

Key Considerations in Operationalizing a Telehealth Program

Abstract: In this white paper, we'll look at the ways in which operationalizing a telehealth or telemedicine program requires far more than just implementing technology. We'll dive in to the most common obstacles to be aware of when considering receiving telehealth services or choosing a telehealth partner, and discuss the keys to a successful program.

Telemedicine is trending

In recent years, the use of telemedicine technology in U.S. hospitals has increased by 3.5 percent¹—from 54.5 percent in 2014 to 61.3 percent in 2016. And by the end of 2020, the global market for telemedicine is projected to surge past \$34 billion. Historically, a lot of this growth has been fueled by grant funding available for organizations to purchase the underlying technology and communications equipment to enable telemedicine services.



Given that telemedicine can have a multitude of benefits for both organizations and patients, it's no surprise its adoption is growing. However, these benefits are oftentimes unsustainable over the long-term based on the technology itself. The success of a scaled, sustainable telehealth program truly depends on knowing how to plan for, implement, operationalize, and maintain it. This, in turn, is oftentimes dependent on the establishment and maintenance of the relationship between those

clinicians providing care via telemedicine, and the organizations receiving that support. Far too often, the implementation of the grant-funded technology, while initially exciting, ends up being an expensive coat rack in the corner. So if you're thinking of implementing telehealth, make sure you're thinking beyond just the technology, and about how to set your facility up for success.

¹ <http://www.himssanalytics.org/news/telemedicine-adoption-growing-35-annually-2014>

What to know before hopping on the tele-train

Below are a few of the most common challenges organizations face when getting started with telemedicine². The bad news? They aren't small. The good news? Each of them can be easily handled with the right knowledge, planning, and partner. Plus, simply being aware of the challenges puts you in a better position than rushing to buy equipment and being surprised later.



Funding

When considering telemedicine, many organizations immediately recognize the need for the underlying audio-video technology on which it's delivered—and the ensuing costs thereof—as a primary challenge. This is why many grants have been made available to facilitate the purchase of such technology.

But the initial acquisition costs for the technology are only the tip of the iceberg. There are always ongoing support and maintenance costs associated with the technology that need to be considered. To address this, many technology vendors have moved to lease or service-based contracting models, where a single monthly fee not only gets you access to the technology, but its routine monitoring, maintenance, and upgrades. This can all be covered by one of the available grants if you're fortunate enough to be awarded one.

Even then, there are far larger expenses to be considered. The actual ongoing management of the telemedicine program itself is likely to be an even bigger expense than the technology, and is oftentimes overlooked when an initial, small-scale pilot project is conceived.

² <https://www.nap.edu/read/13466/chapter/5#18>

Here are a few examples of things that incur expenses in terms of hard-dollars as well as soft-dollars as they draw upon staff time and productivity:

- **Credentialing:** Your MSO invariably has expenses associated with credentialing and providing privileges to the clinicians that will be “beaming in.” Because initial small-scale pilots are often with existing providers, this may not be an issue. But what about when the program begins to scale and you need to draw upon external providers? That neurologist down the road beaming in to provide ischemic stroke support may not already be credentialed.
- **Managing the provider bench:** As your program scales, there is overhead with simply managing the schedule of the providers who will be available to you. Is this a responsibility you will assume, or will the organization providing you the clinicians do it? If you’ll be taking responsibility, have you accounted for this overhead?
- **IT/IS and engineering management:** Obtaining the telemedicine technology is one thing. Integrating it into your environment is another. There is a burden on your IT/IS and engineering organization to do so, and to maintain the networking and electrical infrastructure to support the technology. And each time there is an upgrade to the technology, there may be ensuing dependencies on your IT/IS and engineering teams.
- **Quality and case reviews:** Any good telemedicine provider will require routine case reviews to ensure the quality of the care being provided is exceptional, and based in evidence. Anticipating your staff’s involvement in these routine quality reviews is crucial to success of any program over the long-term.
- **Training local staff:** As procedures and protocols are put in place around the use of the telemedicine service, who will train your RNs and other staff (e.g., engineering, housekeeping, etc.) on their particular roles? Furthermore, if the specific telemedicine service requires specific training of RNs or other allied health professionals on clinical skills, such as facilitating a patient exam (aka Telepresenting), this is another level of ongoing training and education that needs to be considered.

Licensing, credentialing, and regulations

Here’s something to consider (that often isn’t when starting on the telemedicine path): If the telemedicine provider (physician) is in a different state than the patient, are they licensed in the state where the patient resides? Does the state allow a “foreign” employed physician to practice locally? Some states don’t, regardless of license.

