Telehealth and Workforce: Challenges and Opportunities

Serving Delaware, Kentucky, Maryland, New Jersey, North Carolina, Pennsylvania, Virginia, Washington DC and West Virginia
Looking Back

Health Care - Past
Health Care - Present

"Oh, you're Mr. Thompson? Sorry, you're not fit as a fiddle."

I can't get the stupid computer to work!

Technology is just making more paperwork!

Oh great! Everyone has the answers now-a-days because of the internet!!

They're playing "docile"
<table>
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</table>

Somewhere, something went terribly wrong
A mechanism for enhancing health care, public health, health administration and health education delivery and support, using electronic communication and information technology.
Necessity Breeds Invention

"When written in Chinese, the word "crisis" is composed of two characters. One represents danger and the other represents opportunity."

~John F. Kennedy~
Thinking Inside the Box
Access to Specialty Care

- I need a dermatologist
- I need a psychiatrist
- I need an oncologist
- I need a neurologist
- I need an OB/GYN
- I need a cardiologist
A Tool in the Toolbox for Rural Telehealth
Hub and Spoke Network

The Model
Telestroke – Time is Brain

“Telestroke networks should be deployed wherever a lack of readily available stroke expertise prevents patients in a given community from accessing a primary stroke center (or center of equivalent capability) within a reasonable distance or travel time to permit eligibility for intravenous thrombolytic therapy.”

—ASA Recommendations for the implementation of telemedicine within stroke systems of care, 2009

- Administration of tPA at stroke centers = 10% - 20% of ischemic stroke patients
- Administration of tPA outside of stroke centers = 1% - 2% (without telestroke) and 10% - 20% (with telestroke)
Network of Networks
Parkinson’s Care

This program has saved patients roughly 20,000 miles of travel.
Urban Is Also Underserved

But Wait…
Aging Population

But Wait…
Pediatric Subspecialty Wait Times

<table>
<thead>
<tr>
<th>Specialty</th>
<th>% of hospitals over 2-week benchmark</th>
<th>Wait times (business days)</th>
<th>Wait times (weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endocrinology</td>
<td>68%</td>
<td>51.4</td>
<td>10.3</td>
</tr>
<tr>
<td>Neurology</td>
<td>61%</td>
<td>47.6</td>
<td>9.5</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>59%</td>
<td>26.5</td>
<td>5.3</td>
</tr>
<tr>
<td>Nephrology</td>
<td>52%</td>
<td>33.6</td>
<td>6.7</td>
</tr>
<tr>
<td>Developmental Pediatrics</td>
<td>50%</td>
<td>65.7</td>
<td>13.1</td>
</tr>
<tr>
<td>Pulmonology</td>
<td>50%</td>
<td>40.7</td>
<td>8.1</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>36%</td>
<td>31.9</td>
<td>6.4</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>34%</td>
<td>38.2</td>
<td>7.6</td>
</tr>
<tr>
<td>Dermatology</td>
<td>32%</td>
<td>66.0</td>
<td>13.2</td>
</tr>
<tr>
<td>Urology</td>
<td>30%</td>
<td>35.2</td>
<td>7.0</td>
</tr>
</tbody>
</table>

For 10 subspecialties, patients had to wait longer than 5 weeks.

For 3 subspecialties, patients had to wait longer than 10 weeks.

National Association of Children’s Hospitals and Related Institutions (NACHRI) 2010

And About the Problem of Capacity...
Efficiency

High Risk Obstetrics

<table>
<thead>
<tr>
<th>Issues</th>
<th>Before HROB Program</th>
<th>After HROB Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missed Appointments</td>
<td>11% of visits</td>
<td>4.4% of visits</td>
</tr>
</tbody>
</table>

Teledentistry

<table>
<thead>
<tr>
<th>Issues</th>
<th>Before Teledentistry</th>
<th>After Teledentistry</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Show Rate to Consult</td>
<td>50%</td>
<td>15.7%</td>
</tr>
<tr>
<td>No Show Rate to Treatment</td>
<td>50%</td>
<td>14%</td>
</tr>
</tbody>
</table>
Store and Forward Telehealth
Project ECHO: A Revolution in Medical Education and Care Delivery

Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities.

People need access to specialty care for their complex health conditions. There aren't enough specialists to treat everyone who needs care, especially in rural and underserved communities. ECHO trains primary care clinicians to provide specialty care services. This means more people can get the care they need. Patients get the right care, in the right place, at the right time. This improves outcomes and reduces costs.
What is eConsult?

**Definition**
Enables primary care providers (PCPs) to consult remotely and conveniently with specialists through store and forward telehealth.

