Telehealth Service Recommendations

Clinical guidance for pediatric primary care

January 2022

OREGON HEALTH LEADERSHIP COUNCIL

TABLE OF CONTENTS

INTRODUCTION

Purpose & Intent

The recommendations in this document were developed by the members of Oregon Health Leadership Council's (OHLC) Telehealth Workgroup (see Methods section for more information). They are meant to provide guidance to primary care providers in determining whether a pediatric patient's condition may be clinically appropriate for telehealth care. They were developed from available evidence-based literature and expert opinion, but do not guarantee successful outcomes, nor set a medical or legal standard.

Evidence pertaining to the effectiveness of telehealth is not yet available for many health conditions and patient populations. This document is meant to provide information to assist practitioners in developing their own practice standards. They are not prescriptive and are not intended to be used in a regulatory manner. Providers should continue to exercise their own clinical judgement in determining whether telehealth services are appropriate on an individual patient basis.

We advocate for the continued use of telehealth as an effective platform to deliver high quality health care services for children, youths, and families. The hope is that these recommendations help facilitate safe and effective remote care and build strong patient-provider relationships, while maintaining patient privacy and adequate communication with all parties involved. We recognize that significant inequities in accessing telehealth care exist among different sociodemographic populations.[1] It is recommended that a high priority is placed on ensuring access to vulnerable patients, to prevent furthering the already existing health inequities in these populations. Lastly, we support permanent reimbursement for all modes of telehealth delivery, which is essential to the development of an innovative, stable telehealth infrastructure.

Telehealth

"Telehealth" is a mode of delivering healthcare services or medical information from one physical location to another through the use of telecommunications technologies. Services may be delivered asynchronously or synchronously, via audio, visual, and/or written communications.

This document focuses on visits with a patient located in a home setting, and utilizes the following definitions for telehealth platforms:

Video: Synchronous audio and video communication, through smartphone, tablet, or computer

Telephone: Synchronous audio-only communication

Remote Monitoring: Use of digital technologies to collect patient health data and transmit it electronically to a provider

E-Visit: Asynchronous communication between a patient and provider through a secure online messaging portal

Virtual Check-In: A brief discussion by phone or video with a patient to determine whether an office visit or other service is needed

Providers should utilize the most comprehensive telehealth platform feasible. Therefore, telephone visits should be used only when audio/video platforms are unachievable or declined by the patient. It is recommended that E-visits are primarily used for established patients, for symptom-specific evaluation, when the condition is of low-acuity, low-risk, and not time-sensitive.[2]

INTRODUCTION

When In-Person Visits are Necessary

No population or diagnosis is inherently appropriate or inappropriate for remote care. Providers should continue to **exercise clinical judgement**, considering clinical factors such as age, medical history, cognitive capacity, distance to the nearest emergency facility, patient's support system, potential for disease exposure, most recent in-person visit, and current medical status.

Certain conditions may necessitate in-person visits. In general, these include:[2,3]

- Need for a hands-on physical examination
- Outcome may be changed by an in-person evaluation
- Poorly controlled conditions at risk for acute complications
- Urgent procedures or interventions are anticipated
- Patient does not have the requisite telehealth technology
- Patient or guardian prefers to receive in-person care
- Need to assess patient safety
- Privacy cannot be ensured via virtual visit

If there is uncertainty regarding the appropriateness of a telehealth visit, providers may conduct a brief **virtual check-in** to determine if a hands-on assessment will be necessary.[4]

Keep in mind that an in-person visit may provide information not obtainable during a virtual session. **The option to perform an in-person evaluation should always remain available.**

Telehealth Principles

It is recommended that organizations abide by the following standards, adapted from agreed upon telehealth principles of the West Coast Compact:[5]

1. **Access:** Telehealth will be used as a means to promote adequate and equitable access to health care.
2. **Confidentiality:** Patient confidentiality, including interactions and patient records, will be protected; and patients should provide informed consent verbally or in writing about both care and the specific technology used to provide it.
3. **Equity:** Telehealth will be available to every patient, regardless of race, ethnicity, sex, gender identify, sexual orientation, age, income, class, disability, immigration status, nationality, religious belief, language proficiency or geographic location. Telehealth services will comply with civil rights law.
4. **Standard of Care:** Standard of care requirements will apply to all services and information provided via telehealth, including quality, utilization, cost, medical necessity, and clinical appropriateness.
5. **Stewardship:** Providers will employ the use of evidence-based strategies, deliver quality care, and will continue to take steps to mitigate and address fraud, waste, and abuse.
6. **Patient choice:** Patients, in conjunction with their providers, should be offered their choice of service delivery mode. Patients will be made aware of the limitations of virtual visits and retain the right to receive health care in person.

Payment and Benefits

Benefits for telehealth vary by type of service and health plan. Additionally, telehealth coverage changed significantly during the COVID-19 pandemic, and it remains unclear whether (or for how long) expanded payments will continue. **These recommendations pertain to clinical use of telehealth services, regardless of benefit coverage.** We attempted to align recommended services with those that are currently covered by Medicare (CMS) and the Oregon Health Plan (OHP). However, coverage should always be confirmed prior to providing any telehealth services.

