



Supporting Telehealth Care Delivery

A curriculum guide for training the health care workforce on telehealth

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Glossary of Terms

Asynchronous Telehealth: Communication in which medical data and/or images are acquired, stored, and transmitted for offline assessment. Examples include stored images, telemetry data, blood pressure readings, and weight.

Digital Health: A health care modality that helps individuals manage health and wellness using mobile applications, wearable devices, electronic communications, and other technology, and is augmented by provider teams working within flexible, integrated, interoperable, and digitally enabled care environments.¹ Telehealth is a component of digital health.

Digital Literacy: The ability to use data and technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills.²

Digital Divide: The gap between those who have access to computers, internet, and technology and those who do not. This is often a function of socioeconomic circumstances, regions (e.g., rural vs. urban or suburban), age, race, and other demographics.

Electronic Medical Record (EMR): Digital versions of the paper charts in clinician offices, clinics, and hospitals. EMRs contain notes and information collected by and for the clinicians in that office, clinic, or hospital and are mostly used by providers for diagnosis and treatment.³

Health Information Technology (HIT): Electronic tools and systems that store, share, and analyze health-related information.³

Health Insurance Portability and Accountability Act of 1996 (HIPAA): A Federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.⁴

Patient Portal: An online or mobile application that allows individuals to communicate with their health care providers, review medical information and test results, and schedule appointments.

1 Adapted from Healthcare Information and Management Systems Society definition, <https://www.himss.org/news/himss-defines-digital-health-global-healthcare-industry> (accessed March 29, 2022).

2 American Library Association Digital Literacy Taskforce, <https://literacy.ala.org/digital-literacy/> (accessed March 2022).

3 Office of the National Coordinator for Health Information Technology (ONC), <https://www.healthit.gov/> (accessed March 2022).

4 Centers for Disease Control and Prevention Public Health Professionals Gateway, <https://www.cdc.gov/php/index.html> (accessed March 2022).

Remote Patient Monitoring: A form of telehealth that uses technology to capture certain patient data (e.g., weight or blood pressure) and transmit it to providers, allowing them to monitor and manage patients' chronic conditions.

Social Determinants of Health: Conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.⁵

Store and Forward: Asynchronous communication that involves collecting and then sharing data. An example is when a provider receives an x-ray, retinal scan, or diagnostic image and provides a diagnosis after reviewing it.

Synchronous Telehealth: Bidirectional communication that occurs in real-time (e.g., phone call or live video).

Telehealth: The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration.⁶

Web-Side Manner: The way a provider or care team member appears and conducts oneself during a telehealth encounter. It is comparable to the “bedside” manner used during in-person patient and provider encounters.

5 US Department of Disease Prevention and Health Promotion, <https://health.gov/healthypeople/objectives-and-data/social-determinants-health> (accessed March 2022).

6 ONC, *Telemedicine and Telehealth*, <https://www.healthit.gov/> (accessed March 2022).

Introduction

Telehealth is a long-explored solution for expanding health care access, reducing cost, and facilitating patient contact and continuity. While telehealth vendors have been marketing their products for years, many hospitals, health systems, community health centers, and other provider settings took longer to adopt widespread telehealth systems and processes—primarily because of limited coverage and reimbursement for telehealth services. The COVID-19 pandemic forced providers to reduce in-office activity to meet social distancing recommendations, conserve personal protective equipment, and keep staff and patients as safe as possible. In hospitals and health systems, in-person ambulatory services were reduced so clinicians and staff could shift to inpatient settings to meet the unprecedented surge in severely ill patients. Telehealth was implemented and scaled quickly, dramatically altering New York’s health care delivery landscape. During the height of the pandemic, New York’s ambulatory care departments reported to GNYHA that more than 70% of visits were conducted using telehealth.

