



Telehealth
Resource Centers



Telehealth Solutions for Safety Net Providers:

**Overview of the Services Available
from the Telehealth Resource Centers**



Telehealth
Resource Centers



Presenters:



Mary DeVany
gpTRAC

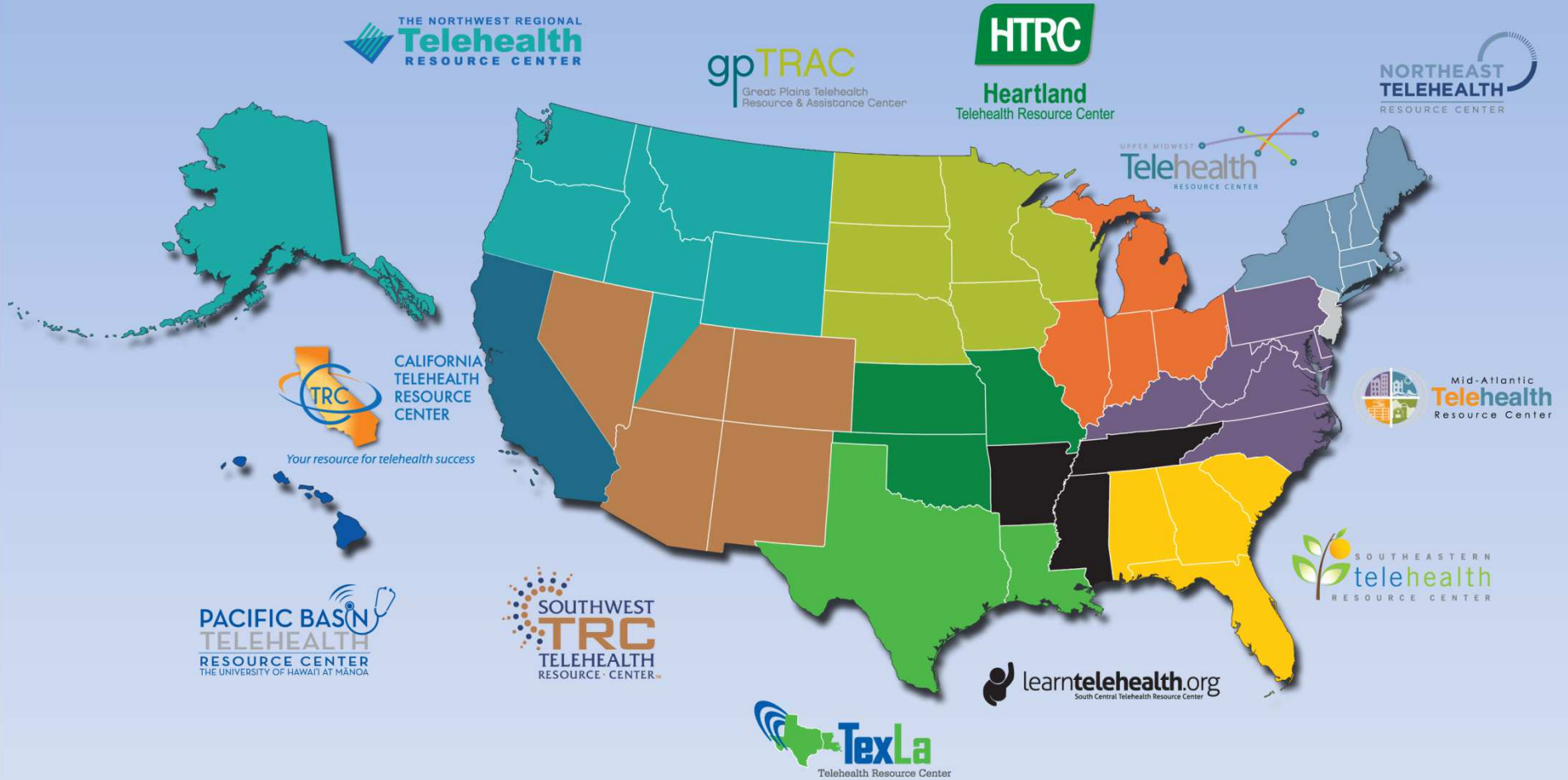


Jonathan Neufeld, PhD
UMTRC

A Little History...

