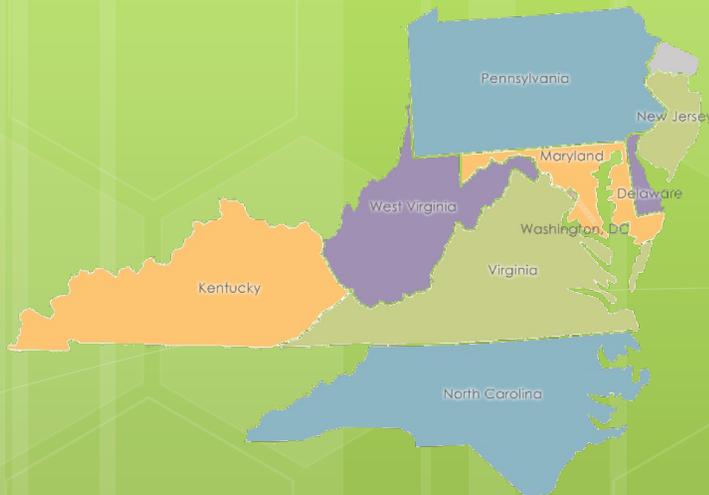




Mid-Atlantic
Telehealth
Resource Center



Serving Delaware, Kentucky,
Maryland, New Jersey, North
Carolina, Pennsylvania, Virginia,
Washington DC and West Virginia

ADFM

January 10, 2020

The Current State, Policy and Training Challenges

The Promise of Telehealth

A mechanism for enhancing health care, public health, health administration and health education delivery and support, using electronic communication and information technology.



Telehealth

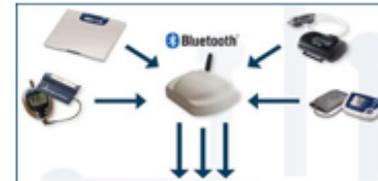
Synchronous “Live Video”

Asynchronous “Store and Forward”

“Clinician to Patient at Health Facility”



“Clinician to Patient at Non-Health Facility”



“Clinician to Clinician”

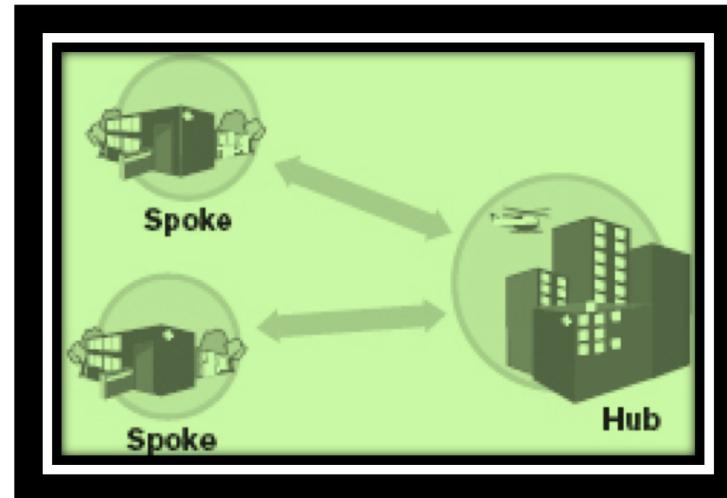
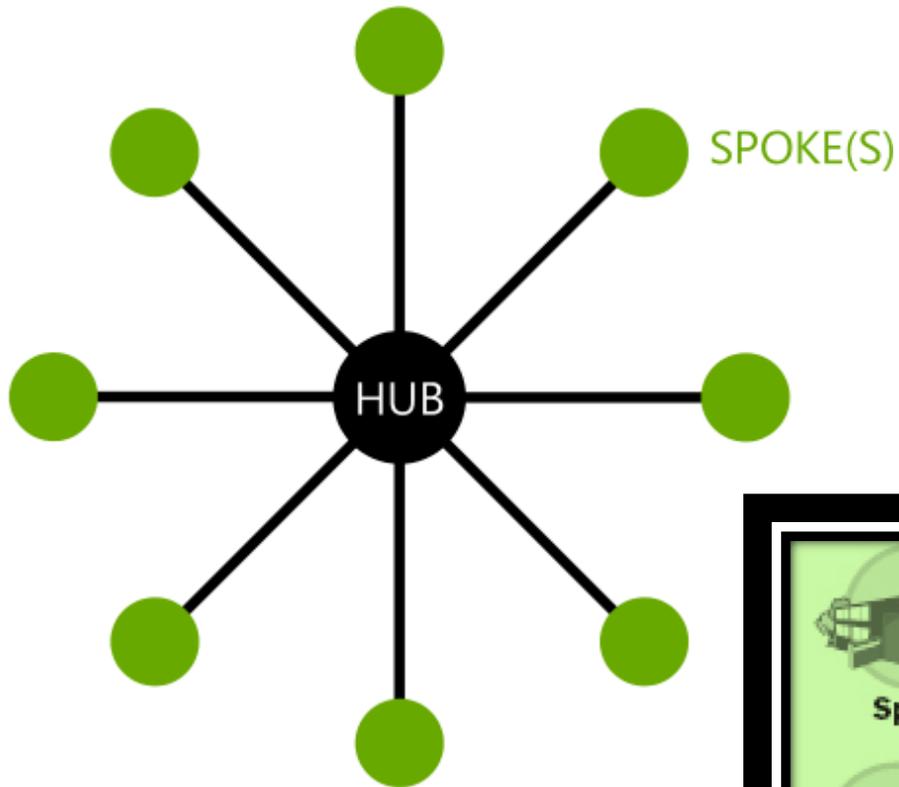


Telehealth

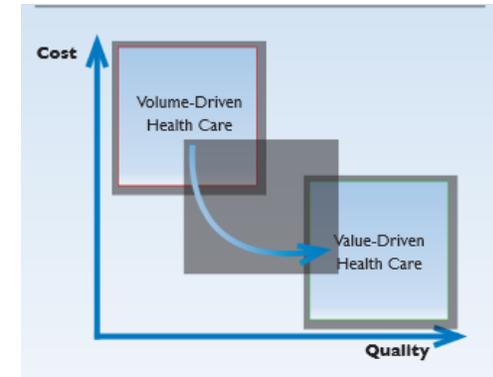
**Telehealth Technology is Just One
Tool in the Clinician's Toolbox –
Telehealth is NOT a Separate
Service**



It Looked Like This



Things Changed



The Challenges

Which of these clinical, financial or patient engagement challenges are most important for your organization's successful transition to VBP? (Top Five)

Effective use of intervention strategies for chronic disease patients

60%

Improve patient education and engagement

55%

Reduce preventable readmissions

49%

Improve patient/family experience and satisfaction

47%

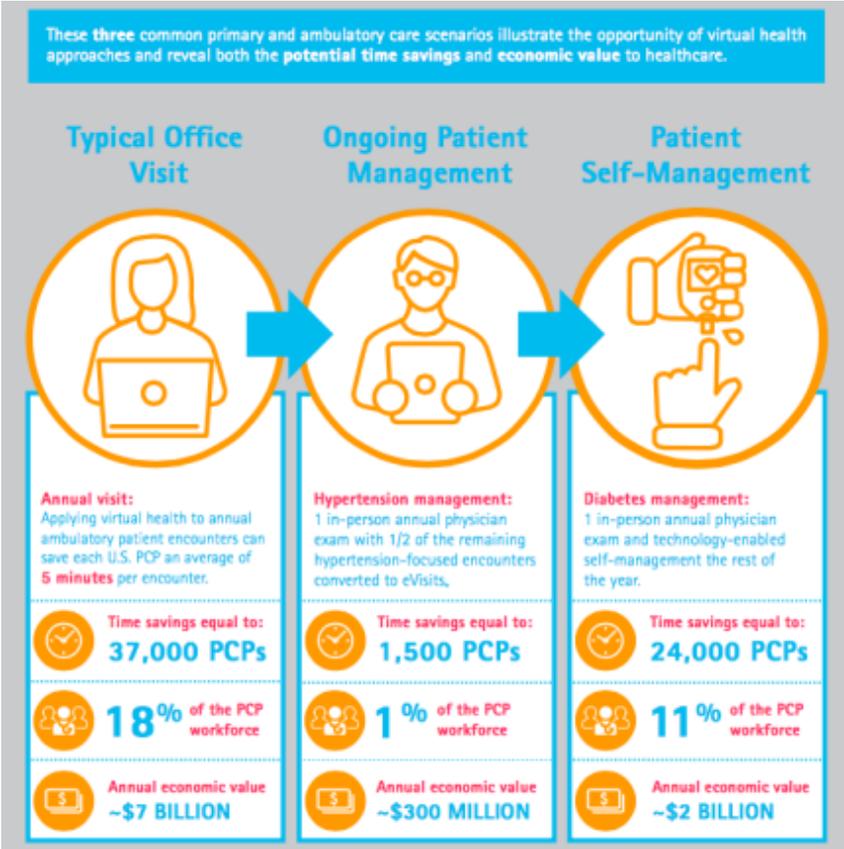
Improve transitions of care through better coordination

