

# THE ROAD TO TELEHEALTH

YOUR RESOURCE FOR TELEHEALTH SUCCESS

**CALIFORNIA  
TELEHEALTH  
RESOURCE  
CENTER**



**Kathy J. Chorba**

Executive Director

[kchorba@caltelehealth.org](mailto:kchorba@caltelehealth.org)

# → 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

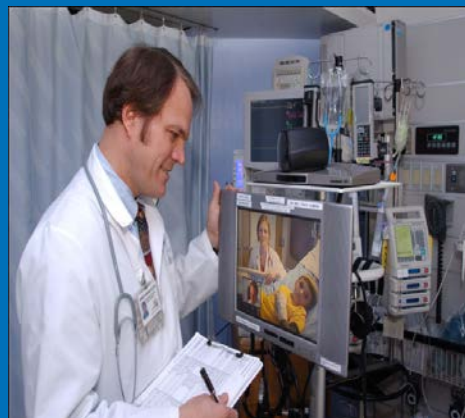
- ***Live video*** is used for real-time patient-provider consultations, provider-to-provider discussions, and language translation services.
  - ***Store & Forward*** technologies electronically transmit patient information between primary care providers and medical specialists. Information could include 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

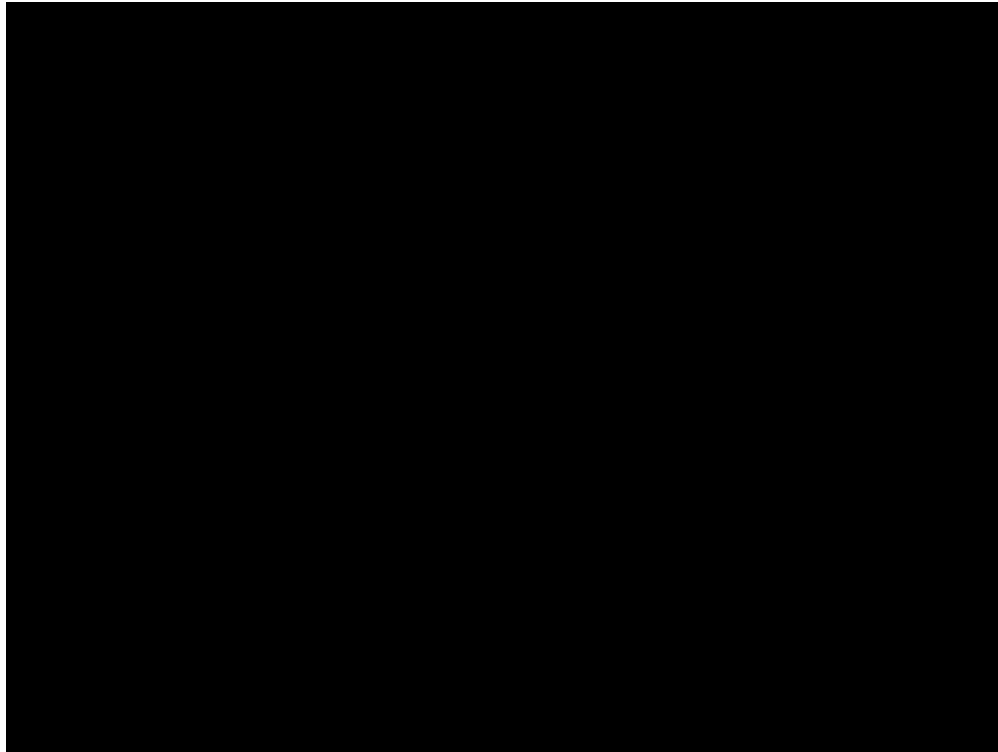
- Access to specialists
- Team approach to care

## 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

2 National Resource Centers | 12 Regional Resource Centers

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

[TelehealthResourceCenter.org](http://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



[Back](#)

## National Webinar Series

Don't miss the TRC National Webinar Series!

[Visit the calendar](#)

The TRC Webinar Series provides timely information and demonstrations to support and guide the development of your telehealth program by experienced telehealth professionals from the HRSA-designated Telehealth Resource Centers (TRCs).

These webinars are FREE to the public on the 3rd Thursday of each month.

