gpTRAC
Great Plains Telehealth
Resource & Assistance Center

Telehealth and CHWs

CHW Conference

Oct. 15, 2026

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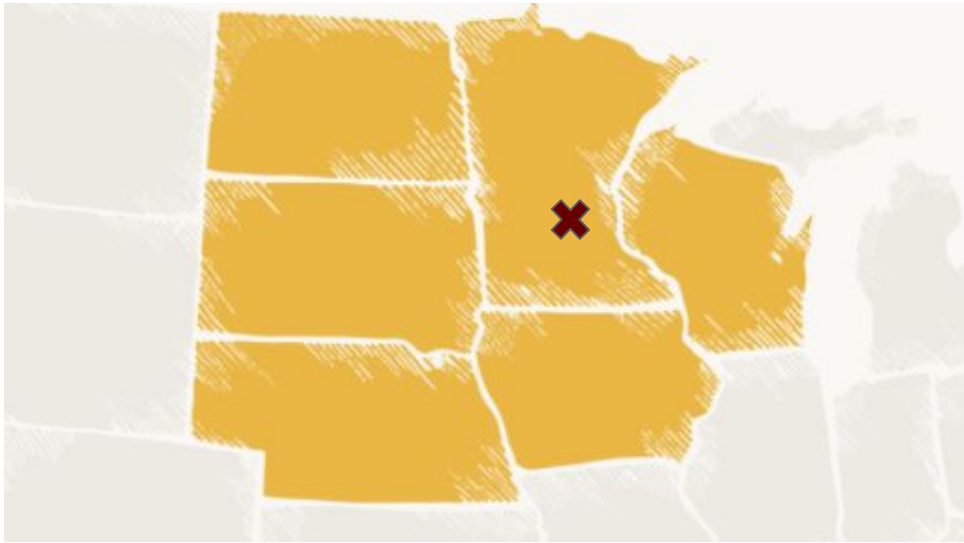
Great Plains Telehealth Resource & Assistance Center

A Member of the National Consortium of Telehealth Resource Centers

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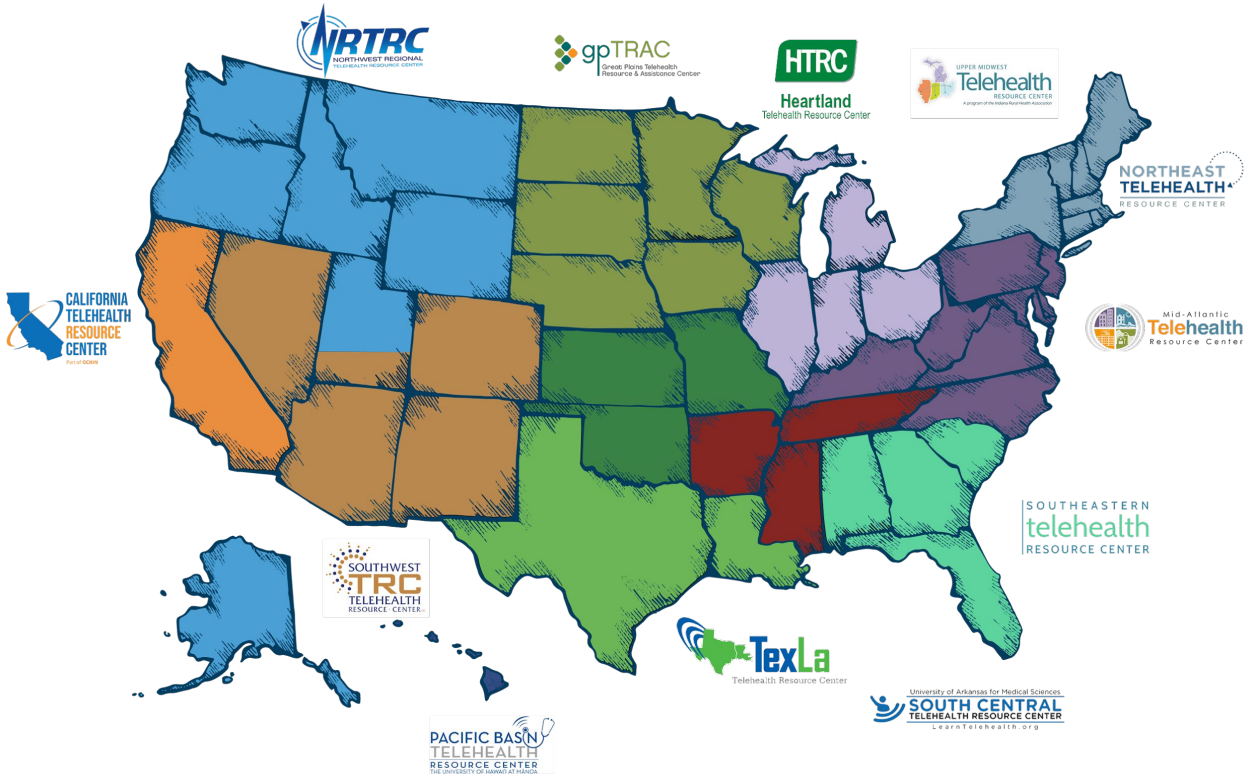
gpTRAC – Serving the States of:

