



COVID-19 Rapid Response

ATA'S QUICK-START GUIDE TO TELEHEALTH DURING A HEALTH CRISIS

INTRODUCTION

In the onslaught of the COVID-19 pandemic, many small medical practices, community hospitals, federally-specialty practices, qualified health centers, rural health clinics, critical access hospitals, mental health practitioners, and veterinarians face the challenge of quickly establishing telehealth services. Rising to the challenge, the American Telemedicine Association (ATA) freely offers this **Quick-Start Guide to Telehealth** to anyone who needs it.

Stay Informed: We alert our readers that this is simply a “quick start.” The response to COVID-19 is changing on a daily basis, and there will be many detailed and nuanced decisions and processes on this journey. In any health emergency, the situation is fluid, and healthcare providers must remain nimble.

We have included specific COVID-19 resources for healthcare providers in this Quick-Start Guide, and cannot stress enough the importance of accessing these resources and returning to them frequently for ongoing updates.

About ATA: As the only organization completely focused on accelerating the adoption of telehealth, ATA is working to change the way the world thinks about healthcare. We are committed to ensuring that everyone has access to safe, effective, and appropriate care when and where they need it, enabling the system to do more good for more people.

We represent a broad and inclusive member network of technology solution providers and payers, as well as partner organizations and alliances. Together, we are working to advance industry adoption of telehealth and virtual care, promote responsible policy, advocate for government and market normalization, and provide education and resources to help integrate virtual care into emerging value-based delivery models.

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SIX STEPS TO QUICKLY START TELEHEALTH SERVICES

THE JOURNEY TOWARDS LAUNCHING QUICK-START TELEHEALTH SERVICES STARTS WITH SIX KEY CONSIDERATIONS:

1. **Technology** – What technology does your organization have in place now that you can use for telehealth services?
2. **Clinical** – Which of your patients should be treated by telehealth? How will your practice or small hospital manage the workflow of telehealth visits?
3. **Financial** – How do you get paid? What about reimbursement?
4. **Presentation** – What guidelines should you establish for conducting clinical encounters via telehealth?
5. **Communication** – How should you communicate changes in services to your staff and your patients?
6. **Metrics** – How will you measure the effectiveness of your telehealth services?

TECHNOLOGY CONSIDERATIONS

IDENTIFY THE TECHNOLOGY YOUR PRACTICE OR FACILITY HAS IN PLACE

Questions to Ask:

- *Do you have technology in place now for telehealth services?*
- *If not, what technologies should you consider?*

If you already have an EHR, check with your vendor about turning on, or acquiring, the telehealth module. EHR vendors, such as eCW, are working very hard to make it as easy as possible for their customers to activate telehealth modules. If your EHR vendor doesn't have a telehealth module, they may have a recommendation on a telehealth vendor.

The ATA is committed to ensuring that everyone has access to safe, effective, and appropriate care when and where they need it.

If you don't have easy access to a telehealth module from your EHR: Here is the list of a few of the most influential solution providers in the telehealth space. These companies—also ATA members—target various types of customers including health systems, health plans, direct to consumer (DTC), and ambulatory practices: AMD Global Telemedicine On-Demand Visits, AmWell, BrightMD, MDLIVE, SOC Telemed (specializes in teleNeurology, telepsychiatry, and teleICU), Teladoc Health, VitelNet and Zipnosis.*

* The ATA does not certify telehealth firms, and encourages readers to conduct appropriate due diligence to find a telehealth platform.

DETERMINE THE TELEMEDICINE SERVICES YOU WANT TO PROVIDE

From a “Quick Start” perspective, below we’ve provided a few technology options to consider. Many of the following are offered at **no charge** during the COVID-19 national emergency declaration time frame. Others are inexpensive options. Check with the technology provider for details on services, cost, time to implementation, and customer support. Plus, before you choose a vendor, search the web for the vendor’s quality of service. In this extraordinary time, with unprecedented demand, some solution providers may potentially have challenges to address a rapid surge in volume, which could impact individuals’ experiences; or potential security issues, which are very important for clinicians to understand.

Question to Ask: How do you determine what types of telemedicine services to offer?

