



# Teaching Telemedicine in Graduate and Undergraduate Medical Education

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# Speakers

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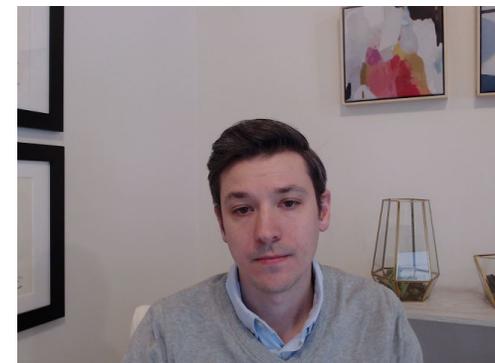
# Outline

- **Importance of this modality**
- **How to Facilitate Learning**
- **Optimize Logistics**
- **Build Skills**
- **Equity issues**
- **Documentation and Billing**
- **Innovative approaches for teaching**



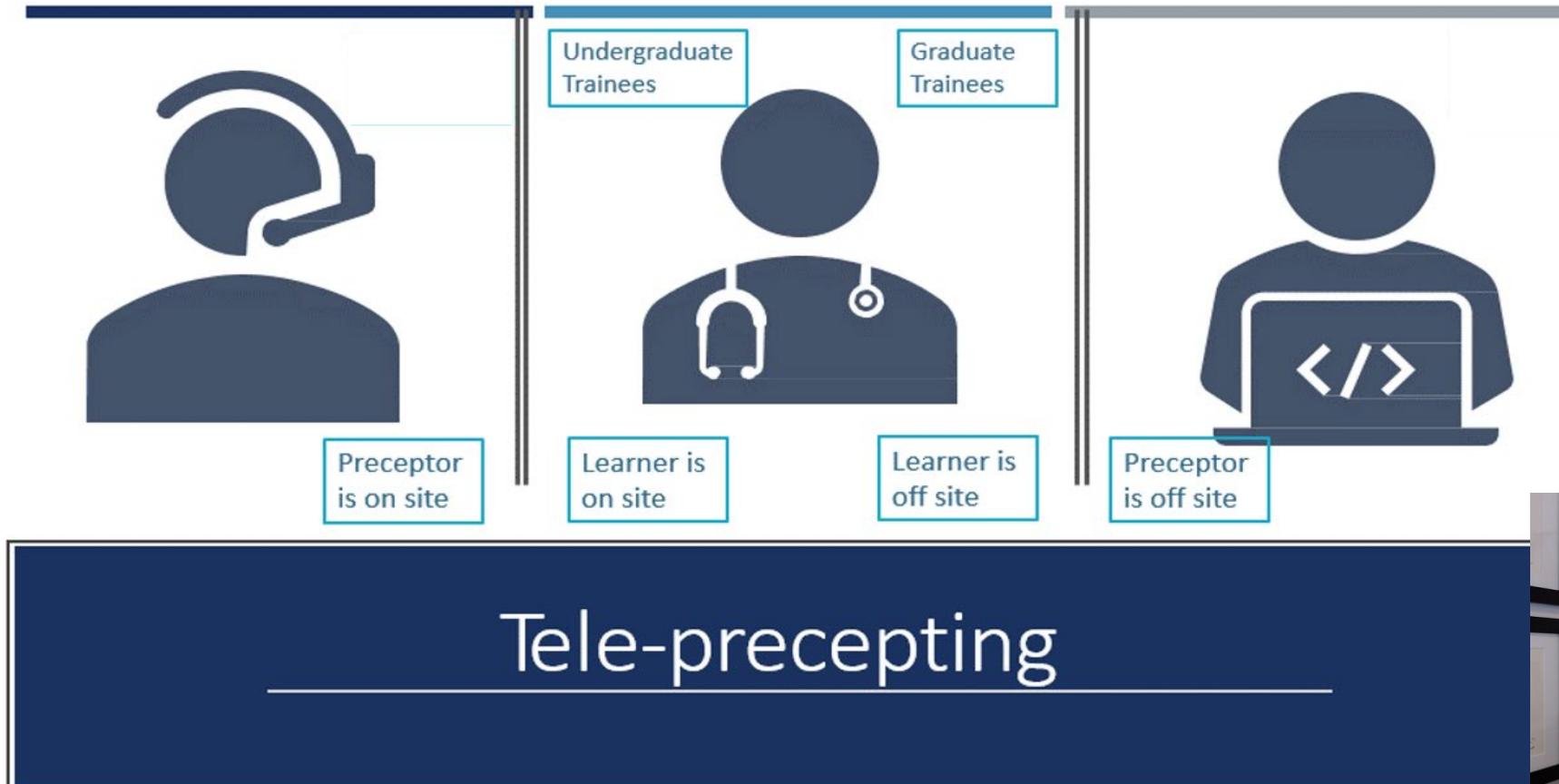
## Objectives

- Understand the concept and importance of tele-precepting
- Become better prepared to precept telemedicine
- Learn about elements of and strategies for instructing telemedicine to medical trainees
- Appreciate the impact of the equitable delivery of telemedicine and the importance of teaching this to your trainees



