

Tennessee  
Telehealth  
Qualitative  
Research  
Report of  
Findings

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Presented to:



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Presented By:

**SIGHTLINE**  
RESEARCH + STRATEGIES

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## I. Key Findings and Conclusion

1. Most of the telehealth stakeholders who participated in the research value telemedicine as an important way to deliver needed care to people who cannot access it otherwise. They believe the telehealth industry will continue to grow and become an even more vital and valued part of the healthcare system. But, many questions remain about how the market will develop.
2. All of the respondents' organizations are engaged in telehealth in some way. Most say their involvement is growing and will continue to develop. They also mention that supplier organizations multiply as the telehealth industry expands.
3. Most respondents identify needs in their area, around the state of Tennessee, and in the region that can be best met using telehealth. Some are focused on solutions to these needs and problems and have developed telehealth capabilities to address them.
4. Some of the respondents say they are involved in collaboration with other entities to advance telehealth in their organizations. However, most of the telehealth coordination and organization participants describe is happening and developing within their organization or system of existing partners.
5. These research respondents are all stakeholders at some level in the development of telehealth to address healthcare needs. Most are aware of collaborative efforts between organizations in Tennessee or other states, but their knowledge generally does not seem to be very extensive (reflecting interest and investigation), and most are not collaborating.
6. Research participants describe formidable barriers and challenges to developing any significant collaboration of organizations for telehealth in Tennessee. These challenges are mostly related to education, legislation/regulation, reimbursement/payer, and technological issues. These are unlikely to be overcome easily or soon and this hinders broader cooperation efforts.
7. In spite of the challenges, many/most respondents say their organizations are open to the potential of collaborating with other organizations to provide telehealth. Organizations want to better serve patients and they realize they would benefit from additional resources by partnering. If the barriers and challenges could be addressed, they would be interested.
8. The research does not identify an obvious choice to lead the effort for telehealth collaboration in Tennessee. The opinions of which organization, entity, or stakeholder is best to champion the effort to success vary greatly – as do respondents' rationale for suggesting them.

**Telehealth in Tennessee is growing and expanding as the needs for it become obvious and the technology more broadly available. Organizations are developing networks, systems, and suppliers to grow telehealth capabilities and meet patient needs. However, because of difficult obstacles, collaboration among agencies, while desirable, is not developing as quickly. Any effort to launch and build a broad collaboration will face formidable challenges as described by these participants.**

## II. Research Findings

**Some respondents point out that they believe telehealth goes well beyond just videoconferencing. Telehealth services can provide access to needed healthcare to patients who otherwise would not have it. Some say it can also provide them with a high-quality healthcare experience.**

- It provides patients with efficient and affordable access to healthcare that would be unavailable to them otherwise.

*It is providing tremendous levels of access to patients that otherwise are underserved, have the inability to access the care for various reasons – financial, convenience, job-related – or any other barrier to care.*

*...a mechanism for healthcare providers to reach patients that otherwise might have a difficult time getting to or accessing healthcare professionals*

*We have a number of facilities that are in rural markets...where it is virtually impossible to recruit in physician specialists...by using that technology we can take the specialist to the patient instead of the patient going to the specialist.*

*...a more efficient way of delivering healthcare to people that have disparities – transportation issues, time management issues.*

*It saves the patient time and money, and gets us around those barriers to care. It serves extremely poor patients in the rural parts of east Tennessee. It will save cost and time.*

*Telemedicine provides, and can provide, a more cost-effective method of delivering care and can go past these problems with access (going where we normally can't) if we're doing it remotely. I see it as an imperative way of providing some types of medical care in the future and now.*

*I think telehealth is a tremendous tool that is woefully underutilized. I think we need to figure out mechanisms for equitable and good reimbursement for this tool so that it can be more readily available to people throughout the country. I think it's a great thing to use to help reduce cost, and make care more convenient and accessible for people that have a hard time getting it.*

*I see it as a really big solution to cost, efficiency, and access to care.*

*They are going to be able to access different types of medical care from the comfort of a setting close to home, especially when it's in a rural setting. The great thing is they don't have to travel a long distance to go to a big city.*

- It has the potential to provide the patient with a high-value health care experience.

