Provider Insights:
Liability and Risk Mitigation

Telehealth: Benefits & Risk Management Strategies for Healthcare Providers

Telehealth Overview

Quality health care no longer requires a healthcare provider and patient to be in the same room at the same time. With the advancement of information and communications technology, advanced media technology, and hand-held devices, patients can receive high quality healthcare from a distance through telehealth services. In fact, telehealth is rapidly becoming a viable solution to meeting the healthcare needs of patients by providing convenient access to care. Telehealth brings additional benefits such as reduced patient costs for travel, reduced absences from school and work to go to medical appointments, health system efficiencies and potential cost savings from improved care management and coordination, and local economic gains as residents remain in the community for care.[1]

Telemedicine versus Telehealth Distinction

Telemedicine has been defined as "the use of medical information exchanged from one site to another via electronic communications to improve a patient's clinical health status."[2] Telehealth has historically had a broader definition, encompassing telemedicine's clinical care for patients and teleeducation, teleresearch, and disaster response. Telemedicine and telehealth, as commonly used today, can be considered synonymous.[3] However it should be noted that California uses the broader definition of telehealth and not the term "telemedicine."

California Business & Professions Code §2290.5 is the statute that addresses the telehealth practice standards. It defines telehealth as "the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers."[4]

General Benefits of Telehealth in the Adult & Pediatric Population

Telehealth has a broad range of applications such as being utilized for teleeducation, teleconsultation, telepractice, and teleresearch. Teleeducation can be delivered through live interactive AV links, by live streaming video, and by viewing stored educational material. Teleeducation programs allow physicians to stay current, travel less often for continuing medical education (CME), obtain free CME, foster relationships between academic and community based physicians, and establish widespread peer groups to learn from each other and from academicians.[9,10]

In the U.S., for every 100,000 rural patients, there are only forty-three specialists available.[5] These patients endure longer appointment commutes and have trouble accessing lifesaving consultations for specific diseases or chronic care plans. With the implementation of telehealth services these needs are addressed by providing quicker and more convenient access to a wider net of specialists.

Teleconsultation typically involves establishing a communication link between physicians who request consultations for patients under their care with experts often located in distant medical centers. Such consults can occur through a live, interactive AV link or through store-and-forward technology. An example is the storage of echocardiogram images for an expeditious, but not real-time, reading by a distant cardiologist.

Teleconsultation works well for both acute and chronic disease management.[11,12] Advantages of such consultations include increased access for the medically underserved, improved access for rural and inner-city populations, enhanced care through faster and more accurate assessment than can be provided by telephone consultation, and decreased cost to both the health care system and the patient's family.

Telehealth services have been shown to reduce the cost of healthcare and increase efficiency through better management of chronic diseases, shared health professional staffing, reduced travel times, and fewer or shorter hospital stays.[5]

Telehealth can also benefit the quality of care. A study in The American Journal of Managed Care demonstrated patients receiving telehealth services had 38% fewer hospital admissions, 31% fewer hospital re-admissions, were 63% more likely to spend fewer days hospitalized, and were more engaged in their healthcare.[29]

Telehealth is not meant to replace but rather support traditional care delivery. With telehealth, providers can continue to care for patients in-person while providing the flexibility and convenience of seeing patients remotely for follow-up visits, routine check-ups, and educational needs.

Specific Applications of Telehealth to the Adult & Pediatric Population:

Mental Health: Telepsychiatry

Economics, geography, and the stigma around seeking treatment are some of the most commonly cited barriers to accessing mental health services.[30-33] Nearly one in six adults in California experience mental health needs each year. Statistics show that one in twenty Californians suffer from serious mental illnesses that make it difficult for them to do major life activities. When it comes to children, one in thirteen have mental illnesses that limit their ability to participate in daily activities.[30-33]

Therefore, the research clearly demonstrates the need to address mental health concerns for children and adults alike. The good news is that mental health care is particularly suitable to telepsychiatry because of the ease of video conferencing. The American Psychiatric Association states video-based telepsychiatry helps meet patients' needs for convenient, affordable and readily-accessible mental health services. It can benefit patients in numerous ways:[34]

