FUTURE OF NURSING™
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**Nurse Leaders Improving Access
to Care through Telehealth**

**Webinar Summary
October 18, 2018**

Registered nurses (RNs) are vital in delivering high-quality telehealth. They lead the way in using telehealth to improve wellness for vulnerable populations. Not only are nurses delivering care and managing telehealth programs, they also provide organizational and public policy leadership on the increasing use of telehealth.

Two nurse leaders of telehealth services in large health systems share how their teams serve a range of people with chronic needs, how nurses are leading telehealth initiatives to help people transition from acute care to home, and how they are helping people of all ages obtain high-quality care at home.

The presentation also explores how state laws can be barriers to telehealth care, including the effect of state-level licensing laws for RNs and advanced practice registered nurses (APRNs). This topic aligns with AARP's mission to help empower older adults to live with dignity in a place of their choosing.

Objectives

- Share information from two nurse leaders of telehealth services in large health systems whose teams serve a range of people with various chronic needs

- Explore how state laws can be barriers to telehealth delivery

Across the country, there is a movement to advance the field of nursing so that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. This national level Future of Nursing: Campaign for Action is a result of the Institute of Medicine's landmark 2010 report on the Future of Nursing: Leading Change, Advancing Health.

The *Campaign for Action's* field-based teams, the Action Coalitions, are leading this movement and are equipping themselves with knowledge gained from technical assistance provided by the Center to Champion Nursing in America (CCNA), a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation. Such technical assistance comes in the form of webinars, face to face interactions, and other facilitated engagements with public policy leaders, content experts, consultants, and Action Coalition peers across the country.

Presenters

Winifred V. Quinn, PhD, FAANP (Hon), Director, Advocacy & Consumer Affairs, Center to Champion Nursing in America

Nina M. Antoniotti, PhD, MBA, RN, Executive Director of TeleHealth and Clinical Outreach, Southern Illinois University Medicine

Tina Benton, BSN, RN, Oversight Director, Center for Distance Health, University of Arkansas for Medical Sciences

Presentation Summary

Winifred V. Quinn, PhD, FAANP (Hon), Director, Advocacy & Consumer Affairs, Center to Champion Nursing in America, introduces the presenters for the webinar.

Nina M. Antoniotti, PhD, MBA, RN, provides an overview and background of telehealth, and she shares how nurses can play a key role in advancing the quality of telehealth care.

Tina Benton, BSN, RN, provides an overview of how telehealth is used in Arkansas and shares specific examples of successful telehealth programs in the state.
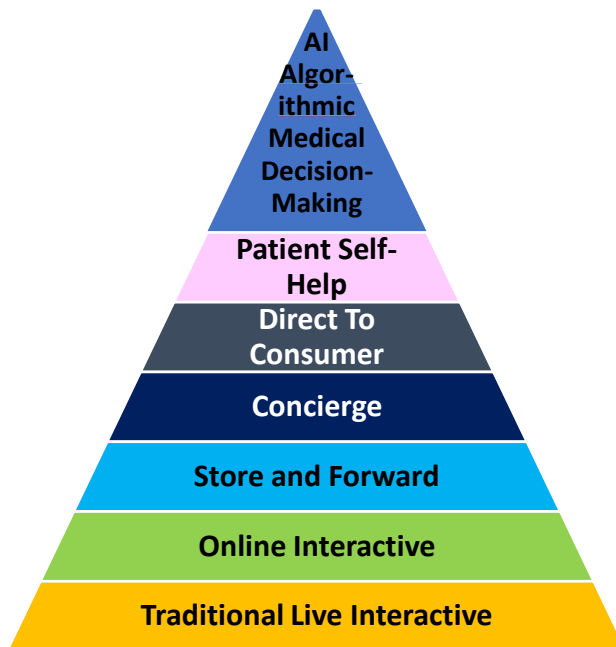
Overview of Telehealth

Antoniotti begins by defining the word telehealth: **"the use of electronic information and telecommunications technologies to support long-distance clinical health care, professional health-related education, public health, and health administration."** It is when the patient and provider are in two separate locations and is simply a tool for access and bridging distance.

In 1954, the first instance of telehealth used in the United States was in telepsychiatry. In the early to mid-1990s, nursing professionals began using telehealth, and the term telemedicine evolved to telehealth.

Today, the patient has become more independent and in charge of accessing health care.
The models below help the patient better engage with a health care team.

Telehealth models consist of the following:

- **Traditional Live Interactive:** a clinician is on one end and the patient on the other in different exam rooms (usually a consultation is performed over video and a full exam can be done)

- **Online Interactive:** the same traditional live interactive model but moved to online technology (cell phones, tablets, home computer, etc.)

