PRACTICE GUIDELINES FOR VIDEOCONFERENCING-BASED TELEPRESENTING

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Telepresenting Standards and Guidelines Working Group

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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 will undergo a thorough consensus and rigorous review, with final approval by the ATA Board of Directors. Existing products will be 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 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 guidelines 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

Delivery of health care traditionally involves patient and provider communication and interaction in a real time face-to-face encounter. Often the provider assesses the patient's physical presentation and obtains a history of the "chief complaint." Physical examination incorporates the provider's sense of touch, smell, sight, and hearing. Based upon results of the assessment, diagnoses, directed interventions, treatments and/or care recommendations follow.

New challenges and opportunities for the provider have been created by the introduction of telemedicine as a means to enhance delivery of health care. In order to enable remote patient consultation and more efficient information exchange, a telepresenter (presenter) frequently is used to address the challenges faced when conducting a physical examination using telemedicine approaches from a remote location. The presenter is an individual, located at the patient site that provides support to the patient and facilitates completion of the remote provider's physical requirements for completing the examination. The role of presenter has and will continue to evolve, as telemedicine and technology advance.

Frequently, presenters are employed to assist with real-time, interactive videconferencing based consultation between a remote physician and a patient. Requirements for a presenter vary widely, based upon the specific patient care settings, the clinical specialty, and expertise of the participating clinicians. Presenter expertise may include licensed professionals, parents, spouses, or allied health professionals, depending upon resources within the community and expertise required to achieve an adequate portrayal of the patient's physical condition. Reality dictates that one should employ the most qualified available individual within the community to perform the role of presenter. 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 practice 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. The document is divided into administrative, technical, and clinical domains.

Telemedicine has transformed the delivery of health care, yet, successful use of technology is dependent upon efficient information exchange. It is the presenter that supports communication and physical requirements of both the patient and evaluating provider throughout the tele-encounter process.

3. GUIDELINES FOR VIDEOCONFERENCING-BASED TELEPRESENTING

a. Administrative Core Standard

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 not only to the clinical setting but when patients and families are involved in providing support at home.

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. Standards and Quality

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 examination 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 diagnosis and develop an appropriate plans of care

b. Technical Core Standard

Technical knowledge and support of the tele-encounter by the presenter is 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.

The presenter ***shall***:

- ensure that all equipment has been tested and checked to be in safe working order
- 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.)
- test the network connection prior to the tele-encounter
- 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

c. Clinical Core Standard

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 telehealth equipment (e.g., digital cameras, otoscopes, stethoscopes, etc.) and supplies for the tele-encounter are available and accessible in the exam room
- 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
- 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: Telemedicine/Telehealth Glossary

The following is a list of terms and definitions that are commonly used in telemedicine and telehealth. The list was assembled for the purpose of encouraging consistency in employing these terms in ATA related documents and resource materials. The list is not all-inclusive and may be augmented by specialty areas as deemed appropriate.

Application Service Provider (ASP): An ASP hosts a variety of applications on a central server. For a fee, customers can access the applications that interest them over secure Internet connections or a private network. This means that they do not need to purchase, install and maintain the software themselves; instead they rent the applications they need from their ASP. Even new releases, such as software upgrades, are generally included in the price.

Asynchronous: This term is sometimes used to describe store and forward transmission of medical images or information because the transmission typically occurs in one direction in time. This is the opposite of synchronous (see below).

Authentication: A method of verifying the identity of a person sending or receiving information using passwords, keys and other automated identifiers.

Bandwidth: A measure of the information carrying capacity of a communications channel; a practical limit to the size, cost, and capability of a telemedicine service.

Bluetooth Wireless: Bluetooth is an industrial specification for wireless personal area networks (PANs). Bluetooth provides a way to connect and exchange information between devices such as mobile phones, laptops, PCs, printers, digital cameras and video game consoles over a secure, globally unlicensed short-range radio frequency. The Bluetooth specifications are developed and licensed by the Bluetooth Special Interest Group.

Broadband: Communications (e.g., broadcast television, microwave, and satellite) capable of carrying a wide range of frequencies; refers to transmission of signals in a frequency-modulated fashion, over a segment of the total bandwidth available, thereby permitting simultaneous transmission of several messages.

Clinical Information System: Relating exclusively to the information regarding the care of a patient, rather than administrative data, this hospital-based information system is designed to collect and organize data.

CODEC: Acronym for coder-decoder. This is the videoconferencing device (e.g., Polycom, Tandberg, Sony, Panasonic, etc) that converts analog video and audio signals to digital video and audio code and vice versa. CODECs typically compress the digital code to conserve bandwidth on a telecommunications path.

Compressed video: Video images that have been processed to reduce the amount of bandwidth needed to capture the necessary information so that the information can be sent over a telephone network.

