

The Case for a Telemedicine Coordinator

Lessons Learned from the Sustainable Models of Telemedicine in the Safety Net Initiative

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Preface

From 2017 to 2020, the California Health Care Foundation funded the Sustainable Models of Telehealth in the Safety Net initiative to expand the use of telemedicine in nine participating community health centers in California. To evaluate the experiences of participating health centers in growing their telemedicine programs, we conducted a mixed methods formative and summative evaluation. Quantitative data sources included health center telemedicine volume and progress report data, while qualitative data sources included interviews with telemedicine coordinators and health center clinicians conducted by telephone and at site visits, along with focus groups with chief financial officers. The overall results of this evaluation are described elsewhere (see Lori Uscher-Pines, Jessica Sousa, Alina I. Palimaru, Mark Zocchi, Kandice A. Kapinos, and Allison J. Ober, *Experiences of Community Health Centers in Expanding Telemedicine*, Santa Monica, Calif.: RAND Corporation, RR-A100-1, 2020). In this report, we aim to provide more-practical guidance on staffing to support telemedicine implementation.

This research was funded by the California Health Care Foundation and carried out within the Access and Delivery Program in RAND Health Care.

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1. Introduction

The coordinator role in health care settings is well-established, but little is known about the role coordinators play in implementing telemedicine. Health care coordinators typically are nurses or medical assistants who take on a wide variety of tasks, which range from administrative and clinical tasks to strategic planning and oversight (Dubois, Marsh, and Demers, 2019; Frank, 1997; George and Shocksnyder, 2014; Hackmann and Wanat, 2008; Jamison et al., 1999; Larkin et al., 2011; Merry, Gagnon, and Thomas, 2010; Mosbacker, 1989; Neal, Brown, and Rojjanasrirat, 1999; Nutt and Hungerford, 2010; Rico-Villademoros et al., 2004; Rural Health Information Hub, undated-a; Rural Health Information Hub, undated-b). Coordinators also function as managers, taking responsibility for implementing and monitoring program initiatives (Stuckelman, Zavatchen, and Jones, 2017; Szwed, 2007). Coordinators play a vital role in implementing telemedicine, but there is little research or guidance on telemedicine staffing generally or on the coordinator role specifically.

This brief report offers lessons learned about telemedicine staffing and the coordinator role from the experience of nine community health centers in California that participated in the Sustainable Models of Telehealth in the Safety Net (SMTSN) initiative, which was funded by the California Health Care Foundation.¹ As part of the SMTSN initiative, which aimed to support community health centers in increasing telemedicine volume, most participating health centers hired telemedicine coordinators or maintained someone in a coordinator role. The health centers tailored the coordinator role to what was needed based on each center's unique staffing and telemedicine models. Experiences with the coordinator role might be informative for health care settings that are planning for or currently implementing clinic-based telemedicine programs.

This report is divided into five chapters and two appendixes, as follows:

- Chapter 1: The Many Faces of Telemedicine: Diverse Staffing Models in SMTSN Health Centers
- Chapter 2: Defining the Telemedicine Coordinator Role
- Chapter 3: How Coordinators Can Benefit Telemedicine: Anecdotal Evidence from the SMTSN Initiative
- Chapter 4: Tips and Takeaways from the Field
- Chapter 5: Conclusions
- Appendix A: Sample Telemedicine Coordinator Job Descriptions
- Appendix B: Telemedicine Implementation Resources.

Each chapter provides information gathered from monthly and annual progress reports submitted by participating health centers and from qualitative interviews with coordinators and

¹ For a full description of the SMTSN initiative and evaluation findings, see Uscher-Pines et al., 2020.

other health center staff that we conducted during the initiative (Uscher-Pines et al., 2020). Included at the end of each section are key lessons learned that might be useful to health centers looking to hire a telemedicine coordinator or better define the coordinator role.

2. The Many Faces of Telemedicine: Diverse Staffing Models in SMTSN Health Centers

Health center staffing models in general tend to vary by location, rurality, regional availability of health care providers, and other factors (Ku et al., 2015). The same might be true of telemedicine staffing models and how coordinators are used. We learned from the SMTSN initiative and prior qualitative research (Uscher-Pines et al., 2019) that there are two predominant telemedicine staffing models: (1) the dedicated staff model, in which health centers have dedicated telemedicine staff, typically with a coordinator as an anchor, and (2) the cross-trained staff model, in which there is no dedicated staff or coordinator, but staff who manage in-person encounters and receive cross-training in telemedicine serve telemedicine functions alongside their regular duties. Many health centers employ a hybrid of both models (e.g., they hire a dedicated telemedicine coordinator and train several medical assistants and referral coordinators to support telemedicine in addition to their other responsibilities). For health centers that offer telehealth at multiple clinics in different locations, there might be a designated telemedicine coordinator and staff at a primary centralized site and dedicated and/or cross-trained staff at each of the other clinic locations. Whatever the arrangement, health centers that offer telemedicine typically have a dedicated telemedicine coordinator or another staff member who serves as the anchor and oversees telemedicine-related staff and activities.

