



# HIV Telehealth & Telemedicine in the Era of COVID-19

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# Conflict of Interest Disclosure Statement

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Nothing to Disclose

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U10HA29290 for the AIDS Education and Training Centers. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

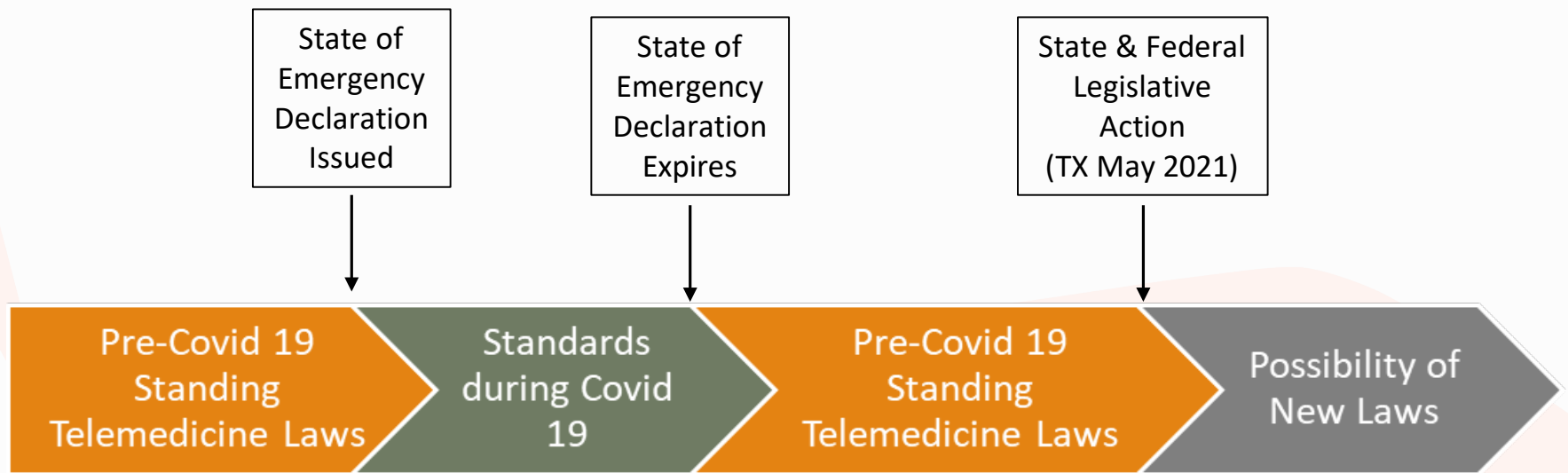


# Learning Objectives

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- To provide broad practical guidance for rapid telemedicine implementation during a public health emergency
- To give an approach to evaluation of existing resources that may be used for telehealth
- To give an overview of IT considerations including hardware and different economical software options
- To give an overview of clinical considerations including documents and billing

# Understanding the Covid 19 Legal Impact



# Tele- Terminology (Texas)

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**Telemedicine**: Diagnosis and treatment, only physicians, PAs, and APNs

**Telehealth**: All other licensed health professional services

**Telemonitoring**: collected patient data is provided to a health care provider (often a physician or physician lead team) with health care decisions made based on that data

**Live**: interactive audio/visual connection with the patient

**Store and Forward**: static information is given to the provider who provides services without simultaneous interaction with the patient

There is no national agreement on terms, though there are efforts in this area.

# Could I do this if it wasn't telemedicine? How do I move forward post Covid-19?

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Licensing

Credentialing

Standard of  
care

# One thing remains the same:

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# Clinical Service Visits

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Key Considerations:

Ask yourself:

- Can I maintain the standard of care?
- Do I need to see this patient in person to assess this presenting complaint?
- Do I need additional information to assess this presenting complaint that I don't have (blood pressure, a temperature check, sensitive physical examination)?