*In developing a comprehensive telehealth program, we are creating an experience for the patient that allows them to enjoy the value of healthcare and the relationship they can build with their healthcare practitioners, as well as access to the high-end subspecialists that institutions provide, and do so from the convenience of their living room or a rural hospital that doesn't provide those (or have the luxury of having that level of expertise available). Included in that come the educational components, as well as the personal interactions that are involved in a healthcare experience.*

*You get more of a one-on-one visit with a physician. Our customers or patients are more pleased with the visits because they're faster.*

*The patient gets one-on-one attention and has the sole focus of the nurse and the provider. It's a high quality of care. I'd be very positive about it.*

*I think it can create efficiency, health care cost savings, and improved patient care, along with other great outcomes.*

*Telehealth is using technology to extend the reach to patients so they can have access to high quality care.*

*It can enhance the physicians' ability to interact with a patient and provide care that wouldn't otherwise be available due to lack of physicians, specialists, rural areas.*

*People are really starting to see the value in it – how easy it is to use, how seamless it is to implement it to the patient. It is really well received by the patients and easy for them to use.*

*The experience is better than being in the office because they got undivided attention of the caregiver unlike if they were on site with them.*

*It is a face-to-face service a clinician can provide services for. It is just as beneficial as coming into the office.*

**Respondents generally believe the telehealth industry is still growing and evolving and this will continue. There is still a lack of clarity about some issues and about how some things will develop.**

*It's a market where there are a lot of dollars attached, and because of that, there are lots of technology startups out there. I don't know how much quality oversight there is... The challenges that we will face, when the growth is as explosive as it is, is managing the quality.*

*My opinion is that we're on the cusp of rapid, rapid growth, but we have a lot of ragged edges around it. And, we have a system that is going faster than the reimbursement and regulatory system can manage it...*

*It's a significant way of delivering care in the future. The reason for that is that we have increasing population in the U.S., but our healthcare providers aren't increasing along with the growth that we're seeing.*

*Telemedicine in America has grown in a stair step manner - with a sudden leap, then a long flat plane, a sudden leap, and a long flat plane.*

*I think it's the future of medicine...I've worked personally in different aspects of telemedicine and I've seen what it can do...I've seen how much it can advance healthcare and the reach of medicine, especially in unreached communities.*

*I think it's a young technology that's still evolving. And, as the actual technology itself becomes more advanced, I think there will be more uses. I think there are still a lot of patients who aren't sure that this is a good way to be seen by a physician.*

*It's becoming so ubiquitous that it's not going to be considered telehealth much longer. It will just be one of the many tools that we use in healthcare. It saves time and money on both sides of the equation – patients and providers – in various ways.*

*The Wall Street Journal had an article about the telemedicine industry this morning and how much it's grown. It's been an opportunity to use technology and innovation to provide great care.*

*I think telehealth is something that's been coming of age, but it's taken quite a bit of time for it to get here. Given the current status of our medical school graduates, and certainly the specialists coming out of training and how those are declining, population is increasing...If we're ever able to get universal access to healthcare and healthcare services, we've got to find a way to deliver healthcare in a more efficient manner. I think telehealth is going to be key to that.*

*It is an emerging market; it is getting past the curve. It is more viable...The change to a software focus has made it more available to clients...A lot of businesses have a model set up for telehealth, but getting the involvement needed to make the investment worthwhile has been difficult.*

*It is one of the best tools of the medical future. It has so much savings wrapped up into it – time savings, cost savings, efficiency. Especially now that there's advancement in technology*

**Many respondents see the need and the potential for telehealth to grow in their area/region. They can identify needs and problems for which they believe telehealth is the best potential solution.**

*Tennessee is ripe for growth. There are clear access problems because the subspecialists aren't where the patients are and can't get there.*

*A lot of that area is very indigent, so they can't afford that...they choose not to take their child to the doctor, or do home remedies until the child is too sick to manage and those children end up in the ER with huge ER bills. Our program is really touching families that would, otherwise, have no healthcare.*

*I think the need in our area is access to specialty care. It may take some patients an hour and a half to get to see a specialist. We are able to provide that care, and it's only a 5-mile drive from their house.*

*My practice group is spread...Virtually all of them are rural. I use telehealth and telehealth providers to get quality providers to these locations.*

*There are a lot of places where it's hard to get access, even in urban areas where drive times and bus rides are very difficult. That's an area that I think about.*

*We serve a very rural population. So, utilizing it to reach out to those communities more to get care where they live without driving.*

*I think there's room, in the state of TN, for a much larger network that would encompass a lot more patients, hospitals, urgent care, and different levels of service that we don't currently hit.*