- **Store and Forward:** services where seeing a patient is not needed; examples include fitness apps and wearable devices where the patient's data can be uploaded and sent somewhere for interpretation and recommendation

- **Concierge:** direct primary care model where the provider sees a group of subscription patients; often a smaller practice with payment made up front

- **Direct to Consumer:** transition from concierge where a patient goes online, finds an application and requests a visit with a care provider

- **Patient Self-Help:** an example is WebMD where a patient can go online and search for their symptoms; they can ask questions on the website and receive an answer

- **Artificial Intelligence (AI) Algorithmic Medical Decision-Making:** technology and AI enable the patient to self-diagnose and make decisions on how to access care; helps clinicians who engage with patients in the home and address early symptom management.

The Role of Nursing

- Nursing began with the need to provide care for the sick and injured.

- The profession has evolved over the years; nurses now recognize the need for talking to patients and helping them through the health care process, for having quality

"Nurses are influencing the decisions made around patient care and are helping drive a better patient experience, while innovating the health care system," says Nina Antoniotti.

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assurance measures, and for using data to help improve care.

- **Nurses are now driving standards of care and providing oversight for the delivery of care in a way that improves quality and efficiency.**

- Nurses are also taking on more leadership roles in health care, such as becoming CEOs of hospitals.

- They are influencing the decisions made around patient care and are helping drive a better patient experience, while innovating the health care system.

- **Nurses play a key role in telehealth care.** Examples include being a telepresenter; telehealth coordinator, clinical coordinator, telehealth or executive director, national expert, etc.

Medico-Legal Issues

There are medico-legal issues to consider:

- be knowledgeable of the licensure requirements in the state where you are practicing;

- be knowledgeable of credentialing requirements, enrollment in health plans for payment, prescriptive authority regulations, documentation, etc.; and

- no additional liability and risks with telehealth

Antoniotti shares how she has coordinated site visits with legislatures and students to make them aware of telehealth and the benefits it can provide.
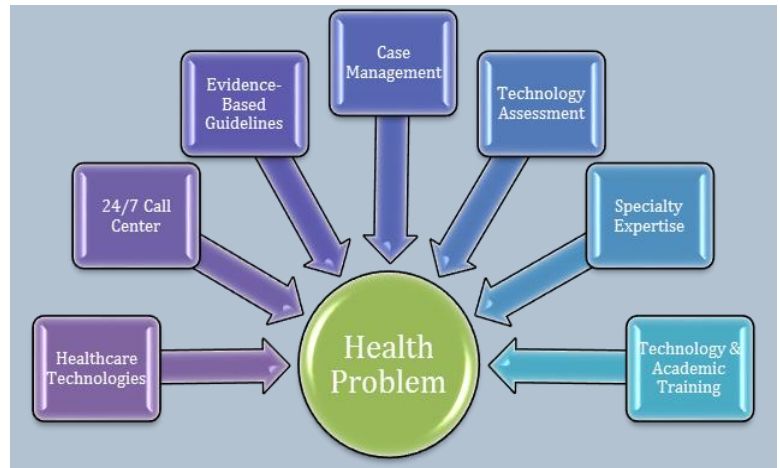
Telehealth in Arkansas

Benton begins her presentation by sharing how telehealth is used in Arkansas and shares specific examples of successful telehealth programs in the state.

- In Arkansas, many counties do not have the necessary physicians and specialists to provide services.

- In both urban and rural areas, there are disparities and barriers to care.

- The University of Arkansas Medical Sciences' motto is "where you live should not determine whether you live or die."

Approach to New Telehealth Programs

Benton shares a graph depicting baseline considerations when developing a new telehealth program, including:
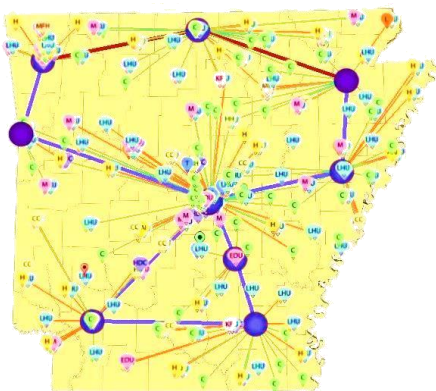
- understanding what the healthcare technologies needed are;
- there is access to the 24/7 call center;
- ensuring evidence-based practices are used;
- there is care coordination or transition of care from acute to the home;
- determining what specialty experience is needed; and
- there is training for those involved in the technology.

It is important to use everyone to their maximum scope of training, and to ensure that the patient is put first.

In Arkansas, they are building a connected healthcare system:

- all hospitals are connected through the emergency room department,
- education infrastructure is provided,
- they understand the social determinants of health, and
- they require evidence-based practice.