# Standard of care - documentation

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- Usual documentation of consent for telemedicine is waived but usual detail of clinical documentation is not
- Documentation should be at least the same level of detail as an in person encounter excepting things you don't do if you don't have that set up e.g “physical examination deferred”
- Documentation detail also affects billing in the same way as in person encounters

# Standard of care - documentation

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Telemedicine provider assessments should include as applicable

- Differential diagnosis
- Active diagnosis
- Prognosis and risk & risk reduction
- Benefits of treatment
- Instruction
- Compliance/adherence
- Coordination of care with other providers

# Licensing & Credentialing

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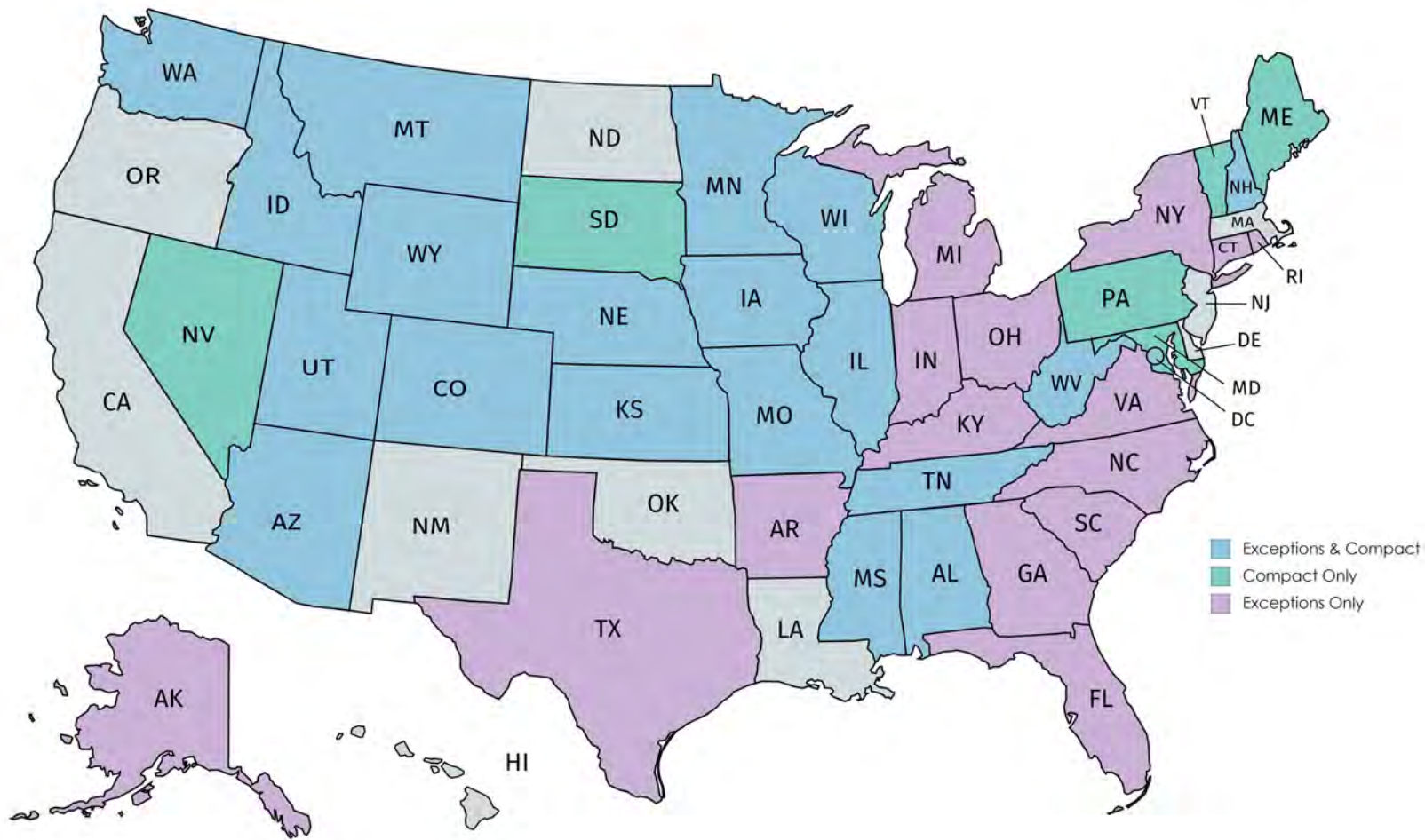
The care occurs where the patient is located & the rules of that state apply to any care received.