SPECIAL PEDIATRIC CONSIDERATIONS

Current Guidance

The American Academy of Pediatrics **(AAP) supports the use of telehealth within the medical home model.** They note that incorporation of telehealth "eliminates access barriers, increases consumer satisfaction, preserves the integrity of the pediatric medical home, and prevents fragmentation of care…." and that "outcome studies demonstrate high parent satisfaction, reduced absenteeism due to illness, reduced travel time and costs, high rates of visit completion…, and reduced emergency department use for nonurgent conditions."[6]

However, the AAP and the American Telemedicine Association (ATA) both caution that **remote care should meet the same standard of care as in-person visits**. The ATA states, "If the provider is unable to comply with the standard of care for diagnosis and management in any clinical situation, due to technical limitations or provider comfort level, the provider shall refer the patient for additional evaluation where they can receive the appropriate standard of care, whether that is an in-person encounter or a telehealth encounter that is not subject to the specific limitations."[7]

At Home Examination Devices

At home examination devices that allow for enhanced imaging, auscultation, etc. are an emerging technology that may be a helpful addition to a telehealth visit if available. However, due to inequitable access and lack of efficacy data, **it is not recommended to endorse or require use of these devices at this time**. Per the ATA, "…further study of the accuracy and effectiveness of these devices is required before any recommendations can be made regarding their use"[7]

Legal Considerations & Consent

- Providers should follow all state and federal telehealth regulations including those pertaining to privacy, confidentiality, security, and informed consent, such as HIPAA, HITECH, and FERPA.[7]
- **In Oregon, minors may consent to medical services without parental consent at the age of 15.** A minor 14 years or older may consent to outpatient mental health, drug, or alcohol treatment without parental consent. However, the parent is expected to be involved to some extent prior to the end of treatment. Access to birth control, as well as STI testing and treatment is allowed at any age without parental consent.[8]

Parent/Guardian Involvement

- In Oregon, children 15 and over must give consent for parents to access their medical portal.
- Parents or legal representatives may participate in remote visits; however, arrangements should be made to ensure that the patient has **access to a private space** during confidential portions of the visit[7], or the entire visit if appropriate.
- To facilitate communication, providers should confirm that they have **contact information** for the parent/guardian prior to the telehealth visit,[7] and that the parent has access to the patient's online medical portal **if appropriate**.
- In some circumstances, examination of the pediatric patient may not be necessary, and the primary focus of the visit will be discussion with the parent or guardian. It is still recommended that the visit be via video if possible and that the **provider visualizes the patient**, at least briefly, during the visit to verify the patient is present, safe, and no concerning issues are apparent.

PRIMARY CARE – PEDIATRICS
Routine Care

General Recommendations for Routine Care

These recommendations are applicable to pediatric patients due for **non-urgent, routine recommended** care.

During the telehealth visit, if it becomes clear to the provider that an in-person visit is necessary based on clinical need or acuity, the provider should take responsibility for ensuring a visit is scheduled and transportation is arranged.

Recommended telehealth uses:

1. Routine or follow-up care in established patients or new patients 2 years of age or older, after screening to ensure they do not meet any in-person visit criteria (below). Selected new patients under 2 may benefit from a telehealth visit with a subsequent in-person visit, as deemed appropriate by the provider.

E-Visits are appropriate for the following scenarios:

1. Established patients in need of evaluation, education, or clinical guidance for an issue or condition that is not time sensitive

Consider in-person visits for patients who meet any of the following criteria:

1. History, symptoms, or triage findings warrant a physical assessment, test, and/or procedure to determine a diagnosis or plan of care
2. Visit evaluation or outcome would be changed by an in-person exam
3. Lack of access to necessary monitoring devices either at home or at a satellite clinic location
4. Lack of access to telehealth technology or lack of necessary telehealth technical skills
5. Patient or guardian preference to visit provider in person
6. Need to assess patient safety
7. Privacy cannot be ensured with a virtual visit

Well-child visits & sports physicals

It is recommended that all well-child visits are conducted in-person. Although some aspects of the visit could be adequately performed via telehealth, such as education or visual assessment, it may be difficult to guarantee that patients complete portions of the exam that require an office visit. Given the vital importance of hands-on physical examination and screenings, accurate vital signs, timely immunizations, and assessment of safety, it is recommended that the entire well-child visit is performed in person if possible.

Similarly, it is recommended that sports physicals (Preparticipation Physical Evaluations) are performed in-person to ensure a quality physical exam. This is particularly important given increased concerns following COVID infection. It is recommended that sports physicals are performed in conjunction with a well-child visit whenever possible, as this allows an opportunity to complete important screenings for behavioral and social health needs.

Condition Specific Recommendations for Routine Care

In addition to the general recommendations above, consider the condition specific recommendations below when determining clinical appropriateness for telehealth services for **pediatric patients in need of routine or follow-up services.**

This list is not comprehensive, but is intended to assist primary care providers in developing their own criteria for selected common conditions.

