



Where There's Smoke, There's......
Telehealth???

Centuries ago, information about bubonic plague was transmitted across Europe by bonfires. During the Civil War, the telegraph was utilized to transmit casualty lists and order medical supplies. In the late 1800s, the telephone was developed and physicians were among the first to adopt its use as a means of medical communication. Numerous advancements in technology have contributed to the practice of medicine and accessibility to medical care. NASA developed and implemented biomedical telemetry and communications for remote medical monitoring of astronauts. The first interactive video link for patient care was established in 1964 between the Nebraska Psychiatric Institute and the Norfolk State Hospital, 112 miles away.

During the late 1960s and early 1970s, the federal government funded seven implementation projects for telemedicine, most of which focused on medical care issues and rural/underserved areas.

The rapid advancement and availability of healthcare technologies in the past decade has fueled the fire for utilizing and expanding telehealth / telemedicine services for clinical and educational programs. In response to the heightened interest, quality and feasibility of remotely delivered medical services, the Centers for Medicare and Medicaid Services (CMS) have addressed and expanded coverage for the services in **specific situations**.

According to CMS, Telehealth Services are:

- ♣ Healthcare services provided via advanced technology from one location to another
- ♣ Provided in 'real-time', with two-way interactive video technology that is HIPAA (Privacy/Security) compliant
- For the most part, provided to originating (remote) sites that are Rural Health Clinics (RHC), rural health professional shortage areas (HPSA) or Federally Qualified Health Centers (FQHC). Additional sites added in 2008 legislation include community mental health centers, some restricted SNFs and critical access hospital based dialysis centers
- Restricted by numerous guidelines, frequency limitations, etc.
- ♣ Require standard clinical documentation
- ♣ Only covered if medically necessary

Most states including Missouri have developed telehealth networks to provide and enhance care to underserved areas. These networks also provide efficient infrastructure, resources and oversight for technological and logistical aspects of services.

SLU*Care* has initiated a committee to explore, assess and address development and implementation of telehealth services under the auspices of the New Business Initiative Group. Additional information and updates will be provided in the near future.

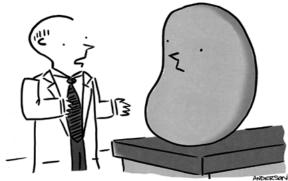


Tips for Traveling with Technology

MANY PEOPLE WILL BE TRAVELING FOR SPRING BREAK, THE MAJORITY TRAVELING WITH TECHNOLOGY. HERE ARE A FEW HELPFUL TIPS TO ASSIST IN SAFELY USING YOUR DEVICES:

- SECURE YOUR LAPTOP OR OTHER MOBILE DEVICE WITH A STRONG PASSWORD, OS SECURITY UPDATES, ANTI-VIRUS, ANTI-SPYWARE AND FIREWALL SOFTWARE.
- BEFORE YOU TRAVEL, BACK UP YOUR FILES.
- DO NOT CONNECT TO ANY UNSECURED WI-FI HOTSPOTS; YOU SHOULD ONLY BE ACCESSING UNIVERSITY/SENSITIVE DATA VIA VPN.
- If you are travelling internationally, contact the University Export Control Officer, Michael Reeves, 977-5880, <u>MREEVES8@SLU.EDU</u> TO ENSURE COMPLIANCE WITH FEDERAL REGULATIONS.
- If you have additional questions about securing devices, contact infosecurityteam@slu.edu
- IF AN INCIDENT OCCURS WHILE TRAVELLING, IMMEDIATELY CONTACT INFOSECURITYTEAM@SLU.EDU





"Your blood sugar is incredibly high, but, then again, you are a jelly bean."



Please feel free to contact the Office of University Compliance at (314) 977-5545 or at slucompliance@slu.edu



If you need to reference past newsletters, upcoming education dates or need more information on Compliance visit our <u>website</u>.