

Telehealth competencies

- Growing literature recommendations & possible frameworks
 - Mostly MD some Allied Health
- Some reports on implementation, usually elective &/or short-term (1 semester or less)
 - Mostly report class evaluation, some test performance
 - Little “real-life” or longer-term assessment
- More common
 - Online courses/training for practitioners
 - CE/CME/CPD
 - Certificates
 - Some claim certification
 - Most best practices, how to etc.
 - Some charge, some free



Domain 1: PATIENT SAFETY AND APPROPRIATE USE OF TELEHEALTH

Clinicians will understand when and why to use telehealth, as well as assess patient readiness, patient safety, practice readiness, and end user readiness.

Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate) <i>All prior competencies +</i>	Experienced Faculty Physician (3-5 Years Post-Residency) <i>All prior competencies +</i>
1a. Explains to patients and caregivers the uses, limitations and benefits of telehealth - the use of electronic communications technology to provide care at a distance	1b. Explains and adapts practice in the context of the limitations and benefits of telehealth	1c. Role models and teaches how to practice telehealth, mitigate risks of providing care at a distance, and assess methods for improvement
2a. Works with diverse patients and caregivers to determine patient/caregiver access to technology to incorporate telehealth into their care during (real or simulated) encounters	2b. Works with diverse patients and caregivers to evaluate and remedy patient and practice barriers to incorporating telehealth into their care (e.g. access to and comfort with technology)	2c. Role models and teaches how to partner with diverse patients and caregivers in the use of telehealth
3a. Explains to patients and caregivers the roles and responsibilities of team members in telehealth encounters, regardless of modality	3b. Demonstrates understanding of all roles and works as a team member when practicing telehealth regardless of modality	3c. Coordinates, implements, and evaluates the effectiveness of the telehealth team, regardless of modality
4a. Describes when patient safety is at risk, including when and how to escalate care (e.g. converts to in-person visit or emergency response) during a telehealth encounter	4b. Prepares for and escalates care when patient safety is at risk (e.g. converts to in-person visit or emergency response) during a telehealth encounter	4c. Role models and teaches how to assess patient safety during a telehealth encounter, including preparing for and escalating care when patient safety is at risk

Domain 2: DATA COLLECTION AND ASSESSMENT VIA TELEHEALTH

Clinicians will obtain and manage clinical information via telehealth to ensure appropriate high-quality care.

Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate) <i>All prior competencies +</i>	Experienced Faculty Physician (3-5 Years Post-Residency) <i>All prior competencies +</i>
1a. Obtains history (from patient, family, and, or caregiver) during a (real or simulated) telehealth encounter	1b. Obtains history (from patient, family, and, or caregiver) during a telehealth encounter and incorporates the information into differential diagnosis and the management plan	1c. Role models and teaches the skills required to obtain a history (from patient, family, and/or caregiver) during a telehealth encounter and incorporates the information into the management plan
2a. Conducts appropriate physical examination or collects relevant data on clinical status during a (real or simulated) telehealth encounter including guiding the patient or telepresenter	2b. Conducts appropriate physical examination and collects relevant data on clinical status during a telehealth encounter including guiding the patient and/or telepresenter	2c. Role models and teaches the skills required to perform a physical examination during a telehealth encounter, including guiding the patient and/or telepresenter
3a. Explains the importance of patient-generated data in the clinical assessment and treatment plan during a telehealth encounter	3b. Incorporates patient-generated data into clinical assessment and treatment plan, while understanding data limitations and adapting accordingly	3c. Role Models and teaches how to incorporate patient-generated data into clinical assessment and treatment plan, while understanding data limitations and adapting accordingly

Domain 3: COMMUNICATION VIA TELEHEALTH

Specific to telehealth, clinicians will effectively communicate with patients, families, caregivers, and health care team members using telehealth modalities. They will also integrate both the transmission and receipt of information with the goal of effective knowledge transfer, professionalism, and understanding within a therapeutic relationship.

Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate) <i>All prior competencies +</i>	Experienced Faculty Physician (3-5 Years Post-Residency) <i>All prior competencies +</i>
<p>1a. Develops an effective rapport with patients via (real or simulated) video visits attending to eye contact, tone, body language and non-verbal cues</p>	<p>1b. Develops an effective rapport with patients via video visits attending to eye contact, tone, body language and non-verbal cues</p>	<p>1c. Role models and teaches effective rapport building with patients via video visits attending to eye contact, tone, body language and non-verbal cues</p>
<p>2a. Assesses the environment during (actual or simulated) video visits attending to attire, disruptions, privacy, lighting, sound, etc.</p>	<p>2b. Establishes therapeutic relationships and environments during video visits attending to attire, disruptions, privacy, lighting, sound, etc.</p>	<p>2c. Role models effective therapeutic relationships and environments during telehealth encounters</p>
<p>3a. Explains how remote patients' social supports and health care providers can be incorporated into telehealth interactions and care plan (e.g. asynchronous communication, store and forward)</p>	<p>3b. Determines situations in which patients' social supports and health care providers should be incorporated into telehealth interactions with the patients' consent to provide optimal care</p>	<p>3c. Role models and teaches how to incorporate patients' social supports into telehealth interactions with the patients' consent to enhance patient care</p>

Domain 4: ETHICAL PRACTICES AND LEGAL REQUIREMENTS FOR TELEHEALTH

Clinicians will understand the federal, state, and local facility practice requirements to meet the minimal standards to deliver healthcare via telehealth. Clinicians will maintain patient privacy while minimizing risk to the clinician and patient during telehealth encounters, while putting the patient interest first and preserving or enhancing the doctor-patient relationship.

Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate) <i>All prior competencies +</i>	Experienced Faculty Physician (3-5 Years Post-Residency) <i>All prior competencies +</i>
1a. Describes locally relevant legal and privacy regulations for telehealth	1b. Complies with legal and privacy regulations for telehealth at the local, state and federal levels	1c. Role models and complies with legal and privacy regulations for telehealth at the local, state and federal levels
2a. Defines components of informed consent for the telehealth encounter	2b. Obtains informed consent for the telehealth encounter, including defining how privacy will be maintained	2c. Role models and teaches how to obtain informed consent for the telehealth encounter, which includes defining how privacy will be maintained
3a. Demonstrates knowledge of ethical challenges and professional requirements in telehealth	3b. Identifies and supports solutions that mitigate ethical problems and adhere to professional requirements in telehealth	3c. Identifies and seeks to address system-level solutions to ethical challenges and adhere to professional requirements in telehealth
4a. Describes potential conflicts of interests that may arise in the use of telehealth such as interest in commercial products or services	4b. Explains and discloses potential conflicts of interest to patients in the use of telehealth	4c. Explains and ensures all members of the care team disclose possible conflicts of interests in the use of telehealth

Domain 5: TECHNOLOGY FOR TELEHEALTH

Clinicians will have basic knowledge of technology needed for the delivery of high-quality telehealth services.

Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate) <i>All prior competencies +</i>	Experienced Faculty Physician (3-5 Years Post-Residency) <i>All prior competencies +</i>
1a. Explains equipment required for conducting care via telehealth, including those at originating and distant sites	1b. Identifies and is able to use the equipment needed for the intended service, including originating and distant sites	1c. Able to use, and teach others while using, equipment for the intended service, including originating and distant sites
2a. Explains limitations of and minimum requirements for local equipment, including common patient-owned devices	2b. Practices with a wide range of evidence-based technologies including patient-owned devices, and understands limitations	2c. Role models and teaches how to incorporate emerging evidence-based technology into practice, remaining responsive to the strengths and limitations of evolving applications of technology
3a. Explains the risk of technology failures, and the need to respond to them	3b. Demonstrates how to troubleshoot basic technology failures and optimize settings with the technology being employed	3c. Teaches others how to troubleshoot basic technology failures and optimize settings with the technology being employed

Domain 6: ACCESS AND EQUITY IN TELEHEALTH

Clinicians will have an understanding of telehealth delivery that addresses and mitigates cultural biases as well as physician bias for or against telehealth, accounts for physical and mental disabilities, and non-health related individual and community needs and limitations to promote equitable access to care

Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate) <i>All prior competencies +</i>	Experienced Faculty Physician (3-5 Years Post-Residency) <i>All prior competencies +</i>
1a. Describes one’s own implicit and explicit biases and their implications when considering telehealth	1b. Describes and mitigates own implicit and explicit biases during telehealth encounters	1c. Role models and teaches how to recognize and mitigate biases during telehealth encounters
2a. Defines how telehealth can affect health equity and mitigate or amplify gaps in access to care	2b. Leverages technology to promote health equity and mitigate gaps in access to care	2c. Promotes and advocates the use of telehealth to promote health equity and access to care as well as to advocate for policy change in telehealth to reduce inequities
3a. Assesses the patient’s needs, preferences, access to, and potential cultural, social, physical, cognitive, and linguistic/communication barriers to technology use when considering telehealth	3b. Accommodates the patient’s needs, preferences, and potential cultural, social, physical, cognitive and linguistic/communication barriers to technology use when considering telehealth	3c. Accommodates and role models how to advocate for improved access to accommodate the patient’s needs, preferences, and potential cultural, social, physical, cognitive and linguistic/communication barriers to technology use when considering telehealth

