The Evolving World of Telehealth

By Ellen B. Flynn

As our medical systems catch up with technology, complicated practical and legal issues surrounding telehealth applications are being discovered. For those attorneys representing clients who have been treated almost anywhere these days, it is important to know where information could be hidden, and the ramifications to the case of the use of telemedicine in the treatment of your client. Since these issues are evolving, this article can only scratch the surface and attempt to answer a few of the questions posed by the advent of telemedicine: What is it? Who is accountable for care provided through telemedicine platforms? What are the jurisdictional implications of telemedicine? What are the licensing issues surrounding telemedicine? What are the HIPAA implications? How are these services billed and reimbursed?

What Is Telemedicine?

Telemedicine itself has many definitions. It is generally thought to be the use of technology to provide healthcare remotely. The American Telemedicine Association (ATA) defines telemedicine as: "the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status."[1] According to the ATA website, the use of telemedicine has spread rapidly and is now becoming integrated into the ongoing operations of hospitals, specialty departments, home-health agencies, private physician offices, and consumer's homes and workplaces. Telemedicine is often confused with telehealth, which refers to the broader scope of health care services and includes non-clinical services like provider training, case management support, administrative meetings, and continuing education.[2]

A definition of telemedicine in Maryland Code is found at Md. Code Ann., Insurance §15-139(a)(1), which defines telemedicine (at least in Maryland) as the use of interactive audio, video, or other telecommunications or electronic technology by a licensed health care provider to deliver a health care service within the scope of practice of the health care provider at a site other than the site at which the patient is located. Under Md. Code Ann., Insurance §15-139(a)(2), telemedicine does not include (i) an audio-only telephone conversation between a health care provider and a patient, (ii) an electronic mail message between a health care provider and a patient, or (iii) a facsimile transmission between a health care provider and a patient.[3]

The Maryland Health Care Commission, in conjunction with the Maryland Health Quality and Cost Council issued a Task Force Final Report (discussed below) wherein it recommended transitioning from the use of the term "telemedicine" to the term "telehealth," because telehealth encompasses a broader scope of health care delivery.[4] However, Medicare and Medicaid programs have their own definitions and limitations on its application as only certain qualified services are reimbursable events under each program.

There are other important terms that describe specific telemedicine applications, including "store-and-forward," "remote patient monitoring" (RPM), and

1 The American Telemedicine Association is a non-profit association based in Washington, D.C.

2 *See Department of Health and Mental Hygiene Maryland Health Care Commission*, Maryland.gov, http://mhcc.maryland.gov/mhcc (last visited Jan. 16, 2017).

3 MD. Code Ann., Insurance, § 15-139 (a)(1)-(2).

4 Md. Health Care Comm'n, Md. Telemedicine Task Force, Final Report (October 2014), *available at* http://mhcc.maryland.gov/mhcc/pages/hit/hit/documents/TLMD_MD_TLMD_TTF_Rpt_10141017.pdf.

"mobile health." Store-and-forward uses non-real-time communication, including email or other electronic transmission, to send clinical information for use by health care practitioners. Mobile health is the delivery of healthcare services via mobile communication devices to improve health, healthcare services, and health research. Devices like smart phones and portable monitoring sensors are utilized to transmit information to providers, through dedicated application software on mobile devices.

Why is it so important to get these definitions right? These terms have different implications for purposes of the FDA, medical licensing, billing reimbursement, and filing a lawsuit and obtaining important discovery. Each application captures information concerning the care provided to your client.

Applications of Telehealth and Telemedicine

In the spring of 2013, Governor Martin O'Malley signed Senate Bill 776, Telemedicine Task Force – Maryland Health Care Commission (SB 776), requiring the Maryland Health Care Commission, in conjunction with the Maryland Health Quality and Cost Council, to reconvene a 2010 Task Force on Telemedicine. The Task Force was required to identify opportunities for telehealth applications to improve well-being and health care delivery in Maryland, assess factors related to telehealth, and identify strategies for deploying telehealth in rural areas of the State. The Task Force's three advisory groups, Clinical, Finance and Business Model, and Technology Solutions and Standards, developed recommendations for expanding telehealth utilization in Maryland.[5]

