

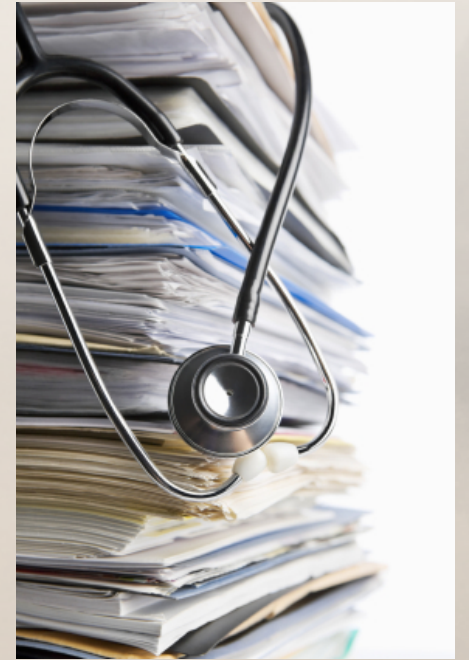
Developing a Telemedicine Program

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Common Business Plan Elements

- Foundational work
 - Needs and demand assessment
 - Services plan
 - Organizational assessments
 - Market study
 - Technical plan
 - Regulatory environment
 - Management plan overview (includes outcome measures & evaluation)
 - Financial plan
 - Executive summary with introduction and background
- Roll out work
 - Training plan
 - Operations (implementation)
 - Evaluation
 - Conclusion and recommendations



1. Needs & Demand Assessment

- Define the need—be very specific
 - What is the clinical and/or service need? (drives equipment selection)
 - Is there a demand (not just a need)?
 - Where are the services to be delivered? Where are the patients? The partners?
 - When is it needed? Urgency?
 - Why is it important?
 - How is telemedicine already being provided?
 - Learn from successes and failures, evaluate processes for ideas
 - Look to see if there's a bigger need
- Collect data for all of these questions if possible
- Other sites: for all of the above, assess from their perspective



Meeting Needs and Secondary Benefits

Patient/Service Need	Consulting Provider	Presenting Provider
Providing patient access to a new or expanded service	Grow the business Better patient oversight Meet specialty standards of practice	Learn from specialists Keep reimbursement local (at least in part) Increase services provided by your organization
Increased patient satisfaction	Patients more likely to continue using your services May attract new customers	Patients more likely to continue using your services May attract new customers Great community PR

2. Services plan

- What service will be added or enhanced?
- Who are the players? Champions?
- How should we provide it?
 - Remote monitoring
 - mHealth
 - live video
 - store & forward
- Are there protocols developed for telemedicine in this service line?
- Where should we deliver the services?
- Provider staffing? 24/7 coverage?
- Other sites: assess from their perspective



Types of Telehealth

Modality	Primary Uses	Advantages	Challenges
Store & Forward	ENT, dermatology, radiology reads	No scheduling Minimal tech support	Limited assessment
Live Video	Specialty clinic follow up, behavioral health, group therapy, direct to patient	See non verbal cues Can discuss treatment plan with patient	Scheduling Support (IT and clinical) Still need a secure system for sharing medical records information
Remote Patient Monitoring	Home telehealth, telemetry, smart homes	Can get into patient homes	Need to track (usually a monitored dashboard)
mHealth	Prevention, fitness, chronic disease management	It goes with the patient or with the provider	What do we do with all that data?

3. Organizational Assessment: Climate

- Interest
- Motivation
- Readiness (SWOT)
- What's the vision and mission of each organization who will be involved—does the plan match?



3. Organizational Assessment: Capability

- Support
 - IT
 - Administrative/leadership
 - Clinical
- Equipment
 - Telemedicine hardware and software and licensing
 - EHR vs telemedicine platform: can you communicate? Can you integrate?
- Connectivity
- Clinical service capabilities
 - Staffing
 - Skill mix
 - Credentialing and privileging and contracting
- Space
- Other sites: assess from their perspective



4. Organizational Assessment: Feasibility & Market Analysis

- Telehealth policy and law (CCHP, CTEL, NCSL, CMS, ATA, TRC's, etc.)
- Patient flow
 - Will it work?
 - Who will be impacted with extra time demands?
- Other sites: assess from their perspective
- Market analysis
 - Reimbursement/patient payer mix
 - Other revenue opportunities
 - Budget and sustainability
 - Is there a demand (not just a need identified)
 - Grants are designed for seed funding (equipment, infrastructure, etc.)

5. Technical plan



- What technology makes the most sense based on clinical need?
- What model is best? Consider ease of use, durability, clinical clarity, etc.
- Will it work with other stuff? With our EHR? With other telemedicine equipment?
- Can we support it? How about long term?
- Can we afford it? Initial cost, ongoing licenses and service contracts, disposables, replacements. Do we need/want a grant??
- National Telehealth Technology Assessment Resource Center: check for user reviews, innovation, toolkits for equipment

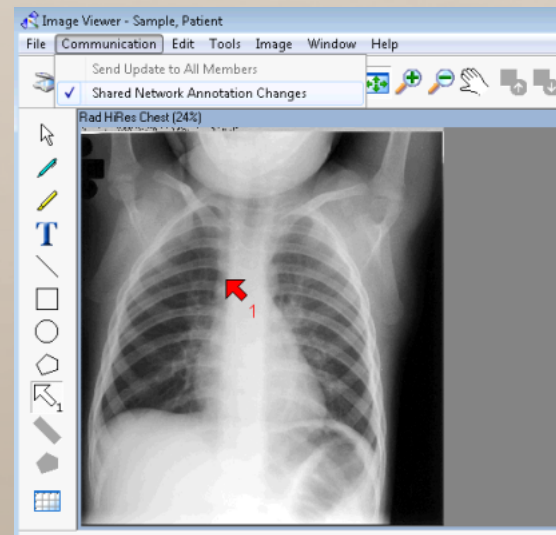
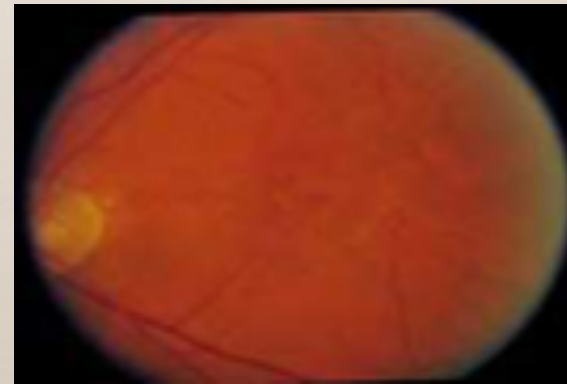
Live Video

- Types of visits
 - Scheduled visits
 - Urgent consultations
 - On demand visits
- Types of systems
 - Room systems
 - Carts
 - Desktop
 - Mobile
- Considerations
 - Codec (coding and decoding)
 - Bandwidth=more traffic lanes
 - Dual monitors
 - Peripheral capabilities
 - Hidden costs



Store and Forward

- Consultations
 - Images
 - Short video or sound recording
- Referrals
- Administrative / off label
 - Discharge Summaries
 - Travel
 - Certifications