*We have a huge shortage of behavioral health providers. Telehealth psych is perfect for that kind of visit.*

*For rural patients who can't get to a counselor, to the type of specialties here in a rural setting. You would never be able to attract a full-time specialist to that region, but they can handle multiple regions via telehealth.*

*There are very few community psychiatry clinics out here, two maybe three in Memphis. We don't have a community mental health system here.*

*There is a shortage of psychiatrists, specifically in east Tennessee. Clients go to an office in their county and it has increased access for them.*

**Many respondents say their organizations are more involved and increasing their involvement in telehealth in many ways.**

*We have opened an office in telehealth, hired people dedicated to it, and invested a tremendous amount of monetary resources towards growing the program.*

*In 2015 we had over 10,000 patient encounters on telemedicine.*

*Our long-range plans are to be involved in any and every aspect of telehealth that becomes available.  
(Respondent then listed many ways the organization is involved in telehealth)*

*We've been doing this for a long time. We have a really good investment in infrastructure and video gear. We were just awarded [a] grant late last year to revamp our infrastructure, which is going to allow us to expand telemedicine beyond what we have now.*

*Our system has hired a manager of telehealth services, and we have gone about identifying what our needs are in our system.*

*We were one of the health systems that blazed a trail. Rolling out that and seeing success story after success story, along with benefits to patients and different service lines*

*It's a quarter of our company, so we will be keenly involved in telemedicine*

*Because the hospital owns primary care, urgent care, specialty practices, inpatient and outpatient settings. And so we are looking at how to make this an enterprise-wide where you have an entry point via telehealth into the system. Once you can via telehealth, you could go anywhere."*

*Our goal is to have telehealth in all of our counties.*

**Respondents describe the complexity of developing partnerships and systems to successfully engage in telehealth and about the complexity of delivering care technologically across state borders.**

*Without the infrastructure, it's just a piece of technology. You have to have the relationships, a perceived need for it, the adoptions... Our partnerships are multi-directional. We have other hospital systems that we already have partnerships with. Those will continue and will expand in services. We have physician/providers we partner with. You have to have technology partnerships that can grow with telemedicine. We have vendor partnerships. Partnerships with payers (insurance plans) and telemedicine benefits. Everything is about partnerships.*

*We sit on the border of multiple states, so the complexity of telehealth can get quite challenging. The rules change every time you switch borders.*

*Crossing state lines where other states don't recognize the license of a physician.*

**Respondents cite extensive involvement in telehealth – the list of ways it is being used is exhaustive and differs by organization (specialties and focus) and by region (needs and context). (See in-depth interview summaries)**

**Many respondents can talk about some examples of collaboration they see in their area and others. Few research participants paint a picture of extensive and consistent networks of collaboration.**

*In Arkansas, they have a telehealth network that connects the various hospitals of the state and allows for a pretty seamless communication with the facilities in the state.*

*There's the TN telehealth network that has a few partners that work together to provide care to different hospitals and different centers for different things.*

*I think we have University programs that are working collaboratively with vendors. When I think of collaborative efforts, I think of the universities.*

*I know about the South Central committee that's meeting in Nashville. I've touched base with them, and we're trying to partner with them.*

*The hospital alliance of TN has pulled not-for-profit together and talked about collaborating together on telehealth.*

*The TN Primary Care Association has many collaborations in place, for different services, throughout the state. Cherokee Health Services in Knoxville has a pretty good network already established for different services. The University of AR Medical School in Little Rock has pretty mature services throughout Arkansas.*

*We have South Central Telehealth Resource Center. Georgia has a very robust program that is collaborative. Regionally there is some collaboration. We share ideas with Arkansas. There's a lot of collaboration through the ATA nationally. Within the state, I don't feel like there's very much.*

*The collaboration you see with private payers working with people like teledoc to provide care to their member base...HCAs are providing to Lifepoint hospitals. I think that collaboration will continue to grow. I've seen collaboration with larger organizations – The American Telemedicine Organization – working with our local and federal governments on policy.*

*One time the state of TN was collaborating with a group in Knoxville to provide integrated behavioral healthcare in the state...collaborated with a group for telepharmacy. A lot of things going on in New England. I think, in SC, it's cost share. The University there provides the specialty care, the state covers the equipment placement and some costs of receiving facilities.*

### **Some participants say they are or have been involved in collaborative efforts to promote telehealth services.**

*...we hope to continue the relationship with our partners to make available the telehealth services, leveraging the equipment and expertise that we already to have in place... also in partnership with the TN telehealth network.*