Furthermore, even if licensed and in compliance with regulatory constraints, is each physician that will be providing the tele-service appropriately credentialed by the hospital in which the patient is receiving care, or otherwise following regulatory obligations and privilege?

In limited use cases such as pilot projects between a provider at a hospital and an affiliated clinic in the same state, these are not typical concerns unless the clinic is accredited with the regulatory body under the hospital. But once the program demonstrates value and success, scaling it to multiple facilities and organizations becomes an exponentially growing challenge.

Finally, it's important to note that Telemedicine also faces several regulatory barriers, such as those from traditional regulatory agencies like the Centers for Medicaid and Medicare Services (CMS), Food and Drug Administration (FDA), and one section of the Social Security Act³ which limits its use to certain providers.

That's why it's best to make sure any telehealth provider has great familiarity with—and has met—all regulations for not only the state in which your organization resides, but in the state(s) where patients you serve will be. Ideally look for a partner that removes as much of the burden from your organization as possible, and supports your Medical Staff Office (MSO) in the process. Likewise, you'll want to ensure they have the staff, skills, and operational processes to continually monitor the changing regulatory landscape.

An example of this is the new MACRA framework. In this new reimbursement model for MDs, use of telemedicine and more specifically, an MD's willingness to provide care via telemedicine can actually increase their MACRA score, and result in increased revenue.

HIPAA privacy and security⁴

With more patient information being stored and sent electronically, hospitals need to ensure data is maintained in ways compliant with HIPAA and other privacy regulations. But this isn't just about the technology being password protected. It requires extra security measures which can add complexity through resource requirements, workflows, and technical architecture investments beyond simply a telemedicine cart.

Make it a priority to find a partner with proven success in managing security in terms of how and where data is stored, moved, updated, and accessed, and how those handling the Patient Health Information (PHI) are trained and monitored. The seemingly innocuous common occurrence of an MD beaming in to a patient's bedside from a public place, such as a coffee shop or their own living room when the neighbors are present, is a HIPAA violation. Look at what training the providers receive, what standards they are held to, and how this is monitored.

³ https://www.ssa.gov/OP_Home/ssact/title18/1834.htm

⁴ <http://www.healthcarebusinessstech.com/telehealth-obstacles/>

Clinical and operational protocols, training

To see optimal clinical and financial outcomes from your telehealth program, you'll likely need to make a few adjustments to your operational protocols. That's because with telehealth, you're ideally bringing in a lot more than a new piece of tech—you're bringing in an opportunity to transform how you do healthcare. But without proper planning, you might find yourself with new problems on top of the ones you're trying to solve.



Your staff needs to know not only what to do with your new telehealth equipment, but also when to use it (and when not to), and how to integrate its use into their everyday workflows. For instance, what would be the tipping point for calling in a telehospitalist, versus having a patient wait (potentially overnight) for an in-person assessment with a doctor? When the telehospitalist asks for a nurse to facilitate an abdominal exam, are they prepared to do so? Or, how about the scenario for a patient

suspected of acute stroke; what would it look like if you had a tele-neurologist on call and could now treat a patient, whereas before, your organization may not have had to as the ambulance bypassed your hospital knowing you didn't have such capability? Will your pharmacy and staff know how to manage the time-sensitive delivery of the clot-busting agent therapy?

Physicians, nurses, and allied staff affected by the protocols will need to receive training particular to their role in the protocol. This may even include Telepresenter training so that RNs can work with distant telehealth doctors to assess and treat patients as effectively as possible, being the MD's local hands, eyes, ears, and nose. All staff will also need training on integrating telehealth into existing workflows—from registration and billing, to labs and imaging, to pharmacy, and follow-up—based on the new protocols created in your program.

One easy way to manage all of this is finding a telehealth provider that handles or assists with establishing protocols, training staff, and billing.

Technology



There are many exciting and evolving technologies in the world of telehealth and telemedicine. This includes not only the audio and video-conferencing solutions like telemedicine carts, but the diagnostic peripheral devices used to assess patients. Again, while the initial excitement in getting the technology and putting it to use is often at the forefront of the program, often overlooked is the ability for the technology to both scale for broader use, and for it to integrate into existing processes, workflows, and infrastructure.

All too often, an initial grant is used to secure a cart, and a willing group of providers agree to “beam in” to a distant site for convenience. But how much scrutiny is applied to choosing the technology in terms of this new-world-order becoming wildly successful?

Often not considered is if it can be used by all providers across the organization’s departments and facilities. Or conversely, can it be integrated with different technologies? The same goes for whether or not it can be integrated with the institution’s EMR or EHR, imaging infrastructure (PACS), and lab systems running atop the enterprise-wide security infrastructure with single sign-on.

