

Operationalizing Telehealth and Telephonic Visits

A Field Guide

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Introduction

John F. Kennedy memorably said in a speech he gave in 1959, “*The Chinese use two brush strokes to write the word 'crisis.' One brush stroke stands for danger; the other for opportunity. In a crisis, be aware of the danger--but recognize the opportunity.*”

In this uncertain and rapidly changing healthcare climate, we encounter the immense **opportunity** to advance our telehealth and telephonic services to patients. Coleman Associates works with healthcare providers who are all along the telephonic and telehealth spectrum. Some health centers have been providing telephone visits for years, often without payment. Other health centers are just starting because of new reimbursement structures, and telehealth is the only safe way to continue to provide care to patients who are sheltering at home or don't want the risk of a clinic exposure.

About This Guide

This toolkit serves as a guide for healthcare providers and organizations who are starting or honing their telehealth or telephonic visit journey. This toolkit represents tools, advice, workflows, and other best practices from health centers across the country. Community health centers play an important role in supporting social distancing and other protocols. This document will focus on the operational components of telehealth and telephonic visits to manage patients seeking routine and/or acute care but who are not necessarily needing evaluation for COVID-19. This guide is NOT intended to be a billing guide for health centers. We have linked to external trusted resources to serve as examples that you can shamelessly steal as you make your telehealth process work for your patients and staff.

As we all know, these processes are changing rapidly. Please keep checking back to your NACHC resources for updated information.

Starter Steps

1

- **Know the laws and ethical practices for your state and healthcare specialty.**
- Be sure to know what consents you need for treatment.
- Decide how you will obtain updated or new consent to treat. (Virtually or have the patient come by and fill out the information on a tablet in the parking lot).
- Be sure to comply with state guidelines regarding telehealth and telephonic visits. Follow this link for a guide: <https://bit.ly/34sw0bJ>

2

- **Decide on a platform to deliver for your telehealth services.**
- Consider a web-based platform for telehealth services. See Software for Telehealth below for illustrative options.**
- Check with your state's PCA (Primary Care Association) or HCCN (Health Center Controlled Network) to see if there are group discounts available when purchasing or leasing software as part of a bigger network.

3

- **Decide how you will schedule your telehealth patients.**
- Most health centers are using their practice management system in their Electronic Health Record or EHR. Be sure to pick the appropriate 'schedule code' to identify the visit as telehealth versus in-person (often found under encounter code).
- Make sure to educate staff and providers about how to schedule and read the schedule.

**Note, sometimes this decision has to do mainly with equipment costs, equipment set-up and the financial ability to purchase or lease a telehealth platform. Other times this decision is based on state reimbursement for telephone versus virtual visits, and we are finding that virtual visits pay at a much higher rate than telephonic. Consider doing a cost/benefit analysis to see if the higher rate reimbursement for telehealth visits as opposed to telephonic would cover the monthly cost of purchasing a telehealth platform service such as Doxy or Updox.

4

- **Decide how you will register your patients, verify eligibility, collect co-pays or sliding scale payments, and bill for services.**
 - For patients paying out-of-pocket, investigate software that enables mobile fee collection or consider looking at telehealth platforms that have built-in payment.
 - Each health center is encouraged to obtain confirmation of payers regarding requirements for billable, virtual services. (e.g. date of last visit, originating site, established vs. new, etc.)
 - Continue verifying eligibility and properly identify how to code/bill for virtual visits. If you do this the day before or morning of a visit, you still have time to call patients who have insurance eligibility problems before their visits.
 - Follow this link for coding advice: <https://bit.ly/39VLIZh>

5

- **Write and distribute scripting for scheduling telehealth visits to Call Center and Front Desk staff.**
 - See attached scripting for scheduling telehealth visits, confirming telehealth visits, and rescheduling telehealth visits.

6

- **Set-up providers and staff to deliver care virtually, either from home or from the clinic**
 - Regardless of where staff and providers are working (in the clinic or at home) confirm that they have the following: Adequate internet speed, good phone service, a HIPAA compliant work space, and access to the EHR for documentation.
 - Execute internal “letter of confidentiality” for employees discussing not only reminding them of typical protections around Protected Health Information PHI but elevated scrutiny when working from home where non-employees may have access to PHI. Remind all staff that everyone is on a “need to know” basis following tenets of “minimum necessary info.”