*I'm involved with...an organization of nonprofit hospitals in TN that are trying to get together to do telepsych first, and do it collaboratively across the state...great grants from the dept. of agriculture and the FCC, That's a coordinated effort going on in the state of TN.*

*We partner with regional facilities and provide this service to or through them. They are able to get service faster.*

### **Opportunities for collaboration on telehealth**

*The most valuable thing that can be done, at this point, is advocacy.*

*Probably the best are going to be in areas where there are a limited number of specialists, where large systems can come together and decide what services they can provide based on physician availability.*

*The best is when you can collaborate with a pediatrician's office (or other physician's office), to use for acute care in a clinical setting and can also draw in a specialist or other physician to collaborate...because that is what is best for the patient.*

*...partnership/joint venture are be the best opportunities; where you have a telemedicine expert like us working with a large provider.*

*I think the first step that I'm really excited about is meeting with this committee in Nashville.*

*Behavioral health, #1, clearly...we have the opportunity to provide specialist consultation services for doctor's offices throughout the region.*

*ATA is your primary or best collaboration. For instance, their technology resource center tests products and give ratings like Consumer Reports.*

*...shortages in the medical field, you're going to need to look to telemedicine to be able to take the few providers you have to expand them. Any physician subspecialty would be some of the biggest opportunities for clinic visits, emergency consultations, etc.*

*You have to look at what geographic area you're talking about, what they already have, and what their needs are...The best opportunity would be to figure out what kind of care that community needs.*

*It depends on what is not available in a particular area and how we could bring that service to them. Anything from neonatal to neurology to behavioral, anything that you could apply at a distance would certainly work.*

*Where are your expertise holes? It is much more feasible to reach out to an expert where you're not. I think in every case, you look at what you have and what you don't have. If it is going to take you a lot of money and a lot of time, you look and see who is already doing that and see if they want to partner.*

*Any large organization that is searching for a psychiatrist, the need is out there.*

### **Challenges and impediments to collaboration on telehealth**

- Fear of or resistance to change (physicians and others) and needed education

*I think there are a bunch of physicians who still feel that telehealth is "shoddy care". Maybe it doesn't meet up with what they can do in an office.*

*I think some of them have to do with providers are not fully prepared to commit themselves to a telehealth model*

*Just limited knowledge. It can be scary. Sometimes people don't like change, don't know what it is or what it's going to bring. They're afraid of costs or resources, maybe not having things available, etc.*

*There needs to be more education for medical organizations for them to understand the value and that it isn't a threat. A lot of them, when they don't understand it, perceive it as a threat*

*Perceived threats – people don't want to lose business. They don't want to give away their secrets. The "what's in it for me?" and "Why do you need me?"*

*Widespread acceptance by the physicians has been a barrier.*

*Just getting people interested. I am not talking about the patients, but the organizations.*

- Challenges with reimbursements and challenges with payers.

*There are many hurdles to getting telehealth off the ground – poorly reimbursed, not all forms of telehealth are recognized, not all payers recognize it,*

*The biggest impediments are going to be how the visits are compensated by the governmental and insurance payers.*

*I think, for us, it's who is going to pay for the service (reimbursement). A lot of our patients are uninsured, and that's a huge barrier...We see anybody, no matter what insurance, and that's difficult for us in regards to collaboration across the state.*

*Number one, in my mind, is that the state of TN needs to pass legislation that requires commercial payers to provide telemedicine regardless of the setting they're provided in.*

*Some challenges would be payments and standardization. They are following Medicare and Medicaid, which is a slow process. A better payment plan and system is needed.*

*I think that's a lofty goal, and is well intended. The reality is, at the end of the day, somebody has to pay for it. The lack of providers...We still have restrictions for reimbursement. Medicare still has fee for service exclusions, and that makes it very difficult with an aging population and more and more people rolling into Medicare.*

- Regulatory issues

*Crossing state lines where other states don't recognize the license of a physician.*

*There are some states that are still suspicious of telemedicine, so licensing agencies are probably the biggest impediment.*

*...I believe that there are regulatory and reimbursement barriers that get in the way. I think there's a lot of noise in the market about what software/hardware is proper to buy.*

*...government payers like CMS – Medicare, Medicaid – don't pay for the things they should that would help fund these services... A lot of times these laws and regulations are quite different, they can be in conflict with each other, you sometimes find catch 22s in being able to provide services through telemedicine... Basically, our entire healthcare system is not really accommodating for providing telemedicine or telehealth because of this idea of being able to provide anywhere.*

