COMMENTARY

Telehealth: Helping Solve a Problem We Created

Commentary on Sarmiento et al. National expansion of sleep telemedicine for veterans: the TeleSleep program. *J Clin Sleep Med*. 2019;15(9):1355–1364.

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We have a dilemma; we have become the victims of our own success. Not long ago, sleep professionals struggled to gain acceptance from the medical community, patients, and the public. We persevered, despite the skepticism and Darth Vader jokes, gaining recognition for the importance of identification and treatment of sleep disorders. Now, we face an unintended consequence of our success, as we confront challenges to maintaining and expanding access to high-quality care for a growing patient population. Telehealth is a tool to can help us address this challenge.

In this issue of the *Journal of Clinical Sleep Medicine*, Sarmiento and colleagues describe the Veterans Health Administration (VHA) TeleSleep Program. This innovative program utilizes a range of telehealth technologies to enhance patient access to sleep disorders care.[1] The VHA has experienced staggering growth in the need for sleep services; for obstructive sleep apnea (OSA) alone, prevalence doubled and the number of encounters grew by 517% in under 10 years.[1] Within this OSA population, approximately one third live in rural or remote areas.[1] With only 151 Veterans Administration Medical Centers offering sleep services, traditional on-site care delivery models leave a significant number of Veterans facing proximity barriers to accessing care.[1] The VHA TeleSleep Program reduces geographic barriers through a smorgasbord of patient-centered telehealth options including e-consultation, home-based diagnostic testing, remote treatment data monitoring, internet-based patient education delivery and remote patient access to self-management tools. This program provides access to care from home or community-based clinics, through both synchronous and asynchronous care delivery models.[1]

Telehealth has great potential to improve health care delivery. Telehealth has been shown to increase access to care and improve outcomes; reduce wait times, missed appointments and readmission; improve communication for patients and providers; and offer care models that are low cost and easy to use.[2] However, to successfully expand telehealth many challenges must be addressed, particularly in the areas of payer reimbursement and state licensing restrictions to practice. These barriers are less significant within the VHA because they operate within a single-payer model that oversees practice regulation at a system level. Telehealth expansion efforts will require health care policy changes, standardization of telehealth nomenclature and practices, restructuring of payer reimbursement policies, changes to regulatory and state licensure restrictions, and further integration of electronic health records.[3] There are resources within the literature to guide these changes, including the 2015 American Academy of Sleep Medicine (AASM) Position Paper,[4] although there can be a lag between the pace of technology and telehealth innovation compared to the pace of information dissemination within published literature. Key to implementation or expansion of a telehealth program is identifying resources and best practices that offer guidance. For example, a program needs to prepare for addressing challenges encountered when patients have limited access to or comfort with technology. Similar challenges must be considered for clinicians as they may have limited exposure and training in models of telehealth delivery and need infrastructure support from their institution to provide sufficient hardware and software to effectively conduct telehealth visits. Further research is also needed to better understand the cost and benefit to patients, health systems and payers to guide us in effective utilization of telehealth as a tool increase access to care in a cost-effective and outcomes-focused manner. The VHA has developed and identified best practices for utilization of telehealth in sleep disorders care, giving us a good foundation from which we can improve care delivery and access for our patients.

CITATION

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SUBMISSION & CORRESPONDENCE INFORMATION

DISCLOSURE STATEMENT

Dr. Colvin reports no conflicts of interest.