- First TRCs originated in 2006
- Funded through the Office for the Advancement of Telehealth (OAT)
 - In the Office for Rural Health Policy, in HRSA
- Currently:
 - 12 regional TRCs
 - 2 national, issue-specific TRCs
 - Cover all states, plus several territories

TelehealthResourceCenters.org



TTAC
TelehealthTechnology.org
National Telehealth Technology Assessment Resource Center

Center for
Connected Health Policy



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

2 National Resource Centers

12 Regional Resource Centers

What do we do?



- Provide guidance
- Gather information
- Answer questions
- Share tools and resources
- Provide education
- Encourage collaboration
- Gather regional information



Who do we serve?



- Hospitals
- Clinics
- Providers
- Safety-net Organizations
- Schools
- Nursing Homes
- Etc.



How we can help?

- On-line resources
 - Webinars and workshops
 - Presentations
 - Staff training
 - Peer to peer connections
 - Consultation services
- ...and more!*



Potato/Potato

- Telemedicine
- Telehealth
- eHealth
- eCare
- Virtual Health
- Virtual Care
- Remote Health
- mHealth

Key Concept



- Telemedicine is not a service, but a delivery mechanism for health services
 - Most TM services duplicate in-person care
 - Some are made better or possible with TM
 - Reimbursement equal to “in-person” care

Domains of Telehealth



Hospitals & Specialties

- Specialists see and manage patients remotely

Integrated Primary Care

- Mental health and other specialists work in primary care settings (e.g., PCMH's, ACO's)

Transitions & Monitoring

- Patients access care (or care accesses patients) where and when needed to avoid complications and higher levels of care

Integrated Primary Care

Medical Specialties

- Pediatrics, Neurology, Endocrinology

Mental Health

- Psychiatrists, NPs, Counselors

Health Behavior Change

- Educators, Health Psychologists

Logistics of Integrated Care

- PCP identifies referral need
 - Patient survey tool, chart review, registry
- Discusses with patient, indicates in chart
- Staff schedules patient for f/u
- Patient sees tele-consultant; may return
- Consultant report and plan put in chart

Developing New Services

Needs Assessment

- Community information, medical staff

Direct Hire or Contract

- Rules vary between FQHCs, RHCs, etc.

Partnerships with Hospitals, Medical Gps

- Existing telemedicine programs

Business Aspects -

Hub & Spoke

- Hub bills CPT service code
- Spoke bills “facility fee” code (Part B)

*** (“standard” type of arrangement)

Peer-to-Peer (P2P)

- Clinic bills encounter rate
- Clinic pays clinician under contract

Technology:

Videoconferencing

- Adequate for many specialties

Video + Peripherals (costs jump)

- Cameras (otoscope, derm cam)
- Stethoscope
- Patient record access
- Broadband internet

Technology Platforms

H.323 Systems (“standards-based”)

- Tandberg, Polycom, LifeSize, Cisco
- More expensive, more complex to manage
- Often necessary for peripherals

