

Prior to the start of a telemedicine encounter, the provider will inform and educate the patient of all pertinent information such as potential risks, information specific to the nature of videoconferencing (technical issues), and confidentiality.

- a. Patient-informed consent for treatment through telehealth will be obtained
- b. A system of patient identification for the provider will be implemented.
- c. The patient will be made aware of all staff conducting or monitoring the telehealth encounter. All participants or staff in the area during a telehealth encounter must be made known to the patient and staff conducting the telehealth session. Staff should attempt to scan the room with the camera and identify each person who is present.
- d. Confidentiality of patient healthcare information will be maintained according to program Policies and Procedures and HIPAA requirements.

IV. Orthopedic Telehealth Encounter Minimum Standard -

Orthopedic telehealth encounters require review of baseline information to include, but not limited to:

- a. Patient demographics: name, date of birth, gender, race, housing, correctional system identification number
- b. Reason for visit
- c. Progress note from last encounter
- d. Clinical history: chief complaint, current diagnosis, target symptoms, exacerbations, allergies, previous treatment, medical/mental health/ substance abuse history, self-injurious behavior/suicide attempt history
- e. Current medication regimen, compliance and most recent test results, if applicable
- f. The orthopedic provider performing the telehealth encounter will provide a written report to include, at a minimum, the diagnosis and/or differential diagnosis, a summary of findings and the recommended treatment. The written report will be provided electronically or by facsimile, mail or e-mail to the referring site and will be filed in the patient's NH Department of Corrections electronic health record (EHR- TechCare).
- g. The orthopedic provider's recommendations for additional services will be reviewed by the site provider, and ongoing orders and plan of care documented in the patient's health record.
- h. Each encounter conducted for telehealth will be recorded by the Physical Therapist running the Orthopedic telehealth session in the EHR.
- i. The patient will be informed of the case plan designated by the Orthopedic provider, including expectations for follow up.

V. Protected Health Information -

All aspects of HIPAA and State privacy requirements apply to the telehealth encounter and transmission of health record information.

VI. Rescheduling or Interruption of Appointment -

Telehealth encounters not able to be performed or completed will be rescheduled as soon as indicated or as ordered. The alternative plan will be communicated to the patient.



NHDOC Orthopedic Telehealth Guideline

Division of Medical and Forensic Services

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Approved by: Paula L. Mattis, Director

In every aspect of clinical care, telehealth is used under the same set of standards that govern physical care / psychiatric care as with in-person physical health encounter / psychiatry encounters. Telehealth will be conducted in a manner that, with exception of the use of audiovisual aides, is consistent with the privacy and physical context that is appropriate for in-person clinical encounters.

Below please find guidelines that are specific to the delivery of Telehealth as related to Orthopedics.

Orthopedic Patient Types -

Patients with musculoskeletal injuries that do not result in emergent transport to ER will be referred to the orthopedic clinic by a medical provider or physical therapist as appropriate, such as after failure of conservative treatment. Please see NH DOC Orthopedic Guidelines for the specific process.

I. Location and Staffing Resource -

The NH DOC orthopedic clinic is either an onsite clinic with the provider in-house, or a telemedicine clinic. Telemedicine orthopedic clinics will be scheduled by the physical therapist as needed in consultation with the orthopedic provider for case appropriateness. A list of patients will be sent to the orthopedic provider's office and a designated time for the clinic will be agreed upon in advance.

II. Documentation -

All relevant documents, including MRI reports, EMG test results, and x-ray images, as well as case histories, will be sent to the orthopedic provider at least 24 hours in advance of the clinic for case review. Transmission of the information may be through verbal report, facsimile, or encrypted email. This will allow the orthopedic provider ample time to determine if a case may not be appropriate for a telemedicine clinic. The orthopedic provider conducting the telehealth session will review and request additional information, if required, prior to the scheduled encounter. Staff performing telehealth sessions are expected to discontinue or delay current encounter if required healthcare information is not readily available.

III. Telemedicine Visit Process/Procedure -