



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

Telehealth Nursing Practice

The nurse engages in the practice of nursing by interacting with a client at a remote site to electronically receive the client’s health status, initiate and transmit therapeutic interventions and regimens, and monitor and record the client’s response and nursing care outcomes. The value of telehealth to the client is increased access to skilled, empathetic, and effective nursing delivered through telecommunications technology.

National Council of State Boards of Nursing
https://www.ncsbn.org/14_Telehealth.pdf

Purpose

The purpose of the *Telemedicine and Virtual Patient Communication* document is to provide guidelines, define, and suggest services NC Public Health Nurses can provide via Telemedicine and Virtual Patient Communication (VPC) to the patients, communities, and populations they serve. Telemedicine and VPC are modalities to deliver nursing care remotely while increasing access to healthcare for patients.¹ The purpose of providing nursing care through a telemedicine and VPC delivery model is to:

- Maximize health care resources and minimizing waste
- Improve and enhance health outcomes
- Increase access to care
- Decrease barriers to care
- Enhance the patient’s health care experience – reduce travel, time away from work, receives care in comfort of home or medical home, more meaningful contact with health care providers and is patient-centered to meet their needs and preferences
- Delay in delivery of care is avoided
- Quality of care is equitable and delivered to everyone without variance²

Contents

Definitions.....	3
Distant Site	3
Eligible Technologies.....	3
In-person visit.....	3
Originating Site	3
Telehealth	3
Telehealth Nursing Practice	3
Telemedicine	3
Telenursing.....	3
Virtual Patient Communication (VPC)	3
Telehealth and Virtual Patient Communication Nursing.....	4



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

Telemedicine Nursing Practice	4
Table of Telemedicine and VPC in Local Health Department (LHD) Clinical Programs	5
All Programs	5
Adult Health (AH) and Primary Care (PC) Services	6
AH & PC Clinics	6
BCCCP/WISEWOMAN	7
Wellness Programs	8
Self-Measured Blood Pressure Monitoring (SMBPM).....	8
Remote Physiologic Monitoring (RPM).....	8
Diabetes Self-Management Services (DSMT).....	8
Smoking and tobacco cessation counseling.....	8
Child Health (CH)	9
Family Planning (FP) Services.....	11
General Clinic Services including Syndromic Approach	12
Immunizations	13
Maternal Health.....	13
STD Services including Syndromic Approach	15
Tuberculosis Services.....	16
Telehealth Nursing Competencies	17
Telehealth Registered Nurse Competencies.....	17
Telehealth Nurse Executive, Administrator, and Manager Competencies	17
Legal Requirements for NC Registered Nurses.....	18
References.....	19



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

Definitions

Distant Site is the site where the provider is located.

Eligible Technologies

- “NC Medicaid has eliminated the restriction that telehealth services cannot be conducted via “video cell phone interactions.” These services can now be delivered via any HIPAA-compliant, secure technology with **audio and video** capabilities, including (but not limited to) smartphones, tablets and computers.”³
- “In addition, the Office of Civil Rights (OCR) at Health and Human Services (HHS) recently issued guidance noting that “covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that 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.”³

In-person visit is a visit where the patient and the provider are in the same physical space in the local health department building, parking lot, curbside, or in the patient’s home.

Originating Site is where the patient is located.

Telehealth is the use of two-way real-time interactive audio and video to provide care and services when participants are in different physical locations. There are three (3) types of telehealth referenced in Special Bulletin COVID-19 #34 however, this document only addresses telemedicine.³

Telehealth Nursing Practice is the delivery of healthcare within a professionally designated nursing scope of practice as an integral part of connected health, where devices, services, or interventions are designed around specific needs, health-related data are shared remotely, and care is delivered efficiently and proactively.

Telemedicine is the use of two-way real-time interactive audio and video to provide and support health care when participants are in different physical locations.³

Telenursing is providing nursing care through a telehealth, telemedicine or virtual patient communication format when participants are in different physical locations.

