EXECUTIVE SUMMARY
PRE COVID-19 ENVIRONMENTAL SCAN OF TELEPRACTICE ACTIVITIES IN NH

ABSTRACT

The University of New Hampshire's Telehealth Practice Center, an interdisciplinary center for telehealth learning and innovation, conducted an environmental scan of telehealth use in New Hampshire. The purpose of this scan was to better understand the telehealth landscape of the state and to identify the needs of providers and consumers. Although telehealth has been implemented in practices across New Hampshire, there is a lack of understanding around the extent of its use, benefits, and challenges. Moreover, an existing study on telehealth conducted by the New Hampshire Hospital Association in 2017 demonstrates that it is primarily used in acute and emergent medical care. There has been little work examining the use of technology in the state to provide chronic care, behavioral and social services, and other therapeutic services such as occupational therapy and nutrition counseling. Ultimately, these shortcomings hinder the ability of leaders in health, technology, and policy to make informed decisions as to how best to deploy telehealth to improve health equity and outcomes across the state.

In conducting the environmental scan, the Telehealth Practice Center (TPC) first reviewed national telemedicine surveys, administered between November 2011 and January 2020, to create an understanding of telehealth at a national level. Additionally, a brief search of telehealth surveys and programs across New Hampshire was conducted. In the fall of 2019, the TPC distributed an electronic survey to 201 New Hampshire providers across a wide range of health care fields in order to learn more about telehealth utilization. Finally, the TPC completed a broad scan of recent NH telehealth activities that emerged in response to the COVID-19 pandemic.

Results of the pre-COVID-19 fall 2019 survey indicate important variation across the state in the use and perceived benefits and challenges of telehealth. Respondents identified the benefits of telehealth as increased access to services for patients, as well as savings in time and money and increased satisfaction and efficiency for providers and patients alike. Barriers to the implementation of telehealth included challenges with equipment and start-up, reimbursement, legal concerns, and limited access to and knowledge of technology for both patients and providers. Ultimately, the survey findings reflect the readiness within healthcare facilities in New Hampshire to adopt telehealth in the wake of COVID-19.

Summary points of the results of the pre-COVID-19 fall 2019 environmental scan, statewide survey, and a recent broad examination of COVID-19 impacts are as follows:

- Healthcare professionals are rapidly standing up telepractice, but many are unable to engage in training. Networks can be developed to help professionals understand and implement best practices across a variety of disciplines, inclusive of behavioral health and social services.
- It is not uncommon for health care professionals to have experience with video conferencing and other accessible forms of telepractice. However, many respondents demonstrated little to no utilization with more complex modalities, like remote patient monitoring. In addition to diversity across modalities, a broader understanding of how telehealth can be incorporated in various workflows and systems is also recommended.
- Health care professionals need funding to stand up a sustainable telepractice. Providers should pursue collaborative funding opportunities and partnerships with external organizations, in order to create systems that best meet provider and patient needs.
- Providers note concerns about compliance as a top barrier to implementation. In response to COVID-19, emergency orders have temporarily removed some of these barriers in the areas of reimbursement, licensure, and privacy. Questions remain as to how these measures may be sustained as organizations likely prepare to develop a stronger, more sustainable telehealth infrastructure, they should monitor all activity with compliance officers, both during and beyond the period of COVID-19.

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BACKGROUND

What is telehealth?

The Health Resources and Services Administration's definition of telehealth is "the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration" (Office of the National Coordinator for Health Information Technology, 2019)). Though this term aligns closely with the provision of clinical care, telehealth can also be used to provide a wide range of health and human services. "Telepractice" is a label often used to describe the provision of distant services such as occupational therapy, social work, counseling, speech therapy, and more. Whether described as telehealth or telepractice, a variety of modalities including audio, visual, digital, asynchronous, and synchronous technologies may be employed.

