral process policies and procedures for more information.

Department:	Policy Description: Telemedicine Referral Process
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Purpose: To describe the process that must be completed for patients to access the telemedicine services provided at the hub/specialist site.

Policy: All paperwork in the *Telemedicine New Patient Packet* must be completed by both the provider and the patient in order to refer a patient to telemedicine services.

Procedure: Patients will only be referred to specialists at hub/specialist sites that have completed a *Business Associate Agreement*, *Telemedicine Services Agreement*, and a *Provider Declaration Form* (see telemedicine form # 1). These forms minimally include:

- 1) Statement of work outlining the responsibilities of each party;
- 2) Number of hours provided each month for telemedicine services and that such services will be provided remotely;
- 3) How the specialists or hub/specialist site will be reimbursed for services rendered;
- 4) Who has the right to bill the patient's insurance, noting the professional fee and facility fee;
- 5) Who is providing the necessary telemedicine equipment;
- 6) Declaration that providers are qualified to provide services, e.g. state licensed and credentialed at hospital, if applicable.
- 7) Details of communication between the provider at the spoke/patient site and the specialist at the hub/specialist site including timeframe of completion of medical reports to be provided;
- 8) Declaration of which site maintains and "owns" patient records; and
- 9) Agreement of both parties to follow HIPAA guidelines.

The *Telemedicine New Patient Packet* must be completed prior to a telemedicine appointment being scheduled. The *Telemedicine New Patient Packet* includes:

- 1) A telemedicine referral which is completed by the provider and office staff at the spoke/patient site and includes patient's name, date of birth, medical record # (if applicable), current insurance information, contact information, preferred pharmacy name, and medical history/summary (includes medical diagnosis and current medication and dosage); referring physician name and signature; and any other pertinent information as deemed necessary.
- 2) *Telemedicine Consent Form* (see telemedicine form # 2);
- 3) Any other forms/consents the spoke/patient or hub/specialist site or legal team require, including the Notice of Privacy Practices, Patient Rights and Responsibilities Form and the HIE Consent to View Form.

The spoke/patient site will fax, e-fax, or secure electronic message a copy of the *Telemedicine New Patient Packet* to the hub/specialist site prior to the patient's first scheduled appointment.

All materials contained in the *Telemedicine New Patient Packet* must be documented in the patient's medical record at both the spoke/patient and hub/specialist site.

Referrals for telemedicine may be accepted as orders, written or verbal, from physicians, nurse practitioners, and/or physician assistants.

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Referrals are logged in a *Telemedicine Referral Log* (see telemedicine form #3) at both the spoke/patient and hub/specialist sites. The log provides a place for staff to identify the date of a referral, patient's name and DOB or medical record number (if applicable), date of the scheduled appointment, comment field to track messages, or other pertinent information.

Telemedicine Business Associate Agreement, Telemedicine Services Agreement, and a Provider Declaration Form

See attachment.

Telemedicine Consent Form

1. I authorize spoke site to allow me/the patient to participate in a telemedicine (videoconferencing) service with hub site.
2. The type of service to be provided by via telemedicine is: specialty.
3. I understand that this service is not the same as a direct patient/healthcare provider visit, because I/the patient will not be in the same room as the healthcare provider performing the service. I understand that parts of my/the patient's care and treatment which require physical tests or examinations may be conducted by providers and their staff at my/the patient's location under the direction of the telemedicine healthcare provider.
4. My/the patient's physician has fully explained to me the nature and purpose of the videoconferencing technology and has also informed me of expected risks, benefits and complications (from known and unknown causes), attendant discomforts and risks that may arise during the telemedicine session, as well as possible alternatives to the proposed sessions, including visits with a physician in-person. The attendant risks of not using telemedicine sessions have also been discussed. I have been given an opportunity to ask questions, and all of my questions have been answered fully and satisfactorily.
5. I understand that there are potential risks to the use of this technology, including but not limited to interruptions, unauthorized access by third parties, and technical difficulties. I am aware that either my/the patient's healthcare provider or I can discontinue the telemedicine service if we believe that the videoconferencing connections are not adequate for the situation.
6. I understand that the telemedicine session will not be audio or video recorded at any time.
7. I agree to permit my/the patient's healthcare information to be shared with other individuals for the purpose of scheduling and billing. I agree to permit individuals other than my/the patient's healthcare provider and the remote healthcare provider to be present during my/the patient's telemedicine service to operate the video equipment, if necessary. I further understand that I will be informed of their presence during the telemedicine services. I acknowledge that if safety concerns mandate additional persons to be present, then my or guardian permission may not be needed.
8. I acknowledge that I have the right to request the following:
 - a. Omission of specific details of my/the patient's medical history/physical examination that are personally sensitive, or
 - b. Asking non-medical personnel to leave the telemedicine room at any time if not mandated for safety concerns, or
 - c. Termination of the service at any time.
9. When the telemedicine service is being used during an emergency, I understand that it is the responsibility of the telemedicine provider to advise my/the patient's local healthcare provider regarding necessary care and treatment.
10. It is the responsibility of the telemedicine provider to conclude the service upon termination of the videoconference connection.
11. I/the patient understand(s) that my/the patient's insurance will be billed by both the local healthcare provider **and** the telemedicine healthcare provider for telemedicine services. I/the patient understand(s) that if my insurance does not cover telemedicine services I/the patient will be billed directly by both the local healthcare provider **and** the telemedicine healthcare provider for the provision of telemedicine services.

