



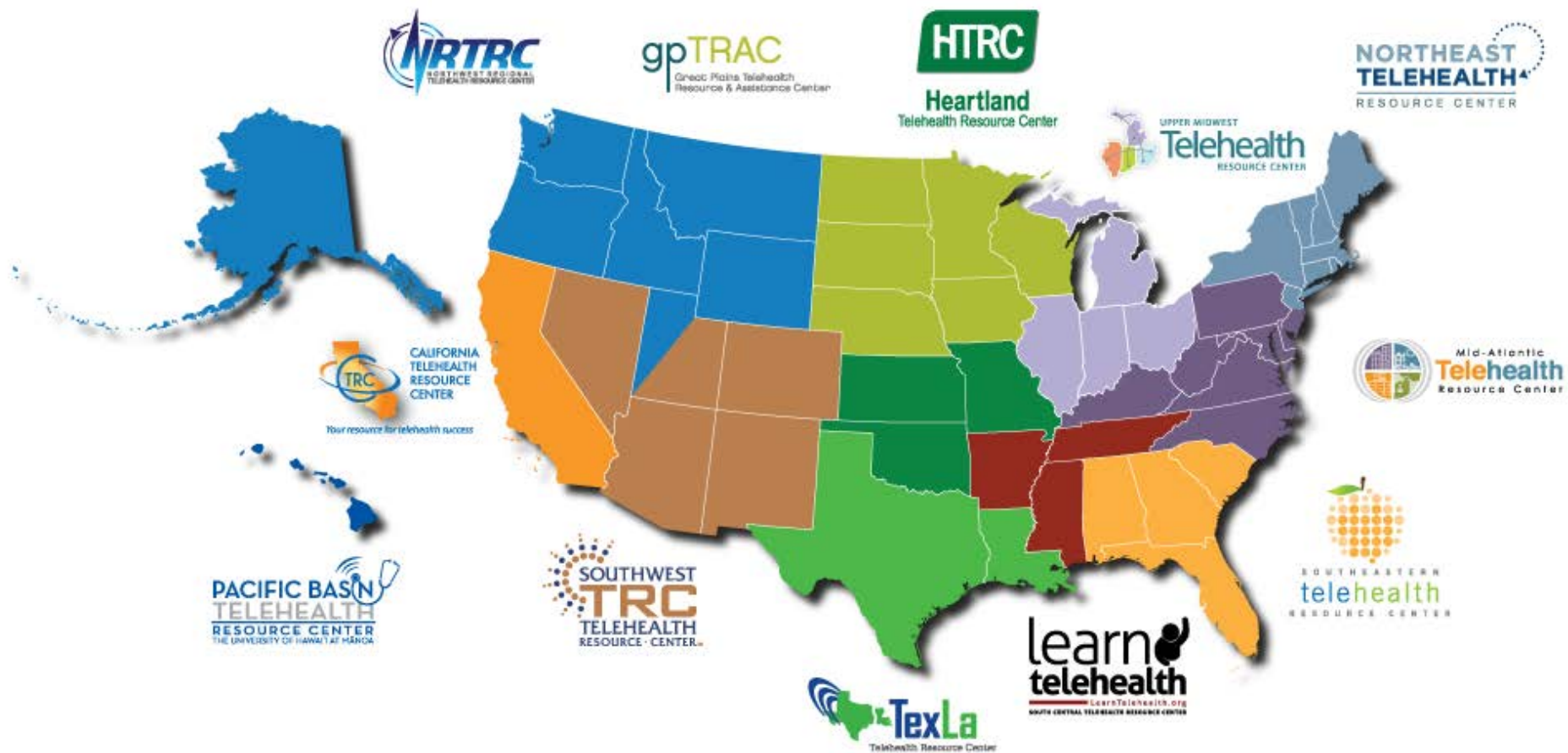
Telehealth
Resource Centers



The National Telehealth Webinar Series

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Telehealth: A valuable addition to symptom severity reduction in palliative care

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



Telehealth

- ***Telehealth* is 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.
(www.hrsa.gov/telehealth)
- Current trend is toward mental health and home-based health
- Review of 60 most highly cited publications (Askari et al., 2014)
 - Journal of Telemedicine and Telecare
 - Telemedicine Journal and E-Health
- 5 most common categories
 - General (57%), Teledermatology (17%) Telepsychology (17%), Telehome care (20%), Telemental health (7%)



Telehealth options for mental health and home-based health

- Treatment
 - Web-based education
 - Real-time audio only (telephone)
 - Patient or provider initiated
 - Conference call
 - Store and forward monitoring (telemonitoring)
 - Just-in-time rescue
 - Real-time visualization (televisit)
 - Stationary visit
 - Environment visit
- Devices
 - Computer with internet access
 - Telephones
 - Smart phones
 - Tablets