45%

Things Changed

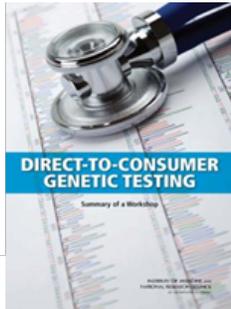


Integration of telehealth into mainstream care delivery

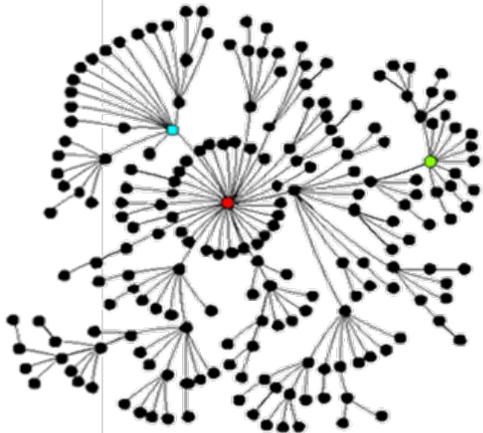


<https://www.accenture.com/us-en/insight-virtual-health.aspx>

Current State

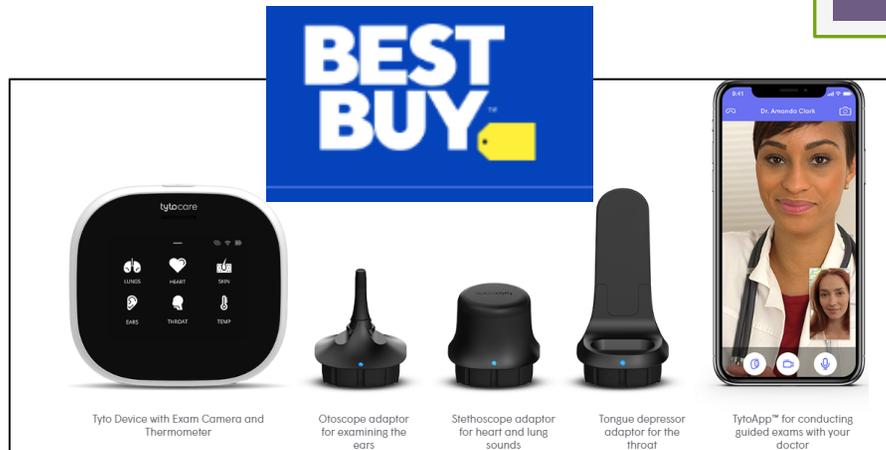


Growing Telehealth Options – On-Demand Medicine



Source: THINK-Health curated list of telehealth companies, 24 September 2015

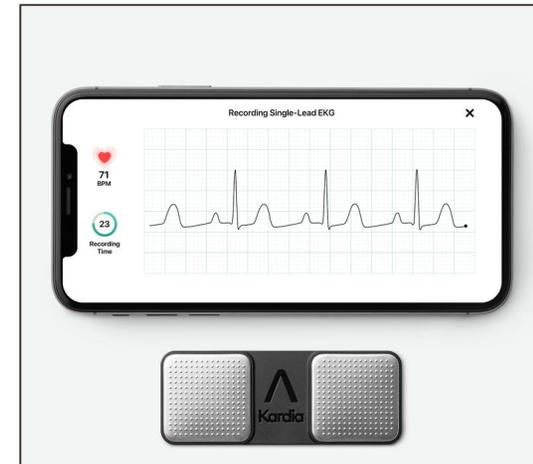
Current State



FDA Approved Medical Devices for Patient Use

A Smart Watch That Monitors Blood Pressure?

Biobeats has received a nod from FDA for a device that can monitor blood pressure, pulse rate, and oxygen saturation.



AliveCor® KardiaMobile 6L | FDA-Cleared | Wireless 6-Lead EKG | Works with Smartphone | Detects AFib or Normal Heart Rhythm in 30 Seconds

by AliveCor



431 ratings | 142 answered questions

Amazon's Choice

for "kardiomobile heart monitor"

Around the Corner



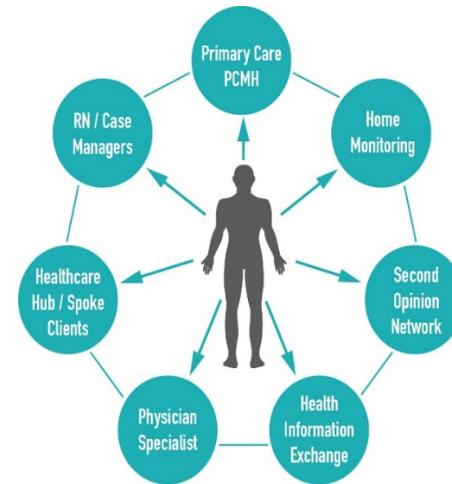
[Home](#) [What is Connected Care?](#) [About Us](#) [News](#) [Resources](#) [Contact](#)

Connected Care leverages technology to deliver patient care outside of the hospital or doctor's office.



Around the Corner

Connected Care Recognition



The Healthcare Internet of Things (IoT) Market Map

Clinical Efficiency AUGMEDIX, TeleTracking, fruit street, AchereTech, Obaa, @simplifeye, PRISTINE, VOLUNTIS, awarepoint	Clinical-Grade Biometric Sensors QUANTUS, vitalconnect, MCIO, Senseonics, BL Healthcare, ConnectedHealth, Sotera, iRhythm, proteus, EarlySense, Monica, EYENETRA, SilentAlert	Consumer / Home Monitoring sino, GlucoVista, QARDIO, WHOOP, CHRONO THERAPEUTICS, BIOSSENTITY, kinsa, TURNKEYSENSE, SCAADU, THALMICLABS, ANGEL, cue, AliveCor, STRINGS
Infant Monitoring Sproutling, mimo, Owlet	Sleep Monitoring beddit, NovaSom, hello	Created By CB INSIGHTS
Fitness Wearables sensoria, LUMO, signal, lark, vivotiv, ATHOS, ATLAS, moov, Withings, MISFIT, JAWBONE	Brain Sensors / Neurotechnology NEUROVIGIL, Thync, ybrain, muse, NeuroSky, halo	www.cbinsights.com

Around the Corner

BIOSENSING WEARABLES LANDSCAPE

COMMODITY ZONE

- amigo
- BASIS
- BODYMEDIA
- corventis
- Empatica
- fitbit
- GARMIN
- iHealth
- JAWBONE
- JINS MEME
- kiwi
- LUMO
- mc10
- HISFIT
- NeuMitra
- OWLET
- proteus
- striiv
- SAMSUNG
- senSORIA
- SPIRE
- Sproutling
- Withings
- Zephyr