12. My/the patient's consent to participate in this telemedicine service shall remain in effect for the duration of the specific service identified above, or until I revoke my consent in writing.
13. I/the patient agree that there have been no guarantees or assurances made about the results of this service.
14. I/the patient acknowledge the telemedicine program's no-show policy which states that I/the patient will be discharged from the telemedicine program if I/the patient no-show for 2, consecutive telemedicine appointments, without prior contact to the scheduling staff at spoke site.
15. I confirm that I have read and fully understand both the above and the *Telemedicine: What to Expect Form* provided. All blank spaces have been completed prior to my signing. I have crossed out any paragraphs or words above which do not pertain to me.

Patient/Relative/Guardian Signature*

Print Name

Relationship to Patient (if required)

Date

Witness

Date

Interpreter (if required)

Date

- * The signature of the patient must be obtained unless the patient is a minor unable to give consent or otherwise lacks capacity.
-

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to (including no treatment) the proposed procedure, have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Provider's Signature

Date

NOTE: THIS DOCUMENT MUST BE MADE PART OF THE PATIENT'S MEDICAL RECORD

Department:	Policy Description: Telemedicine Consent
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Purpose: To describe requirements of healthcare providers to ensure a telemedicine patient's understanding of the risk and benefits of the service and to document a patient's agreement to the delivery of a telemedicine service and obtain a patient's, or if applicable, a person's guardian, custodian, or agent's signature to verify consent.

Policy: A signed *Telemedicine Consent Form* must be obtained prior to the first patient telemedicine examination/consultation.

Procedure: Any person aged 18 years and older or the person's legal guardian, or in the case of persons under the age of 18, the parent, legal guardian, or a lawfully authorized custodial agency, must give voluntary consent to treatment, demonstrated by the person's or legal guardian's signature, if aged 18 years and older, or in the case of persons under the age of 18, the parent, legal guardian, or a lawfully authorized custodial agency representative's signature on a *Telemedicine Consent Form* (see telemedicine form # 2) prior to the delivery of the telemedicine service.

Any person aged 18 years and older or the person's legal guardian, or in the case of persons under the age of 18, the parent, legal guardian, or a lawfully authorized custodial agency, after being fully informed of the consequences, benefits, and risks of treatment, has the right to decline receiving telemedicine services.

Patients acknowledge the telemedicine program's no-show policy in the *Telemedicine Consent Form*.

The spoke/patient site will fax, e-fax, or secure electronic message a copy of the signed *Telemedicine Consent Form* to the hub/specialist site prior to the delivery of the telemedicine service.

The *Telemedicine Consent Form* must be documented in the patient's medical record at both the spoke/patient and hub/specialist sites.

All patients aged 18 years and older or the person's legal guardian, or in the case of persons under the age of 18, the parent, legal guardian, or a lawfully authorized custodial agency will receive a *Telemedicine: What to Expect Form* (see telemedicine form # 4) with their *Telemedicine Consent Form*. The *Telemedicine: What to Expect Form* provides a patient-friendly description of the telemedicine program.

Telemedicine: What to Expect

Your doctor at spoke site is working in partnership with specialists at hub site in city to offer you telemedicine services.

What is Telemedicine?

Telemedicine is the exchange of medical information from one site to another via electronic communications. The telemedicine service offered to you will allow you to have a medical appointment with a specialist via secure and interactive video equipment. You will be able to speak in real-time with the specialist during your telemedicine appointment.

