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VIDEOCONFERENCING-BASED TELEPRESENTING EXPERT CONSENSUS RECOMMENDATIONS

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1. PREAMBLE

The American Telemedicine Association (ATA), with members from throughout the United States and throughout the world, is the principal organization bringing together telemedicine practitioners, healthcare institutions, vendors and others involved in providing remote healthcare using telecommunications. ATA is a nonprofit organization that seeks to bring together diverse groups from traditional medicine, academia, technology and telecommunications companies, e-health, allied professional and nursing associations, medical societies, government and others to overcome barriers to the advancement of telemedicine through the professional, ethical and equitable improvement in health care delivery.

ATA has embarked on an effort to establish practice guidelines and technical standards for telemedicine to help advance the science and to assure the uniform quality of service to patients. They are developed by panels that include experts from the field and other strategic stakeholders and designed to serve as both an operational reference and an educational tool to aid in providing appropriate care for patients. The guidelines and standards generated by ATA undergo a thorough consensus and rigorous review, with final approval by the ATA Board of Directors. Existing products are reviewed and updated periodically.

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 will not guarantee accurate diagnoses or successful outcomes. The purpose of these standards, guidelines, and practice recommendations 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 practice guidelines and technical standards recognize that safe and effective practices require specific training, skills, and techniques, as described in each document. The resulting products are properties of ATA and any reproduction or modification of the published practice guideline and technical standards must receive prior approval by ATA.

If circumstances warrant, a practitioner may responsibly pursue a course of action different from the guidelines when, in the reasonable judgment of the practitioner, such action is indicated by the condition of the patient, restrictions or limits on available resources, or advances in information or technology 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.

This expert opinion consensus document focuses on interactive videoconferencing-based telepresenting. The purpose of this document is to inform and assist individuals and organizations in providing effective and safe telepresenting services.
2. INTRODUCTION

Traditional delivery of health care involves patient and provider communication and interaction in a real time, in-person encounter. At this encounter the provider obtains the history of the chief complaint, performs a physical assessment, and obtains any needed diagnostic testing. From the information collected, the plan of care is formed.

New challenges and opportunities for the provider have been created by the expansion of communication technologies and new health care delivery models, as a means to enhance delivery of health care. The use of telemedicine/telehealth has extended the reach of the provider, but also may create situations in which assistance is needed in facilitating clinical data transfer from the remote patient setting. A telepresenter (presenter) is frequently used, although not always required, to address the challenges that the consulting provider faces when conducting a physical examination using telemedicine and to ensure efficient information exchange. The presenter is an individual, located at the patient remote site that provides support to the patient and the telemedicine consulting provider, in completing the physical examination and/or telemedicine activity.

The role of presenter will continue to evolve as telemedicine and technology advance, however, presenters are frequently employed to assist with real-time, interactive videoconferencing based consultations between a health care provider and a patient. Presenters may include licensed professionals, parents, spouses, or allied health professionals, depending upon resources within the community and the expertise required to achieve an adequate portrayal of the patient’s mental and physical condition. Requirements for a presenter vary widely, based upon the specific patient care settings, the clinical specialty, and expertise of the telemedicine providers. The most qualified telepresenter may in reality, be a lay individual in a community trained in the use of telemedicine technology and who is able to assist the patient. In addition, the evaluating provider must be skilled in leveraging the telemedicine resources to guide the remote assessment and obtain necessary information for determining diagnoses, treatments, and/or care directives.

This expert opinion consensus document focuses on interactive videoconferencing-based telepresenting for health care professionals who are competent in skills and knowledge required to assist the remote provider, and serves as a guide for health professionals engaging lay presenters, such as family members. The purpose of this document is to define the requirements for serving as a telepresenter, as well as identifying key points to be considered throughout the process of telepresenting. The document is divided into administrative, technical, and clinical domains.

Telemedicine has transformed the delivery of healthcare, yet, successful use of technology is dependent upon efficient information exchange. It is the presenter who supports communication and physical requirements of both the patient and evaluating provider throughout the tele-encounter process.
3. VIDEOCONFERENCING-BASED TELEPRESENTING PRACTICE RECOMMENDATIONS

a. Administrative Core Standards

Specific administrative procedures and policies of an organization will govern the activities of a presenter. At a minimum, any person functioning in the presenter role shall be aware of all organizational policies and procedures that govern clinical practice and how said policies and procedures apply.