Virtual Patient Communication (VPC) is the use of technologies other than video to enable remote evaluation and consultation support between a provider and a patient or a provider and another provider. Covered virtual patient communication services include telephone conversations (audio only); virtual portal communications (e.g., secure messaging); and store and forward (e.g., transfer of data from beneficiary using a camera or similar device that records (stores) an image that is sent by telecommunication to another site for consultation.³



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

Telehealth and Virtual Patient Communication Nursing

According to the American Telemedicine Association Telehealth Nursing Fact Sheet (2019), “Telehealth nursing is an integral part of connected health, where devices, services, or interventions are designed around specific needs, health-related data are shared remotely, and care is delivered efficiently and proactively. Any nurse who has spoken with individuals and/or cohorts over the telephone has practiced a simple form of telehealth nursing. It is not a new role, although advances in technology allow nurses to see, monitor, and/or care for persons remotely. The terms telenursing, telehealth nursing, and nursing telepractice are interchangeable. Telehealth is not a specialty area in nursing, rather it is a delivery method to enhance health outcomes. Nurses in all settings who employ telecommunications and health technologies, such as audio, video, or data transfer in their existing practice provide telehealth nursing care.”⁴

Telemedicine Nursing Practice

In our current climate, there is a need and demand for health care services, but restrictions and limitations abound in meeting this need for both those rendering and receiving the service. When nursing services are provided, nursing practice occurred regardless of the delivery or modality of the service. Nurses are an integral part of the healthcare team and provide a means of meeting the health care needs for the population they serve via telemedicine and VPC. Telemedicine and VPC may be used in many areas and provided in several modalities. The *Table of Telemedicine and VPC in LHD Clinical Programs* below contains examples, suggested areas, and roles of nursing practice using telemedicine and VPC. The suggested areas and roles must be used in conjunction with NC Division of Public Health (DPH) program requirements, NC Division of Health Benefits (DHB) requirements, and local agency policies.



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

Table of Telemedicine and VPC in LHD Clinical Programs

PROGRAM	TELEMEDICINE	Virtual Patient Communication (VPC)
All Programs	<p>The following telemedicine components are applicable to all programs:</p> <ul style="list-style-type: none"> • Managing and navigating equipment on behalf of the provider • Assisting with documentation of visit: functioning as a scribe, to document services provided by physicians/APPs • Assisting with obtaining consents necessary for the visit (consent for services using a telemedicine format, consent to release specific medical record information in support of referrals, consents for specific services and/or procedures [e.g., intrauterine devices]), etc. https://www.communitycarenc.org/files/ccnc-ahc-webinar-3-26-2020 • Conducting histories and providing risk reduction, education, and counseling in support of a medical care plan prior to or after a physician/APP completes the assessment and care plan • Treatments: in-person treatments after a telemedicine visit; communicating between patient and provider for electronic prescriptions 	<ul style="list-style-type: none"> • Assisting with obtaining consent necessary for the visit (e.g., consent for services using a VPC format, consent to release specific medical record information in support of referrals, consents for specific services and/or procedures [e.g., intrauterine devices], etc.) • Conducting histories and providing risk reduction, education, and counseling in support of a medical care plan prior to or after a physician/APP completes the assessment and care plan • Treatments: in-person treatments after a telemedicine visit or assisting with electronic prescriptions



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

PROGRAM	TELEMEDICINE	Virtual Patient Communication (VPC)
<p>Adult Health (AH) and Primary Care (PC) Services</p>	<p>AH & PC Clinics</p> <ul style="list-style-type: none"> • Obtain patient history including Chief Complaint (CC) History of Present Illness (HPI), Review of Systems (ROS) and Past, Family and Social History (PFSH) • Provide labs results, treatments, referrals, immunization assessments and/or education/counseling; administer immunizations and obtain lab specimens and treatments requiring in-person visits • RN's who have competency in Adult Physical Assessments may provide Adult Physical Assessment (preventive medicine) visits via telemedicine followed by an in-person visit to complete exam components to include BCCCP services if they have the vertical strip competency. • STD Enhanced Role Registered Nurse (ERRN) – may provide Adult Physical Assessments (preventive medicine) visits via telemedicine per local agency guidelines to include BCCCP services if they have the vertical strip competency. <p><u>Medicare Information</u> https://www.medicareinteractive.org/get-answers/medicare-covered-services/outpatient-provider-services/participating-non-participating-and-opt-out-providers</p>	<p>AH & PC Clinics</p> <ul style="list-style-type: none"> • Obtain patient history including Chief Complaint (CC) History of Present Illness (HPI), Review of Systems (ROS) and Past, Family and Social History (PFSH) • Provide lab results, referrals and/or education/counseling • AH Enhanced Role Registered Nurse (ERRN) - provide AH preventive medicine visits via telemedicine followed by an in-person visit to complete exam components <p><u>Medicare Information</u></p> <ul style="list-style-type: none"> • https://www.medicareinteractive.org/get-answers/medicare-covered-services/outpatient-provider-services/participating-non-participating-and-opt-out-providers



