CURRENT STATE OF TELEHEALTH: THE VIRTUAL CLINIC

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WHAT IS TELEHEALTH?

• What it is…
  • The delivery of healthcare at a distance utilizing information & telecommunication technology
  • A collection of means/methods to enhance care delivery & education
  • Interdisciplinary

• What it is not…
  • A specific clinical service
  • Telemedicine
  • Not faxes

TELEHEALTH DOMAINS

• Live Videoconferencing (synchronous)
• Store-and-Forward (asynchronous)
• Remote Patient Monitoring (RPM)
• Mobile Health (mHealth)

Center for Connected Health Policy, National Telehealth Policy Resource Center
TELEHEALTH COMPONENTS

- Telehealth System
- Technical Equipment
- Application
- Process
- User & Provider
- Mode of Delivery

WHY TELEHEALTH?

- Improves efficiency and quality
- Allows expertise to be available anywhere
- Telecommunications has improved quality & low cost of equipment
- Reimbursement & funding is changing (Office of Advancing Telehealth-OAT)
- Acceptance is spreading

MODELS OF TELEHEALTH

- Provider to provider
- Provider to healthcare facility to patient
  - Outpatient specialty consultation
  - Inpatient specialty consultation
- EMS- ER consults while on scene & during transport
- Family to patient remotely
- Provider to patient
OUTPATIENT

• Specialties that work well
  • Derm with high resolution cameras
  • Endo for review of labs
  • Psych as some patients prefer telehealth
• Specialties that don’t work well
  • Ortho
  • Rheumatology
  • Surgery

VIDEO INTERPRETING

• Access to bank of interpreters
• Increase efficiency
• Improved patient satisfaction

NCSBN TELEHEALTH POLICY

• NCSBN understands and supports efforts to expand telehealth as a model of care delivery. We recognize that technological advances can both reduce the cost of care and increase patient access to care across the country.

• NCSBN recognizes the growing need for providers to be able to practice across state lines; however, a policy of one single interstate license that bases licensure on the location of the provider overlooks important public protection needs.

• NCSBN believes that licensure should be based on the location of the patient as dictated by current law.
NCSBN TELEHEALTH POLICY, CONT.

• Moving licensure to the site of the provider will create confusion for nurses, patients and boards of nursing, not to mention the fact that it will be in direct conflict with states’ constitutional rights.
• Patients need to be able to seek recourse in the event that something goes wrong. If a provider is not located in their state, that process can often be complicated due to jurisdictional issues.
• Our goal at NCSBN is to work with Congress and telehealth advocates to resolve concerns about licensure being a barrier to the expansion of telehealth services.

ISSUES IN TELEHEALTH

• Concerns
• Pitfalls
• Benefits

CONCERNS

• There are some issues with recommendation for emergent/urgent services not available locally.
• Often the client is located in one state and the nurse in another jurisdiction. What are the regulatory concerns for practice across state lines? Does the nurse need to be licensed in both states?
• Equipment &/or infrastructure failures
• Liability
ETHICAL CONSIDERATIONS

• Uphold code of ethics; be aware of other disciplines’ codes
• Abide by all federal, state, & jurisdictional laws/regs & institutional policies
• Tele-encounters not to be employed as preferential means of avoiding in-person encounters based on geographic location, socio-economic status, disease, disability, gender, gender preferences, sexual orientation, behavioral factors, ethnicity, religion, etc. Exception MAY be avoiding contact during epidemics or pandemics to avoid spread of infectious disease.
• Patient payment NOT conditional on receiving certain diagnoses or particular treatment such as receipt of a prescription

ETHICAL CONSIDERATIONS

• Abide by a strict of interest policy that deters using telepractice for the sole purpose of enhancing income
• During the course of providing telehealth, providers shall:
  • Apprise patients of their rights including right to suspend or refuse treatment
  • Apprise patients of their own responsibilities
  • Inform patients of formal grievance process to resolve ethical concerns or other issues
  • Discuss potential benefits, constraints, and risks of telehealth
  • Obtain consent for students or trainees to observe encounter
• Maintain & inform patients on a policy addressing technology or equipment failures during sessions and document in patient’s health record

EMERGENCIES

• Illness or injury that poses immediate threat to patient as such conditions are outside the scope of primary care or urgent care in telehealth
• Once assessed, must refer patient to appropriate level of care
  • Consider standard triage protocols
• Document entire process including contacting provider at receiving facility, EMS calls, location of patient at start of encounter, any extenuating circumstances or adverse events during encounter, & adhere to all medical-legal standards of care
FOLLOW-UP

• Have knowledge of patient’s healthcare network
• Provide clinical reports to referral sources
• Facilitate transmission of any home monitoring or electronic data
  • Inform patient how & if data will be stored
• Establish explicit process for patients to request copies of telehealth encounters & facilitate any indicated specialty care

FINANCIAL IMPACT

• Remote site collects ancillary services and clinic visit revenue
• Local site retains lab, x-ray, CT, and pathology revenue

IMPACT ON ED’S

• Rural Hospitals & ED’s
  • Less ped specific training & equipment
  • Less access to ped specialists
  • 40% of ED’s lack 24/7 pediatrician access (APA, 2010)
• 27% of ED visits are children but only 6% ED’s have necessary ped supplies
• 50% of ED’s see <10 kids/day (IOM: Future of Emergency Care)
FINDINGS FROM ED DATA

• Higher patient satisfaction
• Higher quality of care scores
• Interventions & recommendations > compared to telephonic consult
• Possible increased efficiency during transport

TECHNICAL GUIDELINES

• Security & Privacy
  • PHI in HIPAA compliant encrypted environment
• Communication between Organizations
• Remote Monitoring Devices & Data
  • Provider organizations should provide adequate resources: hardware, software, network management, effective security, & reliability
  • Connectivity needs to be adequate: bandwidth, resolution, speed, reliability
  • Backup plan in case of system failure: call patient by telephone, refer patient to another provider, or complete encounter voice only

OUTLOOK FOR THE FUTURE

• Transform healthcare
• Address access to care disparities
• Address quality of care disparities
• Development of new devices to monitor patients both at home & inpatient
• Access to otherwise limited resources (specialists, etc.) improve efficiency & cost effectiveness
AUDIENCE DISCUSSION

• How is telehealth (+video) different from telephonic on-call?
• 40 years of scientific evidence show telehealth has the same diagnostic accuracy along with the same if not better outcomes than in person care. Your thoughts?
• What limits do you see to telehealth?
• What limits might you want to impose?
• What benefits do you foresee?

QUESTIONS?

REFERENCES/RESOURCES

• American Telemedicine Association, Practice Guidelines for Live, On-Demand Primary and Urgent Care, December 2014
• Center for Telehealth, University of New Mexico Health Sciences Center Office of Community Health. Accessed from http://hs.unm.edu/community/telehealth/
REFERENCES/RESOURCES


* New Mexico Telehealth Alliance. http://www.nmtelehealth.org/