- Improve access to mental health specialty care that might not otherwise be available (e.g., in rural areas)
- Bring care to the patient's location
- Help integrate behavioral health care and primary care, leading to better outcomes
- Reduce the need for trips to the emergency room
- Reduce delays in care
- Improve continuity of care and follow-up
- Reduce the need for time off work, childcare services, etc. to access appointments far away
- Reduce potential transportation barriers, such as a lack of transportation or the need for long drives
- Reduce the barrier of stigma

Shasta Community Health Center in Redding, California uses telepsychiatry to meet the mental health needs of its youngest patients. Through video conferencing, they have connected children to child psychiatrists at Cedars-Sinai Medical Center in Los Angeles and Kings View Corporation Behavioral Health Clinic in Fresno. In 2006, they facilitated approximately 345 telepsychiatry visits (including child psychiatry).[23]

A 2016 poll of emergency room physicians found only 17% reported having a psychiatrist on call to respond to psychiatric emergencies.[34] Yet, an estimated one in eight emergency room visits involves a mental health and/or substance use condition, according to the Agency for Healthcare Research and Quality.[34-35] Many emergency rooms are not equipped to handle people with serious mental health issues and do not have psychiatrists or other mental health clinicians on staff to assess and treat mental health problems. Telepsychiatry can assist in bridging this critical gap and ensure patients are receiving the vital mental health treatment to this population.

Emergency and Critical Care
Telehealth is increasingly becoming a tool to treat both children and adults in hospitals. Many hospitals in rural and remote areas do not have the volume of pediatric patients or resources to support pediatric emergency and critical care services. Telehealth can be used to meet the pediatric care needs of these hospitals.[15] Consulting with pediatric critical care physicians via telehealth can also help the referring hospital to stabilize a child before and during transfer to a pediatric emergency services department.[16]

Currently, more than fifteen telehealth programs in various institutions throughout the United States are providing telehealth consultations to pediatric patients in remote emergency departments. Similar to studies in adult emergency medicine for acute stroke patients, studies evaluating this model of care for pediatric patients suggest that telehealth consultations can result in higher parent satisfaction, higher emergency department

physician satisfaction, and higher quality of care.[17] Data also suggest that this model of care results in a reduction of unnecessary transports and an overall reduction in costs due to fewer transports with less frequent use of helicopters.[18] Telehealth has also been found to change newborn referral patterns and decrease infant mortality statewide.[19]

In the adult population, stroke and cardiology remain two of the most common use cases for telehealth in emergency medicine.[6] Nearly all states now have a telestroke network. A Kaiser Permanente study on telestroke care found an almost 75% increase in timely use of a clot-dissolving drug. Patients in the study were given a diagnostic imaging test twelve minutes sooner, and the drug was administered eleven minutes sooner. Time to treatment was cut to less than an hour.[6-7] These studies clearly demonstrate the positive impact telehealth is making on emergency and critical care services.

Tackling the ongoing challenge of determining whether a patient's problem requires a visit to the emergency department or could be better treated elsewhere is being addressed by some healthcare organizations by putting a virtual provider at the front end of the ED process. The provider can see low-acuity patients through telehealth and discharge them directly. In more severe cases, lab work and tests can be ordered so the ED physician can treat them more expeditiously.[7]

Oral Health: Teledentistry
Telehealth technology is also utilized to assist with needed dental screenings, treatment, and referrals. With teledentistry, providers are able to increase access to dental care while decreasing costs for rural and low-income patients across the nation. While procedures like root canals and crowns clearly require an in-person visit, there are many components of dentistry that can be supported by remote appointments.[8] The strategies used in teledentistry also aim to reduce the costs that are associated with proper oral health as trained hygienists and assistants are able to work remotely to provide care, performing this work

under the supervision of a dentist when needed. These services cost patients a fraction of the price of more traditional care and eliminate the need for travel, which can help decrease their out of pocket expenses.[8]

In 2006, a pediatric teledentistry program was launched in three school districts to meet the dental health care needs of underserved children in Tulare County, California. Dentists from University of Southern California (USC) School of Dentistry supervise an on-site hygienist, provide remote oral examinations and patient education and develop a treatment plan for the child.[20]

Vision Screening: Teleopthalmology

The American Optometric Association supports the appropriate use of eye and vision telehealth services to supplement access to high-value, high quality eye and vision care.