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

PROGRAM	TELEMEDICINE	Virtual Patient Communication (VPC)
<p>Adult Health (AH) and Primary Care (PC) Services</p>	<p>BCCCP/WISEWOMAN</p> <ul style="list-style-type: none"> • BCCCP Services provided: <ul style="list-style-type: none"> ○ assess for eligibility per agency policy ○ obtain consent per agency policy ○ obtain components in the BCCCP Medical History Record including risk assessment data per agency policy with an in-person visit conducted later to complete exam components ○ Follow-up form DHHS 4091 NC BCCCP & WISEWOMAN PATIENT NAVIGATION CLIENT NEEDS ASSESSMENT AND CARE PLAN per agency policy • WISEWOMAN services provided per agency policy: <ul style="list-style-type: none"> ○ assess for eligibility ○ obtain consent ○ complete health history with an in-person visit conducted later to complete exam components ○ Provide initial health coaching followed by next 2 health coaching visits by phone ○ Complete form DHHS 4091 NC BCCCP & WISEWOMAN PATIENT NAVIGATION CLIENT NEEDS ASSESSMENT AND CARE PLAN if indicated 	<p>BCCCP/WISEWOMAN</p> <ul style="list-style-type: none"> • BCCCP services provided: <ul style="list-style-type: none"> ○ assess for eligibility per agency policy ○ obtain consent per agency policy ○ obtain components in the BCCCP Medical History Record including risk assessment data per agency policy with an in-person visit conducted later to complete exam components ○ Follow-up form DHHS 4091 NC BCCCP & WISEWOMAN PATIENT NAVIGATION CLIENT NEEDS ASSESSMENT AND CARE PLAN per agency policy • WISEWOMAN services provided per agency policy: <ul style="list-style-type: none"> ○ assess for eligibility ○ obtain consent ○ complete health history with an in-person visit conducted later to complete exam components ○ Provide follow up health coaching visits ○ Complete form DHHS 4091 NC BCCCP & WISEWOMAN PATIENT NAVIGATION CLIENT NEEDS ASSESSMENT AND CARE PLAN if indicated



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

PROGRAM	TELEMEDICINE	Virtual Patient Communication (VPC)
<p>Adult Health (AH) and Primary Care (PC) Services</p>	<p>Wellness Programs</p> <p><i>Self-Measured Blood Pressure Monitoring (SMBPM)</i></p> <ul style="list-style-type: none"> Nurses can support the provider with obtaining data from SMBPM <p>https://medicaid.ncdhhs.gov/blog/2020/04/09/special-bulletin-covid-19-43-telehealth-clinical-policy-modifications-%E2%80%93-self</p> <p><i>Remote Physiologic Monitoring (RPM)</i></p> <ul style="list-style-type: none"> Nurses can support the provider with obtaining data from RPM <p>https://medicaid.ncdhhs.gov/blog/2020/04/17/special-bulletin-covid-19-48-telehealth-clinical-policy-modifications-remote</p> <p><i>Diabetes Self-Management Services (DSMT)</i></p> <ul style="list-style-type: none"> Nurses who are certified in DSMT can provide services per Special Bulletin #34 <p>https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications-%E2%80%93-definitions</p> <p><i>Smoking and tobacco cessation counseling</i></p> <ul style="list-style-type: none"> Can be delivered by telemedicine to new or established patients by nurses (this is not reimbursable when provided by nurses via VPC) <p>https://medicaid.ncdhhs.gov/blog/2020/05/20/special-bulletin-covid-19-90-telehealth-and-virtual-patient-communications-clinical</p>	<p>Wellness Programs</p> <p><i>Self-Measured Blood Pressure Monitoring (SMBPM)</i></p> <ul style="list-style-type: none"> Nurses can support the provider with obtaining data from SMBPM <p>https://medicaid.ncdhhs.gov/blog/2020/04/09/special-bulletin-covid-19-43-telehealth-clinical-policy-modifications-%E2%80%93-self</p> <p><i>Remote Physiologic Monitoring (RPM)</i></p> <ul style="list-style-type: none"> Nurses can support the provider with obtaining data from RPM <p>https://medicaid.ncdhhs.gov/blog/2020/04/17/special-bulletin-covid-19-48-telehealth-clinical-policy-modifications-remote</p> <p><i>Diabetes Self-Management Services (DSMT)</i></p> <ul style="list-style-type: none"> Nurses who are certified in DSMT can provide services per Special Bulletin #34 <p>https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications-%E2%80%93-definitions</p> <p><i>Smoking and tobacco cessation counseling</i></p> <ul style="list-style-type: none"> Can be delivered by telemedicine to new or established patients by nurses (this is not reimbursable when provided by nurses via VPC) <p>https://medicaid.ncdhhs.gov/blog/2020/05/20/special-bulletin-covid-19-90-telehealth-and-virtual-patient-communications-clinical</p>



