

Common Telehealth Terminology and Primer

DEFINITIONS (adapted from American Telemedicine Association Operating Procedures for Pediatric Telehealth)

CLASSIFICATION TERMS

Telehealth: Broad term for remote healthcare including clinical services, tele-education, teleresearch, and other non-clinical applications. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth.

Telemedicine: The use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Telemedicine is typically considered a subset of telehealth services.

Real-Time Telemedicine (A.K.A. Synchronous Telemedicine): Transmission of electronic medical information, typically including audio and video components, for a live, two-way or multiparty interactive telemedicine encounter.

Videoconference-Enhanced Telemedicine. Use of real-time videoconferencing between sites to provide medical care to a patient.

Store-and-Forward Telemedicine (A.K.A. Asynchronous Telemedicine): Transmission of stored digital images or diagnostic studies across a distance for diagnosis or management of medical conditions. These images and studies are electronically stored and transmitted for subsequent interpretation by telehealth providers.

Remote Patient Monitoring: The use of technology to enable monitoring of patients outside of conventional clinical settings (example: in the home), often using portable connected devices such as wearables (such as smart watches heart rate monitors), smart phones or tablets with mobile applications, and Bluetooth-enabled devices such as electronic scales, oxygen saturation monitors, blood pressure cuffs, and medication dispensers.

Digital Health: A broader term that includes telehealth and remote patient monitoring, as well as the provision of health services utilizing a wide array of health information and communication technology, such as mobile devices, wearable devices, electronic health records, artificial intelligence, machine learning, clinical decision support, and predictive modeling.

SERVICE LOCATIONS AND TERMINOLOGY

Originating Site: Location of the patient receiving a telemedicine service. Telepresenters may be needed to facilitate the delivery of this service. Other common synonyms include spoke site, patient site, remote site, and rural site, access site.

Distant Site: Site at which the provider delivering the service is located at the time of the telehealth service. Other common synonyms include hub site, specialty site, provider/physician site, referral site and consulting site.

Hospital-based Telehealth Services: Telehealth services delivered to patients in a hospital or emergency department setting. Examples include Telestroke services, Tele-ICU, Pediatric Critical Care Telemedicine, and a variety of subspecialty telehealth consultations.

Home-based Telehealth Services: A variety of telehealth services delivered to patients in their home, typically using home computers or mobile devices, which can include real-time audio-video consultations, remote patient monitoring, wearable device data collection, and web-based services.

Outpatient/Ambulatory Clinic-based Telehealth Services: Provision of telehealth services to patients in an outpatient location, which can include their primary care provider, specialty clinics, or dedicated telehealth clinic locations.

Direct to Consumer Telehealth Services: The provision of telehealth services directly to a patient or caregiver, generally at their home or via a mobile device, without the presence of a tele-presenter or facilitator on the patient side. This typically refers to urgent, on-demand telehealth services to patients for minor, acute conditions provided through telehealth industry vendors, but can also apply to multiple other forms of remote patient monitoring, home telehealth, and mobile health services for a variety of patient populations and conditions, including chronic disease management.

School-based health services: Telehealth can be used to provide a variety of services in the school setting. School health services include health education, school nursing, medical evaluations, and health services such as speech therapy, oral health, physical therapy or mental health counseling. School-based health centers (SBHC) are clinics that are located in or near a school facility and are administered by a sponsoring facility. The sponsoring facility may include a hospital, public health department, community health center, nonprofit health care agency, or local educational agency.

