



PRACTICE GUIDELINES FOR PRIMARY AND URGENT CARE

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Education



Professional



Professional Affiliation





TELECONSULTATION SERVICES FOR THE MOBILE WORKFORCE

Global best practices





**PRACTICE GUIDELINES FOR
LIVE, ON DEMAND PRIMARY
AND URGENT CARE**

NOVEMBER 2014



Practice guidelines for live, on demand primary and urgent care



ADMINISTRATIVE GUIDELINES



Regulations and Laws



Provider Credentialing



Provider Training



Policies and Procedures



Connectivity



EMR/Payment/Billing



Quality Review





ADMINISTRATIVE GUIDELINES



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Doctor delivers end-of-life news via 'robot,' leaving family frustrated

JOEL SHANNON | USA TODAY | 5:45 pm EDT
March 10, 2019





THE ENCOUNTER



- **Provider/patient location**
- **Patient identity verification**
- **Informed consent**
- **Eligibility of virtual visit**
- **Physical environment**
- **Patient evaluation**
- **Electronic prescriptions**



FOLLOW UP



**Patient
education**



Referrals



**Post visit
outreach**



GLOBAL BEST PRACTICES

Regardless of jurisdiction, the following best practices are nearly universal, and are recommended for any global teleconsultation service.



Physicians delivering teleconsultation services should be appropriately licensed in the patient location, and working in compliance with local health regulations.



Physicians should be permitted to prescribe remotely to the patient (when clinically required), with a detailed knowledge of local drug names, availability and prescribing regulations.



Patients should be told the benefits and risks of services delivered via teleconsultation, and give their consent to such care.



Personal health information related to the teleconsultation should be managed in accordance with relevant local data protection regulations.



The organisation providing, or coordinating, the teleconsultation services should be certified to appropriate quality management standards, such as ISO/TS 13131 Telehealth Services.



The standard of care should be the same whether the patient is seen in-person, through teleconsultation, or other methods of electronically enabled health care.



If the physician cannot competently and confidently diagnose or treat the patient via teleconsultation, the physician should refer the patient to an in-person examination before rendering a diagnosis or prescribing therapeutic treatment.



The undertaking of a teleconsultation should not be considered in isolation, and should include the capability of facilitating the patient's necessary medical care and assistance requirements post-teleconsultation.



The physician should be fluent in the local language at the patient location, to ensure appropriate documentation and referral pathways when necessary.



THANK YOU!

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