



HPNA Telehealth Policy Statement

Telehealth is an evolving healthcare tool which the Hospice and Palliative Nurses Association (HPNA) strongly supports. Given HPNA's clinical history within the field of hospice and palliative care, as well as the unique patient population, HPNA believes it is particularly qualified to comment on the future of telehealth.

Background

HPNA defines telehealth as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications (<https://www.nursingworld.org/practice-policy/advocacy/telehealth/>).

Hospice nurses have been using some form of "televisits" since the 1970s and continue to do so through present day. Hospice and palliative nurses have successfully evolved with telehealth innovations in part because patients and families have always been able to call on hospice nurses any time of day or night for high-quality care. This has historically been done by phone and now is also accomplished by advances in face-to-face technologies.

In 2009, an article reported on a study in Canada that explored patients' and families' experiences with telehealth. The authors identified three key themes:

- Telehealth lessened the burden of costs of travel, lost wages, lost time, and physical limitations.
- Telehealth maximized support available to patients. Support was described as increased access to health care and availability of family and friends involved with the healthcare visit.
- Telehealth tailored healthcare delivery to the needs of the patient and family.

COVID-19

The COVID-19 pandemic has had an extreme and unanticipated impact on hospice and palliative care, including unprecedented innovations in telehealth for hospice and palliative nurses. During the pandemic, telehealth visits were often the only way hospice and palliative nurses were able to see their patients, both those suffering from the coronavirus as well as those facing other serious illnesses.

Since the beginning of the pandemic, hospice providers, including nurses, have benefited from telehealth flexibilities authorized under the CARES Act, which allowed hospice providers to use telehealth to conduct face-to-face encounters prior to recertification of eligibility for hospice



care during the emergency period. HPNA supports those waivers, which were made during the Public Health Emergency declared by the president on March 13, 2020. HPNA believes that the waivers should be made permanent after the emergency declaration period ends.

Looking Forward in Telehealth

Making permanent the telehealth waivers established during the COVID-19 national emergency would improve access to care in states across the country, especially for rural, remote, and underserved populations. Most hospice patients receive care in the places they call home, and enduring telehealth legislation would allow them to continue to receive care from the safety of their homes. Extending these capabilities permanently would provide needed flexibility to both patients and families and ensure access to care in rural and underserved areas—all without marginalizing patient care.

Health equity must be at the forefront of any decisions made regarding telehealth expansion and implementation. It is important to note the serious concern about widening health disparities, particularly for minority and underserved communities. Telehealth should be employed in parallel to policies such as broadband access and expansion, access to end-user devices, and patient education. According to Provision 1 of the American Nurses Association Code of Ethics, the nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person (<https://www.nursingworld.org/coe-view-only>). It is imperative that telehealth be employed with policies to support and enable this principle.

Additionally, future support of telehealth should also include legislative advocacy to remove as many nursing licensure barriers as possible, including interstate licensure requirements. HPNA believes eliminating geographically based licensure restrictions improves the capability of clinicians to reach patients and families utilizing telehealth.

Challenges

Telehealth can replace in-person visits when feasible and clinically appropriate. The standard of care should remain the same regardless of whether services are provided in person, remotely via telehealth, or through any combination thereof.

Hospice and palliative nurses have been successful in administering telehealth care because they have had the authority to make decisions about appropriateness of in-person versus virtual care. It is imperative that this power lie in the hands of the clinical team. They should decide what is best for each individual patient and that person's healthcare needs.

Hospice and palliative nurses take great pride in the bedside care they provide to seriously ill patients and do not want to see abuse in discretion of telehealth privileges. Telehealth must complement the multidisciplinary team and the patient's plan of care. The key to successful telehealth implementation is the delivery of a hybrid or blended in-person/virtual model developed by the patient's multidisciplinary team. Hybrid models can be customized



depending upon the needs of the patient and family. For example, a patient may initially be seen during a face-to-face visit and then transition to virtual visits, or a patient and family may have their first visit virtually and then have future live or virtual visits. Moreover, telehealth should never be a requirement, but rather an option for patients and care providers to use when it best fits the needs of the patient.

Education

Nursing education has been advancing telehealth in nursing curricula over the past decade. Even prior to the COVID-19 pandemic, nursing curricula were expanding to meet the growing need for telehealth.

Today, nursing education incorporates increasingly advanced technology, such as virtual reality simulation and distance-learning technology, as routine parts of the student experience. Telehealth technologies, artificial intelligence, and wearable monitoring devices are examples of current, technology-focused, competency-based nursing education (American Association of Colleges of Nursing, 2021). From the National Organization of Nurse Practitioner Faculties 2018 position statement: “It is essential that nurse practitioners are empowered with telehealth knowledge and hands-on skills so that they can be a creative force for innovations in telehealth within practice settings and healthcare systems.”

The profession of nursing is inherently focused on the process of care delivery and has a long tradition of breaking down barriers to get nursing care to patients and families. Nursing education continues to be on the forefront of preparing students to carry on that tradition in a way that balances high-tech with high-touch, evidence-based nursing care. HPNA joins with other nursing organizations to affirm the continued integration of telehealth and similar technologies in nursing education and training.

Values Summary

HPNA believes that policymakers must take into account the following as they move forward with updating telehealth regulations:

- Policymakers must ensure equity of services provided via audio-only visits when patients have limited access to audio/video devices.
- Many patients still struggle with access to telehealth technologies. As telehealth is expanded, so must access to broadband, personal technology devices, and patient and provider education to make telehealth a viable source of care.
- Telehealth benefits patients by lessening the burden of care, maximizing support, and tailoring healthcare delivery to the needs of the patient and family.
- The disaster waiver authority should be permanent, enabling Health and Human Services to expand telehealth under Medicare during all future emergencies and disasters.



- Policymakers should eliminate outdated geographic and originating site restrictions on the use of telehealth under Medicare to establish that a patient's home is an eligible distant site, which would enable patients to receive telehealth care at home.
- As telehealth is expanded, regulations must be put in place to require stringent technological security and privacy protections for both patients and providers.

References

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