ADAM

Executive Decisions in
DERMATOLOGY

JULY/AUGUST 2015

# Telemedicine: Biggest Trend in Digital Health

## Everybody everywhere is on their computers, on their phones, on their tablets for everything . . . why not for their healthcare?

INSIDE:

*Executive Decisions in Dermatology* is a bimonthly publication of the Association of Dermatology Administrators & Managers (ADAM). ADAM is the only national organization dedicated to dermatology administrative professionals. ADAM offers its members exclusive access to educational opportunities and resources needed to help their practices grow. Our 650 members (and growing daily!) include administrators, practice managers, attorneys, accountants and physicians in private, group and academic practice.

To join ADAM, or for more information, please visit our Website at ada-m.org, call 866.480.3573, email adaminfo@shcare.net, fax 800.671.3763 or write Association of Dermatology Administrators & Managers, 1120 G Street, NW, Suite 1000, Washington, DC 20005.



# From the President

## Hello to ADAM!

*By Pamela M. Matheny, MS/IO Psychology, MBA/HCM, CMPE*

I want to take a moment to thank everyone who has volunteered to participate on an ADAM committee. Our committee teams work hard to bring great value to ADAM, and I cannot express enough gratitude for all that they do. I encourage each of you to reach out and become involved with ADAM and serve in an area that interests you.

Please call ADAM headquarters at 1.866.480.3573 to find a committee that is a good fit for your interests; from education to networking to communications, there is something for everyone.

This time of year is exciting as many practices across the nation expand their teams with recent resident graduates. Sometimes, especially for those newly graduated dermatologists, starting work in a new practice can be overwhelming, so please join me in welcoming all our new residents. As practice managers and leaders, we need to be responsive to our provider and employee needs and help them be successful.

One thought I'd like to share with you all is to remember to maintain the compassion and understanding that is essential to working as a successful, cohesive unit. Whether or not your name is followed by acronyms declaring your acquisition of knowledge, we all bring value to the practice and should encourage respect throughout all levels of our practice.

We can get so tied up in the day-do-day grind of putting out fires and keeping the practice going that we can forget that everyone in the practice has their own individual challenges, whether personal or professional. To sum it up, please understand we all share the same goals of delivering exceptional service to our clients and not let un-related situations get in the way of the end goal.

Last but certainly not least, I'd like to remind everyone to enjoy your work life and your life outside of work; find a good balance between the two for a healthy lifestyle. This is essential to keep the energy going, and I strongly encourage everyone to make this a priority.

I'd like to extend a warm and sincere thank you to the Communications Committee for putting together another information-packed newsletter!

# A Very Special Thank You to our Outgoing and Incoming Board Members

Please join us in acknowledging these outgoing ADAM Board Members for their leadership and contributions. We appreciate your service and the impact you have made on our association. Best of luck to each of you in your future endeavors! The following individuals have a combined 17 years' service to ADAM:

**Wanda L. Collins,** Administrator
Peninsular Dermatology Associations, P.A.,
Parsonsburg, MD
*9 years of service*

**Larry Huff, Jr.,** BSHA, CMPE, CPC,
Chief Executive Officer
First Coast Mohs Skin Cancer &
Reconstruction Surgery Center,
Jacksonville, FL
*4 years of service*

**Trish Hohman,** Practice Administrator
Helendale Dermatology & Medical Spa,
Rochester, NY
*4 years of service*

## WELCOME TO THE NEW BOARD OF DIRECTORS!

Also, new to the job and their first year of service as an ADAM Board Member are the following individuals:

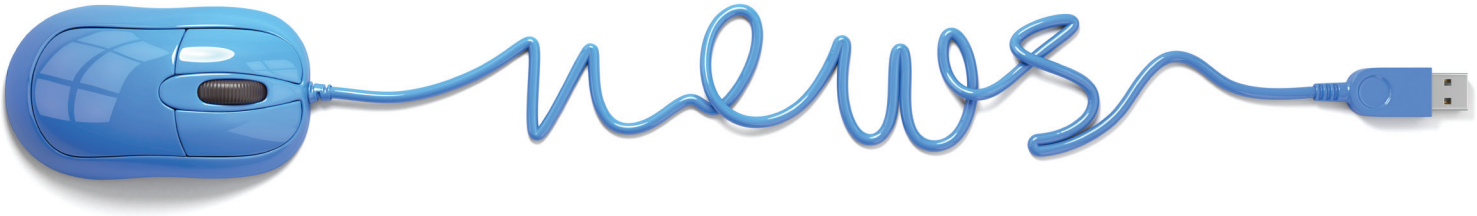
**Elizabeth Edwards,** Manager
University of Texas Southwestern Medical Center,
Dallas, TX

**Jeff Stewart,** Administrator
Mendelson Dermatology,
Phoenix, AZ

**Shannon Page,** Clinical Operations Manager
New England Dermatology & Laser Center,
Springfield, MA

**Wendy Stoehr,** Clinical Administrator
Advanced Dermatology and Skin Cancer,
Spokane Valley, WA

We look forward to working with all of our new and existing board members as we strive to provide new programs and benefits to the ADAM membership.




# HB 3201 Signed Into Law in Oregon

Governor Kate Brown signed HB 3201 into law Tuesday, June 9, 2105, making Oregon the first state in the nation to pass legislation that requires payment by virtual credit card to be mutually agreed upon between the insurer and the provider. Effective January 2016, insurers will be required to clearly communicate all applicable fees to process the payment (which can be up to 5%) and allow the provider to opt-in to the payment.

