A Roadmap to Telehealth Adoption: From Vision to Business Model

INTRODUCTION

Telehealth has become ubiquitous in the last several years,[1] igniting the imaginations of patients and providers alike. At its most basic, telehealth is the "remote delivery of health care services and clinical information using telecommunications technology."[2] In other industries, the use of telecommunications technology is routine; one can hardly imagine any more a world in which banking, airline reservations, business meetings, shopping, even registering children for school, must be done in-person. But health care is different. Deeply ingrained in our psyches is the notion of the physician as one who literally lays hands on the patient – and that notion is hard-wired into the health care delivery system through tradition, culture, and payment. However, that notion is out of sync with modern clinical science and technology. Sometimes there *is* no substitute for the laying on of hands, but in many cases, the physician's primary job is to manage and guide patients through vast amounts of information; he or she must listen, measure, balance, consult, teach, and weigh risks and rewards – all tasks that can be accomplished and enhanced with the help of telecommunications tools.

The physicians of the **Council of Accountable Physician Practices (CAPP)** believe that telehealth tools have the potential to transform health care delivery. We strongly support the use of these tools to improve access, quality, and efficiency. Achieving such lofty goals, however, is not a given. We are at a pivotal time in the diffusion of telehealth technology, which must be *transitioned from a vision to a business model* – a significant challenge, given entrenched cultural, regulatory, and payment barriers. In the spirit of easing that transition, the CAPP physicians offer stakeholders our thoughts about the most six most critical issues they must consider as providers, consumers, and regulators of telehealth tools.

WHAT IS TELEHEALTH?

Telehealth technologies can be divided into three broad categories:

1) **Audio, visual, or web-based technologies** that facilitate two-way, real-time communication between patients and providers or among providers (e.g., telephone and video visits and consults)

2) **Remote monitoring** that allows providers to "observe" patients, using telecommunication technology (e.g., off-site clinicians using a roving, remote-controlled video camera to monitor patients in an intensive care unit)

3) **Asynchronous "store-and-forward" technology** that transmits information from patients to providers or among providers without requiring simultaneous engagement (e.g., patient email or transmission of blood pressure data from a wearable device; a physician transmitting an EKG to another physician for review and diagnosis)[3]

Another way to categorize these tools is based on whether they link patients to clinicians, clinicians to other clinicians, or both.[4] In all cases, the goal is to remove time- and distance-related barriers to care. CAPP member groups and systems use all of these types of telehealth within our practices.