The National Center for Biotechnology Information (NCBI) has an easy-to-read synopsis of telemedicine services.¹ The services include three distinct types:

1. **SYNCHRONOUS** refers to the delivery of health information in real-time. This allows for a live discussion between the patient and a provider to deliver medical expertise.
2. **ASYNCHRONOUS** refers to an online or chat-based solution that enables a patient to share their health information for their provider to review at a later time, or allows a physician to share a patient’s medical history, images, and pathology reports to a specialist physician for diagnostic and treatment expertise.
 - ✓ Asynchronous telehealth allows you to customize the questions based on your clinical protocols to gather important information on a patient’s symptoms or health status or screen their health condition. These chat-based tools can help alleviate pressure on schedulers or other administrative staff.

Synchronous

Doxy.me
 Skype for Business
 Updox
 Zoom for Healthcare

Asynchronous*

98Point6
 Babylon Health
 Conversa
 HIMS/HERS for COVID
 RelyMD
 Ro

3. **REMOTE MONITORING** involves real-time evaluation of a patient’s clinical status, whether through direct video monitoring of the patient or via review of personal health data and images collected remotely. Newer technologies, such as mobile applications on devices, allow for a wider breadth of telehealth possibilities.

¹ <https://www.ncbi.nlm.nih.gov/books/NBK459384/>

* The resources provide easy to use symptom checkers for COVID-19 and can refer citizens to local resources. A clinician may suggest these as a “first response” to their patients. The ATA does not certify telehealth firms, and encourages readers to conduct appropriate due diligence to find a telehealth platform.

CONFIRM HARDWARE NEEDS BASED ON THE TYPES OF SERVICES YOU WANT TO OFFER

Questions to Ask:

- *What is the next step I need to take?*
 - ✓ Nothing – the hardware we have in place is suitable for our needs.
 - ✓ We need to purchase new hardware.
 - ✓ We need to upgrade or reconfigure current hardware.
- *What is our bring-your-own-device (BYOD) protocol for our clinicians who will be providing telehealth services for our patients?*
 - ✓ Decide if you're going to allow clinicians to use their own personal devices such as a smart phone or a tablet for telehealth encounters. If they can, consider that personal cell phone or emails may be unmasked during a visit.
 - ✓ If not, how are you going to provide the appropriate smart device for your providers to use for telehealth services?
- *What security must be in place for BYOD?*
 - ✓ At minimum, we recommend a password.

HIPAA CONSIDERATIONS

For the COVID-19 pandemic, the Office of Civil Rights (OCR) within the Department of Health and Human Services is relaxing its enforcement of HIPAA rules. We strongly encourage readers to visit OCR's March 2020 "Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency."² It's approximately one page of highly-valuable knowledge for you and your organization. Specifically:

- OCR recognizes that some services clinicians may want to use to conduct telehealth visits may not fully comply with the requirements of the HIPAA rules.
- OCR has exercised its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- As a result, a covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.

OCR's announcement lists vendors who have said that they provide HIPAA-compliant video communication products. And, that these vendors have also said that they will enter into a HIPAA BAA (business associates agreement). There are several URLs at the bottom of the BAA announcement that you might find valuable to ensure your complete understanding of the guidance.

² <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

We also encourage you to visit the American Health Information Management Association's (AHIMA) website,³ as they also have excellent resources of high value during this pandemic. When you visit, you'll find guidance on HIPAA, as well as coding pertaining to COVID-19 and telehealth.

DOCUMENT THE TELEHEALTH VISIT TYPE IN YOUR EHR

This is a vital step, to track telehealth visits and the services provided. Ensure that you document the clinical encounter in your EHR.

Centers for Medicare and Medicaid (CMS) breaks down telehealth visits into three categories, and you'll need to choose the correct one in "place of visit" in your EHR. We strongly recommend reading the CMS Fact Sheet⁴ for complete information on the following items, as there are numerous nuances:

1. A Virtual Visit is a real-time clinical encounter using technology that supports real-time communication between clinician and patient;
2. A Virtual Check-in is a short patient-initiated action in which the clinician/patient have already had a face-to-face or Virtual Visit, and the patient wants to touch-base;
3. An eVisit is a patient-initiated action in which the patient must initiate the initial inquiry or communication, often through a patient portal, and can only be reported when the billing practice has an established relationship with the patient.

The American Medical Association (AMA) has created CPT coding guidance for COVID-19⁵, and AHIMA has done the same for ICD-10-CM.⁶ We strongly encourage readers to visit these sites for advice and counsel, all designed to help you document encounters correctly the first time.