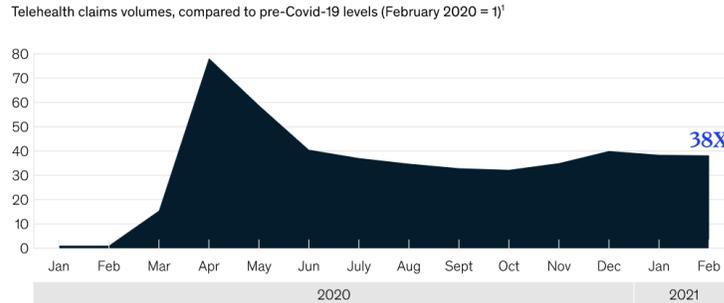
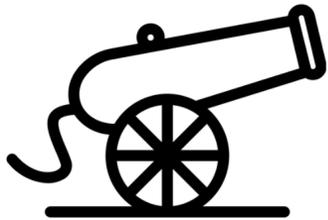
# Telehealth + Precepting = Tele-precepting:

Tele-precepting is the practice of telehealth combined with clinical precepting of a medical trainee who participates in the patient care either through telehealth or co-locating with the provider and/or patient.



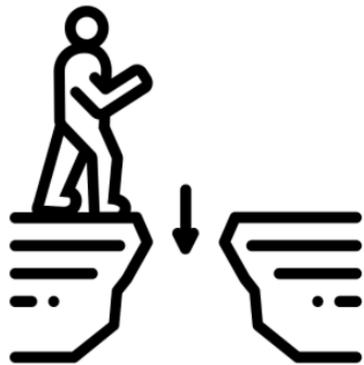
# Why do we *need* Telehealth education?

Telehealth is not going away, but it did come to relevance very quickly

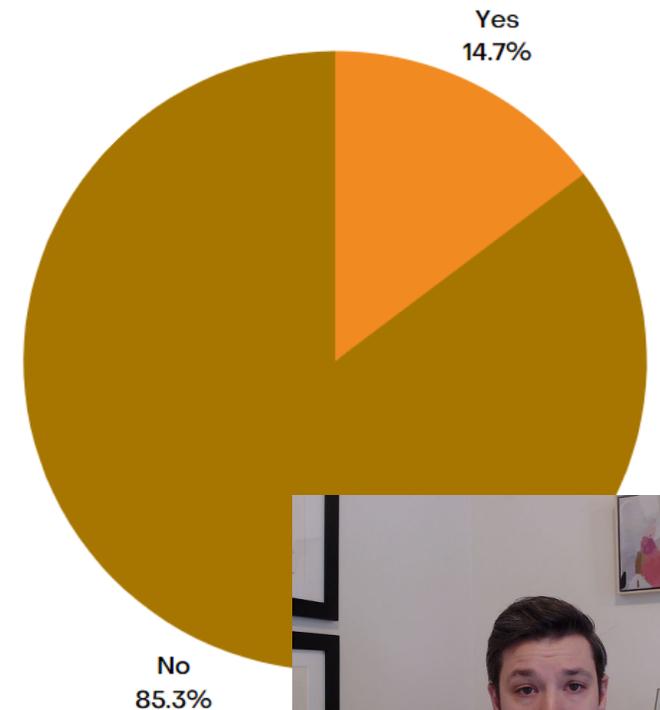


\*McKinsey & Company

There are currently big gaps in education around this topic



Did you receive any Telehealth training during residency or fellowship?



Sakumoto, M., Jelinek, R., & Joshi, A. U. (2021). Identification of Gaps in Graduate Medical Education Telehealth Training. *Telehealth and Medicine Today*, 6(3).

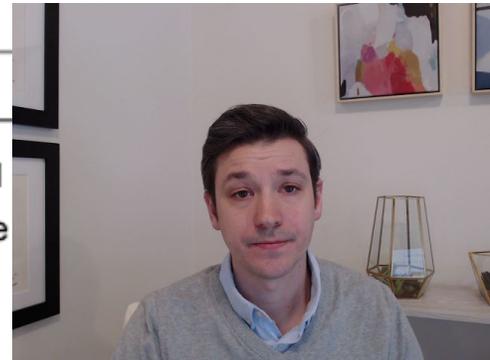
# Why do we *need* Telehealth education?

