

**Subject:** Telehealth Regulatory and Operations Updates – Summer 2021  
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The University of Alabama at Birmingham

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## Telehealth Regulatory and Operations Updates – Summer 2021

UAB Medicine remains committed to using telehealth to improve efficiency, reduce costs for patients, and increase access to care. It will continue to be an important part of how we deliver care. Although telehealth utilization is declining temporarily across the country as patients resume in-person visits, telehealth will continue to expand over the next few years based on consumer demand and organizations seeking to provide patients with more options to access care. As regulations continue to evolve and change, here are the updates you need to know about regarding telehealth at UAB Medicine:

**1. Out-of-state telehealth is no longer allowed.** The practice of medicine occurs where the patient is physically located at the time of the visit. Physicians must have a medical license in the state where they are practicing medicine, so out-of-state visits are not permitted. This isn't a billing issue. Here are the ways you can continue caring for your out-of-state patients:

- Patients can come in person.
- Providers can get a license in the state in question.
- Patient can drive into Alabama state lines to do telehealth.

It is our responsibility to ask patients where they are at the time of the visit.

**If you discover during a visit that the patient is out of state, it is preferable to reschedule the visit, unless not completing the visit would cause harm to the patient.**

For visits already scheduled with out-of-state patients, contact them to let them know their options. For future appointments, schedulers now receive a pop-up alert to not schedule out-of-state patients for telehealth. You can override this alert if the patient agrees to drive across state lines for the visit. We are incorporating this information into patient communications to reduce confusion.

For providers with a significant volume of out-of-state patients, the MDSO launched a pilot program to obtain licenses in other states. Once finalized, requests will need to be sent through the Practice Leadership Committee for review.

**2. Reduce audio-only telehealth visits.** Although the decline in telehealth utilization at UAB Medicine follows the national trend, the percentage of audio-only visits remains flat at 33%. CMS is proposing a rule to limit audio-only telehealth to circumstances in which the patient is not capable of using two-way audio/video technology or does not consent to it. Our goal is to reduce audio-only visits from 33% to less than 20%. We understand that some patients have barriers to video, so we have a number of initiatives in place to help. If you encounter any such issues, email [uabmedicine@uabmc.edu](mailto:uabmedicine@uabmc.edu) to alert our team.

**3. Initiate controlled substances in person only.** Alabama's health emergency officially expired on July 6, 2021, so initiating controlled substances via telehealth is now prohibited.

**4. Telehealth-only clinics with fully virtual staff improve efficiency and free up clinic space for in-person visits.** UAB Medicine now has the ability to conduct telehealth-only clinics with fully virtual staff, including team members to assist with connecting patients. This is the most efficient way to practice telehealth, and we encourage providers with significant telehealth volume to utilize this model. Email [uabmedicine@uabmc.edu](mailto:uabmedicine@uabmc.edu) if you need more information on this.

**5. No permanent billing decisions have been made on telehealth coverage.** There are many bills in Congress that seek to address the issue. HHS says it is strongly in favor of continuing coverage for telehealth.

**6. Remote patient monitoring is now actively monitoring over 315 patients for diseases such as CHF, diabetes, and hypertension.** This is fully integrated into Cerner, and you can review all of your patients' transmitted data. [Click here for instructions on how to order remote patient monitoring \(PRM\) and to view graph results.](#)

**7. Use econsults to ask for consultative care in an asynchronous manner.** This often allows for more timely and less expensive care for the patient. Results from econsults generally arrive within 1-2 business days from the order being placed. Ambulatory econsults currently are provided for neurology, rheumatology, hematology, sickle cell, precision oncology, endocrinology, and dermatology patients, and that list is being expanded. To request an econsult, the ordering provider should first obtain verbal consent from patients, as their insurance will be billed and they may receive a copay charge. Then, place the "Interprofessional Consult" order to be routed to the correct service. To get the most helpful responses, please make sure to ask specific questions to the consulting provider. Additional information can be placed in the order comments section as needed. Please email [Andrew Land](#) with questions or concerns or if your department/service is interested in joining.

**8. Recent tech updates include:**

- Interpreter services have been added to Doximity and Amwell.
- Sign language interpreters are available in Amwell. The need for sign language

interpreters is proactively monitored by the eMedicine Coordinating Center.

- You can now customize the name that is displayed when you invite the patient to the room in Amwell.
- Amwell now allows for “tiling” of the screens when multiple people are on a call. To access this feature, move your cursor to the top right corner of your screen while you are on the call.

**9. Volunteer to have students teleshadow and join us in clinic remotely.** Large numbers of undergraduate students can no longer come in person to shadow providers. These shadowing opportunities often help students determine whether or not they want to be a doctor, and they need it on their CVs. Using an iPad, students can now teleshadow and follow along with you in clinic remotely. The program has received lots of positive feedback so far, and we hope that more providers will volunteer. Email [Carmel McNicholas-Bevensee](mailto:Carmel.McNicholas-Bevensee@uabmc.edu) as soon as possible to learn more.

Thank you for helping move telehealth forward and continuing to provide our patients with timely, safe, and personalized care. Feel free to email any questions or feedback to [uabmedicine@uabmc.edu](mailto:uabmedicine@uabmc.edu).

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