

Above All Healthcare POLICIES AND PROCEDURES 1/1/2024

PURPOSE:

To ensure adherence to all applicable laws, rules, and regulations while ensuring patient access to our office through the use of “live two-way audio-visual communication”. By implementing these procedures, Above All Healthcare will provide “long distance” medical services to patients.

PROCEDURES:

I. DEFINITIONS

Above All health office -line (352) 897-0616 definition

Telemedicine - The use of electronic communication and information technologies to provide or support medical care at a distance. This definition includes: (1) live interactive two-way audio-video communication; and (2) any communication modalities such as phone, fax, e-mail, the internet, and still imaging that are used in conjunction with such live two-way audio-video communication. The same standards of care and protocol exist with telemedicine as are used when assessing and treating the patient on-site. The provider-patient relationship is the same. Even though an “in person” examination is not performed, a physical inspection is performed utilizing the video chat and a thorough history, assessment, plan and laboratory evaluation is performed thus establishing a provider-patient relationship.

Medical Providers/Providers – A licensed MD, DO, NP, or PA.

II. APPLICATIONS/SCOPE

A. Services

1. The following services will be available through the use of telemedicine:
 - Family medicine, including weight loss and primary concierge medicine
2. Treatment via telemedicine will not deviate from standards of care applicable to face-to-face assessment and treatment.
3. The telemedicine appointment by the medical provider may be an adjunct to periodic face-to-face contact or it may be the only contact by the medical provider if medical provider deems it unnecessary to have an in-person evaluation.

B. Locations

Above All medical services will be provided as follows:

1. Patient at remote location/Provider at remote location – Medical provider will be at a location of their choosing operating under Above All Healthcare and the patient will be at a location of their choosing such as their home.

C. Clinical Oversight

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Clinical oversight of Above All medical care will be provided by random audits of patient charts by the Above All Healthcare clinical directors.

Medical providers will have access to clinical directors for clinical questions as they arise.

D. Contraindications for Use

The consulting provider should request face-to-face consultation if the patient's condition does not lend itself to a telemedicine consultation or if visual or sound quality is inadequate.

III. PROVIDERS

- A. Above All medical care may be provided by licensed and credentialed medical providers who are part time 1099 contractors. The clinical care will be provided within the scope of their licenses.
- B. Providers will be licensed in each respective state they provide services to. Each provider will be board certified and have an unrestricted DEA license.
- C. Providers are responsible for being aware of and abiding by the current rules/laws governing the state of practice relating to prescribing medications and telemedicine law.
- D. Providers will have at least 1 year of clinic experience, preferably in Family medicine. Ultimate decision of hiring will be up to the clinical directors of Above All Healthcare.
- E. Providers will complete provided training material and obtain the CME credit before providing medical services unless experience dictates otherwise.

IV. PRIVACY, CONFIDENTIALITY AND SECURITY

- A. The privacy and confidentiality of the telemedicine medical service will be maintained by ensuring that the locations of the patient and medical provider are secure. The services will be provided in a controlled environment (closed doors) where there is a reasonable expectation of absence from intrusion by individuals not involved in the patient's direct care.
- B. "Do Not Enter" signs will be recommended to be posted on the outside doors of facilities used in order to notify individuals not to enter the room during the telemedicine visit.
- C. Above All Healthcare staff, or ancillary contracted staff, involved in the patient's care, family members and technical staff may at times be present in interviews. Patients will be informed about others present in the room at the distant site if such persons are off camera and appropriate authorizations for disclosure of information will be obtained. Whenever possible, the presence of non-clinical staff during the telemedicine visit will be avoided.
- D. The telemedicine medical service will not be audio- or video-taped without written informed consent from the patient.

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V. INFORMED CONSENT

- A. Informed consent for Weight loss, family practice, and telemedicine services will be obtained from the patient prior to the service.
- B. The patient will be made aware of the potential risks and consequences as well as the likely benefits of the telemedicine services and will be given the option of not participating. If patients choose to not participate in care provided by Above All Healthcare, the provider will refer the individual to primary care for further management.
- C. The content of the consent will be discussed fully, and a note documented in the record that this has occurred.
- D. The original signed consent will be filed in the patient's medical record.

VI. REQUIRED DOCUMENTATION

- A. All documentation of medical services will be documented in accordance with applicable standards, guidelines, by-laws, rules and regulations. Providers will be expected to document in the provided cloud based EMR.
- B. A Progress Note will be completed by the medical provider to document each visit with the patient. The progress will be completed within 24 hours of the visit.
- C. Upon admission to Above All healthcare, an initial visit will be conducted by the medical provider and documented in the patient's record.
- D. Prescriptions will be documented within the EMR for each patient every time a prescription is issued.
- E. Orders for lab work and notation of review of lab work will be documented in the progress notes.
- F. When equipment failure prevents adequate diagnosis or treatment, a progress note should be written to document such failure and later transcribed into the EMR.