If the provider chooses not to accept the payment, the insurer must promptly offer an alternative method of payment that doesn't impose fees. Watch for an Open Mobile Alliance (OMA) toolkit on HB 3021 that will help you better understand virtual credit cards, electronic funds payments and how to maximize these payments for your clinic.

# Alabama Passes Joint Resolution to Delay ICD-10

State senators in Alabama passed a joint resolution calling on Congress to hold off on ICD-10. ICD-10 is the International Statistical Classification of Diseases and Related Health Problems and the 10 refers to the tenth revision.

"We hereby urge Congress to delay the implementation of ICD-10 and create an impartial committee to study the problems with implementation and develop recommendations to address the many unintended consequences that have not been adequately evaluated," according to Senate Joint Resolution 279.

Click here to read more.

# Defining the Vital Uses for Benchmarking Data to Better Manage our Practices

## Plus! Key announcement for ADAM members about benchmarking

*By Tony Davis, CPA, CMPE, Executive Director, Dermatology Specialists, Edina MN*

The two most common questions I receive from my colleagues in dermatology are where can I find good dermatology benchmarking data, and, what are the myriad ways I can use this benchmarking data once I obtain it?

To the first question, we have some exciting news to share here at ADAM but you'll have to read to the end of this article to learn more about that! It's the second question I'd like to explore in some greater detail in this article.

In previous issues of *Executive Decisions in Dermatology,* I've explained several of the driving indicators behind good dermatology benchmarking. The beauty of the data, once collected, is that it can be used for multiple purposes which can really enhance the management skills of the typical ADAM member.

I like to think of the uses in three categories: historical, reactive and proactive.

### HISTORICAL DATA USE

Building a consistent database of historical statistics is key to creating the base year in which trend-setting analyses can occur. Once you have selected the key metrics you want to measure, you need to create the history regarding that data over periods of time, such as daily, monthly, quarterly or annually. Base year and historical data form the storyline needed to create trend lines, all of which give the manager a clear picture of where the practice has been at a point in time, and where it is heading in the future.

### REACTIVE DATA USE

Similarly, benchmarking in current time allows the manager to quickly identify both positive and negative trends in order to communicate the financial performance of the practice to the owners in real time. This key data, along with


input from decision makers in the practice, allows prompt reaction to these current benchmarks so positive trends can be continued and negative trends can be addressed.

### PROACTIVE DATA USE

The third way benchmarking can be used is for proactive purposes such as strategic planning and budgeting. Once we are comfortable that we have solid foundational data, we then can begin to use the data as a predictive tool to facilitate budgeting analysis (typically over a 12- to 24-month period) or strategic planning (typically over a multi-year period).

And now to our news regarding the first question posed in this article: to allow all of us to confidently use relevant dermatologic benchmarking data in our practices so we can complete historical, reactive and proactive analysis, and, in order to best serve the needs of ADAM members, we need to collate and create benchmarking data for dermatology. With these goals in mind, ADAM will begin a benchmarking data project in 2015 with the goal of bringing you the relevant financial data you need to analyze your practice. Stay tuned as this project gets underway this summer.

# Low Patient Survey Scores Happen

*By Meryl D. Luallin, SullivanLuallin Group*

Low patient survey scores happen when patients don't get what they want, right? Wrong!

There's an old belief continuing to make the rounds among physicians who conduct patient satisfaction surveys, and it goes like this: "If I don't give my patients what they want (read narcotics or antibiotics), they'll rate me low on the survey."

As a company that conducts patient satisfaction surveys and shadow coaches low-scoring physicians, we can assure you the notion that the only way to avoid poor scores is to "give the lady what she wants" is baseless.

Our research shows patients return to, refer others to, and rate highly those physicians they like. But even more importantly, they do the same to doctors they believe like them. In fact, patients switch providers or score them low on surveys when those providers come across as insensitive, impersonal, disinterested or uncaring.

Simple strategies for conveying that the doctor likes the patient include:

- Using the patient's name when entering the exam room,
- Apologizing for delays and thanking the patient for waiting,
- Commenting on a bit of information the patient shared previously (vacation, hobby, etc.),
- Sitting down as soon as possible to convey you're not rushed,
- Making good eye contact or explaining what you're doing on the computer,
- Responding empathetically to the chief complaint,
- Using non-technical language suitable for laypeople, and
- On departure saying "Take care" and patting the patient on the shoulder.

It's vital that patients believe their doctors like them and want what's in their best interest. It's simple: physicians who have their patients' trust and confidence don't see satisfaction scores in the cellar.

# Grow Professionally, Save Money, Save Time: Take Advantage of Your ADAM Member Benefits

*By Janice Smith, Office Manager, Spencer Dermatology Association, LLC, Crawfordsville, IN*

## LinkedIn

LinkedIn for ADAM is an online, private, members-only group page where you can ask questions and stay up-to-date on what other practices are doing. To join ADAM's LinkedIn group, click here.

Once you are on ADAM's LinkedIn page, click the green "join" button under the ADAM banner. A member of ADAM Headquarters will receive and process your request to join. Please note that you must have a LinkedIn account to join; creating a LinkedIn profile requires only a few short steps, starting with visiting the LinkedIn Web site at linkedin.com. From there, LinkedIn will aid you every step of the way in creating your online profile. If you need additional assistance and for step-by-step instructions, please reference the LinkedIn guide following this page.

After a member of ADAM's headquarters staff approves your request to join, you will have unlimited access to forms and documents other practices are utilizing.

Sharing a form? Be sure to send a copy to ADAM headquarters at AdamInfo@shcare.net. ADAM staff will add your submitted forms to the Forms section under MyADAM. Sharing forms and practice information is a great resource for all of us, covering topics from Human Resources and Job Descriptions to Financial Policies and Informed Consent.