Particular applications of telehealth for the Maryland Telemedicine Task Force's consideration included: evaluating how to improve transitions of care between acute and post-acute settings through telehealth; use of telehealth to manage hospital prevention quality indicators; incorporating telehealth in hospital innovative care delivery models through ambulatory practice shared savings programs; requirements of value-based reimbursement models to factor in reimbursement for telehealth; use of telemedicine in hospital emergency departments and during transport of critically ill patients to aid in preparation for receipt of patient; incorporation of telehealth in public health screening and monitoring with the exchange of electronic health information; deploying telehealth in schools for applications including asthma management, diabetes, childhood obesity, behavioral health and smoking cessation; the use of telehealth for routine and high-risk pregnancies; deploying telehealth services widely at community sites, connected to health care professionals and/or the statewide health information exchange; the use of telehealth for remote mentoring and proctoring of health care practitioners through telehealth for the expansion, dispersion and maintenance of skills, supervision and education.[6]

Teleradiology, remote monitoring, and image review are the most common telehealth services rendered by hospitals nationwide.[7] The most common use of telehealth in Maryland is in teleradiology services and remote monitoring services such as cardiac monitoring.[8] Teleradiology seems to be an area of practice that is well suited for telehealth applications. In fact, the American College of Radiology has promulgated guidelines and standards for the practice of teleradiology since 1994.

According to data gathered by the Medicare Payment Advisory Commission, however, the greatest number of Medicare claims for reimbursement were in the area of mental health. Video-based telepsychiatry provides convenient, affordable, and readily-accessible mental health services. According to the American Psychiatry

5 Telemedicine Task Force—Maryland Health Care Commission, Senate Bill 776 (Chapter 319) (2013 Regular Session).

6 Md. Telemedicine Task Force, *SUPRA* note 4, at 2.

7 Md. Health Care Comm'n, Health Information Technology: The Sixth Annual Assessment of Maryland Hospitals (September 2014).

8 Md. Health Care Comm'n, Health Information Technology: An Assessment of Maryland Hospitals (2013).

Association (APA), "[t]elemedicine in psychiatry, using video conferencing, is a validated and effective practice of medicine that increases access to care. The American Psychiatric Association supports the use of telemedicine as a legitimate component of a mental health delivery system to the extent that its use is in the best interest of the patient and is in compliance with the APA policies on medical ethics and confidentiality."[9] The APA offers its members a committee on telepsychiatry and authors a telepsychiatry toolkit, which is an evolving resource for physician-members who want to learn about various aspects of telepsychiatry, including credentialing, billing and reimbursement, and standards of practice.

Other telehealth applications have been piloted in other states:

In Tennessee, telehealth has been used for in-school care in remote areas of the state.[10] Cherokee Health Systems delivers healthcare services to Sevier County schools using telemedicine technology to perform remote patient exams. A consulting medical provider from Cherokee Health Systems makes diagnoses in real-time and coordinates with a student and his/her family about ongoing treatments.

North Dakota has utilized telepharmacy services where pharmacy technicians in rural pharmacies provide extended access to patients in rural communities. In this program, "one pharmacist in a central location can supervise several retail telepharmacy sites and hospital-based pharmacies." As a result, "patients in small towns benefitted from pharmacist staff without having to have the patient volume in a single site to support a pharmacist."[11]

In Mississippi, telehealth has been used in trauma care provided at rural hospital emergency departments. In this program, initial evaluations were provided with assistance from physicians at the trauma center via telehealth. Telehealth enabled audio-visual, real-time communication between the nurse practitioners and the patients at the hospitals with the physicians at a trauma center. Patients who received telehealth-assisted care

9 *Telepsychiatry*, Am. Psychiatric Ass'n, https://psychiatry.org/psychiatrists/practice/telepsychiatry (last visited Jan. 16, 2017).

10 Jessica Washington, *Telemedicine Transforms in-School Care for Rural Tennessee*, Am.Telemedicine Ass'n (Oct. 4, 2016, 2:46 PM), http://www.americantelemed.org/blogs/jessica-washington/2016/10/04/telemedicine-transforms-in-school-care-for-rural-tennessee.