How it works:

PCP requests consult & sends relevant patient information

Specialist reviews and responds to PCP on eConsult

Problem resolved?

**YES!**
Great! You just avoided an unnecessary specialist visit, reducing patient travel and time off work, reducing wait times and increasing PCP knowledge!

**NO!**
No problem! Back and forth communication can continue between PCP and specialist until issue is resolved OR specialist may recommend in-person visit.

eConsult Benefits:
- Increased care coordination
- Improved pre-visit work-ups
- Less patient travel/time off work
- Expanded scope of practice for PCP
- Improved PCP & Specialist communication
- Decreased low-value specialty visits
- Reduced wait times for patients
- Reduced no-shows

Website: www.cchpca.org  Email: info@cchpca.org  Phone: 877.787.7772

CORE: Coordinating Optimal Referral Experiences: Implementing eConsults and Enhanced Referrals

**PROGRAM OVERVIEW**

In September 2014, the AAMC, sponsored by a $7 million annual Care Innovation Award from the Centers for Medicare and Medicaid Innovation (CMMI), worked with five of the nation’s academic medical centers (AMCs) to improve communication and coordination between primary care and specialty physicians through a new initiative, Coordinating Optimal Referral Experiences (CORE). Implementing eConsults and Enhanced Referrals, the AAMC is working closely with these five AMCs to implement and evaluate the impact of this new model of care delivery on quality, costs, access and patient and provider satisfaction.

**IMPACT ON PATIENT CARE**

Using electronic medical record-based tools and a robust implementation strategy, the University of California, San Francisco-Osbrich Medical Center developed the eConsult and enhanced referral model in 2012 to improve care delivery at the intersection of primary and specialty care. At UCSF, the model has been shown to enhance quality through improved coordination of care and timely access to specialty input, while simultaneously reducing costs via fewer specialty referrals and reduced downstream utilization of high-cost services.

More than 100,000 primary care patient cases served by the five institutions will benefit from timely clinical input on their care from specialists when needed, as well as greater convenience and savings through care delivered through their primary care medical teams.

**CORE CORE PROJECT PARTICIPANTS AND PARTNERS**
The five AMCs participating in the CORE project include:

1. Dartmouth-Hitchcock
2. University of California, San Diego Health System
3. University of Iowa Hospitals and Clinics
4. University of Virginia Medical Center
5. University of Wisconsin-Madison Health

UCSF is partnering with the AAMC to provide technical expertise, along with implementation and training resources to facilitate successful dissemination of the model to these five AMCs.

UCSF and Clinitzer/Delaney are serving as data and evaluation partners, charged with analyzing the outcomes of the model across the Collaborative and making recommendations to the Centers for Medicare and Medicaid Services (CMS) for a future sustainable payment model to support further dissemination.
A PRIMARY CARE CRISIS

60 million Americans lack adequate access to primary care.

1 in 5 sick people visit the ER for care they could have received from a primary care provider.

Only 30% of America’s doctors practice primary care.

That’s more than the populations of New York, Ohio, North Carolina, and Florida combined.

50 years ago, half the doctors in America practiced primary care. Today, fewer than one in three do.

21.7 hours

Amount of time per day it would take a primary care physician working in a traditional model of care delivery to provide an average panel of patients with the acute, chronic, and preventive care they need.

128 of the 750 institutions that sponsor residency programs produce no primary care graduates at all.

$500,000

The public cost of educating every medical resident.

Chronic diseases account for 75 cents of every dollar spent on health care in America.

Doctors needed

Shortage in primary care physicians is projected to continue to increase in U.S.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>7,400</td>
</tr>
<tr>
<td>2010</td>
<td>9,000</td>
</tr>
<tr>
<td>2015</td>
<td>29,800</td>
</tr>
<tr>
<td>2020</td>
<td>45,400</td>
</tr>
<tr>
<td>2025</td>
<td>65,800</td>
</tr>
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Source: AAMC Center for Workforce Studies

BAY AREA NEWS GROUP
But Wait…

The Challenges

Which of these clinical, financial or patient engagement challenges are most important for your organization’s successful transition to VBP? (Top Five)

Effective use of intervention strategies for chronic disease patients 60%

Improve patient education and engagement 55%

Reduce preventable readmissions 49%

Improve patient/family experience and satisfaction 47%

Improve transitions of care through better coordination 45%
Increasing Demands on Primary Care

- Improved Chronic Disease Management
- Access to Preventive Screening
- Increased Treatment Compliance
- Access to Best Practices for Patient Safety
- Access to Clinician Continuing Ed
- Access to Patient Education
- But Wait…

IMPROVED HEALTH OUTCOMES
Hospital Readmission Reduction

CASE STUDY – UVA

Readmission Reduction for AMI, CHF, COPD, PNA, TKA, THA, CVA, and CABG patients.

