GHA

GLOBAL HEALTHCARE ACCREDITATION®

for MEDICAL TRAVEL SERVICES

Global Healthcare Accreditation

TELEHEALTH STANDARDS CHAPTER

Draft

GHA TELEHEALTH STANDARDS (TH)
DRAFT

Overview

Audio and video internet technology, also known as telehealth, telemedicine and ehealth are not new to medical travel programs. The use of telehealth in recent years has become an indispensable technology that facilitates communication and quality care throughout the globe. Telehealth technology can be used throughout each phase of the The Medical Travel Care Continuum™ (MTCC) which depicts the following stages:

- Service Selection/Distination Selection
- Information Sharing & Planning
- Arrival (Logistics)
- Accomodation (Pre-Service)
- Admission (Medical)
- Treatment (Medical)
- Discharge (Medical)
- Accomodation (Recovery)
- Follow Up (Post-Discharge)
- Departure (Logistics)
- Follow Up (Home)

The purpose of these telehealth standards is not to inform and evaluate the nature and criteria of these types of communications. Other standards in the GHA Standards Manual address those telehealth processes. Rather, these standards provide guidance to medical travel programs wishing to extend their scope of services and reach current or new groups of users. For example, the medical travel program may wish to provide second opinion services in clinical areas in which they have proven expertise. Such second opinion communications may be between the medical travel program and a patient, or with a distant health care practitioner or with a distant health care organization. Also, the medical travel program may wish to provide various types of consultation services such as disease management, psychological support and therapy, rehabilitation, general health maintenance, etc. Similarly, such consultations may also be between the medical travel program and patients, health care practitioners or health care organizations. A telehealth program has the potential to build new relationships and extend and strengthen existing relationships between professional and client groups, and the medical travel program.

These types of programs fall under the general umbrella of Telehealth, which may also include Tele-medicine, Tele-psychology, Tele-radiology, and others. They all represent digital health solutions that connect patients and clinicians through audio and video technology, and can be used as an alternative to traditional in-person care delivery. In certain circumstances, telehealth can be used to deliver care, such as a diagnosis from the evaluation of assessment data, consultation when there are care and treatment choices, managing treatment, providing health education, complex care management including monitoring patient self-management.

As Telehealth may represent a new line of business for a medical travel program, it is important that the need for and scope of telehealth services is clearly defined, marketing is targeted, the technology is appropriate, workflow, staff development is addressed and management processes are adjusted and the quality of the services evaluated.

Selection of appropriate technology may depend on the location of the medical travel program. Programs located in an acute hospital may be able to adapt and use the technology already in use in the hospital. Out-patient independent programs may need to solicit assistance from technology vendors for their exclusive use. The technology needs to be compatible with the intended use, for example, asynchronous text and photo exchanges through patient portals, health system apps, or website chat features or synchronous audio and video appointments through telehealth platforms, apps, or in-clinic technologies. The technology selected needs to be compatible with existing technology such as the electronic patient records and quality monitoring system. All clinical sessions using telehealth need to be integrated into the health records just as would a face to face session.

A final significant consideration for Telehealth programs, is that the licensing, credentialing and regulatory oversight of the professional activities of the practitioners (medical, dental, psychology and other independent practitioners) permits the practitioner to provide services in another country or regulatory jurisdiction. Some countries permit practitioners to provide services outside their home country, others require that the practitioner be credentialed by the hospital or treatment site in the other country. In some cases, it will depend on what services are to be provided - consultation and second opinions may be permitted, however diagnosis and treatment may not be permitted. This will need to be known in relation to the scope of services to be offered and the target countries for the Telehealth program.

Standards

Determining need and scope of services

TH.1 The medical travel program determines the need for a telehealth program or services

Intent of standards TH.1 through TH. 1.4

Each organization will determine the need for telehealth services based on their own criteria. The need may be universal in the case of infectious disease outbreaks or pandemics that limit travel, or the need may arise from limitations on travel visas for political and other reasons, or the need may be related to the absence of specialists in some countries or the need may be related to travel disruptions. The need may also be strategic in that the medical travel program wishes to expand the scope of its services to meet a particular service scarcity in another country or region, for example, telehealth mental health services. Needs may be identified through a survey on the medical travel program's website or tracking of requests for services or based on existing health system data. In some cases, the need may be to support prospective patients until they can travel to the medical travel program for services.

