



ONLINE CARE

*Provider Considerations for the
Practice of Online Care*





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About Provider Considerations for the Practice of Online Care

About this document:

This document was created at the request of providers around the country who are practicing, or interested in practicing, Online Care. It identifies key issues faced by providers when they deliver Online Care and offers a set of considerations for addressing each of these issues. It was developed by a National Working Group comprised of prominent Online Care practitioners and thought leaders, listed below.

The intent of these Guidelines is to provide thoughtful, helpful considerations that can inform providers when exercising their professional judgment and discretion in patient care matters that arise in the Online Care environment. These considerations do not influence or substitute the existing application of appropriate state or federal regulations, clinical guidelines, or other professional codes of conduct in any way.¹

This document is expected to evolve as further Online Care experience is gathered, and based on future requests from the provider community.

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I. Patient overuse/abuse of Online Care

i Description of the challenge faced by the physician:

During an Online Care encounter, a physician may become concerned that a patient is using the system too frequently and/or potentially needs to have limits set on his or her use. Examples may include:

- Patient using Online Care as a social outlet to speak with physicians in general – as determined by the physician, based on review of prior Online Care conversation records
- Patient using Online Care for repeated interactions with the same physician – characterized by a patient who shows excessive concern for, or personal knowledge of, the physician
- Patients who use Online Care to seek excessive numbers of opinions about the same complaint
- Patient using Online Care to obtain “sick slips” for work without clinical justification – particularly evident in history of Online Care conversations
- Patient using Online Care to request prescriptions without an appropriate complaint/condition – determined by existing clinical guidelines

ii Options the physician can exercise:

Patient overuse/abuse may relate to psychiatric illness which requires appropriate evaluation and management. The physician’s options therefore vary based on the existing relationship between the physician and patient. For patients new to the physician or with whom the only interactions have occurred via Online Care:

- Express concern directly to the patient during the Online Care encounter and/or recommend:
 - A conversation with the primary care physician for an in-person examination
 - Other avenues/opportunities for health education (e.g., resources, support groups)
 - A psychiatric/psychological consultation via the system or in person, if comfortable doing so
- Inform the patient’s PCP directly in the interest of treatment – for example, to help direct the patient to another, more appropriate source of care.

For patients with whom the physician has an in-person relationship, the options above are also available. However, physicians should favor an in-person visit to directly assess whether there is an underlying psychiatric problem (e.g., depression) and treat or refer appropriately.

iii Considerations for patient overuse/abuse of Online Care:

In all cases, physicians must be careful not to assume patients are abusing or overusing Online Care, and be aware that the activity may be attributable to another cause, including a possible clinical cause.

Direct treatment is indicated for patients on a physician’s existing panel, or for new patients whom the physician expects to see more than once in any setting.

New patients, or patients whom the physician does not expect to see again, are candidates for referral to existing PCPs or other appropriate providers and resources.

Furthermore:

- Patients with chronic conditions require extensive evaluation, as their intensity of care differs.
- Treatment or referral to off-line resources (e.g., existing PCP) is encouraged if appropriate specialists (e.g., behavioral health) are not present on the Online Care system.
- Patients with limited health history require an in-person evaluation.



II. Prescription practice

i Description of the challenge faced by the physician:

Appropriate issuance of prescriptions is an issue physicians already manage in their practices every day. Physicians exercise judgment on whether – and what – to prescribe based on an array of clinical guidelines, experiences, state and federal regulations, and other parameters. These are all applicable in Online Care encounters. However, the online setting introduces additional considerations:

- The potential to prescribe or renew medication as part of treatment for new patients, or patients evaluated only through Online Care, whom the physician has not examined in-person
- The potential to prescribe or renew medication as part of treatment for patients on their existing panel, but who: 1) have not been examined in-person for the complaint being presented or 2) have not been seen for a long period of time for a previously-treated complaint
- The potential to prescribe or renew medication at the request of substitute decision-maker presenting on behalf of a patient
- Specific state and federal regulations that govern prescription practice in a telemedicine-type encounter (e.g., prohibition of controlled substances)
- Reliance on patient willingness to share health history and provide a complete prescription view

Physicians may also consider the possibility that a patient is not who he or she claims to be and is accessing Online Care using another individual's credentials in order to obtain medication.