In Table 1, we show how the nine SMTSN initiative health centers staffed their telemedicine programs through the initiative and what telemedicine staffing looked like at the end of the initiative, with the additional telemedicine positions added by the health centers. Dedicated telemedicine staff positions at these health centers were supported by the initiative, health center operating revenue, and other grants. In addition to the telemedicine staff listed in the table, health centers also reported that cross-trained health center staff members who were not dedicated telemedicine staff supported their telemedicine programs periodically, in different ways. These staff included front desk staff; medical assistants; primary care providers; and some operations, billing, and information technology staff.

To provide context for the staffing information, Table 1 also shows the number of patients at each health center, how long each center's telemedicine program had been operational as of 2017, the health centers' primary telemedicine model (i.e., whether they contract telemedicine services with a third-party provider or use providers from within their own network), and examples of the types of telemedicine services offered.

Community health centers that participated in the SMTSN initiative varied in size, patient population, and years of experience implementing telemedicine. However, all of them were located in California, and eight of the nine were federally qualified health centers. Most health

centers used SMTSN funding to add full-time telemedicine coordinators, although some hired other telemedicine support staff (e.g., telemedicine medical assistants).

Table 1. Telemedicine Staffing in SMTSN Health Centers

Clinic Number	Total Patients^a	Years of TM, 2017	Primary TM Model^b	Position(s) Funded Through SMTSN^c	Full-Time TM Staff at SMTSN Endpoint^d
1	71,000	10 or more	Contracts with specialty TM providers	Telemedicine coordinator assistant	<ul style="list-style-type: none"> • 1 telemedicine adviser • 2 telemedicine coordinator assistants
2	229,000	4–9	Uses providers within health center	Telemedicine coordinator	<ul style="list-style-type: none"> • 1 telemedicine coordinator • Various support staff at sites with TM
3	17,000	Less than 4	Health plan contracts with specialty TM providers	Telemedicine coordinator	<ul style="list-style-type: none"> • 1 telemedicine coordinator lead/certified retinal tech • 1 telemedicine coordinator
4	53,000	10 or more	Contracts with specialty TM providers	Telemedicine technicians (2)	<ul style="list-style-type: none"> • 1 telemedicine manager • 6 telemedicine technicians
5	11,000	Less than 4	Health plan contracts with specialty TM providers	Portions of staffing costs for telemedicine coordinator, telemedicine medical assistant, and development director	<ul style="list-style-type: none"> • 1 telemedicine coordinator • 1 telemedicine medical assistant
6	66,000	4–9	Uses providers within health center	Telemedicine coordinator	<ul style="list-style-type: none"> • 1 telemedicine coordinator • 2 telemedicine medical assistants • Numerous certified retinal techs
7	60,000	10 or more	Health plan contracts with specialty TM	Portions of staffing costs for telemedicine coordinator (80%) and telemedicine referral coordinator (20%)	<ul style="list-style-type: none"> • 1 telemedicine program director • 1 telemedicine coordinator • 1 telemedicine referral coordinator • 2 certified retinal techs
8	33,000	10 or more	Contracts with specialty TM providers	Telemedicine medical assistant	<ul style="list-style-type: none"> • 1 telemedicine manager • 2 telemedicine medical assistants • 1 telemedicine visit coordinator
9	12,000	Less than 4	Health plan contracts with specialty TM providers	Telemedicine coordinator	<ul style="list-style-type: none"> • 1 telemedicine coordinator/certified retinopathy tech

NOTE: TM = telemedicine.

^a The Uniform Data System defines *patients* as unique individuals with at least one reportable visit during 2018 (Health Resources and Services Administration, 2019a). Clinic 3 defines *patients* as unique individuals with at least one visit during 2018. Numbers are rounded to the nearest thousand.

^b This value is the primary telemedicine model reported by health center staff during qualitative interviews.

^c These positions were funded through the SMTSN initiative as reported by health centers in final progress reports.

^d Full-time telemedicine staff at SMTSN endpoint were reported by health centers in final progress reports.

As is evident in Table 1, there are many ways to staff a telemedicine program. Most SMTSN initiative–funded health centers completed the initiative with a hybrid staffing model of dedicated full-time telemedicine staff plus other staff who were cross-trained in telemedicine. About half of the clinics increased the number of staff members supporting telemedicine during the initiative.

Key Lessons Learned from the SMTSN Initiative About Telemedicine Staffing

We found the following three lessons learned regarding telemedicine staffing:

1. There are two telemedicine staffing models:
 - a. the dedicated staff model, in which health centers hire one or more staff dedicated to telemedicine, typically including a coordinator
 - b. the cross-trained model, in which staff who manage in-person encounters more generally receive cross-training in telemedicine.
2. Most programs have a hybrid model, at least one full-time coordinator or similar position, and other supplemental staff, either dedicated or cross-trained to facilitate telehealth implementation.
3. Telemedicine staffing models depend on the needs and resources of each health center.

