

Q. What telemedicine/telehealth activities can be reported as community benefit?

Recommendation

Telemedicine/telehealth activities may be reported as community benefit as long as the activity meets the definition of a community benefit (responds to a community health need and addresses a community health objective of improving public health, increasing health access, advancing knowledge and/or relieving government burden.)

Visit the HealthIT.gov website (link to <http://www.healthit.gov/providers-professionals/faqs/what-telehealth-how-telehealth-different-telemedicine>) for a discussion of the difference between telemedicine and telehealth.

The following list shows examples of telemedicine/telehealth activities that may be reported in the different categories of community benefit.

- Charity care/financial assistance/Medicaid shortfall
 - The cost of care provided for patients through e-ICU, e-ED or e-Urgent care would be reported as community benefit.

Do not report electronic on-call physician services which is a cost of doing business

- Health professional education
 - Unpaid cost of medical, nursing, other health profession students working toward a degree and rotating through a telemedicine program, such as an e-ICU.
 - Continuing medical/nursing education about telemedicine, but only if available to staff outside of the organization and required for continued licensure or certification.

Do not report education offered only to the organization's employees and physicians.

- Research – on telemedicine/telehealth
 - Research (including pilot studies) on telemedicine/telehealth funded by government or nonprofit organizations as long as results are applicable to other organizations and made publicly available.
 - Expense of staff time preparing grant requests and reports on research.
 - Speaking at professional meeting or preparing article for professional journals.

- Subsidized services
 - Any subsidized telemedicine/telehealth programs as long as a community need exists for the services. For example, an e-ICU or e-ED in a critical access hospital.
 - Subsidized mental health or substance abuse services using telehealth that are provided to communities with a shortage of these services.

- Community health improvement
 - Community member health education using telehealth.
 - Prevention and management of chronic disease provided via telehealth as long as the telehealth program is not restricted to the organization's patients and/or employees.
 - Information and referral through telehealth, as long as available to the overall community.

- Cash and in-kind contributions
 - Contribution to an organization for an activity that meets the definition of a community benefit. For example, hospital IT employee helping set up a telehealth education program at the community mental health agency or cash contribution to local Red Cross to deliver telehealth training program for community first responders.