ACGME milestones now include Digital Health requirements for Internal Medicine

Patient Care 6: Digital Health				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses electronic health record (EHR) for routine patient care activities	Expands use of EHR to include and reconcile secondary data sources in patient care activities	Effectively uses EHR capabilities in managing acute and chronic care of patients	Uses EHR to facilitate achievement of quality targets for patient panels	Leads improvements to the EHR
Identifies the required components for a telehealth visit	Performs assigned telehealth visits using approved technology	Identifies clinical situations that can be managed through a telehealth visit	Integrates telehealth effectively into clinical practice for the management of acute and chronic illness	Develops and innovates new ways to use emerging technologies to augment telehealth visits
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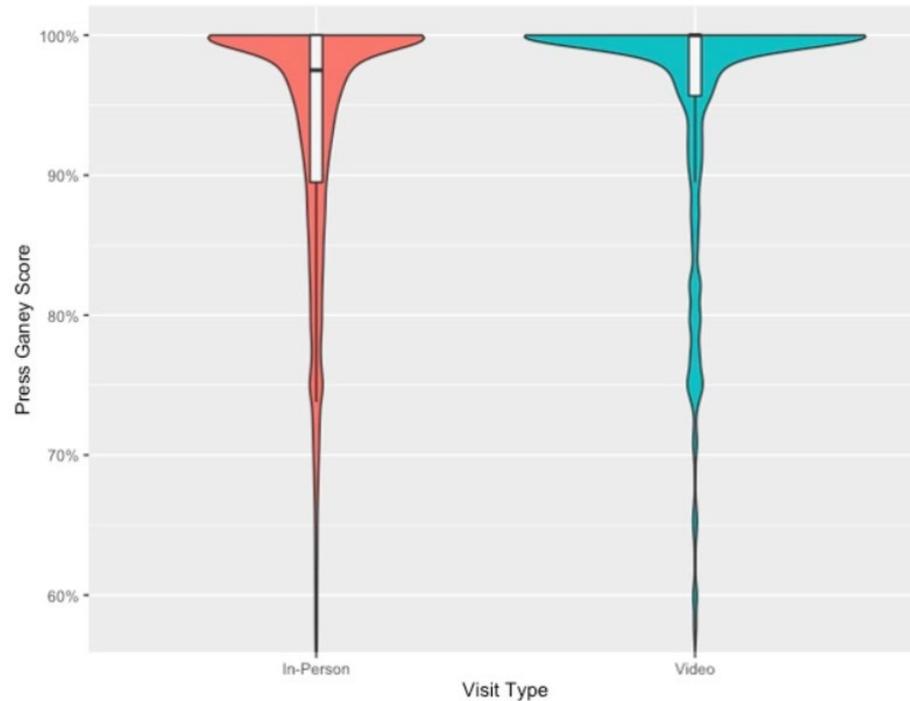
Comments:

Not Yet Completed  
Not Yet Assessable



# Why do we *need* Telehealth education?

- Patients like this modality of health care delivery
- There is evidence to support the utility of telemedicine



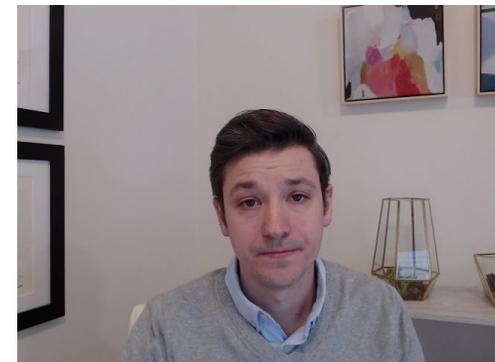
Ramaswamy A, et al  
Patient Satisfaction With Telemedicine During the COVID-19  
Pandemic: Retrospective Cohort Study  
J Med Internet Res 2020

White Paper Commentary

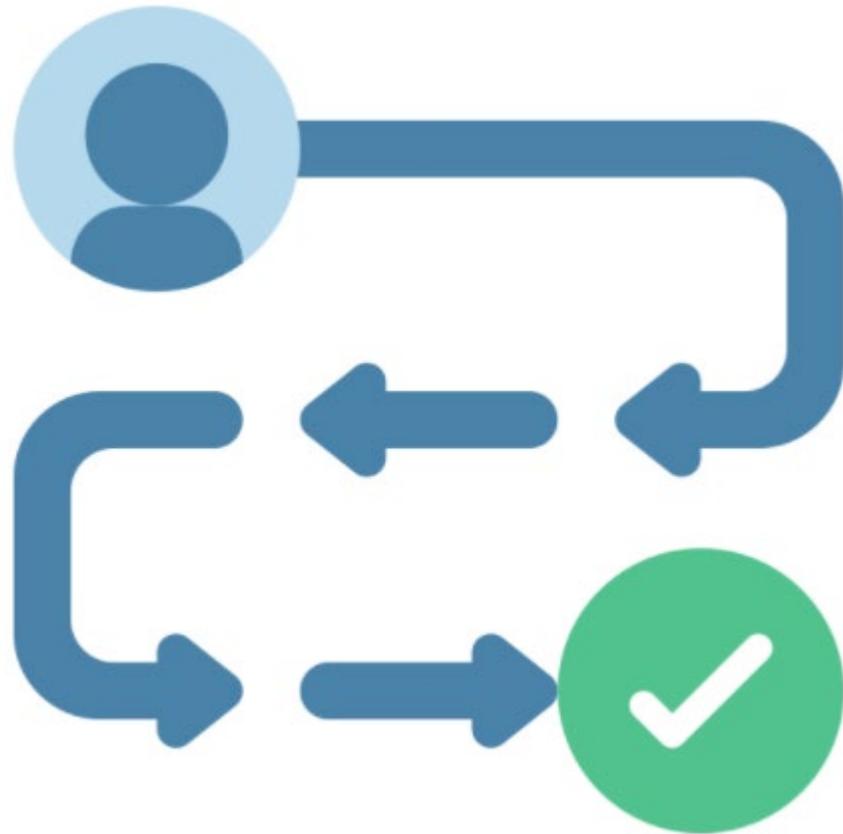
**The Evidence Base for Telehealth: Reassurance in the Face of Rapid Expansion During the COVID-19 Pandemic**

Technical Brief  
Number 26

**Telehealth: Mapping the Evidence for Patient Outcomes From Systematic Reviews**



## Training to the *Importance of Telehealth*



### Improved longitudinal care

- Synchronous and asynchronous telemedicine, RPM, and other tools will be vital to more proactive chronic disease management and preventative care



