**Common Integration Barriers (and impossibly easy solutions)**

# **Primary Care Provider Buy-In:**

***Engage the medical staff in the implementation and planning process***

1. ***“What are the benefits of telemedicine?”***
   1. Engage the medical staff in the implementation and planning process.Buy-in has to be an organic process that starts with an identified need and desire for the service.
   2. Make literature available that documents increased access, quality of care and improved patient outcomes as a result of telehealth
   3. The clinician champion *can encourage the providers to participate* in telemedicine.

***Discuss telehealth in the monthly clinic staff meetings***

1. *“****Who are these specialists? Are they qualified to see my patients?***
   1. *Arrange meet and greets between the PCPs and the specialists in person or via video conferencing*
   2. *Give the PCP the specialist bios so they can be more familiar with the specialists and their qualifications*
   3. *Talk about telemedicine at the monthly clinic physician meetings*

***Only use telehealth to supplement your community resources***

* 1. *Have the physician champion invite colleagues to sit in on a consult*

1. ***“Will telemedicine put local specialists out of business?”***
   1. *For telemedicine in general, try to remember – telemedicine can supplement, not replace, what you have available in your community.*
   2. *Telemedicine should never be started in a community as a redundant service – it must be a perceived need identified by the referring site.*
2. *“****What types of patients are appropriate for referral?***

***Host a “meet and greet” video session with providers to break the ice***

* 1. *Inform the clinical staff of the existence of specialty referral guidelines, and make them available and easy to locate*
  2. *Include a review of the referral guidelines in monthly clinical staff meetings*
  3. *Place a set of referral guidelines at the referral coordinator’s workspace.*
  4. *Schedule a meet and greet with the specialist to discuss the referral guidelines, appropriate clinical conditions and requisite tests prior to referral.*

1. *“****Referral Guidelines are too complicated – the specialist is requiring too much information prior to the consult.”***

***Negotiate referral guidelines to the satisfaction of the referring and specialty providers***

* 1. *Meet with the specialist to discuss and agree upon referral guidelines that will accomplish the needs of both parties: requirements that can be met by the referring provider, and information that will help the specialist conduct the consult.*
  2. *Oftentimes a specialist is willing to see the patient without a complete clinical work-up if it’s not possible to obtain the information prior to the consult.*
  3. *Primary care providers are also more willing to buy in to the referral requirements if the specialist can explain why each item is necessary.*
  4. *Uncomplicated guidelines will have a greater likelihood of being adopted and utilized.*

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# **Primary Care Provider Buy-in, continued:**

1. ***“Using a video provider makes me feel disconnected from the specialist.”***

***Schedule monthly recaps between the providers to review patient progress and answer questions***

* 1. Conduct video or in person meet and greets to discuss the roles of the specialist and the primary care provider in the care partnership
  2. Specialist should provide their cell, desk, or other contact number to the primary care providers to encourage communication, follow up with medication changes, etc.
  3. The specialist should initiate follow up and direct communication with the primary care provider to check on patient progress
  4. Brief monthly recaps between the primary care providers and the specialists to review patients seen, progress to date, and answer general questions (without the patient present).
  5. The specialist should hold an in person in-service for topics or procedures most commonly utilized in that specialty (ex: performing a biopsy)
  6. The specialist should make a guest appearance at the PCP monthly clinic meeting to talk about their services and answer questions
  7. Combine telemedicine with in-person, on-site consults to build trust and create a referring partnership

# **Patient Buy-In**

***Give the patient a telemedicine demonstration***

1. **Fear of technology**
   1. Educate the patient about telemedicine
   2. Assure the patient the video or information will be transmitted on a secure line, to the specialist only (i.e., this won’t show up on YouTube)
   3. Give the patient a demonstration of what will happen during their consult

