

Going Digital: The Essential Guide to Getting Started in Telemedicine

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Whether by shelter-in-place mandates or personal choice, people are staying off the streets and on the computer in record numbers. Many aspects of life are moving online, and that includes healthcare.

For doctors who previously resisted technology, the adjustment can be daunting. This article covers some of the basics that you should know if you are new to telemedicine.

Is telemedicine a good fit for your practice?

Yes. The options are extensive and rapidly growing, making telemedicine a good fit for nearly any practice:

Virtual consultations – This is usually in the form of a video chat, with real-time communication, also known as synchronous telemedicine. It may be used for preliminary diagnostics based on symptoms, post-treatment follow-ups, treatment planning, and other non-contact care.

Store and forward – Data is collected and sent for review. This can range from medical records transferred from another physician, to a photo taken by a patient and emailed. It allows you to source multiple types of data, if needed.

Remote monitoring – Medical devices or even apps on a patient's mobile phone can record and transmit information ranging from blood pressure and heart rate to essential biometric data.

Enhanced patient communication – From simple secure messaging apps to full featured online portals, you have a wide range of options to connect with patients. These tools can help you perform post-treatment check-ups, allow patients to ask questions, monitor healing, refill prescriptions, and much more.

How to get started

The first thing to consider is insurance. Find out if your malpractice coverage includes telemedicine. If not, you will need to update your policy before beginning. Next is services and pricing. Decide what you will offer, which clinicians will participate, how much you will charge, and how billing will be handled. Aside from these preliminary considerations, there is little stopping you from implementing telemedicine immediately.

Currently, you can conduct virtual consultations with nearly any private messaging or video app, including Skype, Facetime, and Google Hangouts. Since your clinicians and patients probably already use these technologies, implementation is incredibly simple. That is by design – and it is **temporary**.

In response to COVID-19, HHS Office for Civil Rights (OCR) issued a [Notification of Enforcement Discretion](#), which essentially loosened HIPAA requirements relating to telemedicine. When they deem it appropriate, they will rescind the notice, and full enforcement will resume. Therefore, even if you start with a familiar app, you should upgrade to HIPAA compliant software as soon as possible.

Understanding the terminology

It is called by many names including telemedicine, telehealth, mHealth, eHealth, and more. The first question many doctors ask is exactly what these terms mean, and how they are different. As this is an emerging part of the healthcare field, the answers are not clear.

eHealth (electronic health)– This is the broadest term, and it is used globally. Although it has not yet made its way to most dictionaries, [WHO \(World Health Organization\)](#) defines eHealth as the use of information and communication technologies (ICT) for health.

Telemedicine – This is probably the most widely accepted term, with listings in both [Merriam-Webster](#) and [Cambridge](#) dictionaries. It is described as the practice of medicine remotely using communication technology, a definition echoed by the [United States Health Resources Services Administration](#) and [WHO \(World Health Organization\)](#).

Telehealth – This might be the most familiar term to patients, who likely use interchangeably with telemedicine. However, some organizations make a distinction between the terms, and there are widely varying definitions. Most notably, [AMA \(American Medical Association\)](#) uses telehealth to describe only real-time (live) audio and video communication between the clinician and patient, whereas telemedicine also encompasses store-and forward technologies, remote monitors, and other technology. The [United States Health Resources Services Administration](#), on the other hand, considers telehealth a much broader term, encompassing telemedicine as well as non-clinical technologies such as remote training.

mHealth (mobile health) – [WHO \(World Health Organization\)](#) explains mHealth as “medical and public health practice supported by mobile devices,” while noting that there is not a standardized definition. This characterization is mirrored by the [ABA \(American Bar Association\)](#) and is in most common usage.

Why does the terminology matter? There are two primary reasons. First is clarity of communication. If a vendor offers “mHealth software,” it is probably limited to mobile devices, and if they offer a “complete telehealth solution,” it might not have the full scope of features you expect.

The other reason you need to know these terms is marketing, especially SEO (search engine optimization). All these terms are potential keywords, and good starting points for keyword research. However, a quick look at [Google Trends](#) will show that interest increased dramatically, coinciding with the emergence of COVID-19. You will also see that telehealth is the most popular search term followed closely by telemedicine, and far fewer people querying eHealth or mHealth.

The future of telemedicine

Do not think of telemedicine as a fad that will pass when life returns to normal. It is a natural evolution of healthcare, and it is here to stay. Modern life is infused with technology, a trend that has been developing for years and was rapidly accelerated by COVID-19. For obvious reasons, healthcare will never move entirely to the digital space. However, some aspects of it can, and patients are eager to see this happen.

In regions with pandemic-related lockdowns, telemedicine proved to be the lifeline for many practices. When people cannot leave home, they lack access to important services. However, that problem existed in smaller scale long before coronavirus.

Rural populations, shut-ins, people with no transportation, and disabled individuals without caregivers are just a few examples of those who routinely lack access to medical care. There are also many uninsured people seeking affordable options, and those who simply want the convenience of virtual visits. Technology offers a variety of ways to connect with these patients, as well as improving the quality of care for current patients. Furthermore, it offers an opportunity to expand your practice and revenue without the expense of additional office space.

Conclusion

COVID-19 has changed life as we know it in many ways, some temporary and some long-lasting. Telemedicine, along with other accelerated digital trends, are likely to be some of the most enduring impacts. Embracing the digital side of healthcare is not just about getting through this crisis. It is about improving and future-proofing your practice.

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If you're looking for ways to boost your marketing results, call 855-598-3320 for a free strategy session with Naren.