TH.1.1 The medical travel program may base the need for a telehealth program or services on known limitations for patient travel due to infectious diseases, pandemics, travel industry disruptions, political barriers and other environmental factors.

TH.1.2 The medical travel program may base the need for a telehealth program or services on the need for specialist consultations and other provider to provider communications with distant practitioners regarding the program's patient population.

TH.1.3 The medical travel program may base the need for the telehealth program or services on the opportunity to expand clinical and non-clinical services to new patient populations including patient education, consultations, second opinions, and such.

TH.1.4 The medical travel program may base the need for the telehealth program or services on the need for business sustainability through the use of technology to bring efficiency to the Medical Travel Care Continuum.

TH.2 The medical travel program determines the scope of services to be provided by telehealth.

Intent of standard TH.2 through TH.2.4

Data and information on potential need is translated into strategies to meet the needs and the scope of services to be offered. In some cases, as noted above, the services may support patients intending to travel to the medical travel program for care in the future. For example, hip replacement candidates may use telehealth contacts with the program for help in pre-surgical muscle strengthening and pain management. If the medical travel program is well known for innovation in joint replacement, the medical travel program may promote a new service to provide expert opinions and consultations to outside orthopedic surgeons, or second opinions on the need for surgery or best surgical approach, etc. Similar situations may exist related to rehabilitation, dental surgery, cosmetic procedures and other areas. It would also be possible for a medical travel program within an academic medical center to promote the expertise of the medical center internationally into areas for which they are not currently known. It is most common that the scope of services provided fits the profile of the expertise that already exists within the medical travel program and/or host hospital or ambulatory center. This would preclude launching a new service and recruiting new staff, a not insignificant investment. Finally, when the scope of services is decided, it would be important to review the existing legal and regulatory framework for providing the services to patients outside the country or area in which the health professionals are located and outside the hospital or ambulatory center in which they practice and are privileged.

TH.2.1 The scope of services meets the needs of current and future patients for health care services.

TH.2.2 The scope of services meets the needs of provider to provider and provider to health facility communications for specialty consultations, second opinions, and information sharing.

TH.2.3 The scope of services is based on the competency of the medical travel program's health professionals to provide needed services.

TH.2.4 The scope of services includes only those services permitted by regulations and professional practice standards to be provided remotely in the home and destination countries.

Telecommunication technology

TH.3 The medical travel program selects the appropriate technology for the planned telehealth program.

Intent of standard TH.3 through TH.3.4

The selection and implementation of appropriate and secure technology is key to providing successful telehealth services. A basic requirement is that the medical travel program has the ability for secure and continuous connectivity to the internet with sufficient speed and band width to accommodate the synchronous and asynchronous communication tools such as electronic mail, interactive video, and smartphone and other apps that facilitate communication, diagnosis, consultation, and treatment.

The selection of a technology vendor is guided by a risk evaluation process and criteria, such as the level of encryption for transmissions of personal health information, that meets the requirements of the patient's home country regulations, those of the medical travel program location. For continuous operation of the telehealth program, technical resources need to be available either from a technology source, such as a vendor or contractor or from the hospital or ambulatory host of the medical travel program. Industry certification, such as ISO certification, can be a good basis for the differentiation of various potential telehealth technology sources. As mentioned in the overview, for support of the technology it is wise to adopt and adapt the technology choices of the medical travel program's host hospital or ambulatory center. This is critical when the medical travel program is on the same technology platform for their electronic medical record, data collection system, for example.

TH.3.1 The telehealth program or service has the necessary wireless connection strength and band width at all times to meet the needs of the program and services provided.

TH.3.2 Technology vendors have certification related to Telehealth Services (e.g., ISO/TS 13131)

TH.3.3 Technology risk evaluation is conducted and vendor selection criteria are used, including the encrypted transmission and security of private health information, and access to technical resources at any time.