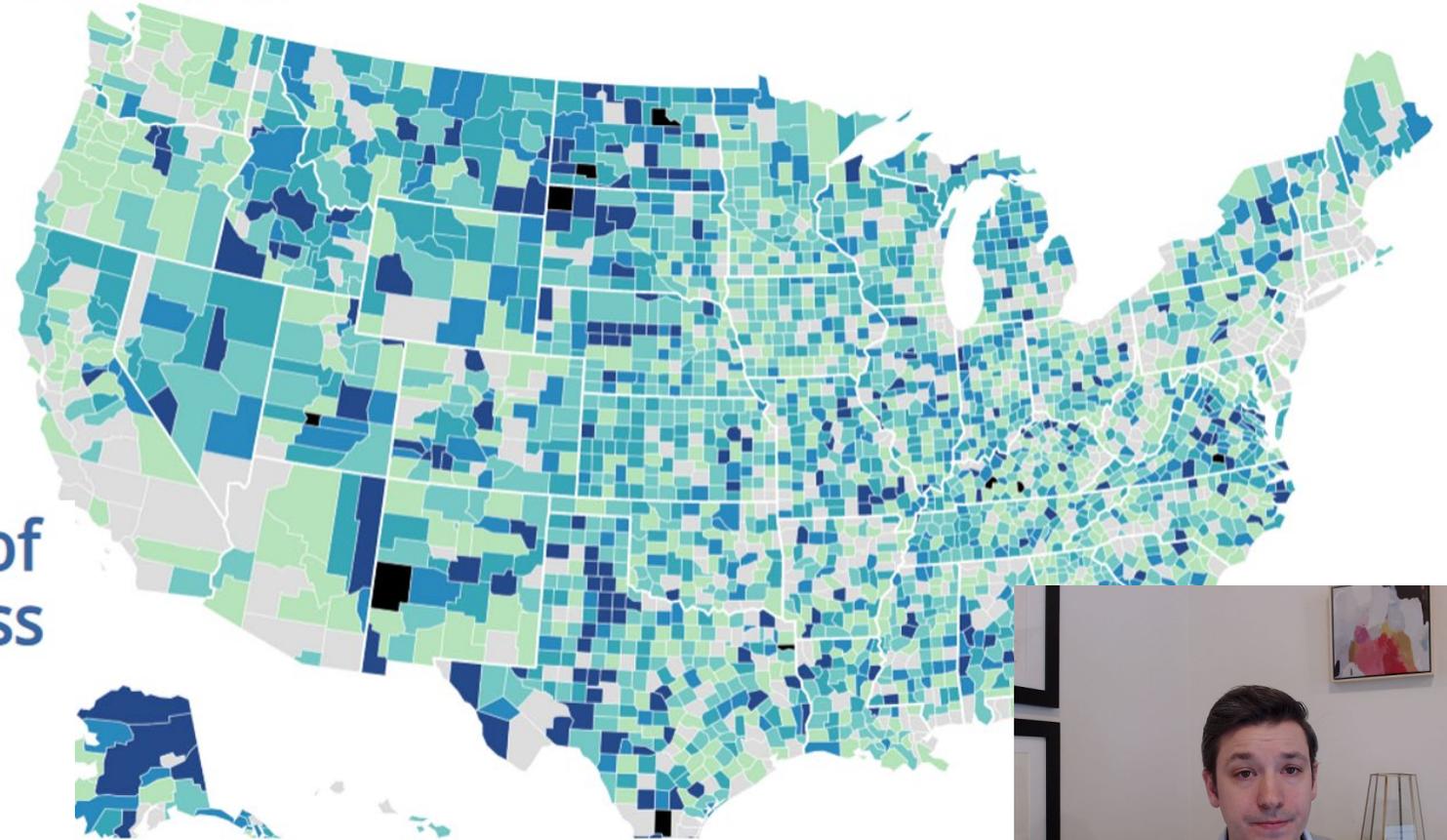
# Training to the *Importance of Telehealth*

Healthcare access is an issue, pandemic or not

## Healthcare Deserts, County by County

Counties where most people lack adequate access to pharmacies, primary care providers, hospitals, hospital beds, trauma centers, and/or low-cost health centers.

Number of healthcare deserts  
1 2 3 4 5 6



### Healthcare Deserts: 80% of U.S. Lacks Adequate Access to Healthcare

by Fred Pennic 09/10/2021 [Leave a Comment](#)  
Source: [HealthITconsultant.net](http://HealthITconsultant.net)



## Training to the *Importance of Telehealth*

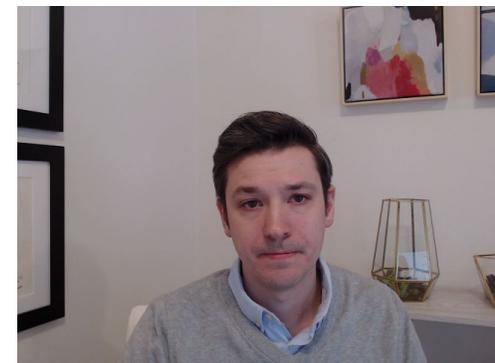
Ability to see the patient on their terms and conditions