Also supporting rapid telehealth expansion were policy changes and flexibilities granted by local and Federal governments. The Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Centers for Medicare & Medicaid Services (CMS) issued multiple waivers to allow for flexibility and expanded reimbursement of telehealth services for Medicare beneficiaries. The New York State Department of Health (DOH) also waived certain rules and temporarily adjusted payment policies to expand telehealth access under Medicaid and commercial health plans. Many of these flexibilities remain in place through emergency rulemaking. Notably, the New York State budget for fiscal year 2022-23 includes telehealth reimbursement parity for Medicaid, allowing providers the same reimbursement for telehealth services that they would receive for in-person services.

Telehealth will remain an integral part of the health care delivery system beyond the pandemic. Care team members such as nurses, medical assistants, care managers, and administrative staff must be equipped to support telehealth workflows before, during, and after visits, and educate patients to ensure access and comfortable use of the modality. Similarly, educational organizations that prepare health care workers must ensure that students can successfully perform their jobs in settings that use telehealth services.

About this Guide

To help the health care education sector meet the needs of New York’s health care employers, GNYHA—with funding from NYACH—developed a set of telehealth learning objectives and core competencies for health care staff. This curriculum guide addresses those learning objectives with educational and didactic content and also includes additional resources and curriculum content.

The guide was informed by structured interviews with ambulatory care and telehealth leadership from eight organizations to highlight non-provider staff involvement in telehealth workflows, educational opportunities, training

gaps, and related best practices. Information gathered from these interviews helped with the development of the guide’s learning objectives, teaching tools, and training resources.

How to Use this Guide

This guide features three topic areas, each of which has a set of learning objectives that are listed in the table below. As telehealth is embedded into health care delivery, these topics and learning objectives should be embedded into existing curriculum. This content would be appropriate to include in units that review health care delivery, operations, team-based care, and patient experience. The guide also can be used as a standalone tool that addresses how various frontline health care workers should interact with patients and support and provide care using telehealth.

Curriculum Topics and Learning Objectives

Telehealth Topic	Learning Objective
Telehealth Fundamentals	<ul style="list-style-type: none"> • Define telehealth • Identify telehealth equipment • Give examples of types of telehealth services and how telehealth may be used • Explain how operational, policy, and reimbursement challenges might impact telehealth delivery
Roles and Responsibilities in Telehealth Delivery	<ul style="list-style-type: none"> • Identify staff who participate in or support telehealth • Give examples of workflows and responsibilities for a telehealth visit • Describe strategies for preparing patients and caregivers for telehealth • Describe professionalism best practices and “web-side” manners in telehealth delivery
Addressing Patient Access to Telehealth Services	<ul style="list-style-type: none"> • Describe access-related benefits and limitations to telehealth • Understand the digital divide and socioeconomic barriers to accessing telehealth • Identify potential cultural and linguistic obstacles to telehealth • Describe strategies to mitigate access challenges • Describe methods to troubleshoot common audio/visual difficulties in telehealth delivery

Topic 1: Telehealth Fundamentals



Learning Objectives

- Define telehealth
- Identify telehealth equipment
- Give examples of types of telehealth services and how telehealth may be used
- Explain how operational and policy challenges might impact telehealth delivery



Defining Telehealth

Telehealth is a technology-supported health care service delivery method that facilitates care between a provider and patient who are physically distant from each other at the time of the service.⁷ Telehealth can happen synchronously or live, where the provider and patient communicate with each other in real time. It also can happen asynchronously, where patient information is stored and transmitted to a provider for assessment at a later time. Examples of different telehealth types organized by synchronous and asynchronous services are listed in the table below.



Identify Telehealth Equipment

Synchronous telehealth requires a telephone for audio-only services (where permitted by law and regulation); internet access via a computer with a camera, microphone, and speakers; or a mobile device or tablet for video services. Many providers use software platforms designed for telehealth that comply with HIPAA privacy and security standards. Patients may be asked to access video telehealth visits using a mobile application, patient portal, or website to ensure secure communication.



Examples of Types of Telehealth and How Telehealth May be Used

	Type of Telehealth	Example
Synchronous	Video visit	Patient and provider meet using a video platform for a live assessment of a condition. Provider performs the typical components of a visit to assess the patient, provide a diagnosis, and develop a treatment plan.
	Telephone visit	Patient and provider speak on an audio call for a live assessment of a condition. Provider performs the typical components of a visit to assess the patient, provide a diagnosis, and develop a treatment plan.

