DEPARTMENT OF THE ARMY
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Medical Services
TELE-DERMATOLOGY CONSULT MANAGEMENT SYSTEM

1. History
This is a new North Atlantic Regional Medical Command (NARMC), pamphlet.

2. Applicability
The Telemedicine Consult Management System - Tele-Dermatology Project provides Tele-Dermatology support to fixed land sites within the TRICARE Region I area and through the NARMC.

3. Purpose
This Clinical Business Practice is provided as a guide to the successful implementation and operation of the Tele-Dermatology Clinic Consult System.

4. References

a. Telemedicine Policy Memorandum, 15 December 1997.

b. TRICARE Region I Tele-Dermatology Consult Manager's User's Guide.

c. Tele-Dermatology Consult System On-line Help Documentation.

5. Scope of Care

The Telemedicine Consult Management System - Tele-Dermatology Project provides Tele-Dermatology support to fixed land sites both within the TRICARE Region I area and through the NARMC. The Tele-Dermatology consult application within the System is designed to work through a Web-based communications platform (a store and forward approach). This solution allows the system to present dermatology consult requests from remote locations to dermatology specialists, and to return the clinical response to the appropriate users, irrespective of physical location.

6. Responsibilities

a. Referring Facility.

(1) Requesting Health Care Provider

(a) Refer patients for whom dermatology consult is required to the Consult Manager, along with a completed Tele-Dermatology Consult Request form.

(2) Consult Manager

(a) Act as liaison between the Health Care Provider, the Patient, and the Consultant.

i. Monitors consult requests to ensure that responses are received within the necessary time frame.

(b) Assume lead role in operating and maintaining the system.

i. Operates digital camera and personal computer equipment weekly to verify equipment functions correctly.

ii. Conducts test referrals at least every two weeks to determine that equipment and system function correctly.

iii. Trains incoming or replacement Consult Manager(s).

iv. Ensures site personal computer is at the appropriate browser level.

(c) Interact with the Patient for consult generation and management.

i. Briefs Patient on Telemedicine, explains security risks, provides Telemedicine Information Sheet, and has the Patient sign the Patient Release Form placing the form into the Patient's regular medical record, and makes a copy for the Patient In-House Medical Record.

ii. Instructs the Patient to make a follow-on appointment within four to five days.

iii. Photographs Patient's skin and releases the Patient.

iv. Enters data from the Tele-Dermatology Consult Request Form provided by the Health Care Provider into the automated system.

v. Establishes a local Patient In-House Medical Record containing: the Patient Release Form, the Consult Request Form, and the generated SF 513 (both initial and final responded-to form when available).

vi. Monitors the consult requests to ensure the consult responses are received within the established timeframe: Routine Consult 72 hours, Emergency Consult 24 hours.

vii. Updates user information, e-mails, and adds and deletes users as necessary, etc.

(3) Facility Commander

(a) Ensure awareness of the Tele-Dermatology application and its accessibility for normal medical operation.

(b) Support the effective and efficient implementation of the Tele-Dermatology program within their area of operation.

(c) Manage and review all department participation, coordination and training.

(d) Ensure the usage of Tele-Dermatology before a Patient is referred to a civilian health care provider for at least 20% of all site consults.

b. Consulting Facility.

(1) On-Call Specialist

(a) The on-call dermatologist is responsible for answering all Tele-Dermatology consult requests for their assigned period. The on-call dermatologist is assigned on a rotating basis from the Walter Reed Army Medical Center, Dermatology Service.

(2) Chief, Dermatology Service

(a) Establish a regular schedule for the dermatologist to answer the consult activity. Ensure scheduled dermatologists are aware of their responsibilities for answering consults.

(b) Monitor the consult system to ensure consults are responded to in accordance with established standards.

(c) Manage the Peer Review subsystem, ensuring an appropriate number of consults are reviewed.

(3) Project Manager

(a) Coordinate clinical, technical and operational requirements.

i. Gathers/prepares necessary documentation for relevant training manuals, clinical business practices and system maintenance/support documentation.

ii. Monitors compliance with necessary legal and or ethical restrictions, including formulation and update of necessary privacy and/or security policies, as well as oversight of any intellectual property rights in the system that may be owned by the government or for which the government might be obligated/liable to third parties.

(b) Coordinate system deployment, maintenance and sustenance.

i. Oversees development suggestions in order to ensure a uniform product.

(c) Perform application system administrator functions on a daily basis. These include:

(i) Maintains user accounts, authorizing and deleting users from the system.

(ii) Monitors system throughout, to ensure timely consult follow-up.

(iii) Monitors overall system performance and availability.

(iv) Monitors to ensure schedule backups are performed on the data and software application.

(4) System Administrator

(a) Manage and maintain Windows operating system and supporting software.

(5) Telemedicine Deployment Team

(a) Provide Command level information briefings on the Tele-Dermatology application. The purpose of these meetings is to:

i. Establish an understanding of what the system is.

ii. Identify what equipment and support is available from the Telemedicine Directorate.

iii. Identify what support is required from the remote site.

(b) Provide technical reviews of the remote site ensuring the site has the technical ability to use the Tele-Dermatology application.

(c) Provide detailed training to Consult Managers on what Tele-Dermatology is and how to use the application.

(i) Explains the overall consult request and management process flow.

(ii) Provides Consult Managers with necessary training materials.

(iii) Ensures equipment necessary for proper system utilization is acquired, maintained, and secured throughout the life of the project.

(iv) Registers and authorizes Consult Managers to use the system, instructing them on the registration process for their fellow site staff.