- North Dakota
- South Dakota
- Nebraska
- Iowa
- Wisconsin
- Minnesota
  - Live in the UMN/IHI



Federally-Funded Telehealth Resource Centers

www.telehealthresourcecenter.org



12 REGIONAL RESOURCE CENTERS

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

2 NATIONAL RESOURCE CENTERS

TTAC TelehealthTechnology.org

Center for Connected Health Policy

NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

What is Telehealth?

Whose definition?

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Definition

Telehealth effectively connects individuals and their healthcare providers when in-person care is not necessary or not possible. Using telehealth services, patients can receive care, consult with a provider, get information about a condition or treatment, arrange for prescriptions, and receive a diagnosis.

— *American Telemedicine Association*

Telehealth =

…Also from ATA

- **Virtual Visits:** Live, synchronous, interactive encounters between a patient and a healthcare provider via video, telephone, or live chat. *(most of our currently billing structure requires a two-way, audio/video communication)*

- **Chat-based Interactions:** Asynchronous online or mobile app communications to transmit a patient's personal health data, vital signs, and other physiologic data or diagnostic images to a healthcare provider to review and deliver a consultation, diagnosis, or treatment plan at a later time.

- **Remote Patient Monitoring:** The collection, transmission, evaluation, and communication of individual health data from a patient to their healthcare provider or extended care team from outside a hospital or clinical office (i.e., the patient's home) using personal health technologies including wireless devices, wearable sensors, implanted health monitors, smartphones, and mobile apps. Remote patient monitoring supports ongoing condition monitoring and chronic disease management and can be synchronous or asynchronous, depending upon the patient's needs. The application of emerging technologies, including artificial intelligence (AI) and machine learning, can enable better disease surveillance and early detection, allow for improved diagnosis, and support personalized medicine.

- **Technology-Enabled Modalities:** Telehealth and virtual care solutions also provide for physician-to-physician consultation, patient education, data transmission, data interpretation, digital diagnostics (algorithm-enabled diagnostic support), and digital therapeutics (the use of personal health devices and sensors, either alone or in combination with conventional drug therapies, for disease prevention and management).

CMS Definition/s

1. Telemedicine
2. Telehealth
3. Remote Monitoring
4. Patient-initiated communications
5. Interprofessional consultations



Key Takeaway

Determines the reimbursement opportunities.

Why do we care?

Because the definition used can determine what payment is available.

Where does telehealth fit?

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Telehealth integration

Software integration within the EMR may not be as important as integration within an organization's clinical processes.



Which healthcare occupations need to understand the value of telehealth?

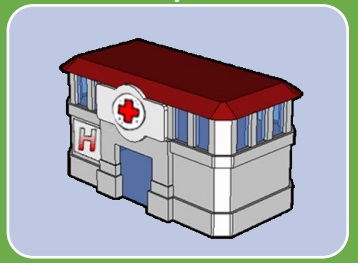
- Physicians/Providers (MD/DO/NP/PA/etc)
- Nurses (at all levels)
- Therapists (PT/OT/SLP)
- Nutritionists
- Patient & Staff Educators
- Business/Billing Office
- Organizational Leadership
- Clinic/Department Managers
- IT/EMR
- Marketing/Business Development
- Front-Desk/Receptionist
- Custodial Staff

…of course, CHWs!

Remember: Telehealth IS health!

…and the focus is **always** on how we can best care for the patient!

Telehealth: A Patient's Point of Access

Clinic/Ambulatory	Hospital	Home
		
Outreach Specialty Services (to remote clinics or hospitals) - PCMH - Behavioral Health	Critical Care (TeleICU) - Emergency Care - Consultative Services - In-Patient Care	Patient Directed - Hospital@Home - Follow up Care (Chronic Condition/ Post-visits) - Remote Monitoring

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Telehealth: A Patient's Point of Access







What special considerations might be needed for these options?

