

Office of Technology Strategies (TS), Architecture, Strategy & Design (ASD)

A VA Executive's Guide to Telehealth

INTRODUCTION

This TS Note discusses telehealth, which is the use of electronic information and telecommunications technologies to deliver health care, health information, or health education at a distance. These technologies include videoconferencing, the Internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. This note highlights the clinical and non-clinical applications of telehealth, benefits and obstacles to implementation, and examples of how VA is using it to better serve Veterans.

OVERVIEW

Telehealth does not create new or different health care services, rather it provides new ways to deliver existing services. The term telehealth is sometimes confused with telemedicine, yet there is an important distinction between the two. Telemedicine refers only to remote clinical services, while

telehealth refers to a broader scope of remote healthcare services that includes non-clinical services in addition to clinical services. The boundaries of telehealth are limited only by the technologies available; new applications are being invented and tested every day.

Telehealth encompasses the following clinical and non-clinical applications.

Clinical Uses:

- Live video (synchronous): Live, two-way interaction between a person (patient, caregiver, or provider) and a provider using audiovisual telecommunications technology. This is also referred to as "real-time" and can serve as a substitute for an in-person encounter when it is not available.
- Store-and-forward (asynchronous): Transmission of recorded health history (e.g. x-rays, CT scans, MRI images, etc.) through a

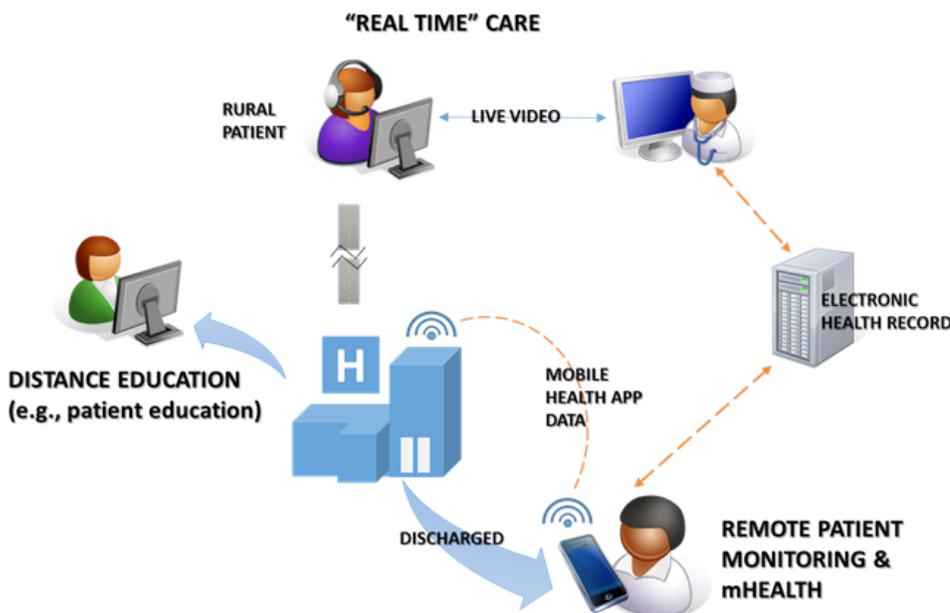


Figure: Telehealth in Action

Technology Strategies

Defining OI&T's
"To Be"
Technology
Vision



The TS office within OI&T's Architecture, Strategy & Design (ASD) interacts not only with the ASD pillar offices, but also with multiple stakeholders within OI&T and with strategic offices across the enterprise. TS works closely with IT and business owners to capture business rules and provide technical guidance as it relates to Data Sharing across the enterprise, specifically for interagency operability.

secure electronic communications system to a practitioner, who uses the information to evaluate the case or render a service outside of a real-time or live interaction. This service provides access to data after it has been collected, and often involves secure email.

- Remote patient monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is then transmitted to a provider in a different location for use in care and related support. This service allows a provider to continue to track healthcare data for a patient once released to home or a care facility, reducing readmission rates.
- Mobile health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and PDAs. Applications can range from targeted text messages that promote healthy behavior to wide-scale alerts about disease outbreaks.

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Non-Clinical Uses:

- Distance education: Continuing medical education, grand rounds, and patient education.
- Administrative uses: Meetings among telehealth networks, supervision, and presentations.
- Healthcare system management and integration.
- Patient movement and remote admission.
- Public health and health administration.

CURRENT CHALLENGES

While telehealth offers numerous benefits to both patients and providers in terms of cost reduction, quality of care, and access to resources, there are still some obstacles standing in the way of effective implementation. One of the biggest challenges is state licensing. Telehealth has the ability to eliminate borders and provide care across distances, yet state-to-state inconsistencies in physician licensing requirements are making it difficult for the service to reach its full potential.

Physicians must be licensed in every state in which they practice. So, if patients travel outside of their home state and try to reach a doctor back home, the physician must also be licensed in the remote state in order to provide care. In order for technology to succeed, licensure issues must be overcome.

Other issues include:

- Some patients struggle with the lack of in-person interaction.
- Some patients feel uncomfortable with video calls and are unable to read body language.
- Reimbursements for telehealth remain limited. As of December 2014, more than 50 percent of U.S. states did not cover remote services.

TELEHEALTH AT VA

VA Telehealth Services uses health informatics, disease management, care/case management, and telehealth technologies to increase access to care and improve the health of Veterans with the intent to provide the right care in the right place at the right time. Whenever possible, VA aims to make the home into the preferred place of care.

Currently, veterans can receive over 44 clinical services through the VA's telehealth programs. With its increased

funding, the agency plans to expand its specialty programs to include telesurgery, telerehabilitation, telementalhealth and telecardiology.

As more Veterans seek healthcare, telehealth allows them to avoid traveling long distances and to reduce their wait time to access medical attention. In October 2014, VA announced that more than 690,000 veterans had participated in more than two million virtual appointments for fiscal year 2014.

Telehealth programs have helped lead to a 34 percent reduction in readmissions and a 42 percent drop in bed days in fiscal year 2014. Even more important is that the response from Veterans has been overwhelmingly positive. Clinical video telehealth received a 94 percent satisfaction rate in a fiscal year 2014 survey of about 10,000 participating veterans, and a survey of 200,000 home telehealth participants showed an 85 percent patient satisfaction rate.

If you have any questions about telehealth, don't hesitate to ask TS (askTS@va.gov) for assistance or more information.

Check out earlier TS Note editions [here](#)

(http://www.techstrategies.oit.va.gov/docs_ctsnotes.asp).

BENEFITS OF TELEHEALTH

On the clinical side, telehealth bridges the distance between patients and physicians by allowing patients to remain in their communities while being seen by a health care provider at a distant site. This enables those living in rural communities or areas that are underserved to have access to health care who otherwise would not. Additionally, telehealth can:

- Reduce travel time and expenses.
- Reduce patient wait time for minor medical issues.
- Reduce hospitalizations and Emergency Room visits.
- Allow patients in remote areas to receive medical attention.
- Enable remote prescription verification and drug administration oversight.