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

PROGRAM	TELEMEDICINE	Virtual Patient Communication (VPC)
<p>Child Health (CH)</p>	<p>Provide CH Preventive Medicine to children 3 years old and older via telemedicine per Special Bulletin #66 and the Health Check Program Guide (HCPG):</p> <ul style="list-style-type: none"> • Initial telemedicine visit: comprehensive history, nutritional assessment, administration of Brief Tools for Developmental, Emotional/Behavioral and Other Health Risks, Routine Surveillance, anticipatory guidance, health education, follow-up and referrals billed with the appropriate Preventive Medicine code by age followed by an in-person visit as soon as possible when the provider and family mutually agree it is safe. • In-person visit: to complete the remaining components not provided during the initial (preventive medicine) telemedicine visit to include Comprehensive unclothed physical assessment and measurements, Basal Metabolic Index (BMI) percentile coding, Vision/Hearing/Dental screenings, Immunizations, laboratory procedures and Lead/Hemoglobin (Hgb)/Tuberculosis/Newborn metabolic screenings billed with the appropriate Evaluation and Management (E/M) visit code and CR modifier. • Provide CH immunization only assessments followed by an in-person visit for immunization administration. • Conduct a Newborn Home Visit (NBHV) including the history, assessment and form completion by telemedicine followed by an in-person visit to complete any components that were not completed during the telemedicine visit. • Weight checks via telemedicine – provide nursing assessments, education and nutritional counseling followed by an in-person visit for weight measurement. <p>https://medicaid.ncdhhs.gov/blog/2020/04/24/special-bulletin-covid-19-66-telehealth-and-virtual-patient-communications-clinical</p>	<p>Virtual Patient Communication (VPC)</p> <ul style="list-style-type: none"> • Provide the comprehensive history, nutritional assessment, administration of Brief Tools for Developmental, Emotional/Behavioral and Other Health Risks, Routine Surveillance, anticipatory guidance, health education, follow-up and referrals prior to provider visit with the patient. The provider will bill for the above components under the preventive medicine visit • Provide CH immunization only assessments followed by an in-person visit for immunization administration by in-person visit • Conduct a Newborn Home Visit (NBHV) including the history, assessment and form completion by VPC followed by an in-person visit to complete any components that were not completed during the VPC visit. NOTE: A NBHV via VPC is not billable to Medicaid • Weight checks via VPC– provide nursing assessments, education and nutritional counseling followed by an in-person visit for weight measurement. <p>https://medicaid.ncdhhs.gov/blog/2020/04/24/special-bulletin-covid-19-66-telehealth-and-virtual-patient-communications-clinical</p> <p>https://medicaid.ncdhhs.gov/blog/2020/05/01/special-bulletin-covid-19-78-telehealth-and-virtual-patient-communications-clinical</p> <p>https://medicaid.ncdhhs.gov/blog/2020/05/07/special-bulletin-covid-19-84-telehealth-and-virtual-patient-communications-clinical</p>



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

<https://medicaid.ncdhhs.gov/blog/2020/05/01/special-bulletin-covid-19-78-telehealth-and-virtual-patient-communications-clinical>

<https://medicaid.ncdhhs.gov/blog/2020/05/07/special-bulletin-covid-19-84-telehealth-and-virtual-patient-communications-clinical>

https://files.nc.gov/ncdma/documents/Providers/Programs_Services/EPSTD/Program-Guide-2020.pdf

https://files.nc.gov/ncdma/documents/Providers/Programs_Services/EPSTD/Program-Guide-2020.pdf