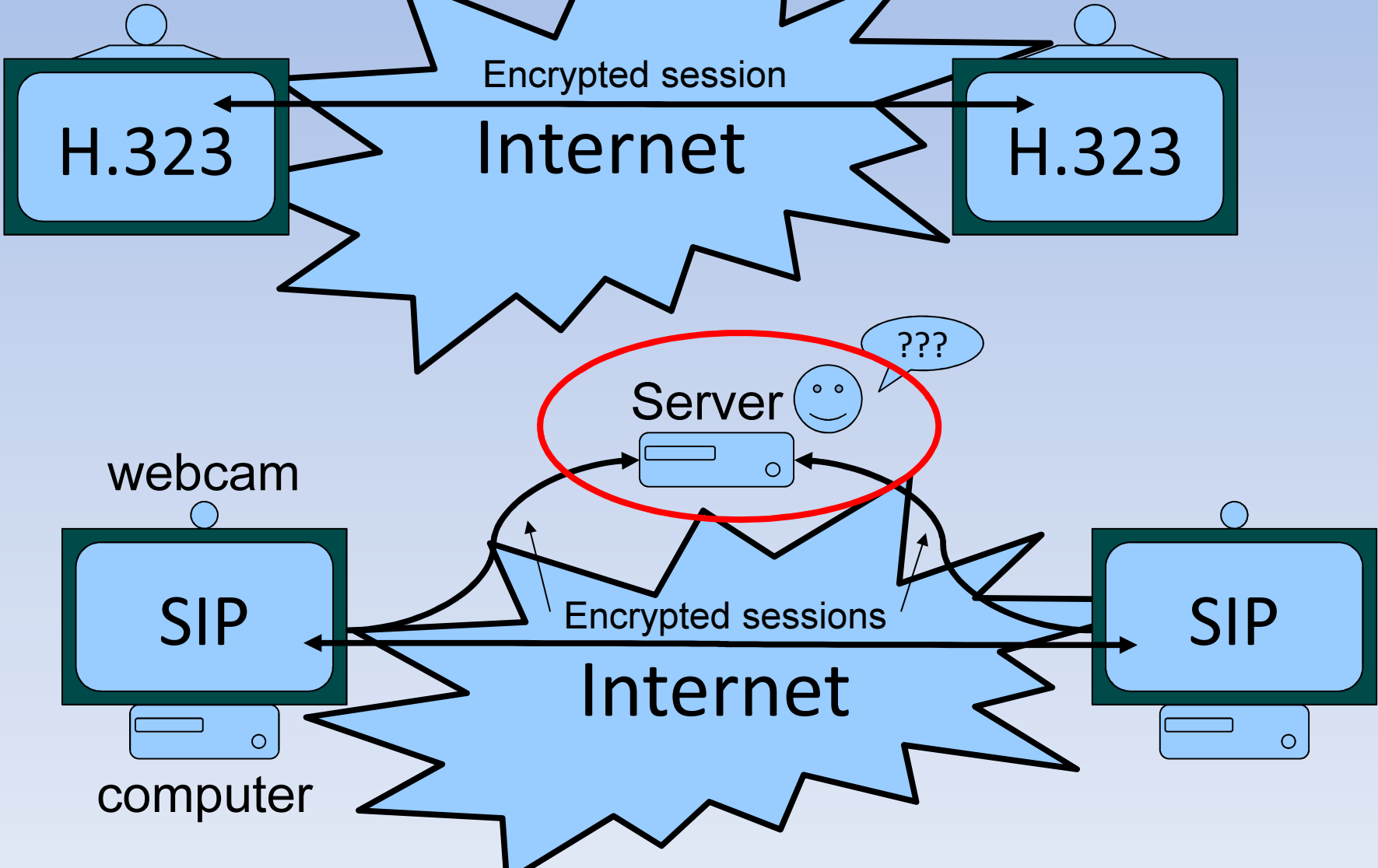
SIP Systems

- Less expensive, simpler to manage
- Software-based, run on a computer

“YMMV”

Privacy & Security (HIPAA)

- Live video stream is “patient communication” (must be encrypted)
- Secure connections are available, but not always guaranteed
 - Security = system of documented practices
- Internet chat providers won’t attest to security (Skype, iChat, Google)



Change Management

Technology Acceptance

- Focus on meeting an agreed-upon need

Policies & Procedures

- See TRCs for examples

Provider Practice Styles/Habits

- Practice, practice, practice

3-Phase Project Schedule:

Phase 1

- Needs assessment
- Partner identification
- Technology decisions

Phase 2

- Partner negotiations, contracts
- Policies & Procedures developed
- Equipment installation, walk-throughs

Phase 3

- “Go live” month

“Go-Live” Month (all via video)

Week 1

- Provider introductions and discussions
- Staff events

Week 2

- Staff practice run-throughs (2)

Weeks 3-4

- Live Clinics (2 per week, 1 practice?)



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More information?





Resources:

- **Great Plains Telehealth Resource & Assistance Center**
www.gptrac.org and www.accesstelehealth.org (“telehealth101” site)
- **Upper Midwest Telehealth Resource Center**
www.umtrc.org
- **All Telehealth Resource Centers can be found at:**
www.telehealthresourcecenters.org

ALSO:

- **American Telemedicine Association**
www.americantelemed.org
- **Center for Telehealth & e-Health Law**
www.ctel.org



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“The general concept of health care quality does not change from urban to rural settings. The focus remains on providing the right service at the right time in the right way to achieve the optimal outcome.”

National Advisory Committee on Rural Health and Human Services Report, Health Care Quality: The Rural Context

Telehealth can make a positive impact!



Telehealth
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The National Telehealth Resource Centers Webinar Series

3rd Thursday of every month

Next Webinar:

Telehealth Topic: TBD

Presenter: Pacific Basin Telehealth Resource Center

Date: Thursday, September 19, 2013

Times: 9:00AM HST, 10:00AM AKST, 11:00AM PST, 12:00PM MST, 1:00PM CST, 2:00PM EST



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