TH Guidelines

- ATA practice guidelines
- Professional societies
 - ACR, ASHA, APA, ADA
- Technical requirements (min) often included & standards available as well (HL7, DICOM, FDA)
- Standard guidelines & requirements for medical practice
- Common sense!



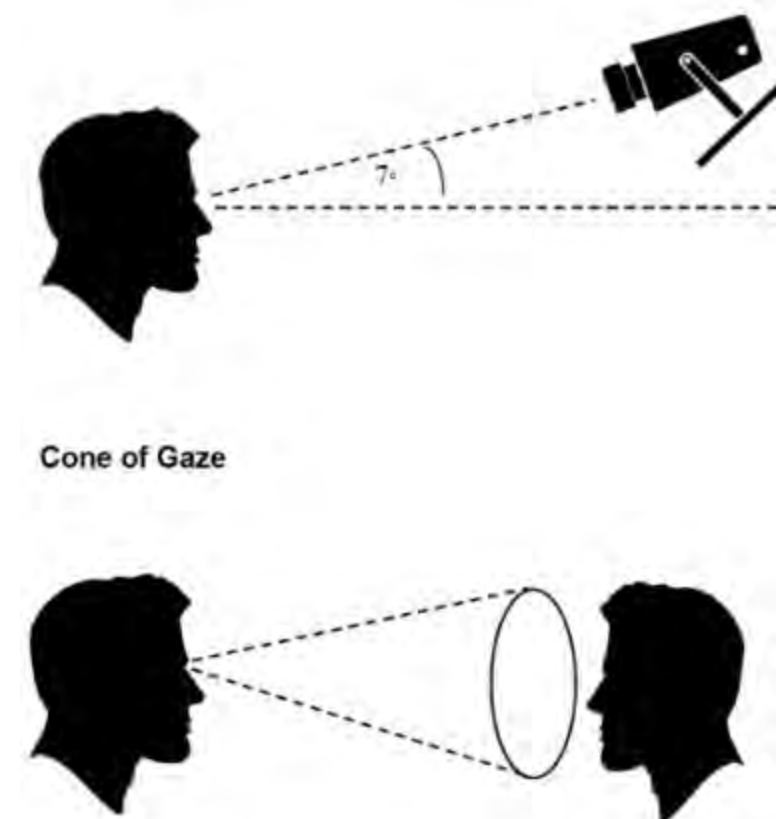
Dr. Colton is asking that everyone in the waiting room wear a mask to protect patient privacy."

ATA S&G

- Telehealth Practice Recommendations for **DR**
- Principles **Telerehabilitation** Delivery
- VC-based **Telepresenting** Expert Consensus Report
- Practice Guidelines VC-based **Telemental Health**
- Evidence-based Practice **Telemental Health**
- Practice Guidelines **Teledermatology & Quick Guides** (SF & VTC)
- Core **Operational** Guidelines Telehealth Services Involving Provider-Patient Interactions
- **Home Telehealth** Clinical Guidelines
- Clinical Guidelines **Telepathology**
- **Video-Based Online Mental Health** Services
- **TeleICU** Operations
- **Live, On-Demand Primary & Urgent Care**
- **Teleburn Care**
- **Telestroke**
- **Telemental Health** Children & Adolescents

Related Materials

- Lexicon **Assessment & Outcome Measures** Telemental Health
- Quick Guide Eye Contact
- Quick Guide for Telemedicine Lighting
- ATA State telemedicine Toolkit Medical Board
- ATA State Telemedicine Toolkit
- ATA State Telemedicine Bill Components
- ATA Medical Board Talking Points & FAQ