CLINICAL CONSIDERATIONS

DETERMINE WHICH PATIENT VISITS ARE APPROPRIATE FOR TELEHEALTH ENCOUNTERS

When transitioning from in-person to virtual visits, you must determine which visits are appropriate for a virtual encounter. During the COVID-19 pandemic, patients should not – and many do not want to – come to your office or hospital unless clinically necessary (such as giving birth). So, it becomes extremely important to create an initial list of services that you think are best handled in face-to-face encounters versus via telehealth.

Questions to Ask:

- *Which patients and diagnoses are easily handled virtually?*
- *Which visits do we think must occur in-person?*
- *How often will we revisit these lists?*

³ <http://www.ahima.org/topics/covid-19>

⁴ <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

⁵⁻⁶ <https://www.ama-assn.org/practice-management/cpt/covid-19-coding-and-guidance>

ESTABLISH WHERE CLINICIANS WILL CONDUCT TELEHEALTH SERVICES

You must determine where your clinicians are going to be when providing telehealth services. Some of your clinicians may want the option or must see patients from their home office versus traveling. And, there may be a need to also have the ability to conduct telehealth visits from the office or clinic. Clarity is key: by determining the policy upfront, everyone can be clear on the protocol and prepare to follow it.

A 2018 Deloitte survey of healthcare providers found that telehealth can improve the patient experience ... and nine out of ten physicians (90%) see the benefits of virtual care.

Questions to Ask:

- *Does the home environment offer a space that is free from interruption?*
 - ✓ A private space, ideally with a door.
 - ✓ To the extent reasonably possible, use a clear and generic background absent of books, photos or artwork that might offend a patient (this is especially important when interacting on a behavioral telehealth encounter).
 - ✓ To avoid interruption, communicate to family members your 'office hours,' equip your children to play in other areas, and keep pets out of your way.
- *Does the home environment have the bandwidth to manage virtual video visits?*
 - ✓ Confirm bandwidth availability, especially in rural areas, where pixilation of the video may occur and interfere with the clinician/patient encounter. If bandwidth and pixilation is a concern, it's an important consideration as you develop your list of the types of encounters that are appropriate for telehealth, how you prepare to conduct telehealth encounters, and how to manage your patients' expectations during the encounter.
- *What should clinicians wear during the video encounter?*
 - ✓ To establish a professional and calm atmosphere, wear a lab coat. Anything you can reasonably do to show normalcy will be appreciated by your patients.
 - ✓ Avoid having food or drink in view of the camera.
 - ✓ Raise your camera to eye level. For example, you could set your laptop, phone, or tablet on a stack of books. This avoids the 'nostril' shot and puts you eye-to-eye with your patient – just like you are in a face-to-face encounter.

DETERMINE THE WORKFLOW OF VIRTUAL VISITS

Interspersing virtual visits within a practice or health system demands some adjustment simply based on the use of technology. In addition, allotting specific exam rooms or offices for virtual visits streamlines the workflow with areas set up with the needed technologies.

Some clinicians prefer a workflow with virtual visits interspersed with traditional visits. Others like to set aside certain hours and locations for virtual visits. Either approach works, it's just that if you are new to telehealth services, be sure and set aside specific times to simplify the workflow.

Questions to Ask:

- *Will you be conducting video visits using your traditional workflow? Or, would you rather block specific times for telehealth visits?*
- *Where will you and your clinicians conduct telehealth services? In specific exam rooms or areas, or in any available exam room or area?*
- *How will others in your home or office know that you're engaged in a telehealth clinical encounter so you won't be disturbed?*

OPTIONS ON HOW TO EXECUTE THE VIRTUAL PATIENT EXPERIENCE

The Medical Assistant Model or Telepresenter model: If you have the budget and staff, a medical assistant can simplify the virtual visit encounter for both the clinician and patient.

- An assistant can prepare the exam room or area for you to make sure all technology operates correctly. Plus, the assistant can launch the telehealth encounter, getting all the paperwork handled and preparing the patient to see you. In other words, the assistant gets everything ready and then engages you for the clinical visit.
- For the clinician, with technology in place and the patient prepared for the visit, you can solely focus on the patient's needs. You don't have to spend time on technology, vitals and other patient preparatory needs.

