

ACEP Telemedicine Section Minutes
ACEP 17
October 30, 2017
Washington, D.C.

Section Chair, Hartmut Gross, MD, FACEP, welcomed the participants to its annual face-to-face meeting of the year. Announced the section was currently up to 236 members. Introduced the attending section officers: Ed Shaheen, MD, FACEP – Chair-Elect; Adam Ash, DO, FACEP – Secretary/Newsletter Editor; Alex Chiu, MD, FACEP – Alternate Councillor; and Aditi Joshi, MD, FACEP – EMRA Liaison.

Introductions of meeting participants then proceeded. Attendees included: Paul Kivela, John Rogers, Hartmut Gross, Ed Shaheen, Adam Ash, Alex Chiu, Aditi Joshi, Neal Sikka, Frank Guyette, Megan Sabonjian, Brad Younggren, Peter Greenwald, Cai Glushak, Chris Schlanger, Charles Grunau, Sylvan Waller, Sean Siler, Paul Hudson, Tommy Mason, Dave Ernst, Ludi Jagminas, Steve Kronick, Larry Winstead, Juli Forde, Mark Meredith, Sonnepal Venkat, Ross Tannebaum, Ethan Booker, Marcus Gaz, Alex Benning, Darrell Carter, Mark McLean, Sherry Dillon, Vickie Gross, Robert Devrnja, Chris Felton, Ed Barthell, Vernon Smith, Michael Baker, David Ellis, Erica Olsen, Juliana Capatosto, Bryan Balentine, Tom Dancoes, Hanson Hsu, Kelly Peasley, and Brad Gruehn.

ACEP President Paul Kivela, MD, MBA, FACEP, addressed the section. He mentioned his 2000 MBA business model was based on establishing telemedicine psychiatric services. Dr. Kivela asked the group to continue its work to create uniform standards and help the College address the unique workforce issues surrounding emergency telemedicine. He also asked the section to identify best and *worst* practices and make recommendations to the ACEP Board. Dr. Kivela wants ACEP to take the lead on these issues so that we can define our role in telemedicine before others try to define it for us. Specific items he noted were metrics (which our Section happens to be working on already) and telePsychiatry to help solve the national problem of inadequate psychiatry services and boarding issues.

ACEP President-Elect and Telemedicine Section Board Liaison John Rogers, MD, CPE, FACEP, addressed the group and spoke of how he helped establish the section in 2011. He expressed his continued interest in this subject matter and believes it will play a vital role in the future delivery of care to patients.

Dr. Gross stated that there were no specific council resolutions in 2017 that directly affected the telemedicine section or its work.

Past Section Chair Neal Sikka, MD, FACEP, briefed the section on the current working draft of the telemedicine definition. He notified the participants that the section received a grant from ACEP to help facilitate this effort. The challenge of defining telemedicine is balancing relevant needs, services and technologies without becoming too restrictive. The working definition has been posted on the section listserv and a working group has conducted bi-weekly calls. The section proceeded to discuss the draft definition in two parts. The first included a general, standing identification of telemedicine and the second focused on the evolving role of emergency telemedicine.

Frank Guyette, MD, MPH, FACEP, discussed the purpose of the second half of the section grant, which is to review and codify telemedicine practice guidelines. He said a few section members are currently doing a comprehensive review of the medical journals, but additional volunteers are needed to complete the literature review and develop the section white paper.

ACEP's Congressional Affairs Director and staff liaison to the section Brad Gruehn provided a brief legislative update outlining federal activities and ongoing challenges related to telemedicine. The House approved the FAST Act (to promote telestroke consultations) at the beginning of October. Congress still evaluating other telemedicine proposals, but funding the programs still the biggest obstacle.

Judd Hollander, MD, FACEP, provided an overview of the National Quality Forum's Aug. 31 report ("Creating a Framework to Support Measure Development for Telehealth"). He noted the report is the product of the NQF multi-stakeholder Telehealth Committee, which was charged with developing a measurement framework that identifies measures/measure concepts and serves as a conceptual foundation for new measures, where needed, to assess the quality of care provided using telehealth modalities. Dr. Hollander remarked there was nothing in the report unfriendly to emergency medicine, but it is critical that emergency medicine collect evidence and publish data about the benefits of emergency telemedicine services. The NQF develops measures and these measures correlate to reimbursements. The report may be downloaded at: https://www.qualityforum.org/Publications/2017/08/Creating_a_Framework_to_Support_Measure_Development_for_Telehealth.aspx

During the Open Forum portion of the meeting, Dr. Gross provided several updates from the Chair, including the role his department played in helping to develop a telestroke policy; how substantial the growth has been nationwide for innovative telemedicine services; neurology now requires training in telestroke services as part of residency; and his continued outreach to other ACEP sections to see where there may be shared interests. He also notified the attendees that SAEM has established its own telehealth section.

Aditi Joshi, MD, FACEP, noted there's still not enough interest at EMRA to form a subcommittee but that she'll continue working with the residents to grow support and get them involved in telemedicine issues in the future.

Adam Ash, DO, FACEP, provided an update on the section newsletters and the survey results. He is working to make the newsletter a resource for section members and asked for submissions from anyone who is doing something interesting in this area. There was a 25 percent participation rate in the survey and he may be following-up with individual members based on their responses.

Dr. Gross reviewed the section's goals and objectives from 2016 – 2017: successfully identified a telemedicine representative to EMRA; continuing development of internal and external website; distributed three of four newsletters; reached membership goal; and submitting ideas for ACEP 18 lectures. He noted the newsletter editor still needs help.

Alex Chiu, MD, FACEP, discussed resource development, creation of a "tool box" of how to set-up a successful telemedicine system and providing access to slide decks, white papers and help reviewing state and local laws and regulations. He emphasized the benefits of collaboration and data sharing among emergency physicians to promote best practices and innovative concepts to improve patient care.

Dr. Gross introduced Evie Jennes, President and Chief Commercial Officer for swyMed, and thanked her for their support and sponsorship of the section meeting. Ms. Jennes then described their DOT

Telemedicine Backpack and its use in providing real-time audio/video telemedicine services to support community paramedicine, hub-and-spoke ambulatory services, remote triage, and mobile stroke assessment. She discussed the backpack's use of propriety software to overcome connectivity issues even in remote/low bandwidth settings and showed how their product could be used in the pre-hospital setting to assess and monitor patients.