

# **HOME TELEHEALTH GUIDELINES**

## **2**

### **AND POLICY REQUIREMENTS**

Telehealthcare delivery guidelines and policies for home care use are new and not well tested – yet. Currently, professional and trade organizations such as the American Telemedicine Association (ATA), the Community Health Accreditation Program (CHAP), and the American Nurses Association (ANA) have developed suggested home telehealth guidelines and protocols.<sup>1</sup>

These guidelines only begin to address typical questions that home care agencies have started to ask, such as: Precisely who should receive telehealth services? What activities need to be documented in telehealth records? How should effectiveness be measured?

Home healthcare agencies would like some answers, especially now that home telehealth has begun to generate more interest as a “solution” to perform well within some of the constraints imposed by the Medicare-funded Prospective Payment System (PPS) for Home Care.<sup>2</sup> Industry spokespeople have indicated that telehealth ought to be used to thrive under PPS. Although it is not a paid service, some say it should be bundled as part of today’s home health patients’ capitated care services. Just how and how often it should be used are still unknowns. At best, it can only be said that home care guidelines are in a state of development and transition.

#### **What’s the State of the State in Telehealth Guideline Development?**

At the moment, telehealth guidelines for the healthcare field as a whole (beyond home health) are not standardized.<sup>3</sup> Teleradiology has long had its own guidelines, and telepsychiatry’s guidelines are more recent, as are telehomecare’s. However, none has

been universally accepted or adapted between specialty fields, and few are even accepted within single fields.

It doesn't stop there. Academic arguments continually debate whether telehealth guidelines are needed at all, and whether guidelines that do exist are really true guidelines—that is, “recommended, and to some extent flexible practices.”<sup>4</sup> The development and acceptance of telehealth guidelines, including those for home telehealth, is obviously in a state of flux. Therefore, it is suggested that you use what have been deemed standard guidelines in home telehealth to date by the ATA and CHAP, which will be discussed in this chapter. It is then recommended that you work directly with these guidelines to craft your own in-house **telecare plans** for directing nurses how to use telehealth, as described in Chapter 3.

## **The Home Telehealth Focus**

Home telehealth practice **complements** conventional care, and key to implementing an effective telehealth program is devising a range of telehealth program in-house policies. At the outset there should be a general **Telehealth Use** policy put in place, as suggested by the ATA and CHAP guidelines.<sup>5</sup>

This general **Telehealth Use** policy should indicate a range of providers who can participate in home telehealth, and the roles that these providers ought to play. Take, for instance, physicians' roles in home telehealth.

The patient's physician must specify **in writing** the need for home telehealth services and the amount and type of authorized treatment for each patient to be assigned to telehealth.<sup>6</sup>

This is a critical directive that should be included in any in-house **Telehealth Use** policy (because, for one thing, auditors and insurers will be looking specifically for this written note in a patient's chart).

Another important detail that needs to be covered in this general **Telehealth Use** policy is identifying categories of clinicians who work with the agency who are authorized to participate in telehealthcare delivery. The ATA's guidelines identify these staff persons specifically, indicating:

Telehealth consultations may be conducted by RNs, social workers, LPNs, physical therapists, speech therapists, occupational therapists, nutritionists, physicians, nurse practitioners, or others within the pre-existing scope of practice for that category of practitioner.<sup>7</sup>

**Who  
can do  
telehealth?**

The in-house **Telehealth Use** policy should also indicate the training in telehealth delivery that these clinicians need to undertake. The CHAP guideline states that a written policy and procedure ought to delineate operations of the telemedicine care program, including an orientation and training program for staff.<sup>8</sup>

A sample in-house **Telehealth Use** policy that agencies may want to consider as a template is provided in the Suggested Policies and Forms segment of this book (as Policy 1, on page 116).

