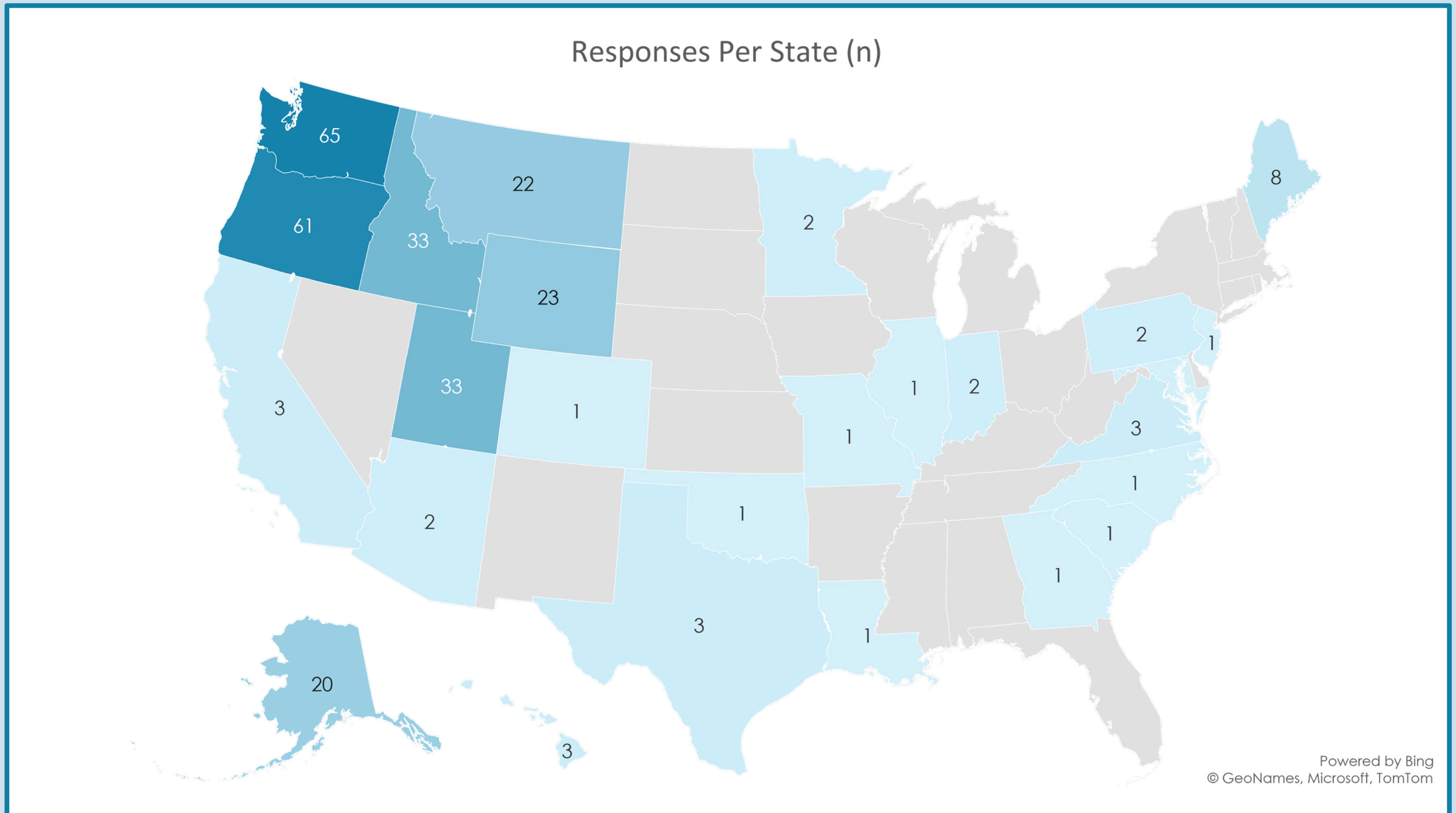
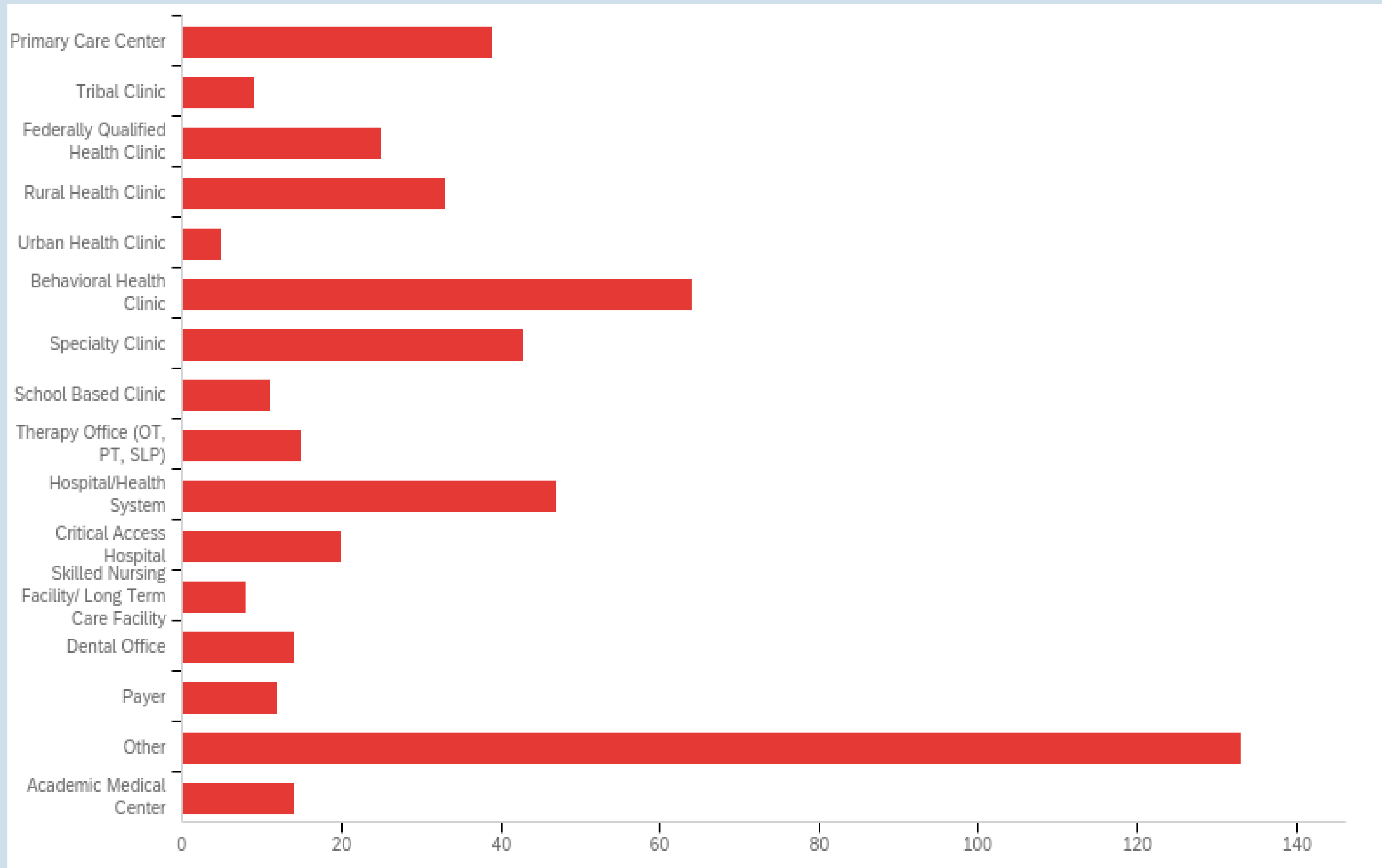
Telehealth 101 Survey

August 28th, 2020

Responses by State



Q3.1 - Which best describes your organization? (please check all that apply)



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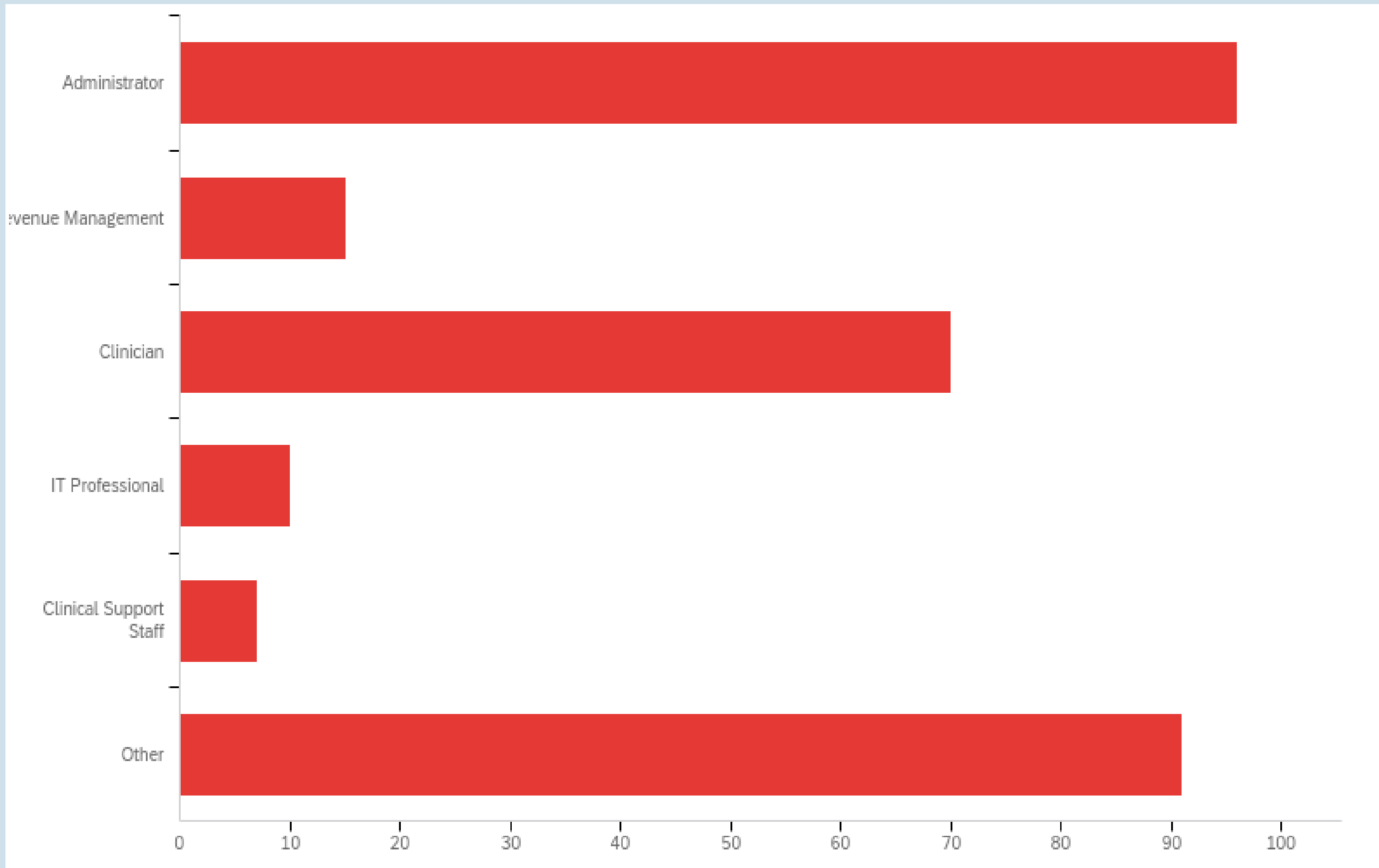
Q3.1 - Which best describes your organization? (please check all that apply)