Condition	Telemedicine Appropriate	
	Video	Telephone Only*
Routine Conditions That Are Appropriate For Telemedicine Management		
Acid Reflux	Yes	Yes
Acute Conjunctivitis (e.g., uncomplicated viral or allergic)	No	Yes
Allergic rhinitis	Yes	Yes
Anxiety and Depression	Yes	Yes
Assessment of minor wounds	No	Yes
Burns (e.g., minor, sunburn)	No	Yes
Common rashes (e.g., contact dermatitis, shingles)	No	Yes
Constipation	Yes	Yes
Diabetes management (routine and follow-up)	Yes	Yes
Influenza (uncomplicated)	Yes	Yes
Sinusitis (uncomplicated)	Yes	Yes
Skin Infections	No	Yes
Smoking Cessation	Yes	Yes
Upper Respiratory Infections (uncomplicated)	Yes	Yes
Urinary tract infections (uncomplicated in non-pregnant women and in the absence of vaginitis)	Yes	Yes
Weight management	Yes	Yes

Conditions That May Be Appropriate for Telemedicine Management

Asthma	No	Yes
Bronchitis (mild symptoms, pneumonia not suspected)	Yes	Yes
Essential Hypertension	Yes	Yes
Migraine headache (diagnosis established, uncomplicated)	Yes	Yes
Musculoskeletal issues muscle strains and joint sprains	No	Yes
Pain control (mild to moderate for known conditions)**	Yes	Yes
Rash (generalized without fever or systemic symptoms)	No	Yes
Viral gastroenteritis (uncomplicated)	Yes	Yes

Conditions That Are NOT Appropriate For Telemedicine Management***		
Acute abdominal pain	No	No
Acute neurologic symptoms	No	No
Altered mental status and inability to communicate history or symptoms	No	No
Anaphylaxis or severe allergic reaction	No	No
Chest pain	No	No
Diarhea and vomiting (severe and with at least moderate dehydration)	No	No
Immune-compromised patient in which condition poses significant added risk	No	No
Procedure required for treatment	No	No
Rash (disseminated with fever and systemic symptoms)	No	No
Acute, or chronic shortness of breath	No	No
Trauma (moderate to severe of one or multiple sites)	No	No
UTI or kidney stone (complicated)	No	No
Vision disturbance due to eye trauma, peri-orbital infection	No	No

Resources

- NLM Evaluation guides

<https://nnlm.gov/neo/training/guides>

- Agency Healthcare Research & Quality

<https://healthit.ahrq.gov/health-it-tools-and-resources/evaluation-resources/health-it-evaluation-toolkit-and-evaluation-measures-quick-reference>

- Telehealth Resource Centers Resources

<https://www.telehealthresourcecenter.org/>

- Society for Education & the Advancement of Research in Conected Health

<https://searchsociety.org/>

Resources

- **American Telemedicine Association Practice Guidelines**
 - **Variety of clinical specialties + overall core guidelines**
 - **Human factors in TH quick guides (eye contact & lighting)**
 - **Metrics for assessing TH**

Contact me for copies



2 National Resource Centers

12 Regional Resource Centers

<https://www.telehealthresourcecenter.org/>
www.southwesttrc.org

HIPAA & Telehealth

A Stepwise Guide to Compliance

Should I Be Concerned?

- STEP 1** **DOES HIPAA APPLY TO ME AND MY TELEHEALTH PRACTICE?** HIPAA applies to you if you are a healthcare provider that transmits personal health information (PHI) in electronic form. If you do, you ARE a covered entity (CE).
- STEP 2** **IS THE INFORMATION I AM TRANSMITTING CONSIDERED PHI?** Anything that can be used to identify an individual is potentially PHI. There are 18 types of identifiers considered PHI. Examples related to telehealth include names, phone numbers, birthdates, IP addresses, email addresses, device identifiers, and photos/images.
- STEP 3** **DO I HAVE BUSINESS ASSOCIATES?** A business associate is anyone who creates, receives, maintains or transmits PHI on your behalf; or has the ability to come in contact with PHI in your practice. See PHI examples above.

OK, NOW I'M WORRIED!

Keep Reading To Find Out What You Can Do!

Did You Know?

- #1** If you are sharing any type of PHI with Business Associates, any mistakes they make in protecting the security and privacy of your data are yours too. YOU are still responsible.
- #2** Your compliance is now dependent on their practices.
- #3** You can protect yourself by having formal Business Associates Agreements (BAAs) documenting how they are protecting your PHI and by performing reasonable due diligence to verify their security practices.

Do not disclose PHI to any Business Associate unwilling to sign a BAA.