This sample **Telehealth Use** policy indicates the roles of physicians and other clinicians involved in the care of patients who are receiving telehealthcare services. Other issues that are touched on, such as equipment maintenance and home assessments, must be dealt with in more depth in additional in-house policies. According to ATA and CHAP guidelines, these in-house policies should address:

- **Staff Training in Telehealth**
- **Appropriate Assignment of Patients to Telehealth**
- **Assessment of the Patients' Homes as Appropriate for Telehealth Delivery**
- **Telehealth Equipment Use and Maintenance**

**Four More  
Recommended  
In-House  
Policies**

Having in-house telehealthcare guidelines and policies in place ensures that you and your agency are using the technology correctly and consistently. All of these four

other policies (in addition to your general Telehealth Use policy) are discussed in some detail in the remainder of this chapter.

## **Four More Needed Home Telehealth Policies**

### **Policy 2: Staff Training in Telehealth**

All current guidelines for home telehealth require that written policies pertaining to staff training in telehealth be developed at each agency. The CHAP guidelines refer to “staff” generally, while the ATA guidelines indicate specifically which staff positions can practice telehealth (and therefore be required to undergo telehealth training). This list includes nurses, nutritionists, therapists, and others noted above on page 13. However, regardless of category of practitioner, a special license to practice telehealth is not required. All telehealth practitioners nevertheless do need to be licensed to practice conventional care by the state in which they and their home healthcare agency are located. Take note as well that each state (*not* home care agencies) must decide if it will allow “across state line” telehealth consultations.<sup>9</sup>

Familiarizing ourselves with current guidelines in home telehealth will alert us to the specific and needed inclusions required to be in our own agency’s home telehealth guidelines. Current guidelines say, for instance, that the in-house policy on **Staff Training in Telehealth** should indicate the types of materials and procedures to be covered during in-house staff training. For example, staff should receive training in use of all telehealth equipment that will be available at and used by the individual’s agency. Staff persons should also “be able to demonstrate the ability to use the technology and troubleshoot common problems.”<sup>10</sup>

Furthermore, regardless of the telehealthcare tool used, according to both ATA and CHAP general guidelines, agency staff should be trained to undertake televisits and to complete patient chart documentation using information obtained from the telehealth equipment.<sup>11</sup> In fact, the guidelines state that staff training courses should move well

beyond introducing the technology. That means that this training needs to also focus on using back-up plans should problems occur with the technology or with the patient, or if outcome expectations are not reached.

Clearly, these staff training courses are not informal demonstration sessions provided on a one-time basis by telehealth equipment vendors. CHAP guidelines encourage annual competency tests to be completed by home health telehealth staff persons, while ATA guidelines suggest that a certain proficiency by staff persons be demonstrated.<sup>12</sup> Depending on the rigor of testing/assessing that an agency chooses to follow, the in-house **Staff Training in Telehealth** policy ought to state the types, frequency, and extent of required telehealth training.

A sample in-house **Staff Training in Telehealth** policy (noted as Policy 2) is presented in the Suggested Policies and Forms segment of this book, on page 119. Agency-specific focuses for staff training and assessment are discussed in Chapter 3.

### **Policy 3: Appropriate Assignment of Patients to Telehealth**

One extremely important component of successful home telehealth delivery depends on devising a policy to ensure appropriate assignment of patients to telehealth. Reliance on the home care clinicians' observations of the patient is important, as usual. Current telehealth guidelines from ATA and CHAP also suggest many of the qualities that ought to be explicitly defined about patients to ensure their appropriateness for assignment to telehealth, too. These include patients' demonstrating a certain level of coherency and ability to follow directions.

**Patients:  
Who is  
Right for  
Telehealth?**

But we will be dealing with the patient differently and more interactively in telehealth. That is why, in fact, at the outset, we need to learn more than we think we already know in this area of patient assessment. Preparing the patient for telehealth services must include a thorough assessment of the patients' capabilities as well as patient training in use of the technology and procedures *before* a telehealth visit is