Teleopthalmology is being used to screen for early detection and treatment of vision problems,[21] and it shows great promise for improving patient care and increasing access to specialty care not available in underserved areas. Eye and vision telehealth services, when used appropriately, can serve to improve patient coordination and communication among and between ophthalmologists and optometrists, as well as other primary care or specialty care providers.[36]

Eye and vision telehealth services may identify risk factors for eye health and vision issues and may provide a linkage to diagnosis and treatment provided in-person by an eye doctor. Doctors of Optometry have extensive knowledge and expertise in examining, diagnosing, treating, and managing diseases, injuries, and disorders of the visual system, the eye and associated structures, as well as identifying and helping to manage chronic and systemic conditions. Whether provided in-person or via telehealth, the optimal delivery of a wider range of vision and eye health services, diagnosis, and care involves Doctors of Optometry working in conjunction with other eye care professionals. This goal is attainable with

telehealth and will prove especially valuable for patients in remote areas.

A program at the University of Tennessee provides an illustration of eye and vision telehealth services at work. A mobile van with vision screening equipment is equipped to provide real-time vision screenings to individuals in parts of Tennessee and Mississippi. Examinees with vision problems are referred to optometrists, and the exams that are ambiguous are sent via store-and-forward for a detailed reading, diagnosis, and referral, as necessary.[22]

Individuals with Special Needs

Both children and adults with special healthcare needs, such as autism, genetic diseases, mental disabilities, depression, anxiety, and behavioral problems often require multiple and coordinated health and related services on an ongoing basis from a multidisciplinary set of providers.[24] Telehealth can be especially valuable for individuals with special healthcare needs who live in rural or medically underserved areas because of the lack of subspecialists in these locations.

Telehealth Risk Management Strategies

Best Practice Model

The "American Telemedicine Association" provides several best practice guidelines for telehealth education, expertise and implementation guidance to assist healthcare providers, health systems and clinics interested in telehealth services. Also, the "California Telehealth Resource Center" has developed guidelines for best practice models based on their 10-years of experience developing telehealth programs and contributions from a panel of telehealth experts from across the country. These guidelines are summarized below and can be further researched at: http://www.caltrc.org/knowledge-center/best-practices/.[25] Following these recommended guidelines will assist in risk

mitigation strategies by ensuring researched best practice is followed.

- **Needs Assessment & Analysis**: Telehealth services can be costly, time consuming and challenging to start, so having a clear needs assessment and plan for moving forward is important. Organizations that perform a formal assessment of readiness have the advantage of identifying potential problems and addressing them early. The organization will want to ensure the program matches their "mission/vision" and identify appropriate leadership team members early in the process which helps in the development, rollout, and ongoing support of the program.

  A SWOT analysis pointing out strengths, weaknesses, opportunities and threats may be helpful as well in building a case for initiating the program. Identifying key unmet needs will assist in devising effective strategies and approaches to meet them and provide: a clear understanding of the nature and scope of the unmet need, a sound foundation for planning, clarity on objectives and shared expectations, improved coordination of services and resources, and supporting structure for evaluating the program.

- **Goals and Objectives**: Measurable goals and objectives will assist in selecting equipment, developing staffing, evaluating performance, and creating cost estimates in every facet of program design and development. It is important to ensure that the selected delivery model meets your service goals and objectives while keeping your organization's mission and strategic plan in mind.

- **Health Information Technology**: Telehealth systems should be designed and structured to support the health information exchange capabilities of your existing electronic medical record and other health information technology.

There are always network security and privacy issues and concerns related to health information technology, so it is important that your technical leadership and legal counsel are involved in this planning from the outset.

- **Champions and Geographical Area**: Clinical and administrative champions to lead and sustain the development of your telehealth program vision is a very important factor for success with instilling vision and passion in others. Champions must be true agents of change within your organization and in positions to garner top level organization attention to obtain financial, technical, personnel and other resources. They must be inspirational figures, who play a key role in creating a professional and nurturing environment in which additional champions will be encouraged and developed.

  It is important to understand the nature and norms of the locations you will be working with remotely. Service expectations can be quite different in different regions, as can medical services' purchasing power, reimbursement options and access to other non-telehealth caregivers. It is imperative to visit the remote sites, meet your colleagues, and learn firsthand about their lives, patients, local opportunities, challenges and concerns. Understand the activities and interests of local providers, organizations and other local stakeholders. Their support of your program, and willingness to collaborate with you, may prove to be a deciding factor in creating a successful telehealth outreach program.

