Telehealth Solutions:
The Practitioner's Guide
to Best Practice and
Positive Outcomes

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DISCLOSURES

I have no financial interests to disclose.

LEARNING OBJECTIVES

- Garner support amongst key stakeholders to develop telehealth programs
- Promote a successful session via telehealth through the utilization of best practices and resources required to provide proper care
- Discuss the rules and regulations surrounding telehealth delivery at this time, as they directly affect APRNs and the manner in which they practice

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TELEHEALTH DEFINED

tel·e·health /telə͵helTH/*noun*

A collection of means for enhancing health care, public health and education delivery using technology.

Facilitates the diagnosis, consultation, treatment, education and care management of a patient.

The global telehealth market is forecasted to reach $82.03 Billion by 2027.

(iStratistics, 2020)

TYPES OF TELEHEALTH

LIVE VIDEO
(Synchronous) Real time

STORE AND FORWARD
(Asynchronous) Digital images

REMOTE PATIENT MONITORING
(RPM) Pacemakers, glucose

MOBILE HEALTH
(mHealth) Apps, text messages, outbreaks

TELEHEALTH BENEFITS
WHY TELEHEALTH?

- Streamlined and efficient method for providing care
- Improved patient satisfaction and engagement
- Positive outcomes
- Increasing legislation that is pushing broader coverage and parity laws
- Continued technology advancements
- Increased access to care

TELEHEALTH CLIENT BENEFITS

INCREASE REGIONAL MARKET SHARE | POPULATION HEALTH | NEW REVENUE SOURCE | VALUE/COST SAVINGS

ACCESS TO REFERRALS | A WAY TO PARTICIPATE IN ACCOUNTABLE CARE | DELIVERING ON PATIENT-CENTERED CARE | ADDRESS PROVIDER BURNOUT

(Ograbisz, 2020)

GLOBAL HEALTHCARE

TRENDS

- Aging populations
- Increasing numbers of chronic conditions
- Lack of access to providers
- Increasing cost

(Mather et al., 2019; National Health Council, 2014)

FINANCIAL IMPACT

$1,600 PER YEAR

The VHA estimated the cost per patient in the telehealth program to be about $1,600 per year, which is significantly less than the $13,121 average annual direct cost per patient for the traditional home-based primary care.

Savings for the patient – Rural patients often must travel greater distances to receive care. The study estimates that telemedicine could save rural patients $9,149 annually per facility in travel costs and lost wages.

Savings for the hospital – The study found that hospitals converting radiology and psychology consultations to telehealth services have the potential to save $20,841 per facility every year (Caggiano, 2019).

CONNECTING PATIENTS WITH CARE

WHY ARE WE WAITING?

More than 46 million Americans (15%) in the U.S. live in sparsely populated areas with low housing density and live hours away from urban centers (CDC, 2019).

Numerous studies have demonstrated a significant gap in health outcomes between individuals who reside in urban areas and those in rural ones.

7,200 Regions across the country are designated as having a health professional shortage, and 60% of those shortage areas are located in rural regions (Health Resources and Services Administration, 2018).
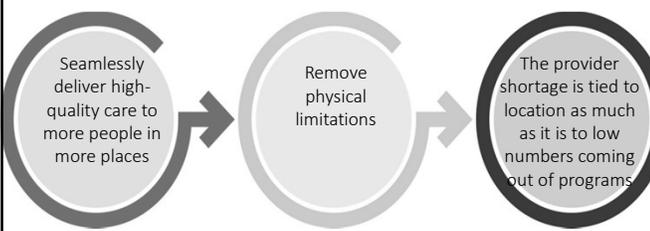
PROVIDER BURNOUT
WHICH PROVIDERS ARE MOST BURNED OUT?

Specialty	%
UROLOGY	54%
NEUROLOGY	50%
NEPHROLOGY	49%
DIABETES & ENDOCRINOLOGY	46%
FAMILY MEDICINE	46%
RADIOLOGY	46%
OB/GYN	46%
RHEUMATOLOGY	46%
INFECTIOUS DISEASES	45%
CRITICAL CARE	44%
CARDIOLOGY	44%
INTERNAL MEDICINE	44%
PHYSICAL MEDICINE & REHABILITATION	43%
EMERGENCY MEDICINE	43%
ONCOLOGY	42%
ANESTHESIOLOGY	41%
PEDIATRICS	41%
PULMONARY MEDICINE	41%
ALLERGY & IMMUNOLOGY	38%
PLASTIC SURGERY	37%
GASTROENTEROLOGY	36%
DERMATOLOGY	36%
PATHOLOGY	36%
SURGERY, GENERAL	35%
OTOLARYNGOLOGY	35%
PSYCHIATRY	35%
ORTHOPEDICS	34%
OPHTHALMOLOGY	30%
PUBLIC HEALTH & PREVENTIVE MEDICINE	29%

(Medscape, 2020)

UTILIZING TELEHEALTH IN EVERY VENUE

Seamlessly deliver high-quality care to more people in more places → Remove physical limitations → The provider shortage is tied to location as much as it is to low numbers coming out of programs

COMMON OBJECTIONS

- Patients will not accept it
- The technology is too expensive and too overwhelming
- We don't have dedicated space for this
- Our providers don't really believe in the efficacy
- Reimbursement is a challenge
- Telehealth is not real medicine

(Ograbisz, 2020)

PROGRAM DEVELOPMENT

DISCOVERY AND PLANNING	IMPLEMENTATION	STAGED ROLLOUT OF SERVICES
SITE SURVEYS	PLATFORM CONFIGURATION	SITE AND SERVICE PRIORITIZED GO-LIVE
CLINICAL REQUIREMENTS	ONSITE TECHNICAL BUILD	MONITORING AND MEASUREMENT
OPERATIONAL REQUIREMENTS	LICENSING & CREDENTIALING	ADAPTATION TO FIELD EXPERIENCE
STAFFING REQUIREMENTS	WORKFLOW & SYSTEM TESTING	24 X 7 HELP DESK
TECHNICAL ASSESSMENT	USER TRAINING	SELF-SUSTAINING TRAINING MODULES