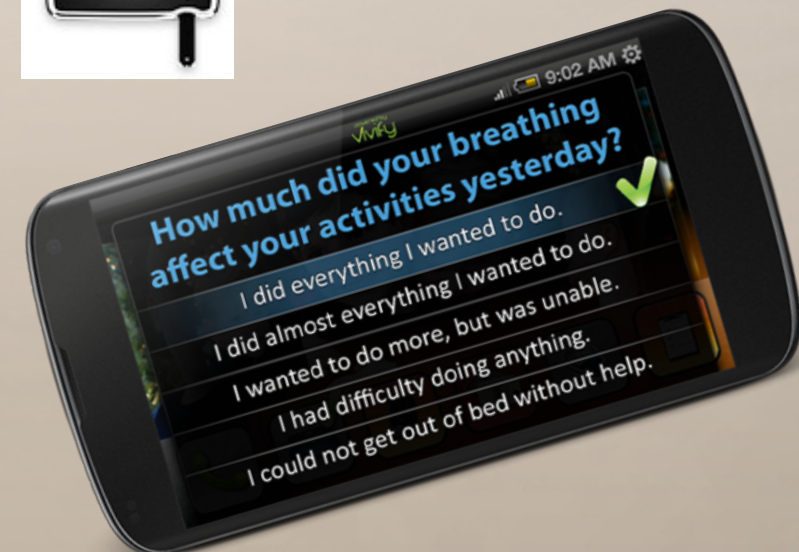
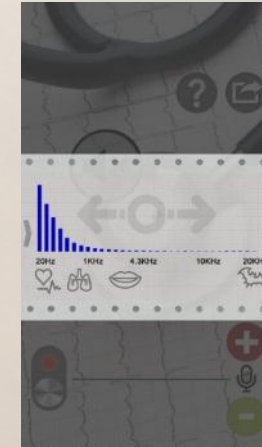
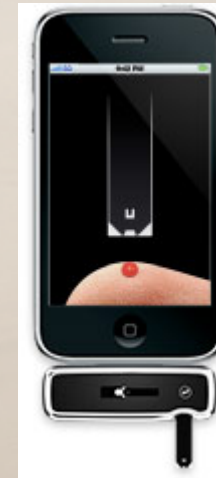
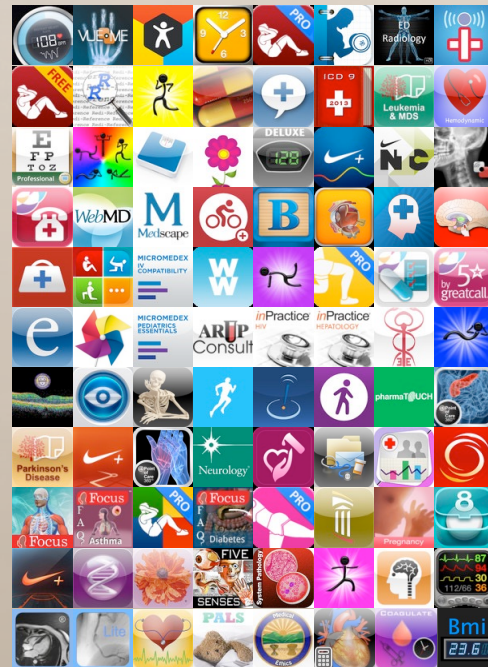
Remote Patient Monitoring

- Home telemedicine
 - Mattress sensors
 - Smart homes
- Video monitoring (ICU)
- Telemetry / Wearable devices

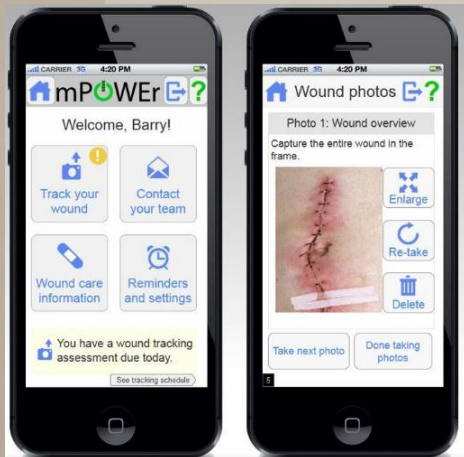
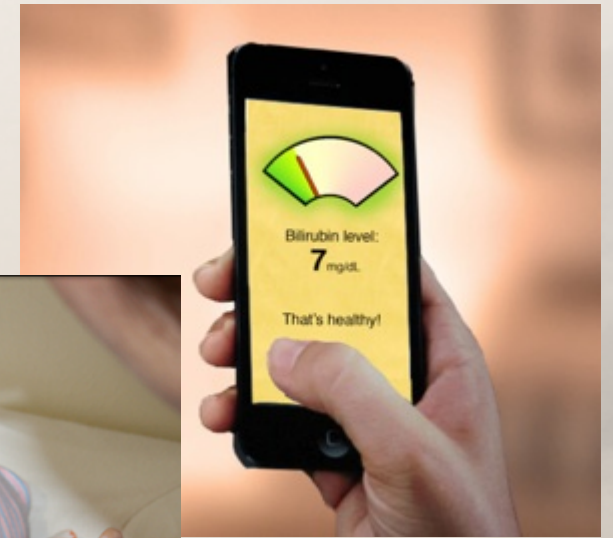


mHealth

- Tracking of symptoms or results: electronic record that can be shared with the provider
- Data collection with medical device interfaces
 - Blood glucose readings
 - Blood pressure
- Texting
 - Education (maternity)
 - Encouraging (diabetes)
 - Challenging (weight loss)
 - Simple reminders



mHealth



6. Regulatory environment

- Interstate Nurse Licensure Compact
- Licensing, credentialing & privileging for providers
- Prescribing
- Malpractice
- Security & privacy
- Reimbursement

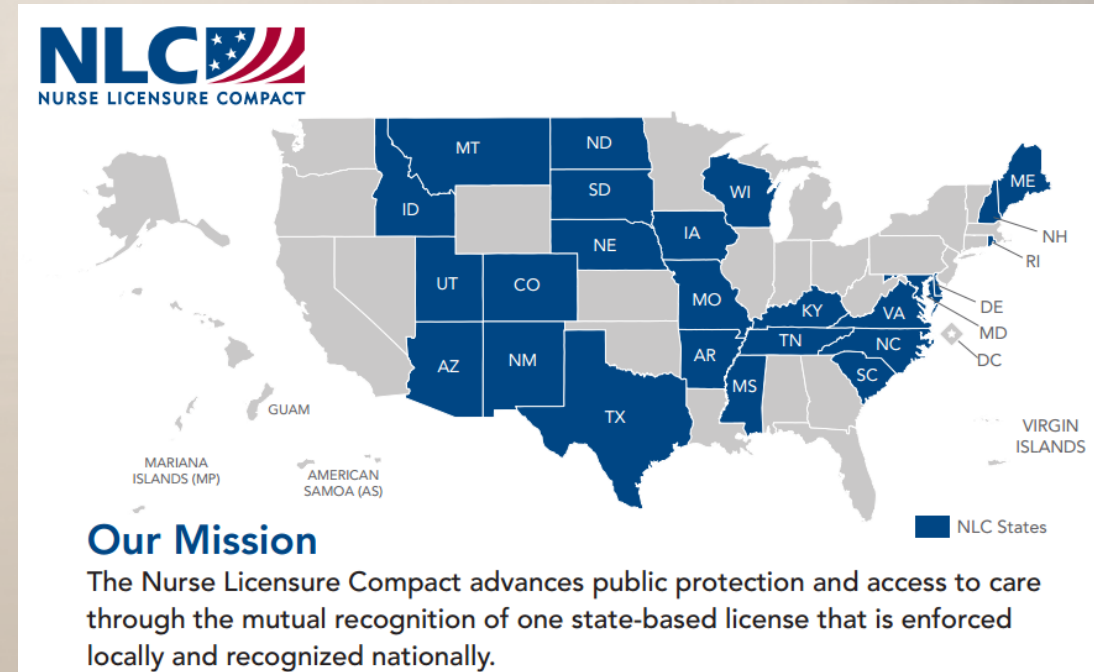
Some Resources

- Center for Connected Health Policy (National Telehealth Resource Center)
- Center for Telehealth and e-Health Law
- Centers for Medicare & Medicaid Services
- American Telemedicine Association
- National Telehealth Technology Assessment Resource Center
- 12 Regional Telehealth Resource Centers
- National Council of State Legislatures
- Federation of State Medical Boards (telemedicine guidelines)