Digital Health & Equity

“Digital First” - Are we being fair to all?

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Telehealth impacts equity both pro & con

Telehealth relies on existing infrastructures of healthcare and technology that are

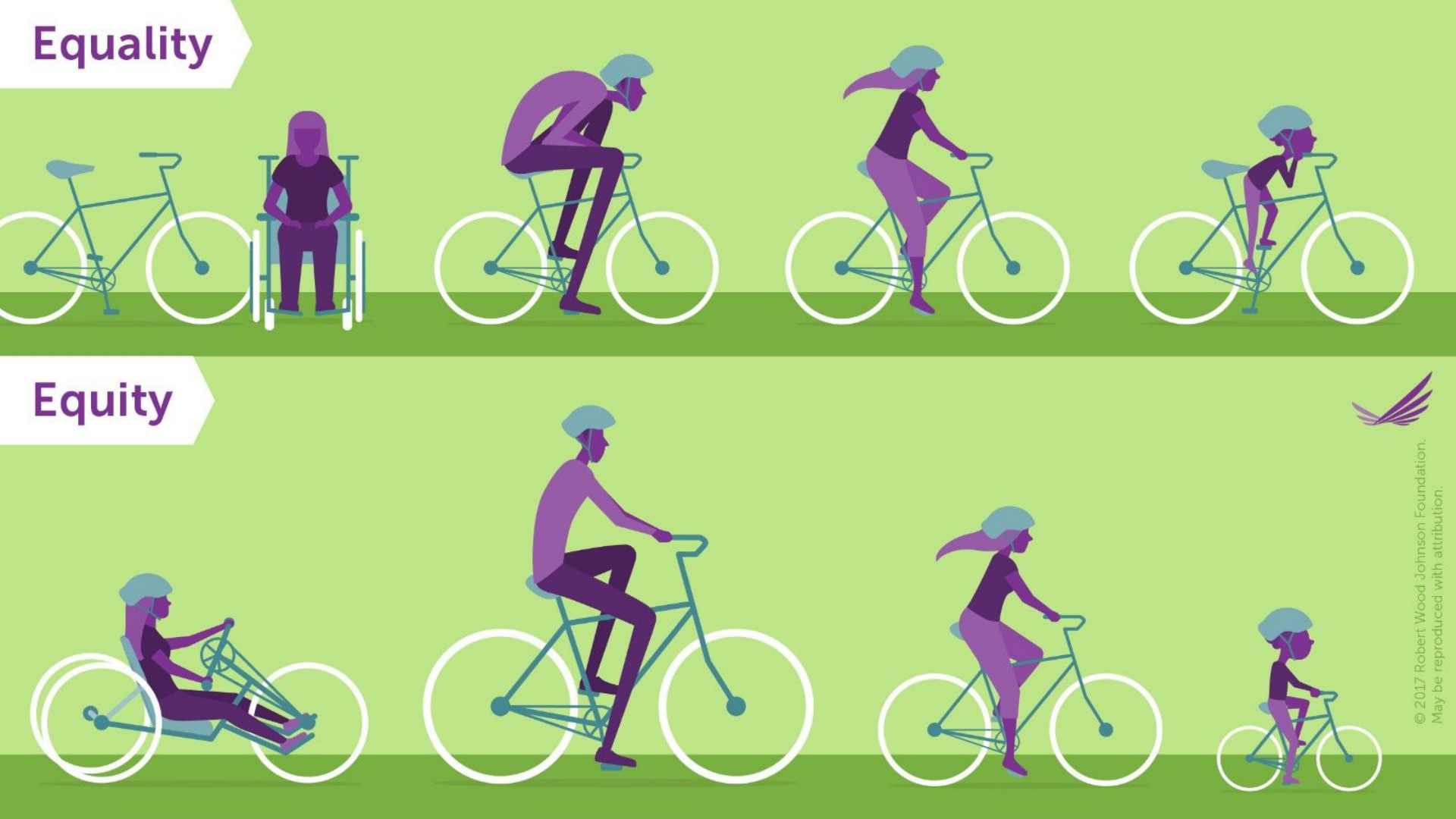
fundamentally

inequitably

distributed.

Poor access is poor access.





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AWARENESS:

Digital Health Literacy: Why It's Important and How to Improve It

Healthcare providers should consider strategies to improve digital health literacy as the medical industry continues to integrate more patient engagement technologies.