All pediatric patients (ages 0-21 years)

Reason for visit	Telehealth Candidate?	Platforms	Recommended telehealth services	In addition to general recommendations above, consider in-person visit for the following:	References
Hospital/ED follow up	Yes	**Video** – preferred **Telephone** – if video is not possible. Not recommended for patients that require visual assessment of wounds, swelling, range of motion, etc.	• Obtain history and assessment • Provide education, medication reconciliation, medication management, self-management support • Review plan of care provided at discharge and answer questions • As appropriate, provide counseling and social needs screening • Ensure needed supplies, medications, medical equipment, in-home support, and specialist/ancillary follow up care are arranged	• Vital signs are warranted, and patient does not have access to accurate remote monitoring • Patient's condition has worsened since discharge • Patient is unstable or at high risk for readmission • Patient requires follow up labs, imaging, or other diagnostics	9,10,11
Medication follow up	Yes	**Video** – preferred **Telephone** – if video is not possible	• Assess medication effectiveness, adherence, side effects, etc., and adjust as needed • Determine future follow-up schedule and plan	• Vital signs are warranted, and patient does not have access to accurate remote monitoring • Patient requires lab monitoring or other diagnostics related to medication	12,13
Results follow up	Yes	**Video** – preferred **Telephone** – if video is not possible	• Explanation of results, education, counseling • As appropriate, development of care plan, specialist referrals, medication management	• Additional in-office diagnostics are warranted	
Sports physical	No	N/A	N/A	N/A	14,15
Well-child visit	No	N/A	N/A	N/A	16,17

Adolescents (ages 11-21 years)					
Reason for visit	**Telehealth Candidate?**	**Platforms**	**Recommended telehealth services**	**In addition to general recommendations above, consider in-person visit for the following:**	**References**
Sexual health/ birth control	Yes	**Video** – preferred **Telephone** – if video is not possible	• Assess/discuss medical, sexual, and psychosocial history, screen for sexual abuse, mental health, substance use, and social needs • Provide education, safe sexual behavior counseling, contraceptive counseling, family planning, medication management	• Physical examination, vital signs, or imaging is necessary • Need for STI or pregnancy testing • Patient is due for immunizations	18,19,20,21

PRIMARY CARE – PEDIATRICS
Acute Symptoms

General Recommendations for Acute Symptoms

These recommendations are applicable to pediatric patients with **non-urgent** acute symptoms.

During the telehealth visit, if it becomes clear to the provider that an in-person visit is necessary based on clinical need or acuity, the provider should take responsibility for ensuring a visit is scheduled and transportation is arranged.

Recommended telehealth uses:

1. Established patients or new patients 2 years of age or older, after screening to rule out the need for emergent care and to ensure they do not meet any other in-person visit criteria (below). Selected new patients under 2 may benefit from a telehealth visit with a subsequent in-person visit, as deemed appropriate by the provider.

E-Visits are appropriate for the following scenarios:

1. Established patients in need of symptom-specific evaluation, when the condition is low-acuity, low-risk, and not time sensitive

Consider in-person visits for patients who meet any of the following criteria:

1. History, symptoms, or triage findings warrant a physical assessment, test, and/or procedure to determine a diagnosis or plan of care
2. Visit evaluation or outcome would be changed by an in-person exam
3. Symptoms of systemic illness (constitutional symptoms)
4. Lack of access to necessary monitoring devices either at home or at a satellite clinic location
5. Lack of access to telehealth technology or lack of necessary telehealth technical skills
6. Patient or guardian preference to visit provider in person
7. Need to assess patient safety
8. Privacy cannot be ensured with a virtual visit

Note: Some patients who require ancillary services such as lab work or radiology exams may receive those in-person services without a face-to-face visit to their primary care provider.

Condition Specific Recommendations for Acute Symptoms

In addition to the general recommendations above, consider the condition specific recommendations below when determining clinical appropriateness for telehealth services for **pediatric patients with non-urgent acute symptoms**.

This list is not comprehensive, but is intended to assist primary care providers in developing their own criteria for selected common conditions.

All pediatric patients (ages 0-21 years)

Reason for visit	Telehealth Candidate?	Platforms	Recommended telehealth services	In addition to general recommendations above, consider in-person visit for the following:	References
Abdominal pain	Yes, but due to the risk of urgent conditions, clinical triage evaluation is recommended	**Video** – preferred **Telephone** – not recommended	• Obtain history and assess acuity • For benign presentations, provide education, supportive care, nutrition education, medication management, follow-up plan, assess need for specialist referral	• Need for lab testing or diagnostic imaging • Red flags are present, such as recent trauma, severe pain, fever, bilious vomiting, bloody diarrhea, voluntary guarding, rigidity, rebound tenderness, right lower quadrant pain, lethargy, etc. • In males, red flags may include tender scrotum and enlarged testis • In adolescent females, red flags may include irregular vaginal bleeding and acute onset low abdominal pain	22,23,24,25
Constipation	Yes	**Video** – preferred **Telephone** – if video is not possible	• Obtain history and assessment • Provide education, diet modifications, medication management, follow-up plan, assess for specialty referral	• Infant less than one month old • Physical exam, imaging, or occult blood testing are necessary to rule out organic causes • Patient has chronic constipation and needs initial physical exam • Red flags are present, such as delayed passage of meconium, abdominal distension, vomiting/fever, etc.	25,26,27,28