11 Matlin Gilman and Jeff Stensland, *Telehealth and Medicare: Payment Policy, Current Use, and Prospects for Growth*, 3 Medicare & Medicaid Research Rev. 4, E3-4 (2013), *AVAILABLE AT* https://www.cms.gov/mmrr/downloads/mmrr2013_003_04_a04.pdf.

had significantly shorter lengths of stay at the hospitals and were less likely to be transferred to the trauma center than patients who did not.[12]

Other applications include teletrauma care, facilitating trauma triage from mass casualty or disaster sites; and telecardiology for remote monitoring of ECG transmission. Some healthcare centers in Maryland have "telemedicine huddle rooms," which can be used for consultative services with specialists, as occurs at Kennedy Krieger Institute. Doctors utilize a camera mounted between video displays on a conference room wall, and audio provided on a microphone pod resting on a table. The system also provides video and audio recording capabilities. Under COMAR 10.32.05.05, if a physician-patient relationship does not include prior in-person, face-to-face interaction with a patient, the physician must incorporate real-time auditory communications or real-time visual and auditory communications to allow a free exchange of information between the patient and the physician performing the patient evaluation.

Beyond traditional practice settings, Internet online doctor consultation services such as MDLIVE, Teledoc and AmericanWell have developed. These services provide online video or phone consultations between physicians and patients willing to pay out of pocket. These services are typically provided with no physician at the patient's side, as there would be in a telehealth consult in a hospital and contemplated by Maryland regulation, and thus no ability to fully assess the patient, and no prior face-to-face doctor-patient relationship. Current MDLIVE charges are $49.00 or less per visit and promises to provide access to board-certified doctors and pediatricians to "diagnose non-emergency medical issues over the phone or through secure video on your computer or smartphone" within 15 minutes.[13] MDLIVE, for example, claims to be able to assess allergies, asthma, bronchitis, cold and flu, diarrhea, skin infections, and behavioral problems, as well as send a prescription electronically to a local pharmacy if necessary, all through a telemedicine platform with direct patient contact. They also tout that their providers go through specialized telehealth training in communications, diagnosis and treatment over the phone and online video, while adhering to strict clinical protocols identified on the website as Pediatric Telephone Protocols, 12th Ed.[14]; Adult Telephone Protocols, 2nd Ed., and Up-to-date Protocol for Evidence-Based Practices.

Whether these services can be provided to patients in Maryland, or whether such services constitute the unauthorized practice of medicine in the State of Maryland, will depend on whether the physician is licensed here. These services skirt much of the regulatory framework by requiring out-of-pocket payment, avoiding Medicare, Medicaid, and private insurance statutes.

This type of Internet doctor raises many concerns about patient protections. Dr. Karen Rheuban, director of the Office of Telemedicine at the University of Virginia Health System, said virtual visits result in more prescriptions than face-to-face visits. She also worries about the potential lack of care coordination with

12 *Id.*

13 MDLive, https://welcome.mdlive.com (last visited Jan. 17, 2017).

14 Dr. Schmitt appears on a company website called ClearTriage, which states that the Schmitt-Thompson telephone triage protocols "are widely accepted as the standard for telephone triage care." *Schmitt-Thomson Protocols*, ClearTriage, http://www.cleartriage.com/protocols/ (last visited Jan. 17, 2017).

patients' regular providers.[15] Other practitioners have questioned the effectiveness of telehealth for examining certain patients, arguing that physical touch or observing a patient in person can be an important component of diagnoses. Dr. Arron Carroll, an associate professor of pediatrics at the Indiana University School of medicine, is quoted as saying, "You would never want to make a decision about asthma without listening to people's lungs."[16] Nonetheless, perhaps Internet doctors will eliminate the number of unnecessary ER and urgent care visits, and hopefully be able to recognize those instances where immediate referral for direct patient care is required because of the obvious limitations of telehealth. I am sure we have all had the experience of sitting in a physician's office and during the entire visit, no physical exam was performed and all care provided was based only on the conversation you have had with your doctor.

