

# **Training Manual for the Telehealth Resource Center (TRC) Performance Indicator Data Collection Tool**

Office for the Advancement of Telehealth

TRC Advisory Committee

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Contracting Officer

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The Training Manual organizes the data elements required for data collection in the TRC Performance Indicator Data Collection Tool into the following four sections: Program Level-Distant Sites, Originating Sites, TRC Activities, Client Service Assessment, and Impact of TRC Activities.

The numbered data elements and definitions in the Training Manual correspond to the numbered data elements in the Data Collection Tool. The Training Manual also provides instructions on how to complete every data element. The Training Manual is designed to be used as a reference document for Telehealth Resource Centers completing the TRC Performance Indicator Data Collection Tool every six months.

### ***Program Level- Distant Sites***

The data in this section is based on distant sites of clinical telehealth programs/networks in the TRC service area. A *distant site* is a site where the provider of a telehealth service/specialty is located.

*Num* *Data Element Name*

#### **1 Telehealth Program/Network Name**

*Definition:* A telehealth program/network characterized by at least one major distant site and one or more originating sites

*Instructions:* Provide the name of all telehealth programs/networks that are in your Telehealth Resource Center service area. TRCs are expected to provide their *best estimate* of an inventory of telehealth programs/networks that exist in their region. If all are not known, at minimum, provide names of programs/networks with which the TRC has had contact.

*Num* *Data Element Name*

#### **2 Telehealth Program/Network Status**

*Definition:* The current operational status of a telehealth program/network.

*Instructions:* Indicate (to the best of the TRC's knowledge) whether the telehealth program/network is new, existing and expanded, existing and not expanded, existing and reduced services, or existed but discontinued. All telehealth programs/networks entered in previous reporting periods will be saved in the PIMS system and will be listed during future periods so that each telehealth program/network status can be updated.

*Value Options*

- **New** - A telehealth program/network that started offering telehealth specialties/services during the reporting period. A program/network is characterized by at least one major distant site and one or more originating sites.
- **Existing and expanded** -A telehealth program/network with expanded telehealth service/specialties is a program that existed in the previous reporting period and now offers more services/specialties or a broader geographic reach within the TRC service area compared to the prior reporting period (e.g., originating sites are now in more counties/MUAs/HPSAs). You will be asked to enter the number of new specialties offered in data element 3 and the locations of the originating sties in data element 7.
- **Existing and not expanded** - A telehealth program/network offering at least one service/specialty in a prior reporting period that has not expanded its offering of services/specialties or geographic reach during the current reporting period.
- **Existing and reduced services/specialties**- A telehealth program/network that existed in a previous reporting period and reduced services/specialties or geographic reach during the current reporting period.
- **Existed but discontinued** - A telehealth program that existed in a previous reporting period that discontinued providing all services during the current reporting period. This program will not appear in the update screens in future reporting periods.

*Num Data Element Name*

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**3 Number of New Telehealth Services/Specialties Offered by the Telehealth Program/Network**

*Definition:* The number of new telehealth services/specialties that the program/network provides during the current reporting period among programs/networks that are 'new' or 'existing and expanded.' For example, if a telehealth program or network begins offering tele-dermatology and tele-pathology, this would count as two new services/specialties. For a complete list of telehealth services/specialties, please refer to Appendix 2.

*Instructions:* Provide the number of new telehealth services/specialties that are provided by a clinical telehealth program/network that is 'new' or 'existing and expanded' during the current reporting period.

*Num Data Element Name*

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#### 4 Educational Services

*Definition:* The type of educational service that a telehealth program/network delivers using telehealth in a reporting period. This must be an educational service that is offered on an ongoing basis and cannot be a one-time offering.

*Instructions:* Check all the types of educational services offered by the telehealth program.

##### *Value Options*

- **Patient/community education** – A patient or a patient population receives education about a health topic such as self-management of a disease.
- **Provider education** (Continuing Education (CE) and non CE credit) – The telehealth program/ network offers certified clinical providers (ex. MDs, DOs, NPs, PAs, and CNMs) educational sessions about clinical practice using telehealth technology with or without continuing education credits.
- **Support personnel education** – The telehealth program/ network offers non-certified clinical and non-clinical support personnel (LVNs, MAs, educators, case managers, licensed clinical social workers, RNs, techs, CNAs) education sessions using telehealth technology.

*Num Data Element Name*

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#### 5 Total Number of Originating Sites Served by the Telehealth Program/Network

*Definition:* The total number of originating sites of the telehealth program/network. An *originating site* is a site where clinical telehealth services are provided to patients (i.e. where the patient is located in the TRC service area). If the originating site is the patient's home, please enter only the zipcode.