TELEMED INTEGRATION

PRIMARY CARE DERMATOLOGY CARDIOLOGY INFECTIOUS DISEASE AND ONCOLOGY

ACUTE CARE BEHAVIORAL HEALTH PRE/POST OP VISITS ENDOCRINOLOGY

EQUIPMENT SET UP: OFFICE

Patient Viewpoint

Provider Viewpoint

ACUTE CARE EQUIPMENT SET UP

REMOTE PATIENT MONITORING EQUIPMENT

TELEHEALTH	• Camera system at eye level
	• Professional background
	• Professional attire
PROVIDER	• Punctuality counts
	• Pre-read chart and chief complaint
	• Engage your patient
ETIQUETTE	• Communicate and let the patient know if you are documenting or reviewing records
	• Be very clear with follow-up instructions
	• Ask for feedback

(Ograbisz, 2020)

CERTIFICATION

There is no mandated telehealth certification program or license required to practice.

CERTIFICATIONS DO EXIST

- The American Telehealth Association (n.d.) has identified the following programs:
http://legacy.americantelemed.org/main/ata-accreditation/training-programs

- California Telehealth Resource Center (n.d.) offers two accredited telemedicine certificates for clinical presenters and telemedicine coordinators:
http://www.caltrc.org/certification-programs/

TELEHEALTH RESOURCE CENTERS

PROVIDE A FREE SERVICE TO ASSIST YOU WITH TELEHEALTH RELATED QUESTIONS FOR EACH REGION

(National Consortium of Telehealth Resource Centers, 2020)

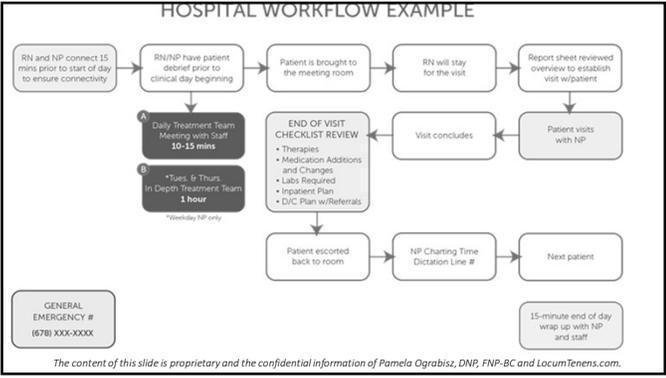### TELEHEALTH AND THE NURSE PRACTITIONER

| Licensure and Credentialing |
| Reimbursement |
| Stark Laws |
| Peer Review/Collaborative Agreements |
| Patient Consent |
| Patient's Cultural Competence |
| Hybrid Visits |
| Documentation/Workflows |

(Balestra, 2018)

RULES AND REGULATIONS

- The Health Insurance Portability and Accountability Act (HIPAA) establishes guidelines for electronic health transactions, national identifiers for providers and the security of health data.
- As the provider, you are responsible for not only ensuring your patients and their privacy are protected, but also for ensuring the overall safety and security of telehealth encounters to the best of your ability

(U.S. Department of Health & Human Services, 2017)

HOSPITAL WORKFLOW EXAMPLE

The content of this slide is proprietary and the confidential information of Pamela Ograbisz, DNP, FNP-BC and LocumTenens.com.

RYAN HAIGHT ACT

- Created to regulate online internet prescriptions
- Enforced by the DEA
- Provides measures to verify legitimacy of medical need for a drug and credentials of the pharmacy dispensing the medication
- Provider must conduct a face-to-face examination of a patient before dispensing medication for a legitimate medical condition
- Requires pharmacies to post truthful information as to their physical location, the license numbers of their pharmacists and get an additional endorsement from the DEA to conduct business over the internet, even if it has registered as a brick-and-mortar pharmacy
- Criminalizes use of the internet to advertise the illegal sale of a controlled substance

(Ryan Haight Online Pharmacy Consumer Protection Act of 2008, 2008)

RYAN HAIGHT ACT- MODIFIED FOR COVID-19

- Affects the prescribing of schedule 2 meds and MAT programs
- For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all the following conditions are met:

  - The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
  - The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system
  - The practitioner is acting in accordance with applicable federal and state law

- Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations. Thus, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy

(Drug Enforcement Administration, n.d.)

COVID-19 LEGISLATIVE CHANGES
MEDICARE DROPS BARRIERS TO TELEHEALTH

Restrictions lifted on where, how, and with whom patients can access virtual care

CHANGES TO MEDICARE TELEHEALTH

Patients can access telehealth from home
Originating site requirement now includes homes and any health care facility

Telehealth visits can use smartphones
Phones with audio/video capabilities and "everyday" platforms like FaceTime and Skype are eligible

Audio-only visits are reimbursable
CMS added behavioral and patient education services and some evaluation and management services to the list of services eligible as audio-only visits

New patients can get telehealth visits
HHS won't audit to confirm an existing relationship between patient and provider

Providers can reduce or waive cost-sharing
No penalty for limiting or eliminating co-pays or deductibles

All providers are eligible to use telehealth
All health care professionals eligible to bill Medicare for their professional services can now use telehealth

(Advisory Board, 2020)

TELEHEALTH BILLING

PAYER MIX

- Medicare
- Medicaid
- Commercial insurance

TERMS TO KNOW

- CPT codes
- GT modifier
- Parity

QUESTIONS?

PRESENTER CONTACT INFORMATION

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