Consider utilizing backdoors for staff to enter who will only be conducting virtual or telephonic visits away from symptomatic COVID-19 patients. A separate entrance reduces exposure and saves Personal Protective Equipment (PPE).

For another great resource available through the Center for Care Innovations (CCI) with screenshots of NextGen telehealth workflows, [click here](#).

For an eCW workflow as referenced by CareInnovations.org, [click here](#).

Software for Telehealth

Before choosing a platform for conducting telehealth visits, see the [current guidance from HHS](#) (U.S. Department of Health and Human Services) about patient privacy compliance and telehealth (Office for Civil Rights (OCR), 2020; HITEQ, 2020). The following is a quote from HHS:

“Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that the Office of Civil Rights (OCR) might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.”

The following table is a visual representation of current HHS guidance.

 Do Not Use for Telehealth 	 Currently Permissible for Telehealth 	 More Secure Options 
<ul style="list-style-type: none"> • Facebook Live • Twitch • TikTok 	<ul style="list-style-type: none"> • Apple FaceTime • Facebook Messenger Video Chat • Google Hangouts Video • Zoom • Skype 	<ul style="list-style-type: none"> • Skype for Business / Microsoft Teams • Updox • VSee • Zoom for Healthcare • Doxy.me • Google G Suite Hangouts Meet • Cisco Webex Meetings / Webex Teams • Amazon Chime • GoToMeeting • Spruce Health Care Messenger

Communication with Patients

A sample flier or FAQ for patient communication is listed below. Feel free to adapt this for your organization's website, patient portal, waiting room, or bathroom signage.

FREQUENTLY ASKED QUESTIONS ABOUT TELEHEALTH AND TELEPHONE VISITS

1. WHAT IS TELEHEALTH?

Telehealth is the use of digital information and communication technologies, like computers, tablets, and smartphones to access and manage your healthcare away from your healthcare provider's office. These may be technologies you use from home or that your provider uses to improve or support care services.

2. WHY USE TELEHEALTH FOR A VIDEO VISIT WITH MY HEALTHCARE PROVIDER?

SAFE. EASY. CONVENIENT. CONFIDENTIAL.

3. WHO CAN BE SCHEDULED FOR A TELEHEALTH VISIT?

Any [organization name] patient who has a smartphone, tablet, computer, or laptop with audio and video capabilities and stable internet connection. Not all of your healthcare visits are appropriate for Telehealth. Your clinic can help you schedule the best type of appointment for your healthcare needs. Call [phone number] for help with scheduling.

4. HOW MUCH DOES TELEHEALTH COST?

There is no additional fee for a Telehealth visit versus an in-person visit. We work with your insurance to get these visits covered. If you are self-pay you will be put on a sliding scale. [Insert organization specific information]

HOW TO SCHEDULE A TELEHEALTH VISIT WITH YOUR HEALTHCARE PROVIDER

STEP 1: Schedule a Telehealth Appointment by calling your clinic to request a Telehealth or Telephonic visit from the comfort of your own home.

STEP 2: If you are using a laptop or computer with audio and video, you are good to go! If you are using a smartphone or tablet, download [insert software]. [No need to create an account.]

STEP 3: Once you schedule your appointment, you will receive an [insert email, text, or call] from us. Click the link when it's time to start your telehealth visit with your provider. [Update instructions as needed.]

What to do if you get disconnected?

Simply click/tap the "REJOIN" button to connect with your health care provider. If you are having issues connecting, your provider will call you. Be sure to give the clinic the **best phone number** to reach you!

(Borrego Health, 2019)

Other Methods to Notify Patients of Telehealth Availability

- Via phone triage and requests made to the call center.
- Via outbound messages to “at risk” patients (e.g., asthma, COPD as well as other chronic diseases such as HIV, uncontrolled diabetes, hypertension, etc.).
- Via large-scale message distribution to all patients (e.g., text, phone, patient portal, postcard, letters, or CHC website regarding access to “virtual care.”)
- Via your Department of Health or other community partners.

Scripting for Scheduling Telehealth/Telephonic Visits

“In response to the coronavirus epidemic, we are limiting our in-person visits. Your health is important to us, and we want to limit your exposure. A telephone/video appointment ensures the quality of care you will receive. We will be able to review any labs, diagnostic imaging, specialty reports, as well as send medications to the pharmacy.”

We would love to schedule a [insert type of virtual visit] for all our patients.