Computer-based Patient Record (CPR): An electronic form of individual patient information that is designed to provide access to complete and accurate patient data.

Data Compression: A method to reduce the volume of data using encoding to reduce image processing, transmission times, bandwidth requirements, and storage space requirements. Some compression techniques result in the loss of some information, which may or may not be clinically important.

Diagnostic Equipment (Scopes, Cameras & Other Peripheral Devices): A hardware device not part of the central computer (e.g. digitizers, stethoscope, or camera) that can provide medical data input to or accept output from the computer.

Digital Camera (still images): A digital camera is typically used to take still images of a patient. General uses for this type of camera include dermatology and wound care. This camera produces images that can be downloaded to a PC and sent to a provider/consultant over a network.

Digital Imaging and Communication in Medicine (DICOM): A standard for communications among medical imaging devices; a set of protocols describing how images are identified and formatted that is vendor-independent and developed by the American College of Radiology and the National Electronic Manufacturers Association.

Disease Management: A continuous coordinated health care process that seeks to manage and improve the health status of a carefully defined patient population over the entire course of a disease (e.g., CHF, DM) The patient populations targeted are high-risk, high-cost patients with chronic conditions that depend on appropriate care for proper maintenance.

Distance Learning: The incorporation of video and audio technologies, allowing students to "attend" classes and training sessions that are being presented at a remote location. Distance learning systems are usually interactive and are a tool in the delivery of training and education to widely dispersed students, or in instances in which the instructor cannot travel to the student's site.

Distant Site: The distant site is defined as the telehealth site where the provider/specialist is seeing the patient at a distance or consulting with a patient’s provider. (CMS) Others common names for this term include – hub site, specialty site, provider/physician site and referral site. The site may also be referred to as the consulting site.

Document Camera: A camera that can display written or typed information (e.g., lab results), photographs, graphics (e.g., ECG strips) and in some cases x-rays.

Electronic Data Interchange (EDI): The sending and receiving of data directly between trading partners without paper or human intervention.

Electronic Patient Record: An electronic form of individual patient information that is designed to provide access to complete and accurate patient data, alerts, reminders, clinical decision support systems, links to medical knowledge, and other aids.

Encryption: A system of encoding data on a Web page or e-mail where the information can only be retrieved and decoded by the person or computer system authorized to access it.

Firewall: Computer hardware and software that block unauthorized communications between an institution's computer network and external networks.

Full-motion Video: This describes a standard video signal that allows video to be shown at the distant end in smooth, uninterrupted images.

Guideline: A statement of policy or procedures by which to determine a course of action, or give guidance for setting standards (Loane & Wootton, 2002).

H.320: This is the technical standard for videoconferencing compression standards that allow different equipment to interoperate via T1 or ISDN connections.

H.323: This is the technical standard for videoconferencing compression standards that allow different equipment to interoperate via the Internet Protocol (see below).

H.324: This is the technical standard for videoconferencing compression standards that allow different equipment to interoperate via Plain Old Telephone Service (POTS).

Health Level-7 Data Communications Protocol (HL-7): This communication standard guides the transmission of health-related information. *HL7* allows the integration of various applications, such as bedside terminals, radiological imaging stations, hospital census, order entries, and patient accounting, into one system.

HIPAA: Acronym for Health Information Portability Act.

Home Health Care & Remote Monitoring Systems: Home health care is care provided to individuals and families in their place of residence for promoting, maintaining, or restoring health; or for minimizing the effects of disability and illness, including terminal illness. In the Medicare Current Beneficiary Survey and Medicare claims and enrollment data, home health care refers to home visits by professionals including nurses, physicians, social workers, therapists, and home health aides. Using remote monitoring and interactive devices allows the patient to send in vital signs on a regular basis to a provider without the need for travel.

Informatics: The use of computer science and information technologies to the management and processing of data, information and knowledge.

Integrated Services Digital Network (ISDN): This is a common dial-up transmission path for videoconferencing. Since ISDN services are used on demand by dialing another ISDN based device, per minute charges accumulate at some contracted rate and then are billed to the site placing the call. This service is analogous to using the dialing features associated with a long distance telephone call. The initiator of the call will pay the bill. ISDN permits connections up to 128Kbps.

Interactive Video/Television: This is analogous with video conferencing technologies that allow for two-way, synchronous, interactive video and audio signals for the purpose of delivering telehealth, telemedicine or distant education services. It is often referred to by the acronyms – ITV, IATV or VTC (video teleconference).

Internet Protocol: The Internet Protocol (IP) is the protocol by which data is sent from one computer to another on the Internet. Each computer on the Internet has at least one address that uniquely identifies it from all other computers on the Internet. IP is a connectionless protocol, which means that there is no established connection between the end points that are communicating. The IP address of a videoconferencing system is its phone number.