*Instructions:* Provide your *best estimate* of the total number of originating sites for the telehealth program/network during the reporting period.

#### **Program Level- Originating Sites**

The data in this section is based on individual originating sites of each telehealth program/network. An *originating site* is a site where clinical telehealth services are provided; for example, the site where the patient is located in the TRC service area. For data elements 6, 7 and 8, it has been verified that it is possible to upload a .CSV file to PIMS (created by an access database, an online entry or an Excel document) as a way to ease TRC data entry burden. PIMS will be able to automatically cross-map each site to the county in

which the site is located and will determine whether the site is in a MUA and/or a medical, dental and/or mental health HPSA. In addition, entering originating site location information will allow PIMS to calculate a duplicated and an unduplicated count of originating sites across all TRCs in the country, even if a site is served by more than one program/network. If an originating site is served by two programs/networks, it is necessary to enter the originating site data under each program name.

Num Data Element Name

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## 6 Program or Network Serving An Originating Site

*Definition:* A telehealth program/network characterized by at least one major distant site (i.e. where the service provider is located) and one or more originating sites (i.e. where patient is located).

*Instructions:* Please select the program or network serving the originating site. The list of programs/network names will be generated based on the programs/networks entered under data element 1.

Num Data Element Name

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## 7 Setting Type of Originating Site

*Definition:* The characterization of the organizational type where a telehealth service/specialty is offered based on the location of the originating site.

*Instructions:* Choose the type of setting from the drop-down menu to describe the originating site. If there are settings used that are not on the PIMS list, then use the “other” value option and specify the name of the setting where the originating site is located. TRCs are expected to provide their best estimate of the type of setting that each of their originating sites is located in.

### *Value Options*

- Assisted Living Facility
- Community Health Center
- Health Department and Mental Health Agency
- Hospital ER
- Hospital In-Patient
- Hospital Outpatient
- Indian Health Clinic
- Licensed Nursing Home
- Mobile Unit



- Non-Hospital Clinic (e.g. rural health clinic, migrant health clinic) - *includes settings that do not fall into other categories. These include: school-based health center, migrant health clinic etc.*
- Patient's Home
- Prison
- Private Medical Practice or Physician's Office- *this setting includes individual physicians' offices or group practice, Physician's Assistants or Licensed Practical Nurses*
- School
- Other (specify)\_\_\_\_\_

Num    Data Element Name

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**8      Originating Sites Names (8.1) and Addresses (8.2)**

*Definition:* An *originating site* is a site where clinical telehealth services are provided; for example, the site where the patient is located in the TRC service area.

*Instructions:* Please indicate the formal name of the originating site (e.g. Valley Health Center). Please provide the full street address of the originating site including the city, state and zip code. This information will be used to determine the counties, HPSAs and MUAs where telehealth services are received. HRSA encourages TRCs to make their best effort to capture originating site data for their service area. At minimum, originating site data must be submitted for those sites that the TRC has had contact with during the reporting period. For the reporting elements that will be generated based on this data collection, please refer to Appendix 1.

**Telehealth Resource Center Activities**

The data in this section contains data elements related to TRC activities and operations.

Num    Data Element Name

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**9      Collaborative Activities to Reduce Barriers to Telehealth**

*Definition:* The total number of collaborative activities that a TRC participates in to reduce barriers to telehealth during the reporting period. A '*collaborative activity to reduce barriers to telehealth*' is defined as an activity engaged in by the TRC in cooperation/partnership with another organization that aims to reduce barriers to telehealth in the Region. '*Barriers to telehealth*' are defined as any legal, regulatory, or cultural policy that prevents the broad use of some aspect of telehealth within a geographic region. TRCs may work in partnership with professional organizations,

hospitals, physician groups, clinics and other organized entities. These activities could include conferences, meetings, and committees. They do not include lobbying (advocating for a specific vote on a specific piece of proposed legislation).

*Instructions:* Provide the total number of collaborative activities that the TRC participated in to reduce barriers to telehealth during the current reporting period.

*Num*    *Data Element Name*

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**10    Initiatives to Reduce Barriers to Telehealth Introduced/Achieved**

*Definition:* An initiative to reduce barriers to telehealth might include a policy change, a piece of legislation being introduced, a grant proposal for broadband being written, and any other significant policy, regulatory, or financial change that reduces barriers to telehealth adoption or implementation.

*Instructions:* Provide a brief narrative description of any specific, major initiatives to reduce barriers to telehealth that were introduced or achieved during the reporting period in part due to TRC activities. Examples include policy changes, votes that occurred, insurance coverage achieved, legislation proposed or other notable outcomes or results.

