THE ROAD TO TELEHEALTH

YOUR RESOURCE FOR TELEHEALTH SUCCESS

**CALIFORNIA
TELEHEALTH
RESOURCE
CENTER**

TRC

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What Is Telemedicine?

Direct clinical care provided from a distance using electronic communication to provide or support clinical care

What Is Telehealth?

Telehealth is a more global term, which includes Telemedicine and other uses of communication technology

- Health Professional Education
- Disaster Response
- Public Health
- Consumer Education
- Evaluation Research
- Regional Health Information Sharing

Telemedicine Technologies

- *Live video* is used for real-time patient-provider consultations, provider-to-provider discussions, and language translation services.

- *Store & Forward* technologies electronically transmit patient information between primary care providers and medical specialists. Information could include digital images, X-rays, video clips and photos.

- *Remote patient monitoring* uses telehealth technologies to collect medical data from patients in one location and electronically transmit that information to health care providers in a different location, real-time and/or store & forward.

Live Video Teleconsultation

Live Video is used for real-time patient-provider consultations, provider-to-provider discussions, and language translation services.

High-speed broadband

Outpatient or Inpatient specialty consultation
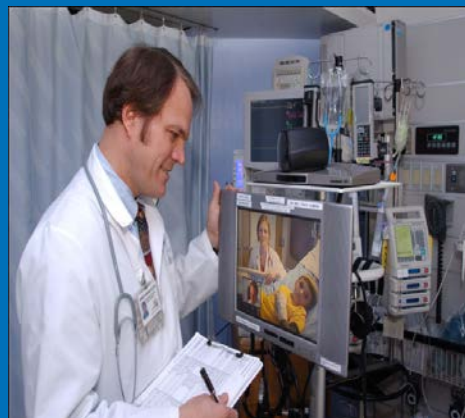
"The Primary Care Provider can't be an expert in every field"

Javeed Siddiqui, MD, Infectious Disease Specialist

Telehealth specialty consultation gives the health care provider immediate access to the specialists they need, when they need them, and the treatment plan is catered to the individual patient.

Referring Provider Benefits
- Education catered to the individual needs
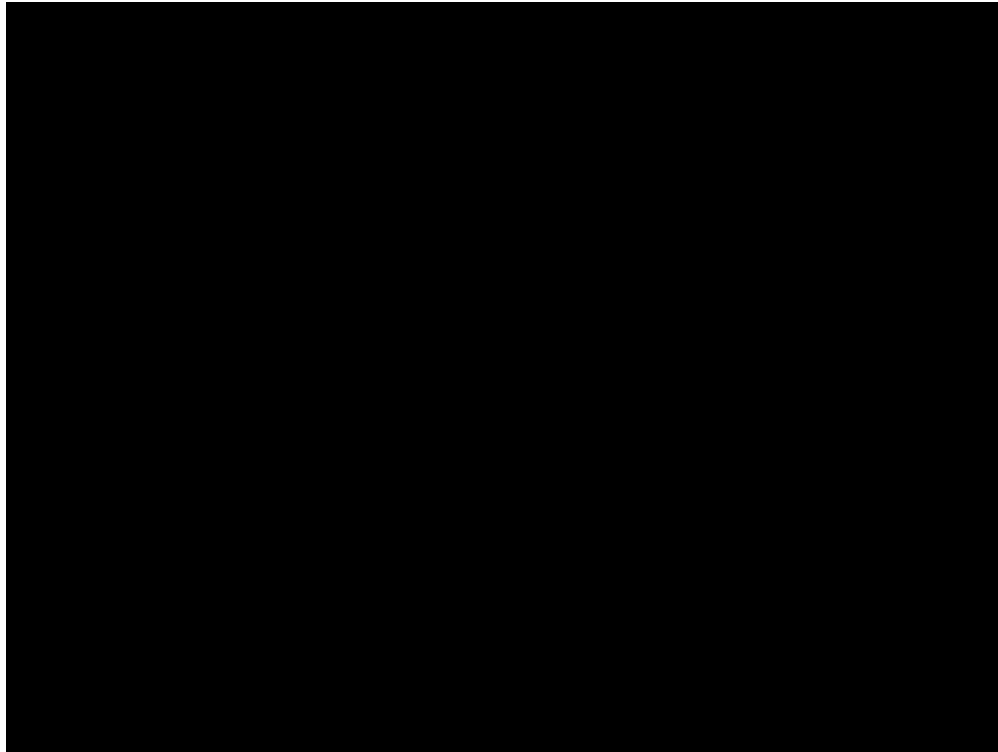- Reduced Isolation
- Revenue retention

