THE ROAD TO TELEHEALTH

Kathy J. Chorba
Executive Director
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

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
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](#)
Publications

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
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

Assess → Establish → Define → Implement → Improve
THE ROADMAP: ASSESS

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

- Partnerships
- Technology Infrastructure
- Telehealth Team
# The Roadmap: Establish Partnerships & Structured Relationships

<table>
<thead>
<tr>
<th>Model</th>
<th>Advantage</th>
<th>Disadvantage</th>
</tr>
</thead>
</table>
| Originating Site purchases blocks of time | **Originating Site**: Guaranteed access to specialist  
**Distant Site**: Guaranteed payment for time reserved | **Originating Site**: Risk assumed for no-show patients |
| 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  
**Distant Site**: Guaranteed payment for time reserved | **Originating Site**: May pay for time that’s not utilized  
**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
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

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.
THE ROADMAP: REPEAT

Assess → Establish → Define → Implement → Improve