*Num*    *Data Element Name*

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**11    Training and Technical Assistance Conducted**

*Definition:* This data element refers to training and technical assistance activities geared towards skill development in telehealth conducted by a TRC during the reporting period. *Training* is defined as an in-person or distance knowledge transfer offering that focuses on instruction on a specific topic. This could include project-specific technical assistance and/or training around telehealth research, telehealth industry developments, regulations, services or operations. This could also include direct requests for assistance or information from other OAT grantees or TRCs. Answers posted to questions asked on the listserv are not considered to be training/technical assistance. The training and technical assistance provided may be delivered by any of the following modes: one to one, peer to peer, or one to many.

*One to One:* One or more TRC staff members interact directly with an individual or a group of individuals representing a single organization.

*Peer to Peer:* Arranging for a contacting entity with a particular interest to contact someone else outside of the contacted TRC to address a service need.

*One to Many:* One or more TRC staff members interacting directly and simultaneously with a group of individuals, entities made up of individuals representing different organizations, or organizational units.

*Instructions:* Provide the total number of training and technical assistance activities that the TRC conducted across the following categories: one to one, peer to peer, and one to many during the reporting period.

Num *Data Element Name*

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**12 Training Attendees**

*Definition:* Number of people attending training and technical assistance activities across the following categories: peer to peer and one to many.

*Instructions:* Provide the total number of attendees for all training and technical assistance activities conducted in the reporting period across the following categories: peer to peer and one to many.

Num *Data Element Name*

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**13 Time Spent on Training and Technical Assistance**

*Definition:* Number of hours the TRC spent during the reporting period directly providing training and technical assistance across the following categories: one to one, peer to peer, and one to many.

*Instructions:* Provide the total number of hours spent on directly providing training and technical assistance to clients across the following categories in the reporting period: one to one, peer to peer, and one to many. Time spent on logistics and travel should not be included in the time estimates.

Num *Data Element Name*

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**14 Innovations Developed to Increase Telehealth Resources**

*Definition:* A significant innovation that increased resources in the region regarding the efficient and effective practice of telehealth or any training and TA activities that had a great impact. For example, a training with a governor that resulted in the development of a telehealth network.

*Instructions:* Provide a narrative description of any significant innovations or training and technical assistance that the TRC may have developed/conducted in the reporting period that had a significant or great impact.

Num Data Element Name

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**15 Educational Materials Developed/Adapted**

*Definition:* Educational materials could be tools or templates that have been directly developed by the TRC or adapted from pre-existing templates or tools. TRC marketing materials are not considered to be educational materials. However, materials developed to provide information about various aspects of telehealth including distance education, certification, telehealth technology, etc. are considered to be educational materials. For example, a TRC that creates a technology implementation handbook would count as one material developed. Data element 15 allows the TRC to indicate how many handbooks were distributed.

*Instructions:* Provide the total number of educational materials the TRC developed and/or adapted in the reporting period.

Num Data Element Name

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**16 Educational Materials Provided/Supplied**

*Definition:* Educational materials provided refers to educational materials supplied or delivered. For example, if the TRC provided a booklet on designing a telemedicine program to 50 people this would count as 50 units of educational material provided. Also, if a TRC provided an online course to 25 people, this would count as 25 units of educational material provided.

*Instructions:* Provide the total number of educational materials provided/supplied during the reporting period.

Num Data Element Name

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**17 TRC Operating Costs Covered by Non-Federal Sources**

*Definition:* This data element refers to the total dollar amount of TRC operating costs covered by non-federal resources. Federal funding sources include the Office for the Advancement of Telehealth and all other federal grants. Non-federal resources can include revenues generated from services or other non-federal grant dollars.

*Instructions:* Provide the total dollar amount of TRC operating costs covered by non-federal resources during the reporting period.

Num Data Element Name

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**18 Total TRC Operating Costs**

*Definition:* This data element refers to the total amount of money it costs to operate the TRC. This is the total cost that is entered on the Progress Report form.

*Instructions:* Provide the total dollar amount of your TRC operating costs during the reporting period.

### ***Client Service Assessment of TRC Activities on Programs***

This section contains data elements related to how clients perceive improvements related to the efficiency/quality/effectiveness of their telehealth programs based on consultation with a TRC as well as their general satisfaction with technical assistance services received from a TRC.

Num Data Element Name

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**19 Client Service Assessment**

*Definition:* This data element refers to the total number of clients responding in a positive manner on the standard satisfaction assessment questions listed below. A “positive manner” refers to answering with a 4 or 5 (agree/strongly agree) on a 1-5 point Likert scale or clients responding “yes” to yes/no response options. A *client* is anyone requesting consultation from a TRC.