Complying With HIPAA

HIPAA compliance is a combination of physical, administrative and technical safeguards. Technology alone cannot be HIPAA compliant or make you HIPAA compliant. Here are the things you and your Business Associate(s) should do and document:

RISK ASSESSMENT: Conduct a comprehensive review of where you store or access PHI and how secure it is in each case. Take appropriate steps to secure it in a way that fits for your organization. Establish and document your security policies and procedures. Train your employees regularly and consistently.

INFORMATION SYSTEMS ACTIVITY REVIEW: Conduct and document periodic reviews of access logs or other records for unauthorized activity. It might be bad news if you find some, but YOU want to be the first one to find it. Report the breach and implement a fix immediately. Confer with counsel about what to do next.

You might also want to consider ways to configure your system so that PHI is not stored or shared.

4 Questions to Ask a Potential Business Associate

...but they all say they are HIPAA compliant...

- Question 1:** Which of the 18 identifiers of PHI would your company be CAPABLE of accessing?
- Question 2:** May I view the results of your last HIPAA compliance audit?
- Question 3:** What administrative, physical and technical safeguards do you have in place?
- Question 4:** Would you be willing to sign OUR BAA?

Compare these measures among vendors!

Encryption alone is not compliance, and processes that are compliant in a clinic-to-clinic encounter may not be compliant in a clinic-to-consumer encounter. Context matters.

Things to Keep In Mind WHEN (not IF) You Have a Breach...



Learn More About HIPAA

- * HHS Office for Civil Rights
- * Center for Connected Health Policy
- * Electronic Code of Federal Regulations
- * HIPAA.com
- * UMTRC HIPAA Clarifications
- * NIST HIPAA Security Rule Toolkit
- * American Medical Association and HIPAA

Have questions? Contact a Telehealth Resource Center!

Disclaimer: This document contains general information solely for the purpose of education. The information herein is not intended to and does not constitute legal advice, nor is it complete, and should not be treated as such. If you have specific questions about any legal matter, you should seek legal counsel. Additional privacy and security requirements may also exist based on jurisdiction (e.g., state law) and type of practice (e.g., behavioral health, school health).



The Basics: mHealth



AND THE FDA



What is a regulated medical device?

Healthcare products intended for diagnosis, cure mitigation, treatment, or prevention of a medical condition intended to affect the structure or any function of the body.

Not all devices are created equal!

Class I

Low risk and subject to less regulatory control

Class II

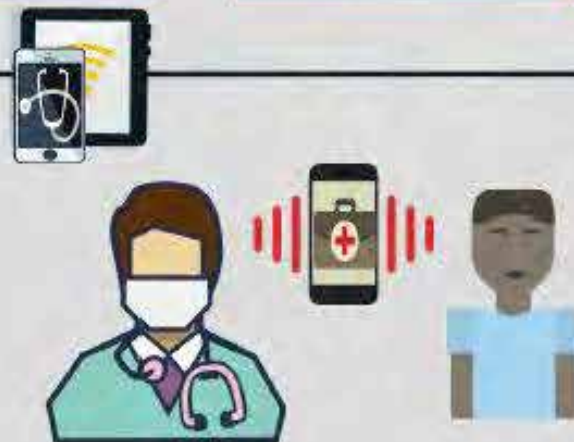
Requires greater regulatory controls to provide reasonable assurance of safety and effectiveness

Class III

Highest risk and subject to highest regulatory control

Are there exceptions?

Certain persons are exempt from needing to register medical devices with the FDA, including licensed practitioners who manufacture or alter devices solely for use in their own practice.



Some states may have more stringent requirements over medical devices!



What about mobile apps?

Apps are subject to FDA regulatory oversight if they:



* Are extensions of a medical device for the purposes of controlling the device or displaying, storing, analyzing or transmitting patient specific medical device data.

* Transforms mobile platform into a regulated device by using attachments, display screens or sensors or by including functionalities similar to those of current medical devices.

* Uses patient specific information to analyze, diagnose and/or treat a patient.

* Involved in active patient monitoring.

The FDA will exercise "enforcement discretion" on mobile medical apps that pose a low risk to patients. This means that the FDA retains the right to enforce requirements on these apps, but are not doing so at this time. The FDA is not the only federal agency that may have applicable laws impacting mobile app development. Visit the Mobile Health Apps Interactive Tool for more information!

Examples of Apps Subject to Enforcement Discretion

- * Used for self-management.
- * Used to track medication usage or drug-drug interactions.
- * Used to perform calculations used in clinical practice.
- * Used as medical device data systems.