All pediatric patients (ages 0-21 years)					
Reason for visit	**Telehealth Candidate?**	**Platforms**	**Recommended telehealth services**	**In addition to general recommendations above, consider in-person visit for the following:**	**References**
Diarrhea	Yes	**Video** – preferred **Telephone** – not recommended	• Obtain history and assessment, including hydration evaluation • Provide education, rehydration instruction, nutrition management, medication management, follow-up plan	• Infant less than 6 months old • Symptoms lasting 7 or more days • Red flags are present, such as bilious or bloody vomiting, bloody diarrhea, cyanosis, inconsolable crying/irritability, petechial rash, rapid breathing, high fever, signs of dehydration, or toxic appearance • Lab testing, stool culture, or IV rehydration is needed	29,30,31
Ear pain	No	N/A	N/A	N/A	32,33,34
Eye redness/ discharge	Yes	**Video** – preferred **Telephone** – not recommended	• Obtain history and assessment • Provide education, symptom management, medication management, follow-up plan, refer to specialist as needed	• Child less than 2 years old • Need for culture or other laboratory analysis • Red flags are present, such as vision loss, moderate to severe pain, copious purulent discharge, recent eye surgery, history of traumatic eye injury, etc.	35,36,37,38
Fever	Yes	**Video** – preferred **Telephone** – not recommended	• Obtain history and assess acuity • For benign presentations, provide education, supportive care, medication management, follow-up plan	• Infant less than 3 months old • Fever >3 days, or additional symptoms such as ear pain, vomiting, excessive fussiness, lethargy, poor feeding, dehydration, etc. • Presence of pre-existing conditions such as prematurity or immune compromise • Urinalysis, urine culture, or other lab testing is needed • Red flags are present, such as breathing changes, neck pain/stiffness, petechiae, signs of poor perfusion, drowsiness, inconsolability, seizures, etc.	39,40,41,42

All pediatric patients (ages 0-21 years)					
Reason for visit	**Telehealth Candidate?**	**Platforms**	**Recommended telehealth services**	**In addition to general recommendations above, consider in-person visit for the following:**	**References**
Fussiness/crying	Yes, for follow up visits only	**Video** – preferred **Telephone** – if video is not possible	• Obtain history and assessment • Provide education, reassurance, support, and treatment/ management options, follow-up plan	• Infant less than 1 month old • Physical exam is necessary for initial diagnosis to rule out organic causes • Red flags are present, such as inconsolability, distended abdomen, fever, or lethargy	43,44
Head injury	Yes, if 4 or more hours after initial injury. Due to the risk of urgent conditions, clinical triage evaluation is recommended	**Video** – preferred **Telephone** – not recommended	• Obtain history, symptom screening, vestibular/ocular screening, and neurocognitive assessment • Provide education, symptom management, counseling, discussion of return-to-learn and return-to-play progress, refer to specialist as needed	• Child less than 2 years old • Initial exam within 4 hours of injury requires in-person assessment for diagnosis and plan of care • Red flags are present, such as repeat injury, vomiting, mental status change, lethargy, severe or worsening symptoms, etc.	45,46,47,48, 49,50
Headache/ migraine	Yes, but due to the risk of urgent conditions, clinical triage evaluation is recommended	**Video** – preferred **Telephone** – not recommended for initial assessment, may be appropriate for follow-up care	• Obtain history and assessment • Provide education, medication management, self-management support, follow-up plan, assess for specialist referral • As appropriate, screen for psychosocial stressors, mental health, substance use	• Child less than 5 years old • Need for evaluation of tone, deep tendon reflexes, or fundoscopy • Red flags are present, such as abnormal neurologic findings, history of trauma, increase in severity, new onset severe headache, constitutional symptoms, etc.	51,52,53,54, 55,56
Musculoskeletal pain	Yes	**Video** – preferred **Telephone** – not recommended	• Obtain history and assessment, including use of a validated, age appropriate pain tool • Provide education, non-pharmaceutical strategies, medication management, follow-up plan, refer to specialist as needed	• Child less than 3 years old • Need for diagnostic imaging • Concern for non-accidental injury • Red flags are present, such as severe pain, inconsolability, deformity, signs of poor perfusion, signs of systemic illness, complete inability to move or bear weight	57,58,59,60, 61

