Transitioning to telehealth

Simple tips for a successful transition from in-person based care to Telehealth Care

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HRSA defines telehealth as “The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.”

Simply put, telehealth is a way of having a patient encounter without the need of the patient and provider to be in the same room. Telehealth even offers a solution to the problem of the provider and patient not being available at the same time.
The 4 most commonly used methods of telehealth are:

1. Live Video – two-way live streaming video in which the provider and patient interact in real time.
2. Mobile Health – this is where a patient sends information through the use of a mobile device. This is like when you transmit dietary information through a phone app or when your smart watch monitors your exercise and shares it with your provider team.
3. Remote Monitoring – this is where a patient wears a medical device that reports medical information for a provider to monitor. This includes things as invasive as live video streaming of patients in hospital rooms to something as benign as when you open a pill bottle.
4. Store and Forward – This is where a medical team can transmit and review records, images and pre-recorded video at a later time through the means of secure transmission and communication.
Telehealth Delivery Concerns

* Protection of Patient Information (HIPAA Compliance)
* How to operate telehealth with little to no IT support/training.
* How to prepare for the transition from in-person to telehealth.
Ensuring the delivery of a private, encrypted, HIPAA compliant telehealth consultation is paramount. This gives both the provider team and the patient peace of mind to know the information is protected.

When selecting a telehealth vendor, ensure that they are willing to sign a BAA (Business Associate Agreement) for the purpose of protecting PHI.

When selecting a telehealth platform, ensure that the video and the audio are encrypted end-to-end. There are platforms out there that only encrypt audio and not video or vice-versa.
Protection of Patient Information (HIPAA Compliance)

* There is currently a relaxation of HIPAA compliance enforcement regulations for the use of video platforms during COVID-19. This allows for the use of any non-public facing video platform to be used for the purpose of telehealth. This relaxation only applies to the use of video and all other HIPAA compliance regulations remain in place.

* Ensure that you build your program on the original HIPAA requirements so that you do not have to make changes to the program when the relaxation period is over.
Hardware based telehealth solutions usually have a greater upfront cost, and tend to require a robust IT infrastructure to be able to effectively utilize them. This can be daunting for organizations that have a small IT shop. Most vendors have teams that can help with configuration and set-up, and other than system software upgrades, the equipment is usually self-sustaining. You can also purchase service contracts that will help with equipment failures and be able to help set-up replacement equipment.
Software based solutions are usually less invasive when it comes to IT needs, and can usually cost less, but you will always be paying a subscription for service, and never truly own anything. These systems while easier to deploy also have the limitations of oversite. They are cloud based, and should the hosting system be down, your telehealth system is down.

Organizations with a small IT team or those organizations looking for a temporary telehealth solution, most likely would deploy this telehealth model.
Organizations that have the most versatile and effective telehealth delivery system, have found a way to deliver a blended solution. This is utilizing a software and hardware based telehealth solutions to deliver care to virtually anywhere.

This method would allow you to deploy a software solution first, and then build on that to implement carts and peripherals to build a complex and robust telehealth system.
Preparing for the transition from in-person to telehealth service.

* Using the **CHARTS** acronym will help your team with the transition:

  * C – Coordinate with service partners and staff to discuss telehealth delivery objectives.

  * H – Host meetings to discuss concerns and objections and have open and honest dialogue.

  * A – Assemble a team of champions to include patients that will ensure the success of your telehealth program.
* Using the **CHARTS** acronym will help your team with the transition:

- **R** – Rehearse, rehearse, rehearse. Practicing with peripherals, their transitions and websites needed is very important for a fluid telehealth encounter.

- **T** – train everyone to be able to access websites, place calls, and use the peripherals, so if your normal telehealth people are out, the consultations can continue.

- **S** – Solicit feedback from your team and your patients. Celebrate what you are doing effectively and change what you are struggling with. You have to be open to receive the feedback and make the changes necessary to move the program forward.
Preparing for Telehealth
The Client’s Perspective

* **Privacy** – Privacy is a major concern, so ensure that you are in a place where you feel safe and private to share your health information conversation. Use headphones as opposed to speakerphone to keep your information private.

* **Lighting** – Ensure the room you are in has adequate lighting. The advantage of a video call is to be able to see the participants, so making sure you have good light and enough light is important.

* **Power** – Ensure your device that you are using for your telecare/telehealth call is charged. Video calls use battery power, so make sure your battery isn’t low when it’s time for your call. No one benefits from a dead battery.

* **Wi-Fi** – You can use up to as much as ½ a gig of data for a 30 minute video call. Connect to Wi-Fi, if at all possible, to ensure a good data connection. If Wi-Fi isn’t available, 4g will absolutely handle your call and you should be able to see and hear with minimal issues.

* **APPs** – Some Telecare/telehealth services require the use of an app on your phone or tablet or an applet on a computer. Download these in advance so that you are prepared before your appointment time.

* **Be early** – Most telecare/telehealth video rooms open at least 10 mins before your appointment to allow you time to make sure there are no issues. Take advantage of that time so if you have problems, you can engage the staff to help you.

* **Point of Contact** – Ensure you have the contact information with you for your point of contact at the agency. Knowing who to call, and how to reach them if you have trouble is very important.

* **Act normal** – Telecare/telehealth is as good of care, if not better, as you would receive in person. Act like you are face to face with the person on the other end. You don't have to talk louder than normal, you don't have to hold the device right in your face, and you don't have to put on a front. The providers are here to make this as easy as possible, relax and enjoy the next evolution in your care.

* **Tested Platform** – Telehealth is not new, this technology has been used for at least the last 10 years, the response to COVID19 has just allowed people to find additional ways to utilize the technology to keep us all safe. Feel comfortable and confident in the fact that you are receiving great care, in an exciting, new to you, way.

* **Tell your circle** – Let everyone in your circle know how good it is. The care is great and the delivery model is great. Let the people in your circle know, how you benefited from this delivery model and how much you like it. Some people will be hesitant, let them know your successes so they may have successes too.
The Results Speak for Themselves:

All Patients who received care at MAO

- 76% were retained in care
- 88% used antiretroviral therapy
- 75% had a suppressed viral load

Patients who received care at MAO via Telemedicine

- 96% were retained in care
- 97% used antiretroviral therapy
- 93% had a suppressed viral load
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Questions?