## Working Advantage

It's summertime! Are you looking to travel? See a movie? Rent a car? Save on these services and more by creating


a free membership at workingadvantage.com. This free resource is included in your ADAM membership. You'll receive discounts on clothes, tickets, gifts, theme parks and more! Take advantage of this great member benefit. Even your employees can sign up! Just use ADAM code 550734484.

# How to Get Connected Through LinkedIn!

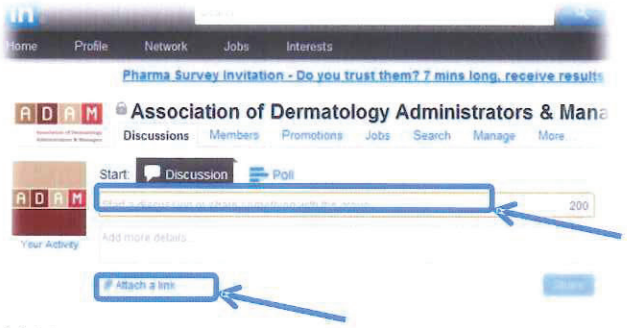
1. Login to your account at www.linkedin.com. Don't have an account? Follow these instructions to create one.


2. Once you're in, navigate to the **Interests** option right under the search bar (see above). And select **Groups**. On the next page, click on the **Association of Dermatology Administrators and Managers.**
3. This is the **group page**. Below you will see a few options highlighted to get you started.

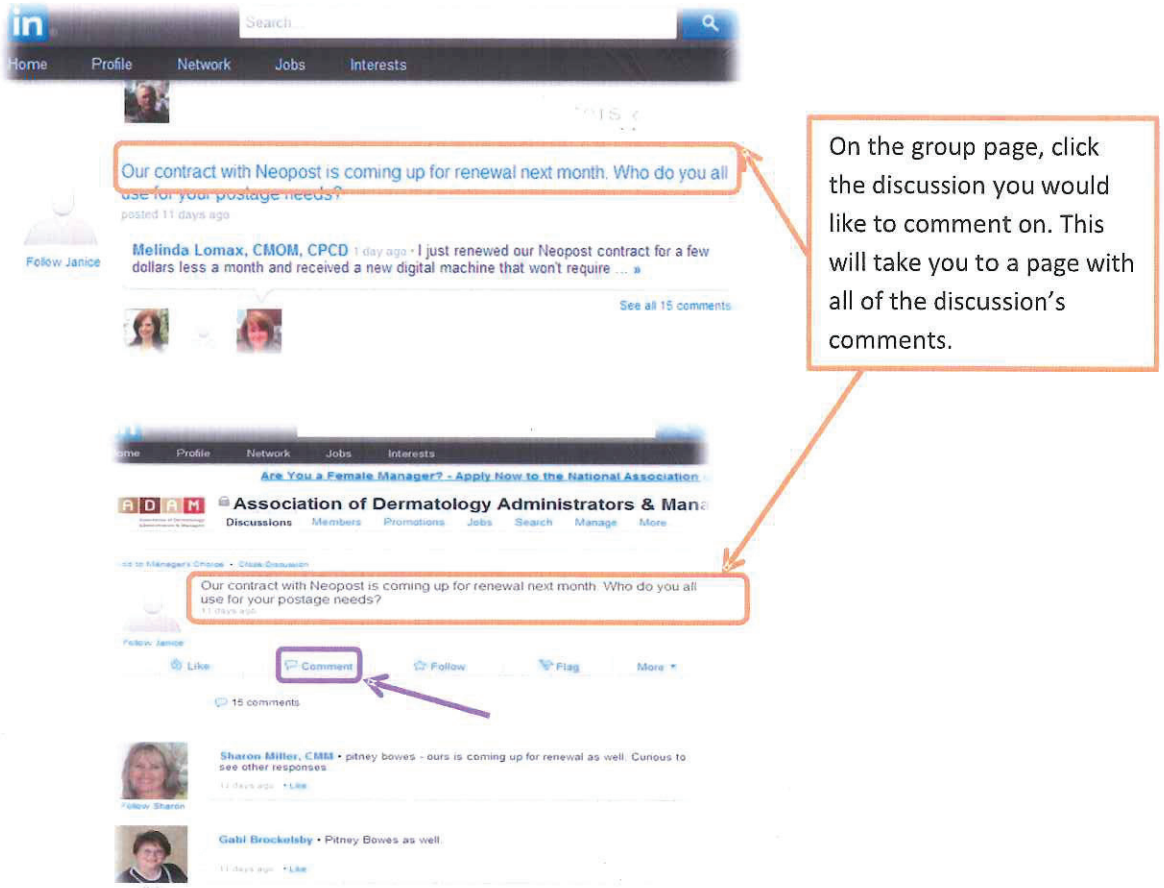

**Need help? Email ADAMinfo@shcare.net 1**

# Starting a Conversation or Replying to a Discussion on LinkedIn.

1. Go to the ADAM **group page** (see previous page for instructions). Place your cursor in **the dialog box** that says *Start a discussion or share something with the group.* Type your comment or question in the box. You can also attach a **web link** if applicable.