- Flip the paradigm of patient coming to you
- Access to rich, personal data from the home





**Up next – strategies for tele-precepting**





# Innovative Approaches to Telehealth Education

- Telehealth OSCE's or SIM lab
  - Technical issues
  - Medical emergencies
  - Social issues
  - Variables that aren't present in clinic



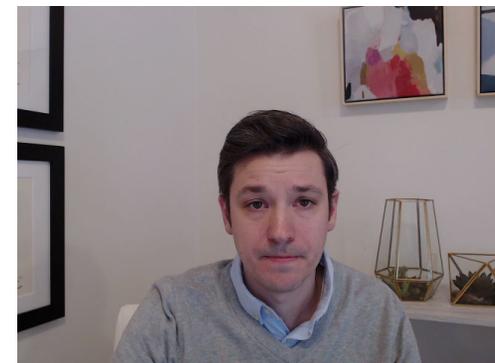
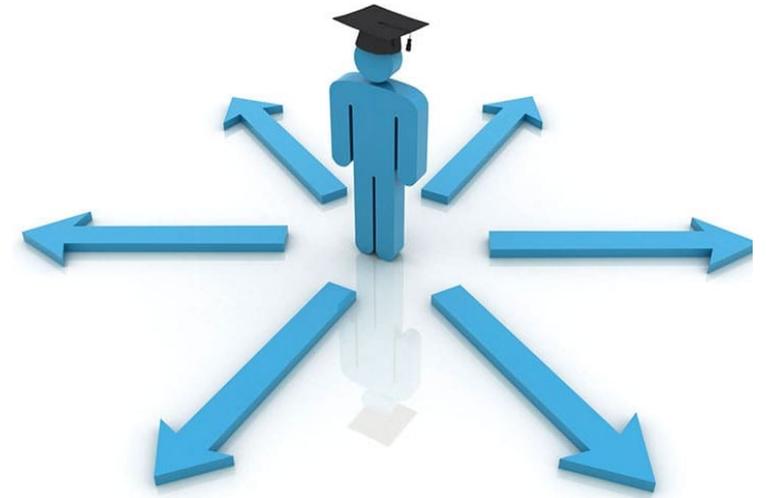
# Other Topics for Consideration

## Asynchronous telehealth training

- in-basket management, understanding appropriateness of various modalities of care
- Many providers will be expected to see patients asynchronously moving forward
- Understanding "when enough information is... enough"
- Knowing when to pivot

## RPM training

- Separate software, **data synthesis**, message triage
- Understanding the tools required to visualize data if not integrated into EHR