6. Regulatory environment: licensing, credentialing & privileging for nurses

- Interstate Nurse Licensure Compact
 - National Council for State Boards of Nursing model proposed in 1997
 - Recognized growth in telephone triage, telehealth consultation, air transport and other nursing practice areas that cross state borders
 - Currently discussing increased requirements

PT, EMS and Psychology now also discussing state compact agreements



6. Regulatory environment: licensing, credentialing & privileging for physicians

- Physician licensing
 - Primarily driven by the patient's location
 - 18 states have enacted physician licensing portability (compacts) and 8 others have started the process
 - Still need separate license, but process is expedited
- Credentialing and privileging
 - Care provided to a patient who is seen in another health care organization
 - Would apply within state as well

6. Regulatory environment: Prescribing

- Online prescribing issues:
 - Patient-provider relationship
 - Adequate physical exam
 - Accuracy of self reported history
 - State board requirements
 - Controlled Substances
 - Look at both medical and pharmacy laws



6. Regulatory environment: Malpractice

- Check current malpractice insurance to see if telehealth is covered and if it extends to any states where patients are seen
- # of cases increasing, but still a very small percentage of malpractice claims
- Most related to communication issues
- Few cases where it was determined telehealth should have been done and was not...

6. Regulatory environment: security & privacy

- Provide for patient privacy and confidentiality with all modalities
 - The cubicle question
- Restrict access to patient data, limit disclosure
- Comply with HIPAA security rule
 - Use technically secure devices and systems
 - Control access to the facility and equipment
 - Follow policies and obtain training
- FCC, mHealth regulation, HITECH act and Meaningful Use



6. Regulatory environment: reimbursement

- Resources

- ATA has information on Medicaid and private insurance coverage/reimbursement
- Center for Connected Health Policy—Policy Overviews on Medicare, Medicaid, state laws and reimbursement
- National Conference of State Legislatures site discusses state coverage for services: (Medicaid & private insurance)
- Medicare and Medicaid (CMS.gov)
 - **CMS 2015 Telehealth Services publication ******
 - **Medicaid definition of telemedicine: cost effective, a mode of care delivery ******
- Center for Telehealth and e-Health Law
 - Publication on stark and anti-kickback policies and regulations for



6. Regulatory Environment: Reimbursement

- Medicare:
 - primarily reimburse for live video with 2 demonstration projects for store and forward reimbursement
- Medicaid
 - Most states have some sort of Medicaid telemedicine coverage (48 plus D.C. January 2016 update)
- Private insurance and parity laws
 - Growing number of states with parity laws (32 plus D.C. January 2016 update)

<http://www.ncsl.org/research/health/state-coverage-for-telehealth-services.aspx>

7. Management plan

- Overview of how the program/project will be managed
 - Reporting structure
 - Interagency agreements
 - Outcome measures/ongoing evaluation
 - IT support
- Telehealth program manager (implement, monitor, evaluate)
- Telehealth coordinator or assistant
- P&P
 - Available services and how they are provided
 - Authorized technology/devices
 - Scheduling
 - Case management
 - Technical support



8. Financial plan



First: what is the financial objective: increase profit? Increase market share? Break even?

Revenue

- Reimbursement
- Referral streams
- Contracts
- Program and user fees
- Etc.

Expenses

- Clinical and non-clinical personnel
- Clinical expenses
- Telecommunication expenses
- Equipment (purchase, maintenance and fees)
- Etc.

9. Executive summary

- Seeking the “green light”
- Components
 - What are you doing?
 - Why are you doing it?
 - What do you hope to achieve?
 - What critical components will affect your success?





Business Plan: The Roll-Out

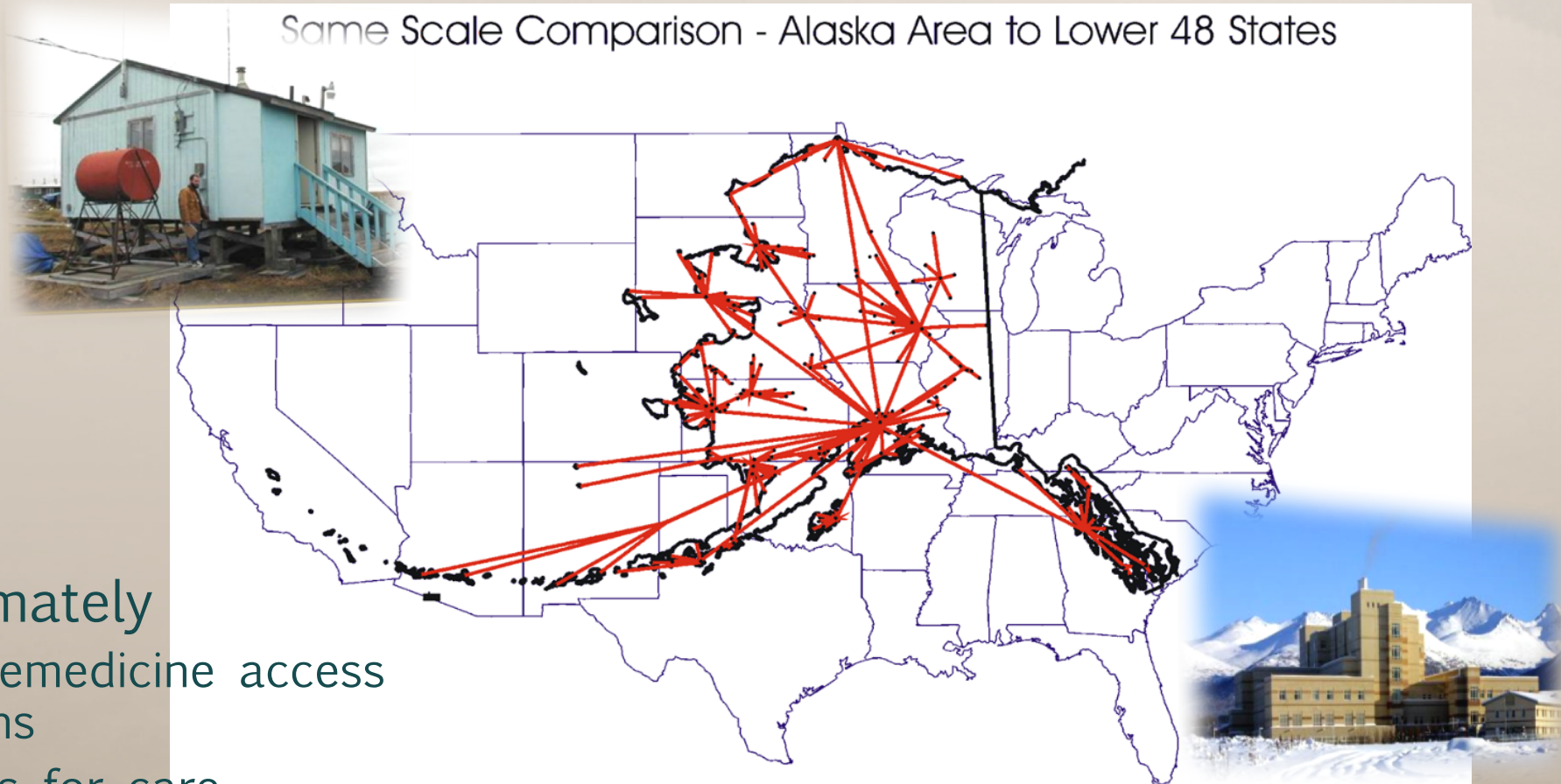
Operations, Training, Pilot/Deployment and Follow Up