ii Options the physician can exercise:

In all cases, the physician should use his or her best clinical judgment, while obeying state and federal laws that regulate prescription of medications in an online setting. In addition, the physician should encourage the patient to share his or her prescription history when indicated. Broadly, a physician has three options:

- Issue appropriate prescriptions when he or she finds sufficient information in a patient's health history


or complaint to feel comfortable (e.g., repeated UTIs treated with Ciprofloxacin)

- Provide non-prescription recommendations that alleviate patient symptoms and increase comfort until an in-person examination or follow-up visit can take place
- Refer the patient to his or her PCP or to an appropriate specialist for an in-person exam – potentially prescribing a very small number of doses to hold over the patient (e.g., 1 or 2 days' worth)

A physician's comfort level likely correlates to how extensively he or she knows the patient in office or online settings, as well as his or her ability to clearly diagnose and provide options for care.

iii Considerations for prescription practice and Online Care:

- Physicians may use appropriate Online Care clinical guidelines (refer to Milliman) to inform their decisions about which medications to prescribe, when, and based on what criteria.
- Physicians should review patient history to avoid redundant or conflicting prescriptions.
- Physicians should be aware, with the support of the sponsoring health plan, of any unique state or federal regulations that govern prescriptions through Online Care.
- Scheduled (controlled) medication is never appropriate for Online Care use.
- When giving any prescription, physicians should strongly recommend that the patient share a record of the Online Care encounter, so the PCP is in the loop on all new prescriptions/renewals.
- Physicians should be aware that the Online Care system has powerful security and authentication capabilities to combat identity theft or misrepresentation. Nonetheless, as a rule physicians should never issue prescriptions if they have any concerns.
- As they would do in conventional practice, physicians should inform patients of precautions to be taken and potential adverse effects of medications. In Online Care, such information should also be noted in the Provider Notes tab for patient review.



III. Reactions when patients may harm themselves, others

i Description of the challenge faced by the physician:

A physician believes that a patient presenting through Online Care has the potential to harm him or herself, or others. This scenario may take one of three forms:

- Explicit threat: The patient expresses desire or intent to harm him or herself (e.g., suicide) or another individual (e.g., domestic abuse).
- Public health or safety concern: The physician believes that a patient may have a reportable/communicable disease of interest to public health authorities.
- Neglect or negligence: The physician believes that a patient's behavior may endanger the health and well-being of others (e.g., a pregnant woman who continues to smoke, a patient with HIV who does not want to tell a spouse).

ii Options the physician can exercise:

Physicians providing Online Care could in some ways be more constrained in their ability to identify and address patients at risk for self-harm or for harming others. Therefore, suggestions for physicians treating new or online-only patients include:

- In all situations, the physician should follow the approaches and clinical guidelines employed in the conventional practice to address patients who are at risk for committing harm.
- Patients who show risk of causing harm should be assessed for past history of harm, psychiatric disorders, and general mental status, with a focus on level of disorganization and agitation.

If the physician assesses a high or concerning level of risk for immediate harm, such that involuntary commitment may be indicated, he or she should follow state law and ethical guidelines regarding any duty to alert specific individuals or authorities – such as calling 911. The physician should ensure that it is legally permissible to breach confidentiality for the purpose of warning others of the risk of harm.

- If breaching confidentiality is not indicated, the physician can request the patient provide contact information, to allow for help/intervention from appropriate authorities (e.g., police, suicide prevention). The physician may also offer to make contact on the patient's behalf. If the physician believes there is no immediate danger, he or she may refer the patient to appropriate psychiatric/psychological resources if comfortable doing so.
- In the case of public health concerns, the physician can explain to the patient the potential seriousness of his or her situation and recommend an immediate ER visit. The physician may also forward clinical information to the patient's PCP to facilitate treatment and ongoing care.
- In cases of neglect or negligence, the physician can explain to the patient the potential implications of his or her behaviors and recommend appropriate resources on the system, or an immediate visit to an ER or PCP, as the physician deems appropriate.
- The physician must comply with mandated reporting laws and notify authorities of infectious disease, abuse, neglect or other issues as appropriate.

