



# INDIAN HEALTH SERVICE TELEHEALTH TOOLKIT

## Introduction

This **Toolkit for Telehealth Provision for the Indian Health Service** is intended to provide support and guidance for IHS facilities implementing or expanding telehealth services to improve access to ambulatory care services. The needs of IHS facilities will differ considerably depending on the population you serve, the availability of technology support, as well as prior experience with telehealth provision.

The toolkit is organized around an 8-step framework. Those new to telehealth will find it useful to follow the steps sequentially. Organizations that already provide telehealth may want to skip some steps but may benefit from a review of some of the steps and their associated tools as they expand or improve telehealth services. ``

This document provides a summary of the steps in the toolkit and includes links to resources accessible on the [IHS Quality Portal](#).



To discuss telehealth implementation with peers within the IHS, subscribe to the [Telehealth & mHealth](#) Listserv at <https://www.ihs.gov/listserv/topics/>.

Note on this version: This toolkit will be expanded and improved over time. Resources for the toolkit are being assembled. Expected resources, which will be available on the IHS Quality Portal, are show in **bold, underlined** text. We welcome your input. Any resources you have available should be shared via the [Telehealth & mHealth](#) Listserv.

## Step 1: Define the Need

### Overview

In working through Step 1, you should consider what you are trying to accomplish by adding telehealth services and specifically:

- What access barriers you are trying to address or outcomes you are trying to improve.
- Which patients you want to reach.

This is a starting point and will be refined as you learn more about what you currently have to work with and what is feasible in the short term.

### The key activities for Step 1

#### 1. Identify and prioritize opportunities and unmet need with current health service delivery systems.

Make clear what problems or barriers to access you hope to solve with telehealth and/or how you expect to improve care through use of telehealth. Examples may include:

- Telehealth has been used to improve access to
  - Behavioral health services
  - Specialty medical care
  - Diabetic retinal screening
  - Nutrition services and diabetic education.
- Telehealth has been used to enhance and support
  - Emergency Department services
  - Intensive Care services
  - Radiology services
- During the COVID-19 [Public Health Emergency](#) many organizations have used telehealth to
  - Reduce volume of visits in the facility
  - Reduce potential exposure for patients at increased risk from COVID-19
  - Allow providers who are in quarantine or isolation or who are themselves at high risk from COVID-19 to continue to provide care.
  - Reduce use of scarce PPE
- The increased use telehealth for primary care services during the COVID-19 PHE has convinced many IHS, Tribal, and Urban Indian health facilities of its value in:
  - Routine follow-up in management of chronic diseases, such as depression and diabetes
  - Interval rechecks in physical therapy and podiatry
  - Pharmacy-run chronic disease management programs
  - Care management of at-risk patients.

These are just some examples. Find a place to start and if you've started already, think about what you've learned and how telehealth delivery of care can help you improve access, quality, and your patient's experience of care.

## **2. Identify approved telehealth platform(s) that are available and feasible in your area and with your population.**

IHS sites will need to use a platform approved for use, meeting security requirements, Privacy Act and HIPAA requirements.

- As this toolkit is being assembled (July 2020), the IHS supports the [Cisco Meeting System](#) for synchronous, video visits.
- Behavioral Health Services from the Tele-behavioral Health Center for Excellence are provided through the Cisco Meeting System.

There is not currently a telehealth platform that integrates with RPMS. As of July 2020, the IHS Telehealth Workgroup is exploring additional video software solutions. Interacting with RPMS will be discussed in Step 3.

Begin Acquisition Strategy and Acquisition Planning at this time also. In the event a contract/task order for a telehealth software solution, equipment and/or services may be required, engage the Area or Headquarters contracting points of contact early. Identify facility points of contact to prepare pre-award Acquisition documentation; start defining government requirements and prepare the Procurement Request for Contract/Request for Task Order package, in accordance with your Area's contracting office or the Headquarters Division of Acquisition Policy procedures.

The services you can practically delivery using telehealth delivery depends to a large degree on your patients' access to broadband internet or data services. Many people served by the IHS do not have adequate cellular service for synchronous video visits.

