

# Telemedicine 101 For Hospital Medicine

## Homegrown vs. Vendor Programs

There are two main ways to start or expand a telemedicine program in your practice: building your own program or hiring an outside partner. It is important to think about how each pathway can meet your needs and what challenges they present. The questions below contain specific points that are helpful to consider when deciding whether to run your own program, outsource to a vendor or use a combination of both.

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# General Considerations

## Project Plan

Using telemedicine can be an effective way to increase provider access and quality while simultaneously reducing costs. The challenge is showing this value as it applies to your practice. Take the time to accurately map out an in-depth plan that highlights major benefits, cost analysis, quality assurance and process improvement strategies.

Does your telemedicine program address the following:

- What is the provider gap or need that the program is trying to fill?
- What is the nature of service you are trying to achieve?
- What budget is available for the program?
- Have you conducted a cost analysis to determine which program (homegrown or vendor) is most cost-effective for your practice?

## Perception of Quality

Telemedicine may disillusion some who may be uncomfortable receiving digital care (For example, via a computer cart). It is important for your patients to be comfortable with your program and the providers trained to use it. This includes patients with less technological literacy, cultural considerations and physical limitations such as vision and hearing loss. Consider addressing the following questions:

- How will you abate the gap in the quality of care for patients with less technological literacy, certain cultural considerations, and/or physical limitations such as vision and hearing loss?
- How will you ensure adequate training and availability of the telemedicine resources to end-users (staff and patients)?

## Continuity of Care

Continuity of provider is a vital component of building trust between the patient and the caregiver. If you expect patients to see the same specialist over multiple appointments, you must also be prepared to handle the logistics.

- Is the program intended to provide initial and/or point of time patient care?
- Do we have a process to ensure seamless care transition and continuity of care with the primary care provider who will be on the ground?

## Employee Buy-in

On the ground providers, nursing staff, other clinical stakeholders (i.e. ED, Acute, Post-Acute care staff) and receiving facility employees must all be committed to using telemedicine. Implementing such a program is a comprehensive process involving many multi-disciplinary personnel and significant changes to daily practice. If you are dealing with internal division, this transition can and will be cumbersome. What training mechanism will the program have to ensure ongoing support?

- Does the program have the technical capabilities to support the providers with the new technology?
- What is your plan to help your staff become comfortable with using telemedicine and determining when a patient needs a physical bedside evaluation?

## Volume of Billable Services

Not only is it important to maintain a critical mass, but most telemedicine encounters are not billable. Be prepared to have other sources of revenue arranged to offset the costs of your program should you have a decrease in volume or a poor ratio of billable services.

- Can you quantify the volume of probable patient care visits needed per day?
- Do any of the current proposed telemedicine visits meet a criterion for reimbursement?

## General Considerations *(continued)*

### Federal and State Regulations

Law drives policy and policy drives practice. Regulation touches every aspect of telemedicine and you must be knowledgeable of what rules and policies affect your practice.

- What services can and cannot be billed and/or reimbursed in the state(s) you are implementing this program?
- How will you maintain regulatory compliance for services provided across state lines?

### EHR Integration

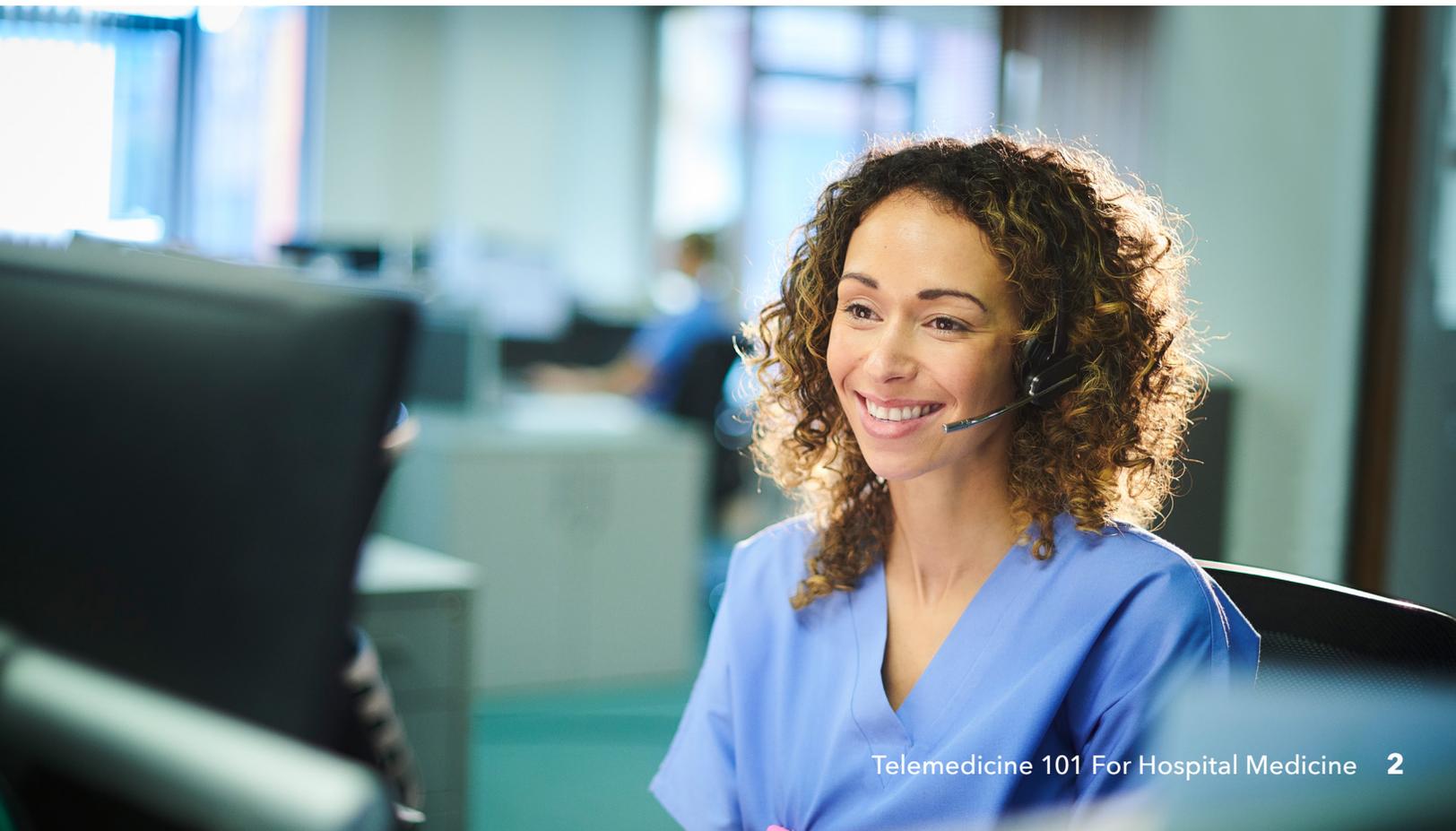
You must develop and train your staff on the clinical documentation protocols for telemedicine encounters. Understanding how providers will access patient information, receive data, send opinions and mine data are key aspects of EHR integration to consider.