Alaska Tribal Health System



- Voluntary affiliation of 30 Alaskan tribes and tribal organizations providing health services to 150,000 Alaska Natives/American Indians
 - Each is autonomous and serves a specific geographical area
 - Mix of independent EHR systems and shared Cerner instances
- Alaska Native Medical Center provides primary and tertiary care
- Serves as tertiary/specialty hospital for all regions (entire state)

Alaska Native Health Care System Referral Pattern & Telehealth Network



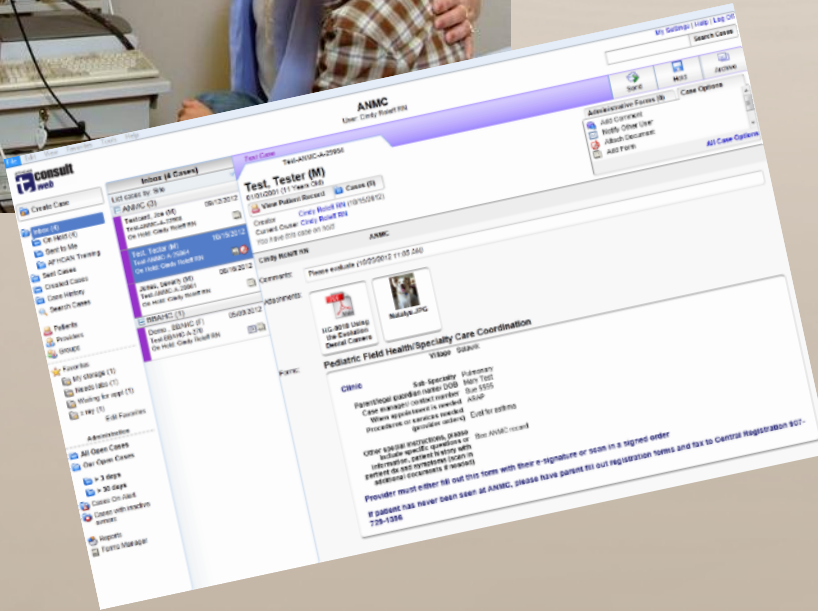
- Approximately
 - 200 telemedicine access locations
 - 30 hubs for care
 - 6 hospitals
 - 9 community health centers

Telemedicine Clinical Services Provided



AFHCAN Store & Forward Support

Cases packaged and sent via secure, encrypted software from a telemedicine cart, computer or mobile device.



AFHCAN Video Support

Live visits: patient to provider and provider to provider
consults

Support provided for cart, desktop and mobile



Project Milestones Tracking Sections

- Leadership and team coordination
- Site equipment
- Planning and workflow analysis
- Training
- Pilot
- Deployment
- Follow up

Milestone	Supported Resources	Definition / tasks	Lead Person
Leadership Initial Leadership Kickoff Meeting		1 week Prog Dev Director facilitates leadership meeting ANMC team identified by name Remote team identified by name	Lead THC Primary THC Remote Leaders
Initial Project Leadership Meeting		Discussion items: Scope and timeline, Work Flow Diagram, team members/roles, room locations, equipment and accessories, accounts, testing, credentialing, scheduling, EHRs, training, village roll out plan & timeline.	Primary THC
Weekly Meetings (as needed) Weekly Formal Communication Site Equipment Technical evaluation local site equipment		Facilitate Weekly Meeting Send out weekly email to team members 2 weeks ANMC physical room identified	Primary THC SI THC facilitate discussion THC
	DocumentLocator\AFHCAN\Documents\Operations\Planning\Vidyo	requirements worksheet submission determine equipment, software, connectivity to be used & verify that it meets specs ANMC worksites purchase equipment if needed equipment installed, software configured Clinic, SI & IT Test all ANMC endpoints (workstations) SI with all remote site endpoints directory entries made into the Vidyo system as needed for remote accounts	SI SI SI and IT
Technical evaluation remote site equipment	DocumentLocator\AFHCAN\Documents\Operations\Planning\Vidyo	Site survey for organizational network needs remote physical room selection network connections ID'd, equipment installed test connection remote w ANMC endpoints 3 weeks	THC facilitate SI with remote IT THC
Planning & Workflow Analysis Vidyo accounts	http://home.anthc.org/empres/index.cfm?support_tab/IT_work_orders	ANMC and remote sites--ensure they get set up configure if needed review with clinic staff (usually case managers)	THC
Vidyo room swim lane process diagram	\\afhcan-dmbkup-1\share\$\Projects\VIDYO_ROLLOUT\Flowcharts	Check on status	Lead THC
credentialing privileging agreement	\\afhcan-dmbkup-1\share\$\Projects\VIDYO_ROLLOUT_Master list of THO_VrV_readiness		
Prescribing		describe challenges, can't use AFHCANweb for Rx, discuss remote site preference for this process	Lead THC

Kick Off Meetings

– Purposes

- Ensure IT, administration and clinical agreement on all sides
- Mutually determine scope
- Clearly identify the team to do the actual roll out work
- Overview of the plan
- Rooms
- Equipment*
- Credentialing/contracting*
- General workflow including scheduling
- Timeline

*These items can take a significant amount of time

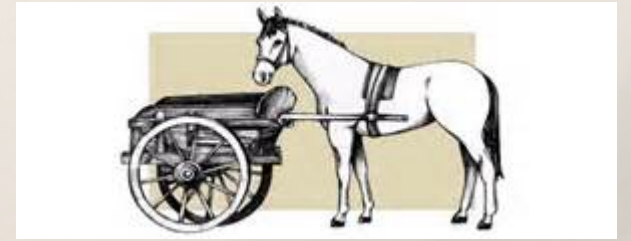


Ongoing communication plan

- Meet weekly and keep it short and sweet
- Send weekly update to all participants and leadership



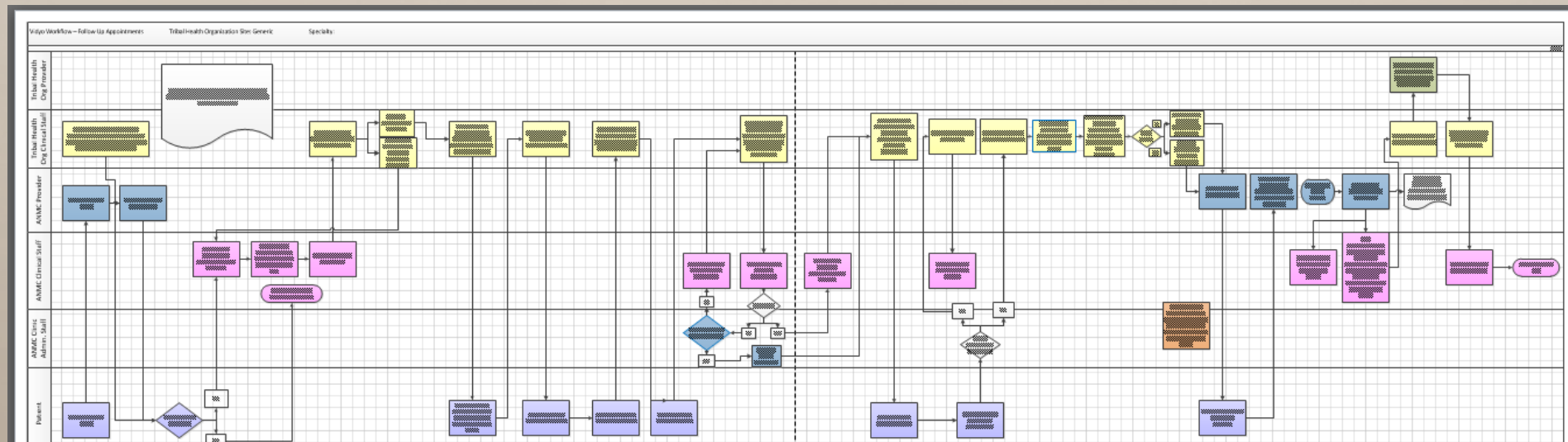
Equipment



- Technology needs to follow the clinical need (not the other way around)
- Sometimes the technology can't do what providers want it to (SLP)
- Once you've determined the clinical need, though, you may need to focus on technology first
- Do you have redundancy built in on both ends?
- Technical evaluation components (both ends)
 - Physical space
 - Outline requirements (equipment, software, connectivity, etc.)
 - Purchase, install and test
 - Moving target—plan for upgrades, warranties, replacements
 - Is there a need for a service contract?
 - Note: technical issues can be show stoppers, be cautious of moving too far ahead with the clinical folks