As of July 2020, the IHS Telehealth Workgroup is exploring additional video software solutions.

## **3. Engage administrative and clinical leadership.**

Using telehealth to improve access and enhance the delivery of care requires support from many parts of your organization. All staff, including nursing, patient registration, informatics, billing and Health Information Management (HIM) staff, and others have a role to play. To be successful clinical and administrative leadership will need to be engaged, prepared to allocate budget resources, and willing to help the teamwork through barriers.

The same data elements that you use to understand need and identify opportunities for use of telehealth in care delivery will be help clinical and administrative leadership prioritize resources and time to make it happen.

1. Data that demonstrates a need that telehealth can fill or partially fill.
2. Data that estimates the impact of telehealth provision to meet that need.
3. Proposed metrics that would monitor the impact of telehealth.

## Step 2: Set up a telehealth team

### Overview

This step will help all those involved to understand how the design, implementation and monitoring of telehealth services will be accomplished.

### The key activities for Step 2

#### 1. Include a broad range of staff expertise.

It is important to engage individuals with each competency deemed essential to successful telehealth implementation and to be clear about how decisions will be made. Using a team approach is one way to achieve this. Be sure to include team members familiar with all aspects of the process – managers and administrators as well as front-line staff who provide direct patient care. Staffing patterns differ across organizations so the team make-up will also differ.

**Assessment tools** can be used to help you obtain input from multiple perspectives. Each perspective can provide important answers to questions that must be answered to ensure success.

When identifying the staff, consider inclusion of those who will provide or facilitate defined telehealth tasks. In some sites, individuals may fill multiple roles.

#### 2. Identify/assign a **Telehealth Coordinator**

Telehealth is an alternative way of delivering services and should have dedicated oversight. The role will be larger or smaller depending on the services provided but there are important duties that are the “glue” that holds the telehealth program together. Organizations have found it invaluable to have one point of contact that understands the entire process and is a resource for troubleshooting in real time.

#### POSSIBLE TEAM MEMBERS

- Clinician leadership
- Clinical telehealth champion (a clinician who will provide telehealth services)
- Operational champion
- Technology champion
- Quality improvement staff
- Patient representative
- **Telehealth Coordinator**
- Other staff that will directly contribute to provision of telehealth services – e.g. nurses, medical assistants, schedulers, referral coordinators, case managers.
- Informatics
- Health Information Management
- Staff who have special areas of expertise that align with types of telehealth visits you may be planning. –e.g. pharmacists, prenatal clinician for virtual prenatal care, social worker or community health worker to address social determinants, IT, Lab, Contracting Officers.

A telehealth coordinator need not be a new hire or require a full-time commitment but is an essential role. The telehealth coordinator understands the technology, and the entire process of service health provision. This role oversees the flow and handoffs of service provision as well as communication about telehealth to patients and staff.

### 3. Define roles, responsibilities and decision-making pathways.

As with other effective organizational teams, it is important that team roles, responsibilities and norms be established for the telehealth team. The decision-making processes and accountability to leadership should be clear. This team should work with leadership to set a pace for the work, set up regular meetings to move the work forward, and build agendas that consider an appropriate balance between the urgent needs of patients, the ongoing wellness of clinicians and staff, and building the needed structures to accomplish the work.

In the largest Indian Health facilities, there may be a benefit to having a separate leadership oversight team, but many facilities will choose to use their current executive team to oversee telehealth development.

#### Tips for Success:

- Designate a Clinician Champion for the telehealth development work.
- Designate a **Telehealth Coordinator** for the day-to-day work group that will communicate with leadership.
- Consider developing a brief charter or project plan that captures the consensus and makes clear the goal and plan for implementation (More about charters can be found in Step 5: Create a Road Map).
- Choose a very small set of measures that can be used to monitor progress regularly through the launch (e.g. number of telehealth encounters, **Clinician Experience**, [Patient Experience](#)).
- Incorporate telehealth work into your existing quality management or improvement plan.

## Step 3: Explore Options

### Overview

In this step you will gather the information you need to develop a telehealth implementation plan and identify gaps between what telehealth services you would like to provide and what is feasible in the near term.