Can we offer you a virtual/telephone visit on _____ (day) between [give patients a window of 10-20 minutes]? “Please be sure your phone is on and with you. When we call, you will see [xxx-xxx-xxxx. Insert number that will display].”

What will be the reason for the visit? _____ (Document the medical need).

Currently, we recommend screening to determine whether your patients are experiencing any respiratory or COVID-like symptoms. If they are experiencing symptoms, consider other options your organization may be offering the patient, such as [Drive-Thru/Walk-Up testing](#) or testing at an alternate facility. Or - you may be able to start with this telehealth visit to screen whether or not an in-person visit is necessary.

We are excited to offer this new service. You will receive a second call by a member of our team to check you in for your visit on _____ (include day and time.) Be sure to have your insurance information handy then. Can you verify the best phone number where we can call/text you?

During your call with your provider, be sure to have your medications available.”

Script for Robust Confirmation Call for Telehealth/Telephonic Visits

“Hello, this is _____ (employee’s name) from [insert organization name], calling to confirm your appointment for tomorrow at _____ (time). Does that time still work for you?”

Your provider, _____ (provider name) will be conducting a [telephone consultation/virtual visit]. Your provider thinks it’s safer to do a virtual visit than to have you come into the clinic.

I’d like to make sure we verify your insurance eligibility now. Is your insurance still _____ (insurance type)? There will be a \$____ copay for this visit. You will receive [a link to pay that through your cell phone].

On _____ (day), you will receive [insert if they should expect a call, texted link, etc.]. Can you please verify your cell phone number by reading it back to me? [Check to confirm phone # is the same as what is on record. If necessary, verify the email address in the same manner].

Script for Rescheduling Office Visit to Telehealth/Telephonic Visits

For health centers moving all their office visits to virtual visits, develop a script for support staff, so they have language around messaging. Here is a sample script:

- “Hello, this is _____ (Employee’s Name), calling from [insert organization name]. I work with _____ (Provider’s Name). We know you have an appointment on _____ at _____ and we also know patients are concerned about the spread of the Coronavirus. First, we want to assure you that we are doing everything we can to protect your health as well as the health of our community. With this consideration, we are changing all our office visits [or in-person visits] to telephone or video appointments. This change reduces your chances of exposure as well as the spread in the community. A telephone/video appointment ensures the quality of care you will receive. We will be able to review any labs, diagnostic imaging, specialty reports, as well as send medications to the pharmacy.”
- **Pause for questions.**
- “What this means is that your appointment day and time will remain the same, but instead of coming into the office, we would reach out to you at home instead. Can I move forward with scheduling your telephone/video appointment?”
 - **If the patient says YES to the telephone/video appointment:**

- “Thank you. We appreciate your understanding. Again, your appointment is on _____ at _____. _____ (Provider Name) will call you between ____ and _____ [insert organization’s window from 10-20 minutes]. “Please be sure your phone is on and with you. When we call, you will see [insert number that will display].”
- **Ask for any final questions before hanging up.**
- **If the patient says NO to the telephone/video appointment and insists on coming in for the office visit:**
 - “I understand you would prefer to come in for your visit. I will need to speak with your provider. Before I do, do you have a specific concern that you want to address in person?” Take careful notes to share with the rest of the Patient Care Team.
 - “Once I speak with the provider, I will give you a call back. It should be in less than ____ hours. [insert your expected call back time].”

Follow your organization’s policy for leaving voicemails for patients. Below is a sample script for leaving a voicemail.

- [Insert your organization’s policy for rebooking the patient appointment into a telephone/video appointment for the same date and time and notifying the patient via voicemail of the change].
- “Hello, this is _____ (name), calling from [insert organization name]. I work with _____ (provider’s name). We know you have an appointment on _____ at _____. We are currently changing all appointments from in-person to telephone/video appointments. This change reduces your chances of exposure as well as the spread in the community. A telephone/video appointment does not interrupt the quality of care you will receive. We will still be able to review any labs, diagnostic imaging, specialty reports, as well as send medications to the pharmacy.” Your new telephone/video appointment is scheduled for _____ at _____ (make sure you emphasize if this is the same date and time or different). Please call us back at [insert organization phone number] to confirm you received this message, and I can give you more details.”