For existing patients, physicians have the same options as above. However, a physician can also indicate an immediate in-person visit if desired.

iii Considerations for helping patients who may harm themselves, others:

- As a rule, physicians should refer patients who might commit harm to appropriate in-person assistance as quickly as possible.
- Physicians should keep numbers of suicide, abuse, and other public health and safety hotlines in easy reach of the setting in which they provide Online Care.



IV. Approach to patients with signs of abuse or neglect

i Description of the challenge faced by the physician:

A patient presents through Online Care with indications of physical or emotional abuse or neglect caused by another individual. The physician may identify this through one or more of the following means:

- Nature of complaint (e.g., infected wound resulting from physical altercation)
- Issues disclosed during a conversation or chat (e.g., recounting physical or emotional violence)
- Health history showing repeated issues of concern (e.g., patient with unexplained injuries)
- Physical appearance (e.g., bruises, lesions, signs of malnourishment)

It is also possible that a patient may present while in imminent danger of harm from another individual and log on to Online Care in search of help.

Finally, the abuse or neglect may also be medical in nature. A physician may become concerned that the care received from a patient's primary physician is harmful to the patient. Alternatively, he or she may have reason to suspect sexual contact or boundary violations by the physician.

ii Options the physician can exercise:

Physicians must always comply with state law and ethical standards regarding handling and reporting abuse situations that involve children, domestic partners, the elderly or disabled. The fact of Online Care does not change a mandated reporting obligation, so physicians should handle abuse or neglect concerns (either inflicted by family members, physicians, or others) in the same way that they handle these issues in conventional practice. Privacy law generally permits the use of patient information for this type of reporting. If reports are made in good faith, state laws typically protect the reporting physician from liability.

If there is no imminent danger to the patient, a physician may feel comfortable providing care for the complaint at hand. In addition, to address the abuse/neglect:


- If the physician suspects abuse/neglect of a new or Online Care-only patient, he or she may recommend an in-person exam from the PCP as soon as possible or an ER visit. The physician is also permitted to forward treatment information to another provider for purposes of facilitating further treatment. If comfortable, he or she may instead raise the issue explicitly and refer to appropriate resources. In either case, the physician may ask the patient to send a secure message after the visit to enable follow up.
- If the physician suspects abuse/neglect of an existing patient, he or she may arrange an in-person exam, an ER visit, or if comfortable, raise the issue explicitly and refer to appropriate resources.

If there is an imminent danger to the patient's safety, the physician may recommend the patient call 911 for immediate attention. If the patient is unable, the physician can ask for an address and call 911 instead.

In cases of suspected poor care, the physician may recommend the patient receive an in-person exam from another physician as a second opinion, contact their medical board, and request a secure message from the patient to follow up and monitor them. Allegations of sexual contact or inappropriate interactions may require notification of state licensing authorities.

iii Considerations for helping patients with signs of abuse or neglect:

- Physician responses to abuse scenarios (e.g., domestic violence, child abuse) should be governed according to existing clinical and behavioral guidelines already used in medical practice.
- A patient's appearance through Online Care may be influenced by camera focus, lighting, etc. and physicians should be careful to ensure evidence of bruises, jaundice, etc. are indeed "real".



V. Declining a patient seeking an Online Care encounter

i Description of the challenge faced by the physician:

Whenever a patient requests an Online Care encounter with a physician, that physician is allowed to review the details of the proposed encounter before accepting it. Those details include the patient complaint and the recommended topics for the Online Care conversation.

After reviewing those details, the physician has the option to accept the Online Care encounter – in which case a live interaction begins immediately – or to decline it. When an encounter is declined, the system provides the patient with a gentle note and allows the declining physician to add comments or recommend a more appropriate type of physician to help. The patient can then immediately connect with another physician on the system who can help them.

Physicians may wish to understand when it may be appropriate to decline an Online Care encounter, and how to help the patient to receive needed care in such cases.

ii Options the physician can exercise:

A physician should consider declining an Online Care encounter when he or she: believes the patient is seeking help from the wrong kind of specialist (e.g., a podiatrist rather than a pediatrician); does not feel confident in his or her level of expertise on the topics in the patient agenda (e.g., a family physician who has not seen many instances of a very specialized complaint); was uncomfortable with the patient in a previous encounter; or is at all uncomfortable with the subject matter or nature of the complaint.