### The key activities for Step 3

#### 1. Describe the care you would like to provide using telehealth for your patients and what gaps must be filled to provide that care.

In Step 1, you identified one or more populations that could benefit from telehealth services. Now you should think more about what will be needed to implement telehealth for those populations. This could include:

- For the population(s) you identified in Step 1, are there specific subpopulations that would benefit from telehealth services and others that are not appropriate for remote care? An example of this discussion could involve asking which patients require home monitoring equipment (e.g. scales, home blood pressure monitors, etc.) and whether that equipment is available.
- Considering the patient population of focus and their needs. Is the needed technology available? Video may be necessary for some visit types and telephone may be enough for others.
- What clinical staff is available to test telehealth with the population of focus? You may be testing telehealth for the first time with a single clinician champion, expanding telehealth to a new patient population, or engaging external partners to provide specialty care.

Try to clarify which patients are appropriate for telehealth visits and which clinicians are needed to provide care to that population. Tip: You may find that mapping out workflows for telehealth visits will help you organize this work. Many teams find it helpful to begin telehealth workflows by modifying existing workflows for in-person visits.

To support the work of this step you may find it helpful to review these worksheets:

- **Preliminary Clinical Assessment – Provider**: this 1-page tool helps a clinician plan to have access to the needed information and support staff during the telehealth encounter.
- **Preliminary Assessment – Operations and Front Desk**: this 1-page document lists questions related to operations relevant to the provision of telehealth visits.
- **Preliminary Technology Assessment**: this 2-page worksheet helps the telehealth team plan for and prepare the technology need for the telehealth encounter.

#### 2. Explore the availability of health information technology and other technology considerations.

The IHS supports the use of the [Cisco Meeting System](#) for telehealth visits. Your first line of technical assistance for this platform is local IT support staff at your facility. If local IT staff are unable provide all the necessary information you should contact Area IT support.

Don't forget that clinical care provided by telephone is also telehealth and is reimbursable under the special rules in place during the [Public Health Emergency](#). Be sure to stay up to date on changes in laws and regulations in your state.

The Indian Health Service also has two specialty telehealth services available:

- [The Tele-behavioral Health Center of Excellence](#)
- The [IHS Teleophthalmology Program](#) is an example of asynchronous – or “store and forward” – telehealth in use throughout the Indian health system. This program captures retinal images for later review by ophthalmologists. While asynchronous telehealth is not the focus of this toolkit, the IHS Teleophthalmology Program is an example of the pioneering work the IHS has done, and continues to do, in telehealth.

Other technology considerations include:

- Do members of the community have access to the Internet and telephones?
- If members of the community do have access to the Internet, is the bandwidth good enough to support video calls?
- Can an area be set aside within the facility with the needed equipment, space, and privacy to support a successful telehealth visit?
- If providers will participate in telehealth visits from their homes, how will they access clinical information during the visit?



3. Estimate the demand for the proposed services and the resources required to provide them.

You will want to estimate demand for telehealth services so you can accommodate telehealth visits in the clinic schedule. Estimating the demand for telehealth may be difficult at first, especially if the practice has not offered this service in the past. It does not have to be perfect and you can adjust as you gain more experience.

Organizations often choose to assign specific blocks of time in one or two providers' schedule that will be used exclusively for telehealth visits (called “block scheduling”). Others schedule telehealth visits interspersed with in-person visits. Choose what feel best to you.

Regardless of your start-up approach, it is recommended that you monitor the percentage of telehealth appointment slots that are filled, and the number of visits completed each week until you have fully implemented telehealth. This will allow your Telehealth Team to increase or decrease of telehealth services to optimize the utilization of staff time.



## Step 4: Design for Sustainability

### Overview

In this step you will add detail to your design for telehealth, including how to measure outcomes, and begin to explore reimbursement for telehealth services.