PURPOSE

Broaden understanding of the telehealth landscape in New Hampshire

The primary purpose for the environmental scan was to get a better sense of the utilization of telehealth across the New Hampshire. While similar research activities have been performed across the U.S., studies specific to New Hampshire were limited, both in number and in focus; those resources that were available focused primarily on telemedicine and were not inclusive of fields such as behavioral health. Through the environmental scan, the TPC aimed to enhance the understanding of what telehealth is used in New Hampshire, how, and by whom.

At an organizational level, the TPC plans to use the results and lessons from the scan to better develop its own role, both at the University with New Hampshire providers. Identifying the barriers and benefits to the utilization of telehealth services will allow the TPC to determine what activities could be conducted to best address these needs.

Post-COVID Considerations

Though the scan was conducted prior to the U.S. outbreak of COVID-19, the TPC used the findings to inform discussions around post-pandemic telehealth infrastructure. Public policy responses to COVID-19 have included the temporary lifting of some professional licensure requirements, decreased restrictions on the provision of telehealth across state lines, and reduced regulation around privacy, confidentiality, and billing for services provided via telehealth. While these changes have empowered organizations to utilize telehealth, some for the first time, the longevity of this ability remains in question. Understanding the strengths and weaknesses of New Hampshire's telehealth infrastructure during non-emergency times, as captured in this primarily pre-COVID work, is crucial to ensuring that providers are able to continue utilizing telehealth post-COVID-19.

METHODS

The environmental scan was conducted through a five-phase approach. This approach utilized existing research at national and state levels, and included a survey of health care providers in New Hampshire, conducted by the TPC.

Phase 1: Review of National Surveys

The first phase consisted of preliminary research of existing national telehealth reports and surveys. Surveys focused on a variety of topics related to telehealth and were all conducted between 2011 and 2018. The survey topics included, but were not limited to: Telehealth policy, reimbursement, administrative implementation,

benefits and barriers, technology, and cost. These surveys were used to help identify common challenges to telehealth implementation at a national level.

Phase 2: Review of New Hampshire Hospital Association Telehealth Survey

The second phase was a review of the 2017 survey, "Trends in Telemedicine in NH," conducted by the New Hampshire Hospital Association. This survey was one of the few identified resources specific to New Hampshire. Information from the survey helped provide a baseline understanding of the use of telemedicine in New Hampshire hospitals.

Phase 3: Electronic Search for Telehealth Programs in New Hampshire

The third phase consisted of an electronic search for telehealth programs in New Hampshire. This search was conducted through an informal review of hospital websites, search engine results, and an analysis of healthcare relationships. This search was conducted to gain a better understanding of which New Hampshire providers were engaged in telehealth, and in what manner they had implemented services.

Phase 4: TPC Survey of Health Care Providers

The fourth phase was a survey, developed and administered by the TPC. This survey was used to gain a broader understanding of telehealth in New Hampshire, through the inclusion of behavioral health and other professionals. Development of the survey was informed through the review of previous surveys, as well as the decision to target a broader array of respondents, inclusive of those in behavioral health. Survey questions focused on the usage of telehealth, its perceived benefits and barriers to providers and patients, and technology platforms utilized.

The survey was disseminated using a snowball method approach to various provider networks. The data collection period was November 2019 through January 2020. The survey, conducted electronically through Qualtrics, was shared with several provider organizations, professional associations, health networks, alumni lists, and more.

Phase 5: Analysis of COVID-19 Trends and Regulations

The final phase of the environmental scan was an analysis of COVID-19 trends and regulations, as related to telemedicine. Though the first four phases were conducted prior to the outbreak, recommendations can still be used to inform post-COVID-19 planning efforts.

ANALYSIS

Phases 1 and 2: Review of National and New Hampshire Hospital Association Surveys

The national surveys and the survey conducted by the New Hampshire Hospital Association (NHHA) were reviewed to identify common challenges to telehealth implementation. Once identified, these challenges were then organized in terms of telehealth sub-topics, as well as their location on the spectrum of organizational-systemic challenges. Basic information about each survey, as well as a chart of the challenges identified, are below.

