The National Telehealth Webinar Series

Presented by
The National Network of Telehealth Resource Centers
Practice Guidelines for Telemedicine

Elizabeth A. Krupinski, PhD
Southwest Telehealth Resource Center

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(9:00AM HST, 10:00AM AKST, 11:00AM PST, 12:00PM MST, 1:00PM CST, 2:00PM EST)
Why Need Guidelines?

- Supply health care professionals with needed support & information
- Improve health care quality & encourage more efficient use of limited health care resources
Guidelines & Policy

• Federal & state government
  – General healthcare policy
  – Medicare & Medicaid
  – Liability standards
• FDA (especially medical devices)
• Professional societies
  – Daily practice
• Funding opportunities
  – NIH
Telemedicine rapidly evolving & technological advancements impact scope & extent clinical practice

Rigorous evaluation key to developing guidelines, shaping policy, growing & promoting practice

When research lacking, assessment based on clinical consensus & review existing data performed
ATA Study

- Logic-branching survey 26 questions
- Email blast 13,177 ATA members & non-members November 2011
- SurveyMonkey 90-day open period
- 538 responses with 449 complete
- 73% ATA members
- 96% US
- 31% providers, 24% admin + variety others
Active in Telemedicine

- Active < 1 year
- Active 1-2 years
- Active 2-5 years
- Active 5-10 years
- Active > 10 years
- Future
- N/A
Why Should There Be Standards

- Adds credibility
- Standardizes approaches to practice
- Decreases liability
- Helps reimbursement
- Assists training
- Leads to revenue producing ventures
- Other

Percent
Who Should Develop

- ATA: 80%
- State/Federal Agencies: 70%
- Individual organizations: 30%
- International associations: 20%
- Payers/reimbursers: 10%
- Combined effort: 5%
- Users: 2%
- Standards bodies: 1%
- Colleges: 1%
- Research: 1%
What S&G Using Now

- In-house
- Professional society
- ATA
- State
- Unspecified
- Medicare/Medicaid
- Federal
- International
- Military
- Technical
Which ATA S&G Being Used

- Core Standards
- VRC Telemental Health
- Teledermatology
- Telepresenting
- Home Telehealth
- Diabetic Retinopathy
- Telerehabilitation
- Telediagnosis

Percent
Why S&G Helpful

- Setting up new program
- Training staff
- Clinical practice
- Update existing program
- Convincing execs start TM
- Research
- Gain reimbursement
- Support certification
- Other
| Step 1: Identification of Practice Guideline Subject Area | • Topic Identified (Standards & Guidelines Committee or Member request)  
• Board review/approval |
| --- | --- |
| Step 2: Planning Phase | • Appointment of a stakeholder work group  
• Plan and refine project scope  
• Assign work group member roles into subgroups: clinical, technical, administrative |
| Step 3: Assessment of Validated Outcomes and Best Practices | • Develop outline for guidelines sections: clinical, technical and administrative  
• Develop plan/revise as needed for literature search  
• Conduct literature search  
• Filter references  
• Assemble articles and resources  
• Conduct assessment  
• Prepare reports and analyze data |
| Step 4: Drafting Guidelines | Subgroups draft guidelines (in-person workshop where funds are available) for clinical, technical, administrative areas |
| Step 5: Reviews | Draft guidelines reviews/revisions by work group  
Review 1: Work group  
Review 2: Chair Standards & Guidelines Committee/ATA staff  
Review 3: Standards & Guidelines Committee (full)  
Review 4: Open Public Comment  
Review 5: Board of Directors |
|-----------------|---------------------------------------------------------------|
| Step 6: Dissemination and Adoption | • Promotion  
• Training  
• Adoption |
| Step 7: Impact Assessment | Evaluate and measure impact of practice guidelines |
| Step 8: Periodic Updates and Revisions | Periodic review of guidelines to update and revise |
Collaborative Writing Workshops

- TeleMental Health SIG Consensus – Sep 2012
- Primary & Urgent Care – Mar 2013
- TeleICU – Mar 2013
- TelePath – October 2013
- Gert-Jan de Vreede, PhD facilitator
  - Univ NE Omaha College Info Science & Technology Managing Director Center for Collaboration Science
- Supported by NIST grant
Discuss Scope/Goals

Discuss/modify/clarify outline: clinical, technical, admin

Comment on each outline element (individual)

Craft guidelines statements each outline element (prs/subgroup)

Comment on each outline element (individual)