Is Telemedicine Safe?

Yes, all telemedicine sessions are safe, secure, encrypted, and follow the same privacy (i.e., HIPAA) guidelines as traditional, in-person medical appointments. Your telemedicine appointments will always be kept confidential. In addition, telemedicine appointments are NEVER audio or video recorded.

Can I Choose Not to Participate?

Of course, with this program you have been offered the option of seeing a specialist via secure and interactive video equipment within your primary care office. It is your choice to follow this referral.

Things to Remember about Your Telemedicine Appointment:

1. You will schedule your telemedicine appointments the same way you schedule an appointment with your doctor now, by calling 315-376-4600.
2. As with your traditional, in-person medical appointments it is your responsibility to call Lowville Medical Associates at 315-376-4600 to cancel an appointment if you are unable to attend your telemedicine appointment. Cancellations should be made at least 24 hours prior to the appointment time.
3. The telemedicine program has a no-show policy. You will be discharged from the telemedicine program if you no-show for **two (2), consecutive** telemedicine appointments, without prior contact to the scheduling staff at Lowville Medical Associates. To prevent this from happening, always call 315-376-4600 if you cannot make your appointment.
4. On the day of your appointment you will check-in at Lowville Medical Associates as you would for a traditional, in-person medical appointment.
5. At your appointment time a nurse or medical assistant will escort you into the telemedicine patient room.
6. If you have any questions before or after the session, you may ask the office staff at Lowville Medical Associates.
7. The *Telemedicine New Patient Packet* must be completed prior to scheduling your first telemedicine appointment. You must complete these forms in order to schedule your first appointment:
 - *Telemedicine Consent Form*
 - Any other forms/consents the spoke/patient or hub/specialist site or legal team require, including the *Notice of Privacy Practices, Patient Rights and Responsibilities Form and the HIE Consent to View Form*.
8. If you are prescribed medication(s) by the specialist you will be able to pick it up directly at your pharmacy of choice as the specialist will either phone in or electronically prescribe your medication(s).
9. If you miss a telemedicine appointment and need a prescription refill or you have any questions about your medication, you must Lowville Medical Associates directly at 315-376-4600. Lowville Medical Associates will get in touch with the specialist on your behalf. Please be sure to call at least 72 hours prior to running out of medication.

**If you have any questions or concerns after reading this form please contact
Spoke Site at 315-xxx-xxxx.**

Department:	Policy Description: Telemedicine Appointment Scheduling, Cancellations, and No-Shows
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Purpose: To describe the requirements of both the spoke/patient and the hub/specialist sites as it relates to appointment scheduling and handling cancellations and no-shows.

Policy: Telemedicine appointment scheduling will be conducted at the spoke/patient site and will be communicated to the hub/specialist site.

Procedure:

Scheduling

The specialist at the hub/specialist site will provide their date and time availability for telemedicine visits to the spoke/patient site. The scheduling staff at the spoke/patient site will schedule telemedicine visits based on the availability provided by the specialist. Due to the block time system being used for scheduling, new appointments will be allotted 60 minutes and follow-up appointments will be allotted 30 minutes for adults and 45 minutes for children/adolescents. Once appointments are scheduled contact will be made with the specialist at the hub/specialist site to confirm their telemedicine appointments.

The scheduling staff at the spoke/patient site will call the patient or legal guardian one business day before the telemedicine appointment to remind the patient of their upcoming visit.

Patients will be required to complete all necessary telemedicine forms provided in the *Telemedicine New Patient Packet* prior to their first telemedicine appointment being scheduled.

Cancellations

Patients are to call the spoke/patient site at least 24 hours prior to their appointment time to cancel a telemedicine appointment.

The scheduling staff at the spoke/patient site will keep a telemedicine cancellation list on file in the event of cancelled telemedicine appointments. The list will be utilized to try to fill the open appointment slots. If filing a slot for a new patient appointment, patient information for substitute patients, who take the place of a cancellation, must be sent to the specialist at the hub/specialist site at least 24 hours prior to the scheduled session.

No-Shows

No-show appointments will be communicated to the specialist at the hub/specialist site via his/her direct line by the staff at the spoke/patient site. Documentation of the missed appointment will be entered into the patient's medical record at both the spoke/patient and hub/specialist site. Scheduling staff at the spoke/patient site will call the patient to reschedule their appointment after the first no-show and will remind them of the no-show policy. Additionally, after the first no-show scheduling staff at the spoke/patient will send a letter to the patient/guardian informing them that they will be discharged from the telemedicine program if they no-show for their next appointment.