Duties of Health Care Providers

The American Medical Association recently issued guidelines for the ethical use of telemedicine. After the guidelines were issued, AMA Board Member Jack Resneck, M.D., said in a release, "The new AMA ethical guidance notes that while new technologies and new models of care will continue to emerge, physicians' fundamental ethical responsibilities do not change. . . . Physicians who provide clinical services through telemedicine must recognize the limitation of the relevant technologies and take appropriate steps to overcome those limitations."[17]

Various practice associations have set out standards and guidelines for telehealth practice. For instance, standards and guidelines have been established for telepsychiatry by the American Psychiatric Association (APA) and International Society for Mental Health Online. Telemedicine and telepsychiatry guidelines address clinical, administrative, and technical standards, which are similar to in-person standards, with some minor variations. The clinical examination in a telepsychiatry setting is virtually the same, with a few caveats: certain examinations may require the assistance of staff at the patient location for completion of handwriting samples or clock drawings; physical examination may require remote

15 Darius Tahir, *Telehealth Services Surging Despite Questions About Value*, Modern Healthcare (Feb. 21, 2015), http://www.modernhealthcare.com/article/20150221/MAGAZINE/302219981.

16 *Id.*

17 *AMA Adopts New Guidance for Ethical Practice in Telemedicine*, Am. Med. Ass'n (June 13, 2016), https://www.ama-assn.org/ama-adopts-new-guidance-ethical-practice-telemedicine.

camera control that enables easy wide angle, close-up, and focused viewing to detect tremors, micrographia, and other abnormalities; and patient-site staff may need special training in performing certain assessments that require someone physically present, like assessment of rigidity.

In Maryland, the standards applicable to the practice of telemedicine are addressed in COMAR 10.32.05.01 et. seq. These regulations provide that, except for certain exceptions specified in the Health Occupations Article, an individual practicing telemedicine shall be a Maryland licensed physician if the individual practicing telemedicine is physically located in Maryland, or the patient is in Maryland.[18] For those physicians practicing medicine using a website to communicate with patients, the regulations require that the Maryland physician's licensure number and licensure status must be disclosed.[19] For HMO and health insurer websites, they must designate license numbers for all Maryland-licensed physicians using the website.[20] Additional disclosures are required, including physician ownership, fees for services offered on the website, and established procedures to prevent unauthorized access to patient information. In addition, there must be clear communication with the patient on response times.

Maryland regulations also specifically address standard of quality care issues. When practicing medicine utilizing telemedicine, a physician shall ensure that the quality and quantity of data and other information is sufficient to make appropriate medical decisions, and the patient evaluation must be adequate to establish a diagnosis before treatment decisions are made and medications are ordered. Physicians are also required to obtain and document patient consent, create and maintain adequate medical records, and follow Maryland and federal requirements with respect to the confidentiality of medical records.[21]

Credentialing

How do physicians in some out-of-state location provide care to a Maryland resident when they aren't licensed to practice medicine in Maryland? The traditional model of state licensure is based on the long-standing principle that the location of the patient determines where the physician must be licensed. This would make direct patient-provider telehealth interactions with out-of-state providers impossible. In 2009, Maryland adopted regulations governing the practice of telemedicine by physicians in the State. Section 19-319 of the Maryland Health-General Article addresses this issue. It permits hospitals—in the credentialing and privileging process for a physician who provides medical services to the patients at the hospital only through telemedicine from a distant-site hospital or distant-site telemedicine entity—to rely on the credentialing and privileging decisions made for the physician by the distant-site hospital or distant-site telemedicine entity (i.e., credentialing by proxy).[22]

Credentialing by proxy is also approved by CMS.[23] CMS regulations permit a proxy credentialing and privileging process, per agreements between hospitals or Critical Access Hospitals (CAHs) and distant-site

18 Md. Code Regs. 10.32.05.02 (2017).

19 Md. Code Regs. 10.32.05.04 (2017).

20 Md. Code Regs. 10.32.05.04 (2017).

21 Md. Code Regs. 10.32.05.06 (2017).

22 Md. Code Ann., Health-Gen. § 19-319(e)(6) (West 2017) ("[I]n its credentialing and privileging process for a physician who provides medical services to patients at the hospital only through telemedicine from a distant-site hospital or distant-site telemedicine entity, a hospital may rely on the credentialing and privileging decisions made for the physician by the distant-site hospital or distant-site telemedicine entity, as authorized under 42 C.F.R. Part 482, if:

(i) The physician who provides medical services through telemedicine holds a license to practice medicine in the State issued under Title 14 of the Health Occupations Article; and

(ii) The credentialing and privileging decisions with respect to the physician who provides medical services through telemedicine are:
1. Approved by the medical staff of the hospital; and
2. Recommended by the medical staff of the hospital to the hospital's governing body."

