ICU
MANAGEMENT & PRACTICE

Telemedicine Guidelines to Address ICU and Patient Safety

Telemedicine still surrounded by confusion, industry organisations aim to clarify matters

The Federation of State Medical Boards (FSMB) and the American Telemedicine Association have drafted policies and guidelines aimed at clarifying the confusion which currently surrounds telemedicine. This demonstrates the challenge many healthcare providers still face with regards to this approach to care.

In order to assist state boards and healthcare organisations in their aim to ensure the safe treatment of patients, the industry bodies have provided a roadmap detailing regulations and best practices. These also cover telecommunications technologies in intensive care units targeting to enhance monitoring and reduce errors.

Dr. Humayun Chaudhry, president and CEO of FSMB, explained that their policy was advisory, signifying state boards are at liberty to modify it, fully adopt it, or implement their own. The board's first telemedicine guidelines date back to 2002 and included the definition of a website.

While Dr. Chaudhry noted that this was removed in the FSMB's latest version, it did not, however, require updating the meaning of telemedicine as the original definition of telemedicine still proved perfect: "The practice of medicine using electronic communication, information technology, or other means of interaction between a licensee in one location and a patient in another location with or without an intervening healthcare provider."

According to the organisation telemedicine is not based exclusively on emails, phone calls or instant messages, and it encourages physicians to conduct these sessions via secure videoconferencing or 'store and forward' technology.

Jonathan Linkous, CEO of the ATA, said many physicians have provided afterhours care via phone, and large medical organisations use secure email for their patient communication. He added that a minimum of three states covered the costs for telephone consultations under their Medicaid plans, a policy the board endorsed, as it adheres to medicine's first priority 'first do no harm'.

While acknowledging that telemedicine is of a complex nature, the CEO of American Well, Roy Schoenberg, explained that FSMB's primary goal was to frame the compulsory principals of operation required to preserve quality of care and patient safety. Its aim to balance the enormous promise of this technology with the justified concerns of its abuse has led a number of boards, including enthusiastic ones, to abide by those older rules that prevented its use.

He went on to state that the guidelines provided the detailed framework necessary to revise those dated rules. Schoenberg expected a number of boards to review the guidelines in order to coincide with their own culture and perspective, but said that healthcare as a whole would embrace telehealth.

Nathaniel Lacktman, a partner in the global law firm Foley & Lardner, sees adding telemedicine tools to the ICU as a means of improving patient safety by relieving so-called "beep fatigue," which occurs when staff become habituated to real alerts due to the incessant noise omitted by the many machines.

Lacktman believes that the electronic ICU enabled the healthcare provider to concentrate on and be with those patients who need personal assistance most. Observing, consulting and advising via telehealth allows for optimisation of the ICU staffing level.

There is, however, confusion when it comes to setting up telemedicine arrangements due to the number of organisations and laws involved, such as state and federal regulations, nurse and doctor organisations, insurers and Medicare.

Lacktman was delighted though, that the discussion regarding these new guidelines was prompting state and healthcare leaders to talk about telemedicine, as this was one of the most exciting transitions medicine was going through, in regards to both improvement in quality and in costs.

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