In the event that a patient needs to be discharged from the telemedicine program after two (2), consecutive no-shows the specialist at the hub/specialist site will be the party to communicate this decision to the patient, as they are the direct provider of care and to prevent against patient abandonment. Alternative care options will be presented by the specialist to the patient, which will be documented in the patient's medical record.

Department:	Policy Description: Telemedicine Physical Surroundings and Staffing
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Purpose: Services provided via telemedicine will be safe, confidential, and efficient and will meet or exceed the quality of care provided in an in-person setting.

Policy: A patient exam conducted via telemedicine will replicate as closely as possible an in-person exam.

Procedure: The patient will be seen in a designated telemedicine room at the spoke/patient site.

The telemedicine room will be inspected by staff prior to the launch of telemedicine clinic to ensure it is free from sharp objects, pens, pencils, paper clips, and any other objects that could be used to harm the patient or others. If the room is used for other purposes in the interim, the spoke/patient site clinic staff will inspect it prior to each day of the telemedicine clinic to ensure it is still free from harmful objects.

A nurse or medical assistant will escort the patient into the designated telemedicine room at the beginning of each session. If this is the patient's first telemedicine appointment, the nurse or medical assistant at the spoke/patient site will explain to the patient how the system works, emphasizing that the system is confidential; that no audio or video taping of the exam is done, and that no one except the consulting provider and patient will be in the exam room at either the spoke/patient or hub/specialist site, without the patient's knowledge and approval. If safety concerns mandate additional persons to be present, then patient or guardian permission may not be needed. Time should be allowed for patients to ask questions, if applicable.

The nurse or medical assistant will ensure the telehealth equipment is working properly and the volume is acceptable to both the specialist and patient. If the telemedicine specialist needs any vital signs taken, he or she will ask the nurse or medical assistant while they are still in the room. Additional seating will be provided in the event that the patient would like family to accompany them during the session.

The specialist at the hub/specialist site will introduce himself or herself to the patient before the exam begins. The specialist will ask the patient's permission to have any other person in the room to observe the exam. If the patient declines, the observer must leave the telehealth room.

The telehealth patient exam will replicate as closely as possible the way the specialist currently examines patients in a traditional, in-person setting. The room is positioned so that the specialist is able to view and adequately observe the patient during the telemedicine visit.

The telemedicine specialist will make every effort to ensure he or she remains competent on the technology used for this telemedicine program. Prior to seeing the first patient in this program, each telemedicine specialist agrees to participate in a mock appointment with staff at the spoke/patient site to help ensure competency.

The telemedicine visit will be setup to achieve a positive patient, provider relationship. Surveys may be developed and distributed to patients and/or providers at any time, to ensure quality and gauge satisfaction with the program.

Protection of the patient's privacy should be maintained at all times. Once all parties are in the exam room, an occupied sign is placed on the exam room door so others will know not to enter the room. Avoidance of inadvertent interruptions should be of primary importance.

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As required by law, the consulting specialist will be licensed to practice medicine in New York State. If applicable, specialists will be credentialed and privileged at the distant site hospital. Specialist providers will practice telemedicine within the boundaries of their licenses, credentials, and privileges, keeping in mind that the technology is only a tool assisting in the provision of care at a distance and not substitute for appropriate, responsible decision making.

Department:	Policy Description: Telemedicine Security and Emergency Protocol
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Purpose: To provide guidelines in an effort to establish an environment as free from the threat of violence or harm to patients, employees, physicians, volunteers, contractors, and visitors as possible.

Policy: Patients at the spoke/patient site will be able to receive safe psychiatric care through the provision of telemedicine.

Procedure: If the specialist at the hub/specialist site perceives a threat to the patient or any person at the spoke/patient site during the telemedicine visit, he or she shall immediately report it to the spoke/patient site. The spoke/patient site shall designate a phone line which the specialist at the hub/specialist site shall use in case of an emergency during a telemedicine visit. The police or appropriate law enforcement agency may also be contacted.