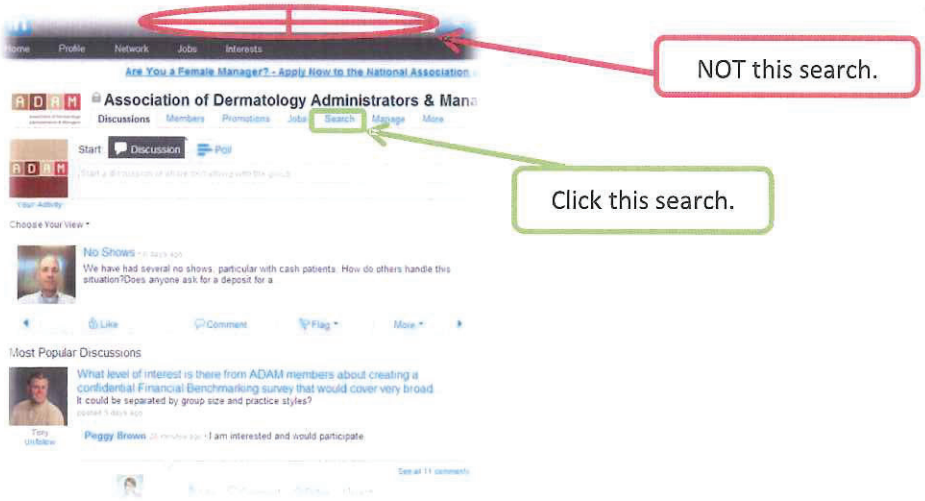

2. If you would like to **comment or reply** to a particular discussion you can click on the discussion and then click comment to add your two cents!



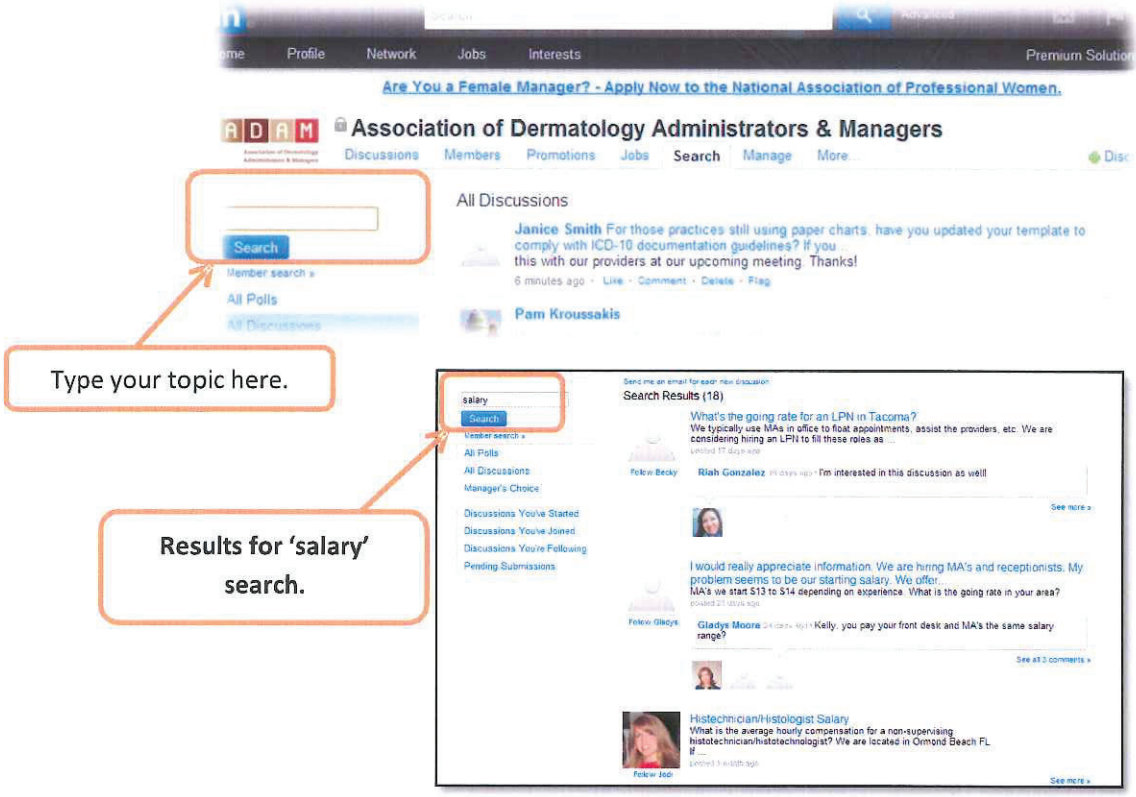

**Need help? Email ADAMinfo@shcare.net 2**

# Searching for a Topic on LinkedIn.

1. Go to the ADAM **group page** (see previous page for instructions). Select **search** on the menu bar (not the general search box on the top of the screen). This will take you to a new page where you can search any topic or term.




2. Type in any **topic or term** that you would like to look up. Example topics: salary, ICD-10, HIPAA.



# The Value of Innovative Patient Education

*By Brok W. Vandersteen, ContextMedia, Inc.*

We've all been there. With unexpected free time, you find yourself watching a daytime TV show you haven't watched since you were home sick in grade school. You fidget in the chair and pull your phone out to check the time. It's been 15 minutes since you arrived at the doctor's office, and you're still in the waiting room.

As a matter of fact, the average wait across the waiting room and exam room is climbing up beyond 30 minutes.

But what if this wait time was repurposed to educate your patients about dermatology?

As Pamela Matheny explained in last month's newsletter, educating patients about skin protection is at the forefront of responsibilities for dermatologists. Still, according to the *Journal of the American Academy of Dermatology*, most Americans are still not using sunscreen, despite the conversations they're having with their physicians. How can we help close that gap between conversation and adherence? The answer may be point-of-care education.

Imagine a TV network that delivers programming about the immediate benefits of sunscreen, or a tablet where the patient had access to programming about the impact of ultraviolet rays at their fingertips.

Instead of flipping through a magazine or watching a game show, patients now can have access to a growing number of innovative digital patient education tools in waiting and exam rooms.

