Teledermatology Getting Started Guide



ACADEMIC/MULTISPECIALTY

 Are you legally permitted to provide telemedicine services in the state where the patients are located? Legal permission to practice telemedicine may include licensure in the state where the patient is located, providing care as a VA practitioner, or possessing a state-specific, conditional or telemedicine license (this will vary by state).
 Does your state have specific laws regarding appropriate use of telemedicine? To search for your state's laws, please visit http://cchpca.org/state-laws-and-reimbursement-policies .
 Does your institution have specific rules regarding use of telemedicine? See separate "Navigating potential legal and IT concerns" checklist
 Does your liability insurance cover telemedicine encounters?
 Does your EHR/EMR have telemedicine capabilities (live -video or the ability to send and receive photos)?
 If providing direct-to-patient care, did/are you:
Have an existing physician patient relationship (having previously seen the patient in person)?
Create a physician patient relationship through the use of a live-interactive face-to-face consultation before the use of store-and-forward technology? OR
A part of an integrated health delivery system where the patient already receives care, in which you (the consulting dermatologist) have access to the patient's existing medical record and can coordinate follow-up care?
 Do you provide your patients choice as to whether they wish to receive care via telemedicine or in person? If so, are the following parameters clearly listed:
Skin conditions treated or not treated (e.g. full body exams, emergent/urgent conditions depending on turnaround time, new complaints or follow-up on previously evaluated skin disorders, etc.)? Turnaround time?
Who is answering the consult (e.g. MD, NP, PA)?
Follow-up/Coordination of Care plan (e.g. are prescriptions involved? Is the PMD notified? If an appointment is needed, who is responsible for scheduling?)
 How will your telemedicine services be reimbursed?
Per transaction (fee-for-service)?
Capitation, a mix of capitation and fee-for-service?
Who is responsible for payment (e.g. Insurers, contractual ACOs/clinic consortiums, or patients)?