3. Defining the Telemedicine Coordinator Role

Telemedicine is complex. It requires the coordination of multiple staff, patients, space, and equipment. It also can involve contracting with outside vendors and maintaining internal support within the health center. Telemedicine coordinators can be integral to the success of daily program operations, ensuring coordination between patients and providers so that visits run smoothly. They also might conduct data analysis and quality improvement, troubleshoot technology, coordinate referrals, or maintain electronic health records (Edirippulige et al., 2016). Coordinators often serve as telemedicine “champions,” promoting the use of services (Wade and Elliott, 2012). They also facilitate staff training, network with regional partners, and manage the scheduling and logistics for appointments (Day, Kerr, and Parry, 2012). Telemedicine coordinators work alongside other health center staff members, including physicians and advanced-practice clinicians, nurses, medical assistants, administrative staff, and clinic leadership.

Health centers aiming to increase telemedicine volume or improve efficiency might wish to hire a dedicated telemedicine coordinator; however, there is little guidance on what this position should look like with regard to job description, percentage of time spent on different tasks, or qualifications. The telemedicine coordinator role is not standardized, nor are there common certifications or training that individuals working in this position are typically encouraged to obtain (Lynch and Gay, 2012).

In the SMTSN initiative, coordinators took on multiple tasks, including

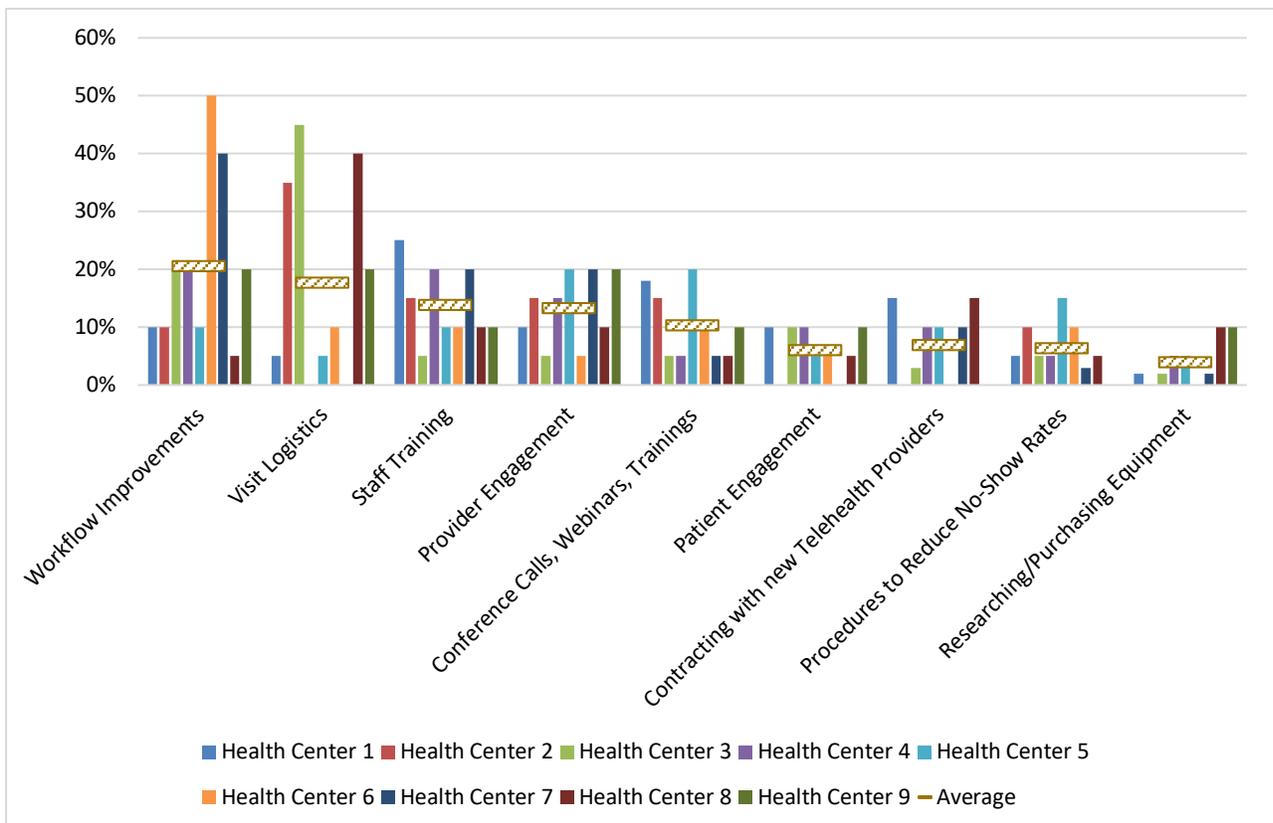
- workflow improvements
- visit logistics
- staff training
- provider engagement
- conference calls, webinars, and personal trainings
- contracting with new telehealth providers
- procedures to reduce no-show rates
- patient engagement
- researching and purchasing new equipment
- conflict resolution.