To join the meeting: [Click HERE](#) 



## Visit the calendar

See upcoming webinars and events





# Publications



[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 activities that should be undertaken during the development or expansion of a telehealth program. Includes 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

The screenshot shows the homepage of the California Telehealth Resource Center (caltrc.org). The header includes the National Telehealth Policy Resource Center logo, the California Telehealth Network logo, and navigation links for Log In, Sign Up, and a search bar. The main navigation bar lists: About Us | Telehealth | Resources | News & Events | Telehealth Summit | Contact Us. The central banner features a cartoon illustration of three women in a booth labeled 'TELEHEALTH ADVICE' with a sign that says '5\$ FREE'. Below the banner are navigation links for Breaking News, CTRC Publications, Your Path to Telehealth Success, and Training. The 'iHEALTHBEAT' section lists four news items from April 21, 2014, regarding home health agency coordination, diabetes telehealth, Wikipedia flu tracking, and medical scribes. The 'Thank you for visiting us!' section highlights CTCR's direct assistance approach and lists new website features like search capability, funding developments, and a community section. The 'What's New' section lists updates including free telehealth training, interventions for Native American populations, updated reimbursement guides, and FDA mobile app guidance.

**YOUR RESOURCE FOR TELEHEALTH SUCCESS**  
**CALIFORNIA TELEHEALTH RESOURCE CENTER**

National Telehealth Policy Resource Center | CALIFORNIA TELEHEALTH NETWORK | Log In | Sign Up | SEARCH

About Us | Telehealth | Resources | News & Events | Telehealth Summit | Contact Us

**FREE TRAINING**

**TELEHEALTH ADVICE**

**5\$ FREE**

Breaking News  
CTRC Publications  
Your Path to Telehealth Success  
Training

**iHEALTHBEAT**

April 21, 2014  
Tablets Help Home Health Agency Boost Care Coordination, Cut Costs >

April 21, 2014  
Mississippi Providers, Tech Firms Launch Diabetes Telehealth Project >

April 21, 2014  
Study: Wikipedia Tracks Flu Better Than Google, Faster Than CDC >

April 21, 2014  
Medical Scribes Rise in Demand as Physicians Transition to EHRs >

**Thank you for visiting us!**

CTCR promises to bring you a new and improved direct assistance approach, with renewed outreach efforts, telehealth education and support, and hands-on training.

As California's Telehealth Resource Center, CTCR has a substantial volume of up to the minute information to assist you with your telehealth activities. Some new features on the website include:


- Search capability throughout the website and search function in our news archive to help you easily find information
- Special heading for developments on funding / reimbursement and legislative / regulatory
- Community section to submit your stories and items of interest for inclusion in the website

**What's New**

- FREE TELEHEALTH TRAINING!!
- Interventions for Health Promotion and Disease Prevention in Native American Populations
- UPDATED: Telemedicine Reimbursement Guide
- FDA issues final guidance on mobile medical apps



# 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
- 





# calTRC.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**



# → 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

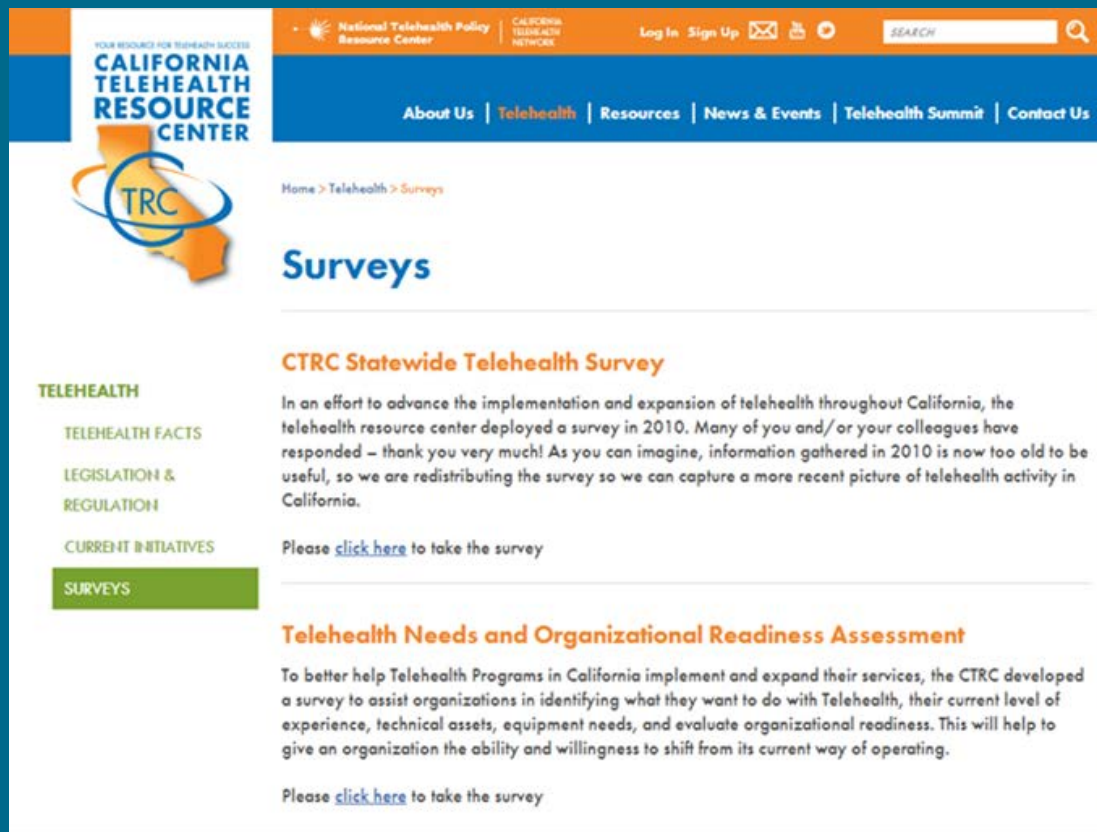
- University-based and commercial providers