TH.3.4 The telehealth program is able to integrate into the organization's current technology landscape including electronic health records and quality data collection systems.

Management considerations

TH.4 The medical travel program adjusts key work processes to ensure adequate support of the telehealth program.

Intent of standard TH.4 through TH.4.4

The medical travel program will want to map its face-to-face processes for the evaluation and treatment of a patient on-site, and make needed adjustments for any patient contacts through Telehealth modalities. For example, a triage of the patient in terms of their technology availability and use will be needed, estimates of the length of each contact will need to be made, the time needed to establish and test the communication link prior to the start of the visit needs to be part of the Telehealth visit, how will interrupted communications be managed, to mention a few factors. In addition, the documentation of the Telehealth contact needs to reflect the modality (such as visual or auditory and any consent for recording the contact) and blend the traditional record of clinical information with how it was obtained. Traditional on-site processes may need to be turned into Telehealth protocols and each protocol evaluated as to the potential liability issues that may arise, such as breaches of confidentiality and how consent is documented.

As a product line, the Telehealth program creates a billing structure that will capture all the technology, time and professional costs involved. The billing may be structured differently for second opinions, consultation and treatment and for program to patient, or between the program and specialists, or between the program and a distant health center. Standardized costs need to be determined in advance and published on the Telehealth program's web site.

Finally, processes for managing business and professional ethics, patient complaints and other related processes need to be reviewed and adjusted if necessary. For example, should the relationship, if any, of the professionals providing second opinions be made known.

TH.4.1 Workflow changes required for telehealth scheduling appointments, sessions, documentation of sessions and for follow-up are guided by protocols and staff are educated on these protocols.

TH.4.2 The liability structure of the medical travel program is reviewed to ensure consideration of possible security and confidentiality breaches, regular updating of software, the use of authentication, and other factors inherent in a telehealth program.

TH.4.3 The medical travel program's payment structure is reviewed to ensure adequate payment for telehealth services, technology costs for delivering the services, program marketing costs, training costs and any insurance or liability coverage and adjustments.

TH.4.4 Ethics, conflict of interest, complaint and other policies and processes are reviewed and adjusted to accommodate the telehealth program or services.

Health practitioner qualifications and clinical services

TH.5 The health practitioners participating in the telehealth program are appropriately licensed and have relevant credentials.

Intent of standards TH.5 through TH.6.4

The medical travel program may decide if all the health professionals participating in the medical travel program will also participate in the Telehealth program or only a select subset. For the Telehealth services to be provided, the medical travel program needs to decide if the knowledge and skills of the current health professional staff are adequate to the tasks or if additional skills and knowledge are required. For example, providing second opinions related to complex medical patients may require a familiarity with guidelines for providing and documenting such services, and if there are any clinical practice guidelines to be used in providing second opinions.

The medical travel program, in conjunction with the host hospital or ambulatory center, establish that the activities to be provided by the health professional staff are consistent with laws and regulations and with the credentialing process of the host or the medical travel program, and assignments or privileges include participation in the Telehealth program. The health professionals need to be aware of any limitations.

The health professionals are aware of the standardized process for recording observations and findings from Telehealth visits that preserve confidentiality and security of health information.

In providing services to Telehealth patients with equivalent standards of care as in-person patient visits, health professionals use relevant guidelines, for example, those for tele-radiology, tele-nursing, and

surgical tele-medicine. Other evidence-based guidelines, when available, are adapted for use in the Telehealth program. If the health professional is permitted to prescribe medications in the patient's home location, the prescriber is familiar with the pharmaceutical terminology, choices, and prescribing requirements in the patient's home country. The Telehealth program creates protocols for the management of patients who cannot be completely or confidentially provided care and require an in-person examination. The protocol describes the referral process and how information from the in-person examination is exchanged with the Telehealth program. The protocol describes how continuity of care is managed for Telehealth patients.

TH.5.1 All health practitioners have their credentials documented, reviewed, verified and used to assign duties and responsibilities in the telehealth program.

TH.5.2 All licensed health practitioners are aware of the regulatory framework for their providing telehealth services in the country that they practice in and in locations where they are not licensed to practice.