The Clinician & Advanced Practitioner Model: That being said, many virtual patient encounters rely on the physician or the advanced practitioner to manage the visit from beginning to end. Using this model means the clinicians need to be prepared to:

- Ensure that the technology is in place and works.
- Explain to the patient how to use the technology.
- Provide all components of patient care for the encounter.
- During the telehealth encounter, the physician or advanced practitioner will need to manage the technology.
- Document the encounter in your EHR.

FINANCIAL CONSIDERATIONS

Since the President's January 31 declaration of a COVID-19 public health emergency, there have been near-daily changes that impact a practice or hospital's financial situation. CMS has made changes to reimbursement for Medicare, states have temporarily waived licensure requirements, payment parity policies have been implemented, the FCC has announced a \$200M telehealth fund, and Medicaid populations are growing. While it is beyond the scope of this Quick-Start Guide to document all the changes, and predict upcoming changes, what we can do is provide you guidance on where to go to find updated, highly-credible information regarding COVID-19:

- Each state's Medicaid program will vary on the use of telehealth. Some states have very expansive telehealth policies, and other states are rapidly expanding their allowance of telehealth to monitor and treat COVID-19. Check the Center for Connected Health Policy's website⁷ for the latest information about current State laws and reimbursement policies.
- Each state's Medicaid website: Depending upon your state, you might need a little creativity to find the page you're looking for. For example, try search phrases such as "[your State] Medicaid COVID-19" or "[your State] Medicaid coronavirus."
- Coverage and Benefits Related to COVID-19 Medicaid and Children's Health Insurance Program (CHIP)⁸
- Medicare's Telemedicine Healthcare Provider Fact Sheet⁹
- ATA's COVID-19 News and Resources¹⁰
- AHIMA's COVID-19-related ICD-10-CM billing coding resources¹¹
- AMA's CPT coding guidance for COVID-19¹²

On April 2, the Federal Communications Commission (FCC) published an order for a \$200M COVID-19 Telehealth Program.¹³ The funding is to be used to help healthcare providers get broadband internet and devices needed for telehealth services. As soon as the OMB (Office of Management & Budget) publishes its approval in the Federal Register,¹⁴ eligible providers can begin applying for funding. Funding will be awarded on a rolling basis until the funding is exhausted, or until the pandemic has ended. If you're interested in learning more, be sure and do a Google search to see if additional information is available.

⁷ <https://www.cchpca.org/resources/covid-19-related-state-actions>

⁸ <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

⁹ <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

¹⁰ <https://info.americantelemed.org/covid-19-news-resources>

¹¹ <http://www.ahima.org/topics/covid-19>

¹² <https://www.ama-assn.org/practice-management/cpt/covid-19-coding-and-guidance>

¹³ <https://docs.fcc.gov/public/attachments/FCC-20-44A1.pdf>

¹⁴ <https://www.federalregister.gov/>

TRAINING CONSIDERATIONS

Training is the foundation to success in introducing telehealth services. With it, the clinical, scheduling and administrative teams will know how to use the technology and thus, better serve both patients and the entire patient care team. You need to do two things to be successful:

- Keep the content simple and easy to understand
- Expect staff to use the materials, until they are comfortable conducting business with the telehealth technology

TRAINING GUIDES

The following are examples of different types of guides to help people understand how to use telehealth technology. These suggestions can be adjusted to meet your individual needs, as well as when working with a professional trainer.

The American Hospital Association states that 76% of U.S. hospitals connect with patients and consulting practitioners using video and other technology.

The How-to Video: It's just not realistic to think that you're going to be able to get to everyone at the same time when it comes to training for telehealth services. To expedite and streamline the training process, create a basic how-to video for staff. This training video can be created with an iPhone or professional videographer, depending on budget and overall use. Your video becomes a quick reference guide, and decision tree, for your team that includes:

- How to use the telehealth technology you've selected.
- Types of virtual patient encounters that you've decided are appropriate.
- When to use telehealth technology – incorporating patient selection criteria for telehealth visits.
- How to let your co-workers know that you're engaged in a telehealth encounter.
- How co-workers are to let a clinician know that they need immediate attention, even if you're currently conducting a real-time telehealth clinical encounter.

A How-To Quick Reference Printed Guide: Type up, and print, a quick reference guide. Keep it near the technology you and your team will be using for video visits. Remember, this is a quick-reference guide, so keep the verbiage simple and easy to understand.