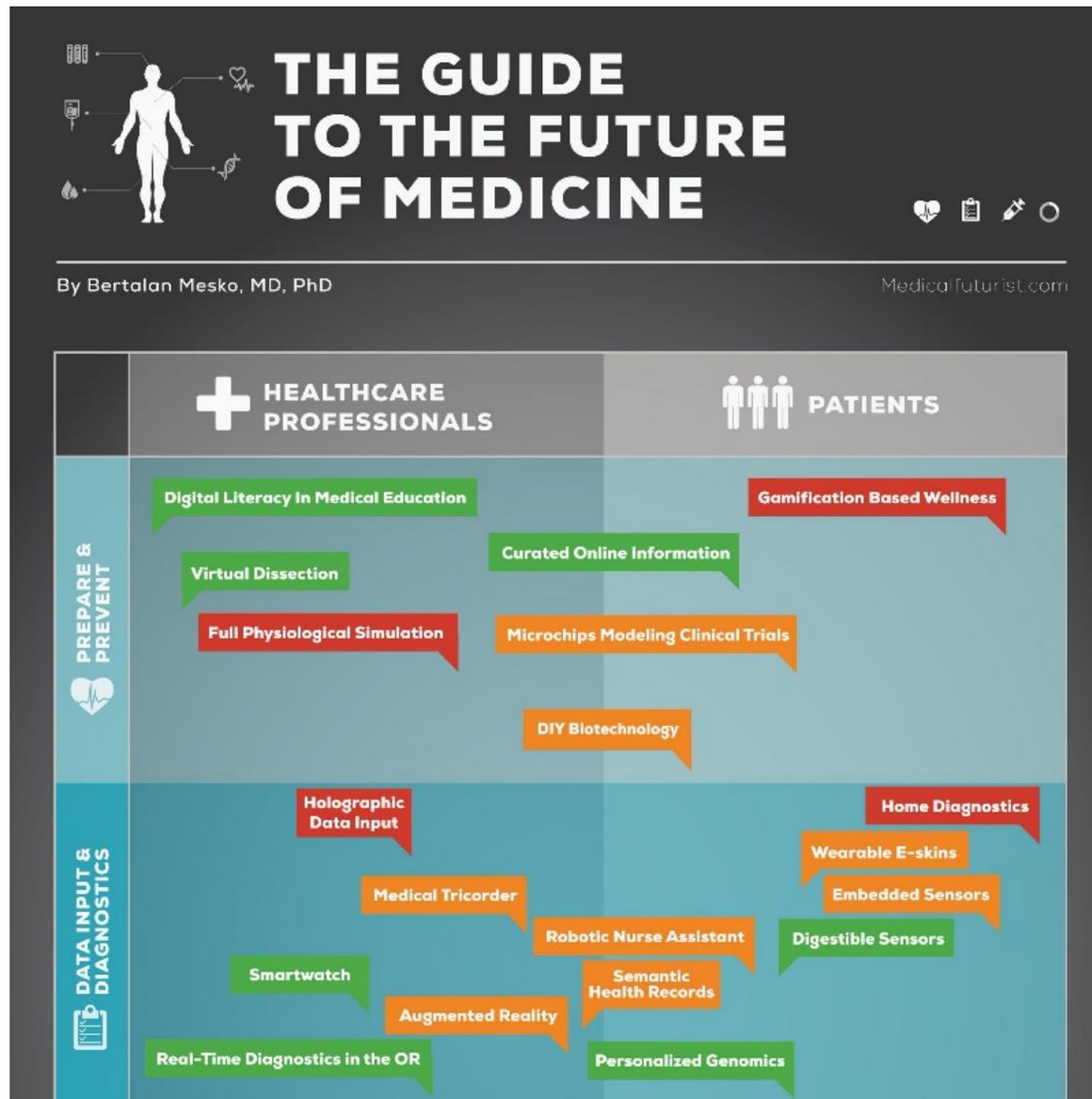
GROWING LONG TAIL

- BASIS
- BODYMEDIA
- Empatica
- ATHOS
- corventis
- mc10
- OWLET
- Perminova
- NIH
- proteus
- SAMSUNG
- senSORIA
- SPIRE
- Sproutling
- Withings
- Zephyr
- ATHOS
- corventis
- mc10
- OWLET
- Perminova
- BODYMEDIA
- Empatica
- NeuMitra
- NeuroSky
- Perminova
- Zephyr
- dexcom
- GLYSENS
- Google
- iHealth
- OWLET
- Withings
- Zephyr
- ATHOS
- iHealth
- JINS MEME
- proteus

MOVEMENT HEART RATE SLEEP TEMPERATURE RESPIRATION SKIN CONDUCTANCE BRAIN ACTIVITY HYDRATION POSTURE GLUCOSE OXYGEN LEVEL HEART RATE VARIABILITY MUSCLE ACTIVITY BLOOD PRESSURE EYE-TRACKING INGESTION

Source: Rock Health review of 75+ companies (companies are selected, not comprehensive)

Around the Corner



Around the Corner



Do People Want It?

Methodology

An quantitative online survey was conducted by Penn Schoen Berland in eight countries among a representative sample of 12,000 adults 18+ from July 28 to August 15, 2013.

	All	DEVELOPED				EMERGING			
	Global	US	Japan	France	Italy	Brazil	China	India	Indonesia
Sample Size	12002	1500	1500	1500	1501	1500	1500	1501	1500
Margin of Error	+/- 0.89	+/- 2.53	+/- 2.53	+/- 2.53	+/- 2.53	+/- 2.53	+/- 2.53	+/- 2.53	+/- 2.53

Surprising Findings:

- Traditional hospitals, according to 57% of people, will be obsolete in the future
- Majority of people (84%) would be willing to share their personal health information to advance and lower costs in the health care system
- More than 70% of people are receptive to using toilet sensors, prescription bottle sensors and swallowed health monitors
- 72% of those surveyed would be willing to see a doctor via video conference for non-urgent appointments
- 66% of people say they would prefer a care regimen that is designed specifically for them based on their genetic profile or biology

Challenges

But The Struggle Is Real



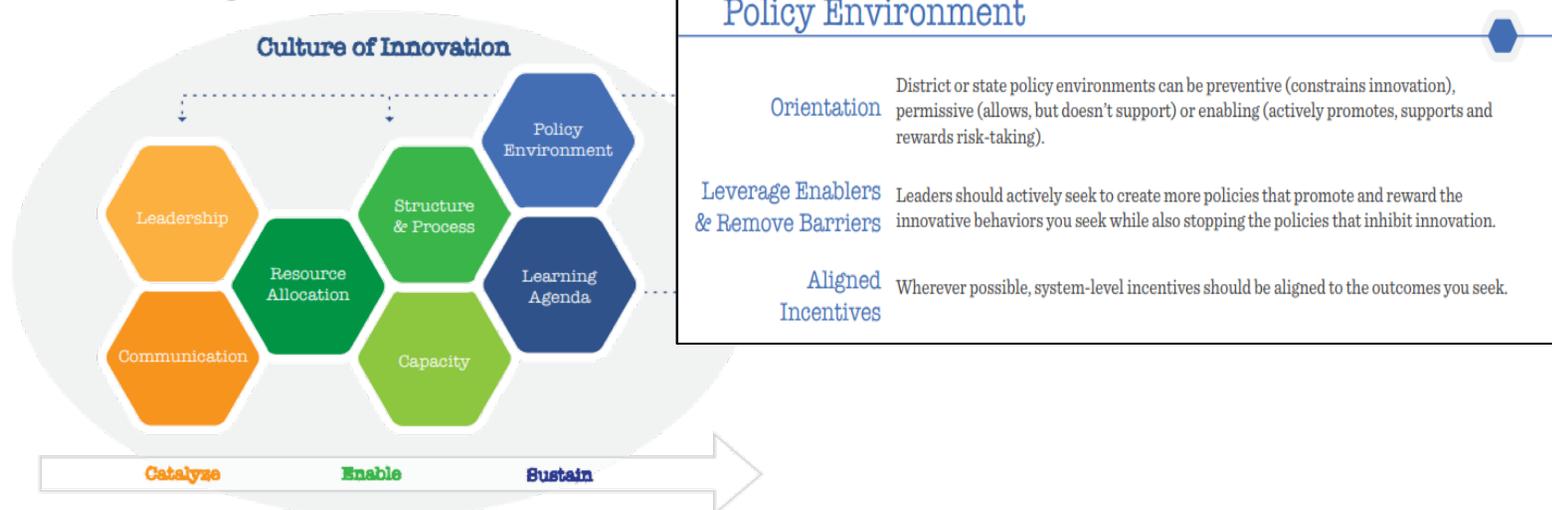
**"I want you to find a bold and innovative way
to do everything exactly the same way
it's been done for 25 years!"**

CULTURE OF INNOVATION NOT SUPPORTED BY POLICY ENVIRONMENT

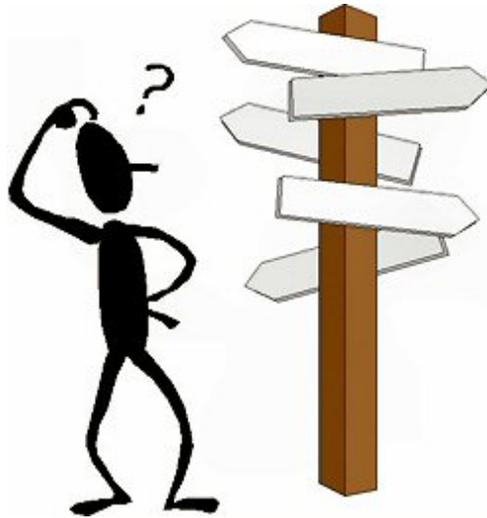
Factors Driving Innovation Culture

Based on our research and considering our working definition for culture of innovation, we have identified **seven factors** that we believe are required to enable and sustain an effective culture of innovation over time. These factors, illustrated in Figure V, are dynamic and interactive, working together to enable or constrain the culture you seek. Similarly, each of these major factors are comprised of constituent elements.