7 "Understanding Telehealth," *Telehealth.hhs.gov* (February 2022). Retrieved from <https://telehealth.hhs.gov/patients/understanding-telehealth>.

	Type of Telehealth	Example
Asynchronous	Remote patient monitoring	Patient uses a digital blood pressure cuff to measure blood pressure daily. The cuff automatically transmits information to the provider office. The staff nurse receives an alert when the patient’s blood pressure is out of a healthy range and calls the patient in for an urgent visit to address it.
	Store and forward	Patient uses the patient portal to send their primary care provider (PCP) a photo of a rash. PCP receives the message, reviews the photo, and recommends a visit to a dermatologist for further assessment.

Telehealth can facilitate numerous services, including:

- Screening for COVID-19 symptoms and making testing referrals
- Medical visits to primary care, specialty services, and urgent care for non-emergent conditions
- Post-procedure or post-discharge follow-up
- Behavioral health visits or counseling
- Medication management
- Health coaching, nutrition education, and chronic disease management
- Advance care planning and counseling

Not all visits or conditions are appropriate for telehealth. Many hospitals and health systems use criteria and protocols for scheduling telehealth visits that consider clinical condition, patient preferences, and other factors. Health care workers, particularly scheduling staff, would receive organization- or practice-specific training on these protocols.



Distinguishing Similar Terms




Some organizations use different terms to refer to telehealth. Examples include:

- Telehealth and telemedicine, used interchangeably
- Telehealth refers to a broad set of remote health care services, and telemedicine specifically refers to physician services
- Specialties add the prefix “tele” to describe the care modality, such as “telecardiology” or “telepsychiatry”



How Operational and Policy Challenges Might Impact Telehealth Delivery

Health care organizations make decisions about telehealth care delivery based on operational factors and policy considerations. A broad knowledge of the telehealth environment will help the future health care workforce better understand telehealth delivery and how it could impact their roles and responsibilities. Health care organizations typically train workers for specific situations during on-the-job training or onboarding.

Operational Factors

-  **Telehealth infrastructure:** Telehealth requires significant technology and human support infrastructure. Many departments contribute to telehealth support in a hospital or health system, including legal, compliance, IT support, human resources, employee training, and billing and finance. Providing telehealth using a video platform could be financially and operationally burdensome for certain provider settings such as small practices or some safety net facilities.
-  **Physician preferences for in-person visits:** Some physicians prefer to see patients in person. This may be due to provider comfort level with technology or a general preference to be physically present during an examination (during a physical visit, a physician may see things that could be missed during a telehealth visit). Some providers also believe that in-person care better facilitates the building of relationships with patients. Because of these preferences, some small-provider offices may opt not to provide care via telehealth at all.
-  **Billing requirements:** Telehealth visits that are billable must be provided by authorized members of the health care team and must meet criteria developed specifically for telehealth encounters, including having proper documentation of any assessment, diagnosis, consultation, and treatment. Depending on the type of services provided, providers may have to meet additional approvals and criteria before they can provide and bill for telehealth services. CMS and commercial payers generally require the use of interactive audio and video telecommunications for a telehealth visit to be eligible for reimbursement.

Policy Considerations

-  **Licensure:** The laws and regulations around provider licensure can complicate telehealth care delivery. Under current New York State law, providers delivering telehealth services to patients located in New York must be licensed to practice in New York State. In facilities that offer telehealth, health care workers would receive training for their role in confirming patient location.
-  **Payment parity:** Effective April 1, 2022, New York State allows payment parity for telehealth services. This means that providers can be reimbursed the same amount for telehealth services as in-person visits. This is relevant for health care workers because the increased payment makes telehealth more enticing for health care providers. Health care billers would be trained on how to bill for telehealth based on guidance from DOH.