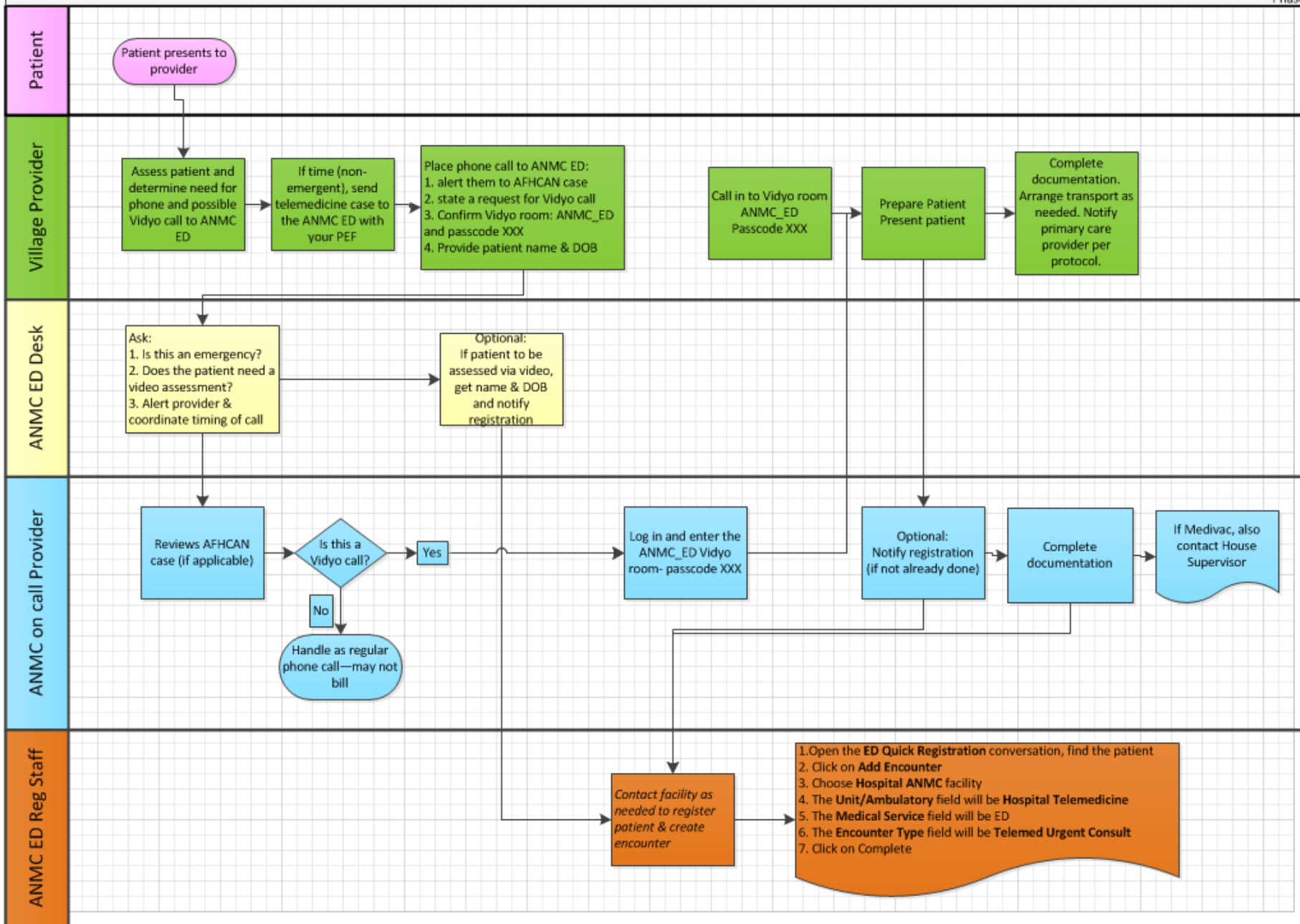
Planning and Workflow Analysis

- Details are super important
- Work through them with your clinical group
- Need to look at the whole process, from scheduling to final communication & billing
- How does the chosen equipment/technology fit? Who will be using it and how easy is it for them to do so?



ANMC Emergency Department Workflow: DRAFT

Phase



Processes

- Credentialing, privileging and contracts
- Access and accounts
- Scheduling & rooms
- Preparatory work process
- Documentation including coding and billing

Some Notes about Room Design

- Private
- Quiet
- Well lit but avoid backlighting
- Minimize clutter
- Equipment as needed for telemedicine
 - Dual monitors with access to EHR
 - Headsets vs. speakers
- Way to call for help



Training—consider all sites

- Equipment training
 - New software? New hardware? New way to use old equipment?
 - Processes
 - Troubleshooting
- Detailed walk-through for all parties
- Repeated practice is critical
- Challenges and cheat sheets
 - Process checklist (planning)
 - Visit checklist (pre and during)



ANMC CLINIC VIDYO TELEMEDICINE DAY OF VISIT RESPONSIBILITIES



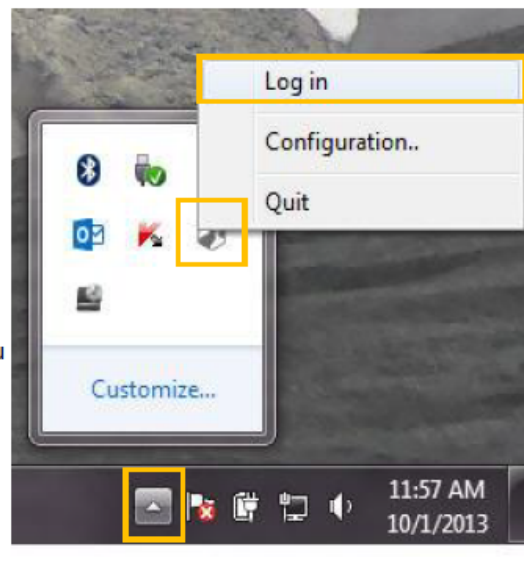
Before the Scheduled Session:

- ◊ Log in 5-10 minutes before the session
- ◊ Ensure all ordered items are available for provider, including any 'day of visit' tests.
- ◊ When receive notification that patient is present, check patient in to EMR
- ◊ Answer incoming call
- ◊ Mute microphones until visit initiated

Beginning the Session:

Look at the camera, not the monitor

- ◊ Introduce yourself to the patient
- ◊ Ask patient if he/she can see & hear you clearly, let him/her know you can see & hear them
- ◊ Troubleshoot any issue(s) immediately
- ◊ Pan your own room to show patient you're providing for privacy/confidentiality
- ◊ Ask the rural staff member to introduce all parties in their room, then refocus camera on patient
- ◊ Remind patient of right to terminate videoconference at any time



During the Session:

- ◊ Treat the encounter as you would any face to face encounter.
- ◊ Patient camera/microphone: you can't control, so need to ask rural staff to assist with placement
- ◊ If disconnected, attempt to reconnect to your room for 5 minutes. If you cannot connect after 5 minutes, contact the patient clinic by telephone. Report your issue to ANMC helpdesk at 2626.

