Telehealth: The Integration of Telecommunication into Patient/Provider Encounters

A resource provided by Staff Care, the nation’s leading locum tenens staffing firm and a company of AMN Healthcare (NYSE: AHS), the largest healthcare workforce solutions company in the United States.

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TELEHEALTH: THE INTEGRATION OF INFORMATION AND TELECOMMUNICATION INTO PATIENT/PROVIDER ENCOUNTERS

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About Staff Care

Staff Care is the leading provider of locum tenens staffing services in the United States and is a company of AMN Healthcare (NYSE: AHS), the largest healthcare workforce solutions organization in the nation. As part of our role as industry leaders, Staff Care generates original survey data regarding trends in locum tenens staffing, presents educational seminars on physician staffing and related topics, and develops a series of white papers examining physician and advanced practitioner staffing issues.

Staff Care executives authored the book on locum tenens staffing. Entitled, Have Stethoscope, Will Travel: Staff Care’s Guide to Locum Tenens, the book outlines locum tenens staffing principles, uses and procedures for both healthcare facilities and physicians. Staff Care is proud to sponsor the Country Doctor of the Year Award, a national honor that recognizes the spirit, skill and dedication of America’s rural medical practitioners.

This white paper is one is a series that Staff Care has produced. Others in the series include:

- Nurse Practitioners and Physician Assistants: Supply, Distribution, and Scope of Practice Considerations
- Women in Medicine: A Review of Changing Physician Demographics, Female Physicians by Specialty, State and Related Data
- Physician Supply Comparisons: Physicians by Select Specialties Practicing in Each State and Licensed in Each State but Practicing Elsewhere
- The Physician Shortage: Data Points and State Rankings
- Population Health Management

Overview

Throughout history, the physical interaction of physicians and patients has been a fundamental aspect of providing direct and effective care. Lack of adequate technological and communicative resources meant that physical examinations, including discussing patient symptoms and treatment options in person, was the only viable means to providing care. However, significant developments in examination and communication devices and techniques, particularly over the latter half of the twentieth century, have expanded options available to providers when consulting with patients.

Real-time communication with patients through video-conferencing and email, remote monitoring of patients with chronic conditions using measurements for vital signs and other important metrics, and the utilization of off-site specialists to review imaging and provide diagnoses, are some of the many ways healthcare providers are expanding breadth of coverage to their patients through telehealth.

In this white paper, we examine the history and scope of telehealth, current applications, staffing considerations, and how telehealth will continue to supplement the care physicians provide to their patients, particularly in rural and remote access areas.
Evolution of Telehealth

The American Telemedicine Association (ATA) defines telehealth as “the use of medical information exchanged from one site to another via electronic communications to improve a patient’s health status” (See “What is Telemedicine?” American Telemedicine Association). The means of delivery for this health information varies based on the technology used, but ultimately includes one key component- the separation of physicians and patients via distance.

The evolution of telehealth, consequently, follows closely the advent and rapid advancement of telecommunication devices in the United States, beginning in the 19th century. The telegraph -- first developed in the mid-1830s by Samuel Morse -- used a coded system of dots and dashes corresponding with letters in the alphabet to transmit messages over long distances. This long-distance communication proved vital during the Civil War, where health-related information including casualty lists and ordering necessary medical supplies was relayed via telegraph (See “Evolution and Current Applications of Telemedicine”, Telemedicine, NCBI Bookshelf).

The communication devices at the disposal of medical professionals expanded in 1876 with the patent of the telephone by Alexander Graham Bell -- making electronic speech transmission possible. Into the late 19th century, the infrastructure and technology for telephone devices (switchboards, telephone lines) meant that telephone communication expanded beyond inter-city contact and could travel significant distances. This was followed by the development of radio signals for communication, with the first signal transmitted by Guglielmo Marconi in 1895.

Although this proliferation of communication technology was significant, it was not until the mid-20th century that the impact and integration of telecommunication into the medical field was truly felt. Noted developments in use of telehealth include:

- **1948**: Transmission of radiologic images via telephone from Westchester, PA to Philadelphia, PA- 24 miles
- **1959**: University of Nebraska physicians use two-way interactive television to transmit neurological examinations/information across campus
- **1965**: Medical journal Anesthesiology reported ship-to-shore transmission of x-rays and electrocardiograms

Source: “Evolution and Current Applications of Telemedicine”, Telemedicine, NCBI Bookshelf

For medicine, this was the advent of significant, collaborative and innovative methods for reaching colleagues and patients. Electronic communication was of fundamental importance for real-time correspondence in a profession where acute, emergent conditions often require sound and immediate decision making.