The screenshot shows the California Telehealth Resource Center (CTRC) website. The header includes the logo and navigation links: Home, Resources, Telehealth Specialty Provider List. The main content area is titled 'Telehealth Specialty Provider List' and includes a welcome message and a search box. Below the search box, there is a table with 2 records found, showing 2 per page. The table columns are Company Name, Specialty Offered, Website, City, State, Zip Code, Phone, and Email.

Company Name	Specialty Offered	Website	City	State	Zip Code	Phone	Email
Clinicians Telemed	Cardiology, Dermatology, Endocrinology, Gastroenterology, Infectious Disease, Mental Health - Psychology, Mental Health - Psychiatry, Nephrology, Neurology, Orthopedics, Pain Management, Patient Education, Primary Care	www.clinicianstelemed.com	Bakersfield	CA		(661) 616-4170	
Telemed2U	Dermatology, Infectious Disease, Mental Health - Psychology, Mental Health - Psychiatry, Primary Care	www.telemed2u.com	Roseville	CA	95661	(855) 446-8628	

# The Roadmap: Assess

To take the on-line telehealth needs assessment survey, visit [caltrc.org/telehealth/surveys](http://caltrc.org/telehealth/surveys)



The screenshot displays the website for the California Telehealth Resource Center (CTRC). The header includes the logo and navigation links for National Telehealth Policy Resource Center and California Telehealth Network. The main navigation bar contains links for About Us, Telehealth, Resources, News & Events, Telehealth Summit, and Contact Us. The page title is "Surveys" and the breadcrumb trail is "Home > Telehealth > Surveys".

**TELEHEALTH**

- TELEHEALTH FACTS
- LEGISLATION & REGULATION
- CURRENT INITIATIVES
- SURVEYS**

**CTRC Statewide Telehealth Survey**

In an effort to advance the implementation and expansion of telehealth throughout California, the telehealth resource center deployed a survey in 2010. Many of you and/or your colleagues have responded – thank you very much! As you can imagine, information gathered in 2010 is now too old to be useful, so we are redistributing the survey so we can capture a more recent picture of telehealth activity in California.

Please [click here](#) to take the survey

**Telehealth Needs and Organizational Readiness Assessment**

To better help Telehealth Programs in California implement and expand their services, the CTRC developed a survey to assist organizations in identifying what they want to do with Telehealth, their current level of experience, technical assets, equipment needs, and evaluate organizational readiness. This will help to give an organization the ability and willingness to shift from its current way of operating.

Please [click here](#) to take the survey

# 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	<u>Originating Site</u> : Guaranteed access to specialist	<u>Originating Site</u> : Risk assumed for no-show patients
	<u>Distant Site</u> : 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

Maintains overall control of the program

Brings partners to the table - respected member of the clinician community

Incorporates TH into practice - teach the value to other clinicians

**Goal**  
Quality and efficiency of medical service

## Telemedicine Coordinator

Program Promotion, Coordination & liaison duties between patients, providers and specialty sites

Patient care scheduling & coordination

Education & Outreach

Technology management

**Goal**  
Program efficiency, Patient & provider satisfaction

## Technical Support

Telecommunications networking planning & maintenance

Equipment selection, installation, training and troubleshooting

Equipment reliability and functionality – Videoconferencing, Store and Forward software, & Medical peripherals