All pediatric patients (ages 0-21 years)					
Reason for visit	**Telehealth Candidate?**	**Platforms**	**Recommended telehealth services**	**In addition to general recommendations above, consider in-person visit for the following:**	**References**
Poor Feeding/ loss of appetite	Yes	**Video** – preferred **Telephone** – not recommended	• Obtain history and assessment, including feeding style of the caregiver • Provide education, support, self-management techniques, follow-up plan, referral to GI, SLP, nutritionist, behavioral health, etc. as needed	• Infant 3 months old or younger • Height/weight cannot be accurately measured remotely • Red flags are present, such as infant that has not fed in over 4 hours, vomiting, diarrhea, dysphagia, aspiration, pain with feeding, developmental delay, chronic cardiac or respiratory symptoms, weight loss or growth failure	62,63,64
Skin concern (rash, acne, other)	Yes	**Video** – preferred (ideally with high quality images sent prior to visit) **Telephone** – not recommended **E-Visit** – high quality images may be shared asynchronously	• Obtain history and assessment • Provide education, medication management, self-management support, follow-up plan, assess for specialist referral	• Need for full body skin exam or examination of hair-bearing skin, pigmented lesions, mucosal lesions, or if skin color makes virtual assessment difficult • Biopsy, lab testing, culture, or diagnostic imaging are needed • Signs of systemic allergy or illness • Red flags are present, such as erythroderma, desquamation, petechiae/ purpura, severe pain, etc.	65,66,67,68, 69,70,71
Upper respiratory infection (URI) symptoms (sore throat, cough, sinus congestion)	Yes	**Video** – preferred **Telephone** – if video is not possible	• Obtain history and triage for acuity • For non-concerning presentations, provide self-management support, symptom management, education, medication management, follow-up plan	• Need for vital signs, radiology exam, lung auscultation, or other physical assessment • Lab or culture testing is needed • Red flags are present, such as rapid respiratory rate, difficulty breathing, intermittent apnea, infant that is not feeding adequately	72,73,74,75
Urinary complaints (possible UTI)	Yes	**Video** – preferred **Telephone** – if video is not possible	• Obtain history and assessment • Provide education, medication management, self-management support, follow-up plan, assess for specialist referral	• Child less than 2 years old • Urinalysis, culture, or diagnostic imaging are needed	76,77,78,79, 80,81

All pediatric patients (ages 0-21 years)					
Reason for visit	**Telehealth Candidate?**	**Platforms**	**Recommended telehealth services**	**In addition to general recommendations above, consider in-person visit for the following:**	**References**
Vomiting	Yes, but due to the risk of urgent conditions, clinical triage evaluation is recommended	**Video** – preferred **Telephone** – not recommended	• Obtain history and assessment, including hydration evaluation • Provide education, rehydration instruction, nutrition management, self-management techniques, medication management, follow-up plan, assess for referral to specialist as needed	• Need for physical exam to better assess hydration or abdomen • Need for diagnostic imaging or lab testing • Red flags are present, such as bilious or bloody vomiting, bloody diarrhea, cyanosis, inconsolable crying/irritability, high fever, distended abdomen, severe abdominal pain, weight loss, change in mental status, vomiting that causes wake from sleep, intractable vomiting, clinical dehydration, or toxic appearance • Lab work, stool culture, or IV rehydration is indicated	82,83
White lesions in mouth (possible thrush)	Yes	**Video** – preferred (ideally with high quality images sent prior to visit) **Telephone** – not recommended	• Obtain history and assessment • Provide education, discuss prevention, symptom management, medication management	• Need for culture • Poor hydration or poor feeding • Unable to properly visualize lesions via video or photos	65,84

Adolescents (ages 11-21 years)					
Reason for visit	**Telehealth Candidate?**	**Platforms**	**Recommended telehealth services**	**In addition to general recommendations above, consider in-person visit for the following:**	**References**
Breast pain, changes, or concerns	Yes	**Video** – preferred **Telephone** – not recommended	• Obtain history and assessment • Provide education, medication management, self-management support, follow-up plan, assess for specialist referral	• Presence of breast mass • Need for diagnostic imaging or biopsy	85,86,87,88
Menstrual pain	Yes	**Video** – preferred **Telephone** – if video is not possible	• Obtain history and assessment • For presentations suggesting primary dysmenorrhea, provide self-management support, symptom management, education, medication management, follow-up plan	• Need for pelvic exam or imaging due to abnormal findings, lack of improvement with medical therapy, or concerning history • Symptoms of STI are also present • Signs of secondary dysmenorrhea are present, such as severe or worsening pain, abnormal uterine bleeding, mid-cycle pain, family hx of endometriosis, dyspareunia, congenital anomalies, etc.	89,90,91,92
Sexually transmitted infection (STI) symptoms	Yes, primarily for follow-up. Initial visit only if significant barriers to in-person visit exist	**Video** – preferred **Telephone** – if video is not possible	• Obtain history and assessment • Provide test result discussions, education, self-management support, medication management, safe sex counseling, follow-up plan, discuss partner therapy options	• Need for lab testing or culture (unless patient has access to self-swab kit) • Need for pelvic, genital, or rectal exam • Need for injectable medication • Signs of PID are present, such as fever, lower abdominal pain or dyspareunia	91,92,93,94, 95

PRIMARY CARE – PEDIATRICS
Chronic Condition Management

General Recommendations for Chronic Conditions

These recommendations are applicable to pediatric patients with one or more **established chronic conditions**. They do not reflect the initial diagnosis, nor the possible need for in-person specialist visits. These recommendations pertain to primary care visits performed **in addition to in-person routine well-child visits** where chronic conditions are evaluated.

During the telehealth visit, if it becomes clear to the provider that an in-person visit is necessary based on clinical need or acuity, the provider should take responsibility for ensuring a visit is scheduled and transportation is arranged.

