What is Telehealth?

Context for Framing Your Perspective

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As state and federal policymakers, government agencies, insurers, practitioners, and consumers expanded the opportunities for telehealth, a wide range of terms and definitions have emerged. Unfortunately, there are very few universal definitions and many terms are interchangeable. There are several general themes that can be used to describe your "telehealth initiative."

COMMON TELEHEALTH DEFINITIONS

AMERICAN TELEMEDICINE ASSOCIATION (ATA):

[...] is the remote delivery of health care services and clinical information using telecommunications technology[...]

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA):

[...] defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care[...]

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS):

[...] In general, these "Telehealth Services" require the use of an interactive audio and video telecommunications system for real-time communication between a provider and beneficiary who must to be located at a rural health care facility. InJuly 2018, CMS proposed new services with "Remote Communication Technology," including virtual check-ins and remote evaluation of pre-recorded patient information[...]

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

The NCTRC acknowledges the various definitions of telehealth. The purpose of this fact sheet is to encompass all the varying ways to interpret telehealth rather than providing a hardline definition. For instance, a payer would view telehealth differently from an insurance company, yet the two are still intertwined.

3 important contexts are outlined to expand your perspective to see telehealth as an integrative tool that connects healthcare.

Understanding telehealth from the perspective that applies to you:

1. TYPES OF TELEHEALTH TECHNOLOGY

There are four main categories of telecommunications technologies that are used for telehealth: synchronous, asynchronous, RPM*, and mHealth. What type of connection(s) will your telehealth program make?

2. WHEN AND BETWEEN WHO?**

	Real Time "Synchronous"	Store and Forward "Asynchronous"
Visits (Provider to Patient)	**Virtual Visit** Video visit between provider and patient	**eVisit** Online exchange of medical info between provider & Patient
Consults (Provider to Provider)	**Virtual Consult** Video consult - provider to patient's provider	**eConsult** Consult between providers

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*Remote Patient Monitoring (RPM) is a modality that monitors physiology and behavior to maintain best function in the least restrictive, least expensive, or most preferred environment.

3. WHOSE PERSPECTIVE

Telehealth can be viewed from multiple perspectives. For example, a clinician and patient might focus on convenience and clinical effectiveness, while hospitals and insurers would might be more interested in utilization and meeting needs across an entire region. Each perspective is important, but none provides the entire picture.

EACH PARTY COULD EMPHASIZE DIFFERENT ASPECTS OF TELEHEALTH IN A DEFINITION.

**PATIENT   HEALTH SYSTEM
HOSPITAL   CLINICIAN
COMMUNITY   PAYER   CLINIC**

We don't have to use the same definition of telehealth.

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KEY QUESTIONS TO ASK:
As you look to describe your telehealth initiative, consider these questions:

- Who is providing and receiving the service?
- Is it a clinical service, a professional consultation, or an education/training?
- In what context is the service being provided? Is it in a hospital, clinic, patient's home/residence, or other facilities?
- Is it synchronous or asynchronous?
- What type of technology is being used?
- How is the service funded? Is it billable to insurance or supported by some other arrangement?
- How does this service fit into any established definitions in your state laws, regulations, etc.

FOUR CRITICAL DIFFERENTIATORS:
1. Direct Patient services vs other health-related activities
2. Live vs Store and Forward (synchronous vs asynchronous)
3. Clinic or hospital-based vs direct to consumer
4. Billable (direct or monthly) vs Patient Self-pay vs unbillable value generation