Q3.1_15_TEXT - Other

Academic medical center	Consultant to rural healthcare providers	Government Agency	MPL Insurance Organization	Private practice	Remote industrial	Telehealth Family Practice	Universtiy Health Center
Area Health Education Center	Correctional Medicine	HCCN	National medical group	Private Practice Behavioral Health	School Medicaid Billing Analyst	Telehealth Consultant	VA, provide rural TelePCP gap services
Association	Counseling private practice	Health Plan partnered with FQHCs	National Resource Center	Private, non-profit	self employed home health RN	telehealth provider-vendor	vendor
Attorney	Dental Care Organization	Home Health	Nonprofit education and advocacy organization	Professional Association	small business	Telehealth Resource Center	Video Conference Network
Birth - 3 Neurodevelopmental Center	Department of Family Medicie	Hospital Association	Nursing school	Public Health	Specialty Medical Group providing consultations via telemedicine	Telemedicine Software	Virtual dietitian led health coaching
Birth to 3 early Intervention	Digital Healthcare Technology vendor	Hospitalist and Intensivist Group, facility based, private practice	Office of Rural Health --Provides TH TA	Public health - Family Planning	State Agency	Third Party Billing Company	WA State Accountable Community of Health
Care transitions service provider	Family Medicine Residency Program	Independent Pediatric Physicians Association	Parent support	Public Health Unit	State government	Title X Grantee	Work from home telehealth
College Health Center	Family Planning Clinic	Juvenile Services	PCA	QIO	state IDEA Part C lead agency	Training, Workforce and Policy Center	
College of Nursing in an Academic Medical Center	Fibromyalgia Clinic	Medical Scribe service	Previously an HIE	Quality Improvement Organization	State Office of Rural Health	TRC	
Comagine Health	Free Primary Care Clinic	Midwifery	Primary Care Association	Regional Genetics Network	state telehealth network.	University	

Q4.1 - What title best describes your role at your organization?



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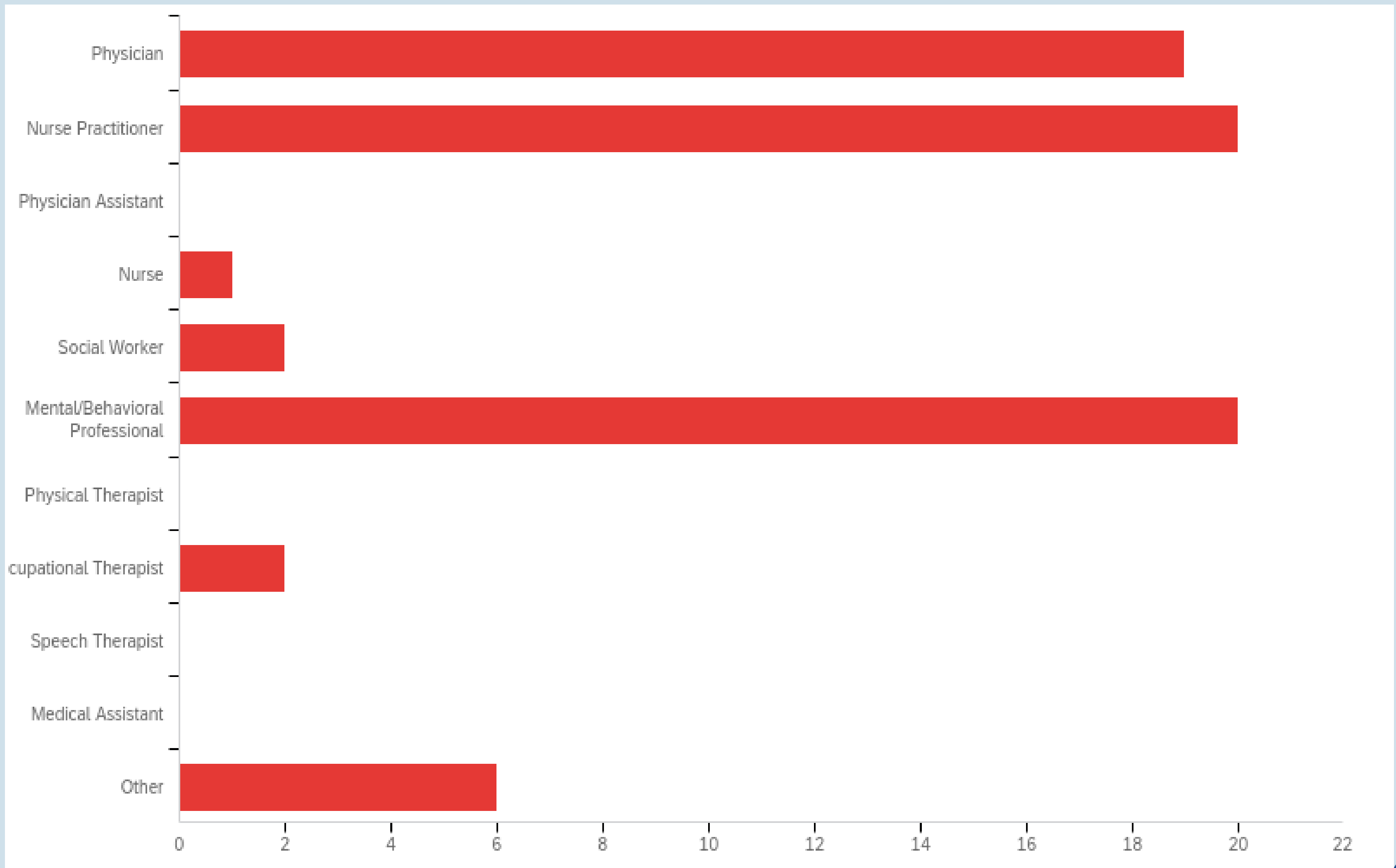
Q4.1 - What title best describes your role at your organization?

Admin Asst.	Coordinator	Informatics	Professor	Risk Pt. Safety consultant
Analyst	Development	Legal	Program Coordinator	School Health Specialist
Associate Director	Director	Manager	Project Coordinator	Strategy & Analytics
Autism Navigator	Director of Compliance and Strategy	Nurse Consultant	Project Manager	Student
Business Development	Director of Product	Office Manager	provider training and technical assistance	Study Manager
Clinical Informatics	Director Telehealth Svc	Operations & Policy Analyst	PSS/QMHA	Supervisor
Clinician and Administrator	Education and Outreach	Owner	Public Health Nurse	T/TA
Clinician-scientist	Faculty	Peer Support Specialist/QMHA	Quality Improvement Specialist	Telemedicine and Outreach Director
Compliance Officer	Grant Manager	Policy advisor	Reporting and Compliance	Training/TA Program Coordinator
Consultant	HIS Manager	Practice Transformation Manager	Researcher	

Q4.2 - Please specify your clinical role:



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Q4.2 - Please specify your clinical role:

Q4.1_17_TEXT - Other

BCBA
Licensed Psychologist
LCSW
Sonographer
Clinical Pharmacist
Psychologist

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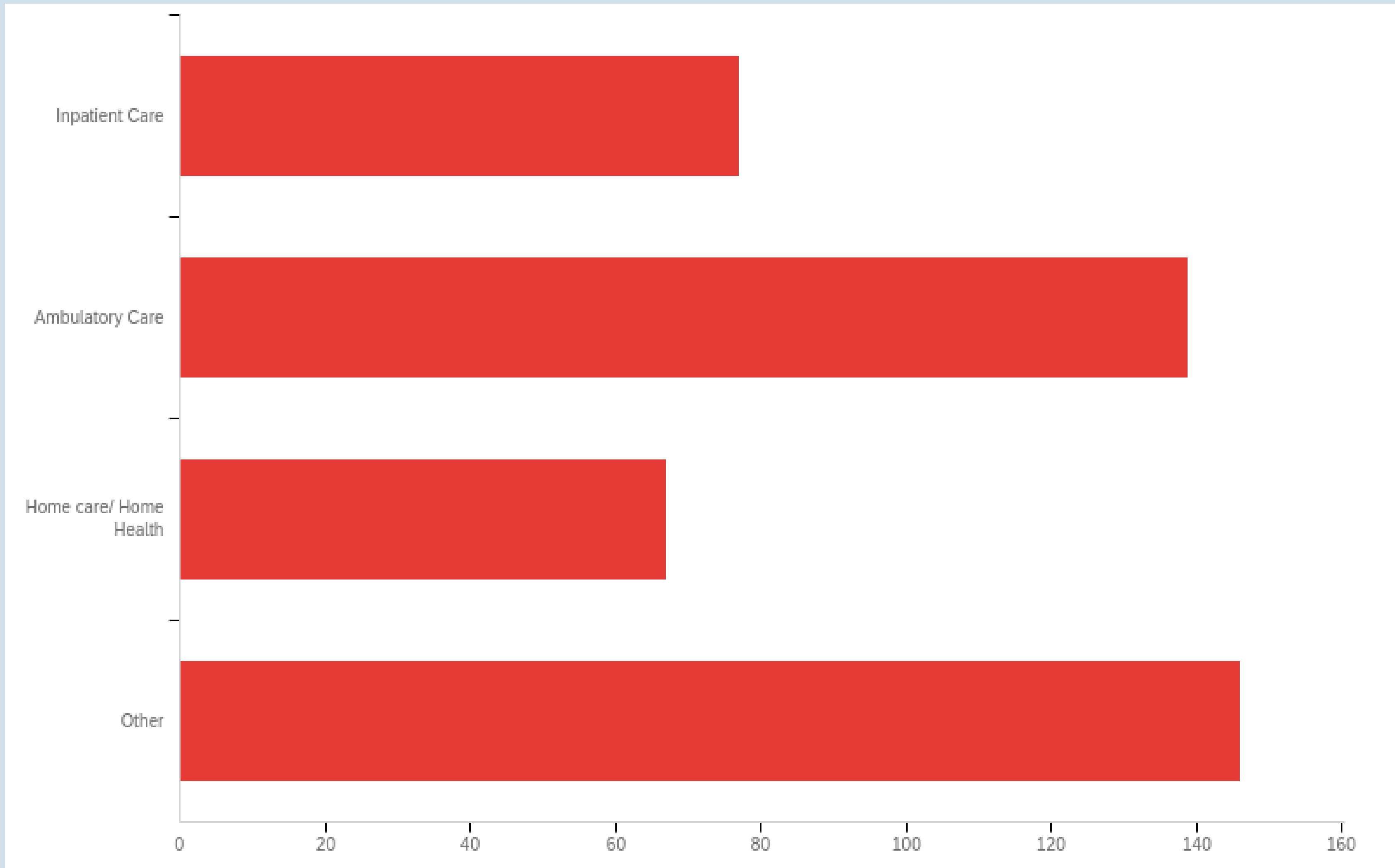
Q5.1 - What clinical service type(s) does your organization offer? Please check all that apply.