The specialist at the hub/specialist site will have posted on an ongoing basis the following phone numbers in the event of an emergency or security concern:

- 1) The spoke/patient site's direct physician line to be used for emergencies or if the specialist would like the staff at the spoke/patient site to intervene mid-session - 315-376-5096
- 2) Local police or appropriate law enforcement agency phone number(s) – 315-376-6511 (Village Police) or 315-376-6513 (State Police)

If the specialist at the hub/specialist site determines that a patient needs to be hospitalized the specialist will:

- 1) Inform the patient.
- 2) Contact the triage nurse or the crisis worker at the nearest inpatient facility to discuss the case.
- 3) Inform the primary care provider at the spoke/patient site. The spoke/patient site will assist with logistics in getting the patient to the ED and providing copies of medical records which can be given to the patient prior to leaving the office, if applicable.
- 4) The patient is sent to the ED.
- 5) The ED psychiatrist determines whether the patient should be admitted (voluntary or in-voluntary) and whether there is an available bed.
- 6) The specialist will be accessible by phone to the inpatient facility's ED staff, if necessary.

Department:	Policy Description: Telemedicine Check-in and Check-out for Patients
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Purpose: To ensure patients who are seen for telemedicine appointments have an experience that mimics, as closely as possible, an in-person medical appointment.

Policy: Check-in and check-out for telemedicine appointments will replicate as closely as possibly an in-person medical appointment.

Procedure:

Check-In

The patient presents at the spoke/patient site as they would during a traditional, in-person visit with the provider at the spoke/patient site.

The patient registers at the front desk. Patient demographics and insurance information are verified at that time by spoke/patient site front desk staff. After checking in with front desk staff the patient is asked to wait in the spoke/patient site waiting room.

At the scheduled visit time, the patient is brought to the telemedicine room by the spoke/patient site nurse or medical assistant. The nurse or medical assistant will ensure the telemedicine technology works and the volume is acceptable to both parties before leaving the room. If this is a new patient, the nurse or medical assistant will also introduce the physician to the patient before leaving the session.

Check-Out

The specialist at the hub/specialist site will inform the patient that the telemedicine visit has concluded. The patient will be asked to check-out with the scheduling staff at the spoke/patient site.

When the patient presents to the check-out area at the spoke/patient site the staff member responsible for check-out will call the specialist at the hub/specialist site on their direct line to determine appropriate follow-up. The check-out staff will schedule the patient for their next telemedicine appointment accordingly.

Department:	Policy Description: Telemedicine Administration and Billing
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Purpose: To ensure providing services via telemedicine will be financially sustainable for the providers involved.

Policy: Providers participating in telemedicine services will bill patient's insurance for services rendered, if applicable.

Procedure: The spoke/patient site should bill the patient's insurance for the telemedicine facility fee for each telemedicine session. If the spoke/patient site is not providing any medical services or care other than offering the telemedicine link to the hub/specialist site, the spoke/patient site should bill CPT code Q3014 to recoup administrative expenses associated with the telemedicine patient encounter.

The hub/specialist site should bill the patient's insurance using the appropriate CPT code for the visit with the GT modifier (representing the use of interactive audio and video telecommunications systems). For example, if a traditional session would normally be coded as 90801, then the corresponding telepsychiatry session would be coded as "90801GT."

In the event of a telephone consult given technical difficulty with the telemedicine unit, all parties understand that the session may not be reimbursed by insurance.

In the event that a patient does not have insurance coverage for telemedicine services the spoke/patient and hub/specialist sites may bill the patient directly for services rendered.

Department:	Policy Description: Telemedicine Provider Communication
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Purpose: To ensure relevant patient information is communicated in a timely manner between the provider at the spoke/patient site and specialist at the hub/specialist site.

Policy: The spoke/patient site will share pertinent patient information with the hub/specialist site prior to the first telemedicine appointment being scheduled and the hub/specialist site will share limited visit information with the spoke/patient site after the first telemedicine appointment.

Procedure: The provider at the spoke/patient site will have the opportunity to meet face-to-face with the telemedicine specialists at the hub/specialist site to whom they will be referring prior to referring patients.

The provider at the spoke/patient site and his or her staff will have access to the specialist's, at the hub/specialist site, direct telephone line in the event that they have questions about medication or any other issues about the patient. The telemedicine physician's direct/personal number is not to be given out to patients. If the patient has questions about their medication, they are to contact the specialist on their main line during normal business hours.

Patient information to be shared with the specialist at hub/specialist site prior to every new patient appointment via fax, e-fax, or secure electronic message:

New patients:

1. A completed telemedicine referral which includes date of referral, patient's name, DOB, medical record #, current insurance information, contact information, medical history/summary (includes medical diagnosis and current medication and dosage), preferred pharmacy name, referring physician name and signature, and any other pertinent information.
2. A copy of the patient's insurance card.
3. Signed *Telemedicine Consent Form* (see telemedicine form # 2).
4. Any other forms/consents the spoke/patient or hub/specialist site, or legal team requires including the signed Notice of Privacy Practices, Patient Rights and Responsibilities Form and the HIE Consent to View Form.

