

Preface

When we were approached by Springer to edit a series of books regarding telehealth, our first thought was that the topic of telehealth was too broad for a series of books to cover. To our way of thinking it would be like writing a series of books on out-patient health services. The technologies and methods employed in what is called “telehealth,” and its many pseudonyms, cannot be easily corralled or organized. If telehealth is defined by the transfer of health information electronically, then it is easy to understand why one book or series of books may fall short of that target. Accordingly, we made a suggestion for the series to focus on something more manageable and that we actually knew enough about to organize a helpful contribution—behavioral telehealth.

There are many good books on the market regarding telehealth, in and outside of behavioral realms. Quite often it is possible to learn a lot about many different aspects of telehealth from one expert resource, including telemental health models, asynchronous or store-and-forward technologies, or eHealth products conveyed over the web, etc. Given the many telehealth-related topics to cover in any one book, what is gained in breadth of knowledge is borrowed from depth and detail regarding any one particular area. Yet, implementation of telehealth programming is an endeavor that occurs almost entirely in dealing with, mulling over, guessing about, failing in, and working out highly-specific details. Accordingly, Springer’s idea for a series was a good one. Against this backdrop, we noted that a comprehensive “turn-key” guide specific to clinical videoconferencing (CV) program development would be a helpful contribution for the first volume in the series.

Being familiar with the literature, we also noted that specific technical information regarding management issues was often mixed together with clinically-relevant information, obscuring the discernment or quick reference of either. In the past this mixing made sense as many of the early adaptors were also clinical champions. However, as telehealth programming continues to become more widely adopted in normative healthcare ecologies, the divide between the informational needs of the clinical and managerial realms is becoming apparent. Accordingly, this volume is divided into two broad sections; one geared for clinic managers and administrators, and one for clinicians. To avoid repetition of material, most chapters build on or reference others when appropriate, though each chapter can stand on its own

for picking and choosing. All the chapters are structurally similar, with a focus on evidence-based and experiential pragmatic tools, (e.g., pros and cons of specific technology configurations, resources to plan for bandwidth, relevant CPT codes for billing in specific situations, boilerplate language to create local policy, templates for inter-facility agreements, informed consent templates, tools for knowing and navigating federal and state regulations, clinical protocol checklists for patient safety, checklists to overcome barriers to communication in the medium, etc.). Additionally, we tried to pay particular attention to thorough indexing to facilitate efficient referencing.

A few technical notes for clarification may be helpful, starting with the often obligatory telehealth discussion regarding nomenclature. While “telehealth” is a broad term, in many situations the meaning is rendered clear by the context of use and so there is little need to impose strict rules of vocabulary, especially when referring to the most common usage; i.e., interactions with a provider via a live video-feed. Having said that, we prefer the term clinical videoconferencing (CV) or “clinical video” for short, because it is more specific than others terms, such as “telemental health” (TMH), but not so specific as to be descriptively redundant, as perhaps “clinical video-teleconferencing” (CVT) now sounds to many. Regardless, in this volume the reader can assume that broader terms, such as “telehealth” or “telemedicine,” were chosen purposely to refer to general practices, while clinical video is reserved for the more specific meaning.

We have been fortunate enough to have worked with experienced and extremely knowledgeable chapter authors on this project. In an effort to avoid unnecessary repetition of information among the chapters but also to capitalize on the authors’ strengths and insights, they have agreed to a certain amount of lending and reorganizing of ideas among the submitted chapters, which we were grateful for. It is in that spirit of collaboration and cooperation that we all offer this volume.

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Clinical Videoconferencing in Telehealth

Program Development and Practice

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2015, XXIII, 259 p. 8 illus., Hardcover

ISBN: 978-3-319-08764-1