Arizona Telemedicine Program

Janet Major, B.S.
Associate Director for Education & Facilities
Distance Learning Outreach
Arizona Telemedicine Program
Southwest Telehealth Resource Center
Board Member ATIC
Board Member USDLA
Southwest Telehealth Resource Center
www.southwesttrc.org = SWTRC

TTAC National Telehealth Technology Assessment Center
telehealthtechnology.org
Technology for Telehealth

- Resources/where to shop
- How to shop
- Network and interview who has been doing what – with what!
- Pricing
- Ease of use/training protocols/end user
- Network support
- Contractual agreements/licenses/maintenance fees
- Efficiency?

Technology + Telecommunications = Telehealth/Telemedicine
Hands-on!
Telemedicine = [REALITY TV]

Communication Technology

- Lights, Camera ACTION!
- Two way videoconferencing
- Web cams using secure sites over the internet
- Other devices or programs which connect to your laptop or desktop @home or bedside
Telemedicine

- Information needs to be medically accurate
- Teaches participants to practice being good listeners as only 1 person can speak at a time
- Patient benefits from the undivided attention of a physician
- Economizes the use of time for all participants

Elements of Production

- Sound
  - microphones
  - electronic stethoscope
- Lighting
  - color temperature
  - angle
- Space and geography of the room
• Same Elements of production whether you are in a state-of-the-art videoconferencing suite, using a videophone or a webcam @ your desktop!
• Background
• Lighting
• Audio
• Camera skills – be sure you are looking GOOD!
telemedicine
= medicine at a distance
Telehealth

Telehealth is sometimes discussed interchangeably with telemedicine. The Health Resources and Services Administration distinguishes telehealth from telemedicine in its scope. According to them, telemedicine only describes remote clinical services; such as diagnosis and monitoring, while telehealth includes preventative, promotive and curative care delivery. This includes the above-mentioned non-clinical applications like administration and provider education which make telehealth the preferred modern terminology.

Robots for Education
Sells IHS, AZ
HIPAA Health Insurance Portability And Accountability Act of 1996

Knock Knock!
-Who's there?
HIPAA!
-HIPAA who?

I can't tell you that.

To be a good telepresenter you must be a good communicator.

- verbally
- non-verbally
SELFIES!

[Image of a toy character taking a selfie]

[Image of a group of people communicating via video conferencing]

© 2018 UA Board of Regents
Teleconferencing Tips

- wear appropriate clothing and jewelry
- be aware of your body language
- use an agenda and facilitate introductions
- develop protocols for questions
- be familiar with the equipment
- test all equipment in advance
Technology

- Makes the world a smaller place
- Keeps people in their communities

Telehealth Technology Resources

Arizona Telemedicine Program  
Teledicine & Telehealth Service Directory  
Southwest Telehealth Resource Center  
National Telehealth Resource Centers  
ATA American Telemedicine Association  
USDLA United States Distance Learning Association  
University of New Mexico Center for Telehealth  
Project ECHO  
ATP Project ECHO  
UNR Project ECHO  
TTAC Telehealth Technology Assessment Resource Center  

www.telemedicine.arizona.edu  
http://telemedicine.arizona.edu/servicedirectory  
www.southwesttrc.org  
www.telehealthresourcecenter.org  
www.americantelemed.org  
www.usdla.org  
http://hsc.unm.edu/community/telehealth/  
http://echo.unm.edu/  
http://telemedicine.arizona.edu/echo/  
https://med.unr.edu/echo  
www.telehealthtechnology.org
Telehealth Networking

Best Practices

• Technical Protocols
• Clinical Protocols
• Mock Patients
• Training
CE Requirements

- MD  20 per year (AZ)
- PA  50 every 2 years (AZ)
- RN  15-30 every 2 years
- NP  30 every 2 years
- EMS 60 per 2 years
- DO  20-50 per year
Participant Diversity

- MD
- Promotora
- Technology
- EMS, Fire, Safety
- Respiratory Therapist
- Behavioral Health
- Registered Dietitian
- DO
- PhD
- Education & Training
- Clinical Staff
- RPH/PharmD
- Radiology Technician
- Social Worker
- PA-C
- Nursing
- DDS
- Medical Student
- Physical Therapist
- Administrative Staff

Types of Events

- Grand Rounds
- Satellite Broadcasts
- Webinars
- Videostreaming LIVE or Recorded Archive
- Multi-Point LIVE Events, i.e. Emergency Preparedness
- Training
- Administrative
Types of Administrative Events

- Bioterrorism Task Force
- Statewide or Country Roundtables
  - Fires
  - West Nile Virus
  - Diabetes
- Special Interest
  - IHS
  - ADHS
  - CRS (HRSA)
  - ADOC

https://www.calendarwiz.com/arizonatelemedicine
Video Conference Rules

1. Always assume that your microphone is on

2. Always assume that someone can see you

Barriers

• Time zone differences
• Room size
• Reduced travel
Benefits

- Cost savings (travel / registration fees)
- Reduced time away from work
- Wider variety of opportunities
- Convenience

https://echo.unm.edu/
ECHO=Extension for Community Healthcare Outcomes
Telerheumatology ECHO
Clinical Case Presentation
Go through the steps required to set up, carry out and complete a clinical telemedicine referral.
How does this whole thing work, anyway?

