

Telehealth: Essential Considerations and Practical Guides for Implementation and Success

Learning Objectives

- Describe the evidence base for telehealth's use to transform primary care
- Identify best practices to integrate telehealth into operational workflows
- Propose effective telehealth strategies to increase the benefit to patient care and improve satisfaction







Telehealth Evidence and Best Practices to Transform Care Delivery

Telehealth: Essential Considerations and Practical Guides for Implementation and Success

Tina Gustin, DNP, CNS, RN
Associate Professor, Old Dominion University School of Nursing

Co-Director, Center for Telehealth Innovation, Education, and Research (C-TIER)

Session Outline

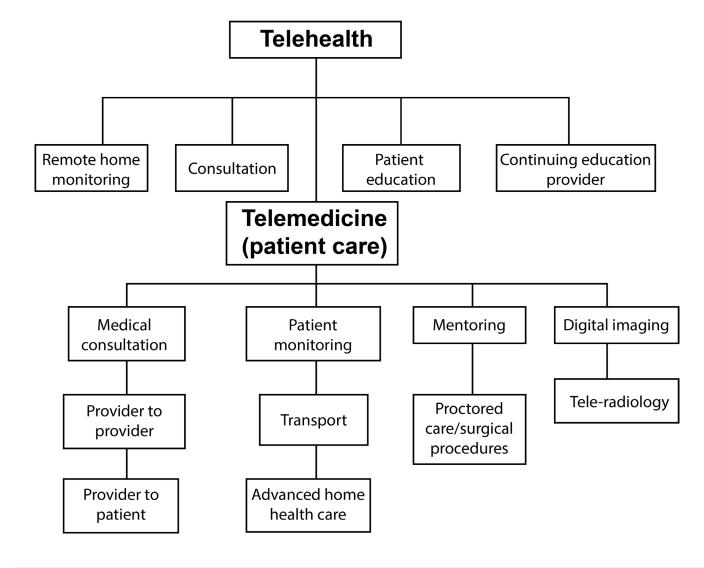
- ► Defining Telehealth
- ► Telehealth's Role in Improving Care
- Current State of Telehealth
- ► Telehealth Reimbursement
- Considerations for Adoption
- ► Moving Forward



Defining Telehealth



Breadth of Telehealth





(Rutledge et al., 2017)

Telehealth Modalities in Primary Care

Synchronous

- Live interactive (with and without peripherals)
- Audio only calls

Asynchronous

- Data/information is collected and transmitted
- Store-and-Forward
- Emails or text
- Lab results or vital statistics

Remote Patient Monitoring

- Blood pressure
- Pacemakers
- Glucose monitors
- Oximeters







(Images used with permission from the Center for Telehealth Innovation, Education, and Research at Old Dominion University)



Peripheral Examples







Telehealth's Role in Improving Care



Telehealth's Role in Improving Health Care



Increases access to care & specialists



Reduces travel burden and cost



Decreases inperson visits



Improves health outcomes



Telehealth's Role in Enhancing Primary Care Practice



Better utilization of in-person time when follow-up office visits are needed



by transitioning phone calls to virtual encounters



Decreases missed appointments



Allows for home visits and education

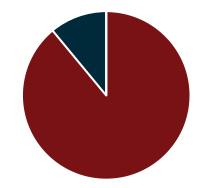


Current State of Telehealth

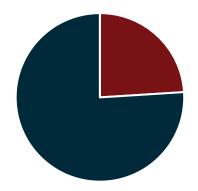


COVID Changed the Outlook for Telehealth

11% of patients used telehealth in 2019



76% of patients used telehealth in 2020





Current State of Telehealth: Consumer Usage

- Demand for telehealth has stabilized (2021 survey of 2,000):
 - Consumer usage has stabilized
 - Almost 88% of consumers want to continue to use telehealth for nonurgent consultation
- Top reasons for choosing telehealth (2022 survey of 4,036):
 - Convenience (61%)
 - Speed of care (49%)
 - Ease of accessing care (28%)



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Current State of Telehealth: Provider Usage

- Typical usage in primary care
 - 75% of primary care visits
 - 72% chronic care management
 - 39% COVID-19 screenings
 - 36% mental health concerns
- Continued adoption
 - Possible training/certification requirements for use