Recommended telehealth uses:

1. Routine chronic condition follow-up in new or established patients or new patients 2 years of age or older, after screening to ensure they do not meet any in-person visit criteria (below). Selected new patients under 2 may benefit from a telehealth visit with a subsequent in-person visit, as deemed appropriate by the provider.
2. New or worsening symptomology in established patients or new patients 2 years of age or older, that does not require hands on or urgent/emergent assessment. Selected new patients under 2 may benefit from a telehealth visit with a subsequent in-person visit, as deemed appropriate by the provider.

E-Visits are appropriate for the following scenarios:

1. Established patients in need of evaluation, education, or clinical guidance for an issue or condition that is not time sensitive

Consider in-person visits for patients who meet any of the following criteria:

1. History, symptoms, or triage findings warrant a physical assessment, test, and/or procedure to determine a diagnosis or plan of care
2. Visit evaluation or outcome would be changed by an in-person exam
3. Lack of access to necessary monitoring devices either at home or at a satellite clinic location (i.e., pulse oximeter)
4. Lack of access to telehealth technology or lack of necessary telehealth technical skills
5. Patient or guardian preference to visit provider in person
6. Need to assess patient safety
7. Most recent visit(s) were performed via telehealth and provider deems an in-person visit necessary based on patient risk and time elapsed since last in-person visit.
8. Privacy cannot be ensured with a virtual visit

Note: Some patients who are due for ancillary services such as lab work, radiology exams, or vaccinations may receive those in-person services without a face-to-face visit to their primary care provider.

Condition Specific Recommendations for Chronic Conditions

In addition to the general recommendations above, consider the condition specific recommendations below when determining clinical appropriateness for **pediatric patients with established chronic conditions.**

This list is not comprehensive, but is intended to assist primary care providers in developing their own criteria for selected common conditions.

All pediatric patients (ages 0-21 years)

Reason for visit	Telehealth Candidate?	Platforms	Recommended telehealth services	In addition to general recommendations above, consider in-person visit for the following:	References
ADD/ADHD	Yes	**Video** – preferred **Telephone** – if video is not possible	• Obtain history and assessment. • Provide education, medication reconciliation, medication management, self-management support, caregiver support, classroom interventions, follow-up plan, screening tools (such as Vanderbilt forms) as appropriate • As appropriate, provide counseling, necessary screenings (social needs, substance use, anxiety, depression, etc.), assess for referral to behavioral specialist or group program	• Need to obtain vital signs such as weight or blood pressure • Recent medication dose adjustment	12,96,97,98, 99
Asthma	Yes	**Video** – preferred **Telephone** – if video is not possible **Remote Monitoring** – recommended as adjunct to visits	• Obtain history and assessment, consider use of asthma screening tool • Review inhaler technique and discuss medication adherence • Provide education, medication management, self-management plans, assess for specialist referral • Connect with school-based programs to involve educators and school nurses in patient care • Remote monitoring for symptom tracking between visits	• Worsening symptoms (cough, wheezing, chest tightness, difficulty breathing, etc.) not relieved by current medications • Acute asthma exacerbation • Signs of potential secondary infection such as prolonged fever, worsening cough, chest pain	13,100,101, 102,103,104, 105,106

All pediatric patients (ages 0-21 years)					
Reason for visit	**Telehealth Candidate?**	**Platforms**	**Recommended telehealth services**	**In addition to general recommendations above, consider in-person visit for the following:**	**References**
Cerebral palsy	Yes	**Video** – preferred **Telephone** – not recommended	• Obtain history and assessment • Discuss and coordinate care with medical/educational care team, connect patient/family with community or social support programs • Provide support, education, medication management, assess need for assistive equipment, follow-up plan, refer to specialty, social worker, case management, etc. as needed	• Need for in-office injectable medication • Co-occurring physical conditions necessitate hands on physical assessment • Changes in health status, function, strength, or mobility necessitate hands on physical assessment	107,108,109
Cystic fibrosis	Yes, but not recommended for routine visits	**Video** – preferred **Telephone** – if video is not possible **Remote Monitoring –** recommended as adjunct to visits	• Questions, concerns, or non-acute symptoms, occurring between routinely scheduled visits, that do not require hands-on assessment • Remote Monitoring for spirometry and symptom tracking if possible	• Routine follow-up visits • New or worsening symptoms that require a hands-on assessment, lab tests, or imaging	110,111,112, 113,114,115, 116,117
Diabetes type I & Diabetes type II	Yes	**Video** – preferred **Telephone** – if video is not possible **Remote Monitoring** – recommended as adjunct to visits	• Obtain history and assessment • Provide education, medication management, self-management support, nutrition & exercise counseling, follow-up plan, assess for specialist referral • Assess & address patient and caregiver psychosocial well-being • Refer to social worker, case management, community supports as needed. • Remote monitoring of blood glucose	• Patient is due for eye exam, foot exam, lab testing, or immunizations	118,119,120, 121,122,123, 124