- How are telemedicine visits going to be documented within your existing EHR platform?
- Will your telemedicine platform need to integrate with other systems?

### Emergency Backup Plan

There are bound to be hurdles to overcome: equipment failure, physical limitations preventing patients from using technology, and patient refusal for treatment. Should telemedicine services be not be available, you must be prepared with a secondary option.

- Should the technology fail or if you come into any other technical problems, what contingencies are needed by the program? What contingencies are needed by the program, when the technology fails?
- Do you have strategies to manage potential down time of your telemedicine program?



# Considerations for Homegrown Programs

## Serious Commitment Required

Developing a telemedicine program of any scale requires a full commitment from the moment the decision is made to move forward with implementation. This type of commitment necessitates considerable time, finances and expertise.

Specialty Service Providers exist in large part because few practices have the capacity to build their own programs.

- Are you committed to an entirely homegrown program or you considering a combined homegrown and outsourced model?
- Do you have the support from your organizational leaders (i.e. administration, IT, legal counsel, and compliance)?
- Do you have strategies to acquire buy-in from the providers, nursing staff, patients and their families?

## More Freedom, More Responsibility

Choosing to build your own program is a logical choice for those with a vision to meet the specific needs of your practice, its patients and its providers. It also means that you will be fully responsible for every aspect of your program including equipment and software maintenance, HIPAA compliance and assuming the legal liability.

- How will your program be in compliance with the rules from government entities and/or regulatory bodies?

## Greater Stakeholder Buy-in

Any telemedicine program requires substantial buy-in, but homegrown programs even more so. Identify the champions from each department and involve them in building out the program especially if they have a prior experience with telemedicine.

- Do your bylaws and medical executive committee support the use of telemedicine or do they require physical presence?
- Are all key stakeholders on board with your decision to not just use telemedicine, but to build your own program?

## Having the Right Technology Plan

With dozens of different options for telemedicine carts, accompanying supplies and maintenance plans, you will need to take the time to research and choose the correct equipment for the specific requirements of your practice.

- Do you have a plan to ensure reliable connectivity and to patch your Wi-Fi dead zones?
- Will your technology and equipment choices align with your clinical needs?

## Technical Support and Maintenance

The increase in telemedicine technology necessitates an expanded IT department with the training, expertise and bandwidth to provide the technical support and equipment maintenance to sustain your program.

- Does your system support a higher video bandwidth and the accompanying cost if an upgrade is required?
- Do you have around the clock IT staff to dedicated to troubleshooting and providing customer service support to the end users?

# Considerations for Vendor-Based Programs

## Choosing the Right Vendor

Vendors offer a myriad of support that varies in scope, practice, staffing, equipment and IT. It is essential to identify the exact needs of your telemedicine program and assess whether a potential vendor could meet them out right.

- Is the vendor capable and reliable?
- Can the vendor serve your needs?

## Vendor Compatibility

The most successful relationships are built when both parties share common goals and a united vision.

Given the depth and impact a telemedicine program will have on your practice, it is crucial to find a vendor that shares your values, aligns with your needs and will be a like-minded organizational fit.

- Does the vendor align with your organizational mission, vision and values?
- Is the vendor sensitive and responsive to the financial and quality metrics of your program?

## Less Autonomy

At the expense of losing autonomy over the provided telemedicine services, outsourcing would relieve the burden of daily maintenance. Services, plans and equipment would likely be confined to the options that the vendor supplies.

- Do you anticipate that you will upgrade your IT platform or equipment in the future?
- If you do plan to upgrade the program's IT platform or equipment, how will you integrate these changes?

## Service Agreements

Negotiating the terms of a Service Agreement in alignment with your current service agreements as well as other entities is vital for a seamless telemedicine implementation. The agreement should clearly define aspects such as clinical and IT responsibilities, malpractice liability and length of service.

- Is your service agreement aligned with your current agreements?
- Does your service agreement have clearly defined roles, responsibilities and liabilities?