Physician and Patient Satisfaction

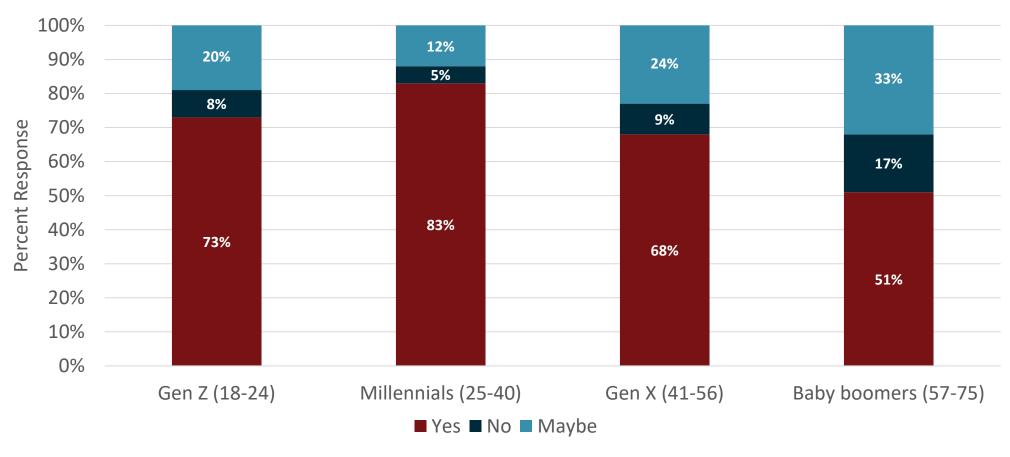
- Physician satisfaction
 - 2022 systematic review shows:
 - Most physicians prefer in-person
 - Satisfaction is high
 - Satisfaction with outcomes is high
- Patient satisfaction
 - High satisfaction dependent on:
 - Ease of scheduling
 - Easy platform (one click)
 - Provider etiquette/empathy
 - Prefer telehealth for: prescription refills, reviewing medication options, discussing test results, COVID screening, mental health



(Hoff, 2022) (Chen et al., 2022)

US Telehealth Patients Planning to Use Telehealth

By Generation





Telehealth Reimbursement



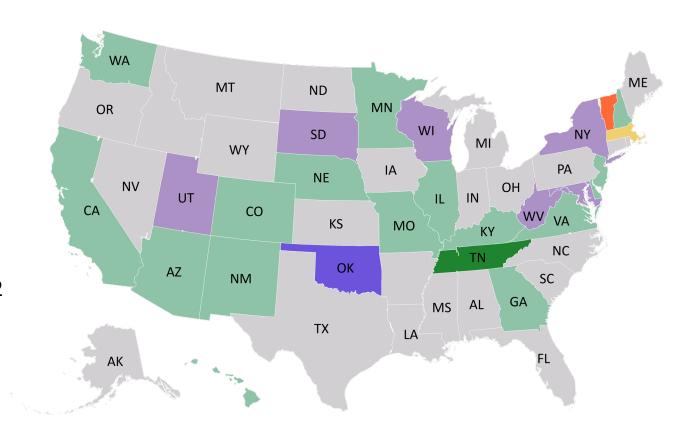
Medicare and Reimbursement Policy Changes

- Policy changes
 - Medicare now reimburses for telehealth visits where the patient is at home
 - Medicare will reimburse for audio only mental health services
 - Phasing out audio only for physical health encounters
- Reimbursement parity
 - Service parity (partial payment)
 - Payment parity (full payment)



Parity States Post Emergency Waiver

- No
- All payers
- Medicaid
- All payers Behavioral Health only
- All payers Effective January 1, 2022
- All payers Set to be repealed Apr 1, 2022
- Set to be repealed in 2026





(Adapted from National Academy for State Health Policy, 2021)

Variations in Medicaid Reimbursement*

- Live video
 - Provides some reimbursement in 50 states plus Washington, DC
- Store-and-Forward reimbursements (with some limitations)
 - Varies across 25 states
 - Washington, DC does not reimburse
- Remote Patient Monitoring (RPM)
 - 24 states reimburse
 - Washington, DC does not reimburse
- Audio only
 - 34 states reimburse with restrictions
 - Washington, DC reimburse

*As of November 2022

(Center for Connected Health Policy, 2022)



Considerations for Adoption



Practice Considerations

- Identify a champion
- Select a vendor that has history in the industry
- Develop workflow
- Determine deliverables
- Train staff and providers prior to initiation
- Consider security and privacy
- Assess patient training materials
- Market telehealth



State Regulations and Policies Vary

- Consent laws
- State licensing
- Prescribing controlled substances
 - Federal (Ryan Haight Act)
 - State
 - Some states allow controlled substances to be prescribed without a prior in-person examination
 - Some states are silent (neither permit nor prohibit)
 - Some states expressly prohibit



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Preparing Providers for Successful Telehealth

- Telehealth Etiquette "webside manner"
 - Not intuitive
 - Gaze, background, lighting, charting
- Assessment tips
 - Physical assessment without peripherals
- Telehealth fatigue
 - Consider scheduling
 - Computer location
- Prepare the patient for telehealth
 - Prepare patient and family
 - Identify items for visit (flashlight, scale, etc.)