Ending the Session:

- ◊ Communicate end of session with follow up plans
- ◊ Ask patient if OK to see him/her again via VIDYO (if applicable)
- ◊ ANMC to schedule follow up and write orders related to the patient
- ◊ Discontinue the call (exit the Vidyo room)
- ◊ Document in Cerner, send copy of note and orders to patient's clinic via original case

Best Practices for Video Patient Visits:

- Center your display monitor directly underneath your camera. Camera at eye level if possible.
- Check your "self view" before the call. Look for clutter or other distractions behind you.
- Speaker and microphone should be directly in front of you. Speak in a normal tone of voice.
- Use caution with noise near microphone (papers shuffling, tapping on desk, etc.)
- Light should be on your face. Avoid bright lighting behind you.
- Turn off/silence other devices and LOCK or password protect your Vidyo Room.
- Pay attention to your body language—it's easy to forget that you're being watched.

Telemedicine Patient Video Visit Process Management ANMC Clinic Responsibilities

ANMC IT Help Desk Number- ext. XXXX
AFHCAN Telehealth Support Number- X-XXX-XXX-XXXX

- ☐ Schedule Video Visit in Cerner- use VTC slot and appointment type.
- ☐ Create patient case in AFHCANweb and fill out the Video orders form for your clinic.
- ☐ Send AFHCANweb case to the specific group associated with the visit. (example- Manillaq VTC Group- if not sure, please contact an AFHCAN Telehealth Coordinator)
- ☐ Monitor your group in AFHCANweb for the return of the case from the patient site group.
- ☐ Ensure all required attachments are available from case. (If not, return case to sender with a comment of information needed.)
- ☐ All documentation should be scanned into patient record in Cerner.

Day of Video Visit

- ☐ Place VIDEO VISIT IN SESSION sign on exam door.
- ☐ At least 5 minutes before visit, if using Vidyo, log on to the exam room computer and on to Vidyo and join the ANMC provider's room.
- ☐ If not using Vidyo, turn on your video equipment and call directly to the patient site.
- ☐ If anyone is present in the provider's room, introduce yourself.
- ☐ Perform a video and audio check with patient. Have them speak and wave their hands.
- ☐ If audio and video are not present, refer to troubleshooting guide in exam room.
- ☐ Collect vitals from the patient site team if not already received
- ☐ Once all preparations are complete, let the patient site know that you are signing off and the provider will join the room shortly.
- ☐ Log off Vidyo- Log off computer. (if connected with another video system, do nothing)
- ☐ Assist your provider with joining their room and LOCKING room in Vidyo if necessary.
- ☐ Ensure that the patient has been checked in for their Video Visit in Cerner.

After Video Visit

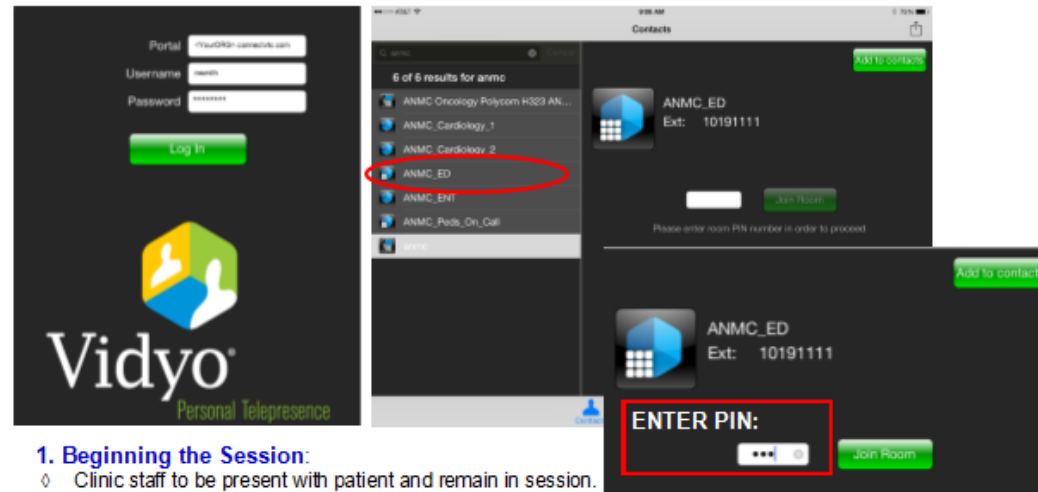
- ☐ Shred any materials if necessary.
- ☐ Attach video visit Cerner notes to original AFHCANweb case.
- ☐ Send case to patient site group in AFHCANweb.
- ☐ If another video appointment was requested during the visit, begin Video Visit Checklist process with a new AFHCANweb case.
- ☐ When the case is sent back to you, notify ANMC provider of the information.
- ☐ Archive case



ED VIDYO IPAD SESSION



- ◊ Take incoming call from Ward Clerk.
- ◊ Ask if it is an emergency.
- ◊ Determine with far end if it is to be a Vidyo call. If yes, confirm the Vidyo room name to join and follow the steps below.
- ◊ Join the ANMC_ED Room. The PIN will be XXX.



1. Beginning the Session:

- ◊ Clinic staff to be present with patient and remain in session.
- ◊ Provide for privacy/confidentiality.
- ◊ Patient and/or guardian has right to stop VTC at any time.

2. During the Session:

- ◊ Avoid moving camera and/or microphone unnecessarily.
- ◊ If disconnected, attempt to rejoin room, if unable, the far end will call the ANMC Emergency Room by telephone.

3. Ending the Session:

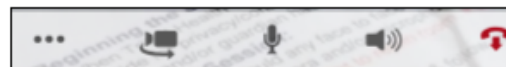
- ◊ ANMC doctor will advise on patient follow up plans and end call.
- ◊ Log out of Vidyo by going to Settings, then selecting Log out.



- ◊ Document session per your organizational policy.
- ◊ Notify your IT department if there are any technical problems.

Best Practices for Video Patient Visits:

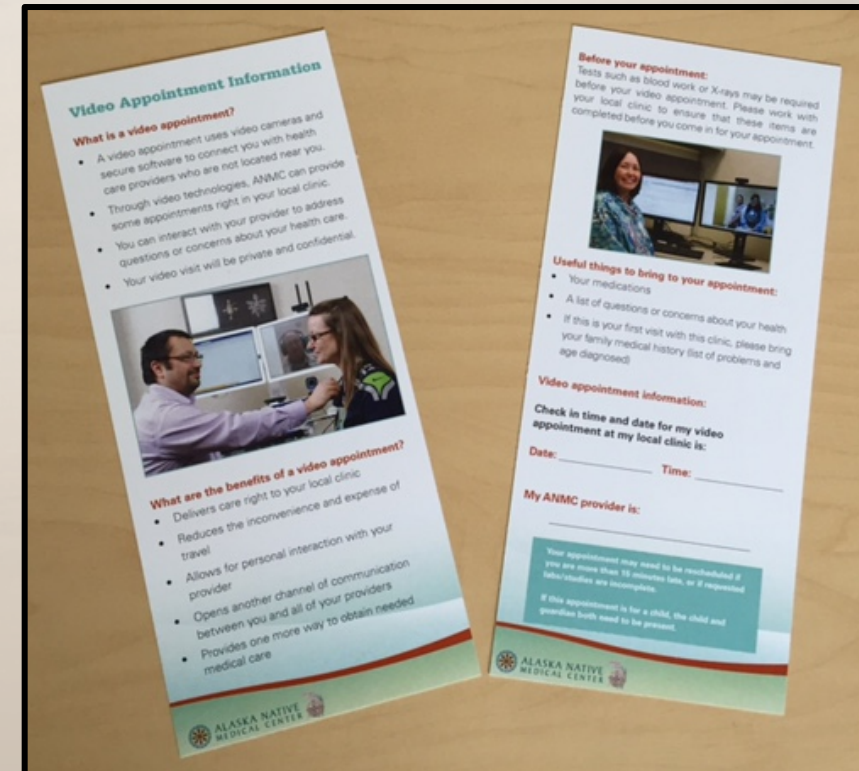
- Place mobile devices in stands if possible.
- Be familiar with the iPad tool bar (shown below), including switching to different camera views. To get this toolbar to appear, tap on the screen.