Workflows

The following roles, terms and their definitions appear in the workflows below:

- **Patient Care Team-** The Patient Care Team is the consistent group of staff providing care to a given patient population. For example, provider, medical assistant (MA), front desk staff, etc.
- **Flow Coordinator-** In this case, the flow coordinator is managing the telehealth software to make sure that patients and staff are in the correct virtual “rooms.”
- **Red Carpet** - Rather than yelling a patient's name from a partially opened doorway, in Red Carpeting, we go out to the patient, re-introduce ourselves and walk back with them. Generally, this implies walking side-by-side the patient, but during a pandemic like Coronavirus, there should be a six-foot distance between the patient and MA.
- **30-Second Report** - This is a brief but crucial verbal interaction between the MA/nurse and the provider that takes place right before the provider enters the exam room. It’s the time to convey, in about 30 seconds, a rich summary of what the MA/nurse discovered during the patient intake conversation. This communication supports the clinician by decreasing the amount of time it takes to discern the patient’s needs and concerns.

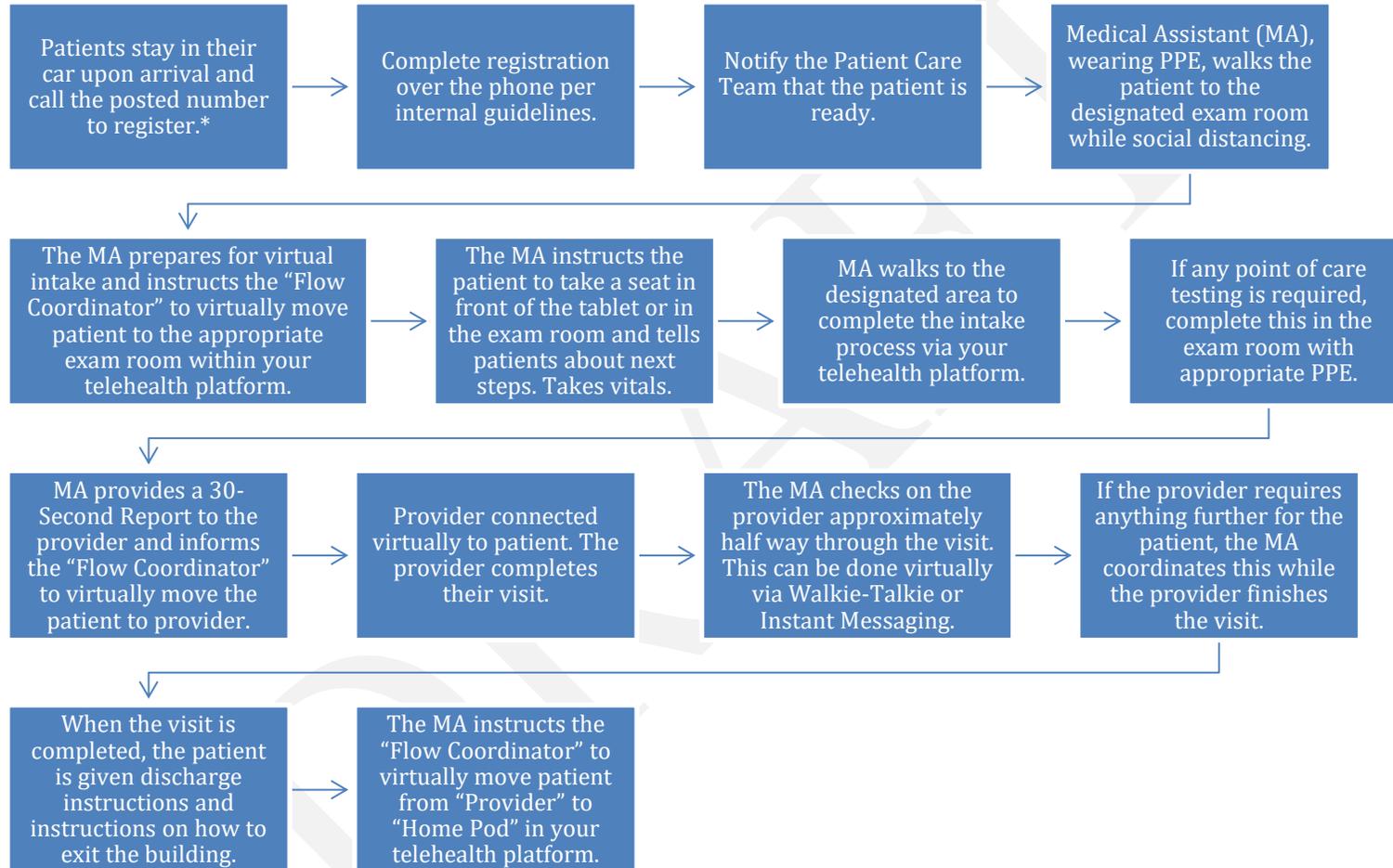
Telehealth Registration Workflow

Visit Prep and Financial Prep	Robust Confirmation Call	Pre-Registration 
<ul style="list-style-type: none"> • Complete Visit Prep before calling the patient to determine what paperwork and screenings they need. (Last Visit Date, Last Visit Reason, Quality Metrics Due, Outstanding Labs/Referrals) • Make a list of required screenings or questionnaires such as PHQ-9, GAD-7, etc. • For