Patient Benefits
- Access to specialists
- Team approach to care

Specialist Benefits
- Relationship building
- Teaching reduces the need for future referrals

Telemedicine in Hospital and Primary Care Settings

Store and Forward

- Utilizes low bandwidth, transmitting patient information, still images and video clips

- Best used in Dermatology, Ophthalmology, Pathology, Radiology

- Exploring new avenues in Psychiatry, Endocrinology, Hepatology, Orthopedics …

Store & Forward technologies electronically transmit patient information between primary care providers and medical specialists. Information could include digital images, X-rays, video clips and photos.

Remote Patient Monitoring

- Hospital emergency departments and intensive care units

- At-home management of patients with chronic conditions

Remote patient monitoring uses telehealth technologies to collect medical data from patients in one location and electronically transmit that information to health care providers in a different location, either real-time or store and forward.

Taking Advantage Of Your Local
Telehealth Resource Center

National Telehealth Resource Centers

Telehealth Resource Centers

Home | Operations Tools | Reimbursement | Legal & Regulatory | Marketing | Training | Program Development | Webinars

Expanding Our Reach »
Telehealth Resource Centers are located across the country.

2 National Resource Centers   12 Regional Resource Centers

TelehealthResourceCenter.org

- Established in 2006, funded by the Office for the Advancement of Telehealth

- Twelve regional centers

- One national technology assessment center

- One national policy center

- Collectively form a network of telehealth program expertise and experience

Webinars

Publications

Telehealth
Resource Centers

| Home | Operations Tools | Reimbursement | Legal & Regulatory | Marketing | Training | Program Development | Webinars |

Publications of TRCs

This section contains publications that have been created by Regional Telehealth Resource Centers.

CTRC Program Developer Guide
Step by Step Guide to Telehealth Development

This Guide provides in easy to follow steps the activies that should be undertaken during the development or expansion of a telehealth program. Incudes templates, checklists and a variety of guides.

Read more
- Download CTRC Program Developer
- Download Staffing Guide
- Download Room Design Guide
- Download Marketing Guide
- Download Diabetic Retinopathy Guide
- Download 2012 Reimbursement Guide
- Download FQHC / RHC Reimbursement Guide
- Download Best Practices
- Download Performance Monitoring

California Telehealth Resource Center

Helping Organizations Build Successful Telehealth Programs since 1996

caltrc.org

- **Federally Designated Regional Telehealth Resource Center since 2006**

- **Neutral source of information on program development, operations, and equipment selection**

CTRC Focus For 2012-2016

- Provide educational, programmatic, and technical support services to new and expanding telemedicine programs in California

- Develop and conduct workshops, conferences and program implementation workgroups

- Develop and disseminate financial sustainability models for specialty and referring clinic sites

caITRC.org **Repository of Information**

Best practices, program guides, tools and templates

- Training videos for all members of the program team including administrators, telemedicine coordinators and clinical presenters.

- Telehealth development guides that incorporate up-to-date best practices for telehealth in convenient easy-to-read publications

- The CTRC Telehealth Program Developer Kit – a fool-proof, step by step guide for developing your telehealth program

- Ever growing list of California Telehealth specialty providers

Project Assistance, Training and Consulting

- **Consultation before and during program development**
- **Statewide workshops**
- **Implementation workgroups**

For a limited time, ON-SITE TRAINING SESSIONS are now being offered. Topics include:

- **Equipment user training, troubleshooting and patient presentation techniques**
- **Billing, financial and contracting models for specialty care services**
- **Staff roles, clinic operational flow, and overcoming the most common integration barriers**
- **Other topics can be discussed as requested**

On-site training sessions are sponsored by a grant from the Blue Shield of California Foundation. Training sessions will be on a first come, first served basis until funds expire.

