ADDITIONAL CONSIDERATIONS FOR TELEHEALTH

Radant, 2012
Recapping the Statistics

• 2000: 35 million people aged 65 and older
• 2030: aged 65 and older population doubles to 71.5 million*
• 30 million people are expected to enter the healthcare system in 2014**

*Administration on Aging, 2007
**Kizer (Feb, 2011)
As mentioned previously...

- Shortage of Nurses, Primary Care MD’s, geriatrics providers, specialists, rural health access
- People want to stay home longer and remain independent
- Some of our payment/reimbursement methods do not incentivize independence
Burgeoning Use of Technology

• Mobile apps for adjusting prosthetics
• Vests to monitor sleep apnea
• Motion sensors in the home
• Buttons, cords, alarms
What is the Evidence?

• Despite findings noted earlier, the industry has its skeptics

• Need more research proving its value (ROI)

• Growing demand and access

• Fragmentation of Care is risky; unsafe
Fragmentation of Care

- Reduced continuity
- Reduced coordination
- More ED visits
- More hospitalizations
- Increased diagnostic interventions
- Increased adverse events
- Especially risky for chronic health conditions and behavioral health diagnoses
Is it a “no brainer”? 

- Must focus on accuracy, safety, effectiveness and **SIMPLICITY**
- Grounded plugs, location in the home
- Success hinges on establishing a relationship with the patient
Reimbursement

• Requires strict compliance, under penalty of law
• Would accelerate adoption
• Must prove return on investment; prioritize with other health system needs
Legal Consequences

• State Licensing and Credentialing of Providers

• Liability for Patient Injuries

• FDA and State Regulation of “Medical Devices”

• Security of Patient Health Information/Privacy

• Reimbursement: Strict Compliance required
Role of Nursing Administrators / Educators

• Broad/general understanding of the issues

• Exposing students to telemedicine, telehealth

• Evaluating the role of and opportunities for nurses

• Collaboration with Licensing boards