Interoperability: Interoperability refers to the ability of two of more systems* to interact with one another and exchange information in order to achieve predictable results (*refers to more than technical systems) (Bergman, Ulmer and Sargious, 2001). There are three types of interoperability: human/operational; clinical; and technical (Canadian Society for Telehealth, 2001). Interoperability refers to the ability of two or more systems (computers, communication devices, networks, software, and other information technology components) to interact with one another and exchange data according to a prescribed method in order to achieve predictable results (ISO ITC-215).

ISDN Basic Rate Interface (BRI): This is an ISDN interface that provides 128k of bandwidth for videoconferencing or simultaneous voice and data services. Multiple BRI lines can be linked together using a multiplexer (see below) to achieve higher bandwidth levels. For instance, a popular choice among telehealth networks is to combine 3 BRI lines to provide 384k of bandwidth for video-conferencing. It should be noted that BRI services are not available in some rural locations. One should check with their telecommunications providers on the availability of BRI service before ordering videoconferencing equipment that uses this type of service.

ISDN Primary Rate Interface (PRI): This is an ISDN interface standard that operates using 23, 64k channels and one 64k data channel. With the proper multiplexing equipment the ISDN PRI channels can be selected by the user for a video call. For instance if the user wants to have a videoconference at 384k of bandwidth then they can instruct the multiplexer to use channels 1 through 6 (6 x 64k = 384k). This is important because the user typically pays charges based on the number of 64k channels used during

a videoconference. The fewer channels used to obtain a quality video signal the less expensive the call.

Lossless: A format of data compression, typically of an order of less than 2:1, in which none of the original data information is lost when the image is reproduced.

Lossy: A process of data compression at a relatively high ratio, which leads to some permanent loss of information upon reconstruction.

Medical/ Nursing Call Center: A call center is a centralized office that answers incoming telephone calls from patients. Such an office may also respond to letters, faxes, e-mails and similar written correspondence. Usually staffed by nurses, call centers provide basic health information and instructions to callers but do not provide an official diagnosis of conditions or prescribe medicine. Call centers act as an initial triage point for patients.

Mobile Telehealth: The provision of health care services with the assistance of a van, trailer, or other mobile unit in which the health care provider might provide patient services at a distance from a normal medical facility. Services may also be provided through mobile technologies that allow a mobile vehicle equipped with medical technologies to attach to an existing health care facility, such as mobile CT, MRI, or teledentistry.

Multiplexer (MUX): A device that combines multiple inputs (ISDN PRI channels or ISDN BRI lines) into an aggregate signal to be transported via a single transmission path.

Multi-point Control Unit (MCU): A device that can link multiple videoconferencing sites into a single videoconference. An MCU is also often referred to as a "bridge".

Multi-point Teleconferencing: Interactive electronic communication between multiple users at two or more sites which facilitates voice, video, and/or data transmission systems: audio, graphics, computer and video systems. Multi-point teleconferencing requires a MCU or bridging device to link multiple sites into a single videoconference.

Network Integrators: Organizations specializing in the development of software and related services that allows devices and systems to share data and communicate to one another.

Originating Site: The originating site is where the patient and/or the patient's physician is located during the telehealth encounter or consult (CMS). Other common names for this term include – spoke site, patient site, remote site, and rural site.

Patient Exam Camera (video): This is the camera typically used to examine the general condition of the patient. Types of cameras include those that may be embedded with set-top videoconferencing units, handheld video cameras, gooseneck cameras, camcorders, etc. The camera may be analog or digital depending upon the connection to the videoconferencing unit.

Peripheral Devices: Any device that is attached to a computer externally, i.e. Scanners, mouse pointers, printers, keyboards; and clinical monitors such as pulse oximeters, weight scales, are all examples of this.

Pharmacy Solutions: The use of electronic information and communication technology to provide and support comprehensive pharmacy services when distance separates the participants.

POTS: Acronym for Plain Old Telephone Service.

Presenter (Patient Presenter): Telehealth encounters require the distant provider to perform an exam of a patient from many miles away. In order to accomplish that task an individual with a clinical background (e.g., LPN, RN, etc) trained in the use of the equipment must be available at the originating site to "present" the patient, manage the cameras and perform any "hands-on" activities to successfully complete the exam. For example, a neurological diagnostic exam usually requires a nurse capable of testing a patient's reflexes and other manipulative activities. It should be noted that in certain cases, such as interview based clinical consultations such as Telemental Health or Nutrition Services, that a licensed practitioner such as an RN or LPN, might not be necessary, and a non-licensed provider such as support staff, could provide telepresenting functions.

RHIO: Regional Health Information Organization (RHIO) and Health Information Exchange (HIE) are often used interchangeably. RHIO is a group of organizations with a business stake in improving the quality, safety, and efficiency of healthcare delivery. RHIOs are the building blocks of the proposed National Health Information Network (NHIN) initiative at the Office of the National Coordinator for Health Information Technology (ONCHIT).

