How Would You Know if You Had a Problem With Your Telemedicine Services?

Creating Cultural Awareness and an Early Warning System

Telemedicine* might have started 40 years ago, but healthcare hasn't really embraced the idea until recently. Due to advances in technology and a growing acceptance of its value, telemedicine is now a part of many healthcare systems and physician group practices. A recent article on telemedicine says, "Almost every health care delivery system is testing and offering real time remote interactive visits. Kaiser Permanente in Northern California reported having 4.1 million virtual visits in 2013" (Sugimoto, 2016). In a 2015 White Paper, Accenture also states that telemedicine is moving from a $250 million industry just a few years ago to one that will top $1 billion by the end of 2017.

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Why the big push? There are many factors including:

- Payers are willing to reimburse for this less costly delivery mechanism
- Consumers support easier and more ways to access care
- There is a demand for reducing the cost of healthcare
- New health plan designs are incorporating telehealth channels
- There is a general cultural acceptance of on-demand healthcare

Telemedicine has proven that it can increase revenue to healthcare providers, support patient-centered care, reduce the cost of healthcare being delivered, and provide access to services that could not be done before, thereby enhancing the success of population health initiatives. In short, it is here to stay.

What is Telemedicine?

Telemedicine is defined by the American Telemedicine Association (2012) as, "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."

*telemedicine and telehealth are used interchangeably in this White Paper

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With Great Power Comes Great Responsibility (and Risk)

At its foundation, telemedicine is a way of delivering healthcare, and as such, it is subject to the same risk, quality and safety (RQS) exposures traditionally associated with healthcare delivery, i.e., when the provider and the patient are in the same physical setting. Added to this, however, are compatibility issues with state licensing laws, credentialing and claims jurisdiction, mechanical technology risks that may cause a delay or an incomplete exchange of information, broadened cyber liability concerns, and reimbursement challenges. For these reasons and more, the whole area of telemedicine offers fertile ground for a renewed interest in the risk management of this patient care delivery model.

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We know there are risks associated with telemedicine and there are a variety of risk management strategies out there, but not much is said about the ground zero prevention methods – preparing our organizational cultures for this shift and developing an Early Warning System (EWS). These are the methods that will help us identify problems before they become active areas for allegations of medical negligence and help us improve our systems. Much like the dramatic shift to ambulatory care demonstrates, we know risk follows the patient, and therefore, we need strategies/tools that go outside of the hospital and can quickly identify any area that requires our attention. Beyond the patient safety risks, we must also address how we manage the remote patient-provider interaction, how organizations can protect their processes and data from potential adverse events, and how we can capture patient complaints that might emerge from the telehealth delivery model.

So where do we start? The answer is the culture of safety.

Expanding the Culture of Safety to Telemedicine Service Delivery

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Embedded within a healthcare organization's culture of safety are its values as they relate to the patient-provider interaction, how quality is defined, and how staff are prepared to address threats that may impact quality of care and safety. Some of the earlier discussions for creating a culture of safety were derived from the release of the Institute of Medicine's report in 1999, *To Err is Human*, which discussed how the problem of preventable patient harm was systemic in

healthcare organizations. In more recent times, the advent of the Affordable Care Act began reducing reimbursement for hospital-based services, shifting reimbursement to value instead of volume based, and encouraged movement of services to the outpatient setting in order to save on cost and enhance patient satisfaction. The effects of the IOM report and the passage of the Affordable Care Act led to the expansion of the hospital-centric culture of safety to an enterprise-centric construct of safety. Now that conversation needs to be broadened even further to address telemedicine service delivery.

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As healthcare organizations expand services to new sites of care, including telehealth, the processes that managed risk, quality and safety (RQS) must also expand. The traditional resources and management of risk inside the "four walls" of the hospital will not wholly extend to address all of the complexities of telehealth. The fusion of this new modality with the organization's current culture of safety needs to be thoroughly considered to avoid hurting the foundational culture of safety. As a result, in order to ensure that the whole enterprise is focused on the patient's safety and his or her best interest, it is important to directly address the issue of RQS management across the enterprise and all service delivery structures.

Let's start laying out the process elements to address safety in telehealth:

1. Assemble a RQS Team that will work alongside the strategic and business teams as the telemedicine initiatives take hold and resources are put into place. The team needs to include those involved in telehealth delivery and patient care such as medicine, nursing, laboratory, radiology, pharmacy, IT and cyber security. In addition, the corporate risk management staff need to participate so that RQS issues are clearly identified and addressed. The goal is to create an open dialogue, so the team can identify the areas that need attention and discuss how resources will be allotted to address each of these areas.