A Pocket Guide for Mobile Use: By its very definition, telehealth implies movement for delivery of patient care, meaning, often, clinicians will move from a home office to a clinical or practice setting. This mobile guide gives traveling clinicians an easy reference to carry with them and use as needed for telehealth patient encounters.

DEDICATED PHONE LINE OR EMAIL ADDRESS

Communication also includes internal conversations – among staff and between patients and staff.

Questions to Ask:

- *Can you create a dedicated phone line for telehealth patient services?*
- *Can you create a dedicated phone line for concerns about telehealth services?*
- *Can you develop a single routing process for telehealth calls – if the single call line can't be implemented?*
 - ✓ This option offers a dedicated routing system for patient calls with different routing for internal support.
- *If you can't set up an additional phone line, can you create a dedicated email address?*

Experts from across the healthcare sector, including health plans and health systems, predict that by 2030, more than 50% of healthcare services would be consumed virtually.

ONE-ON-ONE SUPPORT FOR CLINICIANS WITH LOW USAGE

Not everyone will be immediately ready for telehealth technology. For clinicians who aren't comfortable using the technology and voice their concerns, consider the following approach:

- Develop a one-on-one support system for your clinicians with low usage telehealth technology.
- Tap the right person on your team to sit with them and patiently and cogently demonstrate how the technology works. Be sure and use the reference guide during this training session.
- Suggest another clinician or appropriate staff member that can be available for them during the next telehealth visit. Of course, in these situations, make sure the patient is aware of another person being part of their telehealth visit.

COMMUNICATION CONSIDERATIONS

STAFF AND CLINICIANS

When it comes to communication about the transition from in-person to telehealth services, begin with your staff and clinicians. All of them. Don't leave anyone out. Once you've communicated with your internal team and gotten any kinks out, then you're ready to communicate with your patients.

Question to Ask: What information must be communicated to align your staff and clinicians when transitioning from in-person to telehealth visits?

“As telehealth becomes an important solution for ‘flattening the curve’ of the coronavirus, the ATA and our members are well-positioned to deliver on the promise of virtual care technologies.”

- Joe Kvedar, MD, President-elect, ATA

SCHEDULERS

As you understand so well, your schedulers are on the front line of converting face-to-face visits to telehealth visits. It's imperative that they are well-trained and equipped, so that you can focus your time on patient care.

Questions to Ask:

- *Do you want your schedulers to actively reach out to patients and suggest shifting a patient's currently-scheduled visit from a face-to-face encounter to a telehealth encounter?*
 - ✓ If so, make sure your schedulers can explain this request to patients, and educate them about the practicalities of getting ready for a successful telehealth visit. Similar to above, a script or an FAQ could be very helpful to your schedulers, as well as an FAQ the scheduler can email (or post in the patient portal) to patients.
- *How will your patients learn about the addition of telehealth services?*
 - ✓ If this announcement appears on the patient portal for an appointment, make sure your schedulers can explain the transition to telehealth, if/when a patient asks. An FAQ could be very helpful to your schedulers.
- *What do you want your schedulers to tell patients about the addition of telehealth services?*
 - ✓ We recommend writing a script your schedulers can use to guide them through patient conversations. This will help you help them to have consistent and quality conversations.

PATIENTS

Reach out to your patients proactively, so that they hear from you first. Social media platforms, such as a Facebook page for your practice or hospital, offer an effective two-way communication system with your community at-large. Another example is using your patient portal to send a secure message to your patients.

Questions to Ask:

- *Do you have a social media channel already set up that you can use to communicate with patients?*
 - ✓ Social media encourages a two-way conversation with news from your facility, and feedback from patients.
 - ✓ For any HIPAA-covered information, use secure messaging such as your patient portal.
- *Do you use paid search to identify new patients?*
 - ✓ Paid search helps patients find a clinician, when they are not already connected to a clinical practice or hospital.
- *Do you have any marketing collateral, such as a flyer about your facility and your telehealth services?*
 - ✓ You might want to think about putting a flyer on, or near, your doors to inform patients about your new telehealth services.
 - ✓ And, posting that flyer on your Facebook page is another great idea to get the news out to your community at-large.

METRICS

You can prove the value of virtual care using a variety of different metrics. However, for the quick transition to telehealth services that so many clinicians are now experiencing, the ATA Quick-Start Guide to Telehealth suggests four categories for a solid foundation to measure certain components of virtual care.