Palliative care and telehealth

- “Palliative” or “Telepalliative”
 - Journal of Telemedicine and Telecare (12)
 - Telemedicine Journal and E-Health (4)
- Uses of telehealth applications for palliative care
 - out-of-hours telephone support
 - advice services for palliative care patients, carers and health professionals
 - videoconferencing for interactive case discussions, consultations and assessments
 - training and education of palliative care and other health-care staff



Palliative care

- Care that improves the quality of life of patients and their families facing a life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (WHO, 2015)
- Palliative care is appropriate for anyone suffering a serious, chronic or life-threatening illness (e.g., cancer, cardiac disease, respiratory disease, kidney failure, Alzheimer's, AIDS, amyotrophic lateral sclerosis (ALS) and more). You can receive palliative care at any age at any stage of an illness.
- Target- patient population that is driving runaway medical spending
- Palliative care is treated in the same way as medical services (e.g. cardiology). Most insurance plans, including Medicare and Medicaid, cover all or part of palliative care.
- Ambulatory patients receive specialty consult at a clinic or hospital (CAPC & NPCRC , 2015)



Who should receive palliative care?

- The seriously ill constitute only 5-10% of patients, but account for more than half of the nation's total healthcare costs.
- The 10% of Medicare beneficiaries with 5 or more co-morbid illnesses account for two-thirds of total Medicare spending.
- The 4% of the sickest Medicaid beneficiaries account for fully 48% of total program spending; 76% of the national Medicaid budget goes to acute hospital services, the most expensive setting of care. (CAPC & NPCRC , 2015)



Palliative Care

- *Palliative care* is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, **through the prevention and relief of suffering by means of *early* identification and impeccable assessment and treatment of pain and other problems,** physical, psychosocial and spiritual (WHO, 2015)
- The goal of *symptom management* is to prevent or treat **as *early as possible*** the symptoms of a disease, side effects caused by treatment of a disease, and psychological, social, and spiritual problems related to a disease or its treatment. (NCI, 2015)



Common Symptoms

- Fatigue
- Nausea/vomiting
- Insomnia
- Pain
 - Chronic/acute
 - Neuropathy
- Bowel problems
 - Diarrhea
 - Constipation
- Fever
- Breathlessness
- Anorexia
- Confusion
 - Delirium
 - Dementia
- Sadness
 - Depression
- Worry
 - Fear
 - Anxiety
 - Panic
- Frustration



Symptom Management Questions

- How are you doing with your adherence? (Patients may skip doses to avoid adverse effects.)
- Are you having any adverse effects from your medications? (Patients may incorrectly or correctly ascribe a symptom to their medication; in either case the symptom should be addressed)
- How are you doing in general? (Patients may report specific symptoms, life stressors, substance use problems, or illness anxiety, all of which can compromise adherence.)

(UCSF HIV Insite, 2004)



Symptom Management Process

- More than a physical assessment
 - Start at the point of diagnosis
 - Patient characteristics, such as age, ethnicity, geographical distance from providers, home environment
 - Life goals
 - Repeated frequent assessments
 - Early intervention before symptom cause problems
 - Establishing a common language for facilitating communication and improving treatment

(NIH, State of the Science statement, 2012)



Palliative Care

(WHO, 2015)

- Palliative care is an approach that improves the **quality of life of patients and their families facing the problem associated with life-threatening illness**, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.
 - “The patient's **ability to enjoy normal life activities** defined in terms of health and happiness, not wealth”
 - Ask patients what are their “happiness requirements”
 - telehealth options?
 - “The standard of health, comfort, and happiness experienced by an **individual or group**”
 - Which option will provide the best fit for the entire family and the support that is needed



Telehealth Care

- Time
- Frequency
- Communication
- Visualization
- Safety
- Collaboration
- Privacy
- Outpatient/home-based
- Patient-centered



Telehealth treatment options (today)

- Telehealth technology use is often a new technology that we fit into existing services
- Palliative care today is not a home-based service
- Opportunity to create a service designed with telehealth as the basis
- Order patient-focused telehealth treatment options

Options

- Treatment
 - Web-based education
 - Real-time audio only (telephone)
 - Patient or provider initiated
 - Conference call
 - Store and forward monitoring (telemonitoring)
 - Just-in-time rescue
 - Real-time visualization (televisit)
 - Stationary visit
 - Environment visit
- Dosing
 - Scheduled daily time
 - As needed
 - Combination



Conclusion

- Telehealth science is currently focusing on home-based, psych and mental health
- Telehealth uses and goals fit with purposes of palliative care
- Devices needed for home-based palliative care are common
- Palliative Care focuses on quality of life in the home and is needed by a vast majority of patients
- Patients who would benefit from palliative care are also those who are most expensive to the healthcare system
- Medicare coverage for remote symptom management or “telepalliative care” could greatly decrease costs
- The addition of symptom management as a primary intent of telepalliative care is valuable and everyone would benefit from it being added as a treatment option for palliative care



The National Telehealth Resource Center Webinar Series

3rd Thursday of every month

Next Webinar:

Telehealth Topic: Telehealth in skilled nursing facilities: it's a no brainier

Presenter: SETRC

Date: Thursday, December 17th

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



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