



Department of Health Telehealth Practitioner Survey

Governor Rick Scott signed House Bill 7087 into law April 14, 2016. This legislation requires the Department of Health (DOH) to survey health care practitioners on the status and scope of telehealth activities in the state. DOH is required to work with the Agency for Health Care Administration to compile and submit a report of the survey findings to the Governor, the President of the Senate, and the Speaker of the House. The completion of this survey is mandatory at renewal.

If you have any questions regarding this survey or any requirements of this legislation, please contact the Agency for Health Care Administration at telehealth@ahca.myflorida.com.

Q1 Do you offer telehealth services for patients? Yes No
If Yes, go to Q2. If No, STOP: Go to Q18.

Q2 Do you provide telehealth services in your private office or group practice setting? Yes No ***If Yes, go to Q3. If No, STOP: Go to Q15.***

Q3 What type of telehealth delivery system do you use in your private office or group practice setting? Select all that apply.

- a. Live, interactive video conferencing - Presenting site
- b. Live, interactive video conferencing - Receiving site
- c. Store and forward
- d. Remote Patient Monitoring
- e. Direct to Patient – videoconferencing
- f. Direct to Patient – telephonic only
- g. Other, please describe _____

Q4 How long have you been providing telehealth services in your private office or group practice setting?

- a. less than 1 year
- b. 1 – 2 years
- c. 3-5 years
- d. 6-10 years
- e. more than 10 years

Q5 For what types of patient care do you utilize telehealth in your private office or group practice setting? Select all that apply.

- a. Radiology
- b. Neurology
- c. Psychiatry/Mental Health/Behavioral Health
- d. Dermatology
- e. Intensive Care/Critical Care
- f. Primary Care
- g. Pediatric Care/Pediatric Specialty Care
- h. Extend Care/Post-Discharge/Home Health/Remote Patient Monitoring
- i. Emergency Trauma Care
- j. Tele-pharmaceutical/Tele-prescribing/Medication Compliance
- k. Chronic Disease/Cancer
- l. Other, please describe _____

Q6 Do you use telehealth in your private office or group practice setting for: (select all that apply)

- a. Diagnosis/Treatment
- b. Second Opinion
- c. Follow-up
- d. Chronic Disease management
- e. Emergency Care
- f. Other, please describe _____

Q7 How was the equipment needed to provide telehealth services in your private office or group practice setting obtained? Select all that apply.

- a. Purchased with general operating funds
- b. Purchased with public grant funding
- c. Purchased with private grant funding
- d. Donated by a charitable foundation
- e. Leased Equipment
- f. Shared/group purchase
- g. Provided by a hospital or other health care facility
- h. Able to use existing equipment
- i. Other, please describe _____

Q8 What percentage of costs for providing telehealth services in your private office or group practice setting are reimbursed by health plans?

- a. No cost were reimbursed by health plans
- b. Less than 25% was reimbursed by health plans
- c. Less than 50% was reimbursed by health plans
- d. Less than 75% was reimbursed by health plans
- e. Greater than 75% was reimbursed by health plans

Q9 Please indicate any other funding sources, outside of insurance reimbursement, used to cover the costs for providing telehealth services (if any) in your private office or group practice setting. Select all that apply.

- a. None
- b. Cash payment directly from patient
- b. Public grant funding
- c. Private grant funding
- d. Donations by a charitable foundation
- e. Off-set costs in other areas of facility budget
- g. Other, please describe _____

Q10 What percent of cost-savings to your private office or group practice setting, if any, can you attribute to the use of telehealth?

- a. None
- b. 1 - 25%
- c. 26 - 50%
- d. 51 - 75%
- e. 76 – 100%

Q11 Do you provide telehealth services in your private office or group practice setting to patients that reside in? Select all that apply.

- a. Florida
- b. States outside of Florida
- c. Countries/Territories outside of the United States

Q12 What percentage of the patients in your private office or group practice setting would you project will be using your telehealth services three years from now?

- a. Less than 10%
- b. 10-30%
- c. 31-50%
- d. 51-70%
- e. 71-90%
- f. 91-100%

Q13. Does your private office or group practice have plans to expand telehealth services in the future to cover any of the following? Select all that apply.

- a. Developmental disabilities
- b. Geriatrics
- c. Prison health
- d. Rehabilitation
- e. School health
- f. Genetics
- g. Not applicable to our facility
- h. No plans to expand
- i. Other, please describe _____

Q14 Has your private office or group practice experienced any barriers to use, implementing the use of, or accessing services via telehealth? Yes No
If yes, select all that apply.

