

Implementing Telemedicine Service Operations

Planning a successful telemedicine service requires considerable preparation, prior to any patients being seen. There are multiple issues that must be addressed in order to have a successful and sustainable program. This document serves as an overview of some key issues which can help make a hospital/clinic based telemedicine service successful. Keep in mind these issues must be considered from both the referring and receiving points of the telemedicine experience.

It's About the Patient

Always remember that telemedicine is about the delivery of care and services to the patient. The attractiveness of utilizing new technologies can be distracting. However, all the technology in the world will not make up for a patient who suffers or is dissatisfied because their needs were not addressed. Every aspect of the patient care should be private and confidential as though it were a face-to-face encounter.

Building Relationships

Establishing relationships and developing trust are keys to the success of telemedicine consults. Attention must be paid to all points of the patient event. This relationship starts with building support from the organizations leadership to provide the financial and human resources necessary to build, support and sustain a program. Growing internal support continues by meeting with key departments within the organization to educate them on the telemedicine goals and process. As services are considered and then implemented, telemedicine requires supportive and solid relations with clinical staff, practitioners, and administrators at both ends of the service. For a program to be truly successful, relationship building must be an ongoing process.

Implementation

Developing a thorough and complete implementation plan encourages the provision of a quality service and ensures that the standards of care are met. To determine the necessary steps, it is important to meet with key stakeholders such as IT, HIM, nursing, admissions, billing, scheduling, credentialing, etc. to obtain their input and to develop processes to meet their needs. *Details count!* Creating an implementation document and training manual with key steps identified can help to ensure a consistent implementation process and monitor the progress.

Telemedicine is the delivery of patient care and it should be incorporated as much as possible into existing practices, policies, and procedures to help comply with standards and encourage easier adaptation. After evaluating existing policies, one can then address areas where additional policies and procedures are needed.

Services vs. Patients

In conjunction with the process of implementation, it is equally important to coordinate the provision of the services with the patients who need them. Building awareness of the service is important, but making sure that the service is addressing a real need is even more so.

Conducting a needs assessment at the various patient locations helps to identify the services which are needed by these organizations. This assessment can help to establish a prioritized listing of services to be evaluated, planned and implemented.

It is equally important to do an evaluation of service capacity. There may be a high level of interest, coupled with a high level of need at the patient locations, but if the providers do not have space in their schedules to add patients (in-person or via Telehealth) then it will not matter how much the service is wanted. Neither end of the patient service can make assumptions around availability and hope to be successful.

Recreate the in-person experience

Programs that keep the patient's experience as their focus will likely have more success. It is important to understand the nuances of an in-person experience and replicate the telemedicine experience as much as possible for both patient and practitioner. Telemedicine equipment should be integrated into a clinical space so as to minimize its presence, allow for appropriate patient privacy and maximize the patient's attention on the practitioner.

Remember, telemedicine does not change the duty of confidentiality and compliance with HIPAA.

Patient Scheduling

For telemedicine services where patient scheduling is used, the process can be somewhat complex as it can involve several different locations that need to coordinate for one patient appointment. For example, a clinic physician may refer a patient to a specialist and the patient is then seen in another telemedicine facility such as the nearby hospital. During the implementation process with each specialist clinic and remote site it must be established how Telemedicine appointments will be scheduled and who ultimately will be responsible for confirming with the patient. "One size does not fit all" as each clinic and remote site will have different resources and established processes.

Traditionally the scheduling of appointments has been a phone activity between all involved, but with the advent of electronic medical records and multi-site scheduling software, some of this may now be done electronically.

Infrastructure and Equipment

A reliable, robust telecommunications network that conforms to HIPAA privacy and security regulations is necessary to provide a quality patient experience and to ensure that the needs of the provider are met. One must work closely with all facilities' IT departments to meet these goals and address any network restrictions (i.e. firewall issues) that may be in place. This includes ensuring EMR access for practitioners not on the same campus, and having any

necessary business associate agreements in place. The services to be provided will help guide the type of equipment that is needed. For example, if only mental health services are provided, then a computer based videoconferencing system may be sufficient. However, if a remotely controllable camera or a specific medical device is required to provide a service, then a traditional videoconferencing system may be needed. Make sure to consider any equipment compatibility issues. Before any purchase, visit with your organization's Telehealth contact or the providers being considered for services regarding their infrastructure.