more information regarding the national PRAPARE process for gathering, responding and assessing social determinants of health, click here. • Verify insurance electronically before calling the patients. If the patient is on a sliding scale, determine if the patient is eligible to extend their sliding scale based on organizational policy. If the patient is not eligible for an extension, identify needed documents for the sliding scale application. • If available, send any documents the patient needs to sign electronically via your telehealth platform, the patient portal, DocuSign, etc. 	<ul style="list-style-type: none"> • Call Patient. • Follow Script for Robust Confirmation Call for Telehealth/Telephonic Visits with COVID-19 Screening Questions. 	<ul style="list-style-type: none"> • Get consent from the patient unless you sent the consent electronically. Many practices ask for consent verbally and document the results. Check your state regulations for what is allowed. • If you need documentation from the patient, such as income verification, ask the patient to send it virtually via secure email, patient portal, or video screen sharing as is compliant with your health center’s policies and procedures. • Complete required screenings. • If a patient does not have access to any of the technology you are using, complete as much registration over the phone as possible and then set-up a “parking lot registration.” Have the patient call when they arrive. Use a tablet or laptop to have them sign documents. Take pictures of any documents that you need for your records.

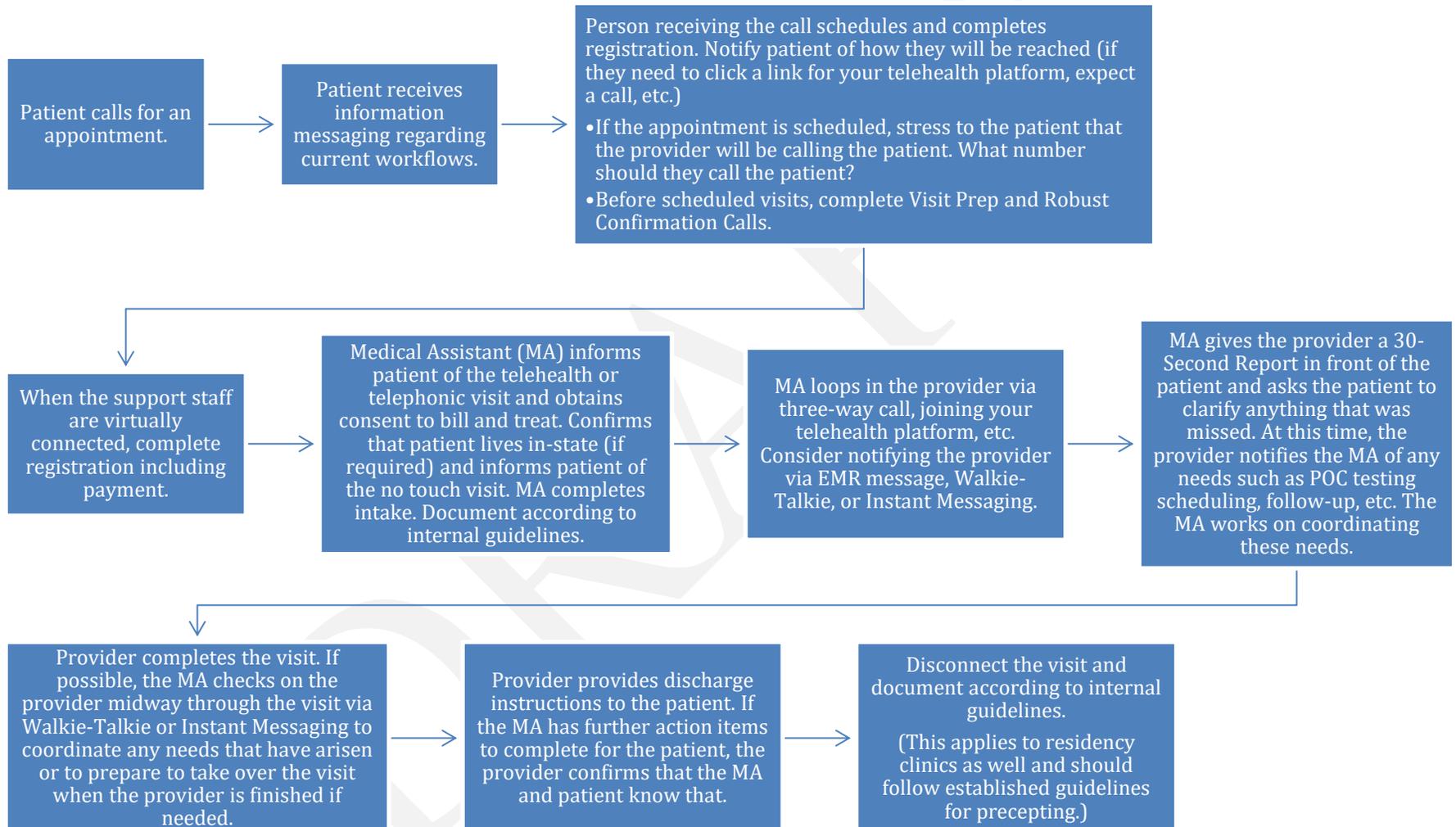
Principle of Redesign #12: Ruthlessly Eliminate All Unnecessary Work