The physician should, upon declining, write a few words or sentences in the text box that will appear on the screen. Text entered into the box will be included in the notification that the system generates to inform the patient of the declined encounter and enable immediate connection with another physician. In this note, the declining physician should offer insight to help the patient find the right physician for his or her health needs (e.g., specific credentials, etc.). The physician should also wish the patient well in quickly addressing the health concerns. In cases when the physician believes a different kind of specialist is indicated, the physician should identify that kind using the drop-down menu adjacent to the text box.

iii Considerations for declining a patient seeking an Online Care encounter

In all cases, physicians should consult with the appropriate health plan to ensure that declining an encounter does not run afoul of contractual anti-discrimination provisions. In addition:

- Physicians should avoid declining encounters with existing patients from their panel – which may disrupt the relationship and impede continuity of care. Even if an existing patient’s request includes issues outside of the physician’s expertise, the physician has an alternative to direct the patient elsewhere while maintaining the relationship. The physician can choose to accept the encounter, personally greet the patient, deliver the recommendation live (e.g., see a different type of specialist), then quickly conclude the conversation and waive the fee.
- Physicians should never mention the reasons for not accepting an encounter in the text box that appears after declining – in order to manage their legal risk. Instead, they should focus on words that help patients connect successfully with another physician better able to help them. For example: “Thank you for contacting me. Upon reviewing your issues, I suggest that you contact a (specialist) who may have more appropriate expertise for your needs.”
- A patient may present with multiple complaints, not all of which the physician has the expertise to address. In such cases, physicians may still choose to accept such conversations, but explain to patients up front which agenda items they can and cannot cover. This allows patients the opportunity to immediately seek help elsewhere if they desire – in which case physicians are recommended to waive their professional fees.



VI. Physician-patient relationships in Online Care

i Description of the challenge faced by the physician:

An integral part of a physician-patient relationship is ensuring the physician has the tools and information needed to gain insight into a patient's health issues and, based on those insights, to advance patient care.

When a physician accepts an Online Care encounter with a new patient, he or she does so with an initial understanding of the patient medical background and chief complaint and in doing so, is establishing a patient-physician relationship. As the encounter continues, the physician must evaluate the nature of that relationship in order to decide what care he or she feels comfortable providing.

ii Options the physician can exercise:

First and foremost, physician-patient relationships should be established in compliance with appropriate state and local laws and practice standards.

The extent of a physician-patient relationship should not be determined by *where* an encounter takes place – i.e., in an Online Care setting versus a physician practice. It should be determined by *what* the substance of the interaction is.


As a result, just as no two interactions are the same, relationships established through Online Care are not one-size-fits-all – they fall along a spectrum. At one end of the spectrum, a physician may establish an Online Care relationship that helps the patient through conversation or education only. Further down the spectrum are relationships that may involve the physician providing general guidance (e.g., relieving symptoms) or targeted guidance (e.g., preventive care). At the other end of this spectrum are Online Care relationships that are informed and rich enough to encompass a full treatment plan, including diagnoses, prescriptions and follow-up visits.

iii Considerations for physician-patient relationships in Online Care:

Physicians should use the following “pillars” when deciding how far along the spectrum a physician-patient relationship falls – and what extent of care they consequently feel comfortable delivering.

- **Patient expectations:** The physician should understand the patient's expectations for the encounter up front. This helps the physician to pinpoint the relationship on the spectrum and determine his or her comfort level. For example, three patients with the same condition may have very different motivations for an encounter: a prescription refill, condition-related guidance, or a true diagnostic consultation.
- **History:** The physician should feel comfortable that the patient has communicated the information needed to understand and assess his or her health concern, including sharing pertinent health and personal history.
- **Patient intake:** The physician should have the opportunity to conduct a satisfactory intake as part of the live interaction with the patient, asking questions and receiving answers as needed.
- **Interaction:** The physician should have access to the communication modalities needed for him or her to feel comfortable evaluating the patient complaint. For example, a physician would feel comfortable establishing a relationship with a patient seeking help for recurrent rashes if he or she could see those rashes in detail through a Web camera.
- **Clinical domain expertise:** At any time during the encounter, the physician should believe that he or she is capable (i.e., has the proper skills and/or expertise) either to provide meaningful care or help the patient to make progress with relevant health issues. If the physician feels the scope of the matter presented by the patient either exceeds or isn't within his or her training, the physician should feel comfortable sliding back the relationship role, and advising the patient that other providers (or specialties) may be more effective in providing care.