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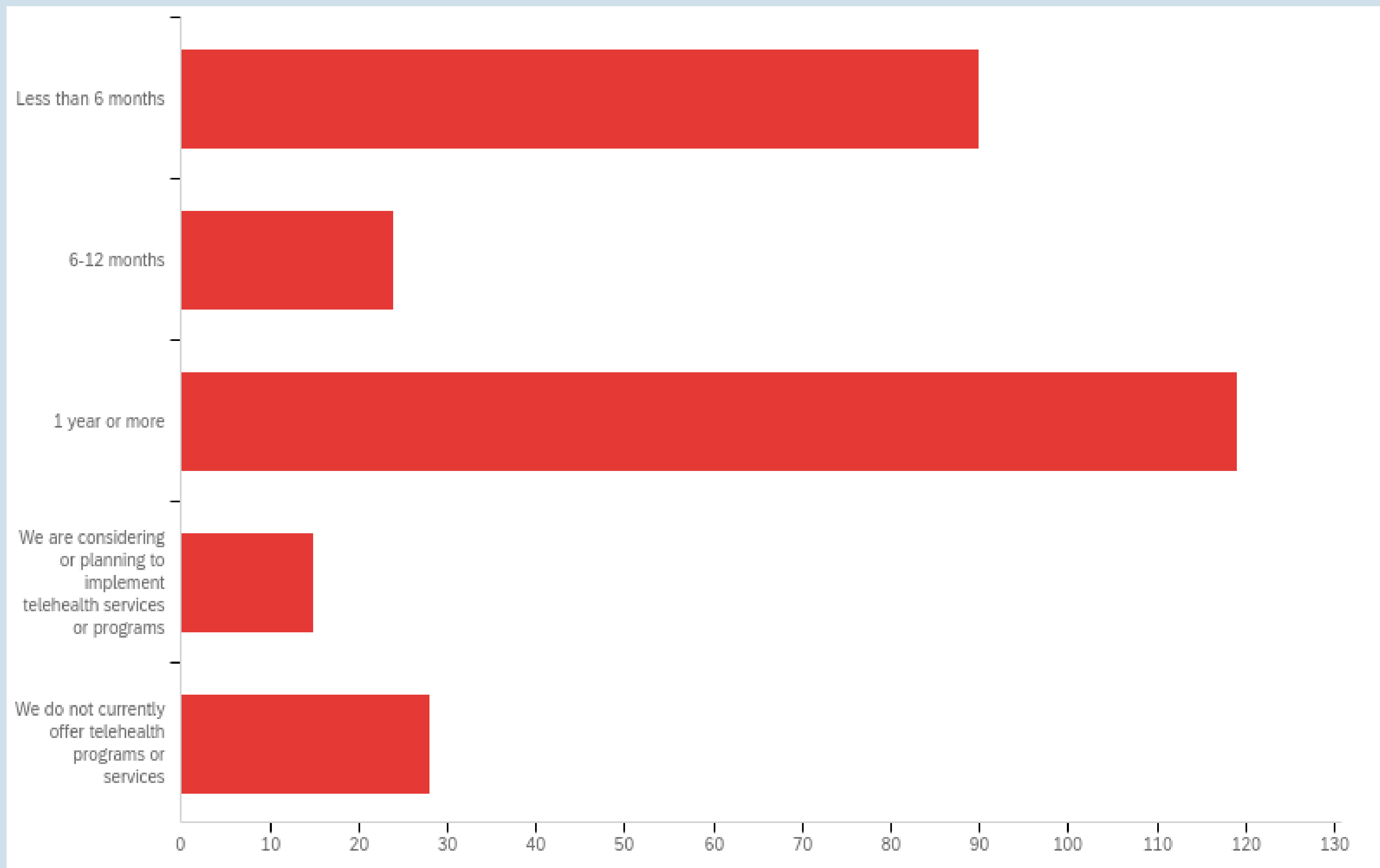
Q5.1 - What clinical service type(s) does your organization offer? Please check all that apply.

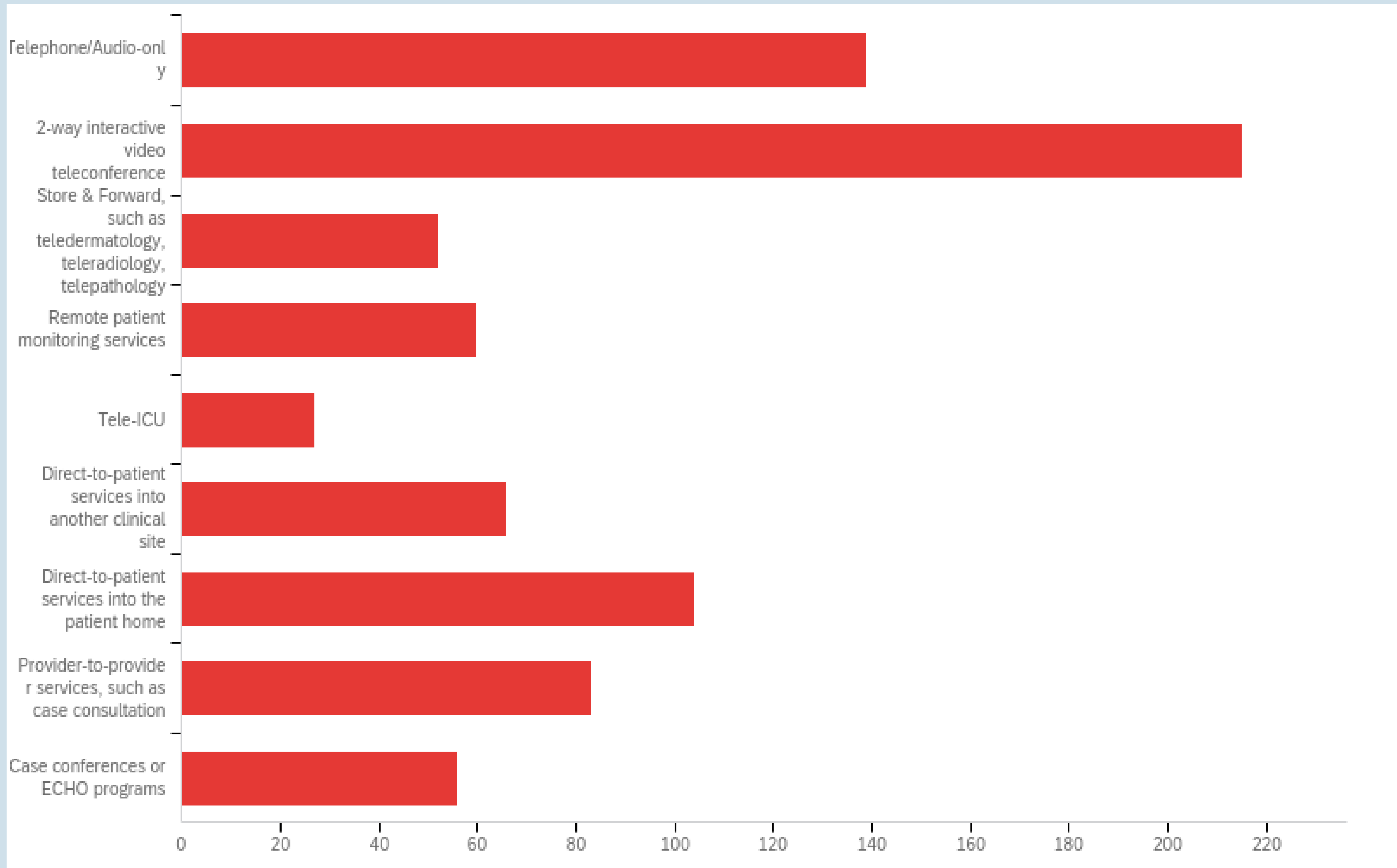
Q5.1_4_TEXT - Other

Advocacy and Education	Curriculum Development	HIT/QI Consulting	Mental Health	Primary Care	Surgery
Assited Living Center, Pharmacy	Data exchange	Home & Center-based Education & Therapy	ND, PT, ST, Mental Health	PT, OT, ST for infants and toddlers in natural environments (home, daycare, integrated groups)	Technical assistance
Asynchronous Remote Patient Monitoring platform	Deliver HRSA funded workforce development programs to primary care and LTSS	Home visiting education , public outreach	Neurology Research	Public Health/Education	Telehealth Family Practice, Psychopharmacology, etc.
CCO	Didactic/support groups	increased access to genetics services	Nurse-Family Partnership	Rehabilitation/BHS	The IP care we provide is at the local hospital by our hospitalist team
clinic/walk-in	Digital health, RMP and Pre-Post patient care transition support with AI learning	Industrial occupational. Emergent. Clinical.	OP clinics, residential	remote patient monitoring	Title X Grants
College of Nursing	DME/ medical device loan, demo and training	in-home developmental services to infants and toddlers	Outpatient Care	Reproductive Health Services	Training and Education
Community Mental Health	Dx of developmental delays	Legal Services	Outpatient Mental Health	SNF and OP	TTA to CHCs - primary care
Consultant on all service types	education and training	Medical Professional Liability Insurance	Outpatient Speech Therapy	Specialists visits	Wellness coaching
Counseling	Educational Enrichment for future and active clinicians	Medication management/ Remote Patient Monitoring	payor case management	Strict telemed addiction medicine	
Crisis Behavioral Health	Emergency Care	Member Support for FQHCs	Population Health	Support for ambulatory clinics	