All pediatric patients (ages 0-21 years)					
Reason for visit	**Telehealth Candidate?**	**Platforms**	**Recommended telehealth services**	**In addition to general recommendations above, consider in-person visit for the following:**	**References**
Disability - Developmental, intellectual, or learning disability (including autism)	Yes	**Video** – preferred **Telephone** – if video is not possible	• Obtain history and assessment • Discuss and coordinate care with medical/ behavioral/educational care team • Connect patient/family with community or social support programs as needed • Develop/discuss individual care plan, provide support, education, medication management, follow-up plan, assess need for referral to specialty, social worker, case management, etc.	• Co-occurring physical conditions necessitate hands on physical assessment	125,126,127, 128,129,130
Down syndrome	Yes	**Video** – preferred **Telephone** – if video is not possible	• Obtain history and assessment • Provide therapeutic conversations, support, education • Discuss and coordinate care with medical/behavioral/educational care team • Refer to specialty providers, PT/OT, social work, community supports, as needed	• Infant less than 1 month old • Need to assess atlanto-axial stability, muscle tone, or neurologic function • Need for lab testing • Patient is due for hearing exam, eye exam, or cardiac function testing	131,132,133, 134
Epilepsy	Yes	**Video** – preferred **Telephone** – not recommended	• Obtain history and assessment • Review seizure activity, medication side effects, and screen for anxiety/depression • Provide support, education, mediation management, self-management techniques, follow-up plan, refer to specialty or community supports as needed	• Need for full neurological examination • Need for EEG or diagnostic imaging • Need for lab testing	135,136,137, 138,139

All pediatric patients (ages 0-21 years)					
Reason for visit	**Telehealth Candidate?**	**Platforms**	**Recommended telehealth services**	**In addition to general recommendations above, consider in-person visit for the following:**	**References**
Hypertension (primary)	Yes	**Video** – preferred **Telephone** – if video is not possible **Remote Monitoring** - may be used as an adjunct to visits	• Provide support, education, medication management, exercise and nutrition planning, stress reduction techniques • Refer to specialty as needed	• Patient does not have access to an appropriate blood pressure measurement device or is unable to accurately measure blood pressure remotely • Signs of hypertensive crisis are present, such as headache, dizziness, altered consciousness, or visual changes • Need for lab testing or diagnostic imaging	140,141,142, 143,144,145
Migraines	Yes	**Video** – preferred **Telephone** – if video is not possible	• Obtain history and assessment • Review headache diary and screen for mood and anxiety disorders • Provide support, education, mediation management, non-pharmacologic treatment techniques, follow-up plan, refer to specialty or behavioral health as needed	• Need for full neurological examination • New or worsening symptoms that require a hands-on assessment, lab testing, or imaging • Signs or symptoms of secondary headache, such as sudden change in headache, blurred vision, focal deficits, or seizures	51,52,53, 146,147,148
Obesity	Yes	**Video** – preferred **Telephone** – if video is not possible	• Provide family support, counseling, education, nutrition and activity coaching, follow-up plan • As appropriate, screen for mental health, psychosocial stressors • Refer to nutrition, physical therapy, behavioral health, athletic training program, community supports, or surgery as needed	• Child under 2 years old • Height, weight, or blood pressure cannot be measured accurately remotely • Need for lab testing or sleep study	149,150,151, 152,153,154, 155

All pediatric patients (ages 0-21 years)					
Reason for visit	**Telehealth Candidate?**	**Platforms**	**Recommended telehealth services**	**In addition to general recommendations above, consider in-person visit for the following:**	**References**
Sickle cell disease	Yes	**Video** – preferred **Telephone** – not recommended	• Obtain history and assessment, including psychosocial assessment, develop/discuss care plan • Provide education, support, medication management, self-management techniques, refer to specialty or community supports as needed. • Discuss and coordinate care with specialty care team	• Child less than 1 year old • Patient is due for immunizations, lab tests, or eye exam • Need for diagnostic imaging or pulmonary function testing • New or worsening red flag symptoms such as fever >38.5˚C, cough, chest pain, difficulty breathing, severe pain, jaundice, pallor, fatigue, priapism, weakness, hand/foot swelling, enlarged spleen, or stroke symptoms	156,157,158
Tic disorder/ Tourette syndrome	Yes	**Video** – preferred **Telephone** – not recommended	• Obtain history and assessment, including psychosocial assessment • Provide education, support, medication management, self-management techniques, refer to specialty or community supports as needed. • Discuss and coordinate care with multi-disciplinary care team	No additional considerations	159,160,161, 162

PRIMARY CARE – PEDIATRICS
Behavioral Health

General Recommendations for Behavioral Health

These recommendations are applicable to pediatric patients with **established behavioral health diagnoses and non-emergent symptoms**. They do not reflect the initial diagnosis, nor the possible need for in-person specialist visits. They pertain to primary care visits performed **in addition to in-person routine well-child visits** where behavioral health conditions are evaluated. Prior to a telehealth visit, high risk patients should be screened carefully to rule out any possible need for emergent care. A safety plan for acute crises should be established for all patients seen via telehealth.[163]

During the telehealth visit, if it becomes clear to the provider that an in-person visit is necessary based on clinical need or acuity, the provider should take responsibility for ensuring a visit is scheduled and transportation is arranged.