Market Analysis and Business Case Report:
The business case for initial and ongoing resource investment needs to be developed, reviewed and approved. A market analysis to determine market demand for proposed services will assist

in assuring sustainability. Be sure you are clear about the effective demand for the services you are considering providing. There can be great need for a particular specialty service in an area, but not necessarily the demand and/or purchasing power to obtain it. Learn from other telehealth practitioners about their reimbursement strategies and challenges. Understand general existing reimbursement methods and practices at host and remote sites. Base your program design on what already exists.

Create a detailed programmatic and technical implementation plan. The most successful telehealth programs come as a result of careful and detailed planning and the deployment of well-considered, integrated and streamlined technologies. Make sure your plan includes detailed information on timelines, deliverables and milestones, and detailed information on technical requirements and potential challenges. Submit your plan for review by senior leadership and key stakeholders, and invite feedback, comments and open discussion.

- **Equipment and Integration**: Select the right equipment for your telehealth application and delivery mode. Video equipment, communication systems, medical devices and software applications are critical equipment components. Obtain good information and advice and learn as much as you can about functionality, features and interoperability. Keep in mind that the best equipment for your program might not necessarily be the most expensive.

Telehealth activities should be designed to complement your standard practices and working methods, not complicate or interrupt them. Telehealth should be integrated alongside your face to face clinical activities. Telehealth examination rooms (both patient and provider sites) should be located in close proximity to

the clinical staff to maintain adequate workflow.

- **IT Support and Program Manager**: Having ready access to trained and knowledgeable IT personnel and network support staff is critical to the effective running of your program. During consults or any clinical interaction taking place via the telehealth system, trained and efficient technical staff must be on hand to troubleshoot and make technical adjustments as necessary. Both equipment and network expertise is essential, and staff must have the appropriate authorizations to make network changes as needed. It is important that an IT champion is identified, and that the IT department is involved to provide authorization and approval of technical plans and strategies.

Familiarize all IT staff in your and your partner organizations (either working directly with your program or not) with all the systems, applications and network needs. There can be wider IT system dependencies and knock-on effects of telehealth operations that may not be apparent to you or your team.

No telehealth program will succeed without a dedicated, trained and efficient manager working in sync with your champions. This individual will help conceptualize and put into place all key operational and clinical elements of your program and will lay the foundation upon which all future development will be based. This individual functions as the 'eyes and ears' of your clinical and administrative champions and should be directly responsible for all programmatic elements, and the design of performance monitoring and evaluation strategies.

- **System Redundancy for all Critical System Applications and Network**:

  Building redundancy (back up) into your telehealth architecture is a critical part of your program design. Knowing there is backup for critical technical systems and networks will go a long way in instilling confidence in your clinical staff as they undertake their telehealth activities. Realizing this in advance and planning appropriate back-up for all your mission-critical systems and applications is vital. Don't wait for your network to go down, without back-up, mid-consult.

- **Policies and Protocols**:
  Create protocols that are as close as possible to non-telehealth protocols. This will instill far greater comfort and confidence in your caregivers who will not feel they are doing something strange and unusual, and way out of line with their traditional practices. Follow standard, recognizable protocols which will lead to consistent clinical results that will be vital for your evaluations and program monitoring. The "California Telehealth Resource Center" provides several resources around policies and procedures and can be accessed at http://www.caltrc.org/knowledge-center/best practices/sample-forms/.[39]

- **Quality Improvement**:
  A clearly stated quality improvement process is important to any telehealth program. It will assist you in identifying improvements, reacting to changes in circumstances, and assessing unexpected performance.

  Before you begin your implementation determine how you will go about evaluating your program and monitoring its performance. Considering what you should monitor, how frequently and by what methods, are critical questions to answer. Evaluation and monitoring should be shared with and agreed to by, your network partners.