TH.5.3 The documentation of telehealth patient communications is standardized, and the video and audio recorded sessions use methods to preserve the confidentiality and security of patient personal health information.

TH.5.4 The documentation of telehealth specialist consultations and second opinions is standardized.

TH.6 The standard of care is equivalent for patients seen in-person, or by teleconsultation or by other methods of electronically enabled health care.

TH.6.1 Telehealth services are standardized through the use of clinical guidelines, protocols and/or checklists.

TH.6.2 Medical practitioners prescribe drugs remotely based on a knowledge of local drug names, availability and prescribing regulations.

TH.6.3 A protocol is established for situations when a telehealth patient cannot be adequately and/or confidentially diagnosed or treated and are referred for an in-person examination prior to a diagnosis or prescribing therapeutic treatment.

TH.6.4 A protocol describes how continuity of care is facilitated following telehealth sessions.

Education and participation

TH.7 There is an assessment of telehealth user proficiency and technology connectivity.

Intent of standards TH.7 through TH.7.4

A successful Telehealth program ensures that all parties participating in a communication regarding patient care, second opinions and consultations have equivalent proficiency in the use of relevant telecommunication technology. Professional communications and in program to program communications need to be evaluated for adequacy. The needed proficiency cannot be presumed for program to patient communications. Patient proficiency may be influenced by cultural factors that influence how telehealth is viewed as a substitute for in-person healthcare. Thus, the Telehealth

program needs to communicate, very early in the process, the technology and connectivity requirements with checklists, descriptions, tests, training materials and coaching to determine if Telehealth participation is a viable option for the patient. Guidelines and helpful tools should be available for how to use the applicable technology such as, the details on how to use a laptop or smartphone.

In addition to the technology education, there is a need to provide education regarding the known risks, benefits, and limitations of telehealth services. For example, if the accurate diagnosis of skin conditions is limited when using certain types of smartphones, or when the radiographs provided for a second opinion are not of diagnostic quality, should be noted. In all types of education, language barriers need to be considered and risks mitigated through the use of interpreters or written materials in the patient's language of choice. Also, the use of family, companions or others in the communications should be considered. Their knowledge of the technology, risks, benefits and limitations should also be assessed.

TH.7.1 A check list of technology requirements, including line capacity, is used to determine feasibility of external participation in the telehealth program.

TH.7.2 Guidelines are provided on the proper use of technology, including laptops, tablets, smartphones, and patient portals.

TH.7.3 Education is provided on the risks, benefits, and limitations of services delivered via telehealth, and participants consent to the process.

TH.7.4 Education considers language barriers, and the need to include caregivers.

Quality of care and program monitoring

TH.8 The medical travel program monitors telehealth processes and the quality of services provided.

Intent of standards TH.8 through TH.8.4

Telehealth quality monitors are a component of the overall quality monitoring and improvement activities of the medical travel program. As a new business activity, telehealth data needs to be separated out from other medical travel program data to understand if the program can be viable, sustainable and produce the level of quality consistent with other medical travel program clinical and treatment services. Telehealth risks need to be added to the overall risk management program. Risks related to technology failures, breaches of confidentiality, missed or inaccurate diagnosis, and incomplete treatment due to patient communication failures or gaps are some considerations with potential liability exposure. As a new professional activity, the opinions, satisfaction and advice of the participating health professionals is critical to program success. The telehealth program staff need to decide the frequency of quality data collection, for example, after every patient visit, second opinion, consultation or as a quarterly or semi-annual activity. The volume of activity will be a significant influence on this decision. The quality data will assist program leadership in understanding progress toward meeting the quality and business goals of the program.

TH.8.1 Clinical outcome measures include comparison of telehealth sessions to in-person visit outcomes.

TH.8.2 Process measures include the patient experience, efficiency, costs and provider satisfaction.

TH.8.3 Telehealth is included in the risk management program of the host hospital or ambulatory center.

TH.8.4 Monitoring of practitioner telehealth practice quality includes, as appropriate, the consistency of clinical opinions and advice provided, the contribution of specialist consultation to patient care treatment decisions, and clinical and treatment patient outcomes.