Defining Guidelines for Appropriate Telehealth Use



Telehealth can be a helpful way to provide care to patients remotely; however, it likely won't be appropriate to use in every situation.

Below are some common examples of conditions or visit types where other physicians and practices have found telehealth appropriate vs. where an in-person visit was more appropriate. However, you should use your judgment when determining the appropriateness of telehealth based on developed protocols and the specific conditions of the individual patient.

COMMON USE CASES FOR TELEHEALTH TELEHEALTH IS NOT APPROPRIATE FOR Appointments with existing patients ☐ First-time appointments ☐ Prenatal visits ☐ Anytime a physical exam is needed ☐ ADHD, Anxiety, Depression, toddler behavioral, and ☐ When patient is experiencing a symptom sleep (follow-up and medication management) outside the bounds of your clinical protocols Asthma follow-up and medication management for telehealth visits (e.g., fever, difficulty (not when having acute symptoms or wheezing) breathing, vomiting, confusion, agitation, or other abnormal mental states, etc.) Children on high-dose inhaled steroids may need to be seen in the office to monitor growth ☐ Allergy evaluation/medication management ☐ Eczema, acne evaluation, and medication management and follow-up ☐ Any other medication management not requiring a physical exam ☐ Simple conjunctivitis (pink eye) without fever ☐ Minor trauma screening (lacerations, abrasions, animal bites) ☐ Follow-up for dietary guidance Review of lab, X-ray, and consultation reports ☐ Surgery follow-up ☐ Foreign travel (may require a vaccination visit) ☐ Foreign adoption (review of records prior to adoption) Lactation