Figure V: Seven Factors Driving Innovation



Reimbursement



Anthem®

BlueCross BlueShield



1-800-MEDICARE (1-800-633-4227)
BENEFICIARY

More to
Come in
Part 2!

Licensure



- Determination of criteria, issuance and enforcement of health professional licensure is a right delegated to the states
- Other than for Veterans' Health Administration providers, there is no true physician licensure portability

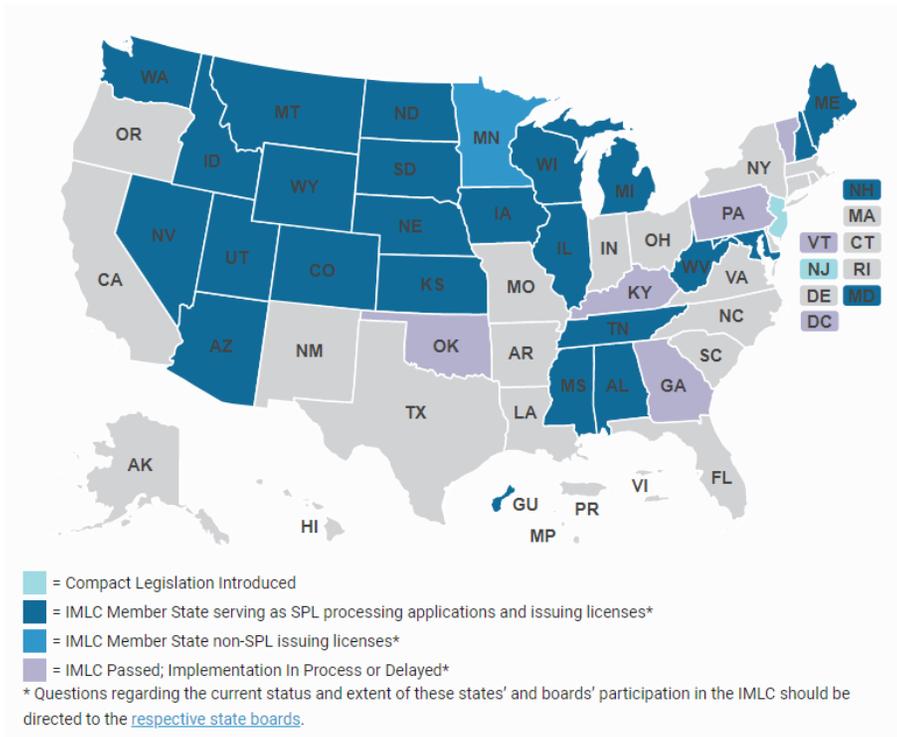
VA



U.S. Department of Veterans Affairs
Veterans Health Administration

- A provider must hold a valid license in the state **WHERE THE PATIENT IS PHYSICALLY LOCATED AT THE TIME OF SERVICE**

Interstate Medical Licensure Compact



- Drafted by Federation of State Medical Board
- Offers expedited process to obtain physician license
- Enacted in 29 states, DC and Guam
- Some states have chosen to go with licensure by endorsement instead

(Last Updated October 2019)

Federal Standards – Ryan Haight Act

- No controlled substance may be delivered, distributed, or dispensed without a “Valid Prescription”
- “Valid Prescription” A prescription issued for a legitimate medical purpose in the usual course of professional practice
- A Prescription issued by a practitioner who has conducted, at least 1 “in-person medical evaluation” of the patient

Federal Standards – Ryan Haight Act and Telemedicine

“...a practitioner engaged in the practice of telemedicine within the meaning of the Act is exempt from the requirement of an in-person medical evaluation as a prerequisite to prescribing ... controlled substances by means of the Internet.”
(Ryan Haight, 74 FR 15603)

Federal Standards – Ryan Haight Act and Telemedicine Defined

(A) is being conducted -

while the patient is being treated by,
and physically located in a
DEA- registered hospital or clinic.

OR

(B) is being conducted -

while the patient is being treated by,
and in the physical presence of, a
DEA-registered practitioner.

Exceptions to DEA Registration

- Employee or Contract of Veterans Affairs (VA) or Indian Health Service or Tribal Organization
- Medical Emergency (VA) or Public Health Emergency
- Special Registration for Telemedicine

Federal Standards – Ryan Haight Act

The *Special Registration for Telemedicine Clarification Act of 2018* amends Section 831(h)(2) of the Controlled Substances Act (21 U.S.C. § 831(h)(2)) to read as follows:

(2) REGULATIONS. – Not later than 1 year after the date of enactment of the SUPPORT for Patients and Communities Act, in consultation with the Secretary, the Attorney General shall promulgate final regulations specifying –

- the limited circumstances in which a special registration under this subsection may be issued; and
- the procedure for obtaining a special registration under this subsection.

Establishing a timeframe for the DEA to issue final regulations regarding the special registration means that there is a date in sight at which time providers will have greater clarity on how to pursue this special registration.

However, providers should not consider this development in a vacuum. Many states have enacted laws on prescribing via telemedicine, and some state requirements may be more restrictive.

Privacy + Security



HIPAA & Telehealth

A Stepwise Guide to Compliance

Should I Be Concerned?

- STEP 1** **DOES HIPAA APPLY TO ME AND MY TELEHEALTH PRACTICE?**
 HIPAA applies to you if you are a healthcare provider that transmits personal health information (PHI) in electronic form. If you do, you ARE a covered entity (CE).
- STEP 2** **IS THE INFORMATION I AM TRANSMITTING CONSIDERED PHI?**
 Anything that can be used to identify an individual is potentially PHI. There are 18 types of identifiers considered PHI. Examples related to telehealth include names, phone numbers, birthdates, IP addresses, email addresses, device identifiers, and photos/images.
- STEP 3** **DO I HAVE BUSINESS ASSOCIATES?** A business associate is anyone who creates, receives, maintains or transmits PHI on your behalf; or has the ability to come in contact with PHI in your practice. See PHI examples above.

OK, NOW I'M WORRIED!

Keep Reading To Find Out What You Can Do!

Did You Know?

- #1** If you are sharing any type of PHI with Business Associates, any mistakes they make in protecting the security and privacy of your data are yours too. YOU are still responsible.
- #2** Your compliance is now dependent on their practices.
- #3** You can protect yourself by having formal Business Associates Agreements (BAAs) documenting how they are protecting your PHI and by performing reasonable due diligence to verify their security practices.

Do not disclose PHI to any Business Associate unwilling to sign a BAA.

Complying With HIPAA

HIPAA compliance is a combination of physical, administrative and technical safeguards. Technology alone cannot be HIPAA compliant or make you HIPAA compliant. Here are the things you and your Business Associate(s) should do and document:

RISK ASSESSMENT: Conduct a comprehensive review of where you store or access PHI and how secure it is in each case. Take appropriate steps to secure it in a way that fits for your organization. Establish and document your security policies and procedures. Train your employees regularly and consistently.

INFORMATION SYSTEMS ACTIVITY REVIEW: Conduct and document periodic reviews of access logs or other records for unauthorized activity. It might be bad news if you find some, but YOU want to be the first one to find it. Report the breach and implement a fix immediately. Confer with counsel about what to do next.

You might also want to consider ways to configure your system so that PHI is not stored or shared.



4 Questions to Ask a Potential Business Associate

...but they all say they are HIPAA compliant...

- Question 1:** Which of the 18 identifiers of PHI would your company be CAPABLE of accessing?
- Question 2:** May I view the results of your last HIPAA compliance audit?
- Question 3:** What administrative, physical and technical safeguards do you have in place?
- Question 4:** Would you be willing to sign OUR BAA?

