Telemedicine FAQ’s

What is Telemedicine?

Formally defined, telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, wireless tools and other forms of telecommunications technology.

What is the difference between telemedicine and telehealth?

Telehealth is defined as 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. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Telehealth is different from telemedicine because it refers to a broader scope of remote healthcare services than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

How typical is Telemedicine?

Telemedicine is a significant and rapidly growing component of health care in the United States. There are currently about 200 telemedicine networks, with 3,500 service sites in the US. Nearly 1 million Americans are currently using remote cardiac monitors and in 2011, the Veterans Health Administration delivered over 300,000 remote consultations using telemedicine. Over half of all U.S. hospitals now use some form of telemedicine. Around the world, millions of patients use telemedicine to monitor their vital signs, remain healthy and out of hospitals and emergency rooms. Consumers and physicians download health and wellness applications for use on their cell phones.

Is it safe?

Yes. Guided by technical standards and clinical practice guidelines, telemedicine is a safe and cost-effective way to extend the delivery of health care. American Telemedicine Association (ATA) has produced a series of standards, guidelines and best practices for healthcare providers to ensure that they are using telemedicine responsibly.

What is mHealth and how does it work with HIT (health information technology)?

mHealth, is also known as mobile health, is a tool--a medium--through which telemedicine can be practiced using wireless devices and cell phone technologies. It is a particularly powerful development because it delivers clinical care through consumer-grade hardware and allows for greater patient and provider mobility. HIT is the generation and transmission of digital health data, often through an electronic health record. Generally, HIT is used for administrative functions (keeping track of patient's
health history, sharing information between providers, etc.) while telemedicine is the delivery of an actual clinical service. HIT can facilitate telemedicine but it is not a requirement for delivering remote health care.

**What factors most affect the success of a telemedicine program?**

Successful telemedicine programs start with a well thought out plan to help guide the development of the program and its subsequent operation. There are some critical factors a successful telemedicine program should include:

- Administrative support/champion
- Physician champion
- A well thought-out plan
- Clear objectives, with the ability to measure their performance
- Technical equipment and devices chosen to achieve the goals of the program
- Funding/Cost
- Physical space
- Training
- Integration of the program into everyday clinical practice
- Multiple practice sessions prior to go-live

**What are some of the benefits for using Telemedicine?**

- **Patient**
  - Timely treatment close to home
  - Reduced travel time
  - Access to services not available close to home
  - Improved quality of care
- **Provider Benefits**
  - Specialty consults to help make decisions about care
  - Input from specialist without having to send patients to their location
  - Educational opportunities and mentoring
  - Increased efficiency
  - Improved patient outcomes
  - Reduced health care costs

**Is Telemedicine reimbursable?**

- **Medicare:** Yes... *in certain circumstances*. Many “telehealth” services, such as remote radiology, pathology and some cardiology, are covered simply as "physician services." For traditional fee-for-service beneficiaries living in rural areas, Medicare covers physician services using videoconferencing. The ~14 million beneficiaries in Medicare Advantage (managed care) plans, have complete flexibility in using telehealth, as long as their provider offers the service. ATA is pushing the Centers for Medicare and Medicaid, and Congress to removing the arbitrary
restrictions that limit telehealth coverage, so that all beneficiaries can get this great benefit. ATA has a white paper explaining coverage details in Medicare.

- **Medicaid:** Almost every state Medicaid plan specifically covers at least some telehealth services, however states vary greatly in their coverage. State-specific information is available on [www.atawiki.org](http://www.atawiki.org) and the 50 State Telemedicine Gaps Analysis: Coverage and Reimbursement. ATA has challenged each state to fully cover telemedicine to increase coverage while simultaneously reducing service costs.

- **Private Insurance:** 24 states and the District of Columbia require that private insurers cover telehealth the same as they cover in-person services. Many other insurers cover at least some telehealth service--and many more have expressed interest in expanding their telehealth coverage. To find out if your insurance company covers telehealth services, please contact your benefits manager.

**Is telemedicine appropriate for every medical condition?**

No. There are some medical conditions that will always require a physical exam. Some patients and conditions require a more personal visit with their physician than telemedicine allows. Low acuity ailments (think – sinus infections, colds, the flu) work well in the telemedicine environment, as do follow-up or after care, seeking out a second opinion or specialty care that is not available in your local area.