For patients, a trip to the doctor is when their health is top of mind, when they have a conversation about their condition and make choices about treatment. Point-of-care digital education gives patients contextual information during the moments right before patients meet with their physicians to help them make more informed decisions about their health.

For healthcare providers, the impact of these innovations has been immediate and impressive. An independent study commissioned by ContextMedia found that more than half of patients discussed educational content they viewed in the waiting room.

In La Quinta, California, Dr. Bhagwan Moorjani uses waiting room TVs and exam room tablets to educate his patients. "They felt they had a better understanding," he said, finding that patients were prepared with better questions after interacting with the content in the waiting room. Impressively, these tools are available at no cost to physicians.

ContextMedia uses this technology to quantify the impact of the education on patient-physician interactions, and has gathered remarkable user engagement data. From data collected from the exam room tablets, 80.7% of all member office patients interact with the tablets, and patients are spending an average of 9.2 minutes engaging with the tablets per session. To increase the impact of the education, dermatology administrators can monitor exactly what types of content patients are engaging with, and tailor the media based on those results.

So far the proof is in the numbers. According to data collected by Nielsen, 90% of patients who interacted with point-of-care patient education tools have found them to be helpful. Over time, increased innovation at point-of-care will lead to better quality of education for patients, and

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ultimately, improved health outcomes. For now, the future looks bright.

ContextMedia is currently building products that integrate with the recent improvements in electronic health records to give patients a fully personalized, curated experience from before they enter the office until long after they leave. Patients will no longer leave with paper appointment summaries or have to worry about gaps in care as they will have digital tools to help them manage their health around visits to the physician.

For dermatology administrators and other healthcare providers, we are building resources that will incorporate electronic health records into their interactions with patients so they can provide the highest quality of care possible.

In addition to the immediate impact on patient engagement, these point-of-care tools can be tailored by dermatology administrators to address the practice's needs. As you know, dermatology offices can vary in design, with some resembling the traditional waiting room and others resembling the spa at a four-star resort, but dermatology administrators can tailor content to represent the brand of the practice.

Do you have an incredible skin care product your patients need to use or summer ultraviolet tips specific to your geographic location? Do you want to display the effects of proper skin care by showing off beautiful headshots of your doctors? Whatever your goals, point-of-care media can be customized to develop an emotional connection between your office and your patients to develop loyalty.

Dermatology administrators know all too well that dermatology conditions are often preventable if proper care is taken. While gaps in patient compliance can be frustrating, we can take enormous strides in the right direction as long as we remain committed to finding better ways to educate and engage patients before we meet with them. As digital point-of-care education grows in popularity within dermatology, we are honored to take lead in finding innovative solutions to help your patients live healthier lives.

# Skin Protection in the Great Outdoors

*By Angela Ash, Practice Manager, Reflections Dermatology*

We're almost at what many consider the halfway point of the summer season, where we start to see vacations become a real priority. Some will migrate to the beach, and others will choose the great outdoors to enjoy activities like camping, hiking and water sports.

In the last issue of *Executive Decisions in Dermatology*, ADAM emphasized the critical importance of healthy sun protection habits. In this issue, we'll focus on skin protection tips in a variety of situations we all need to consider in having a safe, enjoyable time outdoors.

## SKIN DILEMMA #1: POISONOUS PLANTS

Prevention is key. It is always better not to have a health problem related to poisonous plants to manage. The best course of action is educating yourself and learning to identify poisonous plants that could be at your campsite or on your hiking path. The three main types to look for are poison ivy, poison sumac and poison oak. The U.S. Food and Drug Administration (FDA) provides detailed descriptions—both verbal and visual. Click here to view the descriptions.

In addition, if you know you're likely be surrounded by wooded areas, keep exposed skin to a minimum to limit direct skin contact with potentially poisonous plants.

But, what if you've taken all possible preventive measures and you still come in contact with a poisonous plant? The biggest tip is this: Do not scratch. Bacteria from your fingernails can transfer to your skin and cause infection.

To combat the urge to scratch, try one of the following tips for itch relief:

- Apply a cold compress,
- Apply an over-the-counter (OTC) topical corticosteroid preparation or topical OTC skin protectant,
- Take a prescription oral corticosteroid, or
- For minor itching and irritation, apply baking soda or oatmeal.

## SKIN DILEMMA #2: BATTLING BUGS

Insects can be a huge problem during summer, with red fire ants, ticks and mosquitoes being major summertime culprits. While the insects themselves are a nuisance, the biggest concerns are the transmittable diseases they carry and are able to infect with a bite. Prevention through commercial insect repellants containing a chemical known as DEET or homemade repellants are very helpful. When preventive measures are not enough, here are several treatment options for each bug bite type:

**Red Fire Ants**

Symptoms include a burning or stinging sensation and the appearance of reddish lumps on the skin that develop into blisters. The best course of action is to take an OTC product for itching or pain and apply a cold compress. If you experience an allergic reaction (headaches, nausea or dizziness), seek professional medical treatment immediately.

**Ticks**

A tick bite is usually painless and remains that way even after the tick is finished with its blood meal and falls

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off the skin. For some, the bite might exhibit symptoms such as itching, burning, a rash, shortness of breath, nausea, swelling and paralysis (rarely). For most, there will be no symptoms. However, if you do notice symptoms, seek professional medical attention immediately. Be sure to cleanse the area and apply an antibiotic cream. If itching develops, take an antihistamine, or, for those who live in an area where Lyme disease is prevalent, obtain a prescription for an antibiotic.

To remove a tick, ensure your hands are covered to contain the spread of pathogens from the tick to your hands. Grasp the tick firmly with tweezers as closely to the skin as possible without crushing the tick. Once the tick is removed, move it to a closed jar or piece of tape to share with your doctor later if necessary. Thoroughly clean the bite with soap and water or a mild disinfectant and make sure to wash your hands afterward as well.