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

PROGRAM	TELEMEDICINE	Virtual Patient Communication (VPC)
<p>Family Planning (FP) Services</p>	<p>Agencies should follow FP Agreement Addenda, their policies, procedures and standing orders.</p> <ul style="list-style-type: none"> • Providing FP contraceptive method assessments for the initiation or continuation of birth control method via standing order (SO): oral contraceptives pills, contraceptive patches and rings or Depo-Provera. <p>NOTE:</p> <ol style="list-style-type: none"> 1. Administration of Depo-Provera requires an in-person visit unless the agency has policies and procedures that support patient self-administration of Depo-Provera. 2. After initiation or continuation of a contraceptive method, the patient will need a visit with the provider at an interval based on agency policy <ul style="list-style-type: none"> • Contact patient to arrange contraceptive supply through in-person visit or by mail • Obtain/Provide the history, consents, education, counseling and scheduling for long term contraceptives (e.g., Nexplanon, IUD, etc.) <p>https://dicaid.ncdhhs.gov/blog/2020/05/11/special-bulletin-covid-19-86-telehealth-and-virtual-patient-communications-clinical</p> <p>https://medicaid.ncdhhs.gov/blog/2020/04/20/special-bulletin-covid-19-54-clinical-policy-modifications-family-planning-services</p> <p>https://files.nc.gov/ncdma/documents/files/1E-7_4.pdf</p>	<p>Agencies should follow FP Agreement Addenda (AA), their policies, procedures and SOs.</p> <ul style="list-style-type: none"> • Providing FP contraceptive method assessments for the initiation or continuation of birth control method via SO: oral contraceptives pills, contraceptive patches and rings or Depo-Provera. <p>NOTE:</p> <ol style="list-style-type: none"> 1. Administration of Depo-Provera requires an in-person visit unless the agency has policies and procedures that support patient self-administration of Depo-Provera. 2. After initiation or continuation of a contraceptive method, the patient will need a visit with the provider at an interval based on agency policy <ul style="list-style-type: none"> • Contact patient to arrange contraceptive supply through in-person visit or by mail • Providing the history, consents, education, counseling and scheduling for long term contraceptives (e.g., Nexplanon, IUD, etc.) <p>https://dicaid.ncdhhs.gov/blog/2020/05/11/special-bulletin-covid-19-86-telehealth-and-virtual-patient-communications-clinical</p> <p>https://medicaid.ncdhhs.gov/blog/2020/04/20/special-bulletin-covid-19-54-clinical-policy-modifications-family-planning-services</p> <p>https://files.nc.gov/ncdma/documents/files/1E-7_4.pdf</p>



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

PROGRAM	TELEMEDICINE	Virtual Patient Communication (VPC)
<p>General Clinic Services including Syndromic Approach</p>	<p>Provide Nurse only visits to include:</p> <ul style="list-style-type: none"> • In-person labs • In-person immunizations (see Immunization section) • Respond to patient calls, emails, and patient portal questions • Post documents, reports and provider instructions to patient portals • Provide test results, education, follow-up and/or referrals to patients • Provide education and counseling • Triage clients and provide nursing interventions in conjunction with policies, procedures, and SOs • Provide and manage remote monitoring for specified patient conditions (e.g. Blood pressure, Vital signs, etc.) • Referrals as indicated in policies, procedures and SOs as well as through consultation with the provider via telemedicine • AH Enhanced Role Registered Nurse (ERRN) - provide AH preventive medicine visits via telemedicine per local agency guidelines to include BCCCP services if they have the vertical strip competency. <p>Syndromic General Services - treating commonly occurring problems by a syndromic approach following agency policy and procedure such as:</p> <ul style="list-style-type: none"> • conducting head lice assessments – viewing hair and scalp for nits and live lice • urinary tract infections – assessed and treated by a syndromic approach under a SO; objective findings may not be present when assessed. • pregnancy testing provided in “Other Services” (OS) via SO - nursing assessment can be provided during a telemedicine visit and the urine pregnancy test can be dropped off via an in-person visit. 	<p>Provide Nurse only visits to include:</p> <ul style="list-style-type: none"> • Respond to patient calls, emails, and patient portal questions • Post documents, reports and provider instructions to patient portals • Provide test results, education, counseling, follow-up and/or referrals to patients • Telephone Triage patients and provide nursing interventions in conjunction with policies, procedures, and SOs • Provide and manage remote monitoring for specified patient conditions • Referrals as indicated in policies, procedures and SOs as well as through consultation with the provider via VPC • AH Enhanced Role Registered Nurse (ERRN) – provide history, education and any counseling for AH preventive medicine visits and BCCCP services via VPC followed by an in-person visit to complete the AH preventive medicine and BCCCP exam components (if they have the vertical strip competency) <p>Syndromic General Services - treating commonly occurring problems by a syndromic approach following agency policy and procedure such as:</p> <ul style="list-style-type: none"> • urinary tract infections – assessed and treated by a syndromic approach under a SO; objective findings may not be present when assessed. • pregnancy testing provided in “Other Services” (OS) via SO - nursing assessment can be provided during a VPC visit and the urine pregnancy test can be dropped off via an in-person visit.