• Who decides to refer a case via telemedicine?

• What is the procedure for referring a case?
  For consulting on a case?

• What kind of information does the teleconsultant require in order to staff the referral?

• Who organizes the case information, triages the case, does the scheduling, manages network connections, and facilitates the session?

Key Participants in the Referral Case Process

• The Patient
• Referring Healthcare Provider
• Telemedicine Site Coordinator (referring end)
• Telemedicine Case Coordinator (consulting end)
• Medical Director for Telemedicine (either end)
• Network Engineer(s); IT Staff
• Consulting Healthcare Specialist
Required Referral Case Information

- Patient Consent Form
- Patient History Form
- Patient Information Form
- Pertinent adjunct medical information (labs, progress notes, radiology/other imaging reports, digital images, outside consultation reports)

Referral Case Flow:

How referral cases are processed using the ATP model
• The organization of every telemedicine program is unique. Thus, infrastructure, types of services, utilization of support staff, and other operational processes will vary widely, are influenced by many factors, and should be designed to facilitate work flow as efficiently as possible.

• This next section outlines just one example of such a process that has been developed specifically for staffing non-emergent, provider-referred, appointment-based, multi-specialty outpatient clinical consultations (via either real-time interactive videoconference or asynchronous store-and-forward case review).

• The process does not apply to inpatient, trauma, teleradiology, or telepathology services, for which different technologies and separate protocols are used.

Telemedicine Site Coordinator with referring provider, reviewing and selecting case information for transmittance to the consulting site
Reviewing the steps in the telemedicine referral process and obtaining informed consent from the patient

Basic information sheet given to referral patients explaining the procedures, privacy, and research components of telemedicine
Ex: Poor diagnostic quality digital images for teledermatology referral case review 😞
Ex: Good diagnostic quality digital images for teledermatology referral case review 😊

Telemedicine Case Coordinator

• Receives the case information and records the teleconsultation request

• Compiles and inspects demographic and clinical case information (administrative review)
Telemedicine Case Coordinator

- Registers the patient
- Begins referral case processing and documentation
- Notifies Medical Director of request

Medical Director
(Consulting site)

- Reviews the chart (clinical review)
- If further information is needed, notifies the TCC who then relays the request to the TSC
- If information is complete, permits the TCC to initiate scheduling
Telemedicine Case Coordinator

- For store-and-forward requests, schedules case review with teleconsultant
- For real-time videoconferenced requests, works with TSC to coordinate appointment scheduling for standing clinics

Using an online calendar to schedule network activities
Network Engineer

On the day of the scheduled videoconferenced clinic, sites may be dialed directly or a network engineer may enable the calls remotely.

The Telemedicine Coordinator may provide administrative and technical support during the session and is always immediately accessible if any needs or problems arise.
Telemedicine Case Coordinator

- Completes case management documentation and finalizes patient record
- Submits patient record to Medical Director for final chart review
- Submits patient record to Evaluation Coordinator for data collection

Outside hard copy records are scanned into central EHR system on the consulting end (legal custodian of records)
- Integrated EHR system handles coding/billing
- Referral case process is complete
A Few Lessons Learned

- Regularly scheduled clinics tend to be more efficient than those scheduled on an as-needed basis.
- As much as possible, try to format telemedicine clinics after routine, in-person clinics (e.g., setting up a telemedicine suite close to patient exam rooms; following registration, prior authorization and patient check-in procedures).
- Appoint and train qualified back-up personnel. Cross-coverage is a must. On-going training is important.
- Design and post a case management work flow chart as well as step-by-step protocols (standard operating procedures).
- Clinical telemedicine practice standards and guidelines released by the American Telemedicine Association are available for free download at its website, www.americantelemed.org.

Thank you for your interest in attending this conference. We're glad you're here!
Thank You

danke

takku

måhål

kiitos

dekuju

gracias

grazie

merci

koszi

dank

jmajor@telemedicine.arizona.edu

ARIZONA
TELEMEDICINE
PROGRAM

jmajor@telemedicine.arizona.edu