Patient-Centered Medical Home (PCMH): A medical home is an approach to providing comprehensive and high-quality primary care. A medical home should be the following:

- **Accessible:** Care is easy for the child and family to obtain, including geographic access and insurance accommodation.
- **Family-centered:** The family is recognized and acknowledged as the primary caregiver and support for the child, ensuring that all medical decisions are made in true partnership with the family. **Continuous:** The same primary care clinician cares for the child from infancy through young adulthood, providing assistance and support to transition to adult care.
- **Comprehensive:** Preventive, primary, and specialty care are provided to the child and family.
- **Coordinated:** A care plan is created in partnership with the family and communicated with all health care clinicians and necessary community agencies and organizations.
- **Compassionate:** Genuine concern for the well-being of a child and family are emphasized and addressed.
- **Culturally Effective:** The family and child's culture, language, beliefs, and traditions are recognized, valued, and respected

A medical home is **not** a building or place; it extends beyond the walls of a clinical practice. A medical home builds partnership with clinical specialists, families, and community resources. The medical home recognizes the family as a constant in a child's life and emphasizes partnership between health care professionals and families. A variety of telehealth services can be provided through or coordinated through the patient-centered medical home.

In-Person Care: Services provided when the patient and provider are together in the same physical location for evaluation, diagnosis, and/or management.

ORIGINATING SITE PERSONNEL

Facilitator: An individual who may or may not have a clinical background who is present with the patient during a telemedicine encounter. Responsibilities may vary with practice site, but may include scheduling, organizing, executing the connection and/or patient presenter functions. Examples may include a clinical provider, support staff or parent/legal representative.

Presenter (Patient Presenter, Telepresenter): An individual with a clinical background trained in the use of telehealth equipment who may be available at the originating site to manage the cameras and perform any “hands-on” activities to complete the tele-exam successfully. Examples include: RN, RRT, LPN, CNA, MA. ¹

Common Types of Pediatric Telehealth Services

- Hospital-based telehealth services
 - Pediatric Critical Care (PICU)
 - Neonatal Intensive Care (NICU)
 - Multispecialty consultation models
 - Palliative care
- Outpatient/Ambulatory Clinic based services
 - Nutrition
 - Behavioral Health
 - Neurology
 - Nephrology
 - Endocrinology
 - Cardiology
 - Orthopedics/Sports Medicine
- Home telehealth services
 - Acute on-demand urgent care services
 - Chronic disease management (asthma, diabetes)
 - Medically complex care (home ventilator patients)
- Transport/Ambulance-based Telemedicine
 - Pediatric emergency medicine
 - Pediatric critical care
 - Trauma services
 - Neonatology
- Interdisciplinary Care Coordination – Coordination of multiple subspecialty providers and multidisciplinary team members (nursing, respiratory therapy, social work, nutrition, etc.) to provide care for chronic or medically complex populations.
- Medically Complex Care – Care of patients with chronic and/or complex conditions associated with high morbidity and/or mortality, high complication rates, high healthcare service utilization, emergency department visits, and high healthcare costs. These services typically utilize multiple telehealth modalities such as remote home monitoring, video consultations, mobile health, and patient or caregiver data entry, and often involve an interdisciplinary care coordination approach.
 - Pre and Post-Transplant Services
 - Chronic respiratory failure/home ventilator patients

¹ ATA/AAP Operating Guidelines for Pediatric Telemedicine

- Genetic and metabolic disorders
- Home dialysis
- Congenital heart disease
- Diabetes
- Rheumatologic conditions
- Palliative care services
- School-based telehealth (SBTH) Services – Care provided directly from provider to students and family into the school setting (preferably in coordination with school nurses and student’s pediatrician)
 - Common primary care services (ear infections, viral and bacterial illness, acute orthopedic injuries)
 - Behavioral health – including services related to Attention Deficit Disorder, Child Abuse, Trauma, and Drug Addiction
 - Asthma Treatment and Education

Categories of Providers of Telehealth Care
(examples listed are not a comprehensive list)

