

Protocol for Telemedicine Outpatient Maternal-Fetal Medicine Visits

I. Purpose

The purpose of this protocol is to outline participation of ADPH staff in the provision of remote maternal-fetal medicine outpatient care with Alabama licensed OB/GYN Maternal-Fetal Medicine physicians.

II. Cost Center and Funding for Telemedicine

- A. Staff time should be coded to T01-Telemedicine Clinic.
- B. County health departments should use the Telehealth Encounter Log or EHR Super-bill system to receive payment for telehealth services provided. A copy of the form and instructions are included.

III. Equipment

Equipment will be furnished by The Alabama Public Health Training Network. It will consist of a mobile telemedicine cart that contains a monitor so the patient can see and hear the provider at a remote location in real time. The cart contains a Bluetooth Stethoscope so the nurse and the remote provider can both listen to heart, lung, and abdominal sounds. The cart also has a handheld exam camera with three lenses (general viewing, dermatology, and otoscope). Additional equipment includes a handheld fetal Doppler to auscultate fetal heart tones, and a disposable tape measure to measure fundal height.

IV. Procedure

- A. Maternal-Fetal Medicine physicians will be seeing patients in the ADPH clinic using Telehealth technology. Provider names and contact information are located in the Telehealth cart drawer.
- B. Records:
 - 1. Records Brought by the Patient:

Patients may have records, from other physicians when they present for the visit. Staff should fax these records to the appropriate physician if the patient was unable to do so prior to the visit. These records should be returned to the patient.
 - 2. A CHR should be opened. CHR forms required include:
 - a. Patient Log (CHR-1), follow instructions for this form;
 - b. Consent for Services (CHR-3), follow instructions for this form;

- c. Progress Notes (CHR-10), document the visit, assistance given, specimens obtained and shipped, and any information pertinent to the visit; and
- d. Health Assessment Worksheet (CHR-11), document vital signs on this form.

C. Consent:

Patients may have a signed distant provider consent form which will need to be faxed to the distant provider location at the time of signing the consent during the telemedicine visit. The consent will then be retained in the ADPH patient chart.

D. General Consults/Follow-up Visits:

1. The patient will be encouraged to bring all of their medication bottles to the clinic. The medications will be reconciled by the physician during the telemedicine visit; and
2. The patient's blood pressure, heart rate, and temperature should be taken, documented, and verbally communicated to the physician at the time of the telemedicine visit; and
3. A urine dipstick clean-catch urine sample should be obtained. Urinalysis dipstick should be performed and the urine glucose, ketones, and protein should be quantified, documented and told to the remote physician during the telemedicine visit; and
4. A handheld fetal Doppler will be used to obtain, document and report fetal heart tones as instructed by the remote physician during the telemedicine visit; and
5. A disposable tape measure will be use to measure, document and report fundal height as instructed by the physician during the telemedicine visit; and
6. The staff member should assist the physician by moving the Bluetooth stethoscope so the physician can hear cardiac, lung, and abdominal sounds. The hand-held examination camera should be used as instructed by the physician.

E. General Consults/Follow-up Visits with Substance Abuse Monitoring:

1. The patient will be encouraged to bring all of their medication bottles to the clinic. The medications will be reconciled by the physician during the telemedicine visit; and
2. The patient's blood pressure, heart rate, and temperature should be taken, documented, and verbally communicated to the physician at the time of the telemedicine visit; and

3. An Observed Clean-Catch urine sample should be obtained. Urinalysis dipstick should be performed using a urine drug screening dipstick that can detect the presence of prescription medications or illegal substances, with results documented and told to the remote physician during the telemedicine visit; and
4. A handheld fetal Doppler will be used to obtain, document and report fetal heart tones as instructed by the remote physician during the telemedicine visit; and
5. A disposable tape measure will be use to measure, document and report fundal height as instructed by the physician during the telemedicine visit; and
6. The staff member should assist the physician by moving the Bluetooth stethoscope so the physician can hear cardiac, lung, and abdominal sounds. The hand-held examination camera should be used as instructed by the physician.

F. Preconception Counseling Visits:

1. The patient will be encouraged to bring all of their medication bottles to the clinic. The medications will be reconciled by nursing staff at the distant provider location or the physician during the telemedicine visit; and
2. The patient's blood pressure, heart rate, and temperature should be taken, documented, and verbally communicated to the physician at the time of the telemedicine visit; and
3. The staff member should assist the physician with video conferencing for counseling.

V. Scheduling

After the telemedicine visit is completed, the physicians will decide when a follow-up visit will be scheduled and if it will be a telemedicine visit or an in-person visit. The physician's staff will facilitate the coordination of scheduling all telemedicine visits and they will schedule all in-person visits.