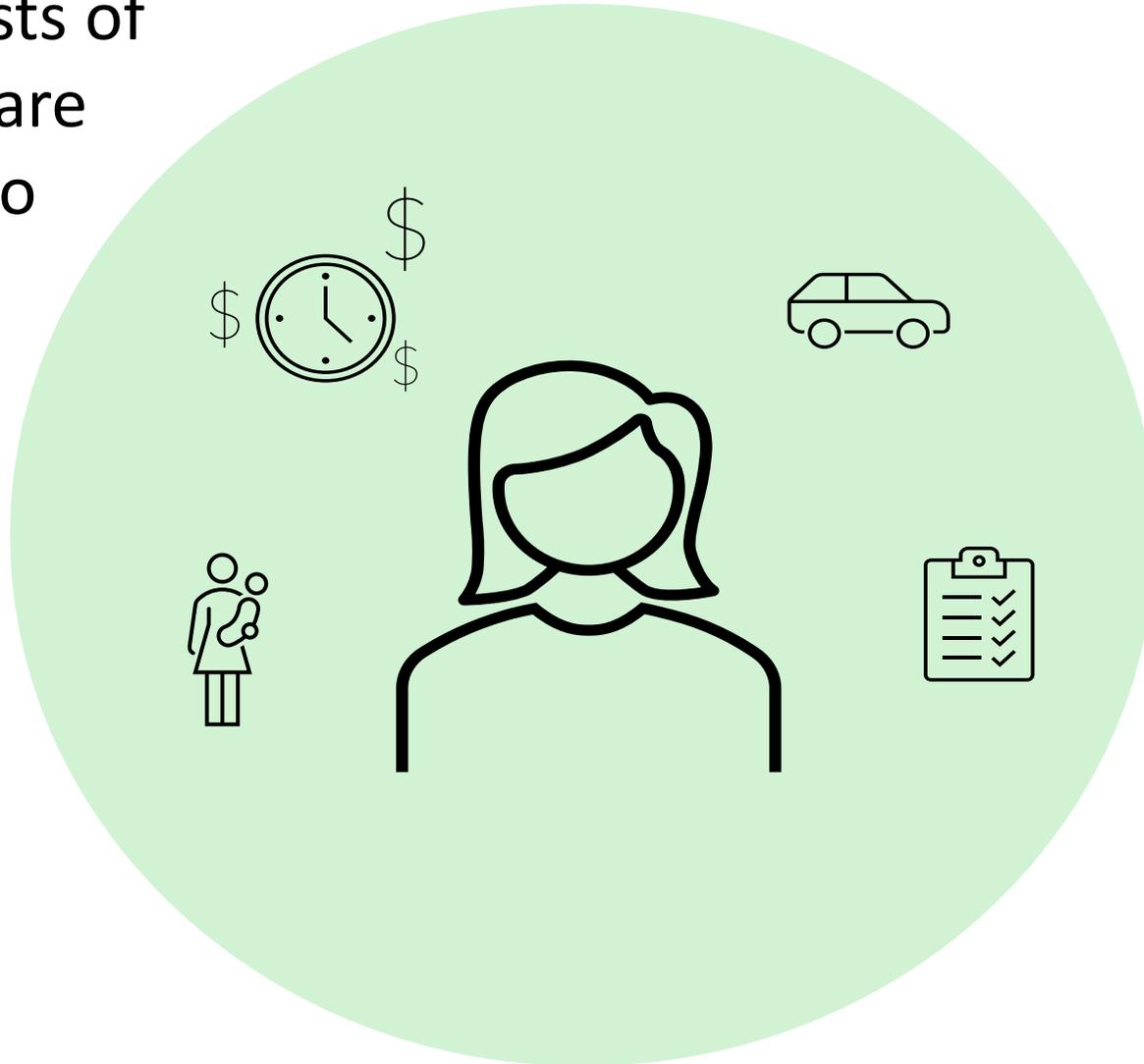
# Documentation & Coding

- Faculty need to document **where** they and the patient are located (at home vs at a healthcare facility)
- Be mindful of hospital policy and state regulations around **out-of-state** telemedicine visits
- **GE codes** are appropriate for telemedicine encounters and precepting flexibilities can be designed around this



# Equity in Telehealth

Invisible costs of healthcare are important to understand

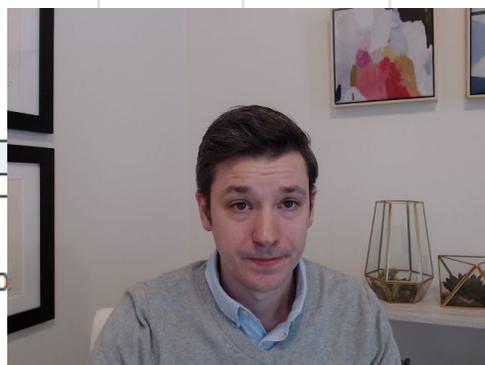
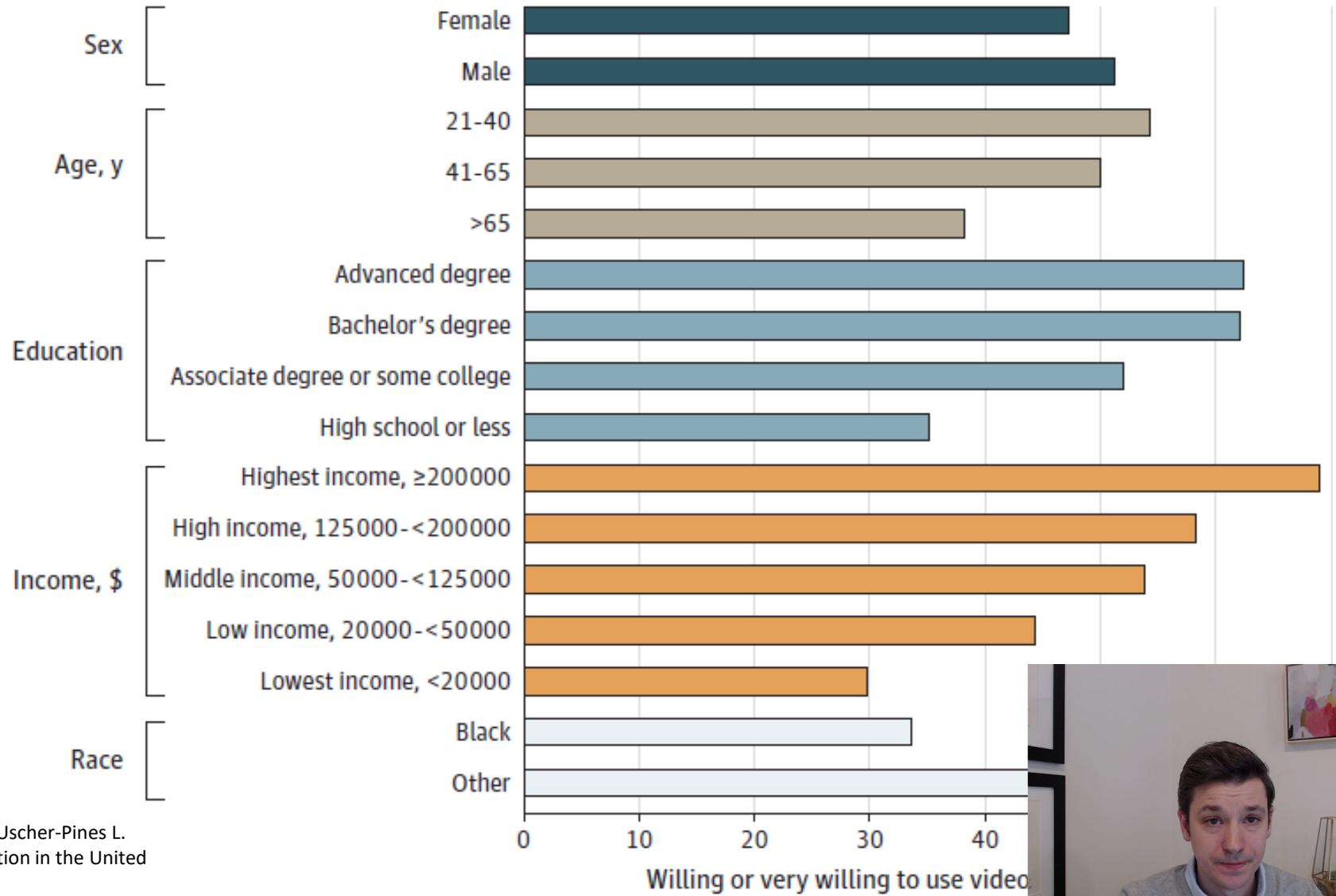