Telehealth Services and Benefits

As technology available to healthcare organizations has progressed, the array of services provided by telehealth has expanded significantly. The ATA identifies services provided by telehealth to be wide-ranging, including:
Remote patient monitoring: Remote patient monitoring is particularly important for patients who suffer from multiple, chronic, debilitating conditions, particularly when inadequate patient coverage can result in life-threatening complications and hospital admissions. Through the use of remote devices, patient data including vital signs can be collected and monitored at a remote facility, and supplement use of nurses.

Referral Services: Referral services include consultation provided by a physician to render a diagnosis off-site. This may include interactive two-way video between provider, patient and assisting medical staff; reviewing of medical imaging (x-rays, CT scans, MRI tests, etc.) to provide diagnosis; or interacting with patients via email or other video devices for consultation services.

On-line health information: The use of web-based health resources, including interactive discussion groups, educational websites for patients and other means for individual patient health education.

Continuing medical education: For medical professionals in remote locations, the use of online services to complete continuing medical education (CME) requirements is a valuable resource, particularly to off-set difficulty and cost of travel to locations where educational opportunities are provided.

Source: American Telemedicine Association (ATA); “What is Telemedicine?”

Telehealth also allows for expanded market coverage, improvement of patient outcomes, reduction of preventable hospital readmissions, expanded clinical productivity, and the provision of coordinated services outside a facility setting.

A Multi-Layered Effect

For many healthcare entities, the integration of telehealth into clinical care has a multi-layered effect, allowing for outreach to more patients, cost reductions, and the provision of more frequent and higher quality coverage for patients than might otherwise be possible.

Many patients, particularly in rural or remote access areas, find frequent hospital and physician visits difficult to schedule, both from a time and cost standpoint. Telehealth, including the use of video-conferencing with a specialist, can substitute for certain clinical visits, saving the patient a costly trip and while allowing physicians to maintain oversight on patient conditions and progress.

Patients who are discharged post-operatively may be monitored through remote devices as well as telecommunication with the patient. Patients with chronic, debilitating conditions can have vital signs and other important metrics monitored by remote home health devices to reduce the likelihood of complications and hospital readmission.

Consultation between physicians is a significant aspect of telehealth services. The advent of the Affordable Care Act has placed an increased emphasis on collaborative and cooperative care between primary care physicians and specialists, particularly through the establishment of
Accountable Care Organizations (ACOs). Through telehealth services, including relaying of imaging and medical testing, physicians can pool resources to identify the best treatment course for patients (For more information on ACOs and collaborative care, see “Population Health Management”, Staff Care, 2015).


Provider Shortages

Although physical interaction between patient and provider is generally the optimal form of providing care, this is not always a feasible. A widespread physician shortage, projected currently to be between 21,800 and 30,800 physicians, according to the Association of American Medical Colleges, creates a gap between demand physicians and other clinicians and supply.

Telehealth provides an additional resource that can be cost-effective, efficient, and improves communication between patient and provider. As telehealth is further incorporated the delivery systems, it will be vital to address several issues, including how telehealth services will be staffed and how they will be reimbursed.

The Role of Locum Tenens

Temporary (locum tenens) physicians, NPs and PAs can be a valuable asset to facilities seeking to staff telehealth services by providing the flexibility to “right staff” these positions, shifting fixed provider costs to variable costs and aligning staff with varying demand levels. Locums providers also can remotely monitor and manage complex patients, provide on-call coverage for evening and weekend shifts and provide hard-to-staff specialty services.

Used strategically, locum tenens providers can supplement existing telehealth staff, help prevent staff burn-out, and help meet both cost and quality goals.