1. Scheduling

The presenter shall:

- be knowledgeable of scheduling procedures and policies for his/her organization
- identify and schedule resources required for a successful tele-encounter, including local personnel, local facility space, remote provider, remote evaluating provider, remote evaluating provider’s facility, equipment, conductivity, and/or any combination thereof
- ensure that the evaluating provider who attends the virtual consultation is the scheduled, legitimate provider for the patient and is credentialed to provide the services being offered

2. Preparation

The presenter shall:

- identify the evaluating provider’s clinical goals for the encounter, including reviewing requested pre-consultation forms and testing
- establish and follow a procedure for contacting patients prior to the consultation to remind them of the appointment, give directions, and provide patient education
- establish a back-up plan and be prepared to enact it if there are technical problems
- develop and implement patient protocols with the remote provider to ensure that information is available at the beginning of the encounter

3. Quality and Safety

The presenter shall:

- obtain a telemedicine consent form, if required
- understand and adhere to HIPAA regulations
- understand and adhere to state and federal regulations related to telepresenting and transfer of patient information electronically
- understand and adhere to accrediting organization’s standards for interactive tele-encounters
- evaluate and articulate outcomes and make suggestions for improving future tele-encounters
- evaluate the quality of data transmission and interactions during the tele-encounter to support and optimize the remote provider’s capacity to examine, diagnose and develop an appropriate plans of care
b. Technical Core Standards

Technical knowledge and support of the tele-encounter by the presenter are essential. At a minimum, any person functioning in the presenter role shall ensure that all aspects of technical performance are considered, including issues of patient safety and confidentiality.

1. Preparation and Operations

The presenter shall:
- ensure that all equipment has been tested and checked to be in safe working order
- establish connection with the remote provider with sufficient time to troubleshoot any technical issues that may impact the encounter
- ensure that the provider and patient can see and hear each other clearly
- control any extraneous noises (e.g., fan, telephone, etc.) near the microphone
- provide accommodations for appropriate lighting, including back lighting (e.g., windows, lights, etc.)
- follow connection procedures to initiate and maintain the tele-encounter
- maintain a list of contact information for key personnel at the remote connecting end, including technical support

2. Maintenance

The presenter shall:
- ensure that a service and maintenance plan for all equipment used to support the encounter is established
- perform routine system tests to ensure that equipment is in safe and working order
- document and maintain a log of all technical problems or issues
- follow up with technical support immediately following encounter, if any problems occur

c. Clinical Core Standards

Clinical aspects of the presenter role are both generalizable and specific to the type of service being provided to the patient. The presenter acts as a patient advocate to optimize the exchange of clinical information between the provider and patient.

1. Preparation of environment

The presenter shall:
- provide the evaluating provider with any available and necessary information regarding the patient (e.g., history and physical, radiographs, lab work, etc.), prior to the tele-encounter
- have contingency plans in place for loss of connectivity and be prepared to implement these plans
- confirm that all necessary equipment (including peripheral devices and supplies for the tele-encounter are accessible in the exam room
- remove personal identifiable health information from the area of the encounter that is not specific to the patient
- assess and implement an appropriate plan for cultural, language, and/or disability issues
2. Patient preparation and support

The presenter shall:
- always be a patient advocate
- educate the patient/family as to what to expect during a tele-encounter, including the potential for an audio-video delay
- be knowledgeable and competent in health care needs being addressed
- provide opportunities for questions and answers
- be knowledgeable about how to turn on video equipment, initiate a call, and resources available for obtaining technical assistance
- identify microphone and camera locations to the patient
- anticipate exam requirements, including appropriately positioning and preparing of the patient for physical examination (e.g., gowning or uncovering body areas)
- adhere to universal precautions
- ensure that the patient is aware of and introduced to all individuals in their room the remote evaluating provider’s location
- be alert and sensitive to nonverbal body language
- provide any needed support for the patient/family
- ensure the patient/family is comfortable with the tele-encounter and is aware of their right and ability to terminate a tele-encounter at any time

3. Follow-up

The presenter shall:
- review any instructions or information conveyed during the tele-encounter by the remote evaluating provider after the session has concluded, as appropriate, based on the presenter’s level of professional practice
- provide patient/family with the evaluating provider’s contact information, if needed for follow-up
- encourage the patient/family to complete any evaluation forms after the tele-encounter
- schedule follow-up appointments, treatments, etc., as ordered
- provide the primary care physicians and/or other appropriate individuals involved in the patient’s care coordination with necessary documentation from tele-encounter and as requested by the patient
APPENDIX A: References


“Payment for Teleconsultations in Rural Health Professional Shortage Areas,” 63 Federal Register 211 (2 November 1998), pp. 58879-.58886