- Non-Profit and Academic Medical Centers
 - Medical University of South Carolina
 - University of Mississippi
 - UC-Davis
 - Jefferson
 - Mayo Clinic
 - UPMC
 - Texas Children’s
 - Children’s Colorado
 - Children’s Hospital of Philadelphia
 - Lurie Children’s
- Small Group or Individual Ambulatory Practices
 - These are primary care or specialty clinics not associated with major academic or non-academic healthcare systems, typically using third-party industry telehealth solutions to connect to their own patients at home or via mobile devices.
 - These practices are generally represented on the national stage by academic and professional societies such as the American Academy of Pediatrics or American Academy of Family Physicians.
- Large Private Payers – (generally urgent and primary care from their own or an industry-provided virtual platform)
 - United Health Care
 - Blue Cross Blue Shield
 - Aetna
 - Cigna
- Non-Academic Hospitals and Care Centers
 - HCA
 - Mercy Virtual
- Federally Healthcare Services
 - VA Hospitals
 - Federally Qualified Healthcare Centers (FQHC)
- State Healthcare Services

- Department of Mental Health
- Industry Telehealth Companies (Generally provides Urgent and Primary Care in multiple states)
 - MDLive
 - Teladoc
 - American Well
- National Retail Chains (not primarily telehealth-focused): typically provide direct-to-consumer or facilitated telehealth services at retail locations using kiosks or dedicated telehealth spaces
 - CVS
 - Walgreens
 - Walmart
- Large Technology Companies (not primarily telehealth focused): this is an emerging market
 - Apple
 - Amazon
 - Google

Common Payers

- Federal Programs
 1. Medicare (covers dialysis patients (kidney disease) in pediatric populations)
 2. Medicaid (varies by state)
 3. CMMI – Pilot Programs
 4. FCC -grant programs focused on expansion of healthcare via broadband and connectivity improvements
 5. USDA – primary focus on rural and underserved populations
 6. Veterans Administration – long history of remote patient monitoring for chronic disease, virtual outpatient visits, and tele-mental health
 7. Tricare
- Private Payers
 1. United Health Care
 2. Aetna
 3. Blue Cross Blue Shield
 4. Cigna
- State Governments
 1. Legislative Appropriations for funding of care:
 - DMH
 - FQHC
 - Rural Health Centers
 - School Based Telehealth Care

Common Policy Concerns

Federal Policy

(Generally, applies to CMS coverage and federal law)

- Geographic location of the patient- The patient’s location at the time services are received via telehealth is known as the “originating site.” Medicare treats telehealth almost exclusively as a tool for rural areas and has narrowly restricted the geographic areas that are eligible to use telehealth. The originating site must be in a Health Professional Shortage Area (HPSA) as defined by Health Resources and Services Administration (HRSA), or in a county that is outside of any Metropolitan Statistical Area (MSA) as defined by the US Census Bureau. Some argue against this restriction

because many underserved areas are still barred from receiving telehealth-delivered services, and those that are eligible may not have an adequate population base to maintain a telehealth network. In 2019, there were some exceptions made from both the geographic and originating site requirements for the end stage renal disease (ESRD) services, treatment of acute stroke and treatment of substance use disorder and co-occurring mental health conditions. Those exceptions are outlined in a subsequent section.

Effective as of January 2014, CMS redefined rural HPSAs as areas located in rural census tracts as determined by the office of Rural Health Policy (ORHP). This allows eligible facilities located in rural census tracts that are within an MSA to be eligible telehealth originating sites. HRSA also maintains a [Medicare telehealth payment eligibility search tool](#), where eligibility of an originating site may be checked.²

1. Type of Provider covered for reimbursement
 - Physicians
 - Physician Assistants
 - Nurse Practitioners
 - Licensed Social Workers
 - Nurse midwives
 - Clinical nurse specialists
 - Certified registered nurse anesthetists
 - Clinical psychologists and clinical social workers (these professionals cannot bill for psychotherapy services that include medical evaluation and management services);
 - Registered dietitians or nutrition professionals.

2. Covered Facilities and Locations
 - Provider offices
 - Hospitals
 - Critical Access Hospitals
 - Rural Health Clinics
 - Community Mental Health Centers
 - Skilled Nursing Facilities
 - Hospital based or CAH based renal dialysis centers

State Policy

- State acceptance of Medicaid expansion
- Parity law
- State specific telehealth legislation
- Intrastate Licensure Compacts
- Board of Medical Examiners and State Practice Acts

² Center for Connected Health Policy

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