Telehealth Case Studies & Current Applications

There are a variety of case studies where integration of telehealth services has produced tangible, quality results for healthcare systems. These include:

- **HealthSpot** onsite telehealth care for San Diego County employees, numbered at 17,000 and implemented by Kaiser Permanente to increase patient access. Over a 12 month pilot period, the HealthSpot walk-in kiosk serviced 451 patients, with a 98.6% patient satisfaction rating and only 4% need for follow-up appointments (See “Kaiser Permanente + HealthSpot Pilot: Onsite Telehealth Provides Quality Care for San Diego County with Convenience & Ease”, Telemedicine Case Studies, ATA).
Use of “Medical Memory” video recording system by Barrow Neurosurgical Associates over a nearly 4 year period (November 2009-July 2013), where physician visits were recorded and access to video of visits was given to patients in an attempt to allow patients to review visits and more clearly understand and improve communication with physicians. Results included 65% of patients reporting they remembered more of physician instructions (See “Video Recording Doctor-Patient Visits to Remember What the Doctor Said”, Telemedicine Case Studies, ATA).

Telepsychiatry program founded by the Albemarle Hospital Foundation, through the Duke Endowment, in northeastern North Carolina, to improve efficiency and decrease relapse into criminal and harmful behavior for psychiatric patients. Between 2011-2012, implementation of telepsychiatry resulted in 47% reduction in length of stay and 35% reduction in harmful/criminal behavior (See “Telepsychiatry in North Carolina: A Hospital Initiative Evolves into a Statewide Telepsychiatry Program”, Telemedicine Case Studies, ATA).

These are just a few of the many ways that health systems are beginning to implement telehealth into clinical practice patterns and reaping benefits such as improved patient quality care metrics, decreased hospital stays, and overall improved patient satisfaction.

For patients utilizing telehealth services on-line, innovative consultation services have developed for patients to contact physicians or advanced practitioners through web-based communication, without the need for a secondary provider on site. One such service for online care, Zipnosis, offers patients the ability for a small fee to answer an online questionnaire regarding symptoms and past history, connect with a local provider, and receive a prescription, all within an hour. Conditions treated are minor, and include: Acne; athlete’s foot; canker/cold sores; cold, sinus infection, sore throat; irritable bowel syndrome; diaper rash; eczema or dermatitis; UTI; hay fever/allergies; GERD; influenza; jock itch; malaria prevention; medication refill for asthma; motion sickness; conjunctivitis; tobacco cessation; ringworm; tinea; and vaginal yeast infection.

Source: Zipnosis; https://zipnosis.com/

**Telehealth & the VA: A Growing Success Story**

In 2003, the Veterans’ Administration implemented telehealth programs in order to bring care directly to patients in their homes. Over the past 12 years, telehealth programs at the VA have expanded to include more than 44 clinical specialties. The VA also works in conjunction with the National TeleMental Health Center to provide veterans access to national experts in eight areas: Bipolar Disorder, Behavioral Pain, Schizophrenia, Non-Epileptic Seizures (NES), and Insomnia treatment.

The VA has quickly become a leader in large scale deployment of telemedicine. In 2014, the VA’s national telehealth programs served more than 690,000 veterans, which accounted for more than 2 million telehealth visits. Approximately 55% of telehealth visits were veterans living in rural areas with limited access to VA healthcare. The VA’s telehealth services are growing by about 22% per year. For example, the teleaudiology program has grown from serving 1,016 veterans in 2011 to more than 10,589 in 2014.
As healthcare providers continue to try and find ways to reduce costs and improve efficiency, the VA has proved telehealth programs can be effective in achieving these goals. According to VA officials, telehealth programs have helped lead to a 34% reduction in readmissions and a 42% drop in bed days in 2014. The VA managed to deliver cost savings while also keeping patient satisfaction scores high. Clinical video telehealth received a 94 percent satisfaction rate in a 2014 survey of about 10,000 participating veterans, according to VA officials. As quality-based payment models become more commonplace, patient satisfaction rates will heavily influence methods of care, and reaching high satisfaction rates will increase the use of telehealth.

The VA is continuing to expand their telehealth offerings in 2015. VA telehealth offerings have begun to expand through the $16.3 billion VA reform bill issued in August 2014. The bill authorizes the department to accelerate the deployment of mobile clinics through the use of telemedicine, which can allow veterans to avoid traveling long distances and reduce wait time to access medical attention.