Online Care encounters represent a new, balanced tier of care. On one hand, they do not allow physical examination and offer less visual evidence than an in-person visit. On the other hand, they allow physicians greater discretion with regard to choosing the patients they are willing to meet, and the type of roles/relationships they are willing to assume with patients in front of them. While every encounter is different, the pillars above can help physicians position themselves within the spectrum and consequently determine the nature of medical service they deliver to the patient.



VII. Interacting with patients after Online Care encounters

i Description of the challenge faced by the physician:

A physician receives a request from a new or online-only patient for further communication or interaction after the Online Care encounter is complete. Such a request may take the form of:

- A patient who sends a secure message seeking further information, treatment, or prescriptions
- A patient request to see the physician in-person at his or her practice

Note that this scenario is different from one in which a patient revisits a physician he or she likes or feels comfortable with to address appropriate complaints or follow-up through Online Care. Such a situation is discussed in section VI, “Physician-Patient Relationships in Online Care”.

In some cases, the physician may wish to interact with patients after the encounter in order to follow up (e.g., to see if a recommended treatment worked).

ii Options the physician can exercise:

Physicians should provide all patients with the guidance needed to obtain appropriate care for their medical issues. That said, physicians retain complete discretion as to whether they provide this care themselves, either online or in a conventional practice setting. Options include:

- Secure messaging: Physicians may choose to: 1) reply to a secure message and provide the patient with some or all of the requested information; 2) recommend a scheduled or unscheduled Online Care visit to discuss the patient questions – allowing both for a richer, more interactive exchange and for the physician to be compensated for his or her time and expertise; 3) refer the patient to his or her PCP or another appropriate resource on the system to address the issues.
- Request to see the physician in the practice: It is entirely up to physicians as to whether they are comfortable or interested to see patients in an office setting. They may instead recommend a visit with the PCP/another appropriate physician.

Similarly, any follow-up with patients after an Online Care encounter is entirely at physicians’ discretion. Physicians who want to reach out to patients must ask patients to consent and provide their contact information. For example, physicians may ask patients to send them a secure message – this then enables the physician to reply to the messages and follow up directly.

iii Considerations for interacting with patients after Online Care encounters:

- In all cases, physicians who have exchanges with patients after the Online Care encounter must reinforce the necessity for those patients to keep PCPs or other appropriate care providers fully informed.
- Physicians who wish to follow up with patients are strongly encouraged to do so using an exchange of secure messages through the Online Care system. Physicians should avoid the exchange of personal phone numbers or e-mail addresses unless they intend to see the patient in a physical setting. To avoid HIPAA security law compliance issues, patient information should not be stored on local hard drives, or other personal communications devices.



VIII. Working with legally authorized representatives on a patient's behalf

i Description of the challenge faced by the physician:

It is possible in Online Care for a legally authorized representative (or “LAR”) to present on behalf of an incompetent patient in order to discuss the patient's health issues. This typically happens in two cases – when the patient is a dependent child, or an adult (e.g., an elderly parent) whose health is managed by a guardian or other LAR. If the physician already knows the patient, it is likely that he or she is aware of this relationship. However, when a new or online-only patient is involved, the physician's experience will differ based on whether that patient is a member of the health plan sponsoring Online Care or not:

- **Members:** When the patient is a member, the validity of the LAR/dependent relationship is defined and established by the health plan. It is also transparent to the physician starting with the initial conversation request, which communicates the identities of the LAR and dependent alike. When a physician accepts such a conversation, he or she can have access to the full health record and history of the dependent if the LAR shares it – it is linked to the LAR in the Online Care system. All diagnoses, prescriptions, and other actions taken by the physician are applied to the dependent and become a part of his or her record.
- **Non-members:** Consumers who are not members of the health plan may also present on behalf of other individuals. This will be evident in the initial conversation request only if the LAR specifies it up front – otherwise, it will very likely come up right after the physician accepts the encounter. However, there is no third party validation of the LAR/dependent relationship.

A second consideration for physicians treating dependents through Online Care is that they may or may not be able to see or speak directly with the patient during the interaction – only with the LAR.