Where do I go from here? How do I put these resources to good use?
FOLLOW THE ROADMAP

Assess › Establish › Define › Implement › Improve ›

THE ROADMAP: ASSESS

Assess > Establish > Define > Implement > Improve

- Clinical and administrative services and needs
- Technology infrastructure and equipment inventory
- Leadership support
- Clinical provider buy-in
- Potential relationships with specialty providers

The Roadmap: Assess
Clinical and administrative services and needs

- Current telehealth experience
- Unmet healthcare needs
- Medical interpreting services
- Administrative meetings
- Continuing education

Short List of Telemedicine Services

- Allergy
- Burn
- Cardiology
- Child Development
- Dermatology
- Endocrinology
- Gastroenterology
- Genetics
- Hematology
- Hepatology (Hepatitis A-E)
- HIV and Aids
- Infectious Diseases
- Nephrology
- Neurology
- Neurosurgery
- Nutrition
- OB/GYN
- Occupational Medicine

- Oncology
- Ophthalmology
- Orthopedic Surgery
- Orthopedics
- Otolaryngology
- Pain Management
- Palliative Care
- Pediatric Cardiology
- Pediatric Critical Care
- Pediatric Dermatology
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Genetics
- Pediatric Hematology/Oncology
- Pediatric Nephrology
- Pediatric Neurology
- Pediatric Obesity

- Pediatric Otolaryngology
- Pediatric PM&R
- Pediatric Psychology
- Pediatric Rheumatology
- Pediatric Sexual Abuse QA
- Pediatric Urology
- Plastic Surgery
- Podiatry
- Psychiatry
- Psychology
- Pulmonary
- Rheumatology
- Stroke
- Surgery
- Surgical Oncology
- Transplant
- Urology

The Roadmap: Assess

Technology infrastructure and equipment inventory

Tele-communications

- Secure, medical grade broadband in the staff meeting and clinic exam rooms?   Is it wired or wireless?

Equipment and peripherals

- Videoconferencing equipment

- Peripherals (exam camera, stethoscope, otoscope, etc)

- Computer with webcam, microphone, speakers

- Store and Forward software, digital camera

The Roadmap: Assess
Leadership support

Program financing

- Grant funding? For what, how much and how long?

- Institutional funding commitment

Staffing allocation

- Program design, management and day to day operations

Ongoing program support

- Staffing, technology, change management

The Roadmap: Assess
Clinical provider buy-in

Telehealth participation

- Patient identification and referral

- Patient presentation

The Roadmap: Assess

Existing and potential relationships with specialty providers

In-house
- Within your organization at another location

In the community
- Specialty providers in your referral network that might be interested in expanding their access via telehealth
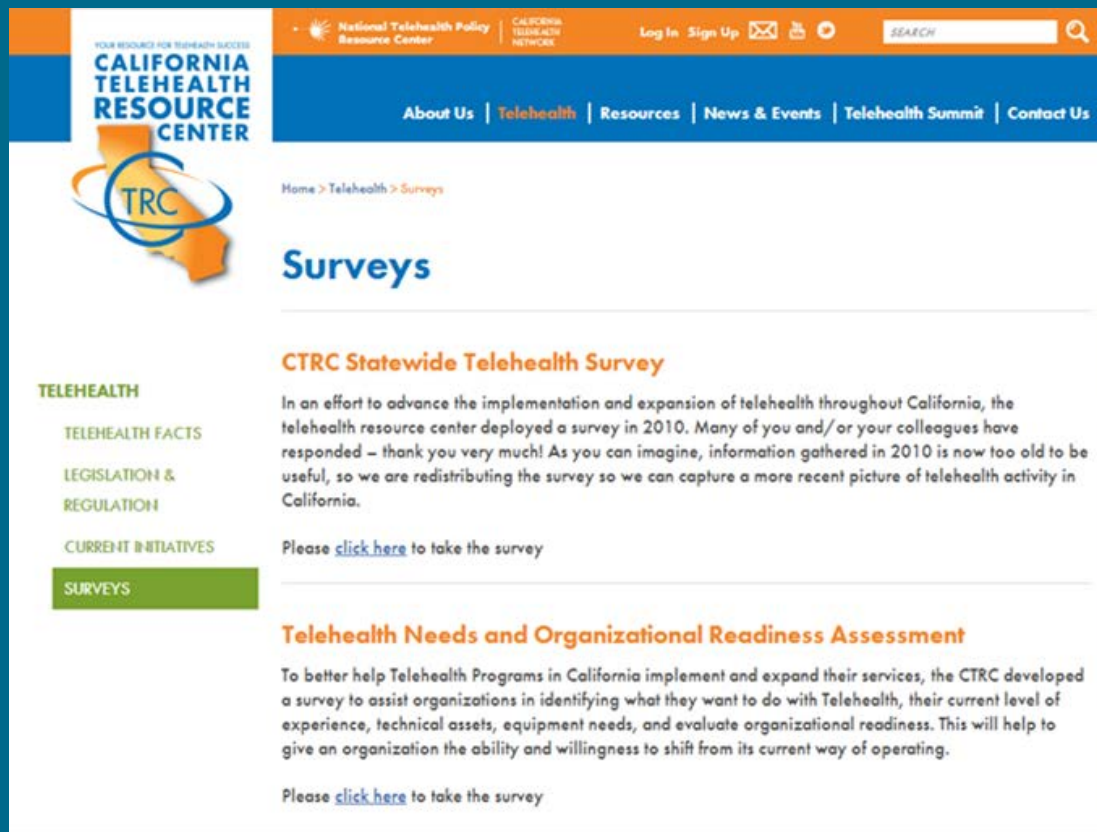
Statewide
- University-based and commercial providers