2. Create a specific RQS plan that brings the knowledge and expertise of RQS management from inside the hospital to the ambulatory and telehealth areas.

3. Perform Failure Mode and Effects Analysis (FMEA) on new procedures to help identify potential high-risk areas.

4. Determine where there are cultural gaps or lack of acceptance of the new telemedicine strategy among staff, physicians and the organization as a whole.

a. Arrange for open Q&A sessions to address questions and fears and to create ownership over the success of the telemedicine program.

b. Provide education to the staff and show them how telemedicine fits into the total organization service delivery models. It is also important to tell them exactly who is involved in the service. This will create the context that many healthcare professionals need in order to better understand the new modality and its potential impact on the organization.

5. Set up an Early Warning System that gives staff a safe place to share potential issues and acts as a source for feedback, which will demonstrate the successes of the telemedicine program. This creates an internal Red Flag system that can quickly direct attention to needed areas, and can conversely show the positive benefits of the program, which can reinforce buy-in.

The following are some of the key questions to ask and resolve during the culture expansion process in order to ensure you have an effective plan for service delivery and organizational support in place:

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- We are providing remote medical care, what does this mean to the patient-provider interaction? What constitutes creating the "duty of care" by the clinician and the organization? Once that duty of care is established, what is the appropriate way to terminate that relationship and how will we do it, if necessary?

- How expansive will the service be? Within state? Across state lines – which states? How compatible are the state laws regarding licensing requirements, credentialing, scope of practice laws for non-physician providers, malpractice insurance limits and coverage requirements for both our (originating) organization and the distant (responding) organization?

- Patient selection: What patient triggers should not allow a telemedicine visit, but rather direct the patient to a physical site visit? How will this triage be done and documented? How will the patient be notified and how will compliance with the request be monitored?

- Provider selection: Which physician and non-physician professionals will be involved? How will they be credentialed and privileged for this work? How will the medical staff handle physicians and non-physician professionals from the distant organizations in terms of credentialing and privileging? Where do the medical staff office and medical staff by-laws come into play?

- Peer Review: How will peer review be triggered? How will peer review be done? Will it be protected from discovery if we cross state lines?

- How will we create the triage, diagnostic and treatment protocols? Will evidenced-based care rules be applied? How will diagnostic tests be ordered? How will prescriptions be ordered? How can we monitor compliance and communication back to the patient and other clinicians who are involved in the care of the patient? Will there be a central repository for all data and results, so all clinicians involved in the care of the patient can access them?

- Are there ways to address clinical collaboration to improve diagnostic accuracy in this more extensive and remote service delivery space?

- What services will be offered to the patient if necessary? Pharmacy, diagnostic testing, radiology, behavioral consults, etc.? How will we follow up with patients to ensure well-being?

- How will adverse events and patient complaints be shared between remote providers in compliance with Center for Medicare and Medicaid Services (CMS) Conditions of Participation? (Hildebrand, n.d.)

As you answer these questions, you will compile a defined set of protocols that are specific to the telemedicine service delivery offered by your organization. Additional questions will need to be considered depending on the type of telemedicine services you wish to implement.

Expanding this culture of reporting beyond the hospital is often a challenge, but it is pivotal in order to protect the patients participating in the new service delivery areas and to protect the healthcare organization that sponsors these areas.

Expanding the Early Warning System to Telemedicine Service Delivery

An integral part of being well prepared for this altered landscape is developing and maintaining a culture of safety and a culture of reporting. A good culture of reporting provides an organization with the information it needs to know about where and how to make the most strategic changes to benefit its patients, providers and the organization itself. Oftentimes, the hospital setting carries within its culture of safety a culture of reporting. This is the result of accreditation bodies and the many state and CMS requirements on hospitals to identify and manage adverse events. Expanding this culture of reporting beyond the hospital is often a challenge, but it is pivotal in order to protect the patients participating in the new service delivery areas and to protect the overall

healthcare organization that sponsors these areas. Creating an easy and highly-relevant reporting process can go a long way to creating the transparency needed to dispel fears of not knowing what is happening "out there," and providing a Red Flag system that supports early intervention.

Developing the event types and data collection templates, while also developing the telemedicine protocols, will increase your organization's awareness of the true risks of telemedicine and how they can be addressed.