However, SMTSN health centers learned that the specific responsibilities of the telemedicine coordinator depend in large part on the responsibilities of other health center staff members who also have telemedicine responsibilities, the number of clinic sites implementing telemedicine, the type and volume of telemedicine services provided, and the overall size and structure of the health center.

The most senior telemedicine coordinator at SMTSN health centers often was the person with the most tenure (i.e., the person with the most institutional knowledge about telemedicine implementation). Interviewees from several health centers mentioned having promoted medical assistants or telemedicine medical assistants to the telemedicine coordinator or manager position after they accumulated experience and institutional knowledge.

In examining how senior full-time telemedicine coordinators—or advisers or managers at health centers without a dedicated coordinator at the time of the inquiry—at each of the SMTSN-funded clinics spent their time, we noted some trends (see Figure 1). On average, coordinators spent the greatest percentage of their time (21 percent) on workflow improvements. The next most time-consuming activity among coordinators was handling visit logistics, which accounted for an average of 18 percent of coordinators’ time across all health centers. Average percentage effort on staff training (14 percent) and provider engagement (13 percent) also were substantial. Attending conference calls, trainings, and meetings occupied 10 percent of the work week for telemedicine coordinators on average across SMTSN initiative health centers.

Figure 1. Percentage Effort Spent on Coordinator Activities, by Health Center



NOTE: This figure includes estimated percentage effort by activity type for the most senior full-time telemedicine staff person at each health center, as reported in endpoint progress reports collected through the SMTSN initiative. The horizontal bars show the average of each set of bars. Some sites did not have a coordinator or had a more-senior staff adviser or manager coordinating telemedicine.

Of note, the effort spent on visit logistics (e.g., scheduling, follow-ups, patient visits) tended to be higher in clinics with a higher telemedicine volume. Preventing no-shows is a critical part of the job, likely because it touches on many different aspects of the program. High no-show rates are costly for health centers (i.e., vendors usually are paid by the hour regardless of volume, but health centers can bill only for completed visits). No-shows also can strain relationships between health centers and telemedicine providers and threaten the reputation of the telemedicine program with health center providers and staff. In general, telemedicine coordinators with more full-time staff tended to delegate a subset or majority of logistical tasks to other team members. More time spent on workflow improvements and staff training was reported by coordinators with larger teams, while those with smaller teams seemed to spend more time distributed across all activities.

Key Lessons Learned from the SMTSN Initiative About the Telemedicine Coordinator Role

We found the following three lessons learned regarding the telemedicine coordinator role:

1. Telemedicine coordinators often are hired from within the health center after working as telemedicine medical assistants or technicians.
2. Specific responsibilities of the coordinator are shaped by the size of the health center, the number of clinics implementing telemedicine, the number of additional staff members who are cross-trained and available to work on telemedicine, and the needs of the health center.
3. Coordinators spend time on a variety of activities, with the most time (more than 10 percent and up to 40 or 50 percent for some activities) spent on making improvements to the telemedicine workflow and managing visit logistics, staff training, and provider engagement.

4. How Coordinators Can Benefit Telemedicine: Anecdotal Evidence from the SMTSN Initiative

During the SMTSN initiative, the benefits of having a dedicated telemedicine coordinator were evident to health centers early on, even within the first year. Twelve months into the initiative, more than half of the health centers reported that they had adopted new and improved policies, procedures, or workflows for telemedicine that had been initiated by the coordinator. As described by one health center leader,

It has been very helpful to have one person focus on identifying problems at each site and that same person providing all training [or] retraining to ensure consistency . . . standardizing protocol and workflows for all sites has been essential.

Several health centers reported improved no-show rates and increased primary care provider and patient acceptance of telemedicine, which they attributed to the coordinator. At least one health center cited improved telemedicine billing practices. By the end of the initiative, the benefits were even more clear to the health centers. Telemedicine coordinators were given credit for increasing telemedicine volume,² facilitating new relationships with vendors or health plans, and ensuring more billable visits. When describing the recent success of the program, one health center representative explained,

During this year's strategic planning process, an analysis of the year-end telehealth budget found that 61 percent of the revenue received by the telehealth department consisted of billed services!

The combination of increased volume and leadership support could help ensure that the program continues to grow and be sustained.

Process improvements were just as lauded by team members at the close of the initiative. Multiple health centers cited the accomplishments of the telemedicine coordinator in training medical assistants, referral coordinators, schedulers, and other key staff on improved telemedicine workflows. According to one health center leader,

Staff change or forget steps . . . make errors, or fail to communicate effectively between sites. . . . If we didn't have a coordinator to monitor all the complex moving parts, staff and providers would not support this technology due to inherent frustrations.