Bring all the necessary players together and get paperwork down to the bare minimum. For example, redundant screening questions, asking for the address multiple times, information you already capture verbally such as medical history.

In-Clinic Telehealth Work



Remote Telehealth



Sample Policy

(Generally, policies require Board approval. Keep it general.)

Policy Title: Telehealth

Purpose:

- To promote a quality telehealth experience for the patient and provider
- To maintain the continuum of care

Policy:

It is the policy of [insert organization name] to comply with all applicable federal, state, and local regulations governing telehealth. These regulations and guidelines include, but may not be limited to:

- [Insert relevant regulations. A state by state guide to telehealth regulations can be found [here.](#)]

Telehealth services include the following:

- Established patients receiving telehealth from a provider
- Consultation between healthcare providers
- Educational services

Adapted from the University of Nebraska Medical Center (UNMC, 2003).

Sample Procedure

(Generally, procedures do not require Board approval.)

Summary

This document will review the process for documenting Telehealth visits and for providing billing and documentation guidance.

Call Center and Front Desk: Patient Call and Telehealth Scheduling

- Call Center/Scheduler/Front Desk offers the patient a Telehealth visit if they are willing to be seen not face to face. [insert information about billing for visits]
- Create a patient appointment with details about signs and symptoms

Front Office: Telehealth Registration from Scheduled Visits

- Complete standard registration to check-in patient appointments.

- [Insert information about Sliding Scale]
- Run eligibility as usual for patients

Provider: Telehealth Visit Documentation

- [Insert relevant regulations. A state by state guide to telehealth regulations can be found [here.](#)]
- Provider to document like a routine medical visit, with the addition of the following components: [insert organization specific details]

Telehealth Documentation Recommendations:

- Documentation requirements for a telehealth service are the same as for a face-to-face encounter. Document the information of the visit, the history, review of systems, consultative notes, or any information used to make a medical decision about the patient.
- Documentation must include the services provided to the patient, to include participant consent, participant outcomes, and telehealth delivery of services.
- Document the patient's location, nature and modality of telehealth communication, and the time spent in discussion with the patient.

Sample Informed Consent for Telehealth¹

Patient Name:	Date of Birth:	Medical Record #:
Location of Patient:	Provider Name and Location:	Date Consent Discussed:

Introduction

Telehealth involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information to improve patient care. Providers may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis, therapy, follow-up and/or education, and may include, but is not limited to, any of the following:

¹ This is to only serve as an example of a possible Informed Consent for Telehealth. Coleman Associates, it's contractors, employees, and subsidiaries assume no liability, legal or otherwise, for the use of this document in professional practice.

- Patient medical records
- Medical images
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data. They will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits:

- Improved access to medical care by enabling a patient to remain in his/her provider's office (or at a remote site) while the physician obtains test results and consults from healthcare practitioners at distant/other sites.
- More efficient medical evaluation and management.
- Obtaining expertise of a distant specialist.