**Mosquitoes**

The most common symptom after a mosquito bite is the incessant itching. If you need allover body relief, try soaking in a bathtub with warm water with either two to three cups of apple cider vinegar or dissolving some baking soda into the tub and soaking for about half an hour. You can also mix baking soda with a small amount of water and witch hazel to create a paste and apply directly to the bites.

## SKIN DILEMMA #3: SUN SAFETY

Hiking, canoeing and other outdoor activities offer phenomenal health benefits. But, the damaging effects of overexposure to the sun's harmful rays should still be seriously considered before venturing outdoors.

Tips on sun safety from the American Hiking Society are listed below:

- Limit time in the sun between the hours of 10 a.m. and 4 p.m., when the sun's rays are the strongest.
- Wear a hat and cover exposed skin as much as possible.
- Wear sunglasses that include ultraviolet (UV) ray protection.
- Sunscreen, sunscreen, sunscreen. Don't forget to re-apply every two hours (or more depending on your activity).
- Watch the UV index.
- If you notice anything abnormal on your skin, make an appointment with your dermatologist immediately.

## SKIN DILEMMA #4: FIREWORKS AND BURNS

Many of you enjoy firework festivities on the 4th of July—a fun American tradition. However, if executed improperly, fireworks can result in burn injuries.

According to the Centers for Disease Control, studies find an average of 9,600 people will be treated for fireworks-related injuries across the United States, among them children ages 5 to 19 and adults ages 25 to 44 as the most common victims.

If this happens to you, the first step is to ensure the burn area is dry, clean and sanitized. The use of a topical ointment isn't always necessary as excessive use can keep the wound moist and delay the healing process.

Specific treatments will be dependent on the severity of the burn and can be determined by your physician with factors such as age, overall health and wound location taken into consideration. Prescribed treatment can range from intravenous fluids to skin grafts to pain management, but, of course, the best course of action to avoid injury is to take preventive measures. Your best bet is leaving fireworks play to the experts.

We hope these tips are helpful and informational as we certainly do not want anyone to end vacation with any of the above-mentioned dilemmas. Enjoy the rest of your summer!

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# Telemedicine: A Virtual Compliance Jigsaw Puzzle

*By Michael J. Sacopulos, CEO, Medical Risk Institute and General Counsel, Medical Justice Services*

Telemedicine is a hot topic across the country. Earlier this year, a Forbes magazine article proclaimed: "Telemedicine may just be the biggest trend in digital health in 2015."

New cosmetic consultation services like Zwivel are coming online with increasing frequency. From physicians to administrators to patients, it seems everyone is interested in the possibilities of telemedicine.

Perhaps we shouldn't be surprised by this trend; high-speed Internet connections are the norm, and Facetime and Skype are more popular than ever. Under continuing pressure to cut costs and cope with declining reimbursements, administrators believe telemedicine offers a viable tool for increasing efficiency. Patients, too, like the convenience and increased options that flow from telemedicine.

So what's not to like? Shouldn't we embrace the "new normal" and sign on to this great, brave new world?

Maybe. But, let's proceed with caution. There are a number of state and federal requirements that require compliance when you take your practice online.

Here are some things to consider:

### ▶ Licensure

Medical providers "must be licensed by, or under the jurisdiction of, the Medical Board of the State where the patient is located," according to the Federation of State Medical Boards' Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine. This requirement imposes traditional state boundaries on the cyber world. It is important to identify where prospective telemedicine patients live so medical providers do not accidentally practice in a state without a license.

### ▶ Professional Liability Considerations

Most professional liability insurance policies provide state-specific coverage. This means, should a provider accidentally practice telemedicine on an out-of-state patient, there may be no coverage. Providers wanting to expand into the area of telemedicine should first check with their insurance carriers.

In addition, traditional medical malpractice policies provide little to no coverage for electronic breaches. A telemedicine practice generates exposures to a variety of cyber risks. Any practice moving forward with offering telemedicine should have a comprehensive cyber insurance policy.

### ▶ Standard of Care

Telemedicine is still the practice of medicine, not a "lite" version of practicing medicine. All of the duties and obligations that come with in-person consultations are also owed to the remote telemedicine patient.

As the American Medical Association (AMA) stated recently: ". . . there is a general consensus (one that the AMA supports) that care provided via telemedicine needs to meet the same standard as care provided in person . . ." The Federation of State Medical Boards made clear the same position by stating: "In fact, these guidelines support a consistent standard of care and scope of practice, notwithstanding the delivery tool or business method in enabling physician-to-patient communications."

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Before beginning to use telemedicine as a tool to consult with remote patients, be sure to plan how the practice will meet the standard of care provided for in-office patients.

For example, how will a dermatological condition be documented? If the condition is normally photographed when a patient is in the office, then the practice should be ready to capture the same quality of image via telemedicine. Each step of the consultation should be planned in advance to ensure equality with an in-office evaluation.