² See Uscher-Pines et al., 2020, for a full evaluation of the SMTSN initiative, along with data showing changes in volume during the initiative.

Key Lessons Learned from the SMTSN Initiative About How the Coordinator Can Benefit Telemedicine

We found the following four lessons learned regarding how the coordinator can benefit telemedicine more broadly:

1. Coordinators can help the clinic develop new policies and procedures to improve telemedicine workflow.
2. Coordinators can engage with leadership and providers to promote the benefits and increase the use of telemedicine.
3. Coordinators can engage and follow up with patients to improve no-show rates.
4. Coordinators can facilitate relationships with vendors and health plans, taking the burden off of other staff.

5. Tips and Take-Aways from the Field

During interviews with coordinators and other staff members throughout the SMTSN initiative, we gathered tips and take-away messages that might be useful to representatives of health centers who are planning to hire a coordinator for a new or existing telemedicine program. The tips and take-aways are based on the advice and insights of those currently operating in active and rapidly expanding telemedicine programs.

1. **Coordinators tend to be self-starters.** The most-successful telemedicine coordinators are self-starters who take initiative and identify challenges unique to their program and implementation setting before they become barriers.
2. **Coordinators can facilitate the fit of telemedicine in clinics.** Coordinators can tailor telemedicine policies and workflows to their unique health center and patient population and modify such policies with changing volume and services.
3. **Coordinators must engage with all stakeholders.** To accurately design and implement a successful telemedicine program, coordinators must know and engage regularly with health center primary care providers and clinical staff, front-office schedulers and referral coordinators, clinic leadership, and patients. Coordinators must understand the daily responsibilities of staff, the key concerns of providers, and the fears and key motivators of patients to ensure that the program meets the needs of all stakeholders. In many ways, the perceptions of the telemedicine program held by primary care providers and patients are major drivers of program success.
4. **Coordinators can be liaisons with decisionmakers.** Coordinators can share telemedicine success stories, pitch ways to improve efficiency, and find ways to tie telemedicine into larger health center priorities and strategic efforts.
5. **An empowered coordinator can run most aspects of the telemedicine program.** An empowered telemedicine coordinator can potentially free up the time of clinic medical, financial, and operational leadership—as long as that coordinator is given the support and autonomy they need to be effective. As one health center leader put it, “The fact that [our telemedicine coordinator] has been able to [do], I feel in many ways more than a full-time job . . . the constant training, the constant figuring out what workflows need to take place and keep up with the reporting. . . . [They’re] more like a program director than a coordinator.” One telemedicine coordinator described the position as “the glue” that holds everything together, noting the importance of relationship-building and networking with other clinic staff to ensure the success of a growing telemedicine program.

Conclusions

According to anecdotal evidence from the SMTSN initiative, telemedicine coordinators fill a vital role in implementing and growing successful telemedicine programs. Although staffing models can differ according to the size of health care centers, number of dedicated or cross-trained staff, telemedicine models, funding, and myriad additional factors, coordinators can serve

as the anchor—or glue—that holds a program together and help it flourish. Coordinators typically are involved in day-to-day operations, such as planning visit logistics and improving workflows, as well as in clinic-level and policy-level activities to train and engage providers and leaders and increase the profile of telemedicine.

In developing new programs and expanding existing programs, health centers might wish to consider coordinators with experience in health care settings and in telemedicine. Institutional knowledge and experience can help increase leadership, provider, and patient acceptance of telemedicine. Detailed job descriptions and qualifications used by some SMTSN health centers for their telemedicine coordinator positions are provided in Appendix A.

Although this brief report does not provide empirical evidence of the association between telemedicine coordinators and the successful operation and growth of telemedicine programs in safety-net health centers, SMTSN health centers expanded their telemedicine volume per month during the initiative by at least 56 percent. What each SMTSN health center had in common was funding to hire dedicated telemedicine staff, along with technical assistance (e.g., for webinars and in-person meetings), which was provided to coordinators and other telemedicine staff through the initiative. For a full description of the initiative and evaluation, see Uscher-Pines et al., 2020. Coordinators found technical assistance and support to be useful in helping them expand their programs, and they valued interacting with coordinators across all health centers.

Despite the limitations of anecdotal evidence and a small sample size of only nine health centers, this report might be helpful to health centers in understanding the coordinator role and defining it for their telemedicine programs. Additional telemedicine resources are provided in Appendix B.

Appendix A. Sample Telemedicine Coordinator Job Descriptions

Sample job descriptions are provided to help health centers customize a position that fits the needs of the health center and program. The first two examples are intended for health centers that seek to employ two or more full-time telemedicine staff members. The third example is for health centers that seek to employ one full-time telemedicine staff member.

