

Direct to Patient Telehealth

Direct to Patient (DTP) telehealth is delivered to a patient when the patient is not located at a CMS-defined ‘originating site.’ Typically, a DTP visit will take place at a patient’s home, but DTP visits can feasibly take place wherever there is WiFi or even a cell signal. This tip sheet builds upon information provided in the Telehealth Overview document.

Coverage

Due to CMS guidelines (pre-pandemic), a patient’s home is not an eligible originating site, and so Medicare, and many private payors see these visits as ineligible for coverage or reimbursement. Exceptions for this have been made during the public health emergency, and CMS waivers are allowing the patient’s home as an eligible originating site.

Where DTP visits have historically found their niche is in on-demand, cash-pay formats. These platforms and types of visits are usually provided through employers, health plans, or directly through a vendor’s website, and may be available 24/7. This provider staffing model is achieved through the large provider pool that allows for on-demand visits to be conducted across the country with minimal wait times.

Montana Medicaid recognizes the patient’s home as an eligible originating site, and any licensed practitioner who is enrolled as a Montana Medicaid provider can bill for these visits. Private payors are covering DTP visits on a plan-by-plan basis, so it is prudent to check with the patient’s insurance carrier to determine if this is an eligible visit type, however, many carriers are covering DTP visits during the public health emergency.

Considerations

Credentialing. In DTP visits, provider credentialing is not necessary, since the originating site is not a healthcare facility.

Physical environment. If a provider is located in their physical, private office space in a healthcare facility, your healthcare organization is protecting that patient’s personal health information and in compliance with HIPAA. A patient may elect to take their telehealth visit



outside of the privacy of their home- due to their work schedule, not having good connectivity in their home, or a variety of other reasons. If a patient chooses to conduct their telehealth visit in a public location, or area where other people may overhear the conversation, that is their choice to discuss their PHI in a public space where others may overhear, but the health care provider is not in violation of HIPAA.

Geographic Restrictions and Provider Licensure

On the Telehealth Overview, we defined the originating site as where the patient is located. For the purposes of a direct to patient telehealth visit, this gives the patient a lot of flexibility, and a patient may not think twice about taking their telehealth visit outside of Montana.

Health care providers must be licensed in the state where the patient is located when seen for a telehealth appointment. Some states are relaxing rules regarding licensure during the current public health emergency. The Federation of State Medical Boards is tracking adjustments by states; the full current list can be obtained [here](#). Some state licensing boards include Montana as part of their interstate licensure compact. Montana is part of the [Interstate Medical Licensure Compact](#). Interstate licensing compacts exist for other clinical licensures, make sure to check with yours if this is something you wish to pursue.

In order to avoid conducting visits with patients outside of Montana, we strongly recommend that you verify the patient's location before you connect them with their provider as part of your scheduling, reminder, and registration scripting. If you find that a patient is outside of the geographic bounds of the state of Montana, it is recommended that you reschedule the visit for when the patient is back in-state, otherwise the provider is practicing outside of their licensure.

Tips for Technical Success

It may be appealing to focus on DTP visits from a logistical standpoint- you don't have to worry about credentialing, or scheduling with another healthcare facility, but there are tradeoffs with this. One of the biggest challenges when connecting directly to a patient is the lower success rates of these visits due to issues with technology.

Successful video visits require adequate bandwidth to the patient's home/phone, a device with a camera and microphone (phone, tablet, or laptop), a person able to manage it, and a little patience. While many homes have bandwidth and wireless plans, many do not, and broadband and 3G become more of a rarity in rural areas. Bandwidth can become an issue when multiple

people in the household are taking up the available bandwidth with their activities (streaming, working, gaming, etc). People of all ages have varying degrees of comfort with technology, and some patients will require more support to ensure a successful visit.

Taking all of these factors into account, there is plenty of room for errors, which can be frustrating for patients, staff, and providers. Conducting test visits prior to the scheduled appointment can help ensure success, and allows more time for troubleshooting. Test visits can be time consuming, and requires a staff member to be skilled in the areas of customer service and technical support.

Direct to Patient visits, when successful, come with a very high patient satisfaction rate. Patients appreciate the convenience, and may be more comfortable and relaxed having the visit in their home. It can also be insightful for providers to see a patient in their home environment, which may help add context to their medical situation.



REFERENCES

Interstate Medical Licensure Compact. <https://www.imlcc.org/>

U.S. States and Territories Modifying Requirements for Telehealth in Response to COVID-19. (2021, March 2). Retrieved from <https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>