A license is almost always required:

- Physician Compact (<https://www.imlcc.org/>)
- Nursing Compact (<https://www.nursecompact.com/index.htm>)
- Consulting Exceptions

Credentialing is also a consideration:

- Expedited processes for Joint Commission (Medical Staff Rule 13) and CMS (<http://ctel.org/wp-content/uploads/2011/07/CMS-Credentialing-Privileging-Memo.pdf>)



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# Consent & Privacy: TX laws (Occ. Code 111 & BR 174)

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- Consent: Prior to care, informed consent for telemedicine is required.
- Privacy: Under Texas law, prior notification of privacy standards is required and a good faith effort must be made to get it in writing, with electronic options included. \*\*\* Federal HIPAA law requires that the practitioner ask for acknowledgment in writing, though.  
<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>
- Notice of Complaint Process: This must be provided to the patient with the other informed consent materials or on the physician's website, and it must meet the requirements of BR 178.
- Records: If the patient has primary care physician and grants consent to share the records from the telemedicine visit, a copy or report must be sent within 72 hours. (follow up direction is also required)

# Federal Laws - DEA

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**Scheduled Drug-** a controlled substance with addictive potential. Labeled by DEA classes I-V.

**Dangerous Drug-** all other drugs that are not scheduled but that do require a prescription. Labeled with an Rx.

Federal law **PROHIBITS** the initial prescribing of a scheduled drug to a patient via telemedicine in most all scenarios. (And Texas prohibits any chronic pain treatment)

## **However:**

Renewals are allowed via telemedicine once an in person visit has been completed (no time limit specified by law, but 12 months is a possible limit).

A physician can coordinate with another DEA certificate holder to write the necessary prescription.

# Federal Laws - HIPAA

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**Consent:** Federal HIPAA law requires that the practitioner ask for acknowledgment of privacy notices in writing

(<https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>)

**Security:** A risk assessment must be done and a plan to address privacy of health information must be in place. One of the safest routes is to have all patient communications meet encryption standards, and this includes any video connections.

(<https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>)

Requirement	Covid19	Normal
<b>HIPAA</b>	“Enforcement discretion” but encourages warning & doesn’t approve all services	Written acknowledgment prior to initiating treatment & private connection (BAA)
<b>Consent</b>	Waived via TMB, but best practice would be documentation of oral consent	Written consent prior to initiating treatment
<b>Prescribing</b>	Waived via DEA & TMB	Must have prior in person visit to prescribe scheduled drugs (DEA) & for chronic pain (TMB)
<b>Technology: Medicare</b>	Most all location, video, & provider requirements are waived via HHS Secretary	Live video & audio, with strict geographic, patient location, and provider requirements.
<b>Medicaid &amp; Private Pay (TDI)</b>	Must pay same rate as in person for any allowed platform if a covered service	Must pay for video telemedicine if a covered service
<b>Private Pay (ERISA)</b>	Discretionary, but may cover things during this time	Discretionary



# Links

**HIPAA:** <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

<https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>

**TMB:** <http://www.tmb.state.tx.us/page/coronavirus>

**DEA:** <https://deadiversion.usdoj.gov/coronavirus.html>

**CMS:** <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

<https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid>

**TDI:** <https://www.tdi.texas.gov/news/2020/coronavirus-updates.html>

**HHSC:** <https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>

# Examples of telemedicine equipment

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Patient Station

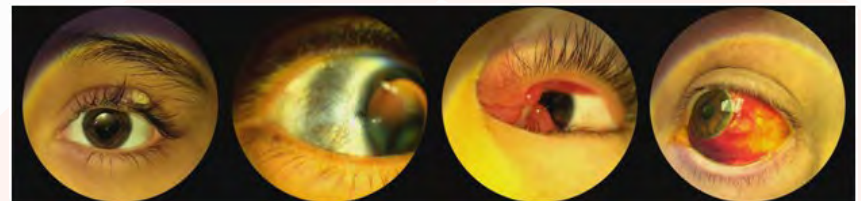
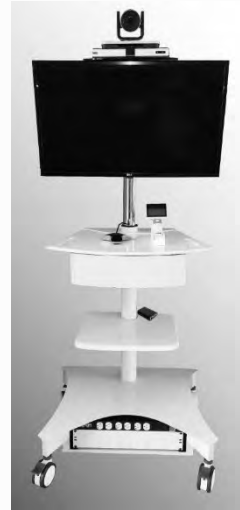
Electronic Stethoscope

Medical Cameras

- Otoscope lens
- General view lens
- Surface Lens
- Anterior Chamber Lens
- Fundus Camera Lens

Ultrasound Integration

Microscope with camera integration



# Virtual Health Network



The UT-VHN creates access to medical care that

- is accessible to currently underserved populations
- is based in a high quality, academic setting
- integrates with the care team already in place
- creates a continuous physician patient relationship
- covers a broad range of specialties at eight different campuses



# Questions?