All examples contain text that was drawn directly from exemplar job descriptions provided by participating SMTSN health centers.

Clinics with Multiple Full-Time Telemedicine Staff

Example 1: Lead Telemedicine Coordinator or Telemedicine Adviser

Position Summary

Under the direction of the clinical operations director, the lead telemedicine coordinator oversees daily telemedicine operations at all locations and serves as the point of contact for the telemedicine program.

Responsibilities and Duties

The lead telemedicine coordinator will

1. serve as the primary point of contact for all matters relating to the scheduling of telemedicine rooms
2. interview and recruit potential telemedicine staff, including providers, telemedicine consultants, and coordinators
3. train, support, and oversee telemedicine staff
4. oversee data collection and report generation, including reporting to grant funders, vendors, and department leadership
5. work with their supervisor to manage grants and oversee relationships with vendors
6. organize on-site training and demonstrations for users of telemedicine, videoconferencing, and remote monitoring, including clinic staff, telemedicine providers, subcontractors, and outside organizations
7. provide or arrange for basic technical support and perform or arrange general system maintenance
8. coordinate with the information technology department or technical support team to ensure that problems and system development needs are addressed
9. prepare, schedule, and provide regular technical training on telemedicine equipment
10. work with appropriate staff to ensure appropriate billing for telemedicine services
11. oversee scheduling of telemedicine visits, follow-up appointments, and procedures, coordinating with referral coordinators as appropriate

12. oversee daily coordination of telemedicine visits, including the preparation of equipment and exam rooms and the provision of technical assistance during visits as needed
13. ensure that questions from patients, family, and referring physicians are addressed by telemedicine staff appropriately and expediently, following up to ensure that all issues or questions are resolved
14. manage care coordination to ensure that telemedicine staff act as liaisons among referring physicians, patients, staff, and consulting physicians
15. oversee the creation, distribution, and maintenance of telemedicine clinic schedules
16. assist with implementing policy and procedures related to telemedicine
17. create and maintain telemedicine documents (e.g., consent forms), and convey various information to on-site medical staff and patients
18. prepare, administer, and process surveys to clinicians and patients to ensure patient satisfaction and improved workflows
19. provide feedback to the clinical operations director regarding operational issues to facilitate program development and improvements
20. prepare promotional materials to distribute to patients and medical staff
21. provide public relations and support for the marketing of telemedicine services
22. attend meetings, conferences, and community events related to telemedicine
23. maintain a professional relationship and positive attitude with coworkers, patients, the public, clinic board of directors, and vendors
24. promote the mission, vision, and values of the health center in the workplace and in the community
25. maintain compliance with all state and federal laws and regulations as they pertain to the position, including the Health Insurance Portability and Accountability Act, scope of practice, accreditation standards, the Operational Safety and Health Administration, and health center policies and procedures
26. conduct other related telemedicine duties as assigned or directed by supervisor.

Qualifications

High school diploma or equivalent is required. Some college work is preferred. Medical assistant or licensed vocational nurse/licensed practical nurse certification is required. Must have six months of experience working in a clinical setting. Must have and maintain current cardiopulmonary resuscitation (CPR) certification.

Other necessary qualifications include

- strong verbal and written communication skills
- the ability to problem-solve and respond quickly and effectively to many types of situations, including conflict, crisis, and potentially hostile situations
- a demonstrated ability to convey information clearly, courteously, and calmly
- excellent computer skills, including proficiency in Microsoft Excel, Word, and Outlook
- the ability to understand, learn, and train others on the basic technical requirements for telemedicine systems, and the ability to triage more-difficult problems to appropriate staff
- a working knowledge of the health center electronic health record, scheduling system, and billing system, as well as a familiarity with reimbursement mechanisms and payor requirements

- the ability to communicate well with the public and positively represent telemedicine to external organizations and individuals
- the ability to maintain confidentiality and exercise discretion in making independent, mature decisions without supervision
- responsiveness to the needs, cultures, and values of the health center's patient population
- strong organizational skills and the ability to prioritize tasks, meet deadlines, document progress, and complete activities efficiently
- enthusiasm toward the work and an openness to receiving feedback.

Physical Requirements and Working Conditions

The applicant must be in good health and able to lift up to 40 pounds. They must be able to communicate on the telephone and use standard office equipment, such as a computer, fax machine, and copier. The employee is frequently required to stand, walk, sit, and reach. Work is performed under stressful conditions. Irregular work hours might be required. The employee must possess a valid [state name] driver's license and have reliable transportation, a clean driving record, and sufficient drivers' insurance required by the state of [state name].

The physical demands described here are representative of those required to successfully perform the essential functions of this position. In accordance with the Americans with Disabilities Act, reasonable accommodations may be made to enable individuals with disabilities to effectively perform essential job functions.

