



Words Matter:

*Discerning telehealth interpretations,
synonyms and misnomers in U.S. Healthcare*



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The COVID-19 pandemic thrust connected care into the spotlight—and the use of connected care technology has grown exponentially in a matter of weeks and months. But the terminologies and definitions used in the U.S. by clinicians, market suppliers, policy makers, and patients vary widely. In an effort to gain understanding and clarity to the full range of terms used for connected care and telehealth, we offer this primer.¹

In some cases, connected care terms have specific regulatory or statutory definitions, while in other cases there are no official definitions—only a loose consensus of use. When using telehealth terms, we must take care to select appropriate terms for a specific audience, context, region and end-goal. The U.S. federal government’s use of an array of terms—many of which differ across agencies, contributes significantly to definitional confusion.

For example, the U.S. federal government specifically describes telehealth services in the Medicare program as using an “interactive telecommunications system”, which is defined as: “Interactive telecommunications system means multimedia communications equipment that includes, at minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant-site physician or practitioner. Facsimile machines and electronic mail systems do not meet the definition of an interactive telecommunications system.”²

It’s important to note that Medicare does not include remote patient monitoring, virtual visits and communication-based technology services such as telehealth. Thus, when addressing anything related to the Medicare program or agencies responsible for its administration, we must select terms carefully to be clear about whether or not we are addressing their specific definition of telehealth or technologies not subject to the restrictions placed upon telehealth.

Definitions

Definitions written into policies and regulation vary by entity and drive coverage and reimbursement policy.

Telehealth is the most common term and often includes the full array of connected care modalities: video visits, phone calls, email-based consultations, and sometimes remote monitoring (excluding the U.S. Medicare program). Telemedicine more commonly involves consultation between providers on clinical cases, such as telestroke services, teleradiology and others.

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The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid (CMS)

- **For Medicaid, CMS’s definition for telemedicine** “seeks to improve a patient’s health by permitting two-way, real-time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.”³
- **For Medicare, CMS defines two telehealth categories:**
 - 1) “Services that are similar to professional consultations, office visits and office psychiatry services that are currently on the list of telehealth services.”
 - 2) “Services that are not similar to the current list of telehealth services...use of a telecommunications system [which must be live audio-visual] to deliver the service produces demonstrated clinical benefit to the patient.”⁴





The U.S. Department of Health and Human Services, Health Resources & Services Administration (HRSA)

HRSA states that “telehealth is defined as the use of electronic information and telecommunication technologies to support long-distance clinical healthcare, patient and professional health-related education, public health and health administration. Technologies include video conferencing, internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.”⁵

Federal Communications Commission (FCC)

The FCC defines telehealth as “similar to telemedicine but includes a wider variety of remote healthcare services that may extend beyond the doctor-patient relationship. It often involves services provided by nurses, pharmacists or social workers—for example, who help with patient health education, social support and medication adherence, and troubleshooting health issues for patients and their caregivers.”⁶

Why This Matters

We need to start asking questions and developing clarity, while asking ourselves this: How do we integrate these various definitions—both at the policy level and implementation on the ground? What makes sense to consumers? What’s the risk if the differences aren’t discerned and an understanding is not reached?

Most can agree on a baseline understanding for the term telehealth:

- Providing care at a distance rather than in-person
- Enabling a two-way, interactive experience—which may be live (e.g. synchronous) or delayed (asynchronous via email, text or other messaging)
- Includes use of telecommunications that include both audio and video
- Ranges widely in services meeting the same standards of safety and quality as in-person care delivery. Additionally, AI and/or machine learning may become integrated into telehealth practices to empower provider dashboards and analysis
- Enhances care through increased patient engagement, made possible through providing education and keeping patients well-connected to their care providers; it is not simply a tech-enabled means to provide face-to-face care

Further clarifying the definition of telehealth can be helpful in distinguishing it from other uses of technology and services to provide connected care directly to patients. It is useful to distinguish it from telemedicine, which refers to provider-to-provider communication and services. While telehealth policies will continue to evolve with some differences by agency and context common elements will assist in defining quality, safety and effectiveness of telehealth. New models, such as, combining remote monitoring with telehealth visits promise to provide a more comprehensive continuity of care.

Additional Resources:

1 [CARES Act: AMA COVID-19 pandemic telehealth fact sheet](#)

2 42, CFR S410.78

3 <https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>

4 <https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>

5 <https://www.hrsa.gov/rural-health/telehealth/>

6 <https://www.fcc.gov/general/telehealth-telemedicine-and-teleguard-whats-what>





Breaking Down the Basics of Telehealth

U.S. Policy/Regs	
Telehealth	<ul style="list-style-type: none"> ✓ Varies by program ✓ Medicare limits to synchronous audio-visual patient-clinician visit ✓ HRSA defines broadly to include wellness public health, clinical care, and wellness
Telemedicine	<ul style="list-style-type: none"> ✓ Varies by program ✓ Usually clinical care by ICT
Remote Monitoring	<ul style="list-style-type: none"> ✓ Asynchronous monitoring of patient biophysical status
eVisits/eCare	<ul style="list-style-type: none"> ✓ Clinical communication between patient and provider conducted through Electronic Health Record Technology
mHealth	<ul style="list-style-type: none"> ✓ Medical, public health or wellness services supported by mobile devices
Video Visits	<ul style="list-style-type: none"> ✓ One form of telehealth, refers to synchronous meetings of a provider and patient using video and audio, often through an app
Virtual Care	<ul style="list-style-type: none"> ✓ Varies by program (not policy, but a model of care) ✓ Medicare defines as brief ICT enabled consultation with provider ✓ AARP defines broadly as all ICT enabled health care

If you have questions or comments, email us at AccelerateHealth@himss.org or visit us at himss.org/what-we-do-accelerate-health