**Goal**  
Maintain reliable, user-friendly technology



# THE ROADMAP: DEFINE

Assess

Establish

Define

Implement

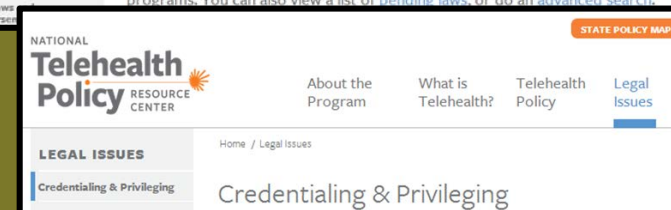
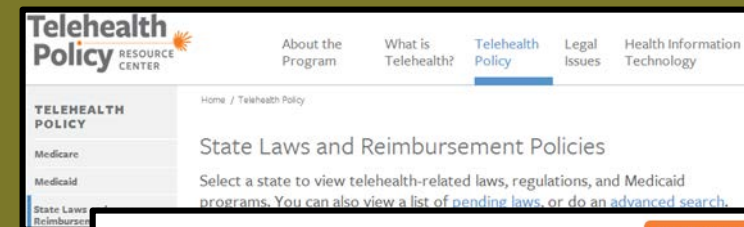
Improve

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

A screenshot of the California Telehealth Resource Center website. The page is titled "Sample Forms and Guidelines" and lists several resources available for use when implementing a telehealth program. The website header includes "National Telehealth Policy Resource Center" and "CALIFORNIA TELEHEALTH NETWORK". The navigation menu includes "About Us", "Telehealth", "Resources", "News & Events", "Telehealth Summit", and "Contact Us". The breadcrumb trail shows "Home > Resources > Best Practices > Sample Forms and Guidelines".

Home > Resources > Best Practices > Sample Forms and Guidelines

## Sample Forms and Guidelines

Below you will find a few of the sample forms that the CTRC has available for use when implementing a telehealth program.

- [Sample Referral Guideline for Neurology Pediatric](#)
- [Sample Referral Request Form](#)
- [Sample Authorization and Consent](#)
- [Sample Workflow](#)
- [Sample Job Descriptions](#)
- [Common Integration Barriers](#)
- [Considerations in Developing Partner Relationships](#)

# 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

## Specialty Care Safety Net Initiative UC Irvine Pediatric Psychiatry Live Video Telemedicine Consultation

Your telemedicine specialty consultation has been scheduled for:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please arrive 15 minutes early to complete any paperwork that may be required by your specialist.

**What is Telemedicine?** Telemedicine is live, interactive audio and video with the patient at one location and the specialist at another. It is conducted over dedicated lines that are private and secure.

**What is a Telemedicine visit like?** A typical telemedicine visit occurs with the patient, the medical assistant and the physician at the patient's primary care clinic. The medical assistant will run the camera and help with the exam. You and your specialist will be able to see and hear each other, just as if you were in the same room. Your primary care provider may be present if needed by the specialist in order to help with the exam, diagnosis and treatment recommendation process.

Your Telemedicine Specialist for this visit will be **Artur Turakhia, M.D.**, from the University of California, Irvine. Dr. Turakhia has received your medical record information and has reserved time in his schedule just for you. Appointments are very limited, so please make every effort to keep this appointment.



Dr. Artur Turakhia, M.D. is an Assistant Clinical Professor at the University of California, Irvine, Department of Psychiatry & Human Behavior. He serves as the Medical Director for the FOCUS program, which provides services to sexually abused children; serves as the Assistant Director for the Child and Adolescent Psychiatry Fellowship Training Program; treats patients from the Regional Center of Orange County for Medication Management; and supervises Fellows in an Outpatient Medication Management clinic.

Dr. Artur Turakhia treats patients with multiple illnesses, including Major Depressive Disorder, Bipolar Disorder, Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Social Phobia, Attention-Deficit Hyperactivity Disorder, Schizophrenia, and Autistic Spectrum Disorders. He attempts to balance the prescription of psychiatric medications with the use of psychotherapy to treat the complete individual. He also prefers to focus on people's individual strengths rather than only see a person's illness. Furthermore, Dr. Turakhia has a special interest in trying to understand the family and cultural backgrounds of his patients and the role that those factors play in patients' overall mental health. His training in Child and Adolescent Psychiatry allows him to understand the role that human development plays in psychiatric problems.