Nothing becomes more challenging than an RN entering the room with a conventional stethoscope around their neck only to realize there is an MD on the screen wanting to hear breath sounds, and the stethoscope that connects to the telemedicine cart is nowhere to be found.

Whatever partner you choose should be capable of validating and demonstrating how the technology can integrate with protocols, workflows, and equipment you already have, or how things need to change to be clinically safe, and operationally and fiscally efficient. Having a dedicated team and ample resources—either internal or outsourced—that can help with implementation and ongoing monitoring and maintenance is also ideal.

Clinical service line and account management

What are the clinical and economic goals for a telemedicine program at your facility? Figure out how you’ll track and monitor progress by establishing a method to continually assess the metrics of the program, distill actionable insights, and implement improvements along the way.

You’ll also want to set up a continual performance review process for participants in the program, as well as regular training to keep MDs and staff on top of the latest best practices for telehealth and

ensuring the optimal patient experience. The team contributes to the program’s overall success, so make sure they’re invested and empowered by you and your telehealth partner.

Billing and physician management

This is often overlooked when initial telehealth programs are piloted, and a small group of likely geographically proximate physicians enthusiastically embrace the opportunity to “give it a try.” But when it goes well, demand increases, and new MDs need to be added to the “call panel.” This is where challenges arise.



You’ll need to figure out how many MDs will you need on what days and times, and how you manage the schedules for likely distributed MDs in multiple locations. Also consider the process for ensuring proper billing for both professional fees and facility fees is occurring, so you don’t find yourself on the wrong side of a call from CMS. Does the clinical service qualify for pro-fees? What codes will be used for billing, and will your site be able to benefit from facility fees?

Another common challenge is how to equitably compensate a team of physicians supporting a service when they themselves have pay disparity. Consider with your telehealth partner how you’ll address disparate pay scales for providers participating in your telehealth solution. If your specialists live and typically practice in a large metropolitan area, they will invariably be paid a higher rate than where a patient in a remote, rural area resides. However, reimbursement will likely be linked to the patient’s location, not the provider’s.

Summary

As you can see, like an iceberg, telehealth seems manageable on the surface; if we have a way of connecting the patient and provider with audio-video technology, great things can happen. And they can! But below the surface is where the majority of the work—and risk—resides.

If this sounds like it’s a lot to think about and manage, it is. However, without proper consideration and operationalization, the whole purpose of implementing telehealth at your facility can be diminished. There will likely be disparities in care, increased risks, financial inefficiencies, and inconsistent patient outcomes.

So it's in the best interest of your organization's staff, patients, and financial health to make sure everything is in order at the start. In the end, implementing telehealth correctly will make it all worth the effort.

About Telehealth Services from Providence St. Joseph Health



One way to make sure your program is successful and scalable is by partnering with an experienced telehealth service provider that does much more than just sell you technology or access to their MDs. Telehealth from Providence St. Joseph Health can remove a large portion of the guesswork and operational overhead associated with trying to go it alone.

We start by determining what specific clinical or operational goals you seek, and whether or not they can be achieved via telehealth. We then work with you to evaluate the degree to which a program would scale, such as how pervasive might it become, and if it would be used effectively within your institution:

- **Phase 1:** We ask, “What’s the problem you are trying to solve?” Is it clinically based, economically based, or staff or patient satisfaction based? Or blend of those goals?
- **Phase 2:** We then start going deeper to look at the clinical side of things. We ask how telehealth might be used to address your problem, and put a lot of rigor around determining if it would be safe for your patients, and supportive of the skillsets of your staff.
- **Phase 3:** Next is deciding how we think it would impact your facility operationally and financially if it were implemented. Would it decrease ER traffic and revenues by changing leakage or transfer patterns? Would it boost the bottom line by upping your average daily census? If everything checks out there, we move on to the details of operationalizing such a service at your institution.
- **Phase 4:** Here is where we ask whether or not the program could be operationalized successfully. We dive in to the previously mentioned components of an effective program, and analyze how each could play out in your particular facility.

We start beyond the cart

After we establish that your hospital is a good candidate for telehealth and we identify where there might be gaps we need to collaborate on to fill, the Providence team works with you to get your program off the ground. This includes:

- Integrating standardized, proven protocols and workflows, so that there is no “trial and error” process on your end
- Providing all necessary credentialing support for your MSO and the telehealth MDs supporting the program for your hospital
- Training nursing staff on how to be a Telepresenter, and all other participants in the process on their respective roles
- Ongoing quality and operational improvement through routine data monitoring, reporting, and review

Want to learn more? Contact us.

If you think your hospital could benefit from our services, or you want to learn more about operationalizing telehealth, reach out. We’re ready to stand behind you, so you can better stand behind your patients.

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