Therefore, physicians must decide whether they feel comfortable providing care in situations in which the LARs/dependents are non-members and their relationship is not validated by the health plan. As is the

case in conventional practice, physicians always have the right to request documentation of any purported legal relationship. Physicians must determine how aggressively they should pursue validating that the care rendered is in fact for a dependent – especially if there is no direct communication with the patient.

ii Options the physician can exercise:

- When the patient is a health plan member, the validity of the LAR's status is typically established by the plan. In such cases, the physician is able to focus on his or her comfort level addressing the complaint and determining appropriate care in keeping with the guideline, “Physician-patient relationships in Online Care”. However, the physician may increase his or her confidence by asking the LAR to allow direct communication with the patient to the greatest extent permitted by the available modalities – e.g., looking at a sick child's throat through a webcam, asking an elderly parent directly about joint pains via the phone. It is the physician's judgment whether this approach is appropriate for the complaint. For example, direct communication may not make sense when an adult child uses Online Care because he or she is upset and seeking advice on how to care for a parent with dementia.
- When the dependent is not a health plan member, it is the physician's discretion as to whether he or she is comfortable assuming that a LAR has the authority that he or she claims to have. To do so, the approach outlined above – establishing a direct interaction with the patient if possible – becomes even more important. The physician may also insist that the dependent (if old enough/able to do so) verbally confirm his or her relationship to the LAR. Nonetheless, physicians should be aware that even this step does not guarantee a relationship – for example, it is possible that a divorced parent is making health care decisions for a child in contravention of a court's order. If the physician is still comfortable helping the patient, then the guideline “Physician-patient relationships in Online Care” can apply when approaching treatment. Otherwise, the physician should decline or end the conversation with a referral to another appropriate online or offline resource.



iii Considerations for working with substitute decision-makers:

- Physicians should document the nature of the LAR/patient relationship in their notes, as part of the permanent record for the encounter. The notes should include: the physician's understanding of the relationship; representations of the individual purporting to have LAR authority; whether he or she was able to communicate with the patient directly, and through which modalities; the respective roles/responsibilities of the LAR in fulfilling the recommended treatment; some comments as to whether the LAR is competent to follow through.
- When giving prescriptions, physicians should note that the prescription is for a dependent in the "Notes" area of the Rx tab in the Online Care system. Otherwise, the system will issue the prescription with the title of whoever logged on (the LAR), and not the dependent.
- When wrapping up any conversation in which the dependent is not participating, the physician should suggest to the LAR what to communicate (e.g., a review of the conversation record) – so the dependent is appropriately informed. The physician should rely on clinical guidelines and his or her approaches in the conventional practice as the basis of this suggestion.
- In some cases, a LAR may initiate a conversation to discuss the health of multiple dependents at the same time (e.g., a mother whose three children all have a cold). However, it is important to note that the physician can only have access to one individual patient record at a time per visit – the one specified when signing in to Online Care. Therefore, the physician should use his or her judgment to decide whether it is appropriate to ask the LAR to conduct multiple visits in order to review each individual's health issues. In the previous example, the physician may also decide that he or she is comfortable discussing and/or seeing all three children at once and write prescriptions for the other two at the same time.
- A physician may also need to proactively inquire about other dependents or family members in case of certain health risks, such as serious communicable diseases. For example, a physician who believes that

a dependent child shows symptoms of H1N1 swine flu should talk to the LAR about other family members and either evaluate them directly, provide advice about protecting them, or at times even report cases to the Department of Public Health if appropriate.

- Physicians must take particular care when direct communication with a patient is affected by a language issue – for example, when a family member serves as a translator for the patient. In such cases, physicians should be aware of and follow the appropriate protocols regarding translation put forth by the sponsoring health plan or the networks/institutions with which they are affiliated.



IX. Waiving Online Care fees

i Description of the challenge faced by the physician:

A physician has the option to waive his or her professional fees for an Online Care encounter. When this happens, it means there is no charge whatsoever to the patient – and no compensation for the physician.

In addition, a physician has the option to waive his or her professional fees for an extension to an Online Care encounter. For example, in Hawaii a standard Online Care conversation lasts 10 minutes. If physician and patient agree, that conversation may be extended by 3 or 5 minutes. The 3 minute extension is at no charge; the 5 minute extension incurs an additional fee. The physician has the option to waive this fee and extend the conversation at no additional charge to the patient.