### ▶ Patient Privacy

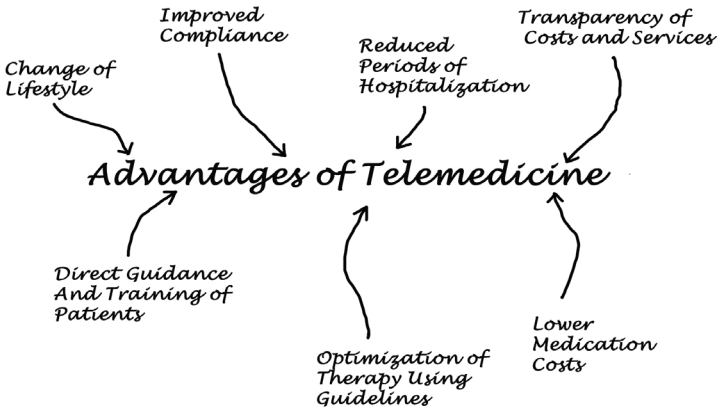
Any form of electronic communication with a patient should immediately bring to mind HIPAA and HITECH Act obligations. Whether the electronic connection with the patient is via email, text messaging or videoconference, the platform should be secure. Private and confidential patient information is being transmitted, and the patient has a legal right to protected information in transit.

The Federation of State and Board Telemedicine (FSMB) Guidelines specifically state: "Physicians should meet or exceed applicable federal and state requirements of medical/health information privacy, including compliance with the Health Insurance Portability and Accountability Act (HIPAA) and state privacy, confidentiality, security and medical retention rules."

FSMB Guidelines go on to suggest that written policies should be maintained to address:

1. Privacy,
2. Healthcare personnel who will be processing messages and patient communications,
3. Hours of operation,
4. Types of transactions that will be permitted electronically,
5. Required patient information to be included in the communication, such as patient's name, identification number and type of transaction,
6. Archival and retrieval, and
7. Quality oversight mechanisms.

In addition, telemedicine practitioners are cautioned to periodically evaluate their policies and procedures to ensure they are current and readily accessible. Finally, FSMB states that electronic communications received from patients must be maintained within secured technology, such as "password-protected encrypted electronic prescriptions, or other reliable authentication and techniques."




It is reasonable to assume that additional patient privacy requirements will be coming in the near future. This further tightening of regulations may well be in reaction to large-scale breaches such as what Anthem Insurance experienced earlier this year.

Medical identity theft grew at an alarming rate in 2014. Government officials, including the FBI and the California Attorney General, have specifically cautioned medical providers that their patients' electronic data is at risk for hacking and theft. All of this should serve as a warning to telemedicine providers to comply with existing state and federal regulations. Telemedicine providers should also anticipate increasing privacy standards in the future.

### ▶ Informed Consent

Before practicing telemedicine, a medical provider should obtain appropriate informed consent from patients.

The informed consent document should:

1. Clearly state the patient's identity,
2. Clearly state the physician's identity and qualifications,
3. Specify the scope of activities the practice will be using telemedicine technologies to fulfill (for example, patient education, prescription refills, scheduling appointments, etc.),
4. The patient must acknowledge that it is within the medical provider's sole discretion to determine if the available telemedicine technologies are adequate to diagnose and/or treat the patient,
5. The patient should acknowledge the possibility of, and hold harmless the medical provider for any technology failures and/or interruptions,
6. The practice should, as part of the informed consent process, provide information on the telemedicine

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technologies privacy and security standards (for example, the inscription of data, firewalls, etc.), and

7. The informed consent document should specify express patient consent to forward patient information to a third party if necessary.

### ▶ Referrals for Emergency Service

The FSMB suggests that telemedicine practitioners have a written protocol in the event a remote patient needs emergency services. This emergency protocol should cover possible scenarios when patients require acute care. How and where referrals are to be made should be covered in this protocol.

### ▶ State-Specific Requirements

The scope of permissible telemedicine varies significantly by state. Some states specifically require a physician/patient relationship only be established in person with an exam, and diagnosis and treatment plan, including prescriptions. After the in-person relationship is established, the relationship may thereafter be conducted through telemedicine. This is the established regulation in the State of New Hampshire, for example, and other states follow similar procedures.

While Idaho does not have specific telemedicine laws, the state recently disciplined a physician for prescribing antibiotics over the phone without having first examined the patient in person. Other states, including New Mexico, take a more liberal stance on telemedicine. In New Mexico, physicians are allowed to establish a patient/physician relationship and issue prescriptions based upon telemedicine interaction with patients.

The American Medical Association is in the process of adopting a Code of Ethics for physicians who provide clinical services through telemedicine. Texas has recently issued new telemedicine guidelines to its practitioners. All of these recent actions should serve as a warning to those interested in telemedicine to consult with their State Board of Medicine before engaging in telemedicine activities.

With advance planning and a little effort, you will be able to make your way through the compliance requirements to practice telemedicine, and both you and your patients will enjoy the benefits of a telemedicine practice.

*Michael J. Sacopulos is the CEO of Medical Risk Institute (MRI) and serves as General Counsel for Medical Justice Services, a 4,000-member group with physicians in all 50 states. MRI provides proactive counsel to the healthcare community to identify where liability risks originate, and to reduce or remove these risks. In 2012, Sacopulos received the Edward B. Stevens Article of the Year Award from the Medical Group Management Association and had a Top 10 article of 2014 on Medscape. He has recently been named the Executive Vice President of the Aesthetic Stem Cell Society. Additionally, Sacopulos has written for the Wall Street Journal, Forbes, Bloomberg and many other publications for the medical profession. He is a frequent national speaker and has appeared on Fox Business News. Sacopulos attended Harvard College, London School of Economics and Indiana University/Purdue University School of Law. His contact information is: msacopulos@medriskinstitute.com.*

## Your Telemedicine Checklist

Telemedicine offers opportunities for both providers and patients. Those wishing to electronically interact with patients should first work their way through the checklist below:

1. Examine the electronic ways your practice and patients communicate. From patient portals to staff testing, you need a complete picture of your electronic communications before engaging in telemedicine.
2. Make sure your forms of electronic patient communications are HIPAA-compliant and secure.
3. The Internet may know no bounds, but your license does. Be careful not to provide medical services to individuals who live in states where you are not licensed.
4. Check with your State Board of Medicine to determine your state's specific telemedicine limitations.
5. Develop a specific informed consent document that complies with your state's requirements and the Federation of State Medical Board's suggestions.
6. Develop a list of disclosures to provide to prospective patients before they engage you for telemedicine services.
7. Make sure you are adequately insured. Check with your professional liability carrier and get a cyber insurance policy.