Additional Resources

Getting Started with Telehealth (Health Resource and Services Administration [HRSA])

A US government website that details the types of telehealth available, technology options, and guides on integrating telehealth practices

[Getting started with telehealth | telehealth.hhs.gov](https://www.telehealth.hhs.gov)

Best Practice Guide: Telehealth for Direct-to-Consumer Care (HRSA)

A US government website with resources and information for providers on different types of telehealth, related laws and policies, benefits of telehealth, and links to additional resources

[Introduction to direct-to-consumer telehealth | telehealth.hhs.gov](https://www.telehealth.hhs.gov)

What is Telehealth? (Center for Connected Health Policy – The National Telehealth Policy Resource Center)

Telehealth definitions with videos that review the different types of telehealth services, plus links to other policy resources

[Center for Connected Health Policy: Defining Telehealth](https://www.cchp.org/defining-telehealth)

Topic 2: Telehealth Delivery Support Teams



Learning Objectives

- Identify staff who participate in or support telehealth
- Give examples of responsibilities for different types of telehealth services
- Describe strategies for preparing patients and caregivers for telehealth
- Describe professionalism best practices and “web-side” manners in telehealth delivery



Identify Staff Who Participate in or Support Telehealth

All care team members have telehealth responsibilities, even if they do not directly provide telehealth services. The below table provides examples of telehealth-related activities and roles or titles that may perform those activities within a health care setting. The table organizes the various activities into the different components of a visit. The table is not exhaustive, but highlights ways that frontline staff support and engage synchronous telehealth activities.



Responsibilities for Different Types of Telehealth Services

Visit Component	Telehealth-Related Activity	Roles or Titles that Conduct the Activity
Scheduling	<ul style="list-style-type: none">• Inform patients that telehealth appointments are available• Schedule telehealth appointments• Remind patients of their telehealth appointments• Provide information about the patient portal	<ul style="list-style-type: none">• Call-center representatives• Front desk staff• Medical assistants• Community health workers• Patient navigators• Care coordinators
Appointment Preparation	<ul style="list-style-type: none">• Educate patients on the benefits of telehealth• Tell the patient how the appointment will work• Test the patient’s connectivity prior to the appointment• Address patient technology concerns using guidance from the health care organization or with assistance from the IT department• Assist patient with setting up their portal account	<ul style="list-style-type: none">• Call-center representatives• Front desk staff• Medical assistants• Patient navigators• Care coordinators

Visit Component	Telehealth-Related Activity	Roles or Titles that Conduct the Activity
Patient Arrival	<ul style="list-style-type: none"> Log-in to telehealth platform to set up visit for provider Collect relevant vitals and screening information Confirm patient privacy 	<ul style="list-style-type: none"> Medical assistants Nurses (if necessary)
Assessment and Education	<ul style="list-style-type: none"> Triage clinical conditions Provide education on patient condition or other clinical matters (pre- or post-visit) Remind patient of portal access and assist as needed 	<ul style="list-style-type: none"> Nurses Nurse practitioners Physician assistants Physicians Health educators (education only)
Treatment	<ul style="list-style-type: none"> Assess and diagnose clinical or mental health conditions 	<ul style="list-style-type: none"> Nurse practitioners Physician assistants Physicians Social workers Psychologists Psychiatrists

Asynchronous telehealth does not include the same scheduling and pre-visit components as synchronous telehealth, so staff involvement can vary. Below are some examples of how staff support asynchronous telehealth:

- Nurses may receive EMR notifications when vitals being monitored remotely are outside of a clinically acceptable range. As a result, they may call patients to further triage their condition and document in the EMR to alert the provider.
- Providers may review the nurse’s documentation and modify medication dosages or recommend a visit.
- Front desk staff may schedule an appointment at the provider’s request, and subsequently complete other pre-visit activities.

Store and forward is typically a provider-driven activity. Frontline staff may be responsible for flagging messages and alerting providers that messages are available in the EMR. Messages can include x-rays, MRIs, or other imaging, digital images from patients, or other information shared with the provider through the EMR or patient portal.