In both cases, a physician may wonder when it is appropriate to waive his or her fees.

ii Options the physician can exercise:

The decision to waive Online Care fees is entirely up to the physician, with one critical exception outlined in the “Considerations” section below. When an encounter is initiated – meaning the patient requested a conversation and the physician accepted it – it is done so with the clear and transparent expectation of a professional fee for the physician.

That said, physicians are encouraged to consider waiving a fee in the following situations:

- The physician quickly realizes after an encounter begins (e.g., within the first 1-2 minutes) that he or she is not the appropriate physician to help the patient or that the patient needs an in-person exam – and refers the patient to another provider before offering any professional advice, recommended treatment, or prescriptions.
- The patient presents with an emergent health issue and the physician recommends the patient immediately log off the system and call 911 or visit an ER. No further care is provided.
- The physician perceives that the patient is very disgruntled about the care he or she is receiving – to the point where the physician becomes concerned about legal risk and wishes to manage that.

In the case of extensions, a physician should consider waiving the fee if he or she contributed to the need for more time (e.g., slow typing or other delays, stepping away from the computer for a moment). A physician may also consider waiving a fee for an extension when he or she believes the patient is reluctant to pay and therefore may not extend, but would greatly benefit from the time to appropriately address a medical issue.

iii Considerations for waiving Online Care fees:

- Physicians should remember that a patient may also request that an Online Care fee be waived. If this happens, the physician should understand the reasons for this request and be prepared to respond in various situations.
- In circumstances when the patient is actually a physician in a position to refer other patients to the treating physician, and not part of the treating physician’s business entity, waiving the fee or giving a professional courtesy discount could be considered a form of remuneration and therefore subject to a variety of state and federal laws.



X. Exchanging secure messages with a patient

i Description of the challenge faced by the physician:

Patients have the option of sending a secure message through the Online Care system to any physician, whether or not they have had an encounter. Therefore, the content of such messages can include anything from a general question from a prospective patient, to an update on health status, additional questions, or prescription request from an existing patient. It is important to note that the system instructs patients not to use messaging for health emergencies or issues requiring immediate attention.

When a physician receives a secure message from a patient, a notification is sent to the e-mail account specified by the physician upon enrollment in the Online Care system. This e-mail announces the arrival of the secure message and includes a link to log on to the system, read the message, and respond.

A physician may wonder which issues are appropriate to respond to through secure messaging versus an Online Care visit. They may also consider what an appropriate response time is for secure messages.

ii Options the physician can exercise:

With Online Care, secure messaging is just one option for communication – primarily for follow-up. Live interactions are the central means of care delivery. For this reason, patients are not promised a response time for secure messages and physicians do not explicitly commit to any response time.

Nonetheless, it is recommended that physicians check their e-mail accounts regularly – on a daily basis, if possible – and carefully review notifications of secure messages in their Online Care accounts.

- In general, physicians should avoid providing detailed professional or health advice through secure messaging. Many health issues may be better addressed in a rich, live conversation – one in which the physician is also rightfully compensated for his or her professional time and attention.
- Messages related to pressing health issues should be addressed immediately. If the physician believes

care should be provided through Online Care, he or she may write back suggesting times for an Online Care conversation, or a referral to another appropriate provider on the system.

- Messages not related to an imminent health issue (questions, status updates) may be addressed at the physician's discretion. However, it is recommended to acknowledge all patient communications no later than 48-72 hours after they are sent, even if the response is brief.

iii Considerations for exchanging secure messages with a patient:

- Physicians should make sure they have designated an e-mail account in the Online Care system that is convenient and can be checked regularly, for easy viewing of message notifications.
- Physicians should avoid storing patient information on local hard drives or other devices that are not verified as compliant with applicable security standards.
- Physicians should take care to reinforce with patients what is/is not an appropriate health concern for follow-on message exchanges – e.g., new onset chest pain.
- Physicians should enable an appropriate colleague/staff member to check their messages while away from Online Care, in case a patient communicates an urgent health issue during such time.
- Physicians should inform patients in a clear but considerate manner if they do not want, or intend to respond to, any message related to an encounter.

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