- Turn off/silence other devices.
- Avoid bright back lighting.

Training—patients

- Key elements:
 - Consent if required
 - Pre-visit work to be done
 - What to bring to the appointment
 - Visit instructions: where, when, who
 - Day of visit tips:
 - look at camera
 - what to do if there's a problem
 - special instructions if visit to patient home



Pilot / Deployment

- Mock patient walk through
- Initial deployment
 - Technology green light
 - Administrative green light
 - Clinical green light



Follow Up—all sites

- Need
 - Goals and success measures
 - QI system
 - Reports
- Monitor weekly at first
- Monthly
- Quarterly—probably not enough. Need relationship
- Monitor for:
 - Volume / usage
 - Training needs
 - Assistance needs (problems)
 - Growth/expansion needs



General Resources

- ATA
- Telehealth Resource Centers
 - 12 Regional Centers
 - Center for Connected Health Policy
 - National Telehealth Technology Assessment Resource Center
- Center for Telehealth and e-Health Law
- National Conference of State Legislatures
- Federation of State Medical Boards (telemedicine guidelines)
- CMS/Medicare/Medicaid





Thank you!

Role of the Telepresenter

Pita M Nims, RN MN

April 10th, 2017

telehealth

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Disclosures

Practice Gap: Lack of awareness on how to provide specialty care services to under-served populations in the region.

Desired Outcome:

- Providers will be able to apply knowledge acquired from the conference to better provide care using telemedicine to patients across the region.
- Providers will be able to solve problems within their practice using telemedicine.
- Providers will be able to identify the services available for their patients via telemedicine within their region.
- Providers will be able to recognize the changes in telemedicine and how best to continue improving their practices during change.

Disclosure of relevant financial relationships in the past 12 months: I have no relevant financial relationships with commercial interests that may have a direct bearing on the subject matter of this CME activity.



Providence Health & Services

telehealth

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Providence Heritage

- Emilie Gamelin, a young widow living in Montreal in the 1840s, dedicated herself to the city's many poor, sick, orphaned and elderly people. She became foundress of the religious community known as the Sisters of Providence.
- Providence Health & Services was founded in 1856 when five pioneering Sisters of Providence arrived in Vancouver, Washington and began establishing schools, hospitals and orphanages throughout the Northwest.
- Providence is firmly rooted in charitable works which started 158 years ago by the Sisters of Providence.
- The commitment to serving those who are poor and vulnerable demonstrated by the sisters remains an inspiration for those who continue to do the work of Providence today.



Snapshot of Providence

- Effective July 1 2016, Providence Health & Services & St. Joseph Health have come together as Providence St. Joseph Health; with over 100,000 caregivers serving more than 50 hospitals, 800 clinics, and a comprehensive range of health & social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington.
- Recent Affiliations
 - Swedish Health Services – 2012
 - Facey Medical Group – 2012
 - St. John's Health Center – 2014
 - Pacific Medical Centers – 2014
 - Kadlec Health System – 2014
 - St. Joseph Health - 2016



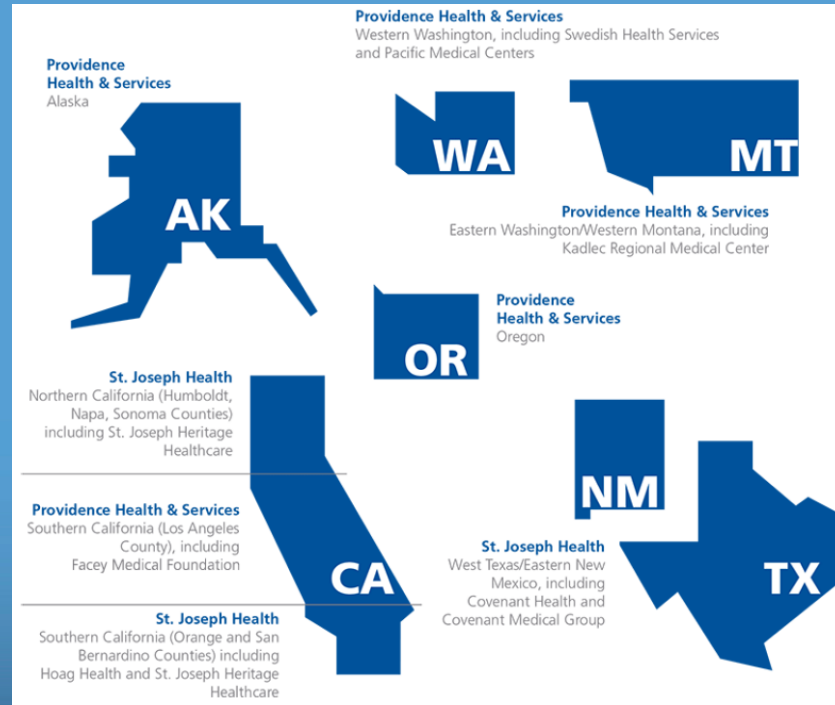
telehealth

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Snapshot (by geography)

We've been operating as a multi-state health system for more than 10 years.

We utilize structure to keep routine processes moving forward, in order to focus on what's most important.



telehealth

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Snapshot (by numbers)



telehealth

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Providence
St. Joseph Health

Telehealth Services Offered by Providence and its Affiliate Brands

Since 2005, we now offer more than 40 telehealth services:

Enterprise*

- TeleStroke
- TeleHospitalist
- TelePsychiatry
- TeleBehavioral Health
- TelePhysiatry
- TeleBrain Injury
- TeleCardiology
- TeleCritical Care
- TeleECG
- TeleEEG
- TeleEndocrine
- TeleHand Trauma
- TeleEpilepsy
- TeleIntensivist
- TeleMovement Disorders
- TeleNeonatal Resuscitation
- Teleneurosurgery
- Teleneurology
- TeleICU
- Teleoncology
- Teleotolaryngology
- Teleotology
- Teleendocrinology
- Telepediatrics
- Telespeech
- Telespine
- TeleTIA
- Telewound

Consumer



** Not exhaustive list*

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Role of the Telepresenter



Pita Nims, RN MN
Regional Clinical Program Manager
April 10th, 2017

Objectives

Role/Responsibilities of the Telepresenter

- Why this role was adopted
- Who can act as a Telepresenter
- Background regarding adoption of this role in other areas of the country

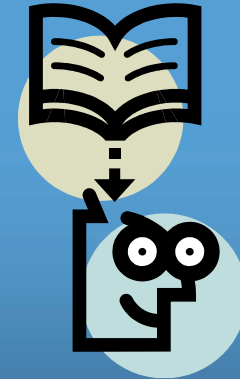
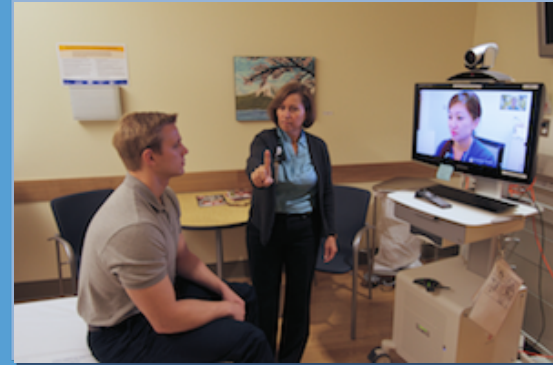
Training needs for Telepresenters