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

PROGRAM	TELEMEDICINE	Virtual Patient Communication (VPC)
Immunizations	Provide immunization assessments via telemedicine visit followed by an in-person immunization administration.	Provide immunization assessments via a VPC visit followed by an in-person immunization administration.
Maternal Health	<p>Provide MH services per MH Agreement Addenda and local agency policy and procedures.</p> <ul style="list-style-type: none"> • Perinatal services - functioning as the “delegated staff person attending the patient’s home” with a perinatal visit by the physician/APP provided via telemedicine • Initial and return maternal health visits – conducting histories and providing education prior to telemedicine or in-person visit with the provider (labs can be drawn, and immunizations given in person) • MH required screenings – provide screenings per program guidance: <ul style="list-style-type: none"> ○ PHQ9 depression screening – is required for the initial prenatal visit ○ Postpartum depression screening (e.g., PHQ-9 or EDPS) <p>NOTE:</p> <ol style="list-style-type: none"> 1. RN may perform on the same day as and in advance of an in-person office or telemedicine visit per Special Bulletin #65. 2. Provider bills when conducting the telemedicine or in-person visit. <ul style="list-style-type: none"> ○ MH Risk Guide ○ MH Nutrition screening ○ Lead and Pregnancy Risk Questionnaire • Provide education, counseling and consent for sterilization 	<p>Provide MH services per MH Agreement Addenda and local agency policy and procedures.</p> <ul style="list-style-type: none"> • Initial and return maternal health visits – conducting histories and providing education prior to telemedicine or in-person visit with the provider (labs can be drawn, and immunizations given in person) • MH required screenings – provide screenings per program guidance: <ul style="list-style-type: none"> ○ PHQ9 depression screening – is required for the initial prenatal visit ○ Postpartum depression screening (e.g., PHQ-9 or EDPS) <p>NOTE:</p> <ol style="list-style-type: none"> 1. RN may perform on the same day as and in advance of an in-person office or telemedicine visit per Special Bulletin #65. 2. Provider bills when conducting the telemedicine or in-person visit. <ul style="list-style-type: none"> ○ MH Risk Guide ○ MH Nutrition screening ○ Lead and Pregnancy Risk Questionnaire • Provide education, counseling and consent for sterilization • Home Visit Postnatal Assessment (HVPNA) - conduct a postnatal assessment for new or established patients by telemedicine but if telemedicine is not available, obtain



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

- Home Visit Postnatal Assessment (HVPNA) – RN conducts a postnatal assessment

NOTE:

1. RN must document on the assessment tool that the service was conducted via telemedicine
2. A follow-up in-person visit may be needed to complete the service

- Childbirth education classes (individual or group classes)
Special Bulletin #84 – Refer to the NC Medicaid Childbirth Education Clinical Coverage Policy for staff qualifications at:
https://files.nc.gov/ncdma/documents/files/1M-2_0.pdf

<https://medicaid.ncdhhs.gov/blog/2020/04/17/special-bulletin-covid-19-49-telehealth-clinical-policy-modifications-interim>

<https://medicaid.ncdhhs.gov/blog/2020/04/24/special-bulletin-covid-19-65-telehealth-and-virtual-patient-communications-clinical>

<https://medicaid.ncdhhs.gov/blog/2020/05/01/special-bulletin-covid-19-78-telehealth-and-virtual-patient-communications-clinical>

<https://medicaid.ncdhhs.gov/blog/2020/05/07/special-bulletin-covid-19-84-telehealth-and-virtual-patient-communications-clinical>

the demographic information, history and consent via VPC with completion of the HVPNA during an in-person (e.g., home visit or office visit)

<https://medicaid.ncdhhs.gov/blog/2020/04/17/special-bulletin-covid-19-49-telehealth-clinical-policy-modifications-interim>

<https://medicaid.ncdhhs.gov/blog/2020/04/24/special-bulletin-covid-19-65-telehealth-and-virtual-patient-communications-clinical>

<https://medicaid.ncdhhs.gov/blog/2020/05/01/special-bulletin-covid-19-78-telehealth-and-virtual-patient-communications-clinical>

<https://medicaid.ncdhhs.gov/blog/2020/05/07/special-bulletin-covid-19-84-telehealth-and-virtual-patient-communications-clinical>