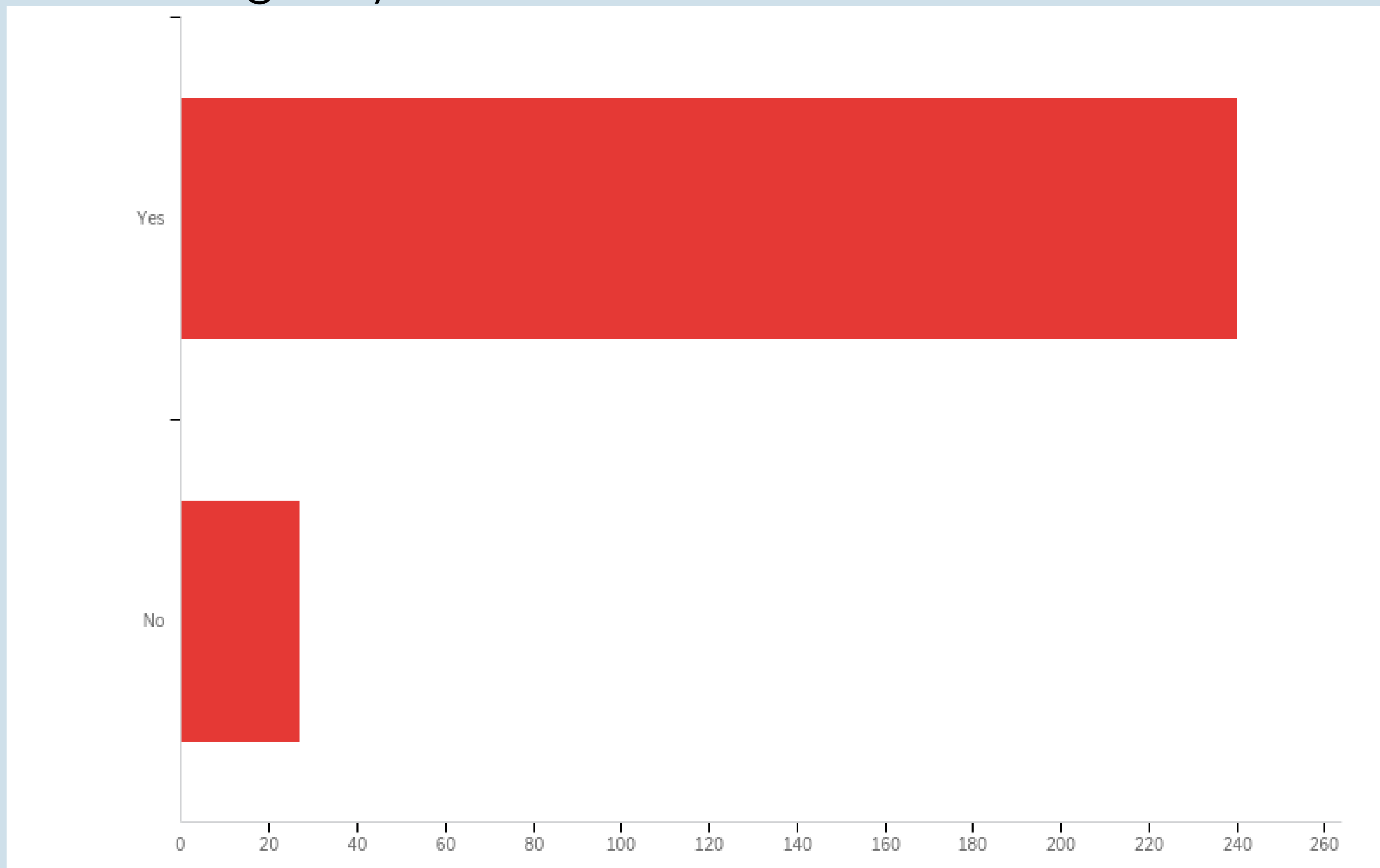
Q6.1 - How long has your organization been offering telehealth services or programs?



Q6.2 - What types of telehealth modality and services do you offer or plan to offer? (please check all that apply)



Q7.1 - Does your organization plan to continue offering telehealth services or programs after the Covid-19 public health emergency?



Q7.2 - Please explain why or why not:

Our health system currently cannot meet the needs of all who need care and medical attention. If we limit our solutions to training health care workers and building more hospitals and clinics, it will take a very long time to develop the capacity we need. Telemedicine has to be part of the solution to this problem. We should take advantage of all we have learned and all the advancements that have been made in the past 3 months to make sure telemedicine is part of the solution.	Improving access; reducing barriers	Our rural community requires many patients to drive an hour or more to access our care.	To broaden services
Access to care has always been an issue for the rural and frontier communities	In a limited fashion due to reimbursement issues	Our staff provides remote patient monitoring and their is no physical contact.	To continue offering the best possible care to our patients requires us to participate in ECHOs and with COVID we now offer care for patients in their own home and we hope this continues.
access to physical visits is still limited and the virtual visits have become a foundational way to deliver care	In Person works better for us because we need urine drug screens We do addiction medice.	Part of our outreach mission	To expand patient access in our rural area.
Always have, it is very efficient, effective, and reaches out to patients where they are. Expands services that can be offered.	Increase availability of providers via telehealth (mitigate staffing issues due to location)	Patient access	To meet the changing needs of our patients and to serve those living in rural locations better.
As an option for staffing remote rural clinic	Increased access and patient choice	Patient preference, provider availability, travel difficulties with rural AK, cost savings	TO MONITOR DAILY VITAL SIGNS
As long as reimbursement is allowable for Rural Health Clinics	Is a model that works is financially sustainable when adequately supported	patient/provider benefits	To serve the community better
Because the need existed before, and will exist after, the Covid-19 public health emergency	It helps tremendously	Patient/provider convenience, if the restrictions are not too difficult to manage	Trying to expand services to underserved communities
Because we specialize in remote industrial work environments	it helps with patient flow, and being in rural Utah, decreases travel time for patients	Patients are very much appreciating this. Often contacting the provider sooner than they would have had they needed to go into the clinics	UUH implemented telehealth service prior to COVID-19 and it will continue to grow post-COVID-19
Benefit to patients and providers	It improves continuity of care.	Patients like it and often prefer telehealth services, particularly in the winter months.	Very convenient for the patients. Though this will depend greatly on reimbursement
Best service to rural populations	It is about time that we move in that direction secondary to the rural and frontier status in Idaho.	Payer not provider	Virtual healthcare is the wave of the future

Q7.2 - Please explain why or why not:

Cheyenne Regional has been growing adoption of our Telehealth program for over 10 yrs.	It is an effective application to meet a wide variety of client needs.	phone support and in home visits if warranted	We actually want to expand our services and provide school-base telehealth clinics
Client convenience. Meeting needs of home-bound clients & those living in other parts of the state.	It is the best way to reach rural Montana	Planned prior to covid	We are a rural hospital which serves many counties. To try to save our Pts time and money by being able to do remote services. Also Since we are far from major burn, stroke, truama, mental health services we need to make sure we have access to our pts.
Client report of satisfaction	It is very effective and patients like it.	Pt access	We are a telehealth service operator in business for the past 5 years
Clinician plans to continue and evidentally focus on telehealth only.	It seems to be a great service to offer our patients/clients	remote patient monitoring	We are expanding it to our counties within our Coordinated Care Organization
Consulting is ongoing as Telehealth becomes a standard of care	it seems to be efficient for some patients who have transportation and mobility issues.	Rural clients find services provide ease of care	We are expanding to offer school based telelhealth and we will continue to use telehealth in our primary practice and in our urgent care
Consumer, provider, payer acceptance. Significant reduction in physical plant will reduce the outpatient space	It will depend on what regulations are kept in place by Medicare and what will change.	Rural locations allows for better access to care by patients	We are hoping the payers will appreciate the value of telemedicine for primary care and allow to continue with patients from their home
COntinuation of our current program with increase in at home VTC visits for BH and other services.	it will help some of our patients with access, regardless	Safety health concerns	We are not a direct service provider
continued access to patient care	it will improve access for our patients	Seeking Employment	We are not sure if we will be continuing with telehealth services after the COVID-19 public health emergency.
Convenience for patient care	It works - patients like it	Serve North central montana	We are part of an academic health science center with a mission to teach/educate students. We do teach about telehealth, but don't offer services to patients
Convenient and preferred by some patients	It's a normal.	set up for telehealth	We are primarily focued on telemedicine and offering specialist physican services to underserved communities

Q7.2 - Please explain why or why not:

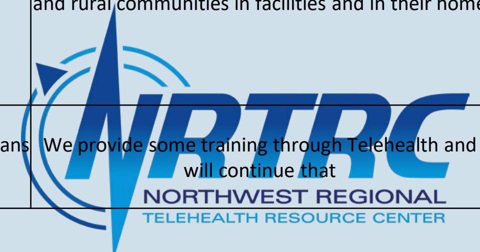
COVID has prompted many providers into the telehealth arena and now they've seen the value. we also plan to continue to explore partnerships with tertiary sites.	It's a useful tool to care for our community in the most efficient and effective way	Simply a method of care delivery	We are Primary Care Association and provide no clinical services.
Demand dictates it. From patients and providers.	It's helpful	Some prefer this	We are remote and isolated so is good way to.link to Specialist. We do behavioral health services this way already.
dependent on reimbursement	Its proven to be an effective tool for caregivers and patients.	Sometimes it is more convenient for someone with children. They do not need to cancel an appointment if they don't have childcare. Also folks that have limited availability from work can zoom or call and don't have the communte time. I also work with clients from other states.	We are under Labor and Industries who realizes the benefits of telehealth for injured workers. We have data that shows it works!
Ease of service access for clients	Its working better than expected for our providers and families.	Started Clinic Prior to Covid-19 - Plan is to create Telehealth service netowork to the Rural and Frontier Counties of Oregon for Children, Teens, Adults - Especially in Psychopharmacology, Family Practice, and Gender Affirming Medications	we do not provide direct patient care. we are a support organization
ease, patient response	I've used remote consultations and care for more than 17yrs nationally and internationally - to make it convenient and cost effective for clients struggling with treatment failure.	Students find these types of interactions preferable, We are going to rpelce our extended evening and weekend hours with telemedicine as a cost savings. Some of our campuses are remote without medical care so telehealth helps us to serve them better	We don't directly offer telehealth services. We support FQHC's using telehealth.
Exclusive Telehealth - Goal is to reach into Rural and Frontier Counties of Oregon for Primary Care and Psychiatric and Transgender Care - AND As necessary provide foundation workups for University Based Clinics Systems with very close followup	keep people at home	Telehealth allows for individuals to receive services in their homes who are not able to travel to provider location. Telehealth is cost effective way for treatment teams who work for different agencies to meet and avoid travel time.	We don't offer telehealth services but are interested in how we can help support health care entities in Alaska that do.
Expand our service offerings to support our patient base	Leverages shortage in behavioral health providers	Telehealth education is planned for state Flex programs and state hospital associations	We foresee the desire to provide this service for improved patient access to care, and patient convenience.
First, COVID will still be around after the "public health emergency." Second, every expert predicts future such events. Third, many of my clients like the convenience of telehealth. Fourth, some of my therapists enjoy telehealth.	Many clients live in rural, underserved areas with geographical barriers limiting access to care.	Telehealth has been utilized at this facility for over 10 years.	We have a 10 Year plus program. We have been working on expanding telehealth offerings, even prior to COVID-19
good for patients and clinicians	Many of my patients live quite a distance away and can no longer afford to travel to my clinic.	Telehealth has helped us overcome some transportation and scheduling barriers, allowing us more flexibility to meet the needs of our families.	We have a great need for mental health services in our service area.
Good for patients and reimbursements lead go lower costs for organization.	Many of our partners are rural and telehealth/education eases the burden of distance	telehealth implementation was planned to begin this year. The pandemic & related closure, access to free trial of ehr embedded video prompted clinical use of telehealth.	We have a planning grant for implementing telehealth in a 3 county area

Q7.2 - Please explain why or why not:

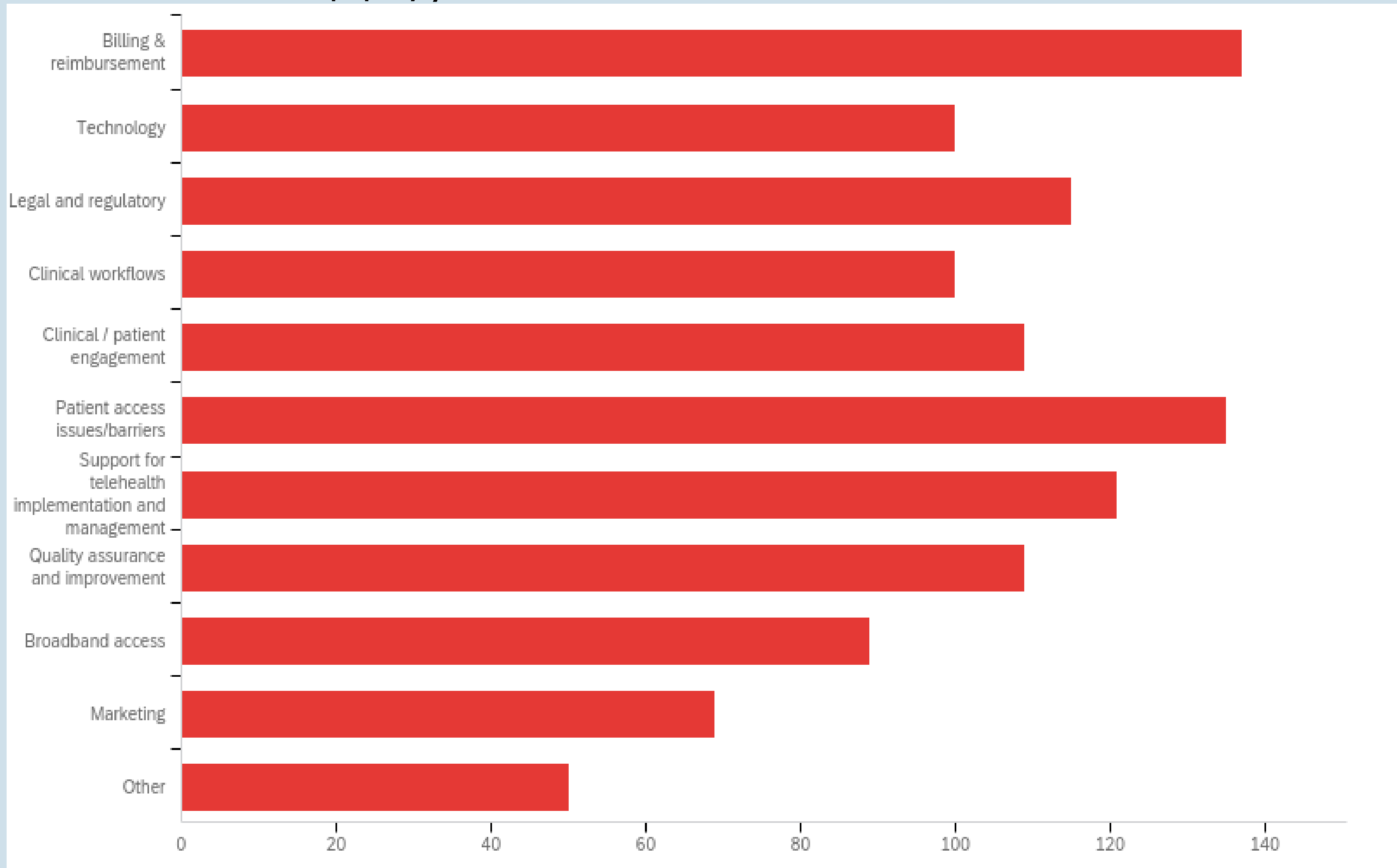
Good for patients with transportation problems	Meets patient needs	Telehealth is a core shared service for clinicians and patients. Used in acute, chronic and DTC healthcare delivery.	we have been offering rpm services for over 3 years
Great opportunity for our patients	Montana's rural landscape means that some people would have to drive 100+ miles just to get a pack of birth control pills. We had been planning a move to telehealth and COVID-19 just accelerated that.	Telehealth is here to stay	We have been working at delivering telehealth services for more than 20 years and plan to continue to do so well into the future, even after this pandemic has (hopefully) receded into a bad memory..
Have been offering Telehealth service for over 10 years.	Much of our service area is rural. Weâ€™re working with a clinic in another town to provide service via telehealth.	Telehealth is more convenient for those we serve experiencing challenges in transportation and/or childcare.	We have continuously tried to expand telehealth services in Idaho for years. It is being embraced by large and small communicates more so than ever. We plan on building on this momentum.
Have been trying to promote it for years!	my patients live in very rural area's	Telehealth services during COVID 19 is critical to maintain the infrastructure of Americas largest healthcare system	We have founf this to be a viable option for our patients
Have seen the benefit	ND and Mental Health services were already widely covered. However hoping that for PT and ST expanded coverage will continue. It works well and patients are actually follow through more with their treatment plans	Telehealth will be woven in the course of all aspects of medicine in the future	we have incorporated telemedicine 8 years previous and are continuing with DTP
I assume yes but we donâ€™t know for sure yet	need is clearly present	Telehealth will continue to grow and will become part of the "new normal". New advances in technology and telehealth options will make it even easier for patient interactions. I also see this being extremely less stressful experience for patients who are home bound or that have transportation issues.	We have offered telehealth for a number of years
I believe it will not be needed in terms of our "main" way of providing services; it might be periodically used	New normal for CDM	Telemedicine has allowed us to reach patients who might not be able to physically travel to a clinic site; easier to manage our chronically ill patients	We have offered telehealth specialty telemeds in coordination with Eastern Montana Telemedicine Network for over 25 years. We also offer specialty telemeds with SCL Health. During COVID, our physicians did both Zoom and telephone telemeds with our patients.
I closed my face to face practice two years ago and have been doing tele and video therapy since then	Northern Light Health Hospital- Applied for grand to expand broadband in rural state	Telemedicine provides increased access to speciality pediatric care	We have one provider who prefers it
I don't find it as effective a delivery system as face to face	Office of Rural Health offers a Palliative Care Rural Health Initiative Team program	The practice is solely telemedicine-based at this time	We have provided technical assistance via zoom prior to Covid-19 and will continue to do so.
I have been doing telemedicine for primary care since 2014. The question should be if i go back to offering in person visits. I was doing 20% telemed and 80% office based prior to covid and now 95% telemedicine and 5% office based. After covid given the acceptance of telemedicine by the regulators and the equal reimbursement from insurance I plan to switch my %, by now doing 80% telemedicine and 20% office base	On an as needed basis due to limitations of fibromyalgia making in person visits harder for some.	the rural health need exists	We have service areas that have problems accessing our services due to distance, transportation, and awareness of available service.

Q7.2 - Please explain why or why not:

I made the decision to permanently limit my services to telehealth.	One clinican is enlarging her telehealth practice.	The scope of services will depend on legislative changes	We have to! =)
I see this as a permanent part of the care landscape.	Only as long as reimbursement remains in parity	There are many clients that coming into the office is difficult and virtual allows the children to have therapy.	We have wanted to provide telehealth for some time to improve access to care, however we have historically been limited by reimbursement. We will have to see how things evolve after covid.
I was actually drawn to the idea of doing telehealth because I live in a rural community in which many people don't have access to services. However, after doing telehealth every day, I feel that there is a human component lacking that is necessary to good mental health services.	Only if the payment remains at the same rate as office visits	These are now an essential offering improving access and continuity for patients.	We hope to BUT this will depend on whether or not insurances continue to pay for TH post-COVID
I was initially interested in doing telehealth (because of its usefulness in our rural state) but I've discovered that doing telehealth all day during COVID is exhausting and I don't feel like I have the same connection with clients as I do in real life.	only to client's in remote locations	This has shown the University that telehealth is an extremely effective approach to care for patients in multiple settings	We need drug monitoring in the urine
I was offering telephone and Video before Covid and planting continue to do so after covid	Our community loves it! So do we.	This is a favorable method of care for those traveling within the state or who live remotely as well as for anyone with young children or other reasons that leaving the home is difficult	We offer technical assistance, not telehealth per se.
I'd like to answer, "I don't know".....I don't think the decision has been discussed yet.	Our move to telehealth services was hastened because of the COVID-19 pandemic. We saw how useful it was for our population (low-income, uninsured and with limited transportation), our providers (volunteers) and our Clinic (offered more access to specialists and reduced crowding in small clinic space). We believe that telehealth will help us to innovate to create interesting processes to serve the underserved.	This is a great option for patients that are not interested in In person visits	We offer telehealth at baseline for definitve care in rural areas.
If client desires.	our patients have stated gratitude in being able to get care this way.	This is a way we could visualize before we decide if we need to physically go see a patient	We plan to continue to offer telehealth to college students who prefer to meet this way
If our insureds want to provide telemed/telehealth, we need to know risk/benefits of providing telehealth services for liability coverage	Our payer will continue telehealth	to accommodate the desires of the client	we provide extensive TTA around Telehealth services to Alaska tribal/non-tribal FQHCs
If the services continue to get paid as they are now. It makes it easier for our long distance and older patients to get physician services.	Our pediatric providers are able to provide excellent patient care and have also been able to prevent unnecessary ED visits through Telehealth. They have been able to observe children who are sometimes more comfortable in their home setting and that makes for a better visit and interaction with some patients. It has also been very helpful in seeing patients who have transportation issues and betters their continuity of care.	To accomodate clients who are fearful of going outside of their homes	We provide services to youth and families in urban and rural communities in facilities and in their home
Improves access	Our projects were exclusively telehealth before COVID and will continue post COVID, as a way to increase access to mental health services for childbearing women	To better reach patients who do not have the means to travel to appointments	We provide some training through Telehealth and will continue that



Q8.1 - In what areas is your organization in need of telehealth training, education, and/or support? (please check all that apply)