Racial Disparities in Patient Portal Use Fueled by Provider Engagement

Black and Hispanic patients are less likely to use the patient portal, likely because they are less likely to hear from their providers that they should use it.

Digital health literacy is bolstered by access to reliable WiFi or broadband and the ability to afford digital health tools. It is also important to note language's role in digital health literacy. A patient may be able to use technology and understand the information present, but if that information is not in the patient's preferred language, the tool still isn't practical.

Policy and Regulations

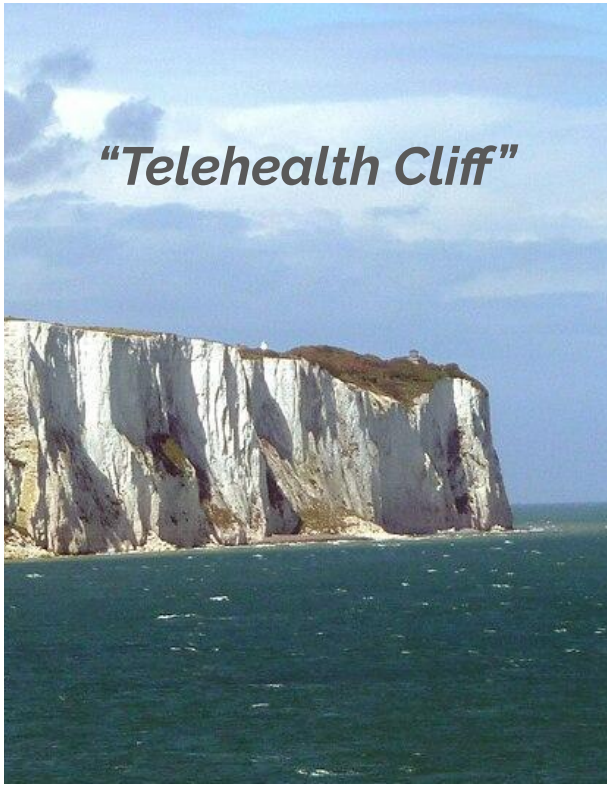
Issues:

- Reimbursement
  - Medicare
  - Medicaid
  - Private Pay
- Licensure
- Place of Service
- Privacy
- Prescribing

PHE extensions – not fixed!

- Extensions were supposed to originally end on Dec. 31, 2023
- Extension granted thru Dec. 31. 2027
- Not everything has been resolved
- Now what??

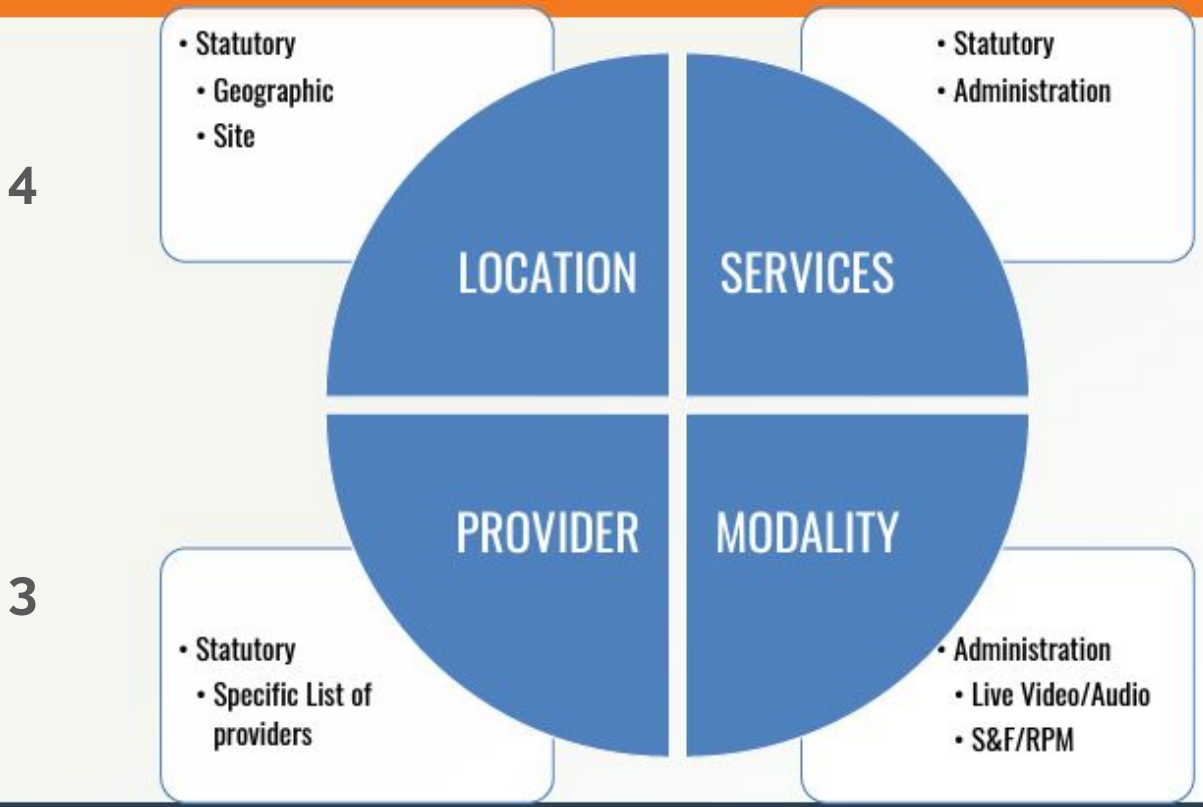
…we wait!!