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

PROGRAM	TELEMEDICINE	Virtual Patient Communication (VPC)
<p>STD Services including Syndromic Approach</p>	<ul style="list-style-type: none"> • STD Enhanced Role Registered Nurse (ERRN) – may provide the history components of the DHHS 2808 form for the STD Physical Assessment visit via telemedicine and provide the physical assessment, laboratory testing and treatment components at an in-person visit per local agency guidelines. • STD Enhanced Role Registered Nurse (ERRN) – may provide the history for Adult Physical Assessments (preventive medicine) visits via telemedicine and provide physical assessment, laboratory testing and treatment components in person at a later visit per local agency guidelines to include BCCCP services if they have the vertical strip competency. <p>Syndromic Approach: Provide syndromic assessments and treatment under SOs for Vaginal Discharge Syndrome per CDC guidance: https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf</p> <ul style="list-style-type: none"> • risk reduction education and counseling via a telemedicine format and return as soon as possible for an in-person visit <p>NOTE: CDC guidance defines Vaginal Discharge Syndrome as women without lower abdominal pain, dyspareunia or other signs concerning for pelvic inflammatory disease (PID)</p>	<ul style="list-style-type: none"> • STD Enhanced Role Registered Nurse (ERRN) – may provide the history components of the DHHS 2808 form for the STD Physical Assessment visit via VPC and provide the physical assessment, laboratory testing and treatment components at an in-person visit per local agency guidelines. • STD Enhanced Role Registered Nurse (ERRN) – may provide the history for Adult Physical Assessments (preventive medicine) visits via VPC and provide physical assessment, laboratory testing and treatment components in person at a later visit per local agency guidelines to include BCCCP services if they have the vertical strip competency. <p>Syndromic Approach: Provide syndromic assessments and treatment under SOs for Vaginal Discharge Syndrome per CDC guidance: https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf</p> <ul style="list-style-type: none"> • risk reduction education and counseling via VPC format and return as soon as possible for an in-person visit <p>NOTE: CDC guidance defines Vaginal Discharge Syndrome as women without lower abdominal pain, dyspareunia or other signs concerning for pelvic inflammatory disease (PID)</p>



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

PROGRAM	TELEMEDICINE	Virtual Patient Communication (VPC)
Tuberculosis Services	<ul style="list-style-type: none"> • Providing Directly Observed Therapy (DOT) via telemedicine using the DHHS 1391 Tuberculosis Drug Record or agency’s appropriate equivalent. Nursing assessments, patient questions, education, etc. that may occur after the DOT service can continue if both parties agree to using the telemedicine format or the parties may disconnect the telemedicine visit and discuss via telephone. • Complete TB monthly nursing assessments (i.e., history, forms, medication delivery, etc.) using DHHS 2810 TB Flow Sheet or agency’s appropriate equivalent. • Initiate the Tuberculosis Epidemiological Record DHHS 1030 or agency’s appropriate equivalent for positive IGRA, positive skin test or suspect case. • IGRA Interferon Gamma Release Assay – provide assessment via telemedicine followed by an in-person venipuncture • Provide TB skin or IGRA testing assessment via telemedicine using the Record of Tuberculosis Screening DHHS Form 3405 or agency’s appropriate equivalent followed by an in-person administration of PPD, TB skin test or venipuncture for IGRA. 	<ul style="list-style-type: none"> • Initiate page one (1) of the Tuberculosis Epidemiological Record DHHS 1030 or agency’s appropriate equivalent for positive IGRA, positive skin test or suspect case. • Complete TB monthly nursing assessments (i.e., history, forms, medication delivery, etc.) using DHHS 2810 TB Flow Sheet or agency’s appropriate equivalent. • Provide TB skin or IGRA testing assessment via VPC using the Record of Tuberculosis Screening DHHS Form 3405 or agency’s appropriate equivalent followed by an in-person administration of PPD, TB skin test or venipuncture for IGRA.



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

Telehealth Nursing Competencies

Telehealth/telenursing includes all elements of the RN scope of practice as delineated in law and rules [(G.S. 90-171.20 (7) and 21 NCAC 36.0224)]. These include:

- assessing (including triaging) clients
- planning
- implementing
- evaluating client care;
- teaching and counseling clients;
- managing and supervising the delivery of care;
- teaching nursing personnel/students;
- administering nursing services;
- collaborating;
- consulting with others regarding the client's care

Telehealth Registered Nurse Competencies

1. Collect subjective and objective health status data from multiple sources (patients, caregivers, members of the health care team, documented records, and other relevant sources).
2. Use appropriate evidence-based assessment techniques and instruments related to telehealth nursing in collecting pertinent patient or population data.
3. Prioritize data collection activities based on the patient's, group's, or population's immediate health needs or the nurse's judgment of anticipated patient needs.
4. Synthesize available data, information, and nursing knowledge relevant to the presenting health situation to identify patterns and variances.
5. Prioritize the data and information collected based on the patient's or population's condition and preferences, the situation, and/or anticipated needs.
6. Document the information and data collected in a retrievable, understandable, and readable format.”⁵

Telehealth Nurse Executive, Administrator, and Manager Competencies

1. Identify assessment elements specific to patient indicators for a telehealth setting.
2. Ensure information systems are in place that support the input and retrieval of reliable data.
3. Evaluate assessment practices to ensure timely, reliable, valid, and comprehensive data collection.
4. Use current research findings/practice guidelines to improve data collection elements.”⁵



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

Legal Requirements for NC Registered Nurses

The Registered Nurse's scope of practice within the realm of telemedicine and VPC includes all elements delineated in law and rules [(G.S. 90-171.20 (7) and 21 NCAC 36.0224)].