*Instructions:* Provide the total number of clients responding positively to standard service assessment questions administered to clients from one to one, or peer to peer, or one to many interactions with a TRC during the reporting period. If no client service assessments were conducted during the reporting period, indicate not applicable (N/A).

#### Standard Client Service Assessment Questions

- a) The TRC service was effective
- b) The TRC service was valuable for your operations
- c) The TRC guidance will/has help(ed) you with starting, expanding and/or operating your telehealth service
- d) You would recommend the TRC to others

- e) You are satisfied with the TRC consultation you received
- f) Do you perceive an improvement and/or enhancement in your telehealth services as a result of consulting with the TRC?

*Num*    *Data Element Name* \_\_\_\_\_

**20    Total Number of Clients Completing Service Assessment**

*Definition:* This data element refers to the total number of clients (N) completing each standard service assessment question.

*Instructions:* Provide the total number of clients that responded to each standard client service assessment question in the reporting period. If no client service assessments were conducted during the reporting period, indicate '0.'

*Num*    *Data Element Name* \_\_\_\_\_

**21    Requests for TRC Services**

*Definition:* This data element refers to the total number of unique requests for TRC services received around developing and/or implementing telehealth. A request may be made online, by phone, or in person by a potential client for services from a TRC.

*Instructions:* Provide the total number of unique requests for TRC services received by your TRC during the reporting period.

## Appendix 1: Calculated Reporting Measures

The TRC Advisory Committee explored multiple options for how one might measure the expansion of telehealth services to underserved areas. With consultation from HRSA, OAT confirmed that it is important to measure the number of counties, Medically Underserved Areas (MUAs) and Health Professional Shortage Areas (HPSAs) where telehealth is available to patients and how the geographic reach of telehealth expands over time.

HRSA has developed a database (<http://bhpr.hrsa.gov/shortage/>) that allows one to enter an address, and the program returns the county, whether the location is within a MUA and/or within three types of HPSAs (mental health, medical, dental). Rather than have TRCs use this tool to look up county, MUA and HPSA data for all originating sites, JSI verified that it is possible to upload a list of originating site addresses into PIMS (via a .CSV file created by an access database, an online entry or an Excel document) and then automatically cross-map each address to the county, MUA and HPSA data. Given this, the reporting possibilities are expanded to include the following performance metrics for the TRC program based on originating site address data that TRCs provide.

### **Counties newly served**

*Definition:* The total number of counties newly served by telehealth program/network(s) based on locations of originating sites. A county that is “newly served” is one that had no telehealth services available in prior reporting periods and has at least one new clinical telehealth service offered at an originating site that becomes available for the first time during the current reporting period. A *county* is a geographic subdivision of a state (or federal territory), usually assigned some governmental authority.

*Reporting Possibility:* Based on locations of originating sites, PIMS can calculate the total number of counties newly served by telehealth by a specified telehealth program/network during the reporting period.

### **Counties previously served with continued telehealth services**

*Definition:* The total number of counties previously served by telehealth from at least one telehealth program/network based on locations of originating sites that have continued providing telehealth services in the current reporting period.

*Reporting Possibility:* Based on locations of originating sites, PIMS can calculate the number of total counties previously served by telehealth in prior reporting periods that continue to provide services during the current reporting period from a specified telehealth program/network.

### **Counties previously served with discontinued telehealth services**

*Definition:* The total number of counties served by a specific telehealth program/network that previously had telehealth originating sites that discontinued all telehealth services during the reporting period. If originating sites ceased providing telehealth service in a reporting period, this can be updated in the responses to questions 6-8 by deleting a given originating site.

*Reporting Possibility:* Based on locations of originating sites, PIMs can calculate the total number of counties previously served by telehealth from a specified telehealth program/network in prior reporting periods that have discontinued services during the current reporting period.

### **Medically underserved areas (MUAs) newly served**

*Definition:* The total number of MUAs newly served by telehealth from a specific telehealth program/network based on locations of its originating sites in the reporting period. A MUA that is “newly served” is one that has at least one clinical telehealth service that did not exist in the MUA prior to the reporting period that becomes newly available at an originating site in the MUA during the reporting period. *Medically Underserved Areas/Populations* are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population.

*Reporting Possibility:* Based on locations of originating sites, PIMs can calculate the total number of MUAs newly served by telehealth during the reporting period.

