

## The Future of Telehealth Care

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I have had the privilege of serving on the Executive Committee of the SOTC since we became a provisional Section in 1998. This fall I will end my tenure after 13 years. It seems appropriate to reflect upon the advances the SOTC has made during this time. However, I would much rather take the lead from my mentor and colleague Barton Schmitt, MD who 10 years ago gave a talk and wrote a paper entitled *Pediatric Call Centers: Future Trends*. A copy of this paper can be found on the SOTC website at [www.aap/sotc./dkdslidifkdij](http://www.aap/sotc./dkdslidifkdij). His predictions from 10 years ago are summarized in Table 1. I have decided that rather than reflection, I will forecast as Bart has done. So the following are my predictions of where telehealth care will be in 10 years.

**Table1 Barton Schmitt, MD 2001 Predictions for the Future of Pediatric Call Centers**

Parents will have 24x7 access to telephone care
All routine calls will be managed by triage nurses
Pediatric call centers will become available in every state
Pediatric call centers will comply with standards of care
Pediatric call centers will be computerized
Triage nurse training will be standardized
Continuing education for triage nurses will be improved
Pediatric call centers will interface with other services
All triaged calls will be automatically recorded
Self-care alternatives to telephone visits will be optimized
All telephone visits will be funded
More EDs will have pediatric staffing
Advances in technology will be never-ending

### **All pediatric offices that utilize nurse telephone triage will follow standardized guidelines.**

Believe it or not; many offices still do not have their office staff utilize any standardized telephone guidelines. This needlessly increases medical liability of telephone calls and also may endanger patients. Guidelines are a cheap, efficient, and meaningful way to provide sound, consistent, clinical advice. All offices will utilize them.

### **Telephone care will be recognized as an integral part of the Patient Centered Medical Home.**

In some form or another, the medical home model will continue to be utilized and may even become required. Telephone care is essential to the medical home and will undoubtedly be a required element. Let's only hope that the benefits of the medical home can be demonstrated and receive appropriate compensation.

**Nurse Call Centers will provide video conferencing for callers.** Video conferencing is already a reality for a few call centers. It will eventually become commonplace. I also predict that medical sites that are designed specifically for telemedicine or videoconferencing will be

developed both in rural areas and inner city neighborhoods. These remote medical clinics will serve as patient hubs with the technology necessary to send appropriate information for triage, assessment, advice and/or treatment. These sites will be linked to both specialty clinics and nurse call centers with physician back-up.

**Patients will rely on self-care applications from the web or smart-phones to perform self triage, with a link to a live nurse if the need is indicated.** Again, this is already being done by some, but will become a widely promoted, expected and utilized service. As patients become increasingly responsible for sharing the cost of their care they will become savvy as to efficient ways to manage their own health.

**Nurse call centers will be linked with practices, medical homes, and accountable care organizations (or versions of them,) web-sites, and phone apps.** This prediction is a logical extension of the previous points. All portals of health care information and non-face-to-face care will be integrated rather than fragmented as it currently exists.

**Nurses working in call centers will have access to a patient's electronic medical records.** Again, a logical extension of having call centers becomes an integrated portal. This will be essential if call center nurses are to serve as partners in medical homes and accountable care organizations.

**Pediatric specialists will be able to provide telemedicine services across state lines to areas with a scarcity of specialists.** The real power of telemedicine is in the provision of specialty care to areas where it is not readily available, or at least in areas that are more efficient than traditional offices, urgent cares, emergency departments, and hospitals. We need to overcome the legal and turf barriers associated with telemedicine delivery, and this will happen.

**Schools, childcares, college campuses, large employers, and rural areas will all utilize on-site telemedicine services to provide efficient medical care.** This is similar to above prediction, with a different point. Telemedicine services do not need to be only provided in traditional health care settings. They will eventually be provided in various more efficient locations. The patient will no longer need to go to the doctor, the doctor will once again come to the patient (*Back to the Future!*).

**All U.S. citizens will have access to nurse telephone triage.** If you want to learn the rationale for this position read the article on *Decreasing ER Utilization with Nurse Telephone Triage* elsewhere in this newsletter. The argument for this is so simple that it may take politicians a full decade to implement. But it will happen. Many states are already piloting programs.

**Telephone nurses will add additional roles to telephone triage, including pediatric disease/case management, disease risk management and health coaching.** Our beloved nurses will continue to help health care professionals by providing standardized assistance to patients who either are at risk for developing certain diseases, have a chronic disease, have multiple chronic diseases and need coordination of care and services, or simply want to live a

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healthy life style. Who will pay for this – all part of the medical home, consumer driven healthcare, and the need for better preventive and coordinated care as outlined with health care reform.

**Residents will be trained in the benefits and use of telehealth care.** If even half of these predictions come true it will be increasingly important for medical residents to be educated in the power and potential of telehealth care. They will receive training in telehealth care during their residency and will adopt it much more readily than their older colleagues.

**Health care plans will stop providing medical care and health care professionals will oversee all telephone triage, disease management, case management, population management, and health coaching.** How is it that the payers became involved with direct patient care through demand, disease and case management? That is easy –doctors, who are paid on a fee for service basis, are rewarded for providing face-to-face care, not non-face-to-face care. Once physicians are paid for non-face-to-face care, and compensated appropriately for managing a patient's health regardless of location, then doctors will take over total patient care. This will happen with medical homes, ACOs, and other forms of health care reform. Once it does, we can hope that the payers will do what they should, insure patients, and not provide their care.

I hope that my predictions are as close to on-target as were those of Dr. Schmitt. Although I will no longer be a member of the Section Executive Committee I look forward to assisting with making these predictions a reality over the next 10 years. Please join me and the SOTC in these efforts!

It has been a true joy serving on the SOTC Executive Committee. Best wishes for success in your personal and professional endeavors. I hope we are all able to provide essential and improved non-face-to-face patient care in the future.