Health Equity: Telehealth and the Digital Divide

Telehealth widened the gap

- Telehealth grew mostly in wealthy and metro areas (Rand, 2021)
- 72% of rural Americans have broadband access (Pew Research Center, 2021)
- 24% of rural residents own a cell phone (Pew Research Center, 2021)
- Patients in lower socioeconomic statuses (Pew Research Center, 2021)
 - Phone calls 78%
 - Text message 22%





Considerations for Telehealth Equal Access

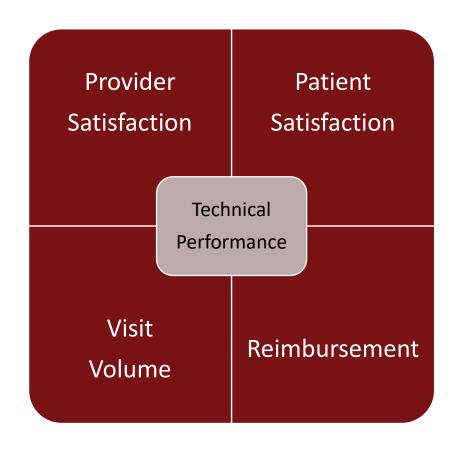
- Assess cell phone, computer or tablet access
- Determine before appointment whether patient needs assistance
- Select one click platforms
- Have back-up telehealth visit platform/free-for-limited-use applications
- Allow extra time for virtual visits
- Utilize deviceless Remote Patient Monitoring (RPM)
- Embed interpreter services/closed caption
- Consider ADA barriers



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Data Measures for Assessing Programs

- Service Performance
 - Provider satisfaction
 - Patient satisfaction
- Technical Performance
 - Medical care
 - Platform/technology
- Financial Performance
 - Visit Volume
 - Reimbursement





Moving Forward

Future of Telehealth

- Rules and regulations post Emergency Waiver
- Provider training
- Improved reimbursement
- Technology explosion
- Hypothesis #1
 - Providers were forced to adopt telehealth without formal clinical pathways. In the future,
 we expect greater intentionally designed pathways that establish a virtual first model.
- Hypothesis #2
 - As at home diagnostics rise this will shift care to the virtual setting. Innovation will continue to accelerate.



Resources (Free, Federally-Funded)





Additional Resources

- Member Organizations
 - Society for Education and the Advancement of Research in Connected Health (SEARCH)
 - Center for Telehealth, e-Health, Law (C-TEL)
 - American Telehealth Association (ATA)
- Other
 - Telehealth.HHS.gov
 - Center for Telehealth-Innovation, Education and Research (C-TIER)
 - mHealthIntelligence













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Increasing Benefit to Patients, Practices, and Practitioners

Telehealth: Essential Considerations and Practical Guides for Implementation and Success

Dana Mueller, MD, MBA
Vice President of Medicine, Mary's Center (Washington, DC)

Session Outline

- ► Characteristics of Good Telehealth Visits
- ► Utilizing Telehealth to Overcome Barriers to Care
- ▶ Use Cases



Characteristics of Good Telehealth Visits



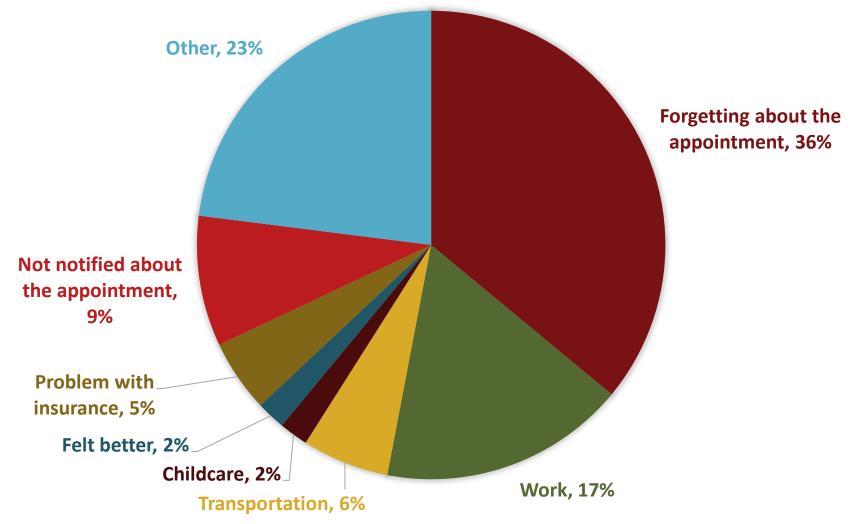
| Telehealth is likely appropriate for: | Telehealth is less appropriate for: |
|--|---|
| General wellness visits | Health concerns that require a procedure |
| Management of chronic conditions | Abdominal pain |
| Discussion of test results | Eye complaints |
| Counselling about diagnostic and therapeutic options | Gynecologic complaints |
| Dermatology | Dental complaints |
| Prescriptions for medicine | Highly nuanced or multiple complex health concerns |
| Nutrition counselling | Any situation in which a physical exam would change your recommendation |
| Mental health counselling | |