23 42 C.F.R. §§ 482.12, 482.22 (2017).

telemedicine entities. They require the governing body of the hospital (or the CAH), through its written agreement with the distant-site telemedicine entity, to ensure that the distant-site telemedicine entity, acting as a contractor of services, furnishes its services in a manner that enables the hospital (or CAH) to comply with all applicable conditions of participation and standards. For the contracted services, the applicable conditions of participation and standards include the credentialing and privileging requirements for distant-site physicians and practitioners providing telemedicine services.

The Maryland Health Occupations Article, however, is more restrictive in situations where the telemedicine is not being provided through a hospital in the state. Exceptions to the state licensing requirement currently only include situations where a physician is licensed by and residing in another jurisdiction, and the physician is engaged in consultation with a physician licensed in the State about a particular patient and does not direct patient care; or where the physician possesses a skill or uses a procedure that is advanced beyond those skills or procedures normally taught or exercised in the hospital and in standard medical education or training.[24]

In 2014, the Federation of State Medical Boards (FSMB), a national not-for-profit, adopted "key consensus principles to shape [a] model compact, which calls for a formal agreement between states that would allow [the states] to speed up the licensure process for physicians." Legislation was proposed in 2015 in Maryland (S.B. 252—Interstate Medical Licensure Compact), but received an unfavorable report, and made it no further.

HIPAA

The IT infrastructure system of electronic health records is getting more complex as technology advances. Because telehealth services are provided frequently utilizing platforms and services of third parties, health care systems must implement a business associate agreement and institute appropriate protections to address security of patient information to which they have access. A "business associate" is a subcontractor that creates, receives, maintains, or transmits protected health information on behalf of another business associate. The HIPAA Rules generally require that covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard protected health information. A business associate is directly liable and subject to civil penalties for failing to safeguard electronic protected health information in accordance with the HIPAA Security Rule.[25]

In cases where you are having difficulty obtaining full disclosure of medical information or EHR, it might be worth serving discovery requesting the identity of business associates that have access to your client's information so that you can serve them with a subpoena and check information against what has already been produced.

North Memorial Health Care of Minnesota was required to pay $1,550,000 to settle charges that it might have violated HIPAA[26] by failing to have appropriate business associate agreements in place, so penalties for not having them are high.

Billing for Telehealth Services

Md. Code Ann., Insurance §15-139 prohibits insurers and health maintenance organizations in Maryland from denying coverage of telemedicine services simply because they are being provided remotely, as long as the diagnosis, consultation, and treatment of the insured is for services that would be covered if the patient were seen face-to-face. It does not require them to pay for telemedicine for health care that would not otherwise be covered under the policy.[27] The statute also permits the application of preauthorization requirements, but prohibits a health insurance policy or contract from distinguishing between patients in rural or urban locations in providing coverage under the policy or contract for health care services delivered through telemedicine.[28]

24 See Md. Code Ann., Health Gen. §§ 14-302 and 14-302.1 (West 2017).

25 See Subpart C of 45 C.F.R. Part 164 for requirements of deploying appropriate safeguards to prevent use or disclosure of protected health information other than as provided for by the Agreement. Under 45 C.F.R. 164.502(e)(1)(ii) and 164.308(b)(2), business associates must ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information. Under 45 C.F.R. 164.524 (e), business partners must make available protected health information in a designated record set to the "covered entity" or "individual or the individual's designee" as necessary.

26 Health Insurance Portability and Accountability Act of 1996 requires business associate agreements have specific language addressing confidentiality protections. HHS offers model business associate agreement language at http://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html.

27 Md. Code Ann., Ins. § 15-139 (b)–(d) (West 2017).

28 Md. Code Ann., Ins. § 15-139 (e)-(f) (West 2017).

When the Maryland Health Care Commission, in conjunction with the Maryland Health Quality and Cost Council convened a Telemedicine Task Force in July 2013 to study the use of telehealth throughout the State, it gathered information on the billing for telemedicine services.[29] In calendar year 2013, only 16 practitioners submitted 132 telemedicine service claims to state-regulated payors.[30]

Medicare telehealth reimbursement in 2014 covers approximately 73 telehealth services. Currently, Medicare reimbursement for telehealth services is restricted to live, interactive videoconferencing with a beneficiary located at a certified rural area.[31]