What to consider when selecting staff for this role

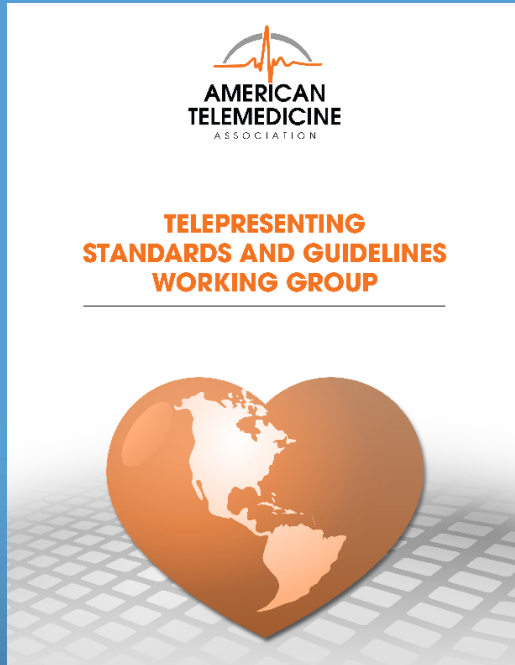
What to consider when starting a Telepresenter training program

Telepresenter

- Who?
 - Education
 - Scope of licensure
- What?
 - Training
- Why?
 - Facilitated exams versus non-facilitated
- Where?
 - Acute care setting
 - Ambulatory care



American Telemedicine Association



ATA National Guidelines:

- Clinical Core Standards
- Technical Core Standards
- Preparing the Patient

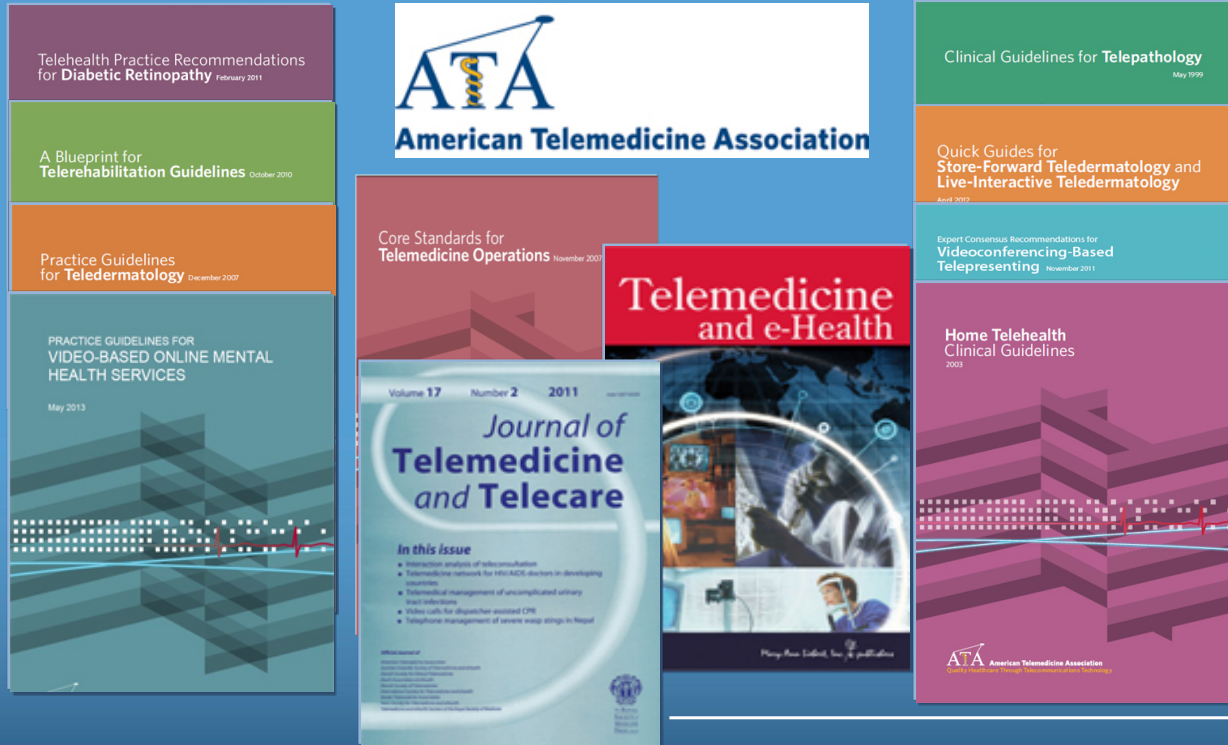


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Planning a Telehealth Program

Know your Resources



Telepresenter Role

The role of the Telepresenter is to support and facilitate communication of both the patient and evaluating provider throughout the tele-encounter process.

(American Telemedicine Association, 2011)

- Clinical
- Verbal/non-verbal communication



Telepresenter Responsibilities

Responsibilities of Telepresenter

Schedule telemedicine consultations

Demonstrate clinical and technical competencies

Prepare for telemedicine consultations

- Patient
- Room
- Equipment
- Medical records (external sites)

Exam facilitation

Follow up documentation & scheduling



Technological Requirements

Cart and Peripherals

- Digital ophthalmoscope
- Digital otoscope
- Digital stethoscope
- Digital exam camera



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Training

Technology

- Cart and peripheral devices
- Troubleshooting

Protocols

- Specialty



Caregivers Etiquette

Facilitation

Body positioning

HIPAA

Billing

Documentation

Legal Considerations



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Documentation

Provider

- “This exam was initially conducted via secure 128-bit AES encrypted bi-directional video session”

Telepresenter

- What is used
- Who attended (provider and patient)
- Time of exam



Staff Selection

Skill sets:

Communication

Technology

Clinical expertise

Emotional intelligence

Soft skills



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Department of Health - Washington

Scope of Practice

“Facilitate remote physical assessment and clinical data transfer from remote patient setting, e.g. telepresenter is frequently present, to address the challenges that the consulting provider faces when conducting a physical examination using telemedicine and to ensure efficient information exchange. The presenter is located at the patient remote site and provides support to the patient and the telemedicine-consulting provider in completing the physical examination and/or telemedicine activity.”

(excerpt from draft, Department of Health Interpretative Statement, 2012)

Scope of the Team

Inclusion of expanded RN role

Scope of Licensure

MA, ED Technician

Lay Person



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TeleHospitalist

Hospital based admitting service –
nighttime admissions

Key elements:

Mirroring an in-person internal
medicine exam remotely

- Telepresenter
- Technology



Ambulatory Care Environment

Key elements:

Mirroring in-person examinations remotely

- Telepresenter – who to designate
- Technology – what technology needs to be in place



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For Consideration

Collaboration with your partners (internal and external)

- Agreements

Staff/provider buy in

- Program champion
- Facility culture

Technology

Managing resources



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References/Resources

American Telemedicine Association

<http://www.americantelemed.org/>

University of Minnesota – Telepresenter Certification Course

<http://cce.umn.edu/School-of-Nursing-Telehealth-Nurse-Presenter/>

Northwest Regional Telehealth Resource Center

<http://www.nrtrc.org/>

Telepresenter Video http://www.youtube.com/watch?v=n3_XPP0Qu6A

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