Regulatory (Administrative) vs. Legislative

- Both will have impact on the delivery and reimbursement of telehealth services
- Some changes need to be made through Congressional actions
- Some changes CMS can make…and they have made significant efforts to support the delivery of telehealth-related services in order to alleviate the "telehealth cliff"

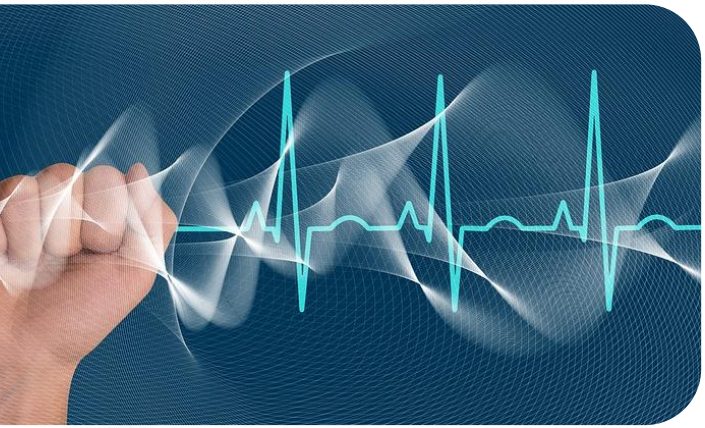
CMS/MEDICARE TELEHEALTH POLICY AUTHORITY



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How do we help our patients be successful?

Audio and Video are Different Lifelines



Each has a its own specific uses.

Each has its own applications.

Each has situations and populations for which it is ideally (or not ideally) suited.

Varieties of Telehealth Solutions

- Telehealth is a set of tools that can be used to solve problems.
- The final form of the solution(s) depends on the problem(s) you're trying to solve.
- Not everyone is trying to solve the same problem(s) or leverage the same resource(s).
- The problem may actually require multiple solutions



It isn't just about the technology…it is also about the people.

…are we meeting patients where THEY are?

Best Practices:

Things to consider:

Telehealth Etiquette and Professionalism:

- Camera
- Microphone
- Background
- Privacy
- Network
- Support
- Visit Process

CONSIDERATIONS – Patient Engagement

- How are you supporting your patient/s to utilize telehealth opportunities appropriately?
- Where do they turn for assistance?
  - Staff available to help? (before/during)
  - Doing a “walk-through” before the visit?
- Understanding their potential limitations and planning for those challenges
  - Access to network / Adequate broadband to accomplish a video call
  - Lack of privacy?
- Where can they go as an alternative location for their visit?
  - Car? (running through their audio system??)
  - Library? (local telehealth access points?)

CONSIDERATIONS – Provider Engagement

- Train your providers (all levels) on proper skills and techniques
  - Yes…they DO need it!
- Prepare their staff to assist them if needed
- Prepare remote staff to assist, if needed
- Help providers understand what challenges patients may have and how to anticipate and/or address them
- Establish a workflow that is standardized
  - *Don't assume* the elder patients don't want telehealth
  - *Don't assume* all rural patients can access telehealth
  - *Don't assume* all urban patients would rather come in to see their provider
  - *Don't assume* patients using their phones to connect have unlimited data