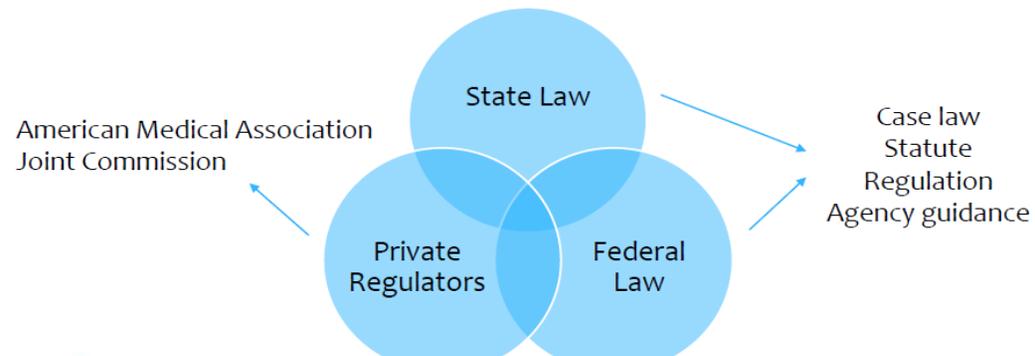
Compare these measures among vendors!

Encryption alone is not compliance, and processes that are compliant in a clinic-to-clinic encounter may not be compliant in a clinic-to-consumer encounter. Context matters.

Things to Keep In Mind WHEN (not IF) You Have a Breach...



Liability/Malpractice



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Resource Center

Medical Malpractice



DUTY

**Physician Patient Relationship
Exists**

BREACH

Standard of Care is Breached

CAUSATION

The Breach Causes Injury

+

DAMAGES

**Medical Expenses, Lost Wages,
Pain and Suffering**

NEGLIGENCE



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Telehealth
Resource Center

Supervision

As a general rule of thumb, CMS defines “General Supervision” as meaning that the physician or Advanced Practitioner is available by telephone to provide assistance and direction as needed. For procedures that specifically fit under the general supervision requirement, then telehealth can be used to meet that requirement since it exceeds the telephone requirement.

PAYMENT FOR PHYSICIAN SERVICES IN TEACHING SETTINGS

Medicare pays for services furnished in teaching settings through the Medicare Physician Fee Schedule (PFS) if the services meet one of these criteria:

- They are personally furnished by a physician who is not a resident
- They are furnished by a resident when a teaching physician is physically present during the critical or key portions of the service or
- They are furnished by a resident under a primary care exception within an approved Graduate Medical Education (GME) Program

Physically Present

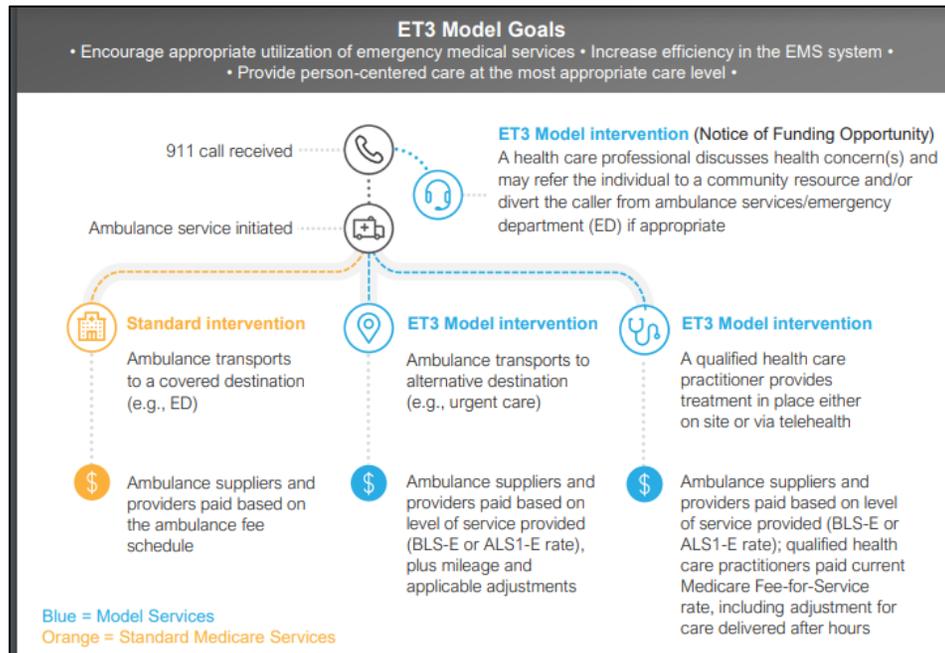
When the teaching physician is located in the same room as the patient (or a room that is subdivided with partitioned or curtained areas to accommodate multiple patients) and/or performs a face-to-face service.

Supervision

The American Medical Association (AMA) circulated resolution language at the AMA's Annual House of Delegates Meeting held in June of 2016 which stated that the AMA "supports pilot programs in the Medicare program to enable virtual supervision of 'incident to' services that require direct supervision if those programs abide by certain principles."¹ Those principles include:²

- The physician billing the "incident to" services must meet requirements of direct supervision of "incident to" services which includes seeing the patient and initiating the course of treatment, and providing services that shows active management and participation in the course of treatment.
- Supervision by the physician should conform to all applicable state laws in the state where the patient receives services.
- Non-physician practitioners must follow all state licensing laws and state medical practice laws during the provision of the "incident to" services.
- State scope of practice laws must be followed and the physician must be connected through real-time audio and video technology with the room where the service is provided, and to ensure that the physician is immediately able to provide assistance.
- Virtual supervision of "incident to" services must follow evidence-based practice guidelines when available.
- The physician providing the virtual supervision should visit the sites where the "incident to" services will be performed.
- Physicians providing virtual supervision of the "incident to" services must establish protocols for arranging emergency services "including having an agreement with a physician at the site at which the 'incident to' services are provided, to ensure immediate assistance."

Workforce



Rural West Texas EMS Providers to Try Out a Telehealth Backpack

A Texas health system will equip 10 ambulances with telehealth backpacks and broadband connectivity to help EMS providers connect with health systems in an area larger than New England.

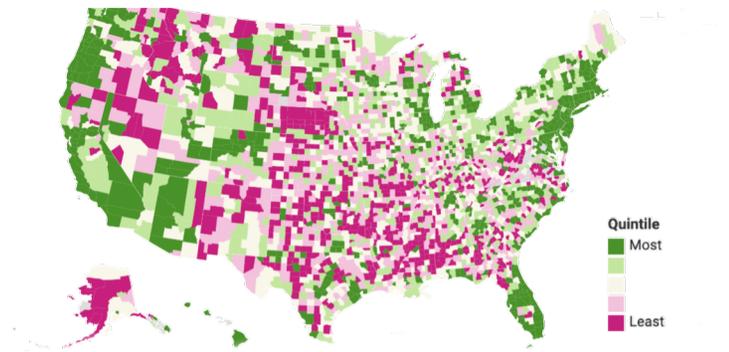


Source: ThinkStock

Most states do not recognize EMS as a health care provider or EMS facilities as health care facilities. Thus, they get “paid” to transport, but not to provide care. In addition they aren’t eligible for broadband assistance.



INADEQUATE INFRASTRUCTURE



RURAL DOWNLOAD SPEEDS ARE WORSE THAN REPORTED, MICROSOFT STUDY SAYS
By Roberto Gallardo | February 5, 2019 | Print article

MAY 19, 2017

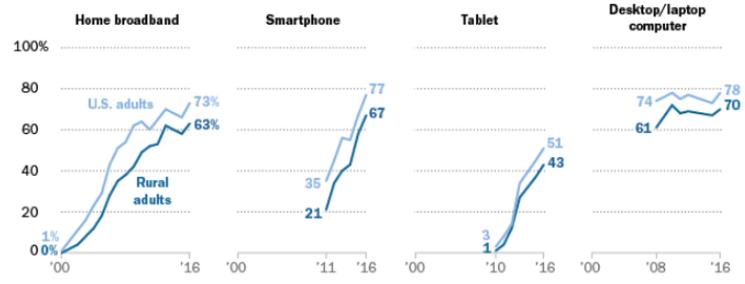


Digital gap between rural and nonrural America persists

BY ANDREW PERRIN

Despite growth, rural Americans have consistently lower levels of technology adoption