Maryland Medicaid established three pilot telehealth programs: a telemental health program that began in 2012, a telemedicine program for rural access that began in calendar year 2013, and a telemedicine program for stroke and cardiovascular conditions treated within hospital emergency departments.[32] Maryland Medicaid received no applications for the stroke and cardiovascular program; one hospital applied for and was approved for the rural access program, and submitted only two claims for reimbursement. Under the telemental health pilot, roughly 4,450 telemental health claims were submitted by federally qualified health centers, mental health clinics, and physicians.[33]

Maryland statute provides that the Maryland Medicaid program shall reimburse a health care provider for a health care service delivered by telemedicine, as defined in § 15-139 of the Insurance Article, in the same manner as the same health care service is reimbursed when delivered in person as long as it is medically necessary, and is provided for the treatment of cardiovascular disease or stroke, in an emergency setting and when an appropriate specialist is not available.[34]

Although Medicare and Medicaid requirements are more stringent, requiring that care being provided through telehealth services must be to a patient in a qualified rural area,[35] the Maryland Insurance Code requires that there be no discrimination against claims based on whether they are provided to a patient in rural or urban areas.[36] No doubt, navigating when and how reimbursements will be obtained dampens practitioner interest in expanding telehealth services.

Discovery of Telehealth Services

Telehealth presents all kinds of discovery issues. Remote locations likely have their own medical record systems where documentation is likely to occur before being put into a formal consultation report or medical record shared with the patient location. Many telehealth companies have developed their own electronic health-record systems, which are not necessarily interoperable with the electronic health record (EHR) systems used by traditional providers. The telehealth companies stress that per patients' requests, they forward summaries of

29 Md. Telemedicine Task Force, *SUPRA* note 4, at 1.

30 *Id.* Claims data include claims submitted to CareFirst Blue Cross Blue Shield and United Healthcare; CIGNA reported zero claims, and Aetna, Inc. did not respond to requests for information. *Id.* at 1 n.6.

31 *See* Department of Health and Human Services, *Telehealth Services*, CMS.Gov (Dec. 2015), *AVAILABLE AT* https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf.

32 Md. Telemedicine Task Force, *SUPRA* note 4, at 1.

33 *Id.* at 9.

34 Md. Code Ann., Health-Gen. §15-105.2 (West 2017).

35 Federally designated rural areas in Maryland include Garrett County, Kent County, eastern portions of Queen Anne's County, Talbot County, Caroline County, Dorchester County, and parts of Worcester County.

36 Md. Code Ann., Ins. §15-139 (West 2017).

the care provided during virtual visits to their regular doctors. But if you are trying to obtain medical records, obtaining the full interactions notes will likely require a separate request to the telehealth company. In addition, when videoconferencing is utilized, there is of course the opportunity to record interactions. In fact, the American Psychiatry Association suggests on its website that telepsychiatrists should observe their own online performance and continuously critically evaluate and improve their media communication skills. (They also suggest training in media communications skills so that telepsychiatrists will be able present themselves with the online presence of a news anchor).[37] Thus, a request for any and all videoconferencing recordings should be on any request for documents.

All of the telehealth applications will have their own audit-trail logs, which may also be obtained. Frequently, radiology audit trails are separate systems and require a separate independent request from the audit trail log for the EHR. Certainly some cases will warrant an extensive Rule 30(b)(6) deposition of a corporate designee for the identity of all systems, business associate agreements, contracts, electronic medical records, providers, and facilitators that may have information about important healthcare interactions.

Conclusion

Whether you call it telemedicine or telehealth, it is the future of healthcare and will touch many aspects of even traditional medical care in a physician's office or hospital. Decreased interaction between medical professionals and patients, an increased risk of error when medical services are delivered in the absence of a registered professional, and an increased risk that protected health information may be compromised through electronic storage and transmission are all important issues. As advocates for our clients, we need to continue to educate ourselves on the various systems and applications of telehealth services, so that we can obtain important information required to fully evaluate whether standards of care are being met, over the Internet or otherwise.

37 *Media Communication Skills*, Am. Psychiatric Ass'n, https://psychiatry.org/psychiatrists/practice/telepsychiatry/media-communication-skills (last visited Jan. 17, 2017).

Biography

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