Example 2: Telemedicine Coordinator Assistant

Position Summary

Under the direction of the clinical operations director, the telemedicine coordinator assistant is responsible for daily operation of the telemedicine program.

Responsibilities and Duties

The telemedicine coordinator assistant will

1. serve as one of the primary contacts for the scheduling of telemedicine rooms
2. assist the lead telemedicine coordinator with hiring providers and coordinators
3. assist in data collection and reporting under the direction of the lead telemedicine coordinator
4. facilitate on-site training and demonstrations for users of telemedicine, videoconferencing, and remote monitoring, including clinic staff, telemedicine providers, subcontractors, and outside organizations
5. provide basic technical support and perform general system maintenance
6. coordinate with the information technology department or technical support team to ensure that problems and system development needs are addressed
7. provide regular technical training on telemedicine equipment
8. provide documentation to support the billing process for telemedicine services

9. provide clinical nursing support when required for physicians and other medical staff to enhance their functions and support telemedicine
10. assist patients and providers with paperwork requirements prior to telemedicine visits, as indicated in telemedicine policies and procedures
11. maintain patient database using appropriate computer systems
12. schedule and coordinate telemedicine visits
13. remind patients and providers of telemedicine visits in a timely manner
14. assist the consulting physician with scheduling patients for clinic appointments, procedures, and follow-up appointments
15. prepare equipment and a room prior to telemedicine appointments, ensure a successful video connection, and provide technical assistance during visits when necessary
16. coordinate with referral coordinators and appropriately handle each referral by obtaining adequate information to schedule telemedicine and follow-up appointments as appropriate
17. answer questions from patients, family, and referring physicians appropriately and expediently, following up to ensure that all issues or questions are resolved
18. act as a liaison among referring physicians, patients, staff, and consulting physicians
19. work with the lead telemedicine coordinator to create and distribute telemedicine clinic schedules, policies and procedures, and documents
20. assist the lead telemedicine coordinator in administering surveys to clinicians and patients to ensure patient satisfaction and improved workflows
21. provide feedback to the clinical operations director and lead telemedicine coordinator regarding operational issues to facilitate program development and improvements
22. assist with the development of promotional materials to distribute to patients and medical staff
23. provide public relations and support for the marketing of telemedicine services
24. maintain a professional relationship and positive attitude with co-workers, patients, the public, clinic board of directors, and vendors
25. promote the mission, vision, and values of the health center in the workplace and in the community
26. maintain compliance with all state and federal laws and regulations as they pertain to the position, including the Health Insurance Portability and Accountability Act, scope of practice, accreditation standards, the Operational Safety and Health Administration, and health center policies and procedures
27. conduct any other related telemedicine duties as assigned or directed by their supervisor.

Qualifications

Experience working in a clinical setting with technicians, nurses, and physicians is preferred. Completion of a medical assistant and/or medical terminology course is preferred. A high school diploma or equivalent is required.

Other necessary qualifications include

- strong verbal and written communication skills
- the ability to problem-solve and respond quickly and effectively to many types of situations, including conflict, crisis, and potentially hostile situations
- a demonstrated ability to convey information clearly, courteously, and calmly

- excellent computer skills, including proficiency in Microsoft Excel, Word, and Outlook
- the ability to understand, learn, and train others on the basic technical requirements for telemedicine systems, and the ability to triage more-difficult problems to appropriate staff
- a working knowledge of the health center electronic health record, scheduling system, and billing system, along with a familiarity with reimbursement mechanisms and payor requirements
- the ability to communicate well with the public and positively represent telemedicine to external organizations and individuals
- the ability to maintain confidentiality and exercise discretion in making independent, mature decisions under the supervision of the lead telemedicine coordinator
- responsiveness to the needs, cultures, and values of the health center's patient population
- strong organizational skills and the ability to prioritize tasks, meet deadlines, document progress, and complete activities efficiently
- enthusiasm toward the work and an openness to receiving feedback.

Physical Requirements and Working Conditions

The applicant must be in good health and able to lift up to 40 pounds. The applicant must be able to communicate on the telephone and use standard office equipment, such as a computer, fax machine, and copier. The employee is frequently required to stand, walk, sit, and reach. Work is performed under stressful conditions. Irregular work hours might be required. The employee must possess a valid [state name] driver's license and have reliable transportation, a clean driving record, and sufficient drivers' insurance required by the state of [state name].

The physical demands described here are representative of those required to successfully perform the essential functions of this position. In accordance with the Americans with Disabilities Act, reasonable accommodations may be made to enable individuals with disabilities to effectively perform essential job functions.

Clinics with One Full-Time Telemedicine Staff Member

Example 3: Telemedicine Coordinator

Position Summary

Under the direction of the clinical operations director, the telemedicine coordinator is responsible for managing daily telemedicine operations at all locations and serves as the point of contact for the telemedicine program.

