Interoperable Telehealth: Patient Safety Considerations

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Efforts to connect patients and providers through telehealth have accelerated, enabling technology systems to communicate and exchange information has become increasingly important. During the pandemic, it rapidly became clear that a single-source solution for telehealth fully integrated with the electronic health record (EHR) is necessary to maintain telehealth visits on a large scale.

The benefits of an interoperable single-source telehealth solution include patient relationship management features such as scheduling, a private "waiting room," and the ability for the provider to share screens with the patient while discussing diagnostic results and providing patient education. When surveyed, providers reported that viewing the EHR during a telehealth visit easily facilitates better care and rapport with the patient. In addition, the provider can easily create a visit summary and transmit it to the patient with any orders for diagnostic tests or referrals.

Remote patient monitoring (RPM) has proved to be a valuable adjunct to telemedicine. RPM collects clinical information that is useful to the provider for managing virtual care. RPM works well for patients with chronic disease, those being managed immediately after hospital discharge, and patients in a hospital-at-home environment. Interoperability of the RPM device with the telehealth or EHR system is a requirement for Medicare reimbursement.

When considering integration, determine whether or not to record and maintain the recordings of telehealth visits. The EHR platform may not be capable of managing large video files, and a physician practice that does not already provide imaging services probably will not have access to a picture archive and communication system (PACS). The video file problem is not insurmountable, but it adds data storage and another security endpoint to manage.

Practices that are currently unable to integrate the telehealth solution into the EHR may achieve integration using an interface. Organizations at this decision-making stage will want to evaluate the risks and benefits of all available options carefully. Using a consultant or a structured decision-making process such as failure modes and effects analysis (FMEA) adds diligence to the process. In the interim, workflows become even more critical. If a disconnect exists between the patient visit and the record, providers may need more time to process the visit after completing the video interaction. The provider can achieve documentation of the clinical visit in the EHR in several ways, including creating a telehealth template in the EHR and documenting care after the visit, using speech recognition software for dictation, or using a scribe during the visit.

Regardless of whether your system is fully interoperable, the model of care delivery is essential. Allocating a block of time for telehealth visits may facilitate a smoother experience for both providers and patients. Some providers may prefer not to practice telehealth, and some providers may choose to specialize in it. Flexibility is key.