

Telehealth FAQ Sheet

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1. How is Telehealth defined?

Telehealth is the overarching term used to describe the remote delivery of patient care services. Services such as telemedicine and telepharmacy are now thought to fall under this broad term.¹ Telehealth allows the pharmacy profession to expand its patient care reach and provide quality patient care. The U.S. Department of Health and Human Services (HHS) divides telehealth services into synchronous and asynchronous.² Synchronous telehealth services happen in real-time and are normally completed via phone or video. The communication is direct and normally results in a treatment plan. Asynchronous telehealth is described as communication or information shared between different parties that occurs at different points in time. Telehealth, regardless of the type, is an effective form of healthcare that positively impacts patient care services.

2. What are examples of telehealth services?

Multiple telehealth services can be utilized in order to impact patient care. Medication therapy management (MTM) ensures optimal therapeutic outcomes through improved medication use. Components of MTM include personal medication record, medication-related action plan, intervention/referral, and documentation and follow up. Chronic disease state management is another telehealth service that can be utilized. This type of telehealth allows pharmacists to provide care with a goal of controlling symptoms and slowing or stopping disease progression. Examples of chronic disease state management include transitions of care, pharmacogenomics, and ambulatory care services.

3. What are workflow considerations for telehealth vs in-person?

What platform will you use to contact patients?

- There are many options for telephone and video outreach to patients. Some options offer integration in the Electronic Health Record (EHR) and others are desktop or mobile apps that make patient connect easy and fast. Consideration for the platforms available to you and whether they have been thoroughly vetted for privacy and HIPAA compliance is key in planning to offer telehealth visits.

How will you accommodate disabilities?

- When considering telehealth platforms and services, consideration for patients with disabilities should be included in planning. How will hearing impaired patients communicate with your staff during the visit? How will visually impaired patients interact with your telehealth platform and clinicians during the visit? Consider which telehealth modality works best for your patient (video versus telephone visit). Also

consider the team that will conduct the visits and whether they need accommodations to conduct telehealth visits.

How will you provide interpretation services?

- Review your plans for telehealth with your current interpretation service provider. Will they provide access to interpretation for telehealth? How will you incorporate an interpreter into your visits? Do you have the necessary teleconferencing abilities or video calling abilities for ASL interpretation?

How will you educate during telehealth visits?

- Plan ahead for how you will provide common educational resources and demonstrations via telehealth. How will educational handouts get to the patient to review? Will you send them before or after the visit? Will you be able to provide device education via telephone or do you need to have video visit capabilities?

4. What are the outcomes that should be considered when implementing services?

As with any ambulatory pharmacy service, which outcomes to evaluate should be determined during the planning phase of the service and typically involve evaluation using the ECHO (economical, clinical, and humanistic outcomes) model.³ Below are outcomes to consider in each of these categories.

- **Economical** - This category describes measures related to revenue generation, cost savings, or cost avoidance. With a telehealth service, some things to consider include billing for services - is this an option in your state and/or health-system? Is billing the same for telehealth services as it is for face-to-face? What requirements are needed to be met to be able to bill for the visit (ie, video calls only or is audio an option)? Also, consider in this category metrics related to patient access. Do you anticipate improved visit completion rates for a telehealth service compared to face-to-face that would result in increased revenue? If your service involves prescription volume, increased patient access would result in increased revenue from prescription volume. Lastly, reduction of hospitalizations or emergency department visits would fall in this category and may be considered when developing a telehealth service.
- **Clinical** - This category describes measures related to a patient's health status and can be the same or similar to those clinical outcomes measured in face-to-face services. Examples here include blood pressure lowering, A1c at goal, or number of patients achieving 80% medication adherence rates.
- **Humanistic** - This category describes measures related to the customers' satisfaction and/or their quality of life. For most services, this includes referring providers and patients. Measures of physician/APP burnout, confidence level of physician/APP to refer to telehealth service, and patient experience ratings and satisfaction are examples in this category.

In many cases, the same clinical service may be provided face-to-face or virtual, and it may be beneficial to compare outcomes between the two delivery models. This may be beneficial when justifying the continuation of a telehealth service - is it as good as or better than face-to-face? Is it worthwhile to continue offering both options? The outcomes highlighted above can be used to answer these questions.

Resources:

1. Telehealth Resource Centers. ASHP. (n.d.). Retrieved April 10, 2023, from <https://www.ashp.org/pharmacy-practice/resource-centers/telehealth>
2. What is telehealth? What is telehealth? | Telehealth.HHS.gov. (n.d.). Retrieved April 10, 2023, from <https://telehealth.hhs.gov/patients/understanding-telehealth>
3. Kliethermes M and Brown T. *Building a successful ambulatory care practice: advancing patient care*. American Society of Health-System Pharmacists, 2019.

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