### The key activities for Step 4

#### **1. Define what successful implementation telehealth means for your facility and how you will monitor implementation and outcomes.**

Once the assessments from clinical, technology, and operations staff and the Telehealth Coordinator are complete, your team needs to decide if it can move forward. If major constraints or concerns are found by any of the assessments, it is wise to discuss these with the leadership to decide whether challenges can be overcome or if it is wise to scale back either the expectations for telehealth service or the timeframe. Most often, there will be one or more hurdles that are manageable with support from the leadership.

To coordinate the multiple tasks involved in setting up a telehealth service, we recommend documenting the team's thoughts in a written document. Many teams use a charter or you may have a project plan format that is familiar to the staff. At minimum, it is recommended you write up a description of the population you will reach with telehealth and goals for what you would like to achieve.

#### **2. Identify measures areas, including measures of access, experience and cost.**

In this step, you will finalize the measures and consider how they will be collected and monitored. We recommend that you identify a simple set of measures and include them in your charter or project plan. One approach to choosing measures is to review the **NQF Telehealth Measurement Framework**. This framework suggests measures in four areas:

1. Access to Care
2. Experience
3. Financial Impact/Cost
4. Effectiveness

Quality Improvement staff at the facility or Area level may be helpful in selecting measures that can be collected without undue burden and that will provide meaningful information about the telehealth services to your telehealth team and facility leaders.

#### **3. Assess costs and benefits of telehealth to maximize value.**

Long term sustainability for any services you implement requires a balance between the costs of providing the service and how you plan to cover those costs. The Covid-19 [Public Health Emergency](#) prompted temporary changes in the type of telehealth services that are reimbursable and changes to the rules governing those services. Getting familiar with those rules and staying up to date with changes is an important task for your Telehealth Team. You will find helpful information in the **Telehealth Reimbursement Tips**.



## Step 5: Create a Road Map

### Overview

By the end of Step 5, you will have taken the ideas of what you want to accomplish from your charter and created a road map of how to put your telehealth ideas into action. This includes a delineation of clear roles, responsibilities and workflows to deliver the telehealth service. This also includes adding specifications to the metrics to monitor the goals and objectives of the service. A projected timeline, task list and estimated level of effort will result from the completion of this step. This step also includes purposeful integration of telehealth into your existing quality, operations and compliance programs.

### The key activities for step 5

#### Identify essential elements and decide who does what

During step 3, you thought through what it would take to provide the desired care to the specified population. Then in step 4, you clarified and codified what you were trying to accomplish and how you would measure success as you embed telehealth services into your standard work. In Step 5, you should clarify which staff, performing what roles will provide which components of care and how they will complete the necessary steps.

We recommend that you think about the entire telehealth lifecycle, from pre-visit preparation to post-visit follow-up, when thinking about essential elements for care provision. You may find it helpful to review this [Roles and Tasks Checklist](#).

Also, in the same way that patient safety and privacy are addressed in your face-to-face workflows, consider the risks associated with telehealth and implement appropriate quality improvement and quality assurance procedures. Failure Modes Effects Analysis (FMEA) is one recommended approach. **This FMEA tool** is pre-populated with some potential telehealth risks to jump start the process.

#### Create tasks, responsibilities, milestones and timelines

Next, the team must split up the work to create specific workflows and to drill down on responsibilities for each task. This activity includes assigning specific clinicians and staff to their telehealth roles and responsibilities.

### Tips to facilitate

1. Align the expectations for deliverables from team members that include draft workflows, remaining questions and concerns. Based on the work, what is a reasonable time for a first draft? It may be helpful to calendar the timing and include interim milestones as appropriate.
2. Ask the Telehealth Coordinator to play a project management role during this time. That role will gain an overview of the entire tele-visit process and can support timely completion so the team can move on to testing and implementation.
3. Distribute existing workflows for tasks that exist for face-to-face care. Having those in a modifiable format speeds the work. For teams that do not have workflows for all tasks pertinent to face-to-face (FTF) care, we recommend that you create them for telehealth. Having clear roles, responsibilities and workflows is a best practice which enhances team efficiency as

well as staff and patient experience. It is also invaluable in cases of staff turnover. For those familiar with the tool, swim lane diagrams are helpful to map out the which role manages which task as well as key hand-offs for visit related tasks. Your quality department can likely help you use this tool.