*The one problem I've had is, in TN, we have coverage parity to get payment but we don't have payment parity, so that the insurers have to cover it at the same rate as an in-service visit... TN's telehealth laws are a little bit restrictive. I wouldn't rate TN as a telehealth friendly state. Part of that is because, for a long time, the patient had to be at a qualified site...that's not very effective for a robust telehealth program across the state.*

*...current state-to-state licensure...seems like a national level telehealth board could provide a telehealth national provider license*

*Legislature and insurance companies that don't want to pay*

- Technology issues

*Broadband access in rural communities*

*We have the broadband capabilities that have to be moved out to the rural areas so you don't have disruption in the transmission. It's getting the computer lines under the ground. The consistency of everyone's software, so they can talk to each other.*

*Getting enough band width is one.*

- Other issues

*I think locally, in TN, we don't have a lot of collaboration, so that would be an impediment.*

*You need to have access to medical records to make good decisions, and everyone has something different. It's gonna be hard for people to talk to each other.*

*There is some concern about upfront cost, but those are coming down.*

**Most respondents report that their organization is at least somewhat likely to consider collaborating to offer telehealth in some way.**

How likely do you think your organization would be to consider collaborating in some way to offer/provide telehealth services – first please give me an answer on a 10-point scale where 1 is “very unlikely” and 10 is “very likely”										
	Very Unlikely									Very Likely
	1	2	3	4	5	6	7	8	9	10
<b>Number Responding</b>	<b>1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>6</b>
<b>Percentage</b>	<b>5%</b>				<b>5%</b>	<b>10%</b>	<b>20%</b>	<b>5%</b>	<b>10%</b>	<b>30%</b>

- While this is not quantitative research, participants were asked about the likelihood their organization would consider collaborating to provide telehealth. Their reasons for their ratings follow:

*We would consider all proposals, based on our mission and how things fit into our mission. (10)*

*Collaboration is our motto. We do draw in lots of partners. (10)*

*If there's something that's mutually beneficial where the two get together to provide services...under those circumstances, yes. (10)*

*I don't think we're gonna have all the technology and resources available solely to us. We're going to have to collaborate with others. (10)*

*We have already had discussions with different providers and other hospitals and physicians, in our system and in our region, to provide different types of telehealth services. (10)*

*We really value collaborations because we know we can't do everything for everybody...it increases access to care...and then we really feel like telehealth has been very beneficial for our clientele. (10)*

*We have probably some of the best longitudinal experience, so I think our experience in the world of telehealth is as robust as anyone else in the state of TN. (9)*

*If there are organizations in certain pockets (direct-to-consumer) that already have the infrastructure, the mechanisms of technology and support, that would be an opportunity to collaborate and partner. As opposed to trying to rebuild all that and compete, why not work in partnership instead of tapping limited resources? (9)*

*We're always looking for a better way to serve our patients. If it provides better care for our patients, we want to do that. (8)*

*If we could find the right collaborative partner, I think we'd move into it. It's just finding the partner that presents the difficulty. (7)*

*We try to be forward looking, at least in my experience since I have been here. We try to provide the best care we can, so we are not afraid to take a look at doing new things. (7)*

*It depends on what the demands are for. It depends on what the collaborative groups are asking for. (7)*

*It would depend upon what the collaborations were and what the expectations are from our side, what the expectations would be of us. As far as sharing resources, we are pretty strapped for resources. (7)*

*I would consider collaboration if they hit my needs, but I just manage it myself. (6)*

*Tele-psych is a new concept to people. Some think it will interfere with the doctor patient relationship...but I also know that those in charge like things the good old fashioned way. (6)*

*I think the potential is there, but I don't know there will be follow-through. (5)*

*We can only represent our clients and help them (1)*

**Please tell me what sort of collaborative effort would be appealing to you and to your organization.**

*Collaboration of service that's really hard for our patients to get and would be accessible to our patients.*

*We're a company that sells services. As a national company, we're in a very different position. Our collaborations have to do with collaborating with our customers.*

*...lobbying groups, to say "How do you change the regulatory landscape", "How do you make laws that are fair and appropriate, yet conducive for the provision of medical care remotely, specifically telehealth/telemedicine?"*

*... knowledge about the system and how it works, and how it will benefit the healthcare system, and not disrupting the workflow to implement it*