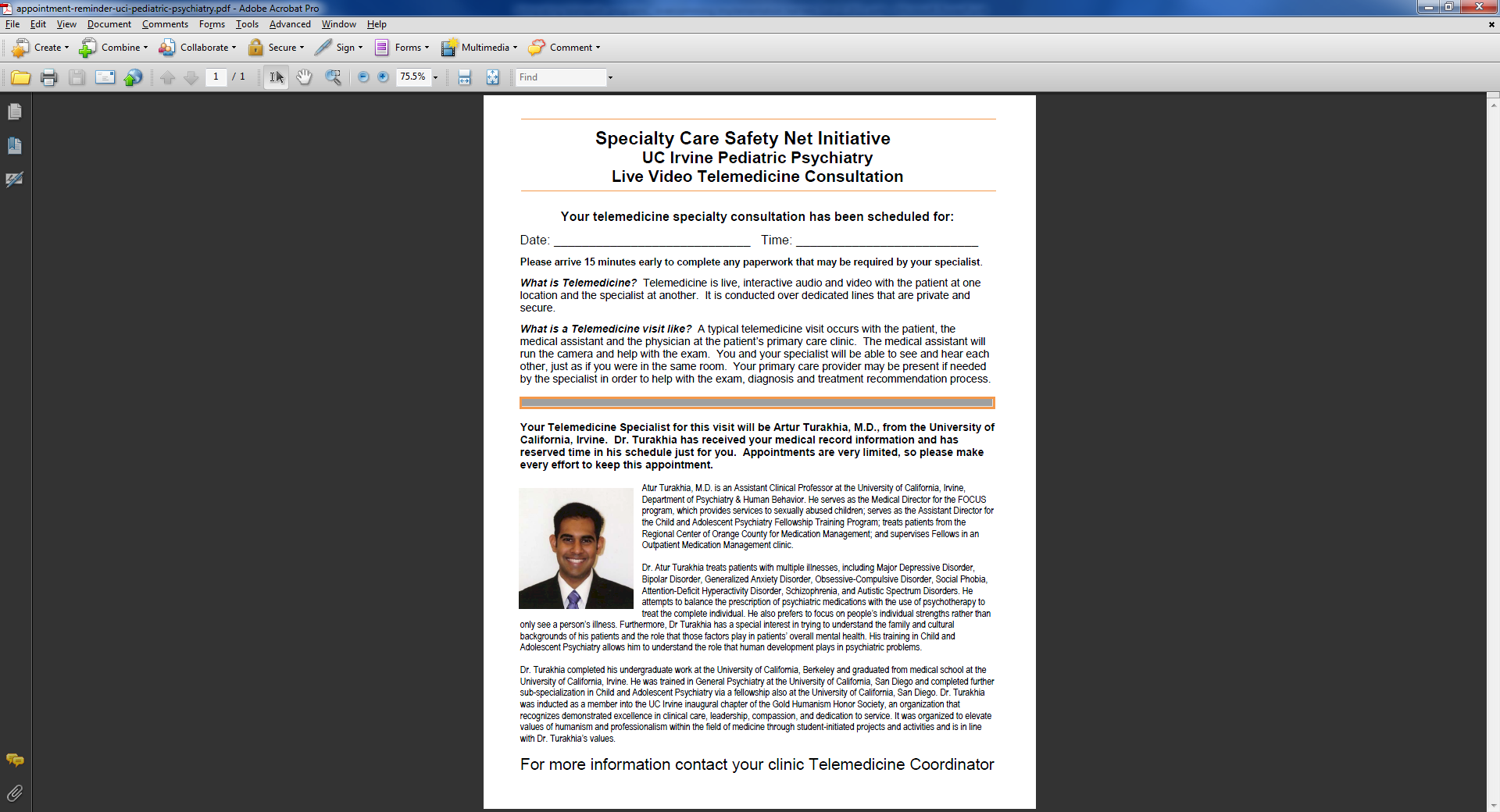
***Assure the patient the specialist was selected by their PCP to enhance their care***

* 1. Media blasts – newsletters, emails, local newspaper articles, handouts and posters in the waiting rooms

1. **There may be a perception the patient is receiving 2nd class, or a lower quality of care** 
   1. Show the patient the specialist’s bio with a picture.
   2. Explain the specialist will just be there to support their own PCP.
   3. Train the staff to help the patients understand the benefits.
2. ***For non-English speaking patients: “*How will I communicate with the specialist? “**

***Provide information handouts in the patient’s primary language***

* 1. Assure the patient *you will use the clinic’s translators* so that no family member will be required to be present
  2. Have *information handouts in the patient's own language*
  3. When possible, *select a specialist who speaks the patient’s native language*



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