

Telehealth FAQs

Includes Articles 28, 31, 32

1. Are telemedicine and telehealth the same thing?

The terms telemedicine and telehealth are often used as if they were the same thing, but technically telemedicine is a subset of telehealth. Telehealth also includes non-clinical uses of telecommunications technology such as self-monitoring, provider and patient education, and medical records management

2. What is telemedicine?

Telemedicine is the practice of providing clinical care to patients at a distance using telecommunications technology. It is a method of treating patients using the internet and telephone/video. It can take the form of real-time video or telephonic visits, secure email, or remote monitoring a patient's vital signs.

3. What visits are appropriate for primary care telemedicine? Please refer to Scope of Care document (all specialties)

4. Do all video and telephonic visits need to be on the schedule? Yes.

5. Can new patients be seen via Telehealth?

Yes. New and existing patients can be seen for telephonic and/or video calls

6. Does a patient have to meet with a provider in-person before a visit a telehealth visit? This is determined on a state-by-state basis and specific services that are rendered accordingly. In New York State, an initial in-person visit is not required for primary care or some specialties but is required of some programs such as Medication Assisted Treatment (MAT). ***This regulation has been waived in response to COVID-19 emergency.**

7. Is telemedicine technology difficult to use?

HRHCare has adopted Doxy.me and Jabber, user-friendly, HIPAA-compliant platforms designed for telehealth video conferencing in which the Provider is at a health center and the patient is remote or both patient and provider are at different health centers. HRHCare also offers telephonic (non-video) visits.

8. Is telemedicine private and secure?

Yes, but only when it is conducted using an encrypted platform that was designed for telehealth. ***DHHS has lifted the need for a HIPAA-compliant platform in response to the COVID-19 emergency.**

9a. What if I do not have a Doxy.me (video) telehealth account or if it isn't working?

Consumer apps like Facetime, Skype, WhatsApp, Facebook Messenger, and Google Hangouts are acceptable for telehealth video visits during COVID-19 emergency.

9. When it is determined that I need to see a provider in person, how is that handled?

The provider will make that determination if the visit needs to be converted to an in-person visit. The provider will schedule an in-person visit with themselves or another provider for the same day or another day.

10. Are all services at a site available by telemedicine?

No, we only offer a limited number of services by specialty and they differ from site to site. See Scope of Care document (all specialties) for more information.

11. What if I have an issue that is confidential, and I do not want another staff member in the exam room during the telehealth visit?

All staff in the health center are held to the same confidential standards and they are not permitted to disclose any information that is shared during the telemedicine visit.

12. Is the quality of care the same as an in-person visit?

The quality of telemedicine as a method of healthcare delivery is confirmed by decades of research and demonstrations and is generally well-received by patients. Telemedicine has been found to be a safe, cost-effective and convenient way to provide healthcare services. However, there are some limitations to what care is appropriate for telemedicine visits.

13. If I order a lab, how do I coordinate getting that to the patient?

Order a future lab and coordinate with the patient to come in to discuss. Schedule consultation for the agreed upon date/time.

14. If I order a referral or Diagnostic Image (DI), how do I coordinate getting that to the patient?

The Provider will coordinate with onsite staff (Clinical or Navigators) for patients to arrange mail, pick-up or e-fax to imaging center

15. Can I have all my visits via telehealth in lieu of an in-person visit?

At this time, we do not recommend all visits be conducted via telemedicine. There should be no more than 3 visits in a row that occurs via telemedicine for an individual patient. We do not want telemedicine to be substituted or utilized for long term chronic disease management. ***In response to COVID-19 emergency, telehealth visits are recommended in the short term if reason for visit is within scope of care.**

16. Can I see another provider in the practice the same day as my telemedicine visit?

In some instances, you may see another provider like a nutritionist or a diabetes educator of the same day as a telemedicine visit. However, many health insurance plans do not allow (pay) for more than one provider visit per day.

17. Do co-pays and out-of-pockets still apply?

Yes. *** In response to COVID-19 emergency, health care providers have flexibility to reduce or waive fees in primary care and co-pays are waived no matter what for OASAS telehealth services.**