Craft guidelines statements each outline element (prs/subgroup)

Collect feedback & revise statements (prs/subgroup)

Review and comment on draft statements (individual)

Discuss of essential modifications

Vote on draft statements (individual)

Collect feedback & revise statements (prs/subgroup)

Review and comment on draft statements (individual)

Revise draft (pairs)

Re-vote if necessary and revise

First Draft Completed

Slide courtesy of Jordana Bernard ATA
Performance

![Performance Chart]

- generated ideas
- tools better
- recommend process
- participate future
- foster collab writing
Goal Attainment
Satisfaction With Process
Satisfaction With Outcomes

[Box plot graph showing satisfaction with outcomes for different categories such as 'liked outcome', 'sat achieved', 'sat results', 'sat accomplish', 'happy results'. Units are on the vertical axis, ranging from 0 to 8.]
Commitment

![Graph showing commitment levels for different categories: will put in effort, will talk about, and care right ideas. The graph indicates varying levels of commitment across these categories.]
Cost Transition
The practice of medicine is an integration of both the science and art of preventing, diagnosing, and treating diseases. Accordingly, it should be recognized that compliance with these guidelines alone will not guarantee accurate diagnoses or successful outcomes. The purpose of these guidelines is to assist practitioners in pursuing a sound course of action to provide effective and safe medical care that is founded on current information, available resources, and patient needs. The guidelines recognize that safe and effective practices require specific training, skills, and techniques, as described in each document.
If circumstances warrant, a practitioner *may responsibly pursue an alternate course of action* different from the established guidelines. A divergence from the guidelines may be indicted when, in the *reasonable judgment of the practitioner, the condition of the patient, restrictions or limits on available resources, or advances in information or technology* occur subsequent to publication of the guidelines. Nonetheless, a practitioner who uses an approach that is *significantly different from these guidelines* *is strongly advised to provide documentation*, in the patient record, that is adequate to explain the approach pursued.
“Shall” indicates a required action whenever feasible and practical under local conditions.

“Should” indicates an optimal recommended action that is particularly suitable, without mentioning or excluding others.

“May” indicates additional points that may be considered to further optimize the healthcare process.
ATA S&G

- Telehealth Practice Recommendations for DR
- Blueprint for Telerehabilitation Guidelines
- VC-based Telepresenting Expert Consensus Report
- Practice Guidelines VC-based Telemental Health
- Evidence-based Practice Telemental Health
- Practice Guidelines Teledermatology & Quick Guides
- Core Standards Telemedicine Operations
- Home Telehealth Clinical Guidelines
- Clinical Guidelines Telepathology
- Video-Based Online Mental Health Services
Developing ATA S&G

- TM Practice Primary Care & Urgent Care
- Tele-ICU
- Tele-Burn Care
- Remote Monitoring Data Management
- Updated Telepathology
- Tele-Audiology
- mHealth

Dissemination

- > 500 downloads/month!
- Published in TMEH Journal
- Seek endorsement by other professional societies & organizations
- Regular update panels @ ATA Annual Meeting
- Committee members encouraged include in presentations @ meetings etc.
- Encouraged use in research
Other S&G

- ACR Standard Teleradiology
- AAD Position Statement Telemedicine
- APA Statement on Services by Telephone
- AMA Physician-Patient Electronic Communications
- Medem’s eRisk Physician-Patient Online Communications
- Guidelines Surgical Practice Telemedicine
- ACR Guidelines Electronic Medical Information Privacy & Security
- FDA Telemedicine Guidance
- CMS e-Prescribing Guidelines
International Standards

- Accreditation **Canada** & National Initiative for Telehealth Framework of Guidelines
- Telehealth Services Code of Practice for **Europe**
- **Australian** College of Rural & Remote Medicine
- Standards **Australia** e-Health
- **WHO**
Summary

• Practice guidelines do exist – use them!
• Increase confidence ability to use & “legitimacy” TM promotes adoption
• Helps reimbursement & other legislative efforts
• Promotes research more evidence improved guidelines more adoption
Thank you!
Questions?

krupinski@radiology.arizona.edu
The National Telehealth Resource Center Webinar Series

3rd Thursday of every month

Next Webinar:

Telehealth Topic: Cloud-based Services in Healthcare Organizations
Presenter: Garret Spargo Director, TTAC
Date: Thursday, December 19, 2013
Times: 9:00AM HST, 10:00AM AKST, 11:00AM PST, 12:00PM MST, 1:00PM CST, 2:00PM EST
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