The Roadmap: Assess

To take the on-line telehealth needs assessment survey, visit caltrc.org/telehealth/surveys

THE ROADMAP: ESTABLISH

Assess › Establish › Define › Implement › Improve

Partnerships

Technology Infrastructure

Telehealth Team

The Roadmap: Establish
Partnerships & Structured Relationships

Model	Advantage	Disadvantage
Originating Site purchases blocks of time	Originating Site: Guaranteed access to specialist	Originating Site: Risk assumed for no-show patients
	Distant Site: Guaranteed payment for time reserved	
Originating Site pays per patient seen	Originating Site: No pressure to fill blocks of time	Originating Site: Possible excessive wait time for appointment
		Distant Site: Difficult to forecast volume to plan for coverage. AND assume risk for no-show patients
Originating Site pays the delta between distant site's cost and collections	Originating Site: Only pays a portion of the specialty visit cost	Distant Site: Assumes the cost & burden of billing patient insurance & balance billing originating site
On-demand, 24/7 coverage (hospital, ED, ICU, & In-patient)	Originating Site: Guaranteed access and coverage when needed	Originating Site: May pay for time that's not utilized
	Distant Site: Guaranteed payment for time reserved	Distant Site: May provide more services than originally estimated
Health Plan contracts directly with specialty service provider	Originating site: Financial burden for specialty care is assumed by the health plan.	
	Distant Site: Health plans are able to purchase in bulk, allowing the provider to anticipate and meet the needs appropriately	

The Roadmap: Establish
Technology infrastructure

- Equipment and peripherals
  - To accomplish the administrative and clinical service goals established by the needs assessment
- Secure medical grade broadband to clinic and conference rooms
  - Sufficient to support the equipment and/or software

The Roadmap: Establish
Telehealth team

- Administrative leadership

- Medical leadership

- Telemedicine coordinator

- Technical support

Clinician Champion	Telemedicine Coordinator	Technical Support
Maintains overall control of the program	Program Promotion, Coordination & liaison duties between patients, providers and specialty sites	Telecommunications networking planning & maintenance
Brings partners to the table - respected member of the clinician community	Patient care scheduling & coordination	Equipment selection, installation, training and troubleshooting
Incorporates TH into practice - teach the value to other clinicians	Education & Outreach	Equipment reliability and functionality – Videoconferencing, Store and Forward software, & Medical peripherals
	Technology management	
Goal Quality and efficiency of medical service	**Goal** Program efficiency, Patient & provider satisfaction	**Goal** Maintain reliable, user-friendly technology

THE ROADMAP: DEFINE

Assess > Establish > Define > Implement > Improve >
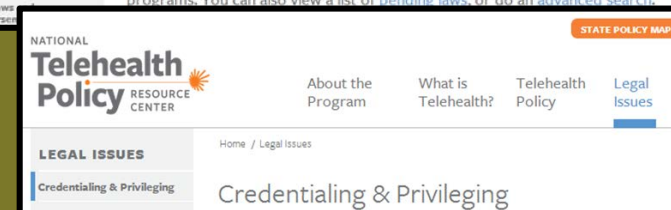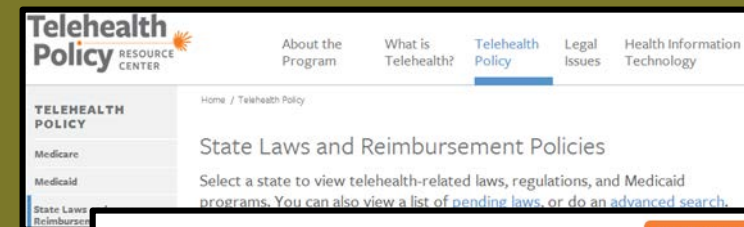
Policies and Procedures