1. **By encounters** – What is the volume of telehealth patient encounters?
 - ✓ Understanding the volume helps gauge whether or not your deployed telehealth services work.
2. **By practice** – Which practice groups successfully use telehealth services?
 - ✓ Gauging what is successful, or not, by practice groups helps identify who is successful, a data point helpful in adding training resources.
3. **By number of cancellations and no-show rates** – What is the number of cancellations and same-day no-show rates?
 - ✓ Telehealth services and virtual visits often help reduce face-to-face cancellations and same-day no-shows. This is a valuable metric to follow.
4. **By diagnosis** – Which services successfully use video visits?
 - ✓ Monitor which services applied telehealth services looking at diagnosis data.

Data helps interpret the successes and challenges faced during this extraordinary time. A more extensive use of metrics would include quality outcomes, performance and key performance indicators (KPIs), measurements to consider with more advanced integration of telehealth services after a widespread health crisis is over. To the extent that you reasonably can, collecting data now will be extremely helpful in your future.

For over 25 years, telehealth has proven to save time, save money and, most importantly, save lives.

AFTER THE COVID-19 PANDEMIC

We wish you all the best possible luck. And, we thank you for your service and commitment to all of us – your patients. Please, keep this Quick-Start Guide handy, and bookmark the resources we’ve provided. Remember, the situation is changing on a daily basis, and you need the latest information on billing, coding, regulations, and rules. This will free up your mind to do what is most important – caring for your patients.

ACKNOWLEDGMENTS

We acknowledge and thank Michelle Hager of Blue Cirrus Consulting, Joseph Brennan of Moonshot Health Consulting, and Carla Smith & Joyce Lofstrom of Carla Smith Health LLC for donating their combined knowledge to support the needs of our nation’s front-line clinicians working in communities across the United States. And, be sure to frequently visit the ATA’s website for the latest information.

RESOURCES

American Telemedicine Association (ATA)

- COVID-19 (Coronavirus) Resource Page
 - ✓ <https://info.americantelemed.org/covid-19-news-resources>
- Why Telemedicine
 - ✓ <https://www.americantelemed.org/resource/why-telemedicine/>

American Medical Association

- A Physician's Guide to COVID-19
 - ✓ <https://www.ama-assn.org/system/files/2020-03/physicians-guide-covid-19.pdf>
- COVID-19 Frequently Asked Questions
 - ✓ <https://www.ama-assn.org/delivering-care/public-health/covid-19-frequently-asked-questions>
- COVID-19 (2019 novel coronavirus) Resource Center for Physicians
 - ✓ <https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians>
- Quick Guide to Telemedicine Practice
 - ✓ <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>

American Health Information Management Association

- COVID-19 News and Resources
 - ✓ <http://www.ahima.org/topics/covid-19>
- AHA and AHIMA FAQ on ICD-10-CM Coding for COVID-19
 - ✓ <https://journal.ahima.org/ahima-and-aha-faq-on-icd-10-cm-coding-for-covid-19/>

Telehealth Resource Centers: There are 12 regional, and two national, Telehealth Resource Centers staffed and available. They list numerous resources, plus links to the Centers across the United States: <https://www.telehealthresourcecenter.org/resources/>

Vendors

- Televisits – How Fast Deployments Helps
 - ✓ <https://blog.eclinicalworks.com/televisits-how-fast-deployment-helps>

State Regulations

- Federation of State Medical Boards – FSMB
 - ✓ <https://www.fsmb.org/advocacy/news-releases/fsmb-statement-on-supporting-states-in-verifying-licenses-for-physicians-responding-to-covid-19-virus/>
- NCSBN – State Response to COVID-19
 - ✓ https://www.ncsbn.org/State_COVID-19_Response.pdf
- A Dashboard of how States are addressing Telehealth and Licensure Expansion around COVID-19
 - ✓ <http://connectwithcare.org/state-telehealth-and-licensure-expansion-covid-19-chart/>

Articles

- 4 Ways You Haven't Thought About Using Telehealth During the COVID-19 Pandemic
 - ✓ <https://www.healthleadersmedia.com/welcome-ad?toURL=/innovation/4-ways-you-havent-thought-about-using-telehealth-during-covid-19-pandemic>



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