*Technology and physicians that are willing to provide the services.*

*Number one, passing legislation in the state that requires commercial payers to reimburse for telemedicine regardless of the setting. We would need to acquire access to a common set of technology – monitors and computer equipment - necessary to do this.*

*A webinar...that would be to get to know what other activities in telehealth are taking place in the state of TN.*

*As we look into the current populations that we serve, and into the future, virtual direct-to-consumer access that just continues to expand our footprint. I want it to be, not solely a partner versus us, some hybrid model.*

*I guess, if the willingness of the other party to invest or collaborate with us is high...Having a good level of interest and investment from the distant party would be paramount to success.*

*It is that win-win concept. What are you bringing to them and what are they bringing to us?*

*The two things that would make it work well are good equipment and support services at the site where the patient is being seen*

*Client care would be first and foremost; the research component, too; increasing access to care; collaborative effort that would help leverage sustainability funding.*

**There is no consensus among respondents as to who should lead/organize a collaborative effort for telehealth in the state of Tennessee (who should and promote it – to give it the best opportunity to succeed).**

- Payers

*On first glance, I would say it would be the payers... it's providing tremendous value to them in many ways... and for a collaborative to be effective, you'd have to have somebody that could be that intermediary third party and maintain confidentiality with sensitive data.*

*The most draw would be payers. TennCare, commercial, United.*

- Association

*Probably the TN Hospital Association*

*Probably the TN hospital association.*

- Government/state entity

*If it's going to be in TN, probably the TennCare agencies.*

*I would think some agency of the state could drive a successful effort across the state – Dept. of Health Services or something like that.*

*I normally think the generic answer is: the state board of medical examiners or the state medical association. They needed a special committee or representative group (including telehealth/telemedicine) to have a better understanding of how this is done so you can have the appropriate understanding and better decisions can be made.*

*The department of health or the department of mental health.*

- Universities

*It would be nice if our university hospitals with medical schools would get involved with telemedicine. If they would step up and be the leaders that would be a start.*

*I would think that the University of Tennessee, since they have campuses all over the state...other large corporations might have some interest there...insurance companies are interested in things that save them cost.*

*I would hate to see that rest with the universities, but they seem to be the only entity that could do that. The criteria should be an understanding of who the community providers are and how to be inclusive with them.*

- Telehealth Agencies

*I think the SCTRC, because they already have a database of those involved in telehealth.*

- User Organizations

*I think if there are currently health care organizations that have leaders who have experience, they should be involved.*

*I think you need stakeholders...maybe a legislative subcommittee, comprised from stakeholders from across the spectrum*

*I think that it needs to be a coalition of telehealth users. I don't think it needs to be the government. And I don't think it needs to be a private entity that comes along and says "we will be your telehealth network."*

### **What advice would you give to anyone who is interested in developing or coordinating collaboration for telehealth services in Tennessee, to help them in this effort?**

*For many institutions, the level of capital outlay may be more than they're prepared to put forward. Many of the robust programs largely became that way due to grants.*

*Clear, open, honest communication about what the program is, what the goals are, what the future looks like, and then pulling in partners*

*To make sure they are working closely with the various state agencies, and the legislature, to help remove any barriers to implement the programs. Also, working with potential external funding sources for grants to allow smaller facilities to acquire the equipment they need without significant capital outlays.*

*Sometimes people don't believe in telemedicine or can't afford it, but there's got to be a way to keep it sustainable. It's trying to figure out a sustainable telemedicine model that pays for itself.*

*You're gonna have to have the money, the politics, the organizational strength. I think you've got to be imbedded in an organization that already has a degree of credibility with most of the players in the state.*

*Be passionate. Don't give up, because there are a lot of obstacles implementing it. Be well educated in it. Try to network with other people that are doing it so you can learn from each other and be able to advance it more quickly.*

*We need to define what we're trying to accomplish, first; what areas do we want to reach, how do we want to reach, and develop a collaboration around that plan.*

*The thing that has helped us so much is hiring someone that has tremendous expertise, background, and knowledge about telemedicine services. Not only at a legislative level, but also at an operational level. That has helped accelerate our abilities and our understanding as an organization.*

*I would advise them to check in with SCTRC to see who's involved in TN. If that organization wanted to take the lead, they could take that contact information and contact them to see if they're involved.*