Router: This device provides an interface between two networks or connects sub-networks within a single organization. It routes network traffic between multiple locations and it can find the best route between any two sites. For example, PCs or H.323 videoconferencing devices tell the routers where the destination device is located and the routers find the best way to get the information to that distant point.

Standard: A statement established by consensus or authority, that provides a benchmark for measuring quality, that is aimed at achieving optimal results (NIFTE Research Consortium, 2003).

Store and Forward (S&F): S&F is a type of telehealth encounter or consult that uses still digital images of a patient for the purpose of rendering a medical opinion or diagnosis. Common types of S&F services include radiology, pathology, dermatology and wound care. Store and forward also includes the asynchronous transmission of clinical data, such as blood glucose levels and electrocardiogram (ECG) measurements, from one site (e.g., patient's home) to another site (e.g., home health agency, hospital, clinic).

Switch: A switch in the videoconferencing world is an electrical device that selects the path of the video transmission. It may be thought of as an intelligent hub (see hub above) because it can be programmed to direct traffic on specific ports to specific destinations. Hub ports feed the same information to each device.

Synchronous: This term is sometimes used to describe interactive video connections because the transmission of information in both directions is occurring at exactly the same period.

System/Network Integration: The use of software that allows devices and systems to share data and communicate to one another.

T1/DS1: A digital carrier or type of telephone line service offering high-speed data, voice, or compressed video access in two directions, with a transmission rate of 1.544 Mbps.

T3/DS3: A carrier of *45* Mbps.

TCP/IP (Transmission Control Protocol/Internet Protocol): The underlying communications rules and protocols that allow computers to interact with each other and exchange data on the Internet.

Telecommunications Providers: An entity licensed by the government (the Federal Communications Commission in the U.S.) to provide telecommunications services to individuals or institutions.

Teleconferencing: Interactive electronic communication between multiple users at two or more sites which facilitates voice, video, and/or data transmission systems: audio, graphics, computer and video systems.

Telehealth and Telemedicine: Telemedicine and telehealth both describe the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Although evolving, telemedicine is sometimes associated with direct patient clinical services and telehealth is sometimes associated with a broader definition of remote healthcare services.

Telematics: The use of information processing based on a computer in telecommunications, and the use of telecommunications to permit computers to transfer programs and data to one another.

Telementoring: The use of audio, video, and other telecommunications and electronic information processing technologies to provide individual guidance or direction. An example of this help may involve a consultant aiding a distant clinician in a new medical procedure.

Telemonitoring: The process of using audio, video, and other telecommunications and electronic information processing technologies to monitor the health status of a patience from a distance.

Telepresence: The method of using robotic and other instruments that permit a clinician to perform a procedure at a remote location by manipulating devices and receiving feedback or sensory information that contributes to a sense of being present at the remote site and allows a satisfactory degree of technical achievement. For example, this term could be applied to a surgeon using lasers or dental hand pieces and receiving pressure similar to that created by touching a patient so that it seems as though s/he is actually present, permitting a satisfactory degree of dexterity.

Teleradiology and Picture Archiving and Communications Systems (PACs): The electronic transmission of radiological images, such as x-rays, CTs, and MRIs, for the purposes of interpretation and/or consultation. Digital images are transmitted over a distance using standard telephone lines, satellite connections, or local area networks (LANs). Teleradiology also is beginning to include the process of interfacing with the hospital information systems/radiology information systems (HIS/RIS) in the transport of digital images. PACs provide centralized storage and access to medical images over information systems.

Ultrasound: A device that uses high-frequency sound waves to examine structures inside the body. It can rapidly detect tumors and other abnormalities, often right in the physician's office.

Universal Service Administrative Company (USAC): The Universal Service Administrative Company administers the Universal Service Fund (USF), which provides communities across the country with affordable telecommunication services. The Rural Health Care Division (RHCD) of USAC manages the telecommunications discount program for health care.

Videoconferencing Systems: Equipment and software that provide real-time, generally two way transmission of digitized video images between multiple locations; uses telecommunications to bring people at physically remote locations together for meetings. Each individual location in a *videoconferencing* system requires a room equipped to send and receive video.

Videoconferencing: Real-time, generally two way transmission of digitized video images between multiple locations; uses telecommunications to bring people at physically remote locations together for meetings. Each individual location in a *videoconferencing* system requires a room equipped to send and receive video.

WiFi: Originally licensed by the Wi-Fi Alliance to describe the underlying technology of wireless local area networks (WLAN) based on the IEEE 802.11 specifications. It was developed to be used for mobile computing devices, such as laptops, in LANs, but is now increasingly used for more services, including Internet and VoIP phone access, gaming, and basic connectivity of consumer electronics such as televisions and DVD players, or digital cameras. (Wikipedia)

APPENDIX B: References

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