Total patient opportunity costs for an in-person medical appointment:  
**120 minutes and \$50**



# Equity in Telehealth

It's important for learners to understand which populations may have more difficulty connecting over video



Source: Fischer SH, Ray KN, Mehrotra A, Bloom EL, Uscher-Pines L. Prevalence and Characteristics of Telehealth Utilization in the United States. *JAMA Netw Open*. 2020;3(10):e2022302. doi:[10.1001/jamanetworkopen.2020.22302](https://doi.org/10.1001/jamanetworkopen.2020.22302)

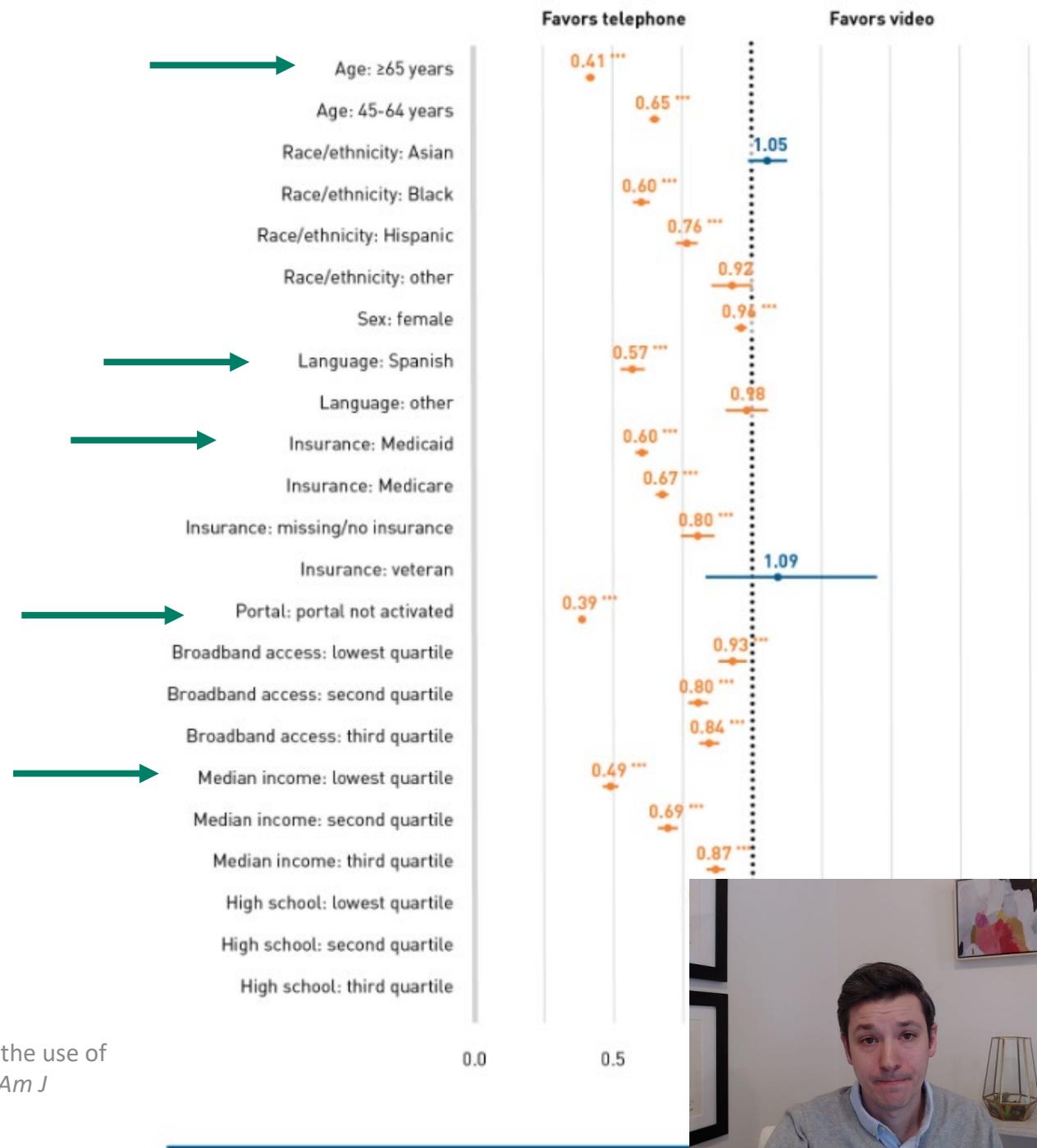
# Equity in Telehealth



Audio-only can be a viable solution for those populations who have difficulty with video.