### **MUAs previously served with continued telehealth services**

*Definition:* The total number of MUAs previously served by telehealth in prior reporting periods by at least one telehealth program/network based on locations of originating sites that have continued services provided in the current reporting period.

*Reporting Possibility:* PIMs can calculate the number of total MUAs previously served by telehealth in prior reporting periods that continue to provide services during the current reporting period from telehealth program/network() based on locations of originating sites.

### **MUAs previously served with discontinued telehealth services**

*Definition:* The total number of MUAs previously served by telehealth from at least one telehealth program/network based on locations of originating sites that have



discontinued all telehealth services provided in the current reporting period. If originating sites ceased providing telehealth service in a reporting period, this can be updated in the responses to questions 6-8 by deleting a given originating site.

*Reporting Possibility:* PIMs can calculate the total number of MUAs previously served by telehealth in prior reporting periods that have discontinued all telehealth services during the current reporting period from telehealth program/network(s) based on locations of originating sites.

### **Health professional shortage areas (HPSAs) newly served**

*Definition:* Based on locations of originating sites, the total number of HPSAs newly served by telehealth from at least one telehealth program/network in the reporting period. A HPSA that is “newly served” is one that had no telehealth services available in prior reporting periods and has at least one clinical telehealth service that becomes newly available at an originating site in the HPSA during the reporting period. *Health Professional Shortage Areas* (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). There are three categories of HPSAs—primary care, dental, and mental health, and all categories will be included for purposes of data collection.

*Reporting Possibility:* PIMs can calculate the total number of HPSAs newly served by telehealth during the reporting period by a specific telehealth program/network based on locations of its originating sites.

### **HPSAs previously served with continued telehealth services**

*Definition:* The total number of HPSAs previously served by telehealth in prior reporting periods from a specific telehealth program/network based on locations of its originating sites that have continued providing telehealth services in the current reporting period.

*Reporting Possibility:* PIMs can calculate the number of total HPSAs previously served by a specific telehealth program/network in prior reporting periods that continue to provide services during the current reporting period based on locations of the program’s originating sites.

## **HPSAs previously served with discontinued telehealth services**

*Definition:* The total number of HPSAs previously served by telehealth from at least one telehealth program/network based on locations of originating sites that have discontinued services provided in the current reporting period.

*Instructions:* PIMs can calculate the number of total HPSAs previously served by telehealth in prior reporting periods that have discontinued services during the current reporting period based on locations of originating sites of a specified telehealth program/network.

## Appendix 2: Telehealth Services/Specialties Offered by a Telehealth Program/Network

- ◆ Allergy/Rheumatology/Immunology
- ◆ Cardiology (interventional/routine)
- ◆ Cardiovascular Surgery (including pre- and post-surgery)
- ◆ Chronic Disease Counseling (diabetes, cardiac rehab, etc.)
- ◆ Clinical Pharmacology/Clinical Pharmacy
- ◆ CT and MRI Interpretations
- ◆ Dentistry
- ◆ Dermatology
- ◆ Diabetes
- ◆ Echocardiology
- ◆ Emergency Medicine
- ◆ ENT
- ◆ ENT Surgery (including pre- and post-surgery)
- ◆ Gastroenterology
- ◆ General Pediatrics
- ◆ General Surgery (including pre- and post-surgery)
- ◆ Genetics and Genetic Counseling
- ◆ Geriatrics
- ◆ Hematology
- ◆ Home Health- NOS
- ◆ Hospice Services
- ◆ Infectious Disease/HIV
- ◆ Intensivist/Intensive Care Unit Services
- ◆ Physiatry/Physical Medicine
- ◆ Physical Therapy
- ◆ Plastic Surgery (including pre- and post-surgery)
- ◆ Primary Care
- ◆ Psychiatry
- ◆ Psychological Counseling and Other Services
- ◆ Neonatology
- ◆ Nephrology
- ◆ Neurology and Neurodevelopment
- ◆ Obstetrics/Gynecology
- ◆ Oncology
- ◆ Orthopedic Surgery (including pre- and post-surgery)
- ◆ Orthopedics
- ◆ Other- NOS
- ◆ Other Endocrinology Clinical Services
- ◆ Other Mental/Behavioral Health and Counseling-NOS
- ◆ Other Radiology

- ◆ Other Rehabilitation
- ◆ Other Surgical Specialties- NOS (including pre- and post-surgery)
- ◆ Other Therapy- NOS
- ◆ Pathology
- ◆ Pulmonology
- ◆ Speech Therapy
- ◆ Substance Abuse Services
- ◆ Surgical Procedure Mentoring
- ◆ Telestroke
- ◆ Trauma
- ◆ Wound Care/Decubitus Ulcers