*Do your homework. Understand that telemedicine is not about technology; it's about clinical care...Less focus on the technology, but a better focus on just the operational details and providing high quality service.*

*It takes a lot of time. There are always a lot of red tape and procedures to go through. There are state and federal mandates and regulations to deal with. It has to be vetted and dealt with as problems arise. It will take a lot of patience to get it started and running.*

*What are you trying to achieve with the collaboration? You have got to figure out the money. That is what drives services and activities. Money needs to be taken into account. The cost to build it up, to be involved in*

*it...what is it going to cost the company. Also, connectivity in rural areas is an issue. But if you could figure out the financing, the providers will get on board.*

*Resist the urge to want to own it. I think that basically, you have to have a coalition mindset that we all are a part of this process.*

*Make sure that the administration of whatever organization it is would be willing to listen to the idea.*

*Find out who the community providers are, who is already doing services and doing it well. Make sure to be inclusive.*

*Make sure that you do the research and you have all of the information needed to help their clientele understand how it is going to help their client population so that you get everybody (both clients and partners in the collaborative) buying in on the front end.*

### III. Background, Research Objectives and Methodology

The South Central Telehealth Resource Center (SCTRC) commissioned research among stakeholders to meet the following business objectives:

#### Primary business objective/outcome

- To understand the degree to which stakeholders would support an alliance or a combined effort to develop a single telehealth network in the state
- To determine the basic feasibility of developing such an alliance
- To support the determination of next steps in the process

#### Specific Research Project Objectives

- To better understand and define the extent of the current use of telehealth by organizations in TN
- To understand the successes and benefits stakeholders experience using telehealth to serve patients (and providers)
- To identify the challenges and problems faced by those using telehealth
- To identify the levels of interest in working together in telehealth; the extent to which these stakeholders are able see the value of collaboration (not just self-interest)
- To identify any current collaborations or combined efforts currently occurring in TN
- To understand the challenges stakeholders see with potential collaboration among telehealth users in TN
- To understand what advantages for their organization (self-interests) might make these stakeholders and their organizations interested in participating in a collaborative effort
- To understand stakeholders' opinions regarding who needs to lead any telehealth collaboration effort for it to be successful (and for them to be interested in/support it)

#### Qualitative Research

##### In-Depth Interviews

Sightline Research + Strategies (Sightline) used a qualitative methodology to achieve the research objectives. Sightline professional interviewers conducted in-depth interviews by telephone appointment with 20 current professional telehealth stakeholders in Tennessee. The interviews were conducted during the months of May-July 2016.

An effort was made for the respondents to be as representative of the larger population of telehealth users in the state as possible. As an incentive for participating respondents were offered a brief summary of the research findings to be fulfilled in August.

The sample for the research was provided by SCTRC. The discussion guide was developed jointly by Sightline and SCTRC (a copy is attached).

#### IV. Discussion Guide

### Tennessee Telehealth Marketplace Assessment Research In-Depth Interview Discussion Guide

Date: \_\_\_\_\_ Respondent: \_\_\_\_\_ Organization: \_\_\_\_\_

(Interviewer uses conference line for recording as agreed to in the appointment)

Hello \_\_\_\_\_,

My name is Mark and I am an independent researcher from Sightline Research + Strategies. I'm calling on behalf of the South Central Telehealth Resource Center. Thank you for giving me a few minutes to talk with you about telehealth in Tennessee. *Telehealth is defined as the use of remote health care technology to deliver clinical services by the American Telemedicine Association.*

We are asking to record this interview for reporting and so that it will not be necessary to take extensive notes while speaking on the phone. Please be assured your responses will remain confidential and we will only report your answers with those of others in a combined report. We will not report your responses in association with your personal information; and no attempt will be made to identify you individually.

As promised, we will provide you with an executive summary of the key findings from the research as a “thank you” for participating. Once again the executive summary will be overall and general findings and will not identify any individual or organization.

#### Warm Up (easy answer – 2 minutes)

- First of all please tell me a little about your background as it relates to your involvement in healthcare. How long have you worked in a healthcare related job/position? And how long have you been in your current position?
- What about your current position – what are your primary areas of responsibility/expertise?