Possible Risks:

As with any medical procedure, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors;

By signing this form, I understand the following:

- I understand that the laws that protect the privacy and the confidentiality of medical information also apply to telehealth and that no information obtained in the use of telemedicine, which identifies me will be disclosed to researchers or other entities without my consent.
- I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.

- I understand that I have the right to inspect all information obtained and recorded in the course of a telemedicine interaction, and may receive copies of this information for a reasonable fee.
- I understand that a variety of alternative methods of medical care may be available to me and that I may choose one or more of these at any time. My provider has explained the alternatives to my satisfaction.
- I understand that telehealth may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.
- I understand that it is my duty to inform my provider of electronic interactions regarding my care that I may have with other healthcare providers.
- I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured.

Patient Consent to The Use of Telemedicine

I have read and understood the information provided above regarding telehealth, have discussed it with my physician or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth in my medical care.

I hereby authorize _____ (Provider Name) to use telehealth in the course of my diagnosis and treatment.

Adapted from Heritage Health (Smith + Malek 2019).

Sample HIPAA Attestation of Confidentiality

**Sample Attestation Coming Soon!*

Sample Cost-Benefit Analysis for Telehealth Platforms

Complete the following table with the payers in your organization’s mix and their fee scales.

	Column A	Column B	Column C	Column D	Column E
Payer Name	% of Payer Mix	Reimbursement Rates		Weighted Reimbursement Rates	
		Telehealth (Video)	Telephone-Only	Telehealth (Video) (Multiply Column A x Column B)	Telephone-Only (Multiply Column A x Column C)

Use the following worksheet to compare the costs and benefits of investing in a telehealth platform. For guidance regarding state-specific telehealth guidelines and reimbursement, [click here](#):

Average # of Telehealth/Telephonic visits per day _____ (A)

Your Weighted Average Telehealth Reimbursement Rate (Add up Column D) _____ (B)

Your Weighted Average Telephonic Reimbursement Rate (Add up Column E) _____ (C)

Cost per day to provide Telehealth Software _____ (D)

Multiply (A) _____ x ((B) _____ = (E) _____

This is your anticipated daily revenue from telehealth visits.

Multiply (A) _____ x (C) _____ = (F) _____

This is your anticipated daily revenue from telephonic visits.

(E) _____ - (D) _____ = (G) _____

This is your anticipated revenue for telehealth visits minus the cost of software. If this number is negative, investing in telehealth software is likely too expensive, unless you are eligible for grant funds to offset some costs.

If (G) is a positive number,

(G) _____ - (F) _____ = (H) _____

If (H) is a positive number, telehealth software is likely a good investment. If (H) is a negative number, investing in telehealth software is likely too expensive.

(D)* - Monthly cost of telehealth services / # of days in a month.

*For example: \$1000 per month for software + \$400 per month for High Speed Wifi + \$150 per month for laptop leasing = \$1550/ 20 days = \$77.50 per day.**

Disclaimer: This assumes monthly subscription commitments for costs versus an annual commitment.

During the COVID-19 emergency, states are looking at their policies and their flexibility to provide telehealth services. For state specific questions on how your state can improve this policy, please contact your Primary Care Association or NACHC at state@nachc.org.

NOTE: Each health center is encouraged to obtain written affirmation from state Medicaid and commercial payers in this regard.

More Resources

For quick, low-tech, and low-cost solutions for telehealth, [click here](#).

To read a Q&A with providers about telehealth, [click here](#).

For Frequently Asked Questions about telehealth, [click here](#).

Funding Opportunities

In the wake of the COVID-19 crisis, new opportunities for grant funding for telehealth programs are becoming available rapidly. A couple of potential grant funding sources are listed below, but this is not a comprehensive list.

Funding Opportunities as advertised through the Health Resources and Services Administration (HRSA) can be found here: [HRSA Telehealth Programs](#)

This is new information, but preliminary results show that there may be additional funds available through the [COVID-19 Telehealth Program](#) which has allocated \$200 million in funding as part of the Coronavirus Aid, Relief and Economic Security (CARES) Act. This is in addition to funding offered to Health Centers so long as organizations follow the three-step process to (1) obtain an eligibility determination from the Universal Service Administrative Company (USAC); (2) obtain an FCC Registration Number (FRN); and (3) register with System for Award Management. More information about the COVID-19 Telehealth Program can be found here: [FCC Guidance on the COVID-19 Telehealth Program Application Process](#)

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