Personalized medical care today has moved well beyond the old-fashioned in-person house call. Modern healthcare organizations are challenged with serving more patients across geographically dispersed areas. Telemedicine can help healthcare organizations meet these challenges by reducing costs and increasing efficiencies without sacrificing the quality of patient care.

But healthcare executives face many tough decisions and may wonder whether telemedicine meets their current needs. Use the following checklist to do a quick "pulse check" on whether it's time for your organization to take the next step on your telemedicine journey.

PULSE CHECK:
Ask These 8 Questions to Learn if Telemedicine Makes Sense for Your Organization
WHAT ARE SOME KEY REASONS TO CONSIDER ALTERNATIVES TO TRADITIONAL IN-PERSON CARE?

- Medical staff shows signs of burnout or fatigue.
- Physicians and other key medical staff must travel to meet patients at other buildings or locations.
- Access to care in rural locations or outlying areas is limited and/or requires long wait times.
- Staff is overburdened because of hiring shortages.
- Readmission rates are resulting in Medicare fines.
- Administrators are constantly adjusting schedules to meet patient demand, including scheduling during peak times and increased weekend and evening shifts.
- The organization is struggling to standardize treatment at a high level across multiple facilities.

HOW DOES TELEMEDICINE HELP ADDRESS EMPLOYEE SHORTAGES AND BURNOUT?

- Physicians can treat patients more effectively while working in their location of choice.
- Nursing teams and physicians don’t have to travel to see patients.
- Fewer physicians need to be on call because multi-site systems can easily contact staff at another facility to respond via telemedicine.
- Physicians can quickly fill in at other hospitals within a system to help alleviate immediate staffing issues.

HOW DOES TELEMEDICINE IMPACT PHYSICIAN KNOWLEDGE OR SKILLS?

- Telemedicine extends clinical expertise across hospital systems, making a board-certified specialist a video call away.
- Telemedicine helps standardize and reinforce robust protocols across departments, outlying hospitals and partner organizations as teams collaborate more frequently.
- Telemedicine helps physicians deepen their expertise through case volume and variety.
WHAT IMPACT DOES TELEMEDICINE HAVE ON COSTS?

- It offers better utilization of existing staff.
- Emergency departments can increase patient throughput while devoting appropriate resources to all patients.
- Physicians can see more patients per shift, which increases billing without accruing additional costs.
- It increases opportunities to treat patients in an outpatient or at-home setting, which reduces potential Medicare readmission penalties.
- Telemedicine allows healthcare organizations to take advantage of excess capacity by empowering on-call specialists to consult remotely at other hospitals when they are not seeing their own patients.

HOW DOES TELEMEDICINE IMPROVE PATIENT CARE?

- Telemedicine enables coordinated care for patients recovering at home or in post-acute care sites, such as rehabilitation facilities or nursing homes. This is more comfortable, promotes faster healing and reduces the need for patients to travel for follow-up.
- By removing geography from the equation, patients are treated faster and before their conditions worsen.
- Telemedicine enables more convenient patient follow-up, improving compliance and reducing potential complications.
- Telemedicine can dramatically decrease average emergency department wait times. For example, the average patient with mental health or substance abuse issues waits three times longer than other emergency department patients because many hospitals don't have psychiatrists on staff; telePsychiatrists can lower those wait times significantly.
HOW DOES TELEMEDICINE IMPACT A HEALTH ORGANIZATION’S REPUTATION?

- Telemedicine helps organizations standardize high-quality treatment across multiple facilities. This can help hospitals gain accreditations, including recognition as a Primary Stroke Center by The Joint Commission, which determines whether paramedics will deliver stroke patients to their doors or to another hospital.¹
- Patients remain local. They don’t have to travel for vital follow-up care, which can help with treatment compliance and prevent problems leading to readmission.
- New stroke guidelines recommend that hospitals without neurologists on shift use telestroke evaluations to determine whether patients are eligible for tPA or for transfer to receive mechanical thrombectomy.²

ARE THERE ADVANTAGES TO IMPLEMENTING A TELEMEDICINE PLATFORM RATHER THAN BUILDING A SOLUTION FROM SCRATCH?

- Building a telemedicine program from scratch requires a significant outlay of capital, resources and time.
- Telemedicine as a platform provides enterprise-level infrastructure with tested controls, proven workflows, 24/7 support and continuous improvement and upgrades.
- Telemedicine as a platform can help with analytics to predict supply and demand, to integrate scheduling of telemedicine consults with existing workflows and EHR systems, and to provide performance measurement on individual clinicians.
- Telemedicine as a platform provides in-depth reporting, analytics and benchmarking to support clinical outcomes tracking, workflow optimization and supply-and-demand scheduling based on actual traffic patterns.

HOW DO PATIENTS AND THE PUBLIC TYPICALLY PERCEIVE TELEMEDICINE?

- 60% of Millennials support the use of telehealth and telemedicine in hospitals and appreciate its speed and convenience, according to one study.³
- Up to 99% of survey respondents reported being “very satisfied” with telemedicine.⁴
Telemedicine has broad consumer acceptance and may offer several advantages depending on a health organization's needs, challenges and growth opportunities. It can help reduce costs, cut patient wait times, improve outcomes and increase patient satisfaction. For more information on the hidden obstacles in building a telemedicine program, read our infographic, "The Telemedicine Titanic: What Could Possibly Go Wrong?"

SOURCES

1. AHA Centers for Health Metrics and Evaluation, "Highlights from the 2018 Guidelines for the Early Management of Patients with Acute Ischemic Stroke," January 2018