Arkansas' Connectivity Though E-Link

- **The University of Arkansas for Medical Sciences (UAMS), Center for Distance Health (CDH),** received a $100 million grant through the Department of Commerce in 2010 to deploy a healthcare education and research broadband network across the state.

- This infrastructure supports the use of technology from traditional computers to tablets and smart phones. This has allowed the state to advance telehealth and people's access to care.

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- **The Arkansas E-Link network** connects their members, which include hospitals, medical clinics, universities and community colleges, skilled nursing facilities, etc. and allows each one to access the same platform and patient information as needed. This technology has led to better outcomes while maximizing resources.

Telehealth Benefits

Advancing telehealth in the state has allowed smaller hospitals to provide services and specialty access that they could not afford otherwise, and the patient's need to commute further distances to receive specialty access has decreased.

There are major benefits of connected health, including:

- patient's access to care, especially specialty care;
- healthcare cost savings;
- triaging patients sooner and decreasing emergency room visits;
- using technology for post-operation follow-ups;
- shared staffing costs for networks;
- reduced travel time for patients; and
- fewer or shorter hospital stays.

Using telehealth may allow providers to monitor their patients in a proactive, preventative way before they present with emergency symptoms.

Local Community Benefits from Telehealth

- ✓ increasing access for patients at local clinics;
- ✓ enhancing a rural clinic's reputation;
- ✓ keeping revenues in the community hospital and clinic; and
- ✓ promoting economic development in the community beyond primary care.

Technology and Telehealth

Benton explains how **sensors and monitors** are useful technology that can lead to greater patient outcomes. She cautions however that lay persons may not know how to interpret the data appropriately, and measures should be put in place to ensure it is used appropriately.

Artificial intelligence can also be used for reviewing patient indicators and then dispensing treatment recommendations based on the data. These predictors and information give doctors recommendations for more effective treatment, leading to better outcomes.

State Programs Using Telehealth

Arkansas has several programs that successfully use technology to support telehealth services:

- **Arkansas Saves:** stroke assistance through virtual emergency support. A vascular neurologist is available within 10 minutes to assess stroke patients. There are 54 acute stroke ready sites in the state who have 24/7 video support.

- **ANGELS Telemedicine:** at-risk perinatal care. A maternal fetal medicine nurse and physician provide consulting services. In 2018, there were 2,822 telehealth patient visits in the state.

- **Trauma Image Repository:** a repository for patient images used when higher levels of care are needed. Allows patients in remote areas to have their images easily sent to a higher-level treatment site. This has decreased the amount re-imaging.

- **Hand Trauma & Burn Consultants:** consultation for patients with hand trauma and burns. In the state, there is a shortage of beds for burn victims. Now patients have access to a specialist who can provide expertise and guidance; this has also reduced unnecessary transfers.

- Other statewide programs exist for cardiology, chronic care, neurology, emergency medicine, traumatic brain injury, geriatrics, etc.

For telehealth to be successful, education is key. The institutions and providers who will be participating in this technology must be educated and trained.

The Telehealth Resource Centers are a great resource; information can be accessed online at www.telehealthresourcecenters.org.

Audience Questions & Answers

Q: **Do states have nursing standards and regulations that govern their ability to bill for telehealth?**

A: The ability to bill for telehealth and receive payment is a payer issue and supervision requirement. There is no language in state laws about billing for telehealth services, except in regulatory language for Medicaid.

Where the patient lives is the state where you are delivering service. Make sure you are following state rules and regulations in the patient's state and that your liability insurance covers you in that state. Ensure any network you use is HIPAA compliant.

The National Council of State Boards of Nursing could be a useful resource, as well as the American Nurses Association (ANA). ANA has a draft of best practices related to nursing and telehealth posted online and currently available for comment. Also, the national Telehealth Resource Center may have state-specific policies and information.

For nurses, assume you must be licensed in the state where the patient is located unless there is a nursing compact in place.

If a nurse is practicing within the scope of their license, upholding standards of care, and conducting all elements of the patient encounter as if it was in-person, there should be no quality issues. If video interaction is not equal to the in-person care and you are concerned you may be missing something, then schedule that patient for in-person care.

Speaker Contact Information

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The IOM's recommendations include: the need for more advanced education of registered nurses; nurses leading innovations in health care and being appointed to decision making bodies; all nurses practicing to the full extent of their education and training; a more diverse nursing workforce and faculty; and more interprofessional collaboration among nurses, physicians, and other members of the health care team in the educational and clinical environments.

CCNA Contact Information

For more information about this webinar, technical assistance questions, or questions related to the Future of Nursing: *Campaign for Action*, contact wquinn@aarp.org at the Center to Champion Nursing in America.

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