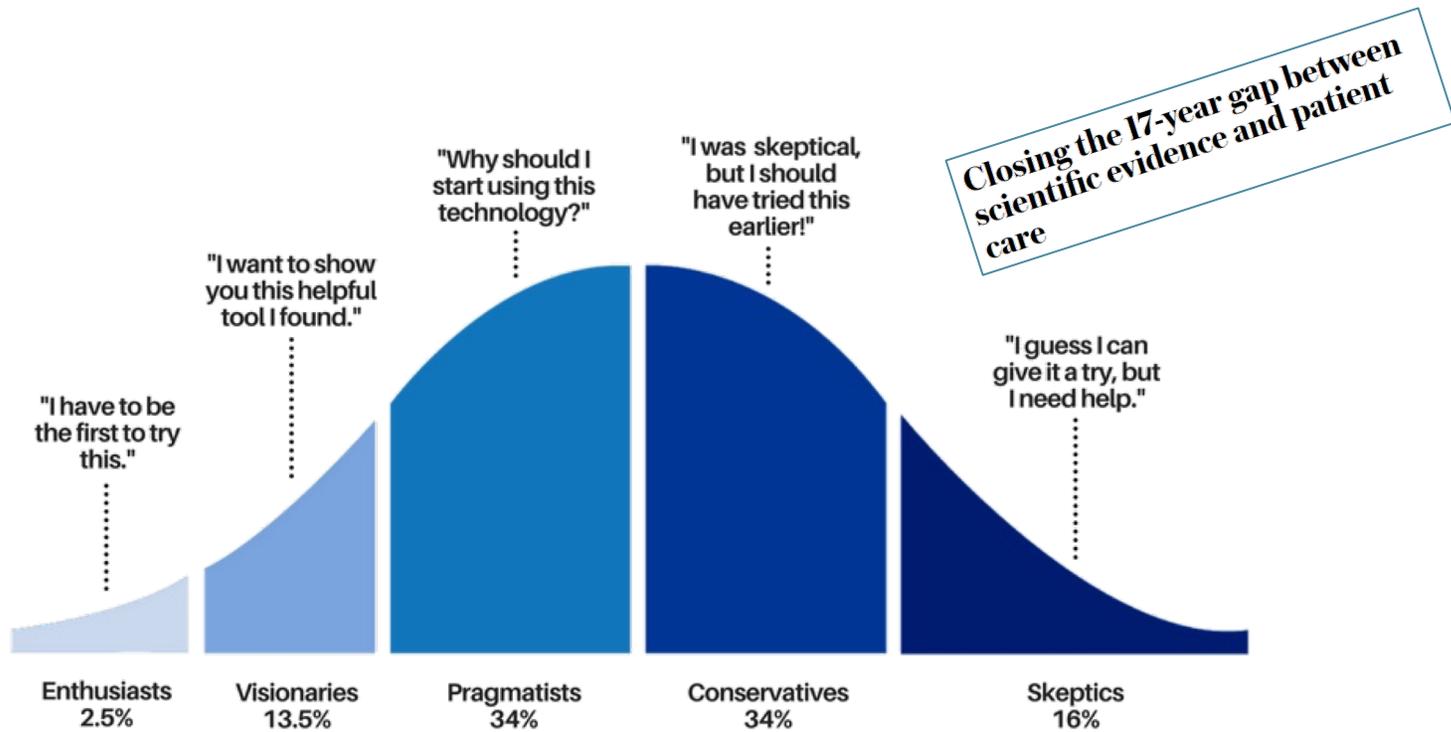
% of U.S. adults who say they have ...



Source: Survey conducted Sept. 29-Nov. 6, 2016. Trend data from other Pew Research Center surveys.

PEW RESEARCH CENTER

SLOW DIFFUSION OF INNOVATION



Training Challenges

FEAR



A.I. will not replace physicians.

However, physicians who use A.I. will replace those who don't.



Training Challenges

What needs to change in medical education to prepare clinicians of the future

Michael Pitt a professor of pediatrics at the University of Minnesota School of Medicine outlined how the medical education system can adapt to the challenges of the future during a speech at the Manova Summit in Minneapolis.

Training future doctors: how does medical education need to adapt?

From teaching compassion to raising the standards of postgrad courses, experts from across the sector discuss how universities can improve training

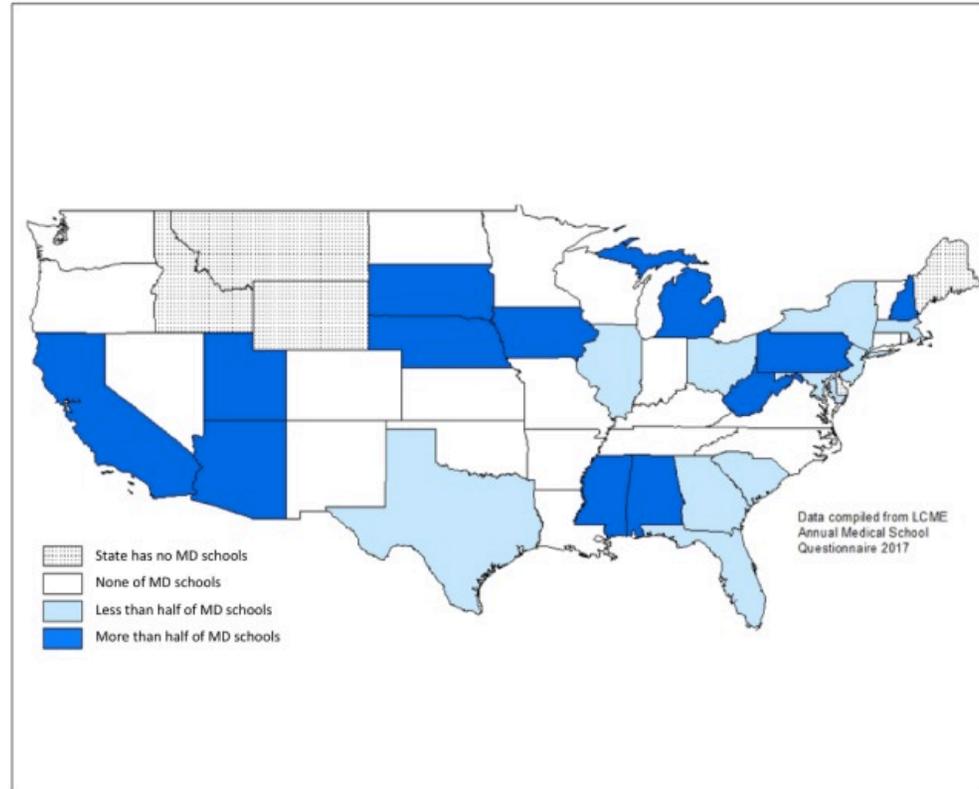
Medical school hasn't changed much in a century. Here are 5 ways to fix that

By AKHILESH PATHIPATI / JULY 7, 2016

Telemedicine Training in Undergraduate Medical Education: Mixed-Methods Review

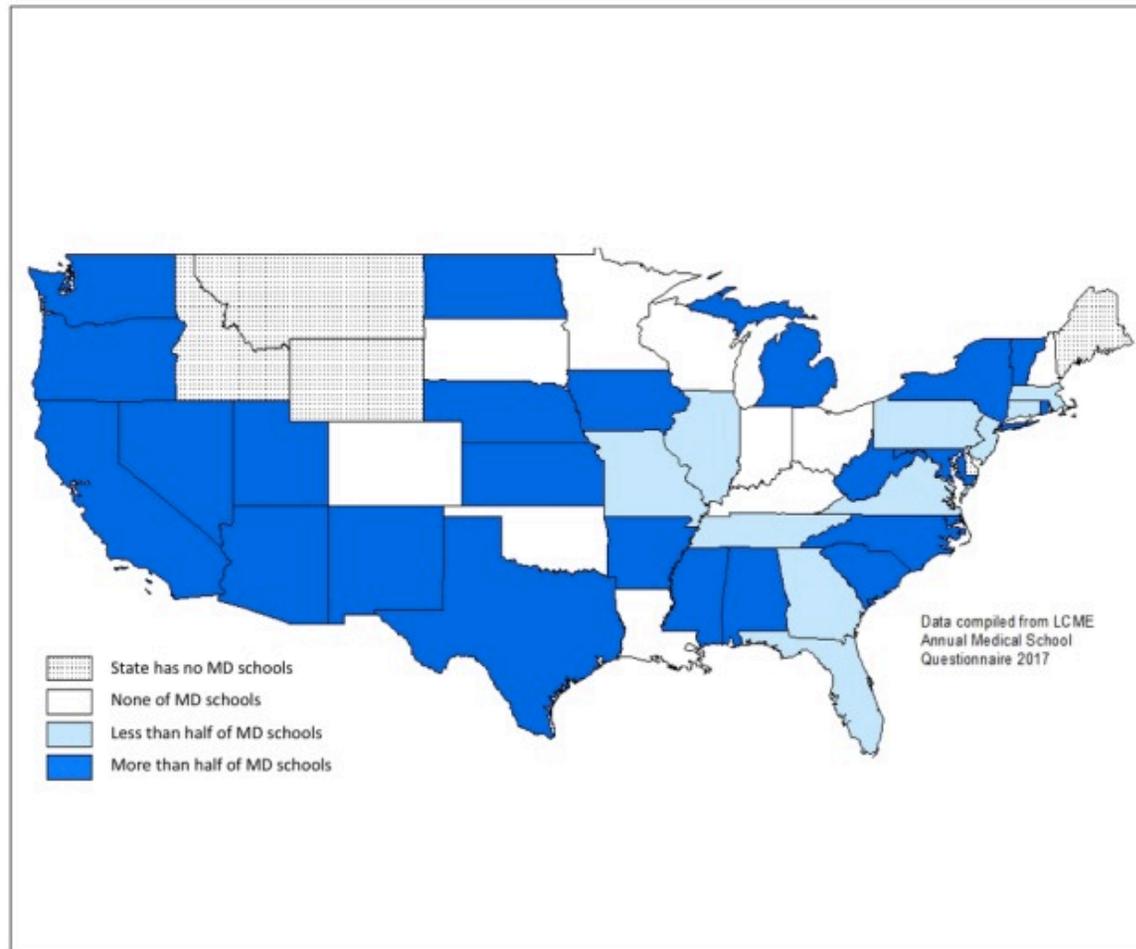
Shayan Waseh, MPH and Adam P Dicker, MD, PhD, FASTRO

Proportion of US MD Medical Schools with a preclinical telemedicine curriculum by state.
LCME: Liaison Committee on Medical Education;
MD: Doctor of Medicine.



Training Challenges

Proportion of US MD Medical Schools with a clinical telemedicine curriculum by state. LCME: Liaison Committee on Medical Education; MD: Doctor of Medicine.



Training Challenges

Medical students have been shown to graduate feeling unprepared to utilize telemedicine effectively and feeling uninformed about the laws governing telemedicine use [16]. At the same time, there is a growing appreciation among medical students that such training would be both relevant and important for their future work [17]. Therefore, the acceleration of the implementation of telemedicine training into the undergraduate medical education curriculum in the United States is of vital importance.

Training Challenges

The Future of Telemedicine Education

To accomplish this, telemedicine training in undergraduate medical education should move beyond the simple exposure of medical students to telemedicine technology and seek to augment such exposure with at least basic understanding of the complex governmental, socioeconomic, and cultural principles involved. This is especially important in light of the rapid pace of technological innovation in the telemedicine space; future physicians must not only be trained to use telemedicine but also to do so professionally, safely, and in an evidence-based manner [19].

The likely answer to this concern is already being explored by a multitude of medical schools that are finding ways to combine and consolidate different curricular aims into multifaceted educational components. By combining telemedicine training with existing competencies such as rural care exposure and interprofessional training, medical schools are able to expose future physicians to telemedicine without significant additional burden. Rather than struggling to fit telemedicine into an already overflowing curriculum, medical schools are most successfully able to include telemedicine competencies when they build them into existing components of the curriculum.

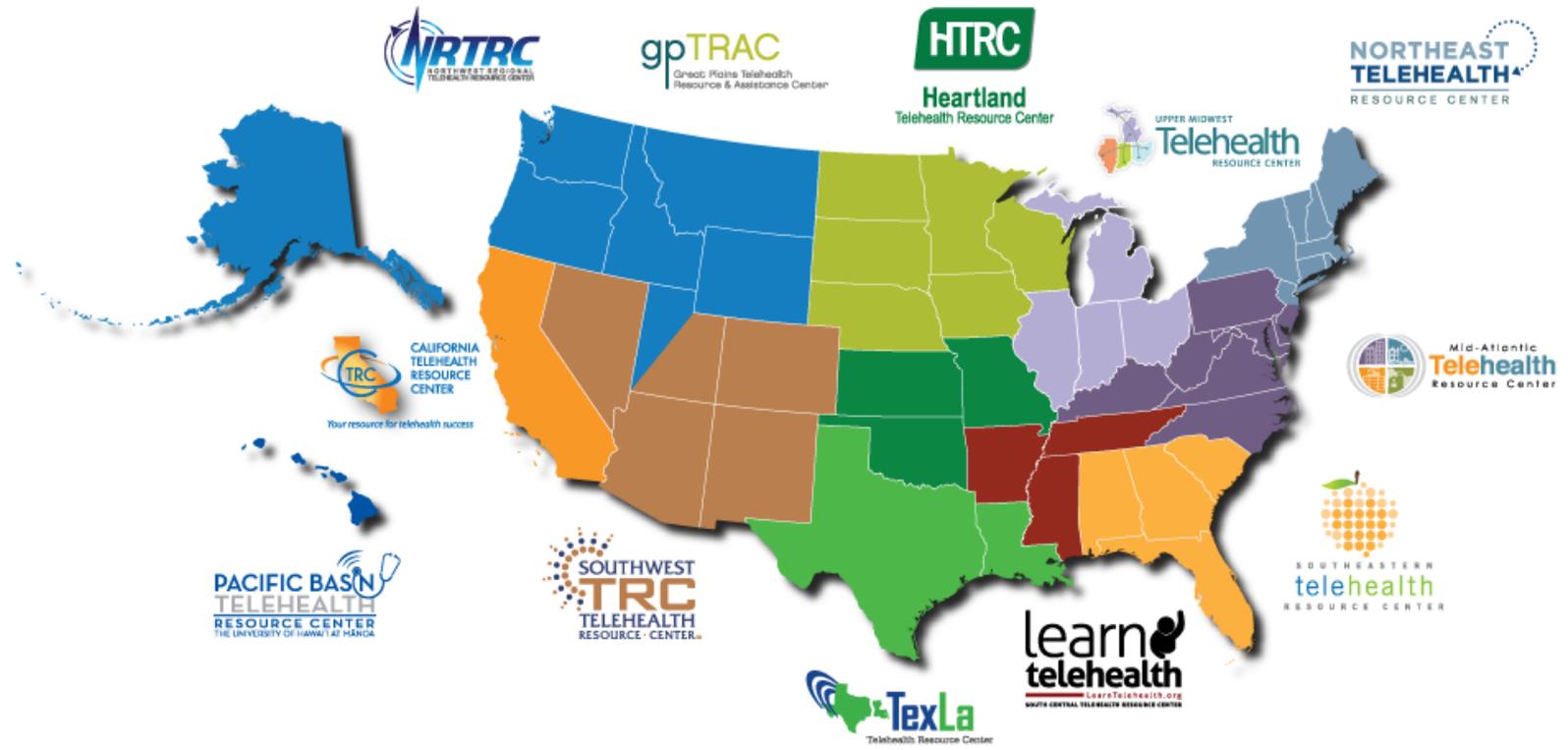
Resources



TRCs are funded by the U.S. Department of Health and Human Service's Health Resources and Services Administration (HRSA) Office for the Advancement of Telehealth, which is part of the Office of Rural Health Policy.

Resources

TelehealthResourceCenters.org



 **TTAC**
TelehealthTechnology.org
National Telehealth Technology Assessment Resource Center

 Center for **Connected Health Policy**

Here To Help!

Upcoming Events > Webinars

Show only the first upcoming instance of recurring events

EVENTS FROM [FIND EVENTS](#) VIEW AS List

[« Previous Events](#)

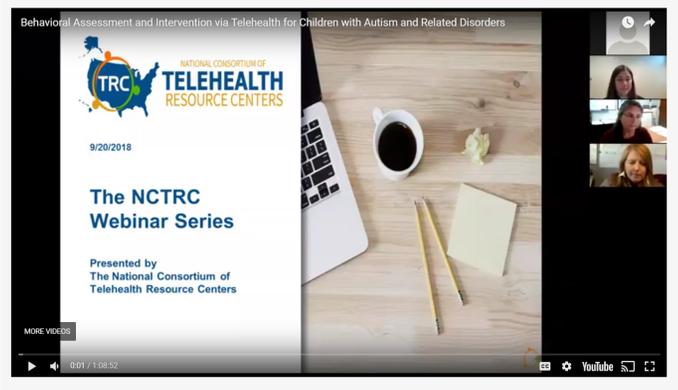
October 2018

National TRC Webinar – Indiana University School of Medicine Project ECHO: Tele-mentoring Program for the treatment of Opioid Use Disorder
October 10 @ 11:00 am - 12:00 pm



Topic: Indiana University School of Medicine Project ECHO: Tele-mentoring Program for the treatment of Opioid Use Disorder
Hosted by: Upper Midwest Telehealth Resource Center
Presented by: Kristen Kelley Description: Project...

[Find out more »](#)



September 2018

National TRC Webinar – Behavioral Assessment and Intervention via Telehealth for Children with Autism and Related Disorders

September 20 @ 11:00 am - 12:00 pm

Telehealth service delivery allows for increase access to care and minimizing disparities in delivering behavior analytic assessment and intervention to children diagnosed with ASD and related disorders with challenging behaviors....

[Find out more »](#)

August 2018

National TRC Webinar – Mapping and Designing Telehealth Clinic Workflows

August 16 @ 11:00 am - 12:00 pm

Workflow mapping can allow a team to visualize a process and identify gaps or areas for improvement. This presentation will provide an overview of how to develop workflow diagrams for...

[Find out more »](#)

July 2018

National TRC Webinar – Innovation and Impact with Speech Language Pathology Telepractice

July 19 @ 11:00 am - 12:00 pm

Here to Help!

Funding Sources for Telehealth

www.telehealthresourcecenters.org February 2012

Health agencies have millions of dollars each year to support better access to quality health care for rural and other underservice areas and populations. Some of the better-known sources of funding specific to telehealth and use of telehealth technologies include:

- HRSA Federal Office of Rural Health Policy (ORHP)**, SAMHSA Technology Assisted Health Centers
- TELEHEALTH POLICY ISSUES** (www.telehealthresourcecenters.org February 2012)
- REIMBURSEMENT** (www.telehealthresourcecenters.org February 2012)
- LICENSING/REGULATORY BOARDS** (www.telehealthresourcecenters.org February 2012)
- CREDENTIALING** (www.telehealthresourcecenters.org February 2012)
- MEDICARE AND PRIVATE PAYERS** (www.telehealthresourcecenters.org February 2012)

HIPAA & Telehealth

A Stepwise Guide to Compliance

Should I Be Concerned?

DOES HIPAA APPLY TO ME AND MY TELEHEALTH PRACTICE?

STEP 1

STEP 2

STEP 3

OK, NO

Telehealth 101

the basics

TELEHEALTH BRINGS THE RIGHT HEALTHCARE TO PATIENTS WHERE AND WHEN THEY NEED IT

Updated Sept 2012

Today's Technology is Being Leveraged to:

- Monitor patient's health status and behaviors remotely
- Meet face-to-face with patients using video conferencing to have discussions and provide treatment
- Obtain images for diagnostic purposes using questionnaires, scopes and cameras
- Capture, store and then forward images to remote providers who can make a diagnosis and provide treatment recommendations
- Educate patients and providers through apps and video conferencing
- Monitor the impact of patients' daily activities on their health status
- Provide patients with tools to assist them in adopting behaviors to promote their health

What are your telehealth Goals?

- Increase **Access** for Patients?
- Increase **Market** for Providers?
- Reduce **Costs**?
- Improve **Health Outcomes**?
- Improve **Patient Satisfaction**?
- Improve **Provider Satisfaction**?

Factors to Consider Regarding Licensure

Providers should refer to the guidelines of their licensure boards. However, these general rules apply:

- Providers must be licensed in the state where the patient is located.
- Telehealth can be a valuable tool that allows all types of healthcare providers to work to the top of their license but not beyond it.
- Multi-state licensure compacts have been looked to as a solution for licensing barriers, though the methods vary. The Nurse Licensure Compact offers one license that is valid in multiple states. The Interstate Medical Licensure Compact for physicians offers an expedited process to obtain a license in a compact state.

In July of 2009, the Centers for Medicare and Medicaid Services' final rule on credentialing and privileging established a process for originating sites/hospitals (location of the patient) to rely on the credentialing and privileging decisions of the distant site/hospital (location of the specialty for telehealth practitioners).

Hospitals should also check their state Medicaid policies to ensure that they do not have additional requirements.

Need help taking the next step? We can help!

TelehealthResourceCenters.org

Telehealth Resource Centers are federally funded to provide resources and technical assistance for telehealth program development.

Find your regional resource center or one of two National Centers focusing on technology assessment and telehealth policy at TelehealthResourceCenters.org.

Resources

The screenshot shows the homepage of the Center for Connected Health Policy. At the top, there is a navigation bar with two main sections: "CURRENT STATE LAWS & POLICIES" (with a US map icon) and "LEGISLATION & REGULATION TRACKING" (with a building icon). Below this is a dark navigation menu with the center's logo on the left and menu items: "ABOUT", "TELEHEALTH POLICY", "RESOURCES", and "CONTACT". On the right side of the menu is a search bar labeled "SEARCH TELEHEALTH RESOURCES". The main content area features a background image of a doctor in a white coat with a stethoscope, holding a tablet, and a pair of scales of justice. The text "Center for Connected Health Policy" is prominently displayed in white. Below it, a subtitle reads: "IS A NONPROFIT, NONPARTISAN ORGANIZATION WORKING TO MAXIMIZE TELEHEALTH'S ABILITY TO IMPROVE HEALTH OUTCOMES, CARE DELIVERY, AND COST EFFECTIVENESS." At the bottom center of the main area is an orange button labeled "LEARN MORE".

<https://www.cchpca.org/>

Resources

TTAC
National Telehealth Technology Assessment Resource Center

Search ... Search

TOOLKITS INNOVATION WATCH TECHNOLOGY SHOWCASE EVENTS

RESOURCES REQUEST TECHNICAL ASSISTANCE QUICK LINKS

The National Telehealth Technology Assessment Resource Center aims to create better-informed consumers of telehealth technology. By offering a variety of services in the area of technology assessment, TTAC (pronounced "tea-tac") aims to become the place for answers to questions about selecting appropriate technologies for your telehealth program.

[More information >](#)

FEATURED ITEMS

Clinician's Guide to Video Platforms
This updated video platform toolkit is designed to help readers learn more about how video can be used to support the delivery of healthcare and improve the customer care experience. We have included sections for consumers and those holding clinical, operational, or administrative positions. In addition to using online video for clinical services, some attention will be given to other customer support processes common to a clinical office.

RECENT UPDATES

Eko Devices DUO
Posted: November 27, 2019

Technology Assessment 101 – Resources
Updated: November 6, 2019

Technology Assessment 101 – Device Selection
Updated: November 6, 2019

EVENTS

Interoperability Showcase HIMSS 2020
03/09/20 – 03/13/20
Orlando, Florida

2020 MATRC Summit -Technology Showcase
04/05/20 – 04/07/20
Concord, North Carolina

ATA 2020
05/03/20 – 05/05/20
Phoenix, Arizona

Toolkits

Toolkits are a critical part of the work that the Telehealth Technology Assessment Center does. These interactive elements allow users to learn the fundamentals of how various technologies work, as well as how to assess them for use in telehealth programs.

We will be releasing new toolkits or assessments in our new [Innovation Watch](#) section of our website every few months, as well as working to keep existing content relevant and accurate. Some toolkits will guide users through performing their own assessments. Other toolkits will help users identify their needs, bringing technology into alignment with clinical requirements.

Clinician's Guide to Video Platforms	Digital Cameras – DSLR	Digital Cameras – Point and Shoot	Electronic Stethoscopes
Home Telehealth	mHealth	mHealth App Selection	Mobile Blood Pressure
Patient Exam Cameras	Technology Assessment 101	Tympanometers	Video Oscopes

<http://telehealthtechnology.org/>

Shameless Plug



Course Catalog



Foundations of Telehealth

The Foundations in Telehealth course is designed to provide a comprehensive overview of current technologies and care delivery models and an introduction to the public policies that inform telehealth practice.

[Course Info](#)

 CME/CE credits available

\$95

[Add to Cart](#)



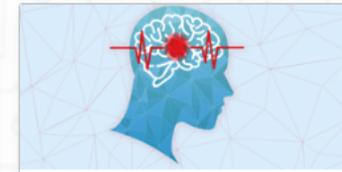
Tele-behavioral Care

This course provides a broad introduction to the issues, policies, and technologies involved in tele-behavioral or tele-mental healthcare.

[Course Info](#)

 CME/CE credits available

Coming Soon!



Tele-stroke Care

Tele-stroke is an approach to strokes that provides board certified neurologists the ability to perform immediate, real-time, and/or remote diagnosis and treatment to a stroke victim using telehealth technology.

[Course Info](#)

 CME/CE credits available

Coming Soon!

<https://www.telehealthvillage.com/>

Shameless Plug



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For More Information:



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