Responsibilities and Duties

The telemedicine coordinator will

1. serve as the primary point of contact for all matters related to the scheduling of telemedicine and video conferencing rooms
2. assist their supervisor with hiring providers and coordinators

3. assist provider champions and telemedicine medical assistant(s) as needed
4. collect data and generate reports, including monthly reports to vendors, grant funders, and department leadership
5. organize on-site training and demonstrations for users of telemedicine, videoconferencing, and remote monitoring, including clinic staff, telemedicine providers, subcontractors, and outside organizations
6. provide or arrange for basic technical support, and perform or arrange for general system maintenance
7. coordinate with the information technology department or technical support team to ensure that problems and system development needs are addressed
8. prepare, schedule, and provide regular technical training on telemedicine equipment
9. work with appropriate staff to bill for telemedicine services
10. revise and sort telemedicine referrals and coordinate all telemedicine referral information in the electronic health record system
11. schedule, coordinate, and track all telemedicine visits
12. remind patients and providers of telemedicine visits in a timely manner
13. ensure that appropriate data are transmitted electronically to consulting providers or telemedicine partners in support of telemedicine agreements
14. provide clinical nursing support, when required, for physicians and other medical staff to enhance their functions and support telemedicine
15. coordinate with referral coordinators and appropriately handle each referral by obtaining adequate information to schedule telemedicine and follow-up appointments as appropriate
16. prepare equipment and a room prior to telemedicine appointments, ensure a successful video connection, and provide technical assistance during visits when necessary
17. answer questions from patients, family, and referring physicians appropriately and expediently, following up to ensure that all issues or questions are resolved
18. act as a liaison among referring physicians, patients, staff, and consulting physicians
19. promote full utilization of scheduled telemedicine clinics, applying double-booking design as appropriate to telemedicine contract agreements
20. assist in the development of policy and procedures related to telemedicine
21. provide feedback to the clinical operations director regarding operational issues to facilitate program development and improvements
22. provide public relations and support for the marketing of telemedicine services
23. maintain a professional relationship and positive attitude with co-workers, patients, the public, clinic board of directors, and vendors
24. promote the mission, vision, and values of the health center in the workplace and in the community
25. maintain compliance with all state and federal laws and regulations as they pertain to the position, including the Health Insurance Portability and Accountability Act, scope of practice, accreditation standards, the Operational Safety and Health Administration, and health center policies and procedures
26. conduct other related telemedicine duties as assigned or directed by the supervisor.

Qualifications

A high school diploma or equivalent is required. Some college work is preferred. Two years of administrative support or project development experience and one or more years of experience in a medical office utilizing telemedicine equipment is required. The employee must have and maintain current cardiopulmonary resuscitation certification.

Other necessary qualifications include

- strong verbal and written communication skills.
- the ability to problem-solve and respond quickly and effectively to many types of situations, including conflict, crisis, and potentially hostile situations
- a demonstrated ability to convey information clearly, courteously, and calmly
- excellent computer skills, including proficiency in Microsoft Excel, Word, and Outlook
- the ability to understand, learn, and train others on the basic technical requirements for telemedicine systems, along with the ability to triage more-difficult problems to appropriate staff
- a working knowledge of the health center electronic health record, scheduling system, and billing system, and a familiarity with reimbursement mechanisms and payor requirements
- the ability to communicate well with the public and positively represent telemedicine to external organizations and individuals
- the ability to maintain confidentiality and exercise discretion in making independent, mature decisions without supervision
- responsiveness to the needs, cultures, and values of the health center's patient population
- strong organizational skills and the ability to prioritize tasks, meet deadlines, document progress, and complete activities efficiently
- enthusiasm toward the work and an openness to receiving feedback.

Physical Requirements and Working Conditions

The employee must be in good health and able to lift up to 40 pounds. The employee must be able to communicate on the telephone and use standard office equipment, such as a computer, fax machine, and copier. The employee is frequently required to stand, walk, sit, and reach. Work is performed under stressful conditions. Irregular work hours might be required. The employee must possess a valid [state name] driver's license and have reliable transportation, a clean driving record, and sufficient drivers' insurance required by the state of [state name].

The physical demands described here are representative of those required to successfully perform the essential functions of this position. In accordance with the Americans with Disabilities Act, reasonable accommodations may be made to enable individuals with disabilities to effectively perform essential job functions.

Appendix B. Resources

For more information about telemedicine implementation, you can consult with individuals in your state or region and connect with your local Telehealth Resource Center (TRC) (National Consortium of Telehealth Resource Centers, undated). The Health Resources and Services Administration funds TRCs to ensure access to support and information for implementing telemedicine.

Other resources include

- Rural Health Information Hub (undated-a, undated-b): www.ruralhealthinfo.org/toolkits/telehealth
- National Telehealth Technology Assessment Resource Center (undated): <http://telehealthtechnology.org/resources>
- Center for Connected Health Policy (undated): www.cchpca.org/resources/search-telehealth-resources.

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