  The "Telehealth Resource Center" offers the following pointers on best practice related to the quality improvement process: document improvement structure and clarify all improvement activities in your QI process, create a written plan, develop and share your QI process before implementing the program, evaluate the strengths and weaknesses of your program on a regular basis, and implement new ideas, adjustments and solutions in an organized fashion. You will want to also report regularly on the following: general service utilization and quality of service measurements, evaluation of your telehealth systems and applications (in a clinically appropriate and user friendly manner), and analysis of financial performance which can form the ongoing underpinning of your business strategy as you move towards self-sustainability. Finally present your outcomes and program developments at least annually to assist in buy-in from staff and increase passion for the program.[40]

  Finally, regularly monitoring your program's performance to identify trends and areas for improvement will lead to continuous program enhancement and provide the necessary data to determine if the program is achieving its objectives and making a measurable impact in your organization and the community.

- **Room Design**:
  Create a convenient and effective care environment that mirrors that of a traditional care environment. The designated telehealth room should be user friendly, well equipped with reliable and appropriate technology, be comfortable for patients and apply basic principles of room design for videoconferencing applications.

- **Right People**:
Dedicated staff should be hired who fully understand the program's outreach goals and ambitions. The provision of effective ongoing training and personnel development is immeasurably important. Realize that further telehealth champions can be grown from your staff to lead further growth and program development.

  You will want to Identify a coordinator to oversee all daily operational activities of the program – scheduling, billing, technical operations etc. Also, ensure all staff are technically savvy, knowledgeable about telehealth systems and applications, and flexible and open to new clinical methods and approaches. Create an environment in which staff at both sites can work well together to create a seamless, comfortable, and reassuring clinical atmosphere for patients. Further, develop and implement a formal, comprehensive and standardized training regimen for all staff. Training must be ongoing and increase in scope and scale as your telehealth program expands.

- **Remote Partners**:
The clinicians, nursing staff, presenter, schedulers and other staff at the site remote from you (whether you are a provider or a patient site) are the other half of your program. Ensuring that both ends of the telehealth link are satisfied with the program's management, administration, billing systems, IT support, problem resolution, coordination, and quality improvement.

  Consider bringing participating site personnel together quarterly or annually to discuss the program, air grievances and discuss and implement any changes necessary. This will enhance relationships and build support.

Consent

The consent standard is simply that "the healthcare provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering healthcare services and public health. The consent shall be documented." The law specifically states that it does not preclude a patient from receiving care in-person if they choose even after agreeing to receive services via telehealth. (Business & Professions Code §2290.5; A.B. 809, Stats. 2014, Ch. 404.) The consent process should also include disclosures regarding the delivery models and treatment methods or limitations.

Medical Record Documentation

California law also expressly requires practitioners to fully document and memorialize all other details of a telehealth interaction in the patient's medical record, as the practitioner would for any other type of healthcare interaction with the patient. (Health & Safety Code §123149.5(a).) Physicians should also be aware of the application of this medical record documentation requirement when collaborating with other healthcare practitioners, entities or facilities on telehealth ventures because the law applies to almost any healthcare entity, facility or person who has "responsibility for decisions respecting the health care of others." (Health & Safety Code §§123100, 123105.)

Licensure

A physician must be licensed, or under the jurisdiction, of the medical board of the state where the patient is located (Business & Professions Code §§2052). Accordingly, a physician engaging in telehealth services in the state of California must be licensed in California. The California Medical Association will not support any interstate medical licensure compact that would allow physicians to circumvent the proper channels for obtaining a license in California for purposes of the delivery of medical services, including the provision of medical services through the use of telehealth technologies. California, like most other states,

expressly subjects anyone, not just licensed physicians, to criminal sanctions for aiding and abetting the unlicensed practice of medicine. (Business & Professions Code §§2052, 2264; see also Steinsmith v. Medical Board (2000) 85 Cal.App.4th 458 (prohibition against the corporate practice of medicine).

Physician-Patient Relationship

A physician-patient relationship must be established through a face-to-face examination at a minimum, if a face-to-face encounter would otherwise be required in the provision of the same service not delivered via telehealth. The face-to-face encounter could occur in person or virtually through real time audio and video technology. Also, patients should be able to seek, with relative ease, follow up care from the physician (or the physicians' designee) who conducts the encounter using telehealth.

