

Telemedicine

Mary F. Campagnolo, MD, MBA

NJHCQI Board of Trustees

Virtua Health Medical Director for Graduate Medical Education

Family Physician, DABFM, FAAFP, and CAQ Geriatrics

Telehealth and Telemedicine



Definition and History of Telemedicine

- **Telemedicine**
- Telemedicine is the use of telecommunication and information technologies in order to provide clinical health care at a distance. It helps eliminate distance barriers and can improve access to medical services that would often not be consistently available in distant rural communities. It is also used to save lives in critical care and emergency situations. Although there were distant precursors to telemedicine, it is essentially a product of 20th century telecommunication and information technologies.
- (Source-Wikipedia)

Definition and History of Telemedicine

- The World Health Organization (WHO) recognizes its own distinction between telehealth and telemedicine, where **telehealth uses computer-assisted telecommunications** to support management, surveillance, literature and access to medical knowledge, while telemedicine uses telecommunications solely to diagnose and treat patients.
- First electronic transmission of EKGs in 1905(Einthoven), Radio consultations for patients on ships 1920's-1940's, Xrays 1950s, NASA astronauts 1960s, NASA and federal agencies for rural healthcare 1970's-1980's

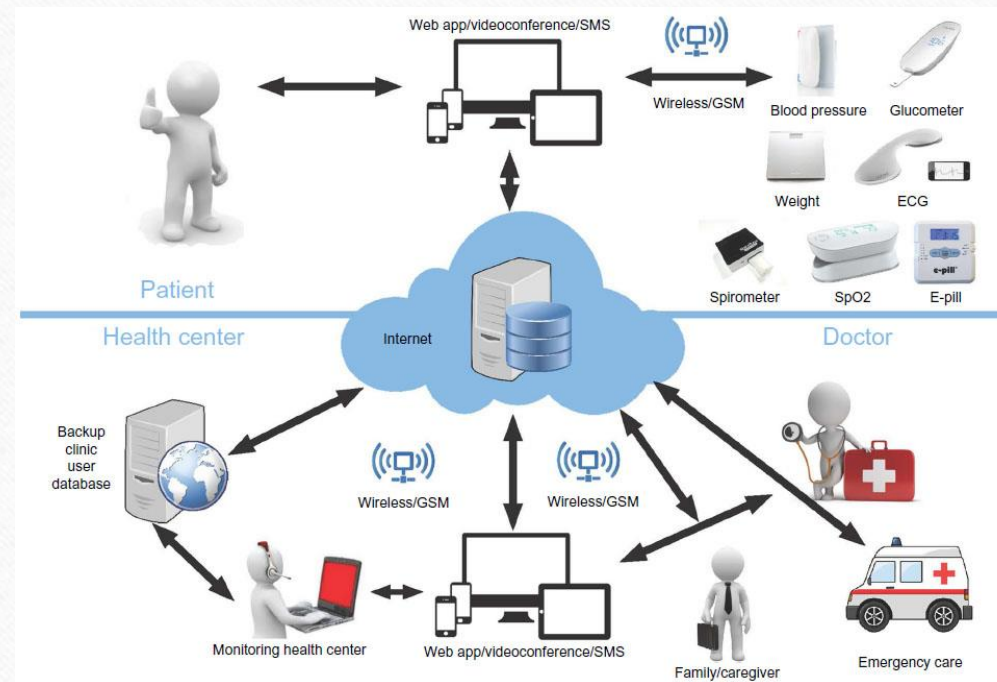
NJ Legislation



NJ Telehealth Legislation

- July 2017 PL 201 C117- Telemedicine practice standards, Telehealth coverage requirements for NJ Medicaid, State funded health plans, commercial insurers. Did NOT impose payment parity with in-person visit(that rate was maximum expectation), NJ licensed clinicians, Telehealth companies register yearly with NJ DOH and submit annual encounter data and report
- March 2020 A3860-Covid 19 Public Health emergency- Telephone and other platforms for telehealth/telemedicine, including behavioral health. No copays, or dictated site of service, parity with in-person visit for Medicaid. Relaxes established relationship provisions, eliminates prior auth for telehealth, directives from DOBI to Horizon and Aetna MA for state employees and retirees.

Telemedicine Best Practices



Telemedicine Who,What,When,Where,Why?

- WHO-Anyone WITHOUT a condition requiring immediate ED, hospital care,surgery. New(must be video) or Established patients(phone/video)
- WHAT-Non emergent-acute and chronic conditions, behavioral health, some post hospital follow ups
- WHEN-same day or preplanned appointments
- WHERE-from home, work, car, any other location w/internet, phone
- WHY- for continuity of care, transportation difficulty,pandemic access to care, meet a new clinician, behavioral health counselling, you need medical advice

Telemedicine Communication

- Telephone
- Internet options: smartphone, tablet, laptop-device MUST have a camera for video interaction
- Common Video platforms: Zoom, Skype, Doximity, Facetime, Google Duo (may not be HIPAA secure, but are currently allowed by Medicare due to COVID 10 pandemic)
- Some Electronic Medical Records (EMRs) have embedded the video platform in the system (i.e. EPIC-MyChart-Zoom for privacy, HIPAA secure)

Tips and challenges

- Practice workflow-Set up technical platform with patient 1-2days ahead, staff pre-visit planning with medication and problem list updates, requests for refills, assure labs and imaging test results back
- Patient workflow-Set up technical platform 1-2 days ahead if possible
- Have a list of your medications, refills, questions and concerns ready
- Have a care partner(spouse,child,other) nearby, recall any recent tests to review. If you are diabetic, bring your home glucose readings
- Do your vital signs ahead! Stay calm! We are all learning this together!
- Challenges: lack of smartphone, lack of memory on device, tech knowledge of video platforms, strength of internet, audio, lack of home BP, pulse,oximeter, glucose monitors



Telemedicine Role Play

- Suggest basic hypertension/diabetes checkup, med refills with added rash or spot on skin to show and/or new symptom(i.e. arthritis pains which might require later office exam-my example of patient needing steroid joint injection)

Questions???