Utilizing Telehealth to Overcome Barriers to Care



Patient-Reported Reasons for Missed Clinic Appointments





(Alkomos et al., 2020)

Patient Logistics

- Demonstrates respect for patients' time
 - Transportation time
 - Wait time in the clinic
 - Time away from work or other responsibilities
- Removes need for childcare or transport
- Minimizes physical and emotional limitations associated with accessing the clinic





Clinic Logistics

- Improves time management
- Increases flexibility
 - Utilizing "virtual waitlist" is easier than one relying on the patient to be physically present
 - Allows clinician to connect with patients to review test results or answer patient inquiries in gaps between scheduled patients
- Saves transportation time for clinicians and staff



Use Cases



Preventative Care

- Patient-Centered Care
 - Maximizes time for communication
 - Promotes informed decision-making
- Secondary Prevention Counselling
 - Engages patient early when chronic disease warning signs emerge
 - Connects patient with clinicians or health counselors to receive preventative education services



Follow-up of Clinical Problem or Chronic Disease

- Aids short-term follow-up after clinic visits
- Decreases barriers to care for patients with chronic conditions

"Is this person improving as expected?"

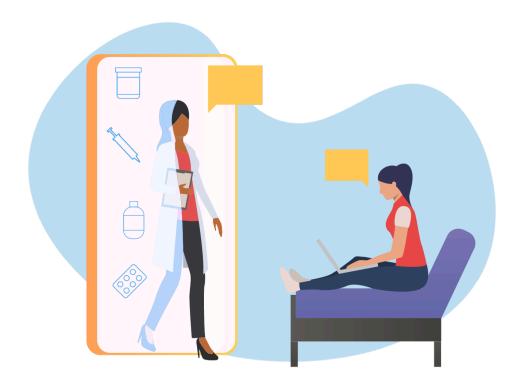
"Have you had any barriers to starting that new medication?"

"Have you had any side effects that you are worried about?"



Mental Health and Substance Use Disorder Visits

- Increases privacy
- Reduces stigmas
- Promotes comfort & security
- Meets patients "where they are"





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Providers must be licensed in the state that their patient is located during the visit.

- A. True
- B. False



What is the most accurate and updated source for current telehealth state and federal regulations?

- A. Health and Human Services
- B. Center for Connected Health Care
- C. Federal Communication Commission (FCC)
- D. Center for Telehealth eHealth Law (C-TEL)



Which one of the following items should be considered when selecting a telehealth platform that addresses telehealth equity? (Check all that apply)

- A. Interpreter services are imbedded into the platform
- B. HIPAA secure
- C. Inexpensive for the practice
- D. No more than one or two clicks for the patients to start the visit



Research has shown that elderly patients are not satisfied with telehealth visits.

- A. True
- B. False



After watching the video clip, what examples of bad telehealth etiquette were demonstrated by one or both of the providers? (Check all that apply)

- A. Using belligerent words
- B. Neglecting to address background noises
- C. Taking the visit in a room with other people
- D. Eating and drinking during the visit
- E. Failing to check equipment pre-consult
- F. Wearing unprofessional clothing



Which of the following is NOT a reason why patients miss clinic appointments?

- A. They forget they have an appointment scheduled
- B. There are access barriers, such as childcare and work schedules
- C. They feel better
- D. They receive too many appointment reminders
- E. Their insurance is inactive



Which visit types are appropriate for telehealth? (Choose all that apply)

- A. 25-year-old following up 4 weeks after starting an antidepressant
- B. 70-year-old following up 5 days after starting antibiotics for pneumonia
- C. 55-year-old with blurry vision in the right eye
- D. 40-year-old with questions about whether she needs a mammogram
- E. All of the above



How does telehealth benefit patients seeking behavioral health services?

- A. Care is provided in a "safe space"
- B. No stigma associated with entering a clinic
- C. Increases convenience for patients
- D. Improves access to services where there are limited mental health resources
- E. All of the above





899 North Capitol Street NE, 5th Fl, Washington, DC 20002