Examples of Apps Not Considered Medical Devices



Medical Flash Cards



Find Closest Medical Facility



Track and Review Medical Bills



Medical Textbooks and Education Materials

Sources:
1. Sec 201(F) of the Federal Food, Drug, and Cosmetic Act
2. CFR Section 807.65
3. CFR Section 808
4. Mobile Health Apps Interactive Tool



Virtual Healthcare

Quality, cost-effective care and education delivered via smartphones, tablets, desktop computers, kiosks, portals, remote monitoring devices and other new and emerging technologies.



What Should I Know?

May include instant access to a health care provider, personal health information, lab results, prescription refills, appointment scheduling, care reminders and other resources to help you manage your health.

3 Reasons For its Growing Popularity

Care when and where you need it, offered through your employer, health system, health plan, primary care provider and others...



- ✓ 1. More Convenient
- ✓ 2. Better Patient Experience
- ✓ 3. Lower Cost



Who Pays for Virtual Visits?



Many insurance companies and employer sponsored health plans will pay



Patients often choose to pay out-of-pocket



In some situations, Medicaid and Medicare may pay

What Technology Is Needed?

Desktop/laptop computer, tablet, or smartphone



Internet connection with at least 384 Kbps down and up



A Wired Connection is Preferred to WiFi

Good quality camera and microphone



To Improve Image Quality, Reduce Lighting from Windows and From Behind You

You will find that more and more payors are deciding that it is worth their while to pay for virtual visits because it lowers the cost of care! Don't be surprised if your health plan or employer has a contract with a virtual visit provider!

You are responsible for establishing a private space, controlling the lighting, letting the provider know if others are in the room with you, checking your image on the camera to ensure clarity and making sure you have updated anti-virus software..

Should I Use a Virtual Care Provider?

Virtual Care may not be the best option for everyone. Here are some things to consider when deciding whether Virtual Care is the right fit for you.

Potential Challenges/Risks

Your virtual care provider may not know you, your medical history or have access to your medical record. If there is something important for your provider to know, it becomes your responsibility to share it. However, you may not know what is/isn't important for your virtual care provider to know.

You may experience connectivity and/or other technology challenges. If the quality of the video/audio is insufficient, your virtual care provider may miss some subtle cues. You and/or your provider may choose to discontinue the visit if there are video and/or audio quality issues.

Your virtual visit is often disconnected from your medical record. Therefore, you are responsible for reporting your virtual care visit to your primary care provider (PCP) to make sure there is coordination of care.

Other Considerations

Virtual care providers may not be able to order lab tests to confirm your diagnosis/condition.

Virtual care providers may choose not to file insurance claims through your insurance company, so you will need to pay for the services up front and submit the claim yourself.

In some states, virtual care providers may not be able to prescribe medications. If they do prescribe, it is your responsibility to notify your PCP.

You may or may not get the same virtual care provider each time you request a virtual visit.

If the alternative to virtual care is getting no care at all, then by all means, get care virtually!

How Can I Be Prepared for a Virtual Visit?



If you've decided that Virtual Care might be a good option for you, here are some things to help you be prepared for your first visit!

Consider asking your provider:

- ❓ What city and state are you located in? (you may need this information if you will be submitting for reimbursement)
- ❓ What is your name and what are your credentials (type of license, area of specialty/subspecialty, state of license)
- ❓ Will there be any kind of follow-up visit, and if so, what is the process for that? How and how often may I contact you if it is needed?
- ❓ What should I do if there is an emergency?
- ❓ Will you be communicating with my PCP? If not, what would be most important for me to tell my PCP about this visit?

Be ready for your provider to tell/ask you:

- 🗋 How to comply with privacy and confidentiality laws, including computer security arrangements and limitations
- 🗋 If/how personal healthcare information will be used, stored and shared
- 🗋 If the encounter will be recorded, whether you consent to being recorded, and if those recordings would be available to you upon request
- 🗋 To verify your name, contact information, location and show a government issued photo ID
- 🗋 To provide the name and contact information for someone in case of emergency

Have Questions or Need More Information?



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

TM Standard of Care = Now Not Future!

- Millions of people are able to **see a doctor on their smartphones** or laptops **for everyday ailments** as nation's largest drugstore chains & major insurers expand into virtual health care
- Patients increasingly demanding telemedicine option
- Need to acknowledge differences between TM & IP care; make decisions based on patient needs conditions & environments; train & educate all involved; integrate TM into everyday workflow – may require some redesign; use common sense

Thank You!!



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