In order to ensure the physician patient relationship is maintained the following risk management strategies should be taken into account: A physician is discouraged from rendering medical advice and/or care using telehealth technologies without (1) fully verifying and authenticating the location and, to the extent possible, identifying the requesting patient; (2) disclosing and validating the provider's identity and applicable credential(s); and (3) obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including any special informed consents regarding the use of telehealth technologies. An appropriate physician-patient relationship has not been established when the identity of the physician may be unknown to the patient. Where appropriate, a patient must be able to select an identified physician for telehealth services and not be assigned to a physician at random.[37]

Physician Privileging & Credentialing

Telehealth services require hospitals to have written medical staff bylaws and contract provisions describing how the hospital plans to credential and privilege telehealth physicians who are allowed to provide care to hospital patients. (42 C.F.R. §§482.12(a)(9), 482.22(a)(4).)[30] Medicare allows a hospital to keep all telehealth physician credentialing in house or to rely on the credentialing and privileging processes of a third party. Whichever process the hospital chooses, the hospital's decision must be memorialized in writing in the medical staff bylaws and in the hospital's contract with the telehealth provider.[30]

As licensure can become an issue when practitioners want to provide medical services across state lines it is important from a risk management perspective to ensure that both the originating and distant state laws are complied with. States have enacted laws that exempt out-of-state telehealth providers from obtaining a license for the state in which the patient resides if the practitioner has a license in another state, but most states, such as California, require that the practitioner be fully licensed in the state in which he or she wishes to practice telehealth.[38]

Also, healthcare professionals and providers should be aware of all credentialing requirements for where the provider is located and for where the patient is located, their responsibilities regarding the provision of telehealth including all requirements (e.g., liability insurance) at the contracting facility, when the provider/patient relationship begins, and all education, training, certification, and continuing education necessary to ensure competency.

Prescribing or Dispensing Via Telehealth

Under California law and common law in most states, a physician may not prescribe medications "without an appropriate prior examination and medical indication." (Business & Professions Code §§2242, 2242.1.) The law does not provide further guidance on what qualifies as an "appropriate" examination, but the following excerpt from the legislative history of this statute provides physicians with helpful, though non-binding, guidance:

"Prior Examination is a Standard of Care Issue. Rather than define in statute what

constitutes [an appropriate] prior examination, the law treats the concept as a standard of care issue. That is, it is judged based on the specific facts of a particular case and is inherently subjective. Thus, in some circumstances, it is entirely reasonable for a physician to conduct the good faith prior examination without being physically present with the patient. Depending on the records possessed by the physician, the symptomology presented, and the history between the patient and the physician, a web-based examination could meet the standard of care. (Cal. Sen. Com. on Bus. & Prof., com. on Cal. Sen. Bill No. 1828 (2000 Reg. Sess.), par. 3.).”

In addition, the Medical Board of California has provided the following unofficial guidance: “This examination, however, need not be in person, if the technology is sufficient to provide the same information to the physician if the exam had been performed face-to-face. A simple questionnaire, however, without an appropriate examination would be a violation of law and would be a disciplinable offense. “Decision and Order,” Medical Board of California, Case No. 23-2001-127009, OAH No. L2001110550 (Jan. 21, 2003).”

Technology & Privacy

The equipment needed may range from dedicated turnkey, video conferencing units to software based video conferencing programs for computers or mobile platforms such as tablets and cell phones. Keep in mind, the technology should be able to provide sufficient AV clarity needed for the patient's assessment and give providers the ability to communicate easily with one another. Depending on the needs of the telehealth program, the technologies should also be able to connect peripheral medical devices that may be hardwired or portable (i.e., general examination camera, stethoscope, pulse oximeter, otoscope, ultrasonography device).[26]

Telehealth interactions must comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and other regulatory requirements.[26,27] A major goal of the HIPAA Security Rule is to protect the privacy of individuals health information while allowing covered entities to adopt new technologies to improve the quality and efficiency of patient care. The Security Rule is designed to be flexible, so a covered entity can implement policies, procedures, and technologies that are appropriate for that entity's size, structure, and consumers' protected health information risk.[27]

Conclusion

In conclusion, telehealth has many and diverse applications in both the adult and pediatric population. As the technology continues to improve and decrease in cost, telehealth will improve research, education, access to care, emergency response, and the delivery of general and specialty services in various settings.

Telehealth's greatest strength lies in its ability to overcome the barriers of distance and time to reach medically underserved populations and will allow telehealth to extend beyond geography to reach and help those who are most vulnerable.

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