Staff Roles

The Roadmap: Define
Policies and procedures

- Clinical guidelines for specialty referral

- Referral forms

- Process for patient consent

- Patient flow

- Patient insurance billing

- Specialty services billing/payment

- Exchanging medical information

- Clinic scheduling

- Credentialing & Privileging

The Roadmap: Define
Staff roles

- Coordinator
- Clinical champion
- Technical support

THE ROADMAP: IMPLEMENT

Assess ▶ Establish ▶ Define ▶ Implement ▶ Improve ▶

Staff Training

Provider Orientation

Patient Education

The Roadmap: Implement
Staff training

- Referral protocols

- Equipment usage and troubleshooting

- Patient presentation techniques

- Billing

- Medical records

- Patient consent

- Process flow

The Roadmap: Implement
Provider orientation

- Meet and greet sessions with specialty providers to discuss referral requirements and patient presentation techniques

- Medical staff meetings to review patient selection and process flow

The Roadmap: Implement
Patient education

- Equipment demo

- Appointment fliers

- Website

- Local news media

THE ROADMAP: IMPROVE

Assess > Establish > Define > Implement > Improve >

Identify and address obstacles

The Roadmap: Improve
Identify and address obstacles

Process and culture changes are needed to take your telehealth program from quagmire to mainstream

Common Integration Barriers (and impossibly easy solutions)

Primary Care Provider Buy-In:

1. *"What are the benefits of telemedicine?"*
   a. Engage the medical staff in the implementation and planning process. Buy-in has to be an organic process that starts with an identified need and desire for the service.
   b. Make literature available that documents increased access, quality of care and improved patient outcomes as a result of telehealth
   c. The clinician champion can encourage the providers to participate in telemedicine.

   Engage the medical staff in the implementation and planning process

2. *"Who are these specialists? Are they qualified to see my patients?*
   a. Arrange meet and greets between the PCPs and the specialists in person or via video conferencing
   b. Give the PCP the specialist bios so they can be more familiar with the specialists and their qualifications
   c. Talk about telemedicine at the monthly clinic physician meetings
   d. Have the physician champion invite colleagues to sit in on a consult

   Discuss telehealth in the monthly clinic staff meetings

3. *"Will telemedicine put local specialists out of business?"*
   a. For telemedicine in general, try to remember – telemedicine can supplement, not replace, what you have available in your community.
   b. Telemedicine should never be started in a community as a redundant service – it must be a perceived need identified by the referring site.

   Only use telehealth to supplement your community resources

4. *"What types of patients are appropriate for referral?*
   a. Inform the clinical staff of the existence of specialty referral guidelines, and make them available and easy to locate
   b. Include a review of the referral guidelines in monthly clinical staff meetings
   c. Place a set of referral guidelines at the referral coordinator's workspace.
   d. Schedule a meet and greet with the specialist to discuss the referral guidelines, appropriate clinical conditions and requisite tests prior to referral.

   Host a "meet and greet" video session with providers to break the ice

5. *"Referral Guidelines are too complicated – the specialist is requiring too much information prior to the consult."*
   a. Meet with the specialist to discuss and agree upon referral guidelines that will accomplish the needs of both parties: requirements that can be met by the referring provider, and information that will help the specialist conduct the consult.
   b. Oftentimes a specialist is willing to see the patient without a complete clinical work-up if it's not possible to obtain the information prior to the consult.
   c. Primary care providers are also more willing to buy in to the referral requirements if the specialist can explain why each item is necessary.
   d. Uncomplicated guidelines will have a greater likelihood of being adopted and utilized.

   Negotiate referral guidelines to the satisfaction of the referring and specialty providers

Common Integration Barriers (and impossibly easy solutions) – Page 2

Primary Care Provider Buy-in, continued:

6. *"Using a video provider makes me feel disconnected from the specialist."*
   a. Conduct video or in person meet and greets to discuss the roles of the specialist and the primary care provider in the care partnership
   b. Specialist should provide their cell, desk, or other contact number to the primary care providers to encourage communication, follow up with medication changes, etc.
   c. The specialist should initiate follow up and direct communication with the primary care provider to check on patient progress
   d. Brief monthly recaps between the primary care providers and the specialists to review patients seen, progress to date, and answer general questions (without the patient present).
   e. The specialist should hold an in person in-service for topics or procedures most commonly utilized in that specialty (ex: performing a biopsy)
   f. The specialist should make a guest appearance at the PCP monthly clinic meeting to talk about their services and answer questions
   g. Combine telemedicine with in-person, on-site consults to build trust and create a referring partnership

