

Virtual Care Realities: Launching a Telehealth Initiative – Key Questions a Provider Should Address to Ensure Impact

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Author's note: Dorsey Health Strategies (DHS), a healthcare business consultancy founded by Dorsey & Whitney, offers a comprehensive array of business advisory and regulatory services to health industry clients; accordingly, DHS articles will address healthcare business challenges and regulatory considerations. Since telehealth/virtual care/digital health is an area of expertise at Dorsey Health Strategies, this article is part of a series, "Virtual Care Realities," which will explore different business and regulatory challenges specific to telehealth/virtual care for providers, telehealth solutions companies, and medical technology companies seeking to enter the space.

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Establishing a telehealth solution is a high priority for many healthcare systems, and yet, without key decisions and alignment in place, can easily become a case of failure to launch. When healthcare provider leaders first confront the complicated telehealth-specific regulatory requirements, the challenges of reimbursement, a wide array of potential vendors to choose from, and the likelihood of internally competing business interests, the question becomes how to just get started, and, moreover, how to launch a scalable telehealth care delivery model that does not cannibalize business from another part of the organization. Below are five key questions to ask to ensure success:

1. *What are your goals, and what will be the ROI that you will specifically measure?*
Determine with as much specificity as possible what you are striving for in implementing a telehealth solution. While healthcare leaders are certainly well versed in launching initiatives generally, they often fail to dedicate sufficient resources to define the desired outcomes of a telehealth initiative. I would posit that this is because telehealth is too often categorized as an IT-related project, whereas, it should more properly be integrated into and budgeted as a larger strategic planning initiative. Skimping on this key initial planning can lead to a failed implementation, as the desired outcomes for telehealth are not necessarily a given: telehealth solutions may serve as a revenue driver, a cost mitigation measure, a means to improve patient satisfaction and quality metrics, a means to augment staffing, or a means to comply with regulatory or contractual obligations. Different stakeholders will advocate for any one or all of these goals, but it is important to determine *which* is the primary goal, and which might not be goals at all, as this decision then influences how you will

measure success, the message and mission for the team to achieve organizational alignment, and, potentially, how much your organization will be willing to spend and which will be viable vendors. For example, if your organization is looking to augment staffing, the scale of what you will be open to spending will likely be influenced by the comparable budget for hiring a similar staffing complement (and that would then be set likely as an upper limit, as one hopes for lower-cost telehealth solutions). Further, you would then be looking for a telehealth solution that offers both a software platform for delivering care and also staffs virtual care providers. Conversely, if you're looking for a fast-track revenue driver that is meant to leverage your current staff's free time or change the flow of patient visits, you would be focusing on telehealth solutions that are software-driven, and the bulk of your budget may be spent on marketing.

2. *In which states will your patients be located, both at the outset and at full scale?*

Assess state licensure regulations at the outset, as these may impact the care delivery model and vendor that you choose. This is perhaps the most overlooked area of initial investigation, perhaps for lack of time or perhaps because of the understandable thought that providing virtual care is regulated like traditional care settings – that is not the case. Licensure requirements for delivering care via telehealth vary considerably across states and, within a given state, across different clinician types (e.g., MDs, NPs, RNs). You will want to consult with an attorney at the outset to understand what is permitted not only in the state in which your patients are receiving care, but also the regulations of any states in which you hope to treat patients in the future. This arises most often in the case of providers treating patients in neighboring states, but is also an important issue for regional and national healthcare systems, as telehealth is so effective at bolstering care coordination. It is painful to expend huge amounts of time and resources to expand your telehealth services to a new state only to learn that that state's regulations do not permit the same care delivery setup that you have been using. Licensure requirements directly affect staffing and scalability of your telehealth initiative. It also may influence which care delivery model you choose (i.e., who will provide which aspects of a patient visit), and which vendor you choose. Investigate this early.