Overall, similar telehealth challenges were identified by respondents across surveys. Challenges were grouped into categories, ranging in terms of impact and the "level" at which they existed. Some issues, like widespread access to broadband and legal barriers to reimbursement, were present at a systemic level. Other concerns, such as lack of leadership buy-in, existed within individual organizations.

National Surveys Reviewed for TPC Environmental Scan		
Survey Title	**Year**	**About**
Rural Maryland Council	2011	• Survey of 95 facilities in Maryland • Focus on hospitals, FQHCs, university health systems, state government, and consultants
Rural Policy Research Institute (RUPRI)	2014	• Collection of data from 4,727 hospitals
Epstein Becker's 50-State Survey	2017	• Collection of data on state regulations from all 50 states • Focus on telebehavioral health
Foley Telemedicine Digital Health Survey	2017	• 107 respondents • Survey of CEOs and VPs in Florida, Massachusetts, California, and New York
US Telemedicine Industry Benchmark Survey	2018	• 411 respondents, • Survey of health care executives, physicians, nurses, and other professions
Deloitte Survey of US Health Care Consumers and Physicians	2018	• 4,677 respondents • Survey of 624 physicians and 4,053 consumers

New Hampshire Survey Reviewed for TPC Environmental Scan		
Survey Title	**Year**	**About**
New Hampshire Hospital Association (NHHA)	2017	• 21 respondents • Survey of critical access hospitals and prospective payment systems across New Hampshire

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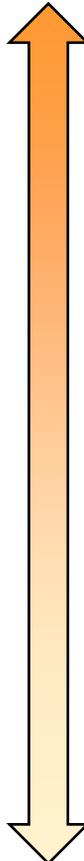
Systemic ↑

Challenge or Concern	2011	2014	2017	2018
Broadband & Technology Access	Rural Maryland Council		NHHA	US Benchmark Deloitte
Reimbursement & Funding	Rural Maryland Council		Epstein Becker Foley NHHA	US Benchmark Deloitte
Legal Concerns	Rural Maryland Council		Epstein Becker Foley NHHA	US Benchmark Deloitte
EMR Capabilities & Organizational Factors		RUPRI	NHHA	US Benchmark Deloitte
Quality & Medical Errors			Epstein Becker	Deloitte
Staff Knowledge & Comfort		RUPRI	Foley NHHA	US Benchmark
Enterprise & Leadership Buy-In	Rural Maryland Council	RUPRI	Epstein Becker Foley NHHA	Deloitte

Organizational ↓

Phase 3: Electronic Search Results

The results of the electronic search for telehealth programs in New Hampshire identified public-facing telehealth programs in ten different locations. Many locations offered more than one type of program. Most identified locations were hospital systems, and some programs were administered through established partnerships between multiple organizations.

While results from this search are not comprehensive of all providers conducting telehealth in New Hampshire, there are themes that can be drawn from this inventory. First, pre-COVID telehealth practices in New Hampshire tend to be held in larger hospital systems. Additionally, it is not uncommon for telehealth programs to span departments, or even organizations. Finally, the telehealth programs identified tend to be focused on clinical telemedicine services and are often exclusive to specialty care populations.

An inventory of some of these programs can be found below.

Provider	Location	Services/Programs	Partners (If Applicable)
Androscoggin Valley Hospital	Berlin, NH	• TeleNeuroSpine Clinic	Catholic Medical Center
Catholic Medical Center	Manchester, NH	• Hospitalist, psychiatry, neurology, stroke, neurospine, virtual visits	N/A
		• Collaborative telehealth program (as part of the GraniteOne Health System)	• Huggins Hospital • Monadnock Community Hospital
		• Telestroke ambulance program	• American Medical Response • Care Plus Ambulance Service • Goffstown Fire & Rescue • Hooksett Fire & Rescue • Peterborough Fire & Rescue
Coos County Family Health	Berlin, NH	• Pediatric neurology • Pediatric pulmonology • Pediatric urology • Pediatric development/behavioral • Pediatric gastroenterology • Pediatric nephrology • Adult endocrinology • Adult nephrology	• Dartmouth-Hitchcock Medical Center