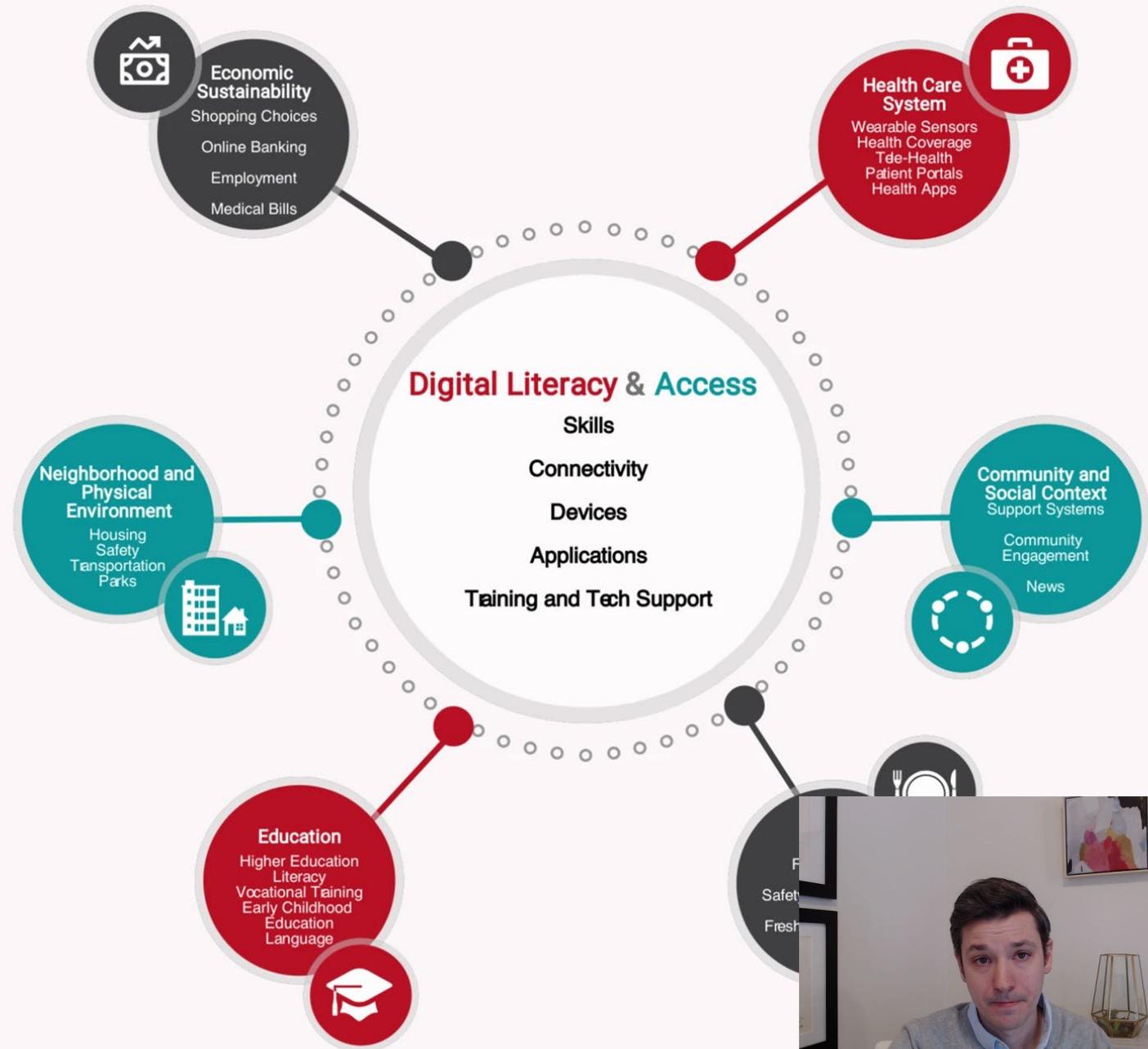
\*\*Learners and Faculty should be aware that many states run the risk of losing this option for the patients who need it most.



Source: Rodriguez JA, Betancourt JR, Sequist TD, Ganguli I. Differences in the use of telephone and video telemedicine visits during the COVID-19 pandemic. *Am J Manag Care.* 2021;27(1):21-26. doi:[10.37765/ajmc.2021.88573](https://doi.org/10.37765/ajmc.2021.88573)

# Equity in Telehealth

- One of the bigger drivers for these inequities in telehealth is digital literacy.
- Learners should understand how digital literacy can impact many different SDOH.



# Equity in telehealth

- It's important for learners to have some basic understanding of how to provide tech support to patients during telemedicine visits.
- Teach to and assess for understanding of the technology
- Have some training in providing support over the phone (perhaps partnering with IT)
- Go through the most common points of failure with learners and strategies for quick wins
  - How to locate the mute/camera button, connect to audio, covering the microphone on device
- Teach when to pivot to another modality



# References

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  - Jernbert J, Ellis S, Corral J. 2020. Student and faculty steps for telemedicine encounter by phone. <https://icollaborative.aamc.org/resource/5122/>.
  - Lin B, Cornejo L, Ziv T. 2020. Engaging LIC students in virtual clinical care: telephone and video visits during COVID-19 and beyond. <https://icollaborative.aamc.org/resource/5119/>.