Telehealth = A Tool to Deliver Care

- Incorporate into on-going practice
- Plan for its regular and consistent use
- Understand the impact to all parts of your physical work process
- Plan for data needs and collection
- Training on appropriate and professional use
- Understand and plan for its unique requirements
    - lighting, camera angle, etc.
    - Patients who don't have the same understanding
- Anticipate how to address inequities

Image Quality & Etiquette in Live Video

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Preparation

Presentation Quality

- **Technical issues** and preparation
- Sometimes subtle, but strongly convey professionalism

Etiquette, Training, & Evaluation

- **Behaviors** during a video encounter
- Essential for effective, professional encounters

PRESENTATION QUALITY



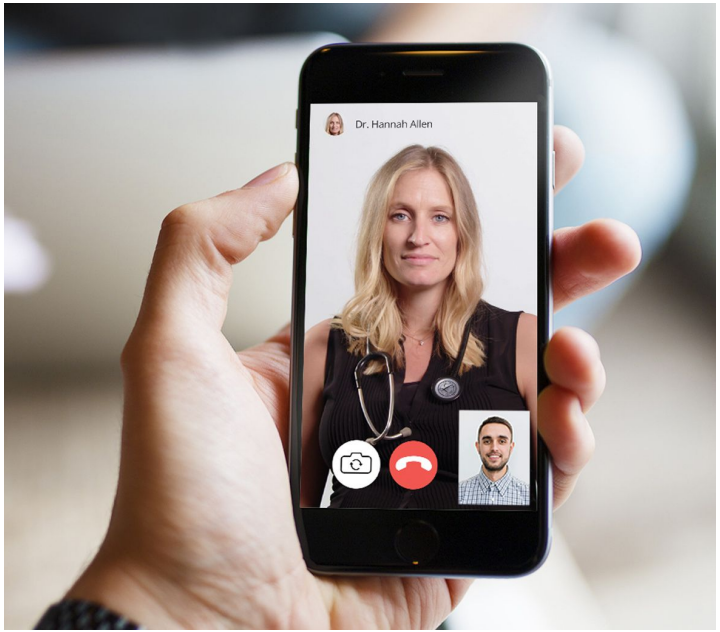
Screen type and size

- Live video can be displayed on a wide variety of devices
  - Not limited to within an EMR or other platform
  - Various form factors have strengths & weaknesses
  - *Key is being aware of the experience you are trying to create*

Camera Stability

- Mobile devices: use a stand or mount to *keep the device still*





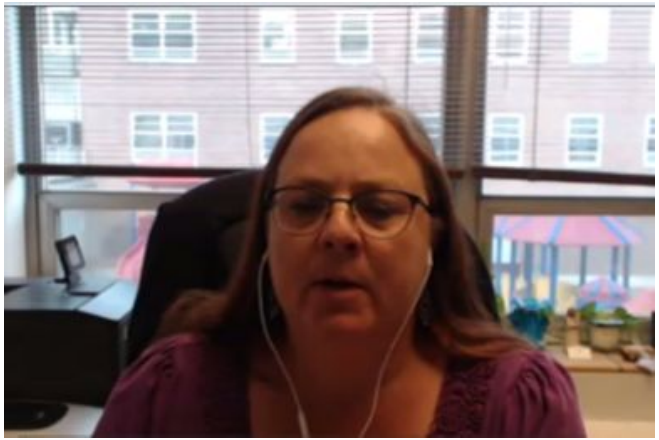
Lighting

- Standard workplace lighting is often “good enough”
- General principle: bright, indirect, & not behind
- Things to avoid
  - Harsh light, glossy surfaces, reflections
  - Unbalanced light and “point” sources
  - Lamps throw shadows
  - Backlighting and windows behind
  - Bright or reflective back wall