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Provider	Location	Services/Programs	Partners (If Applicable)
Dartmouth-Hitchcock Connected Care	Lebanon, NH	• TeleEmergency • TeleICN • TeleICU • TelePharmacy • TeleNeurology • TelePsychiatry • TeleSpecialty • TeleUrgent Care	
Family Physical Therapy Services:	Bedford, NH	• Sciatica Solution (telerehabilitation) • Ask a PT	
Huggins Hospital	Wolfeboro, NH	• Telestroke (as part of the GraniteOne Health System)	• Monadnock Community Hospital • Catholic Medical Center
Mental Health Center of Greater Manchester	Manchester, NH	• Telepsychiatry	• Genoa Telepsychiatry
Monadnock Community Hospital	Peterborough, NH	• Telestroke (as part of the GraniteOne Health System) • Teleneurology (as part of the GraniteOne Health System)	• Catholic Medical Center
Upper Connecticut Valley Hospital	Colebrook, NH	• Tele-radiology services in emergency department, pharmacy, and medical/surgical unit	• Dartmouth-Hitchcock
		• Outpatient tele-neurology	• Androscoggin Valley Hospital
		• Hospitalist	• Catholic Medical Center
		• Behavioral Health	• Northern Human Services
Wentworth-Douglass	Dover, NH	• Connect with stroke specialists	• Massachusetts General Hospital

Results from this search are not comprehensive of all providers conducting telehealth in New Hampshire. This search does, however, highlight the prominence around the use of telemedicine, while also demonstrating the relative difficulty that can be experienced when trying to find information on telebehavioral health and other telehealth practitioners. Miller et al. (2017) discusses integrated behavioral care and the use of telehealth and mobile health in New Hampshire. According to Miller et al., mHealth could be used to optimize clinician time where there is already a mental health professional shortage as identified in the Health Professional Shortage Areas (HPSAs). Operational standards need to be developed in order to allow patients and health professionals to deliver mHealth.

Phase 4: Results of TPC Survey

The survey had 201 respondents. Of these respondents, 45.5% were behavioral health professionals, 32% were medical professionals, 16% occupied executive or leadership positions, and 5.5% worked in information technology. Altogether, only 43% of respondents reported using telehealth in their organizations.

Of those professionals who did utilize telehealth, the most popular modality was interactive video. 46% of respondents indicated that they used this modality through platforms such as Zoom, Doxy.me, and VSee. The use of mobile devices for information sharing was the second most common modality at 19%, followed closely followed by telephonic/audio communication at 18%. Only 5% of respondents identified the use of remote monitoring devices.

Respondents also identified the top barriers and benefits to telehealth implementation, from the perspective of providers and patients. For providers, the top benefits included cost savings, increased productivity and provider satisfaction, and improved access and continuity of care. Barriers for providers included substantial equipment and start-up costs, difficulty securing reimbursement, regulatory and legal restrictions, and inconsistent telepractice knowledge for behavioral health professionals.

Respondents saw patient benefits to the use of telehealth as increased access to services, savings in time and money, increased satisfaction, and improved continuity of care. Possible barriers for patients were identified as lack of knowledge around technology, limited access to technology, and issues with internet bandwidth.

Phase 5: COVID-19 Trends

During the COVID-19 outbreak, government leaders have taken steps to enhance the use of telehealth. These temporary changes have occurred at both the state and national level and have helped providers by lessening restrictions around telehealth licensure, allowing for the intrastate provision of care, providing reimbursement for telehealth services, and more.

The UNH Institute for Health Policy and Practice has compiled a full list of Emergency Orders, which can be found here: https://chhs.unh.edu/institute-health-policy-practice/covid-19-resources

FINDINGS

The analysis of national and state surveys identified similar barriers to telehealth implementation. Primarily, concerns were around legal issues, such as reimbursement, confidentiality, and ethics.