# Q&A: Ask the Lawyer

## What are the legal issues surrounding discharging a patient from a medical practice?

*By Michael J. Sacopulos, JD, Medical Risk Institute*

**Q** • Can an office discharge a patient because of personality? Our practice has a compliant and respectful patient who never misses an appointment. However, the patient appears to have some psychological issues that prevent her from fully understanding what the physician is saying. The patient's husband has joined her on a few appointments, but this has not helped the situation.

**A** • Yes. An office may discharge a patient based upon personality. You are not legally compelled, in a private office setting, to treat any particular patient. While that is the general rule, there are some exceptions. In this case, you have already seen the patient, so you have to follow proper procedures to dismiss the patient from your practice. I can almost hear the boos and hisses from your physicians when you deliver this unpleasant piece of news. After allowing your physicians to vent, offer some helpful suggestions. If patients provide permission for communication to occur in an unsecured or unencrypted manner, you may do so. Then, you can preemptively obtain patient permission on your intake forms.

Most states have a statute that sets forth the requirements for discharging a patient from a practice. Typically, you must give the patient 30 days to find a provider. During this 30 day-period, you must see the patient for any emergency situation. A notice to the patient should be provided in writing, and I recommend it be sent by certified mail. You want to document that you have told the patient and also start your 30-day clock. The patient may wish to have his or her records forwarded to a new provider, and your office will need to comply with those wishes.

If the situation is so bad that you think the patient and her husband cannot care for themselves, you may need to contact Adult Protective Services. States often require that authorities be notified if a patient is in danger of hurting themselves or others. I assume your patient's ability to schedule and appear for appointments means she is not so incompetent that you need to notify authorities. I simply raise this issue so you are aware of it.

As to providing a reason for discharging the patient, that may not be necessary. Most states do not require that you specify why you are discharging the patient. If you wish, you can say something like "I don't believe that you are a good match for this practice," or "Unfortunately, this practice is unable to meet your medical needs at this time." Whatever you do, don't say "The doctor thinks you're a demented old bat! Find a new physician." Sometimes less is more.

You're smart to consider discharging the patient. There is an old saying that a physician spends the first half of his or her career learning how to practice medicine and the second half of his or her career learning when not to. I think you've just identified a patient that fits the "when not to" scenario.

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### EFFECTIVE CREDENTIALING MANAGEMENT WITH THE NEW CAQH PROVIEW SYSTEM

**Wed., July 22, 2015, 2 p.m. – 3 p.m. EST | Speaker: Dawne Tunkel, AAS, CPC, CMPM, CPMN,** *Director of Credentialing and Co-Director of Managed Care, DoctorsManagement*

In an effort to streamline the credentialing process, the Council for Affordable Quality Healthcare (CAQH) has created a new online system for collecting, maintaining and distributing data for the Universal Provider Database.

The new system is called ProView and was released March 20, 2015. It differs from the previous system, Universal Provider Datasource (UPD), in a variety of ways, which is why it is leaving some of its users confused and frustrated.

Join us for a one-hour review of the new system, which includes:

- The differences between ProView and UPD.
- An overview of the enrollment process for CAQH's EnrollHub.
- Best practices for tracking the credentialing process.
- Where to find assistance to complete and submit Medicare's Provider Enrollment Chain and Ownership System (PECOS) applications.

### BEHIND THE SCENES OF AN AUDIT PROCESS: HOW TO PREPARE AND RESPOND

**Wed., July 29, 2015, 2 p.m. – 3 p.m. EST | Speaker: Sean M. Weiss, CPMA, CPC, CPC-P, CCP-P, ACS-EM,** *Vice President and Chief Compliance Officer, DoctorsManagement*

With more than a dozen entities waiting to audit your practice at any given time, it is crucial you understand the common theme used in each of their audit processes. Your key to successful compliance is to understand the similarities and differences across audits such as RAC, OIG, ZPIC, MIC or MAC.

In this one-hour session, Sean Weiss walks you through the steps every practice needs to know should they become the target of any audit. You will gain an in-depth view of what happens behind the scenes of an audit, including notification, review and determination. You will also learn preparation and response strategies that can help avoid a number of common mistakes and mitigate potential damages.

### INSURANCE ADJUSTMENTS: DOES YOUR CASH FLOW HAVE HIDDEN LEAKS?

**Wed., August 19, 2015, 3 p.m. - 4 p.m. EST | Speaker: Gene Good, J.D., CPA, MAcc,** *Senior Management Consultant, Partner. DoctorsManagement, LLC*

How do you know when your practice is losing too much revenue to insurance adjustments?

The sad truth is that our firm has never completed an assessment of a medical practice where the management team knew if their insurance adjustments were too high or too low, or even what level of adjustments are to be expected. Without this knowledge, your practice is flying blind when it comes to collecting appropriate revenue and protecting itself from embezzlement.

Attend this one-hour webinar to learn the mathematical formulas we use to calculate insurance adjustments for your practice. Using data you already have, you can determine whether your practice is giving up revenue it has rightfully earned and what level of insurance adjustments are appropriate for your practice. You will also learn the steps you need to take to stop this revenue leak.

The content covered in this webinar is intended for the experienced practice manager, administrator, billing manager or managed care specialist.


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