

Using Telehealth

by Capella Healthcare



WHAT'S COVERED

In this lesson, you will learn about the different uses of telehealth. Specifically, this lesson will cover:

- 1. Applications
- 2. Settings
- 3. Who Can Provide Telehealth Services

1. Applications

Telehealth is divided into two broad categories: clinical and non-clinical. Each has their own set of applications.

Clinical Applications	Non-Clinical Applications
 Clinical treatments (medical, behavioral health, etc.) Clinical assessments and testing, including interpretations of results, and treatment 	 Training (distance learning, continuing education, etc.) Administrative collaboration between providers, such as meetings and presentations
 recommendations Transmissions of health data/assessment data (i.e., remote monitoring) Clinical consultation with other professionals Case management with interdisciplinary teams 	Research and quality improvement activities
Clinical supervision of supervisees and trainees	

Other specific uses of telehealth include:

- *Teleradiology:* Radiologists provide an expedited diagnosis with more specialized interpretation in order to improve patient outcomes.
- Telesurgery/Remote Robotic Surgery: A physician is able to participate in surgeries without being physically present in the room. Robotics and visual or audio technology allow the surgeon to participate in the surgical procedure.
- *Teleconsultations:* Technologies in communications are used to provide patients with information that will assess a particular healthcare concern, manage the condition with advice, or provide a referral to the

- appropriate service. The U.S. military is reducing costs associated with noncombat-related injuries, by selecting the appropriate treating facility prior to transport from the post.
- Tele-Intensivists: This involves remote intensive care unit (ICU) monitoring for ICUs without an intensivist.
 The intensivists are able to monitor critical monitoring systems, such as vital signs, cardiac output, etc.
 Access to critical care specialists is proven to increase patient outcomes, reduce mortality, and decrease healthcare costs; however, the availability of medical intensivists is inadequate to meet the demand.

2. Settings

Telehealth can be used in almost any setting as long as the technology is available, including network connectivity and necessary hardware. State and federal laws and policy requirements must also be followed. You should refer to your state laws for approved originating sites.

EXAMPLE The following are approved originating sites in the State of Washington:

- Clinics
- Community mental health/chemical dependency settings
- Dental offices
- Federally qualified health centers
- Home or any location determined appropriate by the individual receiving the service
- Hospitals, both inpatient and outpatient
- Neurodevelopmental centers
- Physician or other health professional's offices
- Rural health clinics
- Schools
- Skilled nursing facilities

Medicare limits the originating sites eligible for telehealth-delivered services to the following facilities:

- Provider offices
- Hospitals
- · Critical access hospitals
- Rural health clinics
- Federally qualified health centers
- Skilled nursing facilities
- Community mental health centers
- Hospital-based or critical access-based renal dialysis centers

Telehealth-based services can also be merged with in-person services.

3. Who Can Provide Telehealth Services

Medicare limits the types of healthcare professionals eligible to provide telehealth-delivered services to the following:

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists and clinical social workers
- Registered dieticians or nutrition professionals

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Support

If you are struggling with a concept or terminology in the course, you may contact **TelehealthSupport@capella.edu** for assistance.

If you are having technical issues, please contact learningcoach@sophia.org.