4. As you look at the workflow, make notes of what will be different in telehealth and align the workflow accordingly. Also, focus on the handoffs and talk through each with representatives of the appropriate roles.

#### **Integrate telehealth into your quality program, operations management and compliance**

Most teams will firm up their integration with the quality program, operations and compliance as they begin to test. As with other service delivery, telehealth implementation should be monitored and reviewed to ensure the desired outcomes are met. See the [QI/QA Tasks for Telehealth](#) for a list of potential items for this activity.

#### **Integrate telehealth services with face-to-face care**

This activity will be initiated here and is the beginning of an ongoing process. Telehealth services provide enhanced access and other benefits for many patients but do not substitute for face-to-face care. Most organizations will need some time to determine the ideal balance of telehealth and face-to-face care. While there is not yet a best practice for this work, you may want to schedule periodic evaluation sessions to analyze data from measures and gather input from champions doing the work. Consider using a framework such as SWOT, Force Field Analysis or another approach that is familiar to you. The goal of this activity is to evaluate where telehealth services are performing well and where they are underperforming and should be expanded, changed, or improved. It is important to re-evaluate telehealth services on an ongoing basis to determine if this type of care is providing what is intended in the best way possible.

## Step 6: Prepare your Staff

### Overview

In this step, you will plan for the necessary staff training for telehealth roles and responsibilities and that all are the technology they will use.

### The key activities for Step 6

 **Train care team staff on the technology, workflows, and documentation.**

This is an exciting time for teams! The work of thinking through all the steps required to successfully deliver telehealth is behind you and the bigger picture comes into focus. The team has been working from individual perspectives and now is the time to put those pieces together. The Telehealth Coordinator plays a key role here, creating a process flow that includes pre-visit, visit and after-visit tasks. The intent of this exercise is to ensure that the entire telehealth service is seamless from the patient perspective and to give a comprehensive view to staff. This includes staff training.

Example of training needs include:

#### Technology

Telehealth platform: Staff should be trained to deal with the platform that they will use to connect with the patient as well as the device that will be used.

Essential Information: Staff need to understand how to access necessary information such as the schedule, important patient demographics and the EHR.

Patient interfaces: Staff that will be working directly to help patient access the telehealth platform on their own devices need to know even more. Most organizations have found it useful to test set up steps with other staff and willing family members. Many organizations document these steps as a reference guide.


HIPAA Reminders: Telehealth services involve sharing of PHI and are therefore subject to HIPAA regulations. Ensure that staff understand that if they want to test a new interface, it must go through compliance evaluation before it is tested.

#### Workflows

- Each staff member role will need training, focusing on tasks for which they have primary responsibility (from Step 5).
- Once staff are comfortable with the workflows for which they are primarily responsible, it is important to spend some time on the handoffs. Handoffs are often a system failure point and it is important to ensure any challenges are worked out Tip: some teams may find that scripting is helpful while others use communication strategies such as Situation-Background-Assessment-Recommendation ([SBAR](#)).

#### Documentation

Documentation requirements for a telehealth service are the same as for a face-to-face encounter. The information of the visit, the history, review of systems, consultative notes or any information used to make a medical decision about the patient should be documented. Best practice suggests that documentation should also include a statement that the service was provided through telehealth, the location of the patient and of the provider and the names and roles of any other persons participating in the telehealth service. See the [Tips for Telehealth Documentation](#) for more information and examples of best practice.

 **Train administrative staff – HIM, informatics, billing, scheduling, and communication with patients**

All administrative staff will be affected by telehealth services even though they are not participating directly. Staff that work with billing will need to be familiar with billing codes and modifiers for telehealth services. Staff that schedule will need to understand any changes in the duration of visits, if telehealth visits can be scheduled without gaps, and how face to face scheduling will align with telehealth visits. Staff that will be scheduling should be comfortable talking with patients about telehealth and answering basic questions. They should also be comfortable explaining when telehealth is not the best choice. Role play with scenarios is a good strategy to train staff to handle this new work. Scripts to describe the new service are also helpful to help staff give clear and consistent messaging about telehealth. All staff that communicate with patients should understand the new telehealth service – what is being offered, how it may benefit patients and the limitations.