   Schedule monthly recaps between the providers to review patient progress and answer questions

Patient Buy-In

1. **Fear of technology**
   a. Educate the patient about telemedicine
   b. Assure the patient the video or information will be transmitted on a secure line, to the specialist only (i.e., this won't show up on YouTube)
   c. Give the patient a demonstration of what will happen during their consult
   d. Media blasts – newsletters, emails, local newspaper articles, handouts and posters in the waiting rooms

   Give the patient a telemedicine demonstration

2. **There may be a perception the patient is receiving 2nd class, or a lower quality of care**
   a. Show the patient the specialist's bio with a picture.
   b. Explain the specialist will just be there to support their own PCP.
   c. Train the staff to help the patients understand the benefits.

   Assure the patient the specialist was selected by their PCP to enhance their care

3. **For non-English speaking patients:** *"How will I communicate with the specialist? "*
   a. Assure the patient you will use the clinic's translators so that no family member will be required to be present
   b. Have information handouts in the patient's own language
   c. When possible, select a specialist who speaks the patient's native language

   Provide information handouts in the patient's primary language

THE ROADMAP: REPEAT

Assess › **Establish** › **Define** › **Implement** › **Improve**
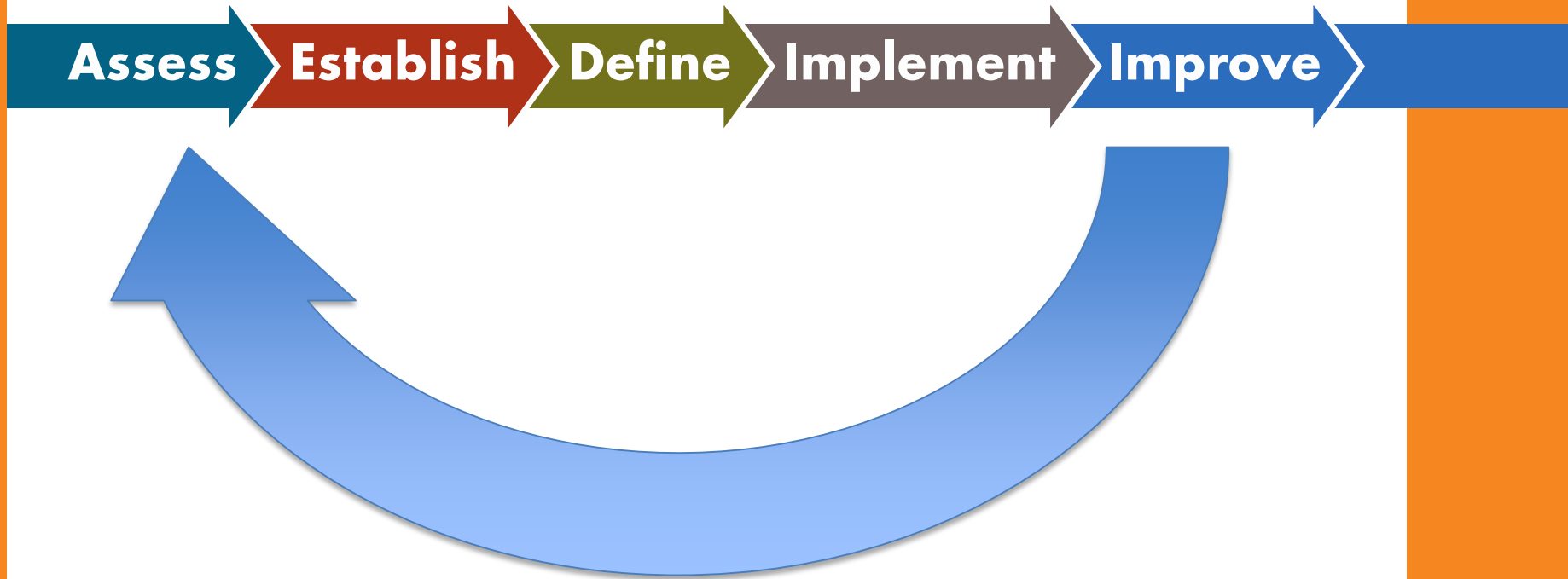
THANK YOU

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