VII. MEDICAL RECORDS

- A. Medical records will be saved in the cloud based EMR and are available/accessible for routine care and in emergency situations.

VIII. TRAINING, LICENSURE AND LIABILITY

- A. All staff members involved in the operation of the EMR and provision of the services will demonstrate competency in the system's operation (including EMR functionality and limitations and means of safeguarding confidentiality and security). Such training will

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be provided by Above All Healthcare and courses that are readily available through the EMR. (USE THIS VERBIAGE IF YOU ARE HIRING PROVIDERS).

- B. All medical providers will have a background check performed and license verifications prior to employment and yearly thereafter. (USE THIS VERBIAGE IF YOU ARE HIRING PROVIDERS).
- C. Medical malpractice insurance in a occurrence policy will be furnished by Above All Healthcare. It is recommended that all medical providers hold separate professional occurrence based policies

IX. EQUIPMENT FOR VIDEOCONFERENCING

- A. All medical providers will be expected to have a personal computer, laptop, or tablet that is capable of video conferencing and for operating the EMR.

X. SPECIFIC OPERATING PROCEDURES AND EXPECTATIONS

- A. Scheduling of appointments for medical services will be predominately performed online through the cloud based EMRs scheduling portal accessed from the website. Patients will select the medical provider in their respective state based off available open times and create an appointment. If a patient calls requesting an appointment, they will be directed to the online portal and will make the appointment themselves.
- B. Above All Healthcare answering service will be provided by an independent 3rd party answering service. This answering service will be responsible for answering patient's basic questions, coordinating scheduling, and referring to appropriate clinical staff. A MA will be within the call tree and clinically relevant questions will be answered by the MA and redirected to medical providers if deemed necessary.

XI. PROVIDER RESPONSIBILITIES

- A. Provider will be responsible for answering clinically relevant questions, concerns or urgent/emergent matters that the on call MA cannot address. Provider will be responsible to address these matters for the patients they provide care too. It will be expected that the matter will be addressed within 2 hours of notification. Provider should anticipate this happening very sparingly as weight loss is well tolerated by most patients.
- B. Provider will be responsible for ordering labs through the Quest labs portal at the end of the patient encounter. Provider is responsible for entering in the patient's demographic data into this lab portal and initiate the order. After the order is placed into the Quest labs portal, provider must also input the lab charge into the EMR
- C. Provider is responsible for reviewing the patient's lab work prior to the initiation of the follow up visit. It is the clinical director's responsibility to address critical values that the lab will call into Above All Healthcare.
- D. Prescriptions will be called in or eRx by the provider.

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1. It is the providers responsibility to ensure they follow lawful prescribing of controlled substances. It is the providers responsibility to coordinate an in-person evaluation prior to the prescription of a controlled substance. Prescriptions for a controlled substance should not exceed the amount permitted by law.

E. Scheduling

1. During this initial consultation it is the providers responsibility to ensure the informed consent is reviewed, absolute and relative contraindications are assessed and a completely history is performed.
2. After the initial consultation, lab work will be ordered and the follow up visit will be scheduled in 2-4 weeks. This follow up visit is when lab work will be reviewed and a plan will be started.

F. It is the provider's responsibility to stay up to date in current medical practices in regards to family practice and weightloss.

G. It is the provider's responsibility to educate the patient about the importance of establishing, following up and maintaining care with a primary care provider outside of services provided by Above All Healthcare.

H. It is at the provider's discretion to obtain a full physical examination of the patient prior to initiating treatment. An inspection examination will be performed during the initial video visit. A physical exam can be done by the patients primary care provider or at an urgent care and sent to Above All Healthcare.

(THESE FINAL STATEMENTS ARE GEARED TOWARDS HAVING EMPLOYEES.
DELETE THEM IF YOU ARE A SOLE PROVIDER AND JUST ACKNOWLEDGE THE
POLICIES AND PROCEDURE OF YOUR TELEMEDICINE PRACTICE)

I acknowledge that I have received a copy of the above policies and procedures, which describes important information about Above All Healthcare, and understand that I should consult the Above All Healthcare administrators and/or directors if I have questions. I have entered into employment with Above All Healthcare voluntarily and acknowledge that it is bound to the employment contract.

Since the information, policies and procedures described here are necessarily subject to change, I acknowledge that revisions to the Manual may occur. I understand that Above All Healthcare may change, modify, suspend, interpret or cancel, in whole or part, any of the published or unpublished personnel policies or practices, with or without notice, at its sole discretion, without giving cause or justification to any employee or contractor. Such revised information may supersede, modify or eliminate existing policies. Above All Healthcare shall have sole authority to add, delete or adopt revisions to these policies and procedures. Any oral statement by administration or an employee of Above All Healthcare contrary to these policies and procedures is invalid and should not be relied upon by any employee.

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I understand and agree that I will read and comply with the policies contained in this Manual and any revisions, am bound by the provisions contained therein, and that my continued employment is contingent on following those policies.

Printed Name _____

Signature _____ Date _____