3. *What is the scope of care and services you want to offer via telehealth?* **Confirm that your state's scope of practice guidelines align with what you hope to offer and your revenue model.** Much like licensure regulations, telehealth scope of care practice guidelines also vary considerably by state and determine the breadth of what your telehealth providers can do. This can affect the care settings in which you provide telehealth services, the medium you choose (i.e., videoconference versus online form and phone calls), and, potentially, the educational certifications you will require of your staff or those you contract with to provide care. While scope of practice would be a typical consideration for care delivery onsite, telehealth complicates the answer, as state regulations may be applied differently for telehealth versus onsite care. Perhaps you hope to offer a behavioral health telehealth program to promote ongoing care coordination, virtual group visits, and a means to monitor patients between visits. You would want to know at the outset not only the licensure requirements (see above), but also what your care providers will be able to *do* and via which medium, as this directly impacts your business model. In some states, for example, a tele-psychiatrist may be able to conduct group therapy visits via videoconference, whereas, other states may not permit this; in some states, tele-psychiatrists may work only with patients they have seen before, whereas, in others they may work with new patients provided certain documentation is obtained. Moreover, these regulations are changing, as provider systems demand that their state boards provide more clarity.

4. *How will your telehealth solution integrate with the rest of your organization?*

Convene key stakeholders and decide this early, and then seek and promote alignment about how your telehealth offering will bolster your organization. By

integration, I refer both to how telehealth will fit in your organization structurally and how it will be billed and reimbursed. Will it be a “standalone” virtual care clinic offering certain designated services? Will it be integrated with a specific care function and used for certain types of follow-up visits or chronic care monitoring? Will it be treated the same as a regular outpatient visit, or will it be considered a loss-leader means of improving care coordination and quality? This is an important question to address at the outset to obtain alignment with clinicians. Be upfront: if the telehealth service will reduce a certain type of visits, be sure to state that, and explain what measures will be taken to mitigate harm to the affected clinical area, and how the telehealth offering will improve care delivery overall. It is also important to designate which budget(s) will pay for this initiative. Whose P&L will be affected? You will need a united group of leadership, and that includes the clinical leaders, to launch this successfully.

5. *How will your telehealth solution integrate with your EHR? Once you have determined the answers to the above – but still before you choose a vendor! – specify where the data from the telehealth visit should appear in the EHR, and which aspects of this answer are “deal breakers” as you consider vendors.* If the telehealth visit data is stored in any system other than your EHR, which is usually the case, you will need to consider the telehealth platform’s integration capabilities. In this, the key is *how* and *where* the telehealth visit data will appear in your EHR record. Too often, providers will state that they want all telehealth visit data in the EHR, and vendors will answer (accurately) that this is possible, as there are interfaces at the ready. However, what both parties fail to specify is whether this data will be transferred into discrete data fields within the provider’s EHR. This is a critical question to ask and to see demonstrated by potential vendors, if possible, because the alternative, typically some form of attached file, is unlikely to be searchable or usable in the same ways as the rest of your EHR data. This would then hinder chart review and your population care management efforts; in other words, it impedes the very care coordination you hoped to gain. For that conversation, be sure to involve a clinician, an IT person, and a person well-versed in your EHR setup, and bring up an example EHR record onscreen to ensure that everyone is talking about what will display in the same way. If that vendor is selected, be sure to convey the answers from this conversation to your attorney, or involve the attorney in that discussion, so that the answers are reflected in the vendor contract.

Since telehealth, by its very definition, sits at the juncture of healthcare delivery and IT, it implicates a unique array of regulations and business considerations and should be approached with the same level of strategic planning and resources as you would devote to another blue-chip project. While there are many additional key planning considerations that we hope to address in future articles (with reimbursement and referrals being key among them), addressing the initial questions above will enable you to set up a strong overarching project structure and establish momentum.

We welcome your suggestions for additional focus topics within this series. Please contact Shira Hauschen at Hauschen.Shira@Dorsey.com with any comments, suggestions, or questions.