The review of national surveys focused on six projects, spanning from 2011 to 2018. These surveys were conducted across the country and targeted a variety of professionals, executives, and service providers.

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The purpose of this review was to develop a better understanding of the current landscape of telehealth in the United States, and to determine patterns and potential roadblocks of expanding.

The 2017 Foley Telemedicine Digital Health Survey provides a perspective of telehealth from the vantage point of high-level leadership positions in hospitals, specialty clinics, ancillary services, and related organizations. Participants consisted of 107 respondents, almost half of which were in leadership positions (e.g., CEOs, vice presidents), from programs throughout the U.S., with 23 percent from Florida, 10 percent from Massachusetts, 6 percent from California, and 6 percent from New York (Foley & Lardner LLP, 2017). 80 percent of respondents indicated that expansion of digital health services was increasing, specifically in terms of "mobile health applications, remote patient monitoring and personal health records" (Foley & Lardner LLP, 2017, p. 3). The barriers to this expansion and implementation were identified by respondents as: third-party reimbursement, legal and regulatory requirements, state licensing requirements, physician buy-in (32 percent identified this), and lastly, obtaining institutional leadership and support and funding.

The 2018 US Telemedicine Industry Benchmark Survey completed by REACH Health yielded similar results, while targeting a slightly different population comprised of healthcare executives, physicians, nurses, and other professions (Reach Health, 2018). The survey, which had a total of 411 participants, examined respondents' priorities, objectives and challenges, models and management structures, clinical specialties, service lines and settings of care, and telemedicine platforms. Survey results revealed that almost half of respondents were shifting to or adopting an enterprise approach (a system wide approach vs. relying on individual departments to implement telemedicine) to telemedicine (p. 20). Over 50 percent of hospitals stated they are shifting to the enterprise approach. Results also indicate that almost 30 percent of respondents were more successful in attaining their objectives than those using a departmental approach (p. 10). Similar to the Foley survey, barriers identified included reimbursement; "Less than one-fifth of respondents believe current telemedicine parity laws enable reimbursement," and that restrictive laws that "impose onerous requirements or are too complex" (p. 4-5). Another barrier, and a recommended investment when delivering telehealth, is the clinical documentation abilities in a telemedicine platform (p. 27). Nearly half of participants stated that the electronic medical record (EMR) is used to document remote encounters, but some indicated issues like contracted telemedicine providers not using the same EMR system, which results in disparities.

Despite these challenges, most Benchmark Survey respondents indicated they will continue to expand telemedicine programs, with specific growth in psychiatry and dermatology. Respondents indicated success in reaching top objectives, which include "improving patient outcomes, providing remote or rural patients with access to specialists, and increasing patient engagement" (p. 15 – 20). Improving patient outcomes was the most stated return on investment. Additionally, like the Foley survey, two-thirds of respondents ranked reducing ED visits as a top priority. The Benchmark survey also refers to a previous survey completed in 2015, where comparison showed "a significant shift from planning to active telemedicine programs in both Clinic and General/Private Practice" (p. 17).

Focusing more specifically on physicians and consumer demand, the Deloitte Survey of US Health Care Consumers and Physicians (2018) surveyed 624 physicians and 4,053 consumers (Abrams, Burrill, & Elsner). Aligning with the earlier summary and surveys, results indicate that physicians and the healthcare system cannot keep up with the demands consumers have for virtual care. For example, 57 percent of consumers are interested in virtual care visits. Moreover, 50 percent of consumers report they use

wearables trackers, such as fit bits or heart monitors, to track health information and of these 53 percent say that they share the information with their doctors (Deloitte Insights, n.d.).

When looking at barriers, the Deloitte survey focused specifically on factors that organizations could control and did not look at reimbursement and licensing (p. 12). Barriers and suggested solutions included interoperability and training on virtual care technology with 67 percent of respondents indicating they want technologies to be more interoperable and 51 percent stating they want training on the technologies (p. 16). Based on these results, Deloitte suggests that experience with new technologies may mitigate concerns. Other barriers include patients' lack of access to technology and security and privacy of patient data (p.12).