Population: ~1200 patients annually - Mix of All Payer & Medicare FFS 65+

Remote Patient Monitoring: Real Patients/Real Outcomes – Medium Sized Rural Health System

Year 1 – VH Hospital Admissions
Total Telehealth Patients = 683

Hospitalizations decreased by 67% during Telehealth
Discharged Patients through January 2013
Some patients were counted in multiple time frames.
Chronic Disease Management

- 72% decrease in costs
- 50% decrease in hospital bed days
- 81% decrease in ER visits

Remote Patient Monitoring Toolkit

TelehealthResourceCenters.org
SOMETIMES THE CREATIVE CHOICE ISN’T THINKING OUTSIDE THE BOX, BUT REPURPOSING THE BOX INSTEAD.
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<td>Population</td>
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<td>Health</td>
<td>Disease</td>
<td>Prevention</td>
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</table>

What Do You Want YOUR Health Care to Be Like?
Health Workforce

Professions

- Audiologists
- Behavioral Health Occupations
  - Marriage and Family Therapists
  - Mental Health Counselors
  - Psychiatric Aides
  - Psychologists
  - Substance Abuse and Behavioral Disorder Counselors
- Chiropractors
- Community and Social Services Occupations
  - Community Health Workers
  - Health Educators
  - Patient Navigators
  - Personal and Home Care Aides
  - Social and Human Services Assistants
- Dental Occupations
  - Dental Assistants
  - Dental Hygienists
  - Dental Laboratory Technicians
  - Dentists
- Dietitians and Nutritionists
- Emergency Medical Technicians and Paramedics
- Environmental Health Specialists
- Epidemiologists
- Genetic Counselors
- Health Administrators
- Health Care Support
  - Dalus
  - Home Health Aides
  - Medical Assistants
  - Nursing Aides
- Health Informaticians
- Health Information Management
  - Chief Information Medical Officers
  - Chief Information Officers
  - Health Information Administrators
  - Health Information Coders
  - Health Information Technicians
- Health Services Researchers
- Health Technologists and Technicians
  - Cardiovascular Technologists and Technicians
  - Diagnostic Medical Sonographers
  - Medical Appliance Technicians
  - Nuclear Medicine Technicians
  - Radiologic Technologists and Technicians
  - Surgical Technologists
- Laboratory Professionals
  - Clinical Laboratory Technologists and Technicians
  - Cytotechnologists
  - Histotechnologists and Histotechnicians
  - Pathologist's Assistants
  - Phlebotomists
- Massage Therapists
- Medical Interpreters
- Medical Librarians
- Midwives
- Nursing Occupations
  - Certified Nurse Anesthetists
  - Clinical Nurse Specialists
  - Licensed Practical Nurses and Licensed Vocational Nurses
  - Nurse Practitioners
  - Registered Nurses
- Occupational Health and Safety Occupations
- Occupational Therapy Occupations
- Office and Administrative Support Occupations
  - Billing Clerks
  - Medical Secretaries
  - Medical Transcriptionists
- Orthodontists and Prosthetists
- Pharmacy Occupations
  - Pharmacists
  - Pharmacy Technicians and Aides
- Physical Therapy Occupations
- Physician Assistants
- Physicians
  - Allopathic Physicians
  - Family Medicine Physicians
  - General Internal Medicine Physicians
  - General Pediatricians
  - General Surgeons
  - International Medical Graduates
  - Obstetricians and Gynecologists
  - Osteopathic Physicians
  - Podiatrists
  - Psychiatrists
- Radiation Therapists
- Recreational Therapists
- Respiratory Therapists
- Social Workers
- Speech-Language Pathologists
- Vision Care Occupations
  - Ophthalmic Laboratory Technicians
  - Opticians
  - Optometric Assistants and Technicians
  - Optometrists
What If....?

Another Model?

- Patient Navigators and Community Health Workers
- Physician Assistants
- Dietitians and Nutritionists
- Nurse Practitioners
- EMTs and Community Paramedics
- SEE HRSA'S SCHOLARSHIP AND LOAN REPAYMENT PROGRAMS AT-A-GLANCE.
- Rural PREP: Preparing for rural practice
- The Complete Student Loan Repayment Guide for Doctors
- Direct Incentive & Loan Repayment for Alaska's healthcare workforce
What If....?

Another Model?

for primary and specialty care physicians who serve rural and underserved patients via telehealth

telehealth

who serve rural and underserved patients via telehealth
Another Model?