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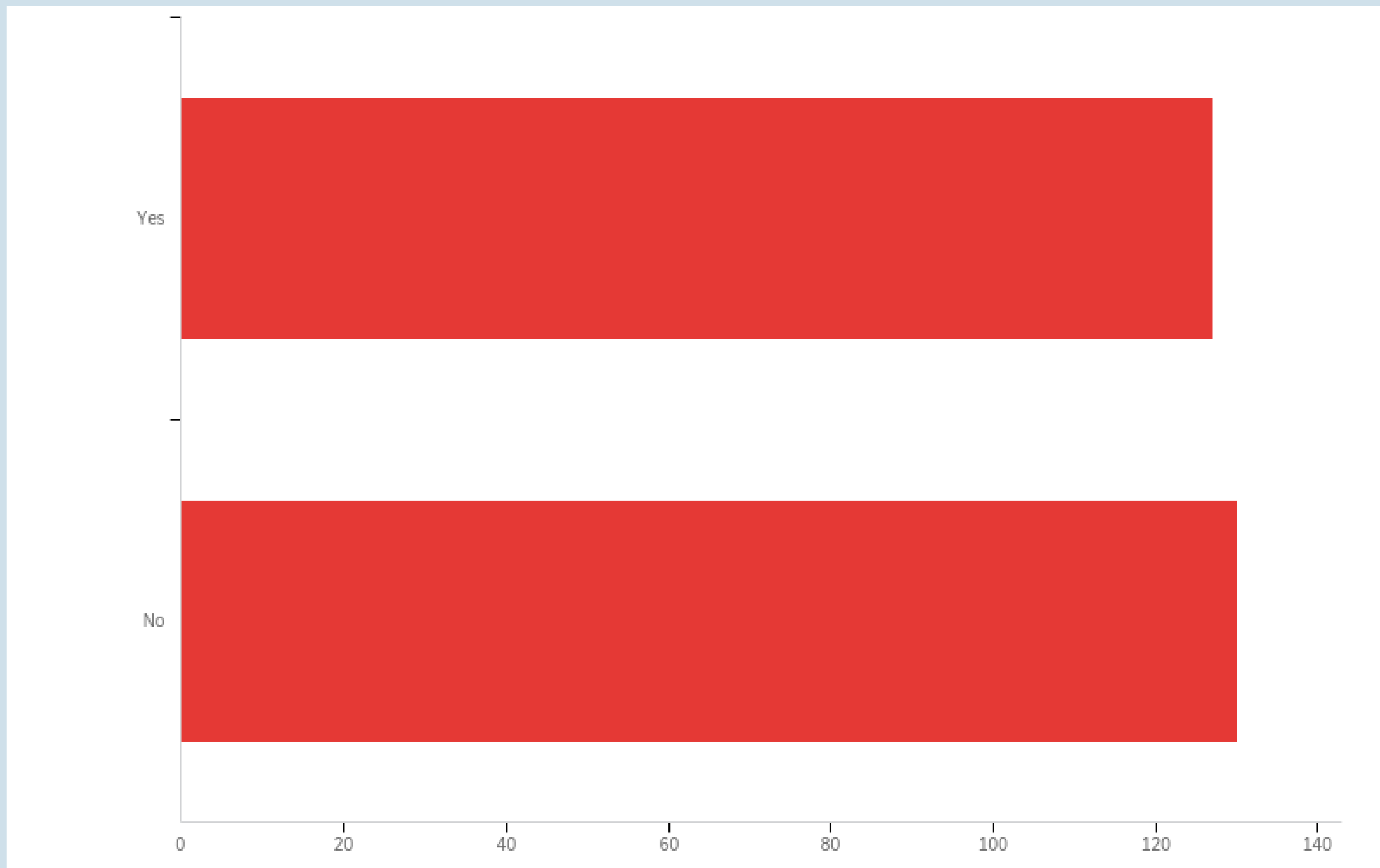
Q8.1 - In what areas is your organization in need of telehealth training, education, and/or support? (please check all that apply)

Q8.1_11_TEXT - Other

Access to feasibility data and best practices	Licensure reciprocity laws that would allow clinicians to practice with clients in other states via telehealth	We have no telehealth knowledge
Certintell is a contract partner and provides quality education to our members	My clients need assistance in all the areas listed above	we have some knowledge in these areas but seek to keep learning.
Credentialling and compliance	Options for RPM	We're trying to figuring out how to set up a network in the first place, and that has lots of complicated details.
General understanding	Partnership/Alliance with NRTRC	What is doable / format for our pool pt
Greater access to patients in other stares	Partnerships with University Specialties for Co-Managment of Clients	
helping patient access the technology	Patient Safety/Risk Management	
I can't speak to most of the above.	Provider Adoption	
I feel like we are doing ok in some of these areas but could always use more help that is tailored to us.	Reimbursement and Codes	
I need to know how to continue this when optum stops it	Remote Patient Monitoring	
I'm not in a position to have this information	ROI and how to get TH programs to net zero where reimbursement and cost are at least equal.	
i'm not in a position to speak to this	selection of a vendor, hardware or platform	
I'm not sure if we need "training" at this time; it has been a hard adjustment in the last 6 months	Store & send support	
Income devices for cardiac and pulmonary assessment, Networking with other providers and University Systems, FUNDING	telegenetic resources	
International Telehealth Law, U.S.C. 38 modifications	Training on Medicaid reimbursement by state	
is there a pediatric interest group?	We could stand to make improvements but the main troubles we have are with patients' who have Broadband access issues. In those cases, we do a telephone visit instead. We are also strongly advocating for Telehealth Payment Parity with our contracted Health Plans as we do not think we are using less staff or technology to provide these services as we do face to face visits and the care our patients are receiving is the same, minus some physical evaluations and immunizations.	

Q9.1 - Does your organization already receive telehealth-related training and support?



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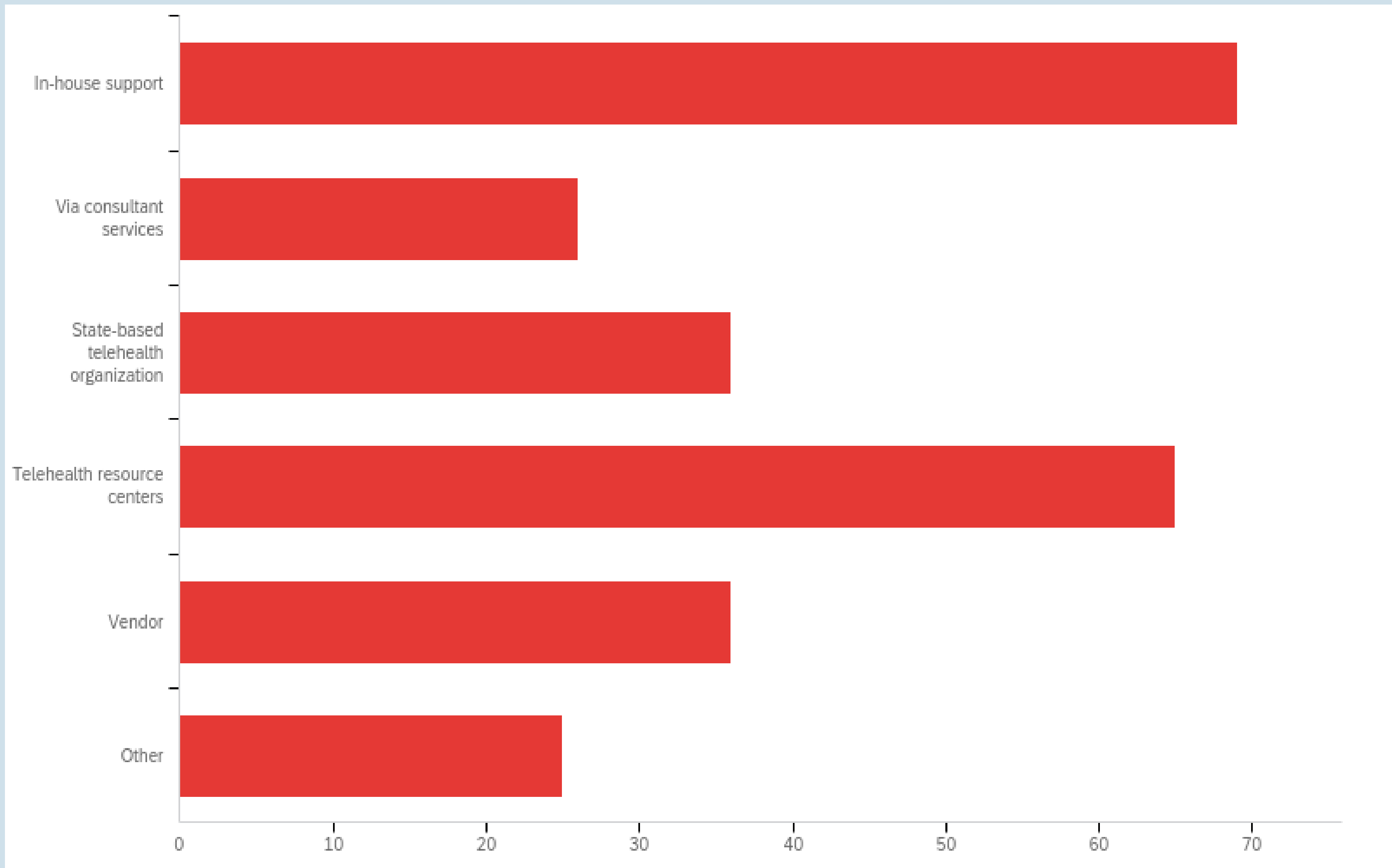
Q9.2 - If yes, please specify (please check all that apply)



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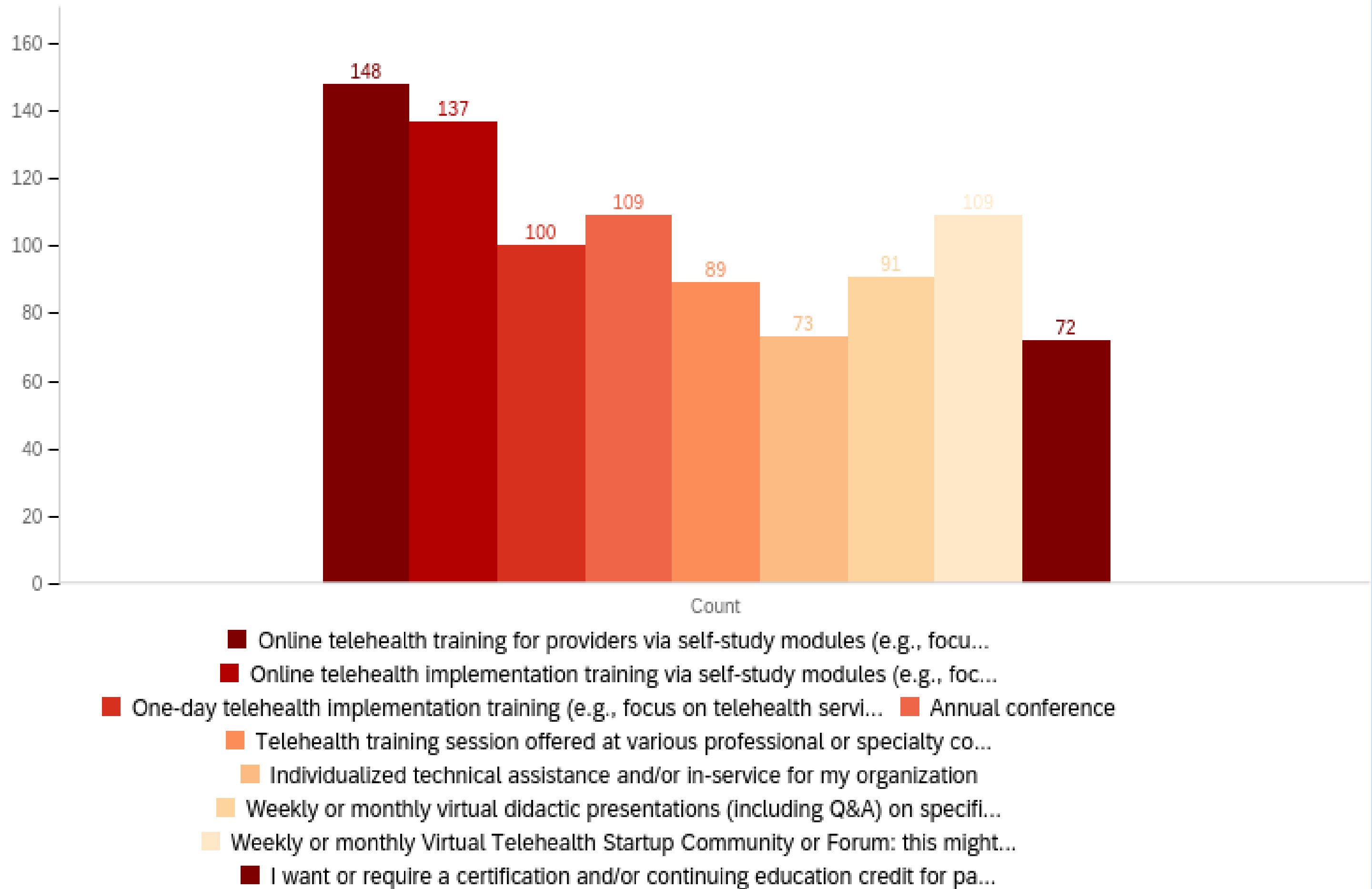
Q9.2 - If yes, please specify (please check all that apply)