Again, despite the barriers and challenges, "More than half of physicians (58-69 percent) whose organizations have adopted virtual care technologies expect to increase use in the next year or two" (Abrams, Burrill, & Elsner, 2018, p. 12). In order to accommodate the growth of virtual care and to put best practices in place, Deloitte recommends that one should "align clinicians and staff across the organization to support and advance virtual care offerings with a focus on improving quality, patient experience, and cost-effectiveness" (Abrams, Burrill, & Elsner, 2018, p. 12). Moreover, providers need the infrastructure to support their work, as indicated in the Foley survey. There are concerns that physicians will be penalized for utilizing virtual care in place of in-person visits. Deloitte recommends change management initiatives, which can "help this transition, ensuring clinicians' acceptance of virtual care approaches and new workflows, and creating new habits" (Abrams, Burrill, & Elsner, 2018, p.18).

Similar patterns were found by the RUPRI (Rural Policy Research Institute) Center for Rural Health Policy Analysis in a survey completed in 2014, which looked at data from 4,727 hospitals in the 2013 HIMSS (Healthcare Information and Management Systems Society) Analytics data base (Ward, Ullrich, & Mueller, 2014). Results indicate that rural hospitals were significantly less likely to have multiple telehealth services than urban hospitals (Ward, Ullrich, & Mueller, 2014). Additionally, RUPRI cites organizational factors that play a role in telehealth adoption, which include hospital type, organization type (i.e., critical access hospital), rural or urban, and ownership status. 61.4 percent of hospitals indicated they had a single department or program offering telehealth services and 38.6 percent indicated that they had two or more departments doing so. When comparing rural hospitals to urban ones, 41.2 percent of urban hospitals had "live and operational" multiple telehealth services, while only 35.2 percent of rural hospitals had multiple services (Ward, Ullrich, & Mueller, 2014 p.1). At the time of this survey, utilization of services in rural areas was difficult to capture, so the exact reason for this significant difference is not known.

In an earlier survey completed in 2011 by the Rural Maryland Council, 95 facilities were targeted. This survey included Maryland hospitals, federally qualified health centers, departments in the University of Maryland Medical System, the Johns Hopkins Health System and Medstar, state correctional institutions, local health departments, and projects within Maryland Department of Health and Mental Hygiene (Rural Maryland Council et al., 2011). Thirty percent responded to the survey with 12 respondents stating they did not have any telehealth or telemedicine programs. Like the previous and more recent surveys conducted on a broader national scale, this survey also identified the same or similar barriers, which included: funding and restrictions around reimbursement; a lack of state leadership, coordination, and planning capabilities; poor access to high-speed broadband (especially in rural areas); and legal impediments related to licensing and multi-state efforts (Rural Maryland Council et al., 2011 p. 2).

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The surveys mentioned above all focus on telehealth and the use of telemedicine. Epstein Becker's 50 state survey in contrast focused only on telebehavioral health activities. This survey gives a detailed analysis of each state's legal requirements as it relates to telebehavioral health. The survey reveals the shortage of providers for mental health with one behavioral health practitioner for every 790 individuals, and just 40 percent of Americans with mental illness are able to receive treatment from a behavioral health provider (Epstein, Becker & Green, P.C., 2016)). Since this survey, Epstein Becker continues to provide up-to-date information through their Telemental Health Law App specifically as states update their new regulations as it pertains to reimbursement of telebehavioral health.

Specific concerns noted at the state level were not present, or were not as strongly stated, at the national level. The issue of reimbursement, for example, was the primary concern amongst national survey respondents. In New Hampshire, this issue was still a top concern; however, other issues were identified with a similar fervor, including lack of administrative buy-in, start-up costs, and experience. Ultimately, this indicates that provider concerns in New Hampshire are also focused on practical, organizational-level barriers to telehealth, in addition to systemic limitations.