It is important to develop a system that is easy to use and relevant to the service delivery modality. For example, most inpatient event reporting systems collect "falls" data, but "falls" data in a telemedicine setting may mean something different and may not have the same relevance as it would in the hospital. The reporting concept needs to be adjusted to reflect that the "fall" may actually be the result of a medication or a home situation that was not addressed – so the adverse event might be more precisely noted as a "medication event" or "location support" event. Even in this small example, you can see that it will take thought to come up with event types and data collection templates that will provide meaningful data for accurate and quick intervention when warranted. Developing the event types and data collection templates, while also developing the telemedicine protocols, will increase your organization's awareness of the true risks of telemedicine and how they can be addressed.

The following are examples of event types to consider, so you can capture issues related to telemedicine within your patient safety and event management system:

- Treatment Issues
  - Unavailability of consultants upon referral
  - Delays in treatment
  - Inappropriate treatment plans
    - Referral issues
- Diagnostic Issues
  - Delays in diagnosis
  - Missed diagnosis
- Patient Follow Up
  - Compliance with treatment plan
  - Routine follow-up care
  - Patient referral issues
- Care Location Issues
  - Location not conducive to care of the patient
  - Assistance that was noted to be available is not
- Provider Issues

- Credentials not accepted
- License not in place
- Documentation
  - Inaccurate
  - Incomplete
  - Informed consent not present
- HIPAA
  - Inappropriate release of patient information
  - Technology breaches
- Complaints
  - Patient
  - Provider
  - Ancillary resource (e.g., laboratory, radiology, pharmacy, etc.)
- Technology Issues
  - Unanticipated downtime of technology resulted in service delay
  - Technology not working
  - Incomplete or inaccurate data transfer
  - Issues with connectivity/access to pertinent information (e.g., records films, labs)

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By collecting these types of events, you are connecting the telemedicine environment and the overall hospital-health system event management processes, and in turn, creating an Enterprise Early Warning System (EEWS). The EEWS offers a better view of your patient's healthcare journey and considers all avenues of healthcare delivery. Linking the data from the telemedicine EWS with the hospital and ambulatory care EWS is also an effective way to gain transparency throughout the organization and establish an enterprise-wide culture of safety.

Protecting the Data and Process of Telemedicine Expansion

It is one thing to have a reporting system in place, but it is another to actually use it and pull meaningful information from it. Many healthcare providers are afraid to track events and analyze their data for fear of repercussions or legal discovery. Being able to look deep at your data is crucial, though, if you want to improve your delivery of care. The Patient Safety and Quality Improvement Act of 2005 (PSQIA) created an opportunity for all healthcare providers to report near misses, adverse events and unsafe conditions and protect their data and analysis from legal discovery in the case of a medical malpractice claim. This opportunity is what we call a Patient Safety Organization (PSO).

PSOs are quality management and data analytic organizations that provide a protected "learning laboratory" where data from near misses, actual events and unsafe conditions can be reviewed across many provider types and offer insight into how to prevent future events and enhance the safety of the delivery system. Contracting with a PSO can protect the data being collected through the EEWS and allow you to conduct FMEAs and root cause analyses. Particularly with a new service modality, there are bound to be hiccups with the processes in place, so collecting data around such missteps and reporting them to the PSO helps support the culture of reporting that, as we discussed, is core to a culture of safety. A PSO is an excellent tool for healthcare organizations and providers because it enables them to manage the unexpected in a protected space and refine their processes of care at the same time.

In Summary

Telemedicine services are here to stay, and we will likely see a rapid increase in these services because digital technology is readily available to almost all consumers via smart phones, tablets and computers. Given the accelerated pace of change, it is important to ensure that your healthcare organization's culture is accepting of the new remote care, just-in-time technology and service delivery, and that your culture of safety becomes part of the natural processes of the enterprise as a whole. Coupling an expansion of the culture of safety with a robust and easy-to-use Early Warning System protected through a PSO will help assure that problems will be brought to light and quickly addressed, thereby creating continuous process improvement and the transparency we need when new ideas are being tested.

Healthcare organizations of all types are expanding; it's like a drop in a pond with concentric circles emanating from the core. With that image in mind, adapting new technology to expand the reach of healthcare organizations is a progressive strategy, but adhering to a set of proven tools in RQS management as these new service delivery models are put in place helps assure success of the new model and protects the organization as a whole.

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Learn more about PSOs and Clarity Group, Inc.'s Healthcare Event Management System, the Healthcare *SafetyZone*® Portal, at www.claritygrp.com and www.claritypso.com.

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