Over the years, many organizations have applied for grants and used Universal Service Funds to help with the costs of implementing telemedicine. These should be viewed only as budgetary support for a program and not as the sole foundation on which a program is built. Consideration must be made for on-going, long-term financial commitment at the organizational level.

Appropriate tele-presenter

A competent tele-presenter (someone at the patient location assisting the practitioner) is often required to meet the needs of the patient and practitioner. In addition to their basic skills and training on proper equipment use, additional training may be helpful or required, such as understanding the practitioner's examination process. When the tele-presenter is aware of the practitioner's expectations during a consult, he/she can anticipate what is needed and be prepared to act accordingly. The tele-presenter should have the opportunity to practice with the equipment on a routine basis. Fumbling with the equipment leads to decreased patient confidence and increased provider frustrations.

Caution: Remember to adhere to the scope of practice of the tele-presenter's practitioner license.

Continuum of Care

Today's electronic medical records (EMR) make the transfer of information an easier process, yet not everyone uses the same EMR system. The referring practitioner and the specialty practitioner must make sure that information is transferred and incorporated for a telemedicine consult just as it would be for an in-person visit. This includes completing any forms required by the specialty clinic at the telemedicine site and transmitting them to the specialist's clinic.

For clear coordination of care, one must detail specifically who will be responsible for scheduling follow-up testing, additional consults and coordination with other agencies. How this is handled will depend on the test requested and local resources.

Quality in Telemedicine

Quality needs to be monitored as with all patient care services. Common threads through all performance improvement programs include reporting of customer complaints, adverse outcomes, and ongoing problem data gathering. Some additional suggestions include:

1. Number of consults conducted.
 2. Estimating how many travel miles patients were saved.
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3. Number of ancillary tests that were completed "in-house".
4. Patient transfers that were avoided because of a telemedicine consult.
5. Number of learning events attended.

Regardless of the size of your facility and the formality of the data kept, remember to share your success stories.

Licensure

The provider is currently required to be licensed in the state where the patient is located. The requirements for licensure for telemedicine may vary from state to state. One will need to check with each state medical board as some may require full licensure while others have adopted a licensure process specifically for telemedicine. Because licensure may take months to complete, it should be started very early in the implementation process.

Credentialing & Privileging

Credentialing and privileging are required based upon the expectations of the facility where the patient is located. In a ruling that went into effect in July, 2011, CMS allows for a more flexible option within credentialing for telemedicine. This ruling, also followed by JCAHO, allows rural hospitals to rely on information provided by the "distant-site telemedicine entity" to base their credentialing and privileging decisions. Facilities still remain free to credential practitioners in their traditional manner if desired. Since organizations can differ, it is important to confirm and follow the policies established by each location.

Patient Consent

Patients have a right to be informed about their care and this is no different for telemedicine. The process for consent will be influenced by several issues: state regulations, local standards, services being implemented, facility policies, and payer requirements. It is important to work with the organization's legal counsel and compliance officer to insure that requirements are met.

Reimbursement

Reimbursement remains a significant barrier to the growth of telemedicine.

Medicare does pay for telemedicine services, but has several restrictions. These require the patient to be located in an eligible location; in an eligible facility; be seen by an eligible provider; and for an eligible CPT billing code. Medicare reimburses the facility a "facility fee" where the patient is located. This fee is adjusted regularly. "Store and forward" reimbursement is currently limited to Alaska and Hawaii. (Note: Check the resource section for the link to CMS details)

Medicaid reimbursement varies from state to state. Make sure to confirm the policies for each state served.

Other Payers- There is no single accepted standard for other payers. Many insurance companies understand the value of telemedicine and are leading their industry by reimbursing for a wide variety of telemedicine services. Check with the individual carriers to confirm coverage. There are a growing number of states which have mandated "telemedicine parity". This means that a service provided by telemedicine technologies must be reimbursed at the same level as that same service provided in-person. It will be important to know if you will be providing services to one of those states.

Alternative Payment Methods - Additional payment models continue to be developed. However, due to the challenges surrounding reimbursement, some organizations have simply established contracts with providers for the delivery of some patient services. It is expected that new payment models will continue to evolve over the next several years and these should be under continuous review.