7. System Requirements

a. Remote Location Hardware Requirements:

(1) Personal Computer with a Pentium III or better, 20 MB cache, 64 MB RAM, Windows based operating system, Netscape 5.0 or Internet Explorer 5.5 Web browser with 128-bit encryption, graphics capable monitor, and access to the Internet.

(2) Digital Camera (capable of 3.21 Megapixel and minimum of 800 x 600 screen resolution), PCMCIA card reader capabilities.

(3) Laser Printer capable of printing out the completed Consult Request Form (Standard Form 513).

8. Consult Generation Process

a. Initiate Consult.

(1) Upon determining the need for a dermatological consult, the Health Care Provider obtains the two-part Consult Request Form from the Consult Manager. This form must be completed and signed (it incorporates the standard Army referral form SF-513), and sent with the Patient to the Consult Manager.

(2) The Health Care Provider should take care that the required patient history is filled out properly and completely, using the appropriate medical terminology, either by doing so personally, or by closely supervising the interview and resulting data transcription.

b. Obtain Consent from Patient.

(1) Consent must specifically include explanation of the telemedicine process, as well as the attendant security/privacy risks. Patients should be encouraged to ask questions, and reasonable efforts should be made to answer their concerns.

(2) After the procedure has been explained to the patient's satisfaction, the Patient signs the Standard Form 522 which is placed into the Patient's standard medical record, and a copy is made for the In-House Patient Medical Record.

c. Establish the In-House Patient Medical Record.

(1) The Consult Manager establishes the In-House Patient Medical Record by placing the Patient Consent Form, the Consult Request Form, and the generated SF 513 form into a medical record jacket labeled with the patient's name and identification or Social Security Number.

d. Photograph Patient.

(1) The Consult Manager should take at least five to eight still images of the affected areas.

(2) Special attention should be paid to lighting, background, patient complexion and dermatological condition to determine the best photographic environment for each patient and situation. Use the image preview function available on most cameras to ensure that images are of a diagnostic quality.

(3) The Consult Manager should include the following views:

(a) A view including the whole location (e.g. back, leg) for orientation (usually 8 feet). This is frequently not necessary if the skin problem is very well localized.

(b) A medium view (usually 3-5 feet), including some anatomic landmarks for orientation.

(c) Close-up view(s) in which the lesion occupies about one quarter to one third of the viewfinder (usually 1 foot).

(d) An oblique view or angular view to show the height of the lesion.

e. Review Images.

(1) Whenever possible, the images should be transferred from the memory card in the camera to the Consult Manager's computer while the patient is still present to allow the images to be reviewed on the computer, and if necessary, re-shot. (The best five images should be sent with the consult.)

f. Data Entry

(1) The Consult Manager enters the data from the Tele-Dermatology Consult Request Form, along with all relevant images.

g. Consult Verification.

(1) Consult Managers should ensure the requesting Health Care Provider reviews the completed Consult Request Form (Standard Form 513) for completeness, quality, and accuracy.

h. Forward Consult Request.

(1) Designate consult priority

(a) In emergency situations, the Consult Manager should telephone the Project Manager to alert the Duty Dermatologist to the pressing need to answer a particular consult. Ideally, the consult will be answered through the system while the patient is still present at the remote location.

(b) Normal consult priority is a seventy-two hour turn around.

i. The Consult Manager monitors the Tele-Dermatology application on a regular basis and ensures consults do not exceed the established standards for the consult process.

j. Schedule Follow Up Treatment

(1) Before leaving, the patient should be scheduled for a follow-up appointment with the Requesting Health Care Provider, usually within a 3-5 day timeframe.

k. Referral To Dermatology

If it is deemed the patient needs to be seen at the Dermatology Clinic, the patient should go through the normal appointment process for those with TRICARE Prime, Standard, or Extra coverage to schedule the appointment. If it is deemed the patient needs to be seen urgently, the patient should be instructed to call the front desk of the Dermatology Service (202-782-6173/6174), stating they are an "urgent Tele-Dermatology referral", and they will be given the earliest appointment available. Special dermatology appointments are set aside for urgent cases.

9. Consult Response Process

a. Dermatologist rotation and response to generated consult requests.

(1) The Chief of the Dermatology Service establishes the schedule for the dermatologists to answer the consults.

(2) A dermatologist is assigned to answer the consults once in the morning and once in the afternoon.

b. Once the dermatologist responds to a consult, an automated email message is sent to the Consult Manager and to the Health Care Provider stating the consult is complete.

c. Referring Site Actions:

(1) The Consult Manager is required to log onto the system and access the Patient's completed Consult Request Form (Standard Form 513), placing it in the Patient In-House Medical Record. The medical record is forwarded to the Health Care Provider responsible for following up on the Patient's care.

(2) The Health Care Provider, upon contacting the patient, must sign the Standard Form 513 at the bottom of the form attesting to the fact they did contact the patient with the follow up dermatology instructions.

10. Record Keeping

a. The Patient In-House Medical Record should be maintained for one year at the local site and then destroyed.

Note: All necessary forms used with the Tele-Dermatology Consult System are available online within the System.

11. Workload Credit

a. Individual clinics determine how to count for workload credit following local clinical guidelines.

The proponent agency of this publication is the office of the North Atlantic Regional Medical Command, Walter Reed Army Medical Center, Telemedicine Directorate. Users are invited to send suggestions and comments on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical Center, ATTN: MCAT-CL-T, 6900 Georgia Avenue N.W., Washington, DC 20307-5001.

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