

Table 1: Data Documentation Items Collected by Type of Healthcare Facility

Documentation Item	Type of Healthcare Facility N (%)								Total* N
	Physician Office		Hospital		Mental Health		Other**		
	Yes	No	Yes	No	Yes	No	Yes	No	
Patient Identification Number	21 (81)	5 (19)	1 (100)	0 (0)	6 (67)	3 (33)	12 (80)	3 (20)	51
Patient Location	24 (86)	4 (14)	1 (100)	0 (0)	9 (100)	0 (0)	12 (75)	4 (25)	54
Provider Location	22 (79)	6 (21)	1 (100)	0 (0)	8 (89)	1 (11)	13 (82)	3 (18)	54
Communication Method	28 (100)	0 (0)	1 (100)	0 (0)	9 (100)	0 (0)	14 (93)	1 (7)	53
Date of Service	28 (100)	0 (0)	1 (100)	0 (0)	9 (100)	0 (0)	15 (94)	1 (6)	54
Start and Stop Time	24 (86)	4 (14)	1 (100)	0 (0)	8 (89)	1 (11)	10 (67)	5 (33)	53
Referring Physician	17 (63)	10 (37)	1 (100)	0 (0)	6 (67)	3 (33)	10 (63)	6 (37)	53
Consulting Physician	14 (56)	11 (44)	1 (100)	0 (0)	6 (67)	3 (33)	12 (75)	4 (25)	51
Patient Informed Consent	26 (93)	2 (7)	1 (100)	0 (0)	7 (78)	2 (22)	15 (94)	1 (6)	54
Any Other Providers Involved, or Individuals Present	21 (81)	5 (19)	1 (100)	0 (0)	7 (78)	2 (22)	12 (80)	3 (20)	51
A Reason for Using Telehealth (Medical or Otherwise)	21 (78)	6 (22)	1 (100)	0 (0)	7 (78)	2 (22)	14 (93)	1 (7)	52
Criteria Used to Evaluate Whether the Case Was Appropriate for Telehealth	18 (69)	8 (31)	1 (100)	0 (0)	7 (78)	2 (22)	13 (87)	2 (13)	51
Diagnosis and Impression	28 (100)	0 (0)	1 (100)	0 (0)	9 (100)	0 (0)	15 (94)	1 (6)	54

Evaluation Results	28 (100)	0 (0)	1 (100)	0 (0)	8 (89)	1 (11)	14 (93)	1 (7)	53
Recommendation	28 (100)	0 (0)	1 (100)	0 (0)	8 (100)	0 (0)	14 (93)	1 (7)	52

*Each subcategory does not always add up to the total number due to missing values.

**Others include: Free clinic, community health center, nurse practice clinic, inpatient/outpatient facility, academic center, unspecified facility.