Lighting

Back lighting

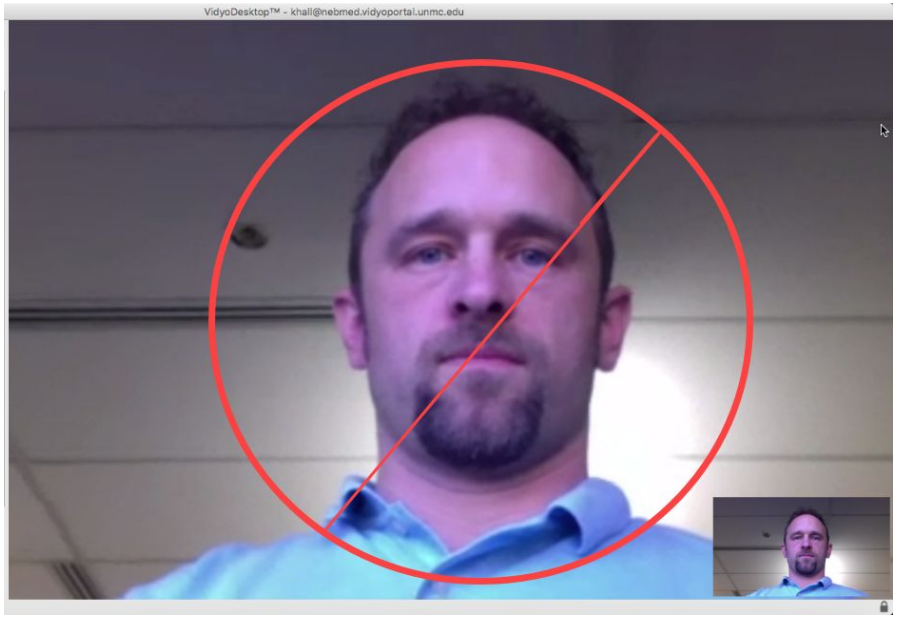


Side lighting

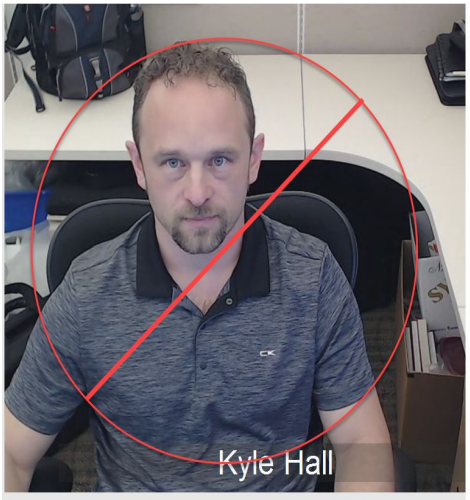


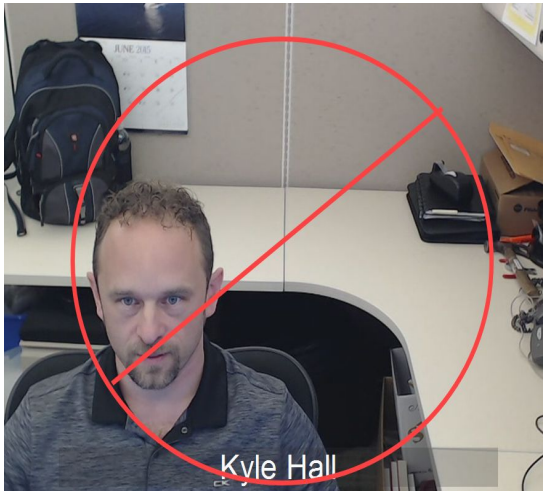
Framing & Background

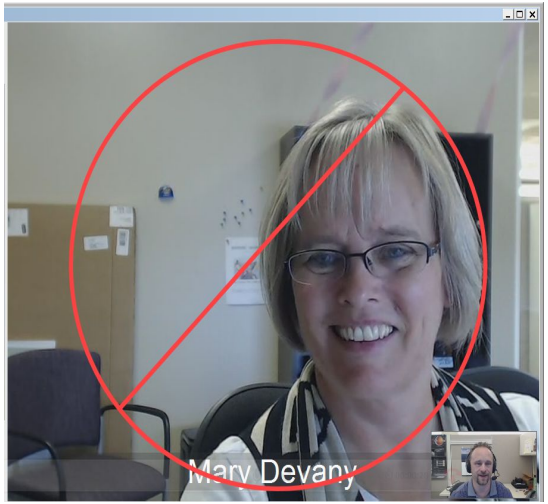
- Camera at top of head
- Fill the frame to the top
- Include your hands
- Avoid busy, cluttered, or disruptive backgrounds
- Avoid backlighting



Framing & Background







Privacy & Security



Work area has insufficient privacy allowing co-workers to unintentionally intrude



Secure office location, but the glass behind the user creates a distraction and privacy concern