Q9.2_6_TEXT - Other

Q9.2_6_TEXT - Other
Free online webinars from various agencies
Free webinars and podcasts
https://personcenteredtech.com/
Informally through statewide work groups, professional groups and webinars
NACHC
networking and self-education
Northwest Telehealth
Parent Tribal Organization
Patient Groups, My Own Research
Professional association
RGN's
State Primary Care Organization
State psychological association, liability insurance company
State TH alliance
The American Medical Billing Association has had and continues to have regular Webinars on the subject
the local IT dept at the college
The main Indian health Hospital in Anchorage gives us some training and guidance.
Through me - I review and review and review the payer policy bulletins and attend any webinar I can find
through UETN and Comagine Health
We encouraged our members to attend the National Virtual Conference you sponsored in April. Many members did. We shared some of the workflows suggested with our members. The workflow training led by a WA state Behavioral Health Specialist was really the most helpful training for our group.
We provide sessions in TH issues
We provide telehealth-related training and support targeted to WA State Medicaid providers

Q10.1 - What additional resources, technical assistance, or training could the NRTRC offer to help increase your organization's ability to provide telehealth services? (please check all that apply)



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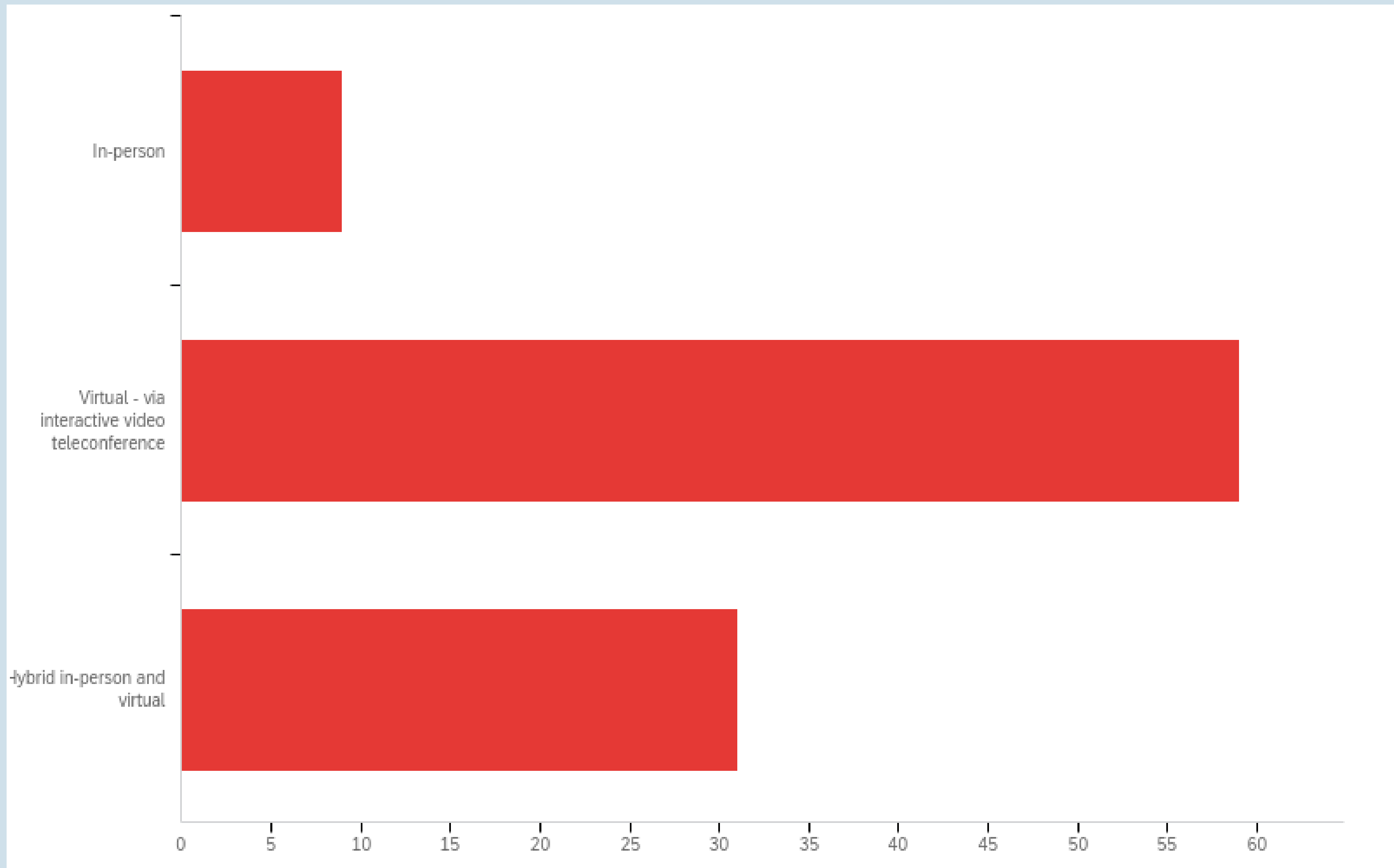
Q10.2 - For one-day telehealth implementation training, which of the following would you prefer?



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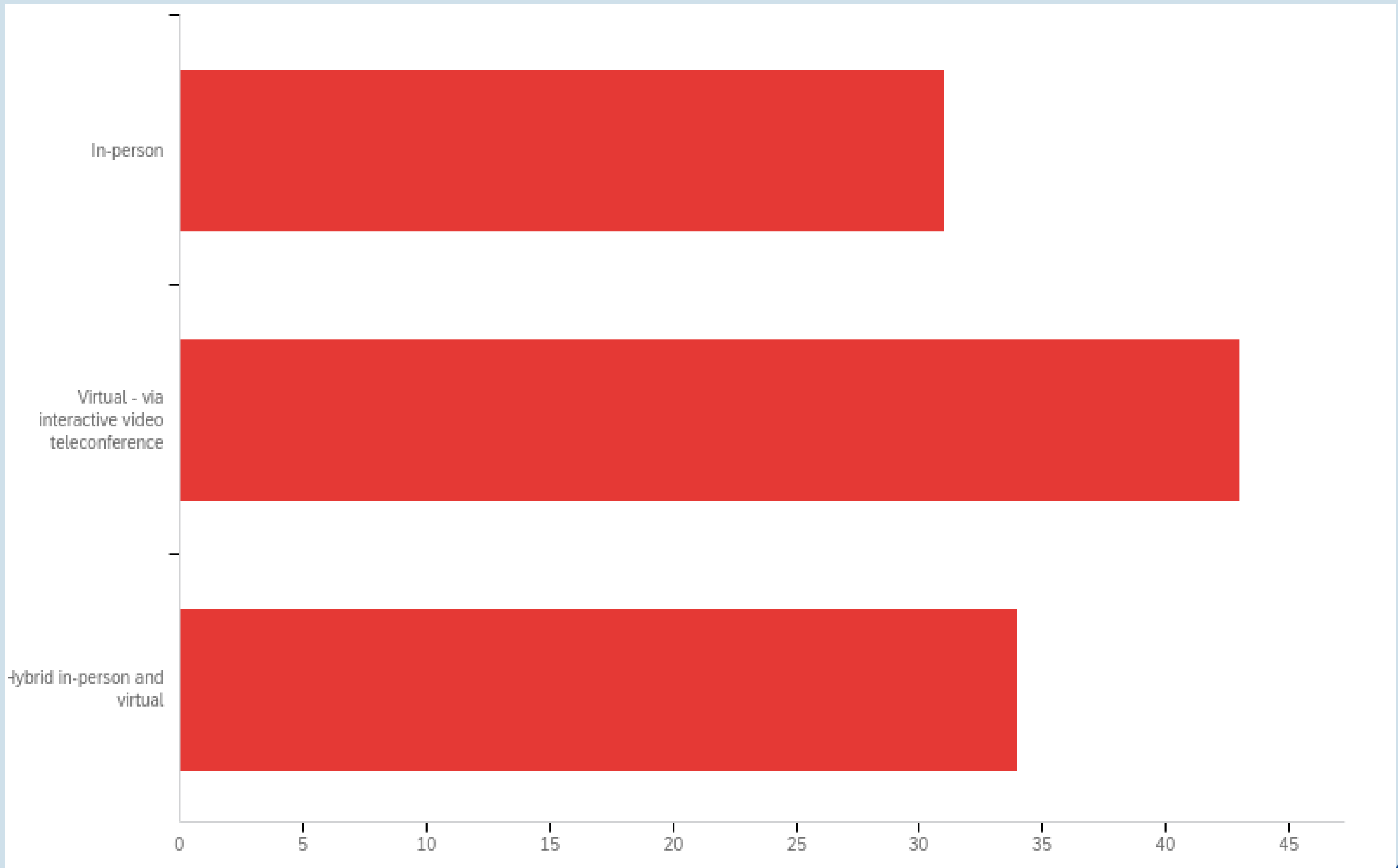
Q10.3 - For an annual conference, which would you prefer:



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Q10.4 - For the telehealth training session offered at various professional or specialty conference, which events would you like us to attend (please list all that you would prefer)

Advanced practice providers of South eastern UTAH in Price, we have a quarterly meeting	NEI Annual Congress, ONA annual conference
Alaska Occupational Therapy Association conference	NOSORH, NRHA, above I endorsed all virtual because there is no end in sight to Covid19
American Speech Language Hearing Association	NWRPCA 2020 Virtual Fall Primary Care Conference, Oct 19 - 21, 2020
Annual state health conferences (i.e. in Montana: MHA Fall Convention; HIMSS; MPCA)	ONA Nurse Practitioners
ATA	OrHIMA; AHIMA; HCCA
ATA, NRHA, HIMSS	Society for Family Planning; ACOG; Family Planning National Training Ctr (FPNTC); Nat'l Family Planning and Reproductive Health Assoc (NPHRA)
AUA Western Section, WA Urologic Socioeconomic Conference	stahl's congree, ONA conference
Behavioral Health Conference	State Medical Society, State Hospital Association
Idaho Counseling Association annual conference	WA Rural Health Conference, Washington Statewide Leadership Initiative (WSLI is a coalition of family led organizations who have children with special health care needs), WA Chapter American Academy of Pediatrics, other pediatric conferences, annual WA State Public health conference, WISE community summit (for individuals with developmental disabilities and the services that support them); I can think of lots more but with COVID the conference planning has slowed down. I will reach out later with specific suggestions.
Idaho Counselors Association	Washington State Language Access Summit sponsored by WASCLA, and health equity events
ISHA Convention	webinars re best practices
Local Medical Associations and local specialty associations, i.e. Hospital Association etc..	WMS
MT HIMSS, MHA	WSNA
National Family Planning and Reproductive Health Association, University of Michigan Adolescent Health Initiative Conference	Wyoming Medical Society, Any of the medical and surgical specialty meetings
National Oral Health Conference	

Q11.1 - What do you wish you had known that you weren't prepared for in providing telehealth services?