 **Practice with technology and scripts**

This activity can be thought of as a dress rehearsal. The objective is to allow staff to gain confidence that they will be able to manage most of what they will encounter. Teams recommend scenario-based practice to include some anticipated challenges and “practice patients” to introduce other variables. Test your emergency plans as well, including steps that will be taken if the patient needs immediate face-to-face care.

In the next step you will launch or expand your telehealth service. Be sure to check in with each other and celebrate your achievement in introducing a new service.



## Step 7: Prepare your Patients

### Overview

By the end of this step, you will have developed and implemented a plan to prepare your patients to succeed in using telehealth.

#### **Engage all staff as ambassadors for the telehealth service.**

When a practice change happens, patients will pose questions to the person they trust. Ensuring everyone on staff understands what telehealth is and why you are offering it is essential before launch. The organizational decision to offer telehealth must be supported in all communication that takes place with patients. Consistency of messaging will enhance patient understanding of and engagement with telehealth. Organizations have found it helpful to script the answers to frequently asked questions so that staff are comfortable talking about telehealth and patients hear the same message no matter whom they contact. This activity can be covered in a staff meeting, with the Telehealth Coordinator taking the lead.

#### **Help patients understand the why and how of telehealth services.**

The success of providing telehealth as an option relies on patient engagement. Patients need to understand how telehealth will benefit their care and when it is not the best option. The use of telehealth is growing rapidly but some patients are concerned about the change and not sure about getting care in this way

Initial communication to patients can generally follow the organization's routine communication channels. These could include in-person events or discussions, a patient portal, community newsletter, community forum, social media or organizational website. As the organization's plans for telehealth are introduced, the benefits of the various types of telehealth visits (e.g. virtual care, video chat with your healthcare team) should be described.

#### **Help patients to learn how to use telehealth.**

On the day of the visit, a designated staff person should check-in with the patient before their appointment to check the connection and offer support. Depending on how your visits are structured, you will want to ensure that any check-in procedures are completed and that there is time for any screening and gathering of information from the patient before the provider's arrival. Staff may start check-ins via phone or using a video connection. For useful tips on items to cover with patients in preparation for a telehealth visit, see **Patient Preparation Tips**.



## Step 8: Implement and Monitor

### Overview

This step involves establishing processes to monitor your telehealth service, including reviewing feedback from staff and patients.

### Key activities for this step

 **Regularly review metrics to understand staff and patient experience, utilization, quality, financial performance**

New services take several months to become routine. During that time, you will be learning and refining service delivery workflows, support infrastructure and messaging. Once that period of intense problem solving is past, it is time to consider the longer term.

Many of you will have existing strategies to monitor and improve care. If so, it is likely that you will use the same approach for telehealth. For others, you might want to review your measures and decide if they will help you evaluate your telehealth service. These questions may support your discussion:

- Does the telehealth service meet the needs of the designated population as expected?
- What is our feedback from patients?
- How does our care team feel about the effectiveness and efficiency of meeting the specified need?
- Are there any changes in that quality of care that you should be aware of?
- Are these services financially sustainable in the big picture?
- Is there anything else that has been unexpected that we should monitor?

 **Engage staff and patients to suggest changes for improvement.**

Many organizations have strategies to periodically assess staff and patient experience. Telehealth services should be included in these assessments. An approved [IHS Patient Experience Survey](#) and a **Clinician Telehealth Experience** Tool are available. These include the OMB approved Patient Experience Survey for Indian Health, which has been adapted for telehealth.

 **Integrate into Governance**

The Governing Board and leadership have responsibility to manage the entire organization of which telehealth is a part. Many are thinking about how their organizations are achieving the Quadruple Aim: better population health, improved clinician experience, improved patient experience and lower costs. It is likely that the measures you have chosen will align with what leaders need to know but it is wise to check. The emphasis here is that telehealth data should be reported along with information about other aspects of care delivery. The decisions to expand telehealth should rely on your data and experience within your context of your aims and needs of your community.