Strategies for Preparing Patients and Caregivers for Telehealth

Some patients may not be experienced with telehealth and may need help preparing for their visit. This could include ensuring patients have access to devices that support telehealth services and can operate such devices. Support teams should encourage and educate patients on telehealth services to raise awareness around the accessibility and convenience of using telehealth. Using the following strategies can help patients and caregivers feel more prepared, while ensuring the visit is efficient:

- Obtain patient-informed consent if the patient has agreed to use telehealth
- Explain what their appointment will involve, emphasizing that telehealth provides the same quality of care and patient experience
- Remind patients to report for telehealth appointments at their scheduled time of service. If a patient has a caregiver who will be present during the appointment, request that the caregiver be at the same location at the time of the visit.
- Safeguard patient privacy by having patients wear headphones and helping to locate them in an area where they can be alone
- Advise patients to have medical information on symptoms, questions, concerns, and vitals readily available for provider evaluation
- Remind patients to check patient portals for after-visit summaries, test results, and care plan instructions
- Communicate to patients and/or caregivers that privacy is a priority, how and with which care team members their health information will be shared, and how often their information will be reviewed



Professionalism Best Practices and “Web-Side” Manners in Telehealth Delivery

Professionalism and Ethics

Staff must understand that telehealth is simply another health care delivery modality subject to the same standards. All ethical and professionalism standards apply to telehealth encounters (and any other digital communication with patients). Medical professionals and health care organizations must comply with HIPAA guidelines on telemedicine. Health care providers conduct trainings on professionalism and ethics specific to their organizations, which is required under HIPAA.

Based on the HIPAA Security Rule, frontline workers may encounter the following telehealth policies and procedures in the health care setting:⁸

- Only authorized users have access to electronic personal health information (ePHI)
- Secure communication systems are in place to protect the integrity of ePHI

8 “HIPAA Guidelines on Telemedicine,” *HIPAA Journal*. Retrieved from <https://www.hipaajournal.com/hipaa-guidelines-on-telemedicine/>.

- Processes are in place to protect against malicious breaches and maintain ePHI security
- Communications are monitored and can be remotely deleted if necessary

To promote professionalism, when communicating with patients virtually or telephonically, health care workers should:

- Use the organization-provided platform, which includes high-level security features if available to protect patients' health information
- Establish the patient's identity by confirming name and date of birth
- Confirm that the patient is in a private place and/or where they are comfortable speaking about their health care information
- Maintain the professionalism and confidentiality of an office setting, understanding that all HIPAA-related standards and requirements are applicable

Web-Side Manner

Many people are familiar with the term "bedside manner," which refers to the way providers interact with patients in person or at the "bedside." The term for this concept in virtual modalities is "web-side manner," and it is applicable to all members of the care team as they work to ensure quality care and a good patient experience. While virtual encounters have more flexibility as to where they can take place, there are additional considerations for staff that would not be an issue in the controlled environment of an exam room or other clinical location.

To promote good web-side manners, when communicating with patients virtually or telephonically, health care workers must:

- Check camera placement and test it in advance to ensure the patient can see staff
- Ensure a clutter-free and appropriate background
- Be in a private location such as an office with the door closed. No one should be in the background unless they are relevant to the patient's care and the patient knows they are there.
- Maintain eye contact by looking at the camera lens
- Dress appropriately, especially if the interaction is happening outside the provider's office
- Be prepared to troubleshoot issues. (More on troubleshooting common technical issues can be found in [Section 3.](#))

Additional Resources

Ethical Practice in Telemedicine (American Medical Association [AMA])

Fundamental principles and protocols of applying ethical practices to telehealth services

[Ethical Practice in Telemedicine | ama.org](https://www.ama-assn.org/practice-management/ethics/ethical-practice-telemedicine)

Telemedicine and Team-Based Care (AMA STEPS Forward)

Toolkit and resources on strategies, advantages, and opportunities of team-based care in telehealth delivery

[Telemedicine and Team-Based Care | ama.org](https://www.ama-assn.org/practice-management/telemedicine/telemedicine-team-based-care)

Preparing Patients for Telehealth (HRSA)

A US government website providing recommendations for introducing and preparing telehealth to patients, families, and caregivers

