

What HIM Professionals Need to Know About Telehealth

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by Adrian Davis

This year the [American Telemedicine Association](#) estimates more than 450,000 patients will see a doctor in the form of a virtual visit over a secure Internet connection. As new models for service delivery and population health emerge, virtual physician visits are fast becoming an important component of telehealth.

A virtual visit refers to a consultation between patient and provider, either via phone or video. Virtual visits are growing in popularity because they increase access to care, improve convenience and patient satisfaction, and lower costs for healthcare delivery. These consultations can be accomplished through an on-demand service that matches the patient with a physician currently online. Alternatively, providers use their organization's software or a cloud-based technology application to expand the reach of the practice.

While already popular with consumers, virtual visits are just coming of age with most hospitals and health systems. Here are four common concerns about virtual visits and practical advice for HIM professionals charged with managing their output—protected health information.

Provider Licensing Patchwork

Today, virtual visit providers must maintain a network of physicians licensed to consult in states where patients are physically located.

There are a handful of efforts underway to help alleviate licensing issues. One is the [Interstate Medical Licensure Compact](#). The Compact will make it easier for doctors in states that adopt the legislation to get licensed in other compact states. This will not be an automatically conferred license, but rather an expedited process.

In the area of behavioral health, the [Association of State and Provincial Psychology Boards](#) is working on a similar proposal allowing behavioral health practitioners to work across state lines without paying an additional licensing fee.

If passed, the [Medicare Telehealth Parity Act of 2015](#), more commonly known as the TELE-MED Act, will expand virtual visit offerings over time. It will permit a licensed physician in one state to care for Medicare patients in another state without requiring an additional license. Like any piece of legislation, there are several details and requirements about the size of the population and mode of delivery—facility to facility versus in a patient's home.

Licensure issues influence HIM in three ways:

- A network of providers must be maintained so a patient in one state can be matched with a provider licensed to practice in that same state.
- While Medicare covers some telehealth services today, reimbursement rules will continue to evolve.
- Infrastructure that complies with Medicare TELE-MED Act requirements must be in place.

Patient Privacy and Security

With telehealth, every component of the care delivery infrastructure is electronic in some form. Compliance with HIPAA requirements and strong information governance must be part of a system's design. This presents an opportunity for HIM professionals.

When electronic information is transferred, video conference is involved or digital photos are transmitted, it is the responsibility of the provider and telehealth company to maintain compliance with HIPAA regulations.

Because system components are often a hybrid of cloud- and facilities-based products and services, oversight is necessary to ensure HIPAA compliance, protect patient information, and withstand a privacy or security audit. HIM skills are needed to document the flow of information from virtual visit systems across a health information exchange or into an EHR.

Electronic Health Records and Documentation

Interoperability between virtual visit providers and traditional medical record keeping systems presents a significant hurdle and area for opportunity. In an ideal scenario, information about the patient would be transmitted electronically, coded for reimbursement, and added to a patient's overall record in real time. But currently this is not the case.

Today's telehealth providers maintain records on individual consults, follow-ups, and patient history within their own telehealth system. There is no automatic mechanism in place to exchange virtual visit details with the patient's other providers—physicians, hospitals, or health systems.

One workaround provides patient access to a report of the virtual visit so the patient can then share it with the primary care doctor. Like with personal health records, this strategy places the onus on the patient for managing and sharing information.

Until interoperability is a reality, organizations like the [CommonWell Health Alliance](#) are bringing together technology companies, EHR vendors, healthcare organizations, and other stakeholders to tackle industry-wide connectivity and communication issues.

Coding Visits and Reimbursement

Another challenge facing HIM professionals with regard to telehealth is reimbursement. Reimbursement differs by payer based on two factors:

- Is the service offered by an insurer?
- Is the patient on Medicare or is the service privately funded by an employer?

Contracts are in place between some telehealth providers and insurers, but there is no single system for reimbursement. Also, many employers offer telehealth options directly to their employees and fund efforts themselves—or work directly with insurance providers. When an employee has a sick child or is feeling ill, wait times for a face-to-face appointment can be several days or weeks. This requires time off work to drive to the appointment, sit in a waiting area, and finally see a physician.

Emergency, Clinic Services and Behavioral Health

At the hospital level, virtual visits can remove some of the bottlenecks within emergency services. Virtual visits are often more efficient, just as effective and nearly always less expensive for the patient. Hospitals can also provide additional services to the community and differentiate themselves from a marketing perspective by opening virtual community clinics instead of building and staffing a physical building.

Reducing readmissions is another positive outcome of telehealth technology. If telehealth is made part of overall care, a heart care patient, for instance, could be sent home with a scale or wearable device that can be monitored remotely. If a problem is detected, the patient can have a videoconference with a physician rather than traveling back to the provider's location. Emergency and clinic services aren't the only settings to explore new telehealth options. Behavioral health delivery models are also evolving.

HIM Leading the Way

Regardless of the telehealth delivery mode, HIM professionals play a key role in nearly every piece of the puzzle. Consolidation of providers and competition among healthcare systems show no signs of letting up. Giving patients access to

virtual visits can be a strong factor in patient satisfaction and better outcomes. And it is certainly a new horizon for HIM professionals to explore.

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