DOCUMENT REQUIREMENT FOR TELEMEDICINE

HOSIZAH

Prodi D3 Rekam Medis dan Informasi Kesehatan

Universitas Esa Unggul Jakarta

DOCUMENT REQUIREMENTS

- Trusted, accurate, and governed records are essential to successful business and clinical operations.
- Information governance policies and procedures must cover telemedicine documentation practices to ensure that trusted information continues to flow throughout the organization without compromise of record integrity and quality as it touches the various business units or departments.

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DOCUMENT REQUIREMENTS

1. Record Content and Reimbursement
2. Information Integrity, Availability, and Reliability
3. Retention and Disposition
4. Standards on Telemedicine Documentation Requirements

1. RECORD CONTENT AND REIMBURSEMENT

- Telemedicine records should be kept in the same manner as other health records. The specific documentation needs vary depending upon the level of telemedicine interaction.
- The organization using telemedicine information to make a decision on the patient's treatment must comply with all standards, including the need for assessment, informed consent, documentation of event (regardless of the media), and authentication of record entries.

1. RECORD CONTENT AND REIMBURSEMENT

Record Content: Standards/Requirements

According to AHIMA's "Telemedicine Services and the Health Record" Practice Brief, the process for a telemedicine encounter may vary from organization to organization. However, there are some basic guidelines for the telemedicine encounter and documentation requirements.

1. The telemedicine provider must assess the patient's need for telemedicine services/orders through an identification assessment process.
2. Once the need is confirmed a telemedicine appointment can be scheduled and executed.
3. The telemedicine provider is responsible for accurately documenting all required content during the telemedicine encounter.
4. The telemedicine provider completes the telemedicine encounter and will review telemedicine orders.
5. The telemedicine provider will incorporate telemedicine orders into the treatment plan.
6. Documentation of all steps and follow-up is required.

AT A MINIMUM, AHIMA RECOMMENDS THAT EACH TELEMEDICINE RECORD CONTAIN :

1. Patient name
2. Identification number
3. Date of service
4. Referring physician
5. Consulting physician
6. Provider organization
7. Provider location
8. Patient location
9. Telemedicine order
10. Type of evaluation performed
11. Informed consent, if appropriate (In many telemedicine programs, the referring physician/organization retains the original and a copy is sent to the consulting physician/organization)
12. Evaluation results (In many telemedicine programs, the consulting physician/organization retains the original and a copy is sent to the referring physician/organization)
13. Diagnosis/impression
14. Recommendations for further treatment

2. INFORMATION INTEGRITY, AVAILABILITY, AND RELIABILITY

- As part of the organization's IG program, telemedicine documentation practices need to protect information integrity, ensure availability, and ensure reliability.
- These facets are critical for providers who are interpreting remotely and determining the best care path for patients based on the collected data and information streams.
- The integrity, availability, and reliability of data and information are key contributors for ensuring that correct diagnoses, patient safety and confidentiality, and high-quality care are being addressed.

2. INFORMATION INTEGRITY, AVAILABILITY, AND RELIABILITY

- These documentation characteristics are essential for the best patient care outcomes as well as accurate reimbursement payments.
- Telemedicine records should be consistent, accurate, and timely and should contain non-duplicative documentation.
- Availability and location should be noted in the health record. Telemedicine records must be trustworthy and complete and should have the ability to be appropriately accessed, assembled and used in a timely manner by staff, legal requests, patient requests or other requests.
- Solid, vetted and agreed-upon policies, procedures, and technology should be developed and implemented using IG best practices and stakeholder collaboration to effectively meet these requirements and monitor them along the way.

3. RETENTION AND DISPOSITION

- Governing information throughout all phases of its lifecycle includes retention and disposition practices. As part of the organization's IG strategy, retention and disposition of telemedicine encounters needs to be determined and documented.
- Telemedicine records are treated the same as other health records and should be retained and disposed of in accordance to state, federal, HIPAA, CMS, and internal record retention requirements.
- An organization should base its retention and disposition schedule on which requirement is most stringent.
- The site Health Information & the Law has developed guidance on individual state record retention requirements.

3. RETENTION AND DISPOSITION

- Organizations should develop a records retention and disposition schedule and policy around all business and clinical record types based on state and federal requirements.
- The retention and disposition schedule should be approved by the organization's legal representatives. At a minimum, the retention and disposition schedule should include:

1. Record type
2. Retention period
3. Triggering event for when retention period begins (i.e., date of last service, date of request, date of discharge etc.)
4. Disposition method (this includes methods other than just destruction; for example, relocation is a disposition method)
5. Retention citations and official citation language

3. RETENTION AND DISPOSITION

- The records retention and disposition policies and procedures should include the methods of final disposition and other requirements around disposition.
- Organizations should keep track of all records that have been properly disposed of detailing the disposition method, date, and by whom.
- If the final disposition is relocation to a new party, details on the new location/party should be documented.
- If it is disposal by a third-party vendor, a certification of destruction must be obtained. Read the AHIMA “Retention and Destruction of Health Information (2013 update)” Practice Brief for more information on record retention and destruction requirements and accreditation agency retention standards

4. STANDARDS ON TELEMEDICINE DOCUMENTATION REQUIREMENTS

- The Joint Commission has accreditation standards for originating and distant sites, distant-site telemedicine providers, and provision of telemedicine services at a hospital.
- These standards align with the requirements of the Centers for Medicare and Medicaid Services (CMS).
- **Originating site**: The site where the patient is located at the time the service is provided
- **Distant site**: The site where the practitioner providing the professional service is located
- **Distant-site provider**: A provider that has a license that is issued or recognized by the state in which the patient is receiving telemedicine services. The Joint Commission revisions to telemedicine standards are available.

4. STANDARDS ON TELEMEDICINE DOCUMENTATION REQUIREMENTS

- See pages 54-60 of the National Association Medical Staff Services NAMSS Comparison of Accreditation Standards 2017. Specifically, Joint Commission and CMS standards for telemedicine are referenced on these pages

- Telemedicine standards on record content are not specifically addressed in the standards of the National Committee for Quality Assurance, the American Osteopathic Association, or the Accreditation Association for Ambulatory Health Care. The American Osteopathic Association has published the AOA Policy Statement-Telemedicine.