Returning patients:

1. Any significant changes in clinical status, if applicable.

Visit information to be shared with the primary care provider at spoke/patient site after the first patient appointment via fax, e-fax, or secure electronic message:

Consultation:

1. Completed specialist consultation evaluation note.

Ongoing Care:

1. Completed specialist summary note to include diagnosis and medication(s) prescribed. Any changes in medication(s) prescribed would be communicated to the primary care provider, if applicable.

If a patient gets admitted to an inpatient psychiatric facility and the spoke/patient site is informed of the admission, a staff member at the spoke/patient site will let the specialist at the hub/specialist site know of the

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admission within 48 hours of learning of the admission. The admitting physician will coordinate care of the patient (vs. the specialist) until he or she is released from the unit. The specialist at the hub/specialty site will coordinate discharge planning with the inpatient facility (if requested). In addition, the specialist will arrange for the patient to be seen, via a telemedicine appointment, within 5 days of discharge.

Department:	Policy Description: Telemedicine Prescribing and Medication Management
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Purpose: To ensure telemedicine patients are prescribed medication in a timely manner and are appropriately managed while on medication(s).

Policy: The specialist at the hub/specialist site will prescribe and manage telemedicine patients' medications.

Procedure: The specialist at the hub/specialist site will confirm with the patient their pharmacy of choice.

For prescriptions of non-controlled substances, the specialist will phone in the order to the patient's pharmacy of choice until electronic prescribing becomes standardized practice. For prescriptions of controlled substances, the specialist will call the patient's pharmacy of choice and place a 5 day order over the phone. In addition, a hardcopy of the prescription will be mailed directly to the patient's pharmacy of choice.

Any medication prescribed will be documented in the patient's medical record held at the hub/specialist site. For patients receiving ongoing, telemedicine care a completed specialist summary note which includes diagnosis and medication(s) prescribed will be shared with primary care provider at spoke/patient site after the first patient appointment via fax, e-fax, or secure electronic message.

The specialist at the hub/specialist site will manage telemedicine patients' medication(s) throughout the course of treatment.

If a patient misses a telemedicine appointment and needs a prescription refill or has any questions about his/her medication, the patient is directed to call spoke site at 315-xxx-xxxx. Staff at the spoke/patient site will contact the specialist at the hub/specialist site directly to discuss the prescription refill or question. Patients are asked to call spoke site at least 72 hours prior to running out of medication.

Department:	Policy Description: Telemedicine Technology Troubleshooting
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Purpose: To ensure telemedicine technical difficulties are handled in a timely manner.

Policy: The spoke/patient and hub/specialist site will each be responsible for troubleshooting technical problems that are related to the systems located on their own end.

Procedure: At least one staff person at the spoke/patient and hub/specialist site will be assigned to managing telemedicine technical difficulties related to the equipment at each end. The contact information for the responsible party/parties should be posted with the telemedicine equipment at each site.

The Fort Drum Regional Health Planning Organization (FDRHPO) will ensure any data transmitted to/from each site involved is encrypted prior to the launch of the program and will provide network level technical assistance Monday through Friday between the hours of 8:30am and 5:00pm. The FDRHPO office can be reached at 315-755-2020. The FDRHPO contact number should be posted with the telemedicine equipment at each site.

In the event that technology problems emerge mid-session, the specialist at the hub/specialist site should call the physician line at the spoke/patient site at 315-376-5096. The staff at the spoke/patient site will move the patient to a location with a direct phone line so the telemedicine appointment can be continued.

The specialist at the hub/specialist site will have posted on an ongoing basis the following phone numbers in the event of technical problem:

- 1) The spoke/patient site's direct physician line – 315-376-5096
- 2) FDRHPO – 315-755-2020

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Purpose: To ensure telemedicine technology is fully functional and secure.

Policy: The spoke/patient and hub/specialist site will each be responsible for viewing the Telemedicine Equipment as a part of their facility's IT inventory. Updates will be executed according to each sites update policy.

Procedure: At least one staff person at the spoke/patient and hub/specialist site will be assigned to managing telemedicine equipment updates. The contact information for the responsible party/parties should be posted with the telemedicine equipment at each site.