**Telehealth Commercial Service Providers Are Expanding Access**

As the popularity of telehealth grows, so does the popularity of e-doctor visit platform providers. A variety of companies have sprung up to provide patients the opportunity to have a video visit with a physician. These include:

- **Doctor on Demand** has a network of more than 1,400 general practitioners, internists and pediatricians in 47 states. They diagnose simple ailments, such as pink eye, sore throat and allergies. Doctor on Demand provides customers one-on-one sessions with physicians either through an individual account or through employer partnerships such as Comcast Corporation. It claims to provide in-network or subsidized access to more than 25 million Americans.

- **Teledoc** offers patients the opportunity to schedule a virtual visit without an appointment. The visit includes a one-on-one consultation with a doctor over phone or video. The doctor can access a patient’s HIPAA-compliant EHR and in some states send certain prescriptions to the patient’s pharmacy of choice. Teladoc’s recent IPO garnered considerable interest in the investment community.

- **MD Live** provides patients with convenient access to virtual health care services utilizing partnerships with established industry leaders, including Walgreens, Microsoft, and major health systems across the country. The company provides virtual consultations with U.S. board-certified physicians and licensed therapists through a HIPAA-compliant cloud-based platform.

**Acute Care Telehealth Offers Specialty Care**

Many hospitals are not able to employ as many specialists as they desire due to the shortage of physicians and the expense and are thus lacking in certain onsite medical expertise. Acute care telehealth offers a solution by enabling a remote physician to provide immediate consultative care for
these medical centers. For example, InTouch Health’s global network supports over 130,000 annual physician encounters with connections to more than 1,250 patient access locations. InTouch Health provides a number of acute care services including:

- **TeleStroke** connects an established regional network of outlying hospitals with specialty centers to provide acute care on a timely basis for patients during the critical period following onset of stroke symptoms.

- **TeleICU** provides board-certified virtual intensivist coverage to understaffed ICUs. TeleICU allows intensivists to integrate best-practice protocols with a mobile platform to support remote care in the ICU.

### Reimbursement for Services

Although telehealth services provide increased flexibility for providers in terms of scope and breadth of patient coverage, it is important to understand how these services are compensated for, and which patients are eligible for coverage of telehealth services.

Telehealth services are largely concentrated in sparsely-populated, rural states—those in which healthcare and provider resources are comparatively limited. A significant portion of telehealth services are covered by government payments through Medicare or Medicaid.

Coverage and reimbursement for telehealth varies based on individual state policy. Depending on the state, patient categories for which telehealth services may be reimbursed include:

- Medicaid
- Medicare
- Private Insurance Coverage

### Coverage by State

According to the National Conference of State Legislatures (NCSL), 43 states plus Washington, D.C. provide some sort of Medicaid reimbursement for telehealth services. These include: **Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, Washington, D.C., West Virginia, Wisconsin, Wyoming.**
The map below illustrates telehealth coverage by state:

Source: National Conference of State Legislatures (NSCL); http://www.ncsl.org/research/health/state-coverage-for-telehealth-services.aspx

**Medicare Coverage**

With According to the Centers for Medicare & Medicaid Services (CMS), Medicare beneficiaries are only eligible for telehealth services if they are located at an “originating site”- or site where the telehealth service was originally provided. Such sites must be located in:

- A rural Health Professional Shortage Area (HPSA) located outside a Metropolitan Statistical Area (MSA) or in a rural census tract; or
- A county outside of a MSA

Source: Centers for Medicare & Medicaid Services (CMS); “Telehealth Services: Rural Health Fact Sheet Series”

Designations for HPSAs differ based on qualifying factors defined by the HRSA (U.S. Department of Health and Human Services Health Resources and Services Administration), but typically meet a few
criteria:

- Have a population to primary care physician (PCP) full time equivalent (FTE) ratio of 3,500:1 or greater; or meet unusually high needs for services despite not meeting this ratio
- Display significant access issues/barriers for care


Facilities that may be utilized for telehealth services under CMS regulations may include the following, although requirements vary based on the individual state:

- The offices of physicians or practitioners;
- Hospitals
- Critical Access Hospitals (CAH)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNF); and
- Community Mental Health Centers (CMHC)

Qualifying providers may also include the following, although requirements vary based on individual state:

- Physicians
- PAs
- NPs
- Nurse mid-wives
- Nurse specialists
- Clinical psychologists
- Clinical social workers
- Dieticians and nutritionists

Source: Centers for Medicare & Medicaid Services (CMS); “Telehealth Services: Rural Health Fact Sheet Series”

Based on these designations, telehealth services are concentrated heavily in rural HPSAs where access is limited and resources are scarce.