- a. Lack of health insurance reimbursement for telehealth services provided
- b. Inability to electronically exchange patient medical records/information
- c. Unable to determine return on investment
- d. Inability to secure support from physicians in using the technology
- e. Lack of funding
- f. Inability to develop partnerships with presenting sites
- g. Inability to develop partnerships with originating sites
- h. Inability to get Medical Malpractice and Professional Liability Insurance
- i. Lack of community/patient acceptance of telehealth services
- j. Restrictions related to health practitioner licensure
- k. Inability to obtain practitioner credentialing/privileging at partnering facilities
- l. Limitation related to on-line prescribing
- m. Concerns related to privacy and security
- n. Lack of facility executive support
- o. Inability to connect at needed internet bandwidth speeds
- p. Other, please describe _____

Q15 Do you provide telehealth services in facilities other than your private office or group practice? Yes No **If Yes, go to Q16. If No, STOP: Go to Q22**

Q16. Do you provide telehealth services at any of the following type(s) of facility(s)?
Select all that apply.

- a. Assisted Living Facility
- c. Home Health Agency
- d. Home Medical Equipment Provider
- e. Hospice
- f. Ambulatory Surgical Center
- g. Birth Center
- h. Crisis Stabilization Unit
- i. Hospital
- j. Residential treatment Center for Children & Adolescents
- k. Residential Treatment Facility
- l. Clinical Laboratory
- m. End-Stage Renal Disease
- n. Intermediate Care Facility for the Developmentally Disabled
- o. Nursing Home
- p. Prescribed Pediatric Extended Care Center
- q. Transitional Living Facility
- s. Other please describe: _____

Q17 Has your facility experienced any barriers to use, implementing the use of, or accessing services via telehealth? Yes No

If yes, select all that apply

- a. Lack of health insurance reimbursement for telehealth services provided
- b. Inability to electronically exchange patient medical records/information
- c. Unable to determine return on investment
- d. Inability to secure support from physicians in using the technology
- e. Lack of funding
- f. Inability to develop partnerships with presenting sites
- g. Inability to develop partnerships with originating sites
- h. Inability to get Medical Malpractice and Professional Liability Insurance
- i. Lack of community/patient acceptance of telehealth services
- j. Restrictions related to health practitioner licensure
- k. Inability to obtain practitioner credentialing/privileging at partnering facilities
- l. Limitation related to on-line prescribing
- m. Concerns related to privacy and security
- n. Lack of facility executive support
- o. Inability to connect at needed internet bandwidth speeds
- p. Other, please describe _____

STOP: Go to Q22

Q18. Have you ever attempted to provide telehealth services? Yes No

If Yes, go to Q19. If No, STOP: Go to Q21

Q19. How was any equipment needed to provide telehealth services in your private office or group practice obtained? Select all that apply.

- a. Purchased with general operating funds
- b. Purchased with public grant funding
- c. Purchased with private grant funding
- d. Donated by a charitable foundation
- e. Leased Equipment
- f. Shared/group purchase
- g. No or minimal purchase needed to obtain equipment
- h. Equipment never obtained
- i. Other, please describe _____

Q20. Have your private office or group practice experienced any barriers to use, implementing the use of, or accessing services via telehealth? Yes No
If yes, select all that apply

- a. Lack of health insurance reimbursement for telehealth services provided
- b. Inability to electronically exchange patient medical records/information
- c. Unable to determine return on investment
- d. Inability to secure support from physicians in using the technology
- e. Lack of funding
- f. Inability to develop partnerships with presenting sites
- g. Inability to develop partnerships with originating sites
- h. Inability to get Medical Malpractice and Professional Liability Insurance
- i. Lack of community/patient acceptance of telehealth services
- j. Restrictions related to health practitioner licensure
- k. Inability to obtain practitioner credentialing/privileging at partnering facilities
- l. Limitation related to on-line prescribing
- m. Concerns related to privacy and security
- n. Lack of facility executive support
- o. Inability to connect at needed internet bandwidth speeds
- p. Other, please describe _____

STOP: Go to Q22

Q21 Why have you not attempted to use telehealth in your private office or group practice? Select all that apply.

- a. Lack of health insurance reimbursement for telehealth services provided
- b. Inability to electronically exchange patient medical records/information
- c. Unable to determine return on investment
- d. Inability to secure support from physicians in using the technology
- e. Lack of funding
- f. Inability to develop partnerships with presenting sites
- g. Inability to develop partnerships with originating sites
- h. Inability to get Medical Malpractice and Professional Liability Insurance
- i. Lack of community/patient acceptance of telehealth services
- j. Restrictions related to health practitioner licensure
- k. Inability to obtain practitioner credentialing/privileging at partnering facilities
- l. Limitation related to on-line prescribing
- m. Concerns related to privacy and security
- n. Lack of facility executive support
- o. Inability to connect at needed internet bandwidth speeds
- p. No interested in providing these types of services
- q. Other, please describe _____

Q22 What would assist you, if anything, in implementing, sustaining, or expanding telehealth services?