#### Your Experience with and Perceptions of Telehealth (5 minutes)

- How would you explain Telehealth to a person who is unfamiliar with the term/concept? (There is no right or wrong answer, listen for the key ideas)
- Please give your impressions or opinions of telehealth. Please explain why you have this opinion. (This is a broad and open-ended question to begin the discussion of the subject. Probe for any top-of-mind responses and information respondent will provide; probe with “talk about the

need/importance” “talk about what you have observed in the growth, successes, failures, etc.”  
Listen for needs, costs/savings, lack of services in needy areas, etc. )

- Tell me anything unique about needs or about the situation related to telehealth in your area of the state of Tennessee. (Probe to be clear about the “why” such as what they may perceive as different in their area, and to identify unique needs, lack of services, etc.)
- How involved have you been in your career in telehealth? How about your involvement currently? (Probe to determine respondent’s expertise and experience, ask “what have you done/do you do specifically related to telehealth?”)

Your and Organization’s Involvement in Telehealth (5-7 minutes)

- Talk about your organization’s current involvement in and plans for involvement in telehealth? (Interviewer use the statements below as needed to clarify the organization’s current telehealth situation/involvement. As respondent explains perhaps ask “would you say...[read the appropriate statement to see if it applies]; then clarify with more information any statement(s) to which they agree. Check multiple statements if they apply.)
  - We are not involved in telehealth, and have no plans to become involved (Probe to understand why not)
  - We are not involved in telehealth, but can see the need to provide these services to our patients (Probe the needs that are driving this consideration)
  - We want to/plan to become involved more in telehealth (Probe to understand why and to what extent the plans are in process)
  - We partner to provide telehealth services – explain the partnership (Probe to understand specifics)
  - We have specific plans (including acquiring equipment and/or expertise) to expand our services in offering telehealth (Probe to understand these plans and how far along they are in developing them)
  - We provide telehealth services without assistance of others (Probe to see the extent of what they provide)
  - We have the necessary equipment, resources, and expertise to provide telehealth to patients we serve (Probe to see if respondent will talk about the specifics of these capabilities)
  - Our involvement in telehealth has changed – we were more involved in the past than we are currently
  - Our involvement in telehealth has changed – we are more involved now than in the past
- (Ask if this has not been clarified in the previous answers) Specifically, does your organization have the capabilities, personnel, resources and equipment necessary to provide telemedicine services?

- (Ask if this has not been clarified in the previous answers) Specifically, does your organization partner in any way to provide telemedicine services?
- (If they say they are involved in telehealth) What telehealth services does your organization specifically provide? (They may be willing to identify the service lines/specialties, or to describe the process, etc.)

Potential for Collaboration in Telehealth (8-10 Minutes)

- Are you aware of any collaborative efforts in telehealth that are currently happening? (if so) Please tell me about these. (Probe for as much information as possible about any efforts they know about – could be in Tennessee or elsewhere. Try to understand specifically who is collaborating, what the collaboration is – e.g., listen for sharing equipment, personnel, resources, costs, etc. also the extent of the collaboration across organizations, geographies, specialties, etc.)
- Is your organization involved in collaborative efforts to explore, or promote, or provide telehealth in any way? Please tell me about these. (Probe for specific partnerships, specifically how they are collaborating, and the extent of collaboration geographically, organizationally, financially, etc.)
- What do you believe are the best opportunities for collaboration on telehealth? (Listen and allow the respondent to fully express an opinion, but probe to be clear about the possibilities. Listen for issues related to needs by geography, cost savings, etc.)
- What do you believe are the greatest impediments and challenges for collaboration on telehealth? (Listen and allow the respondent to fully express an opinion, but probe to be clear about the concerns and problems – especially probe for specific examples from the past or current.)
- How likely do you think your organization would be to consider collaborating in some way to offer/provide telehealth services – first please give me an answer on a 10-point scale where 1 is “very unlikely” and 10 is “very likely”

Very Unlikely									Very Likely
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>									

Now please tell me why you say this? (Listen and probe for the specific reasons)

- Please tell me what sort of collaborative effort would be appealing to you and to your organization. That is, what are the components that would make it more/most likely for you to be involved? (Probe based on the respondents’ previous responses and what has been learned about the organization’s behaviors. Etc.)
- If a collaborative effort for telehealth was going to happen in the state of Tennessee, who should lead/organize and promote it – to give it the best opportunity to succeed?

- What advice would you give to anyone who is interested in developing or coordinating collaboration for telehealth services in Tennessee, to help them in this effort?

Thank you for taking the time to provide all of this helpful information. It is possible we may want to do some follow-up in the future about this subject, would we have your permission to email you? We promise not to share the email with anyone.

Name \_\_\_\_\_

Email \_\_\_\_\_