What If....?

Fully Distributed Network

INTER-PROFESSIONAL TEAM EXAMPLE
SIC Pressure Ulcers and Complex Wounds

- Plastic Surgeons
- Rehabilitation Physician
- Clinical Nurse Specialist/ Rehab Case Manager
- Physical Therapist
- Dietitian
- Telehealth Nurse Coordinator
Another Model?

What If....?
mHealth
What If…

mHealth

Learn How to PREPARE for an Emergency

Pokemon Go

100 MILES
But Wait…

Broadband – A Social Determinant of Health

BY JANE SARASOHN-KAHN ON 22 JULY 2016 IN CONNECTED HEALTH, DIGITAL HEALTH, HEALTH COSTS, HEALTH DISPARITIES, HEALTH ECONOMICS, ICTS, INTERNET AND HEALTH, MIHEALTH, MOBILE HEALTH, PRIMARY CARE, PUBLIC HEALTH, SOCIAL DETERMINANTS OF HEALTH, TELEHEALTH, TELEMEDICINE, WELLBEING

Fixed 25 Mbps/3 Mbps Broadband Deployment Map
But Wait...

Rural and urban cellphone use are equal, but rural users are much less likely to have smartphones.

**DIGITAL DEVICE OWNERSHIP**

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Phone (All Types)</td>
<td>85%</td>
</tr>
<tr>
<td>Smartphone</td>
<td>43%</td>
</tr>
<tr>
<td>Laptop or Desktop Computer</td>
<td>15%</td>
</tr>
<tr>
<td>Tablet Device</td>
<td>4%</td>
</tr>
<tr>
<td>TV Streaming Device</td>
<td>1%</td>
</tr>
<tr>
<td>Handheld Gaming Console</td>
<td>[N/A]</td>
</tr>
<tr>
<td>E-Reader Device</td>
<td>1%</td>
</tr>
<tr>
<td>Wearable Tech Device</td>
<td>1%</td>
</tr>
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*Source: Google Consumer Barometer 2016. Figures based on responses to a questionnaire. Please see notes at the end of the report for definitions.*
FCC looks to expand $400M cap for Rural Health Care Program

The Federal Communications Commission is seeking public comment on the agency’s proposal to increase the $400 million annual cap for the Rural Health Care Program, which provides funding for telecommunications and broadband services to rural communities to support telemedicine networks.

In a new notice of proposed rulemaking and order, the FCC notes that “for the second year in a row, demand is likely to exceed available RHC Program support, leaving participating healthcare providers with unanticipated cuts in funding.”
TRCs are funded by the U.S. Department of Health and Human Service’s Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth, which is part of the Office of Rural Health Policy.
We Can Help!

TelehealthResourceCenters.org
Past Webinars

Every month the TRC present a topic of current interest in telehealth. Take a look at our past webinars.


Remote Patient Monitoring: Leveraging Technology and Infrastructure
[Webinar Recordings]

What You Need To Know About Telepharmacy
[Webinar Recordings]

Transforming Medical Nutrition Therapy via Telehealth
[Webinar Recordings]

Update on Telepathology and Digital Laboratory Networks
[Webinar Recordings]

Changing Healthcare Delivery: UMMC Center for Telehealth on the Rise
[Webinar Recordings]

Answers to Your Most Burning Telehealth Questions!
[Webinar Recordings]

Rural HIT, Telehealth and Technology Challenges
[Webinar Recordings]

Webinar Special: Comprehensive School-Based Health Care via Telemedicine
[Webinar Recordings]

Telehealth and Workplace Health - Better Care and Lower Cost
[Webinar Recordings]

November 2017 National TRC Webinar
The Rural Health Care Program: Increasing Connectivity for Rural Health Care Facilities
Nov 16, 2017 - 2:00pm - 3:00pm EST
Register for Webinar
For More Information:

Kathy Hsu Wibberly, PhD  
Director, Mid-Atlantic Telehealth Resource Center  
UVA Center for Telehealth  
Email: Kathy.Wibberly@virginia.edu  
Phone: 434.906.4960

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www.MATRC.org
TELEHEALTH WORKFORCE POLICY ISSUES: Reimbursement, Licensing & Others

PREPARED FOR THE NATIONAL ORGANIZATION OF STATE OFFICES OF RURAL HEALTH

November 29, 2017
DISCLAIMERS

• Any information provided in today’s talk is not to be regarded as legal advice. Today’s talk is purely for informational purposes.

• Always consult with legal counsel.

• CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.
CCHP is an independent, public interest organization that strives to advance state and national telehealth policies that promote better systems of care improved health outcomes and provide greater health equity of access to quality, affordable care and services.
Current Laws, Regulations, Pending Bills State & Federal

Interactive Policy Map
TODAY’S AGENDA

• Telehealth Reimbursement
  – Federal
  – State

• Licensing

• State Board Policies
TELEHEALTH REIMBURSEMENT
**FEDERAL TELEHEALTH POLICY**
- Medicare reimbursement still limited
- Restrictions on geography, facility, provider & services remain
- Movement on telehealth has been limited to demonstrations/pilots

**STATE TELEHEALTH POLICY**
- Increased introduction and passage of telehealth related policies
- Primary issues have been reimbursement, licensing (Compact), prescribing
- Varied policies across state lines create confusion for providers practicing in multiple states
- Utilization has not necessarily increased as rapidly as anticipated
SOCIAL SECURITY ACT OF 1835(m) or 42 USC 1395m

- Only Live Video reimbursed
- Store & Forward (Asynchronous) only for Alaska & Hawaii demonstration pilots
- Specific list of providers eligible for reimbursement
- Limited to rural HPSA, non-MSA, or telehealth demonstration projects
- Limited types of facilities eligible
- Limited list of reimbursable services, but CMS decides what can be delivered via telehealth and reimbursed
STATE TELEHEALTH POLICY

45 states (and DC) have a definition for telemedicine

35 states (and DC) have a definition for telehealth

1 state
Alabama has no definition for either
MEDICAID REIMBURSEMENT BY SERVICE MODALITY

Live Video
48 states and DC

Store and Forward
Only in 15 states

Remote Patient Monitoring
21 states

As of October 2017
PARITY IN PAYMENT WITH IN-PERSON

36 states and DC have telehealth private payer laws. Some go into effect at a later date.

This is the most common policy change at the state level!

Parity is difficult to determine:
- Parity in services covered vs. parity in payment.
- Many states make their telehealth private payer laws “subject to the terms and conditions of the contract.”
OTHER POLICIES THAT IMPACT TELEHEALTH REIMBURSEMENT

- Location of patient (geography & type of site)
- Type of provider
- Type of service/specialty
- Type of telehealth technology used
- Stark/Anti-Trust laws
LICENSING
MEDICAL LICENSURE COMPACT

- All states require physicians to be licensed by the state
- Interstate Medical Licensure Compact offers expedited process to obtain physician license in Compact state
- 22 states have joined
- 29 Medical & Osteopathic Boards
- www.imlcc.org
NURSE LICENSURE COMPACT

- Currently 26 states members of enhanced Nurse Licensure Compact (eNLC)
- 5 states with pending legislation
- One license to practice in all compact states
- www.nursecompact.com
PSYPACT

Would facilitate telehealth and temporary in-person, face-to-face practice of psychology across jurisdictional boundaries. Allows telepsychotherapy be conducted across compact states’ borders without having an additional state license.

Need 7 states to enact, currently 3 states have enacted legislation (Arizona, Nevada & Utah)
STATE BOARDS
STATE TELEHEALTH POLICY

• State Trends in 2017
  – Top Policy Topics
    • Modifications to existing telehealth private payer laws that include coverage for RPM, adding specific conditions, covering workers’ comp
    • Modifications to Medicaid reimbursement
    • Enact the physician licensure compact
  • Practice standards and prescribing
  – Interesting Issues Addressed
    • Network adequacy (5 bills introduced)
    • Controlled substances (2 bills)
    • Prohibiting insurance companies from restricting telemedicine coverage to specific telemedicine vendor (2 bills)
STATE BOARD GUIDELINES

- State Boards Influence the Use of Telehealth
  - Prescribing – establishing patient-provider relationship
  - Exactly what will be in informed consent
    - Contact Requirement
    - Information about credentials that must be shared with patients
  - Medical Records
    - When and how medical record is relayed to patient
  - Standards and when telehealth can be used
    - May require a provider or some health care worker with the patient
    - May have limitations on where telehealth can take place
STATE BOARD GUIDELINES

- **State Example – North Carolina**
  - **Prescribing**
    - Prescribing controlled substances with telemedicine is not the “standard of care”
  - **Medical Records**
    - Maintain a complete record
  - **Standards and when telehealth can be used**
    - North Carolina – Staff involved in telemedicine visit should be trained in the use of equipment and competent in its operation
OTHER ISSUES TO BE AWARE

• Malpractice
• Training and Education
• Credentialing & Privileging
RESOURCES

• Center for Connected Health Policy
  ❖ www.cchpca.org

• Telehealth Resource Centers
  ❖ www.telehealthresourcecenters.org