Dr. Turakhia completed his undergraduate work at the University of California, Berkeley and graduated from medical school at the University of California, Irvine. He was trained in General Psychiatry at the University of California, San Diego and completed further sub-specialization in Child and Adolescent Psychiatry via a fellowship also at the University of California, San Diego. Dr. Turakhia was inducted as a member into the UC Irvine inaugural chapter of the Gold Humanism Honor Society, an organization that recognizes demonstrated excellence in clinical care, leadership, compassion, and dedication to service. It was organized to elevate values of humanism and professionalism within the field of medicine through student-initiated projects and activities and is in line with Dr. Turakhia's values.

For more information contact your clinic Telemedicine Coordinator

# → 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.
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
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.
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.
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.

Engage the medical staff in the implementation and planning process

Discuss telehealth in the monthly clinic staff meetings

Only use telehealth to supplement your community resources

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

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

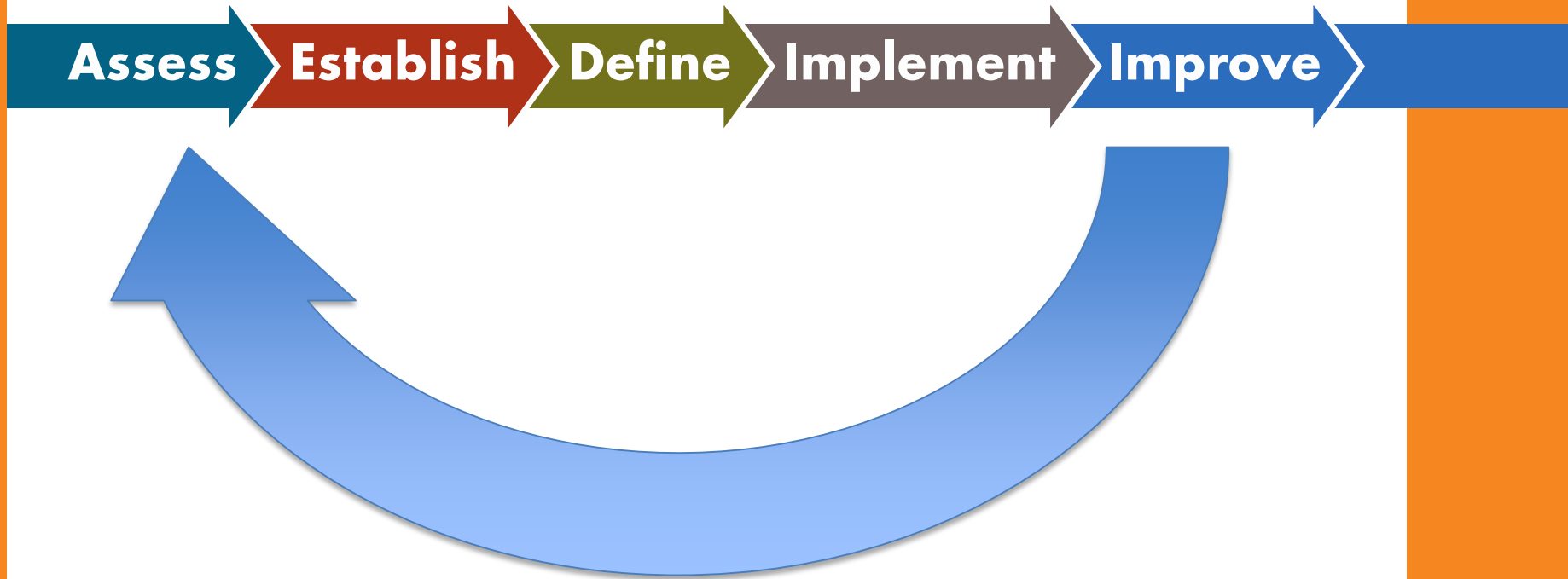
1. **Fear of technology**
  - a. Educate the patient about telemedicine
  - b. Assure the patient the video or information will be transmitted on a secure line, to the specialist only (i.e., this won't show up on YouTube)
  - c. Give the patient a demonstration of what will happen during their consult
  - d. Media blasts – newsletters, emails, local newspaper articles, handouts and posters in the waiting rooms
2. **There may be a perception the patient is receiving 2<sup>nd</sup> 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.
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

Give the patient a telemedicine demonstration

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

Provide information handouts in the patient's primary language

# THE ROADMAP: REPEAT



# THANK YOU

YOUR RESOURCE FOR TELEHEALTH SUCCESS

**CALIFORNIA  
TELEHEALTH  
RESOURCE  
CENTER**



**CalTRC.org 877-590-8144**