Recommended telehealth uses:

1. New and established patients in need of treatment and monitoring of common behavioral health conditions, after screening to ensure they do not meet any in-person visit criteria (below)
2. Any patient who is not in need of emergent care, that would not otherwise have access to care or is more comfortable speaking about behavioral health issues via a telehealth platform

Consider in-person visits for patients who meet any of the following criteria:

1. Provider feels that an in-person visit is necessary to assess full clinical picture and detect subtle nuances of interpersonal communication
2. Privacy cannot be ensured with a virtual visit
3. History, symptoms, or triage findings warrant a physical assessment to determine a diagnosis or plan of care
4. Visit evaluation or outcome would be changed by an in-person exam
5. Lack of access to telehealth technology or lack of necessary telehealth technical skills
6. Patient or guardian preference to visit provider in person
7. Need to assess patient safety
8. Most recent visit(s) were performed via telehealth and provider deems an in-person visit necessary based on patient risk and time elapsed since last in-person visit.

Connect patient with a behavioral health provider or emergency services for anyone experiencing a mental health emergency or crisis such as acute suicidality, psychosis, acute intoxication, delirium, drug withdrawal, or aggression

Note: Some patients who require ancillary services such as lab work may receive those in-person services without a face-to-face visit to their primary care provider.

Condition Specific Recommendations for Behavioral Health

In addition to the general recommendations above, consider the condition specific recommendations below when determining clinical appropriateness for **pediatric patients with established behavioral health needs.**

This list is not comprehensive, but is intended to assist primary care providers in developing their own criteria for selected common conditions.

All Children (aged 0-21)					
Reason for visit	**Telehealth Candidate?**	**Platforms**	**Recommended telehealth services**	**In addition to general recommendations above, consider in-person visit for the following:**	**References**
Anxiety and/or Depression	Yes	**Video** – preferred **Telephone** – if video is not possible	• Obtain history and behavioral health assessments using validated screening tools. Perform home and psychosocial needs assessments • Provide education, support/coaching for patient and family, self-management techniques, medication management, safety planning • Refer to behavioral health specialists and community supports as needed	• Lack of a trusted on-site adult to participate and/or intervene if needed in patients under 18 years old • History of maltreatment or lack of safety in the home	164,165,166, 167,168,169
Disordered eating	No	N/A	N/A	N/A	170,171,172

OPERATIONAL CONSIDERATIONS
Resources for successful telehealth integration

How can I implement telehealth in my practice?

- American Academy of Pediatrics Telehealth Resources
  https://www.aap.org/en/practice-management/care-delivery-approaches/telehealth/
- American Academy of Pediatrics Promoting Telehealth Campaign Toolkit
  https://www.aap.org/en/news-room/campaigns-and-toolkits/promoting-telehealth/
- American Medical Association Telehealth Implementation Playbook
  https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf
- American Academy of Family Physicians – A Toolkit for Building and Growing a Sustainable Telehealth Program in Your Practice
  https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf
- American Academy of Child & Adolescent Psychiatry – Telepsychiatry Guidelines & Policies
  https://www.aacap.org/AACAP/Clinical_Practice_Center/Business_of_Practice/Telepsychiatry/Telepsychiatry_Guide_and_Pol.aspx
- Health and Human Services (HHS) – Telehealth resources for health care providers
  https://telehealth.hhs.gov/providers/

What telehealth services are covered by insurance?

- Medicare
  - Centers for Medicare and Medicaid Services (CMS) – General Provider Telehealth and Telemedicine Toolkit
    https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf
  - Centers for Medicare and Medicaid Services (CMS) – List of Telehealth Services
    https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- Medicaid
  - Oregon Health Authority, Health Systems Division – Oregon Medicaid COVID-19 Provider Guide
    https://www.oregon.gov/oha/HSD/OHP/Announcements/Oregon%20Health%20Plan%20coverage%20of%20telemedicine%20services.pdf

Can I provide care to an out-of-state patient?

- Physicians and Physician Assistants: https://www.oregon.gov/omb/Topics-of-Interest/Pages/Telemedicine.aspx
- Naturopathic Physicians: https://www.oregon.gov/obnm/Documents/Rules/TelemedicineGuidelines.pdf

METHODS

These recommendations were developed by the members of Oregon Health Leadership Council's (OHLC) Telehealth Workgroup, with the guidance and support of OHLC's Best Practice Committee. These groups are comprised of providers, clinical leaders, and telehealth experts representing health systems, clinics, and health plans throughout Oregon. More information about the Best Practice Committee can be found here: http://www.orhealthleadershipcouncil.org/ebbp/.

The information in this document was collected via evidence-based literature searches, as well as expert opinion from Telehealth Workgroup members and their colleagues. The conditions listed within each condition specific guideline section were derived from the most common reasons for visits in the pediatric primary care setting, as well as input from pediatricians.

The recommendations provided in this document reflect information available to the OHLC Telehealth Workgroup at the time of its development. However, research on the safety, quality, and effectiveness of telehealth in the pediatric population is ongoing. We encourage organizations to use these recommendations as an aide in building their telehealth procedures and continue to refine their processes as new research becomes available.

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