“The Nurse Licensure Compact (NLC) member states, which include North Carolina, have determined that nursing practice occurs at the location of the client at the time services are being provided.

Licensed nurses practicing via telehealth/telenursing modalities are required to be licensed or hold the privilege to practice in the state(s) where the client(s) is/are located. Licensed nurses are responsible and accountable for knowing, understanding, and practicing in compliance with the laws, rules, and standards of practice of the state(s) where the client(s) is/are located. The practice of nursing is not limited to client care but includes all nursing practice as defined by each state's practice law and rules. The following conditions apply:

1. Nurses holding an active, unencumbered multistate license in any NLC member state or jurisdiction, including NC, are legally authorized to practice to the extent of the RN or LPN scope in any and all NLC member states and jurisdictions. APRN practice is not included in the NLC.
2. Nurses holding an active, unencumbered single state license in any state or jurisdiction, including NC, are legally authorized to practice only in the single state(s) or jurisdiction(s) for which individual license(s) is/are held.
3. Licensed nurses seeking to practice via telehealth/telenursing or other care modalities outside of the United States, must contact the country or territories where the client resides to know, understand, and adhere to the law and rules of that country or territory before providing any telehealth/telemedicine services to clients.”¹⁰



TELEMEDICINE AND VIRTUAL PATIENT COMMUNICATION: NC PUBLIC HEALTH NURSING PRACTICE

References

1. Mataxen, P. & Webb, L. (2019). Telehealth nursing: More than just a phone call. *Nursing*, 49(4), 11-13. DOI: [10.1097/01.NURSE.0000553272.16933.4b](https://doi.org/10.1097/01.NURSE.0000553272.16933.4b) Retrieved from: https://journals.lww.com/nursing/Fulltext/2019/04000/Telehealth_nursing_More_than_just_a_phone_call.3.aspx
2. Fathi, J.T., Modin, H.E., & Scott, J.D., (2017). Nurses Advancing Telehealth Services in the Era of Healthcare Reform. *The Online Journal of Issues in Nursing*. 22(2) DOI: [10.3912/OJIN.Vol22No02Man02](https://doi.org/10.3912/OJIN.Vol22No02Man02) Retrieved from <http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/Tab/eofContents/Vol-22-2017/No2-May-2017/Nurses-Advancing-Telehealth-Services.html>
3. NC Medicaid Division of Health Benefits. (2020, April 7). *NC Medicaid: SPECIAL BULLETIN COVID-19 #34: Telehealth Clinical Policy Modifications – Definitions, Eligible Providers, Services and Codes*. Retrieved from <https://medicaid.ncdhhs.gov/blog/2020/04/07/special-bulletin-covid-19-34-telehealth-clinical-policy-modifications-%E2%80%93-definitions>
4. Telehealth Nursing Fact Sheet. (2019, March 8). Retrieved from <https://www.americantelemed.org/resources/telehealth-nursing-fact-sheet/>
5. American Academy of Ambulatory Care Nursing (2018). *Scope and standards of practice for professional telehealth nursing, 6th ed.*. Pitman, NJ.
6. eVisit (2020). *What is telehealth nursing*. Retrieved from <https://evisit.com/resources/what-is-telehealth-nursing/>
7. TigerConnect (2020). *Pros and cons of telehealth nursing: What you need to know*. Retrieved from <https://tigerconnect.com/blog/pros-and-cons-of-telehealth-nursing-what-you-need-to-know/>
8. Registered Nurse Law: *The North Carolina Nursing Practice Act - Article 90-171.20* (7). (n.d.). Retrieved June 23, 2020, from <https://www.ncbon.com/practice-registered-nurse>
9. Registered Nurse Rules: *Components of Nursing Practice For The Registered Nurse - 21 NCAC 36 .0224*. (n.d.). North Carolina Board of Nursing. Retrieved June 23, 2020, from <https://www.ncbon.com/practice-registered-nurse>
10. North Carolina Board of Nursing (2018). *Telehealth/Telenursing: Position statement for RN, LPN, and APRN Practice*. Retrieved June 23, 2020, from <https://www.ncbon.com/vdownloads/position-statements-decision-trees/telehealth-telenursing.pdf>
11. NC Medicaid Division of Health Benefits. (2020). *NC Medicaid: COVID-19 Special Medicaid Bulletins*. Retrieved June 26, 2020, from <https://medicaid.ncdhhs.gov/about-us/covid-19-guidance-and-resources/providers/covid-19-special-medicaid-bulletins>