RECOMMENDATIONS AND CONSIDERATIONS

Training and Telehealth Literacy
In the wake of COVID-19, health care professionals are rapidly standing up telepractice, but many have never had telehealth training. As identified in the analysis of national surveys, health care professionals are uncertain about how to utilize telehealth and are skeptical of having a successful interface with current workflows.

These concerns were reflected among the New Hampshire survey respondents, who expressed a lack of understanding about how to incorporate telehealth and technology into certain fields and practices, such as assisted living. Multiple respondents identified this issue often extends throughout the organizational hierarchy, culminating in leadership's uncertainty about telehealth. As a result, there is opportunity for increased institutional buy-in to support provider engagement in telepractice.

In the current climate the TPC has seen a rapid increase in institutional buy-in. However, further support is needed to develop more comprehensive trainings in order to create a more sustainable telepractice infrastructure. The TPC recommends the support of training programs at multiple levels. For current providers, professional development courses are needed. Courses could teach practical telehealth skills, such as telepresence, patient communication, equipment use, as well as regulatory topics, such as privacy, confidentiality, and reimbursement. Continuing education on a variety of topics across the telehealth spectrum would help to build a stronger understanding among providers of how telepractice can be used. Ultimately, this knowledge would help providers to feel more confident in implementation and everyday practice.

Pre-service training for future providers is also essential. By including specific courses in undergraduate and post-graduate programs, students would be familiar with telehealth and its use prior to entering the workforce. Not only will this ensure the marketability of students to prospective employers, it will build the marketability of the practices in which they work.

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Educating care providers on telepractice that is inclusive of marginalized and underserved populations, including technologies, practices, and procedures, is essential. Choosing technology platforms or implementing telepractice processes that are not compliant with current regulations could be expensive for organizations.

Finally, greater understanding of the benefits of telehealth at all levels is needed, inclusive of patients, clinicians, providers, organizational leaders, and policy makers. Without buy-in from administrative structures and legislatures, the resources needed to implement telehealth become difficult to access, even though clinicians and care providers may understand the benefits. Through targeted campaigns, courses, and messaging about the general use of telehealth to a wide variety of audiences, the utility of telehealth will become clear to top decision-makers.

Funding and Technology

A concern noted in both the national and state-level surveys was the discomfort or lack of experience with using certain types of technology. Though some providers are versed in video conferencing software, the potential for telehealth utilization also includes modalities that offer additional real-time health information.

To build on provider capacity, it is recommended that telehealth trainings be supplemented with technological support, both in instructive and ongoing manners. Courses on telehealth may include modules on technology and software, to help put providers at ease and enhance their comfort. In addition, assistance for initial technology set up and routine maintenance should be as much of a priority as any other component of telehealth.

An additional barrier to the variance in and use of technology was identified as cost. While many providers acknowledge that telehealth leads to savings over time, the start-up costs around the necessary technology and software make implementation daunting.

Funding opportunities to stand up telehealth in local practices are available; through partnerships with educational institutions, organizations can pursue grant opportunities to enhance their services. These opportunities would also allow practices to work with subject matter experts, who can serve as a resource for setting up and using equipment.

Compliance Over Time

Emergency orders resulting from the COVID-19 outbreak have broken down long-standing barriers to telepractice. While this has made implementation easier in the short-term, these orders are temporary. Issues around reimbursement, confidentiality, licensure, and other regulatory matters are still prevalent. As a result, it is recommended that providers continue to monitor their activities with compliance officers, adjusting as needed through a changing environment.

In addition, information from this scan can be used to advocate for greater changes to telehealth infrastructure. Interest in telehealth is widespread among both providers and patients, as well as across a variety of professional disciplines. Identified benefits to telehealth can be used as reasoning to address longstanding barriers to its further implementation. Qualitative and quantitative information gathered prior to and during the time of COVID-19 can be used to supplement the importance of telehealth, especially in this current and changing landscape.

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