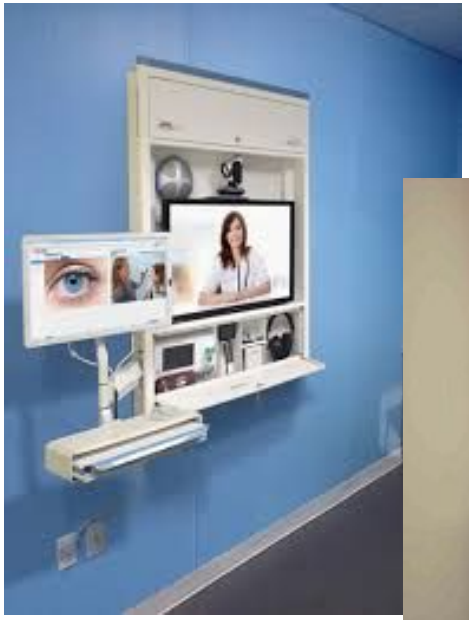
Framing & Background – Summary

- Camera at head level
- Fill the frame to the top
- Include your hands
- Avoid intrusive backgrounds
- Avoid backlighting



Room Colors (and Lighting)

- Room walls reflect colored light
- Choose neutral or muted colors
- Use “daylight” colored lights





Sound

Reverberation

Proximity

Sensitivity

Directionality



Sound





- Lots of mic styles available
- Feedback - when two ends of the call can hear each other
- Echo - usually the one with the problem can't hear it



Sound

- **Pro Tip:**

"MTDM"



Handling Peripherals

- Stand behind/to the side of the patient
- Address the camera
- *Practice*



II. ETIQUETTE, TRAINING, & EVALUATION



Training

- Telemedicine procedures should mirror “normal” procedures
  - Telemedicine is a mode of delivery, NOT a special treatment or different service
  - Adapt usual procedures as much as possible, or include telemedicine points in usual procedures
- “Normalize” the use of Telehealth. Train everyone thoroughly, and avoid making telehealth something “special”, risky, or difficult

Best Practices

Familiarization, normalization, and practice

- Everyone should be comfortable using the equipment
- Use live video in “low-risk” situations to help normalize it
- PRACTICE - use mock encounters to learn BEFORE it matters
- **If a hesitant provider (or patient) has one bad encounter, they will need 10 good encounters to trust the technology again**

Best Practices

Building Rapport

- Talk normally
- Look at the patient (whose face is near the camera)
  - In other words, look at/near the camera
  - Place your “self-view” frame as near the camera as possible
- Use gestures - be animated
  - Make sure your gestures are on camera/in the frame
- Monitor your self-view (but don’t obsess about it)

Universal Telehealth Etiquette

- Everybody in the room should be on screen
  - or at least needs to come on screen to be introduced
- Everybody should be identified by name and role
- Patient consent should be obtained, and any questions about the technology answered

Additional Telehealth Competencies

- Establishing/re-establishing the video call
- Adjusting equipment
- Handling peripherals (cameras, scopes)
- Presenting patient (stand to the side, face the camera)
- Working with remote provider smoothly and efficiently
- Handling emergencies

General Session Checklist

- ❑ Have equipment ready beforehand
- ❑ Introduce all participants (name/role)
- ❑ Orient and answer questions
- ❑ Say: “Video sessions are never recorded without permission”
- ❑ Discuss “call dropped” procedure
- ❑ Place and monitor your self-view
- ❑ Speak clearly and normally
- ❑ Engage the patient with eye contact and gestures
- ❑ Structure the encounter as usual
- ❑ Give a clear “end” to the encounter (“I’m closing the connection now”) and clear instructions for the patient on what to do next

2027 Dates Announced!!



More details found at www.gptrac.org/conference

Contact Information



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http://gptrac.org

http://telehealthresourcecenters.org

Training Evaluation Tool

Tina Haney, PhD
Assistant Professor of Nursing
Old Dominion University

Interprofessional Team Telehealth Performance Evaluation

(thaney@odu.edu)

Interprofessional Team Telehealth Performance Evaluation

© Tina Haney (thaney@odu.edu)

This tool was developed to evaluate trainees on conducting team-based clinical encounters using live video (telemedicine).

Introduction

1. Did all participants introduce themselves?	Y	N	NA
2. Did all participants state their role?	Y	N	NA
3. Did participants ask what the patient wanted to be called?	Y	N	NA

Preparation

4. Were participants dressed appropriately?	Y	N	NA
5. Were rooms kept quiet and private (doors closed)?	Y	N	NA
6. Did participants ensure the patient was comfortable?	Y	N	NA

Beginning

7. Were microphones muted before the visit began?	Y	N	NA
8. Did participants indicate all phones/pagers were off?	Y	N	NA
9. Were all participants visible on screen?	Y	N	NA
10. Was the patient's permission elicited explicitly?	Y	N	NA

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