[Preparing Patients for Telehealth | telehealth.hhs.gov](https://www.telehealth.hhs.gov/preparing-patients-for-telehealth)

Topic 3: Patient Access to Telehealth Services



Learning Objectives

- Describe access-related benefits and limitations of telehealth
- Understand the digital divide and socioeconomic barriers to accessing telehealth
- Describe strategies to mitigate access challenges
- Describe methods of troubleshooting common audio/visual difficulties in telehealth delivery



Access-Related Benefits and Limitations of Telehealth

Telehealth service availability can benefit patient access in certain cases depending on the patients and their preferences. In some cases, telehealth may hinder access, making it important to maintain in-person services and ensure patient choice in scheduling. Examples of telehealth's benefits and limitations for patient access are:

Benefits

- Improves access for people living in rural or isolated communities
- Saves time for people who can't visit their provider due to family, work, or other obligations
- Helps patients with limited mobility and/or transportation options, including difficulties taking public transportation
- May expedite appointment availability and convenience
- Helps reduce transmission, particularly for people who are high-risk during a pandemic
- Allows providers to support patients by observing their home and daily environment to customize care
- May create practice operational efficiencies

Limitations

- Reduces access if there is no internet or broadband service
- Causes interrupted visits if there are technical difficulties
- Causes discomfort for patients with technology challenges or who prefer to see their provider in-person
- Could increase cost or cost-sharing, which may further reduce access for patients without insurance
- Could make access difficult for people whose first language is not English and who require interpretation services



The Digital Divide and Socioeconomic Barriers to Accessing Telehealth

Telehealth access can be impacted by the digital divide, the gap between those who have access to computers, internet, and technology, and those who do not. This gap can be linked to socioeconomic circumstances, regions (e.g., rural vs. urban or suburban), age, race, and other demographics.

Regional Access Disparities

Some rural areas lack internet access. Also, some urban areas lack affordable internet access in certain neighborhoods, where the infrastructure is not available or there is low service quality.

Socioeconomic Access Disparities

Lack of access to the internet is prevalent among individuals living in poverty or financial insecurity. Individuals who have to choose between spending on basic needs and a monthly phone or internet data plan may choose to forego access to technology. These individuals may rely on free internet at libraries or wi-fi in parks or other public areas, which are not ideal locations for telehealth visits due to background noise and a lack of privacy.

Racial Access Disparities

Lack of access to the internet can be prevalent in communities of color, where socioeconomic disparities are persistent. Some of these communities also lack the basic infrastructure needed for affordable internet. Research shows that telehealth access is not equitable across different populations and demographic groups. According to 2021 data, telehealth use rates were lower among people who were uninsured. Additionally, white individuals were more likely to have had a video visit, while people who identified as Latino, Black, Asian, and multiracial had a higher proportion of audio-only visits.

Disparities for People Living with Disabilities

People with visual or hearing impairment, blindness, deafness, cognitive impairment, or developmental disabilities may have significant difficulties using telehealth technology. These individuals may require extra help from the care team plus a caretaker or family member to have a successful telehealth encounter.

Age Disparities

Many older adults have difficulties participating fully in telehealth due to lack of access to a computer or mobile device. Others may simply not be comfortable navigating technology and would prefer in-person care.



Strategies to Mitigate Access Challenges

Educating patients on the benefits of telehealth and preparing them for their visit can mitigate access limitations. Important steps that staff may take include:

- Describing to patients what they can expect from a visit
- Asking patients whether they would be comfortable with a telehealth visit, and if not, asking how staff can help make them comfortable
- Identifying the patient's preferred language in advance of the visit and documenting it in the EMR
- Using interpreter services and providing materials in advance in the patient's preferred language
- Teaching patients how to sign up for and log in to the patient portal
- Calling patients a few days before the visit to confirm they have what is needed
- Testing the visit platform with the patient to show them how it works
- Helping patients troubleshoot basic technology issues before calling the hospital IT department or a third party for assistance
- Scheduling in-person visits for patients who prefer them and encouraging patients to use the telehealth modality when they are ready



Methods of Troubleshooting Common Audio/Visual Difficulties

As technology solutions are more often found in health care provider settings, basic technology and troubleshooting skills are increasingly important. Care team members should learn how to address potential technical challenges during a telehealth encounter. Providers and patients may feel more comfortable knowing that staff can help with basic issues. Health care provider IT departments can often help resolve these issues, but could disrupt the patient visit.