On July 7, 2015, U.S. Rep. Mike Thompson (D-CA), with bipartisan sponsors, introduced a new version of the Medicare Parity Act. This bill and the bipartisan Telehealth Enhancement Act (H.R. 2066) features a variety of telehealth coverage expansion provisions for Medicare that, if passed, could significantly increase the use of telehealth services.

For a comprehensive list of medical services covered by Medicare for the 2015 calendar year, see “Centers for Medicare & Medicaid Services: Telehealth Services: Rural Health Fact Sheet Series”.

**Identifying Remote Access Areas**
Based on the criteria provided by the CMS, Medicare beneficiaries—those most likely to utilize telehealth services, must be located in an originating site that is designated as a HPSA when the telehealth service is rendered. According to the Kaiser Family Foundation, as of April 2014 there were 6,871 primary care HPSAs designated in the United States. The list indicates number of HPSAs per state and the number of practitioners needed to remove HPSA designation. This number of practitioners is calculated on the basis that an area is designated as a HPSA if the ratio of population to primary care physicians is 3,500:1 or greater.

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Primary Care HPSA Designations</th>
<th>Percent of Need Met</th>
<th>Practitioners Needed to Remove HPSA Designation</th>
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<tbody>
<tr>
<td>Florida</td>
<td>252</td>
<td>42.59%</td>
<td>916</td>
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<tr>
<td>California</td>
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Although identifying HPSA areas is one metric to utilize when identifying those who might use telehealth services, another way to identify remote access areas is by looking at number of hospitals servicing each state, significant access areas for care. Based on information provided by Kaiser Family Foundation from 2013, below is a display of the total number of hospitals in the United States:
Although this distribution only displays volume of hospitals without taking into account per capita service, the distribution of hospitals geographically is somewhat telling. The states with the lowest fewest number of hospitals are heavily distributed throughout the western portion of the United States, particularly the rural mid and Northwest. These are areas where limited provider service- and costly and significant travel time for patients- would be mitigated through the use of telehealth services.

**Telehealth Standards**

In March of 2015, the American Telemedicine Association released an analysis on state-to-state coverage of telehealth services and reimbursement for these services, evaluating how openly each state was integrating telehealth into clinical health services (see “State Telemedicine Gaps Analysis: Coverage & Reimbursement”, ATA). Each state was assigned a letter grade, “A” through “F”, corresponding to overall performance in 13 measured standards. These standards include:

- **Parity Laws**: How telehealth services are classified in comparison to in-person services
- **Medicaid Coverage**
- **State employee health plans**: The degree to which individual states integrate telehealth coverage into state employee health plans
- **Patient Setting**: The number of “originating sites” states designate where telehealth services may be used
- **Eligible Technologies for telehealth use**
- **Distance/Geography restrictions**
- **Eligible providers for telehealth services**
- **Physician-provided services**: The degree to which physicians are restricted on services that may be provided through telehealth
- **Mental & Behavioral Health Services**
- **Rehabilitation Services**
- **Home Health Services**
- **Informed Consent for telehealth services**
- **Telepresenter**: Measured based on requirements for a telepresenter or healthcare provider on premises during telehealth services

Based on these 13 metrics, the following grades were distributed for each of the states plus Washington, D.C.:
Only 5 states - Maine, New Hampshire, New Mexico, Tennessee, Virginia- and Washington, D.C., were assigned a letter grade of “A” based on their overall integration of telehealth into healthcare services and reimbursement of telehealth services. The majority of states-43, received a letter grade of “B” or “C”, with only Massachusetts and Rhode Island receiving a letter grade of “F”.

Source: “State Telemedicine Gaps Analysis: Coverage & Reimbursement”, ATA
Emerging Telehealth applications provide a glimpse into the future in which the clinical workforce will be extended through innovative communication channels.

While on-site, face-to-face clinician/patient encounters remain the optimal form of care, telehealth can be a valuable and effective resource in an era of staffing shortages, technological innovation, and evolving delivery systems.

For additional information on telehealth, contact:

**Corporate Office:**
Staff Care
5001 Statesman Drive
Irving, Texas  75063
800-685-2272

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