A good platform and better billing information
Actually works better than I expected.
Advertisement that I provide Telehealth services
All new territory for our practice.
All the regulatory components
An unrealistic expectation - that the carriers had not changed their policies multiple times at lightning speed. Would be so nice to somehow get an alert if they want to change from GT to 95 as an example. Or they suddenly decide they DON'T want us to change the POS to 02 but want it to remain 11.
Anything and everything regarding telehealth, and specifically the use of telehealth in providing peer and group services
audio issues
Better data on broadband coverage and barriers.
Better technology
Billing
Billing and credentialing challenges
Billing and legal/insurance requirements and limits
Billing and patient behaviors
Billing and Reimbursement
billing of telehealth services in different settings
Bridging hands-on personal care with telehealth personal care.
ccc
Change Management tool and techniques.
Clinical workflow best practices
Complexities related to billing for services.
Complexity and state variation and rapid COVID changes
Connection
connection issues with some of the video conferencing platforms - I had to try several before resorting to zoom which Maine allowed because of COVID.
connection issues, equipment needed

Q11.1 - What do you wish you had known that you weren't prepared for in providing telehealth services?

continuous changes in billing and legal requirements
Cost effective, patient and provider friendly, HIPAA compliant technology options
cost for equipment.
Created a workflow before actual implementation
Determining how well our existing resources meet the need, and what our deficits are; also available tools for implementation
determining the proper secured platform without having to hunt it down. paying for the platform rather than it being part of our EHR services reduces our income
Determining what services we could offer via telehealth
Difference between billing for phone visits versus monitoring and the legal aspects related to privacy and billings
difference between video/phone call case management versus"telehealth"
Equipment requirements and regulations
Equipment selection.
For primary care it is lees efficietn with patients because verbal exchange needs to occur to assess patient sfor physical complaints that would be otherwise apparent on exam or by observation. This makes those visits LESS time-efficient with the practitioner, although there are many office efficiencies.
Funding of services
General understanding of telehealth, Technology requirements, Billing / Reimbursement
Guiding patients in accessing the meeting correctly
Having staff trained on ZOOM and getting the technology piece set up for the appointments
how challenging use of certain platforms would be, especially doxy.me
How complex it is.
how complicated it is to get credentialed with medicare
How different each payers' policies were.
How different the rules were for reimbursement
How difficult it is to attract new clients without an office location for them to have face to face therapy
How few of our underserved patients have any connectivity.
How hard the technology would be to use and lack of access to internet
How much patients appreciate it as a service.

Q11.1 - What do you wish you had known that you weren’t prepared for in providing telehealth services?

how much work it is for a rural health org to get things off the ground
How open our patients would be for this mode of care. And how quickly we could establish it. COVID 19 forced us into something we'd been contemplating for a couple of years.
How quickly payer policies would change. For example, Medicare at one point made 4 changes in one day. A one stop shop would be really nice but probably not feasible
How to be effective in working with cflients; how to build participation and engagement in telehealth services.
How to best help tbe families adjust to the provided service
How to deal with billing challenges
How to engage clinicians in using telehealth.
How to ensure compliance with patient privacy and security regulations
How to implement programs to collect data and answer questions related to clinical safety, quality, and efficacy. There is a lot of emphasis on technology and business operations, but less attention to what clinical outcomes are desired when establishing a program.
how to problem solve patient access & use of videoconferencing.
How to promote the service; what equipment we need; special challenges of this location
How to provide better rural access and better infrastructure. Better equipment in correctional facilities
How to provide small group services via telehealth
How to reach patients whom do not have smart phones, computers or have poor wifi connection.
How to restructure our releases of information and permission to treat to cover telehealth services.
how to teach patients to interact on a forum
I am an academic professor with no clinical caseload; however, client engagement for both older and younger clients has been reported to be challenging. Moreover, caregivers used face to face speech therapy as a "break" from their kids. But now they have to manage their child's behaviors and are unable to do so for the therapy session.
I became a Board Certified TeleMental Health Provider before I started doing teletherapy, so was pretty well prepared right from the start.
I feel that billing is always the issue and constantly changing, especially during COVID
I just have never been trained. Iâ€™m only a student.
I just wish there had been more time to prepare staff and clients prior to the transition.
I still don't know the extent of it! ;)
I still don't know what I don't know... :)
I would have liked to have a place that had technological requirements for hardware, software and internet speed to transition Clinic to telehealth.
If a provider isn't comfortable troubleshooting very basic technical issues that arise, their telehealth experience will fail.

Q11.1 - What do you wish you had known that you weren't prepared for in providing telehealth services?

Insurance billing and reimbursement issues
insurance company contract process/reimbursement, legal forms, marketing challenges
Interference of session from internet usage.
It isn't as easy as getting a patient to simply login to a meeting
It was less daunting than I thought
Just how difficult it would be for some patients to connect via their technology.
Lack of sufficient broadband and technology knowledge of my patient population.
Lack of support by clinicians and administration.
Legal & Billing
logistics concerning practicing across state lines for naturopathic doctors.
long time for acceptance of rpm solutions
Medicaid, Medicare, Priviate Insurance Coverage and overall regultory differnce and challenges
Medicare reimbursements
mental preparation
more about the technology available
More research on how to provide typically "hands on" treatments virtually (physical therapy, swallowing therapy).
Most everything from creating the LLC, Connections with Labs, Best Software, Best Messaging Apps, Marketing, Networking, Legal Issues, Where to Collaborate, Mentor Programs.
My first telehealth session was 3 weeks ago & it went well. My clients are private pay & Iâ€™d like to learn about insurance coverage.
need baa for zoom to be hippa compliant
No standardization across payers regarding billing, coding, and plan coverage
Not always prepared in terms of the number of conflicting reimbursement issues posed by Medicare across some services.
Nuanced details for scenarios that are hard to even know to research ahead of time until you are in the midst of the problem.
often feels more time consuming
Options- what works with patients and what doesnâ€™t
organizations that are currently looking

Q11.1 - What do you wish you had known that you weren't prepared for in providing telehealth services?

Our Service becoming know to Rural and Frontier Populations and Referral Sources
Patience and flexibility with technology and best practice models/options for service delivery
Patient barriers to accessing internet capable of video-based services, they all seem to require much more bandwidth than our village patients can access, and most all of them require download of an app; finally, the data usage is higher than anticipated for several services, and internet is metered in rural AK so this makes it inaccessible for many patients
payer variability in payment policies
Protocols
Provider adoptation methods.
Provider and patient push back against the new technology.
provider push-back
Provider's reluctance to participate.
qualitative analysis of the many choices for platforms
Rapid growth of services
Reimbursement challenges
Reimbursement codes; how to secure privacy
Reimbursement issues
reimbursement requirements
reimbursement solutions
Reimbursement/Billing
Resistance from payors
Signing forms. Having parents access and sign forms via the internet
slow pace of implementation
so many things... and many more still to come, I'm sure!
Start up process.
support staff requirement and resources
Technical challenges (poor internet, poor cell service, etc)
Technical help for end users

Q11.1 - What do you wish you had known that you weren't prepared for in providing telehealth services?

Technical issues during virtual services and further marketing and referrals needed.
Technical Training
technology illiteracy and elderly with smart phones who can't use for telehealth
technology issues and how to troubleshoot basic problems that can arise.
Technology suggestions: headsets, virtual assessments
technology troubleshooting
That a pandemic was coming in March! We were prepared more than most. We had the infrstructure in place.
That HIPPA compliant zoom access costs so much and in the cloud services are not worth the cost. They are not good.
That it didn't really have to be as hard as the Feds made it prior to COVID-19.
That patients on the other end need telehealth navigational support
That payment would change
That Telehealth had nothing to do with watching TV and getting healthy
The amount of planning time needed to carry out a well organized service. It requires a good deal of forethought.
the amount of time it takes
the amount of time it takes to be up and running and the amount of time it requires our clinicians.
The amount of time providing telehealth services requires of support staff.
The billing challenges need continued improvement and predictability
The challenge of competing priorities were small in comparison to resistance from fear (?) of key partners such as contracting, compliance, and credentialling. without the public health emergency and some leadership changes, there was resistance to taking risks and willingness to look for improvements.
The cost of various options (TheraLink vs Zoom vs Teams), HIPAA compliance, patient and provider satisfaction ratings
The extra time it takes for staff to be in the room with the patient one-on-one during the visit.
the extreme difficulty in integrating the vendor platform with our EHR
the impact of low patient connectivity due to socioeconomic factors
the legal and billing items
The need to provide information to participants about how to logistically access and use Zoom best; ongoing how to support families who don't have stable or any internet connection and aren't comfortable with the technology
The Oregon Medical Board has been on my case about telemedicine. The view of the medical board when doing telemedicine with mental health and primary care is outdated. EDUCATION FOR the Oregon Medical Board

Q11.1 - What do you wish you had known that you weren't prepared for in providing telehealth services?

The resistance of the providers to trying something new --and how to respond to that positively.
The scheduling challenges!
The sheer number of differences, by payer, for the same service.
The shift in the paradigm...how many clients I used to see in a day (pre-COVID) to how many I can see now due to Zoom Gloom.
this is very new to all of us so we know very little
trouble shooting technical difficulties and billing codes
Twenty years in the making
Variance in payers' protocols
We are interested in starting them for our clinics. I don't think we have enough knowledge to know we aren't prepared or what will be missing. :)
We have had to figure out the steps to getting a program rolling on our own. I requested asssistance such as sample RFPs for a telehealth consultant and similar from NRTRC which we didn't received.
We remain interested in market growth in post discharge support of patients for medicaid/medicare and FQHC's
We were not prepared with the technology that our clinic needed in order to roll out audio/video visits for our patients through MyChart; also did not know initially that we could use telemedicine for Wellness visits/well child checks; we did not have an internal coordinated process so our different clinics/providers were all doing their own thing
What exactly should be included in documentation in order to pass a CMS audit review.
What HIPPA compliant technology allows for client group meetings.
What is the best platform that is easiest for patients and having insurance plans be consistent and stop changing requirements
what platforms were available and how to get hipaa compliant platforms with good connectivity, ease of client use and at a reasonable
why all providers wouldn't want to participate - it's so easy!
Why many telehealth services are not aware of and/or do not include language assistance in their operations, despite long-standing legal requirements, and what to do now to remedy the situation which is harming many patients.
workflow, policies & procedures, patient & provider engagement, broadband-equipment-software...
Working through technical issues with clients, client crisis management