To troubleshoot, staff must understand basic functionality around the following:

- Checking internet connectivity
- Ensuring use of the proper internet browser
- Turning on speakers, cameras, and other audio/visual equipment
- Checking hardware is properly plugged in
- Using virtual meeting programs (such as Zoom and Microsoft Teams)
- Updating software by restarting a program
- Adjusting background, lighting, sound quality, and framing for video visits

Health care providers recommend that all incoming members of the health care workforce take a course in basic technology.

Additional Resources

Understanding the Digital Divide and Ensuring Access for All (Healthcare Information and Management Systems Society)

A publication on the digital divide and its impact on health care delivery, particularly as providers adopt new technologies

<https://www.himss.org/resources/understanding-digital-divide-and-ensuring-access-all>

Overcoming Telehealth Barriers and Engaging Older Adults in Virtual Care (Medpro Group)

A tool listing communication and assistance strategies before, during, and after telehealth appointments to facilitate technology use by older adults

<https://www.medpro.com/telehealth-barriers-for-older-adults>

Troubleshooting Telehealth Sessions (Access Telehealth)

A video and module exploring telehealth technologies and problem-solving strategies, best practices for environment setup, and solutions to common issues. Access Telehealth is supported by the Rush Center for Excellence in Aging.

<https://accesstelehealthtraining.org/troubleshooting-telehealth-sessions>

Additional Provider Training Resources

Many hospitals and health systems are developing and expanding their telehealth capabilities and may be assisted by training resources intended for a provider audience. The below are resources that can be incorporated into provider trainings.

Resources that Provide a Telehealth Overview

Getting Started with Telehealth (US Department of Health and Human Services [HSS])

Telehealth resources and guidelines for health care providers, including doctors, practitioners, and hospital staff to introduce and prepare patients for telehealth services

<https://telehealth.hhs.gov/providers/getting-started/>

Telehealth for Providers: What You Need to Know (CMS)

A toolkit for providers on telehealth best practices, considerations, Federal/state policies, and billing recommendations

<https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf>

Resources for Developing a Telehealth Program

General Provider Telehealth and Telemedicine Tool Kit (CMS)

A toolkit for providers on choosing telemedicine vendors, establishing a permanent telemedicine program, monitoring patients remotely, and developing documentation tools

<https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

Northeast Telehealth Resource Center: Roadmap for Planning Development of Telehealth Services

Guidelines and recommendations for planning and developing telehealth programs

<https://netrc.org/wp-content/uploads/2015/04/netrc-roadmap-for-planning-development-of-clinical-telemedicine-services-2014.pdf>

Telemedicine Toolkit (American Health Information Management Association)

A toolkit providing guidance, references, and requirements for organizations to implement, expand, and sustain telemedicine/telehealth programs

<https://healthsectorcouncil.org/wp-content/uploads/2018/08/ahima-telemedicine-toolkit.pdf>

Additional Telehealth Training Resources

AAMC New and Emerging Areas in Medicine Series: Telehealth Competencies (Association of American Medical Colleges)

Competencies to guide telehealth-related teaching and support curricular and professional development, performance assessment, and improvement of health care services and outcomes

<https://www.aamc.org/data-reports/report/telehealth-competencies>

University of New Hampshire Practice Center

Video resources on how to conduct a successful telehealth visit and telehealth etiquettes for providers

<https://www.youtube.com/channel/UCNJIGKs4c1-qq0dggWOmQZw>

National Policy Telehealth Resource Center: HIPAA & Telehealth (HSS)

A step